

MHGAP FORUM AND LAUNCH OF THE WORLD SUICIDE REPORT

Sixth Meeting of the mhGAP Forum

Hosted by WHO in Geneva on 4-5 September 2014

Summary Report

Context

People with mental health disorders experience higher rates of disability and mortality, which hold back the ultimate objectives of any development agenda: to improve human development and eradicate poverty. The central challenge over the past years has been to scale up mental health services to address disorders in low-resource settings.

Responding to this challenge, the *Comprehensive Mental Health Action Plan 2013–2020* (MHAP) was adopted by The World Health Assembly (WHA66.8) in May 2013. The Action Plan provides guidance to WHO Member States, the World Health Organization and international partners to promote focused, aligned and country-owned responses to address mental health and to guide investments to deliver maximum returns for people most in need. Suicide prevention is an integral part of the plan, which includes the goal of reducing the rate of suicide in countries by 10% by 2020.

mhGAP Forum

The mhGAP Forum, which convenes every Autumn in Geneva, is an informal group that promotes global collaboration and coordinated action aimed at supporting national efforts to address mental disorders. The Forum comprises WHO Member States, intergovernmental and Nongovernmental Organizations (NGOs), including United Nations (UN) Agencies, international development agencies, philanthropic foundations, research institutes, universities and WHO Collaborating Centres (WHO CCs)

The Sixth Meeting of the mhGAP Forum took place at the WHO Headquarters in Geneva, on 4 and 5 September 2014. This year, the Forum was attended by 32 Member States including the Minister of State for Primary and Social Care from Ireland and seven Ambassadors, and 77 partner organizations. The main objectives of the Forum were to discuss the implementation of MHAP-relevant activities and to identify possible areas of collaboration in attaining its objectives; and to launch the World Suicide Report *Preventing Suicide: A global imperative*.

Opening Session

Dr Shekhar Saxena, Director of the Department of Mental Health and Substance Abuse, welcomed the participants, followed by a summary of the MHAP 2013-2020. The objectives of the 2014 Forum were presented, including those of the scheduled group sessions.

Group sessions: 4 September 2014

In contrast to previous mhGAP Forum events, this year's Forum participants were organized into subgroups according to their speciality and experiences of MHAP-related activities. Each group was moderated by a WHO Secretariat member. The groups first discussed current actions and then discussed potential collaborative efforts in relation to each of the four objectives of the MHAP. The groups and their discussion points are summarized below; it should be noted that this summary does not intend to cover all the rich information shared by partners but brings out the salient activities and projects.

Group 1 - Leadership and governance

Action areas:

- Policy and law;
- Resource planning;
- Stakeholder collaboration;
- Strengthening and empowerment of civil society;

Also includes human rights and quality in care policy and delivery.

Group 2 - Comprehensive, integrated and responsive mental health and social care

Action areas:

- Service reorganization and expanded coverage;
- Integrated and responsive care;
- Mental health in humanitarian emergencies;
- Human resource development;
- Address disparities;

Also includes deinstitutionalization, e-mental health including self-help, care for dementia, use of mhGAP Intervention Guide and neurological disorders.

Group 3 - Promotion and prevention

Action areas:

- Mental health promotion and prevention;
- Suicide prevention;

Also includes stigma and discrimination, child and adolescent mental health.

Group 4 - Information systems, evidence and research

Action areas:

- Information systems;
- Evidence and research;

Also includes evidence on economic aspects of mental health, revision of ICD-10.

Group 1 Discussion Overview: Current actions and proposed collaborations relevant to strengthening leadership and governance in mental health

Mental health policy, law and strategy developments have been facilitated in Haiti, South America, and the UK by Ministry of Health and Population Haiti, WHO CC Trieste, Italy and by the Royal College of Psychiatrists respectively.

The Institute of Medicine has played a key role in advising the USA on resource allocation for mental health and neurological care delivery and research and development activities, as well as facilitating stakeholder collaboration.

With regard to the empowerment of civil society, the National Institute for Health and Welfare in Finland has been working on service user empowerment through research, and the European Federation of Associations of Families of People with Mental Illness (EUFAMI) reported on its efforts to include caregivers in deinstitutionalisation models, and advocacy for timely, appropriate interventions for people with mental disorders.

