NorWHO 2013

~

Resolution on Mental Health

Approved by WHO Delegates at the final plenary session
Saturday, 10 August 2013

Preamble

Guided by the principles of sovereignty and self-determination as outlined in the United Nations Charter Chapter 1 Article 2, and those of the Charter of Fundamental Human Rights,

Noting with appreciation the continual efforts by the Member States of the World Health Organisation to reduce the mental health gap on all levels,

Acknowledging that now and in the foreseeable future, mental illnesses, especially depression, post-traumatic stress disorders, substance abuse disorders constitute the vast majority of DALYs worldwide,

Aware of the importance of donor countries having clear set policies in the area of mental health in distributing ODA; of the importance of educating local populations, especially those of high risk demographics such as women and children, so as to raise awareness of the risks and dangers of mental illness through regional, locally active aid organisations, NGO's and the media,

Cognisant of the importance of providing training and education to local practitioners, or health assistants for them to be able to diagnose and treat correctly mental disorders and substance abuse disorders in local settings,

Recognising that people with mental illnesses are exposed to stigma and discrimination; considering the Universal Declaration of Human Rights; and considering the higher prevalence of mental health issues in patients suffering from certain other illnesses like HIV.

Recognising that substance abuse disorders are a particular issue that affects the mentally ill as a co-morbidity in a high proportion but also the wider population. Considering also that substance abuse affects an even larger population indirectly through social structure and also affects people through the life-course.

Recognising the access barriers to mental health care and aiming to lower them

Keeping in mind the necessity of ensuring patients' and communities' empowerment and active participation in developing sustainable treatments and solutions to mental illnesses,

Health Services and Systems
Human and Pharmaceutical Resources

Recognising Member States the lack of human resources in the mental health sector and welcoming the growing concern;

Taking into consideration that any mental health strategy also requires a long-term approach, the focus should not only be on offering supplementary training in the area of mental health to the current healthcare workers but also in modifying the vocational curriculum of health workers to include sufficient mental health training.

Noting with grave concern that most legislative environments are not supportive of the provision of the care for mental illnesses, we urge;

a. Scaling up of supplementary and specialised training of health care workers in the field of mental health, with a specific focus on primary care nurses and community health workers and setting per capita goals for the necessary number of mental health workers

b. That member states implement appropriate basic mental health training for all national healthcare workers

c. That member states to review and amend their laws accordingly to be more accommodating towards the mental health care system as a whole in the spirit of respecting the human rights of people suffering from mental illness.

d. That the Secretariat develop a nationally-appropriate strategy, to encourage a multi-disciplinary approach in mental health training and service provision.

e. Lowering the global treatment gap by focusing on scaling up treatment, especially in low-income countries

Reaffirming the mhGAP goals in scaling up care for mental health disorders, the committee:
a. Commits to reducing the global treatment gap, in which 75% of persons currently in need of treatment in mental health do not have access to adequate care.

b. Urges member states to develop nationally specific strategies to addressing the treatment gap within their own countries, by 2015, to be updated every 5 years.

c. That special attention be given to equitable distribution of mental healthcare workers to deliver care to remote and under-serviced regions.

Research & Development

1.   *Cognizant* of the WHO definition of mental health, and affirming the need for research to include community mental health care as a topic;

2.   *Encouraging* the identification and sharing of successful mental healthcare interventions in all countries through a knowledge-sharing network

3.   *Establish* information-sharing on prevention best practices between all countries

4.   *Recommending* a global research network focused on mental health strengthened, both financially and politically, through regular global conferences for academics and practitioners in the field;

5.   *Calls* for a set of global research and development priorities, based on the global burden of disease, with specific emphasis on the burden experienced by vulnerable populations and low-income countries.

6. *Calls* for enhancing research in general public use and outcome of private and complementary/alternative treatment of mental illness.

7. *Urge the need* for more research within the field of mental health including better data collection on mental health indicators

8. *Stressing* that evidence-based treatments and cost-effective interventions exist and need to be adopted in mental health policies.

9. *Calls upon* organizations, experts and researchers within the field of mental health to make their research and best practice available via the WHO library system

10. *Requests* transparency of medical mental health research conducted globally by requiring it to publish the results of the clinical trials in the public domain, regardless of the outcomes to increase treatment efficiency.

