

30th PAN AMERICAN SANITARY CONFERENCE

74th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 26-30 September 2022

Provisional Agenda Item 4.4

CSP30/9
26 July 2022
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POLICY FOR IMPROVING MENTAL HEALTH

Introduction

1. Mental health conditions are a critical public health issue and a leading cause of morbidity and mortality in the Region of the Americas (1). Despite the high burden of these conditions, mental health has not been adequately prioritized, leading to the limited and often inefficient allocation of resources (2). This has contributed to a persistently high gap in care (3), marked by substantial inequities. The COVID-19 pandemic, which has disproportionately impacted the Region, has increased the burden of mental health issues and disrupted essential services for mental, neurological, and substance use conditions (4). This document presents a policy to guide and support Member States of the Pan American Health Organization (PAHO) and the Pan American Sanitary Bureau (PASB) in their technical cooperation to improve mental health as a priority for advancing health, social, and economic development in the Region in the context of the COVID-19 pandemic and beyond.

Background

2. The World Health Organization (WHO) conceptualizes mental health as a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (5). Mental health is recognized as an integral element of overall health and as a basic and fundamental right (6). Improving mental health and well-being is also recognized as “an essential component of universal health coverage” (7).

3. Mental health is vital not only to health, but also to social and economic well-being. Poor mental health is both a cause and a consequence of poverty, compromised education, gender