International and national partners have also been active, particularly in increasing the extent to which poverty reduction and development policies, strategies and interventions can foster mental health interventions. For example, the Calouste Gulbenkian Foundation has supported a publication on the social determinants of mental health and the Carson J

Spencer Foundation has initiated public and private partnerships to promote mental health in the workplace.

The International Medical Corps and the Calouste Gulbenkian Foundation have been advocating to include mental health within the general and priority health policies and plans. Strengthening associations of people with mental disorders has been facilitated in Armenia, Comoros, Gaza, Guatemala, Mauritania and Morocco (as well as globally in the field of Autism) by partner organizations: International Medical Corps, the World Association of Social Psychiatry and Autistic Minority International.

Finally, initiatives in human rights and quality of care policy and delivery have been implemented by a number of the group participants, for example, an initiative in alternatives to coercion and quality rights by the World Association of Social Psychiatry.

A proposal has been developed by the WHO CC Institute of Psychiatry at King's College London entitled *Call to Action: The Need to Include Mental Health Target and Indicators in the Post-2015 Sustainable Development Goals*. Recruitment of organizations to become signatories of the call to action was identified as an opportunity for meaningful collaboration.

Six participant organizations agreed to collaborate with WHO in the development of its QualityRights Project as well as other international multi-stakeholder exchange and collaboration efforts.

Group 2 Discussion Overview: Current actions and proposed collaborations relevant to provision of comprehensive, integrated and responsive mental health and social care

Many international partners are using mhGAP technical materials to decrease the treatment gap of mental disorders in a range of low-and middle-income countries (LMICs), including the Balkan region and Ecuador (WHO CC for Research and Training, Trieste, Italy), Uganda (Peter Alderman Foundation), South and Western Africa (Regional Psychosocial Support Initiative REPSSI and CBM), Eastern Europe and Russia (Stichting Epilepsie Instellingen Nederland), Haiti (Psy-pour-Haiti) and India (Royal College of Psychiatrists and the Institute of Mental Health and Neurosciences) among others. Member States Switzerland, The Netherlands and Japan reported either on their efforts to support national and international mental health programmes or their willingness to engage in supporting the challenges of mental health care coverage.

The physical health of people with mental disorders and the integration of responsive mental health care were also discussed as priorities. International partners reported on their activities which mainly covered strengthening practice in improving the physical health of people with psychosocial problems (WHO CC for Research and Training in Trieste, Italy, the Royal College of Psychiatrists and Action contre la Faim), the integration of mental health care into primary health care in new implementation sites in Africa and elsewhere (International Medical Corps), and goal setting for health services equity for people with mental disorders (Healthy Active Lives HeAL).

International partners are actively engaged in many projects that support mental health care in humanitarian emergencies. These projects target service users, such as displaced people and people affected by trauma, and mental health for humanitarian workers, the Centre for Humanitarian Psychology being the main organization providing psychological support to humanitarian workers. WHO CC, Trieste, is working in collaboration with UNICEF Iraq and Kurdistan to provide psychosocial support directly to refugees.

Support by developing human resources in line with mhGAP principles in conflict and non-conflict areas is a key activity of the Centre for Humanitarian Psychology, CBM, WHO CC, Trieste, and the International Medical Corps.

The group identified several important areas for future collaboration in integrated mental health care service provision. The efficiency of collaboration and partnerships could be maximised between governments, WHO and partner agencies on the issues of limited capacity (particularly in training and referral mechanisms), accessing services and equity (community outreach, increased use of cross-sectorial service providers and e-health possibilities), advocacy initiatives and care for special groups, policy analysis and action across different administrative levels and translating knowledge to human resources.

Group 3 Discussion Overview: Current actions and proposed collaborations relevant to implementation of strategies for promotion and prevention in mental health

Mental health promotion and prevention efforts through education are being implemented by the WHO CC at the National Institute of Health and Welfare in Finland, the World Association of Social Psychiatry as well as other projects mentioned in other discussion groups. E-health interventions was a topic of interest, with the International Association for Suicide Prevention and the European Commission reporting recent and ongoing work in the area of e-health promotion.