11. *Urges* that all clinical trials conducted both in the private and public sector must be registered on a clinical trials database

12. *Recommends* the creation of ethical approaches to clinical trials by the Secretariat to be discussed at the next year's WHA

13. *Calls* for the creation of dialogue to create a standardized way of both the development and approval of new medicines within health systems and facilitate a much more standardised method to monitor and evaluate their impact;

Stigma

We;

Request all nations to address stigma through formal and non-formal education, the media and other kinds of communication channels about, mental health within their respective cultural and geographical contexts

a. By targeting areas, such as rural areas, where stigma is often more present and addressing stigma across society wherever it occurs.

b. Encourages the utilization of influential communication methods deemed most appropriate and efficient in the respective localities;

c. Encourages the establishment of a government-led national task force that gathers local community leaders and stakeholders to enhance mental health awareness and cross-sectoral collaboration at the national level should be strengthened where applicable.

d. Create or review anti-stigma policies and anti-discrimination legislation, bearing in mind human rights

Traditional Medicine

Recognising that traditional medicine is an important element in many cultures, we encourage the use of resources that already exist to improve the outreach of mental health care. The general assembly;

1.   Calls for better collaborations between health care institutions and traditional healers;

2.   Encourages the education of traditional healers in being able to recognize the symptoms of the most common mental illnesses, such as major depression, psychosis, post-partum depression.

3. Emphasizes the integration of traditional healers in the treatment and management of mental illnesses

4. Encourages patients to be referred to practitioners of allopathic medicine when necessary.

5.Requests the creation of associations for traditional healers to collaborate with health care institutions in all regions before 2020.

Financing
International Mental Health Fund

Noting with deep concern that mental health often is not addressed when resources are scarce; we call for the establishment a secure source of funds dedicated to addressing mental health issues, especially in low and middle-income countries;

Welcoming the good will of all countries the general assembly:

a.   Suggests the establishment of a fund aimed at addressing mental health issues globally

b.   The financing mechanism for the International Mental Health fund will be modelled on the Global Fund for AIDS, TB and malaria

c.   Beneficiaries will receive funds through an application system according to defined criteria set by an expert panel that will include health economists and mental health specialists

d.   An appropriate percentage of the funds will be earmarked to research

Post 2015

We believe that mental health and wellbeing should be recognised as a cross cutting issue within global development and not be excluded from the next global development agenda after 2015 and the expiration of the Millennium Development Goals.

This assembly calls for including mental health and population wellbeing as an important indicator in the evaluation of the success of the post-2015 development agenda to be agreed by the UN GA in 2015. Metrics to satisfy this should that take into account factors such as

a.   The amount of money invested into mental health services by member states

b.   The existence of preventative measures in national plans (e.g. Public Health initiatives and Youth Education)

c.   The collection of population-wide health indicators

Health care facilities

Primary health care

We call for attention on the importance of integrating mental health care in primary health care and in specialised community care where disease present a significant morbidity or disability such as HIV/AIDS and TB programs.

We demand;

a.   Improvement in detection rates and access to treatment of mental illness

b.   Increased collaboration, knowledge sharing and the building of partnerships between the primary health care sector and civil society organisations working at the community health level

Mental health in emergency responses

We call for the inclusion of mental health care in emergency responses in case of disasters and humanitarian crises,

Education and occupation

Awareness of mental health in school and workplace stress is important for population well-being. Considering high rates of school dropout and increasing disability benefit rates, due to unemployment we call for:

a. An increased amount of resources for school-based health services, and vocational education.

b. The establishment of employee retention strategies and support structures.

c. The development of employment and workplace-related mental health training curriculum.

d. The reinforcement of youth education around stigma and mental wellbeing

Substance Use and Abuse

Affirming that addiction to drugs and substances such as alcohol are having a huge impact on mental health and wellbeing and that excess alcohol consumption is a huge public health problem globally

We suggest member states to,

a.   Reinforce in promoting responsible alcohol consumption in populations by using effective methods including restriction on alcohol advertising

b.   Have a continued education campaign, with an emphasis on youth, on the ill effects of substance abuse.