Suicide prevention was clearly an important discussion point, with the 2014 mhGAP Forum incorporating the launch of the World Suicide Report. Many partner organizations and Member States gave an overview of important work currently being undertaken in suicide prevention, including the International Association for Suicide Prevention, the European Commission, SNEHA Voluntary Health Services, Substance Abuse and Mental Health Services Administration, Mental Health Commission of Canada, National Institute of Mental Health, Japan, Royal College of Psychiatrists, the World Association of Social Psychiatry, WHO CC at the National Institute of Health and Welfare in Finland, Voksne for Barn and the International Foundation for Research and Education on Depression (iFred). These activities range from increasing awareness around suicide, strengthening capacity of health care providers to work effectively with people at risk of suicide or self-harm, support for those affected by suicide, e-health interventions for depression and suicide, prevention projects and research into effectiveness of interventions and best practices.

Child and adolescent mental health was an additional agenda item for group 3, where participants agreed that infant, child and adolescent mental health and early intervention are important issues. Partnership for Children shared the success of their school-based programme which promotes children's mental health and was rolled out across 31 countries, reaching an estimated 1 million children. Action Contre la Faim discussed the links between care practices, mental health, child development, maternal health and malnutrition.

Finally, group 3 discussed advocacy and awareness raising. Many of the group participants are engaging in advocacy and awareness-raising activities, such as a global mental health advocacy working group (launched by the International Medical Corps), educational programmes using illustration (the Black Dog Institute) and targeted anti-stigma campaigns for particular groups (WHO CC for Mental Health Promotion, Prevention and Policy Finland and the Mental Health Commission of Canada). World Mental Health day is also celebrated by many of the partners across international implementation sites and partnerships among our partner organizations. Such efforts in mental health promotion and prevention are common.

The group discussed several shortcomings in current collaborative efforts for implementing strategies for promotion and prevention in mental health. The areas identified as requiring more collaboration from WHO and international partner organizations were: continuity of youth mental health care and suicide bereavement support; faith-based organization involvement in suicide prevention; community mental health care; social media and e-health strategies; mental health in the workplace; support for military service men and women; barriers analysis and monitoring of advocacy efforts; and evidence and knowledge exchange between organizations.

Group 4 Discussion Overview: Current actions and proposed collaborations relevant to information systems, evidence and research

The WHO Secretariat moderator of this group gave a presentation on current WHO evidence and research projects, including the International Classification of Diseases (ICD) revision, global mental health research collaborations and the Mental Health Innovation Network (MHIN). Participants then reported on their current projects relevant to MHAP objective 4. Information systems research and implementation activities are being effected by partners, including the EMERALD project at the WHO CC Institute of Psychiatry in London, the International Union of Psychological Sciences, the Centres for Disease Control and Prevention (USA) and the National Institute of Mental Health (USA).

Aside from reports on project implementation by many of the participants, other current evidence and research projects discussed are focused on gaps in knowledge in the field of mental health. These include risk and protective factors for suicide (the International Union of Psychological Sciences); dementia epidemiology and mental health care systems cost-effectiveness (WHO CC Institute of Psychiatry, London); improving quality of care, early interventions for psychosis, integration of mental health care into other chronic care platforms such as HIV and trials in non-specialist care provision in LMICs (National Institute of Mental Health, USA); and biomarkers in, and self-care for serial trauma (Loma Linda University International Behavioural Trauma Team).

Research into E-health interventions was frequently mentioned by partner organizations during the group session (Estonia-Swedish Mental Health and Suicidology Institute, WHO CC Institute of Psychiatry, London, the European Commission and the Loma Linda University International Behavioural Trauma Team).

Research gaps regarding various stages of mental health care implementation were identified, as were opportunities for collaboration and knowledge sharing. Collaborative efforts and knowledge sharing could be generally increased between researchers, practitioners, service users and policymakers. Particular areas of need discussed were innovations in psychosocial interventions in LMIC contexts, research on patient-centred outcomes, epidemiological surveys, and E-health platforms.

mhGAP Forum plenary: 5 September 2014

The plenary gathered after lunch on day two of the mhGAP Forum. The agenda for this session called for each WHO group moderator to present an overview of the discussions of the previous day. During some of the presentations, group members gave more detail about existing collaborative activities where there were questions and comments, for example, Professor Graham Thornicroft from the WHO CC Institute of Psychiatry, London, updated the plenary on the FundaMental SDG movement, which advocates for mental health to be added into the post-2015 development agenda.

mhGAP Forum Closing Remarks: 5 September 2014

Dr Shekhar Saxena commented on the positive feedback gained in the Sixth Meeting of the mhGAP Forum and how the group discussion process facilitated a synergic and thought-provoking knowledge exchange. Attendees were thanked for their participation and support. The WHO Secretariat looks forward to future alliances and strong collaborative efforts with partner organizations and Member States in attaining the objectives of the Comprehensive Mental Health Action Plan 2013–2020.

Launch of the World Suicide Report Preventing Suicide: A global imperative

It is estimated that over 800 000 people die by suicide and that there are many suicide attempts for each death. The World Suicide Report presents information on suicide as a global issue and encourages countries to place suicide prevention high on the global health agenda. The launch of the report took place on 5 September 2014 and was attended by 32 Member States including the Minister of State for Primary and Social Care from Ireland, seven Ambassadors, and 77 partner organizations.

The launch of the report received considerable media attention. The press release for the report can be found at the following URL:

<http://www.who.int/mediacentre/news/releases/2014/suicide-prevention-report/en/>

Opening Session

Dr Etienne Krug, Director of the Department of Violence and Injury Prevention and Disability at WHO welcomed participants and introduced a short film on suicide (<https://www.youtube.com/watch?v=8NVBMfdP1Ww&feature=youtu.be>).

Personal experiences of suicide

Launch participants were privileged to hear the moving speeches of two individuals touched by suicide: Dolly Sen from the United Kingdom, a mental health advocate who has made two suicide attempts, and Merab Mulindi, whose sister committed suicide in Kenya some years ago. Important messages from the two speeches were the unavailability of health services and in the case of health services access, the lack of non-judgemental and empathic support from front-line staff.

Launch of the report

Session 1

Dr Etienne Krug launched the report and gave a short speech on the importance of prioritization of suicide prevention on the global public health and public policy agendas, and an overview of the contents of the report was presented by Dr Alexandra Fleischmann, Scientist from the WHO Department of Mental Health and Substance Abuse.

Ms Kathleen Lynch, Minister of State, Ireland made a speech on the relevance of the report to Ireland and all countries, as stakeholders try to tackle this most serious of public health problems. She spoke about the many factors that contribute to suicide and pointed out that the greatest tragedy of all was the stigma that keeps people from seeking help. Hence, she made a call that it was time for society to begin to talk openly, honestly and without fear about suicide and realize that it was acceptable to seek help.

Each of the Ambassadors of the seven Member States participating were then invited to make short statements. Each Member State confirmed their support of the world suicide report and their commitment to take action.

Comments from the floor followed and further praise for the report was given by many partner organizations.

Session 2

Session 2 commenced with comments from key contributors of the report. A short overview from both Professor Ella Arensman (President of the International Association for Suicide Prevention - IASP) and Professor Danuta Wasserman (Director of the WHO Collaborating Centre, Karolinska Institute, Stockholm) addressed the challenges in implementation of national suicide prevention programmes and strategies. These are stemming from insufficient resources and the lack of effective planning, co-ordination, and collaboration, aggravated by limited or no access to surveillance data, and the lack of process and outcome evaluation. The notion that suicides are preventable was emphasized and effective evidence-based interventions were presented in a public health perspective, highlighting the global leadership role of WHO.

Dr Lakshmi Vijayakumar, Director of SNEHA Chennai, India commented on the critical role of NGOs and communities who can provide social support to vulnerable individuals, engage in follow-up care, fight stigma and support those bereaved by suicide. A community-based intervention that received particular attention was the implementation of a communal pesticide storage facility to prevent suicide from self-poisoning with pesticides.

During the remainder of the session, partner organizations, including the Swiss Federal Office for Public Health, Switzerland; the General National Institute of Mental Health, Japan; CDC, USA; EC Joint Action for Mental Health and Wellbeing; World Medical Association; World Psychiatric Association; and World Federation for Mental Health, gave comments on the report and on the issue of prioritization from their respective country and global perspectives. The key themes discussed were the political pressure to become more active in suicide prevention, the provision of guidance for policymakers, the fighting of myths and stigma, the development or strengthening of a comprehensive, multisectoral approach, underreporting and improved data availability and quality, building on the Mental Health Action Plan 2013-2020, and international collaboration.

Closing remarks

Dr Shekhar Saxena closed the launch with a vision of the way forward. Most importantly, comments such as those heard during the launch, of health systems and services failing vulnerable people at risk of suicide are alarming. Multisectoral service providers must ensure that those seeking help receive effective care in a timely manner. Hence, the key messages of the report and launch - suicides take a high toll, suicides are preventable, and it is known what works to prevent suicide - needed to be taken on board, in order to take action now. It was emphasized that together with governments, everyone had a role to play in suicide prevention to lift the burden of suffering caused by suicide and suicide attempts from individuals, families, communities and society as a whole.

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Acknowledgements

This summary report does not represent an official position of the World Health Organization. It is a tool to explore the views of interested parties on the subject matter. References to international partners are suggestions only and do not constitute or imply any endorsement whatsoever of this discussion paper.

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**World Health
Organization**

Launch of World Suicide Report

“Preventing suicide: a global imperative”

5 September 2014, Executive Board Room, WHO, Geneva

PROVISIONAL AGENDA

09:00 – 10:30

Launch of the World Suicide Report – Session 1

09:00-09:05	Opening and welcome	Shekhar Saxena Director, Department of Mental Health and Substance Abuse, WHO
09:05-09:15	Film on suicide	
09:15-09:20	Personal experience of suicide in the family	Merab Mulindi, Kenya
09:20-09:25	Personal experience of suicide attempts	Dolly Sen, UK
09:25-09:35	Launch of the report	Etienne Krug Acting Assistant Director-General Noncommunicable Diseases and Mental Health Director, Department of Violence and Injury Prevention and Disability, WHO
09:35-09:45	Contents of the report	Alexandra Fleischmann Scientist, Department of Mental Health and Substance Abuse, WHO
09:45-09:50	Relevance of the report to Ireland	Kathleen Lynch Minister of State, Ireland

09:50-10:05	Statements by Ambassadors	
10:05-10:25	Comments from the floor	All
10:25-10:30	Conclusion	Shekhar Saxena Director, Department of Mental Health and Substance Abuse, WHO

10:30 – 11:00 Coffee break

11:00 – 12:30 World Suicide Report – Session 2

11:00-11:08	Current situation, national strategies and implementation of the report	Ella Arensman President, International Association for Suicide Prevention (IASP)
11:08-11:16	Risk and protective factors, interventions and implementation of the report	Danuta Wasserman Director, WHO Collaborating Centre, Sweden
11:16-11:24	The role of NGOs and communities	Lakshmi Vijayakumar Director, SNEHA, India
11:24-11:29	Comments	Stefan Spycher Vice-Director, Health Policy, Federal Office of Public Health, Switzerland
11:29-11:34	Comments	Yusuke Fukuda Director, General National Institute of Mental Health, Japan
11:34-11:39	Comments	Ileana Arias Principal Deputy Director, CDC, USA
11:39-11:44	Comments	György Purebl EC Joint Action for Mental Health and Well-being
11:44-11:49	Comments	Margaret Mungherera President, World Medical Association

11:49-11:54	Comments	Gabriel Ivbijaro President-elect, World Federation for Mental Health
11:54-12:00	The way forward	Shekhar Saxena Director, Department of Mental Health and Substance Abuse, WHO
12:00-12:30	Comments from the floor	All

12:30-13:00 Lunch break (sandwiches and drinks will be provided)

13:00 – 14:00 Lunchtime seminar: *Effective Communication for mental health*

Presenters:

- Matthew Johnstone (the creator of the “Black Dog video” on depression)
- Ainsley Johnstone
- Chris Black

Moderator:

- Shekhar Saxena, Director, Department of Mental Health and Substance Abuse

14:00 – 16:30 mhGAP Forum plenary

Moving forward with partnerships to implement the WHO Mental Health Action Plan 2013-2020.

- The conclusions of the small group discussions will be presented, identifying existing and planned contributions of partners in the implementation of MHAP and locating strengths and significant gaps.
- Existing collaborations will be highlighted and any newly developed collaborations introduced.



**World Health
Organization**

2014 mhGAP Forum and Launch of World Suicide Report

“Preventing suicide: a global imperative”

4-5 September 2014, Executive Board Room, WHO, Geneva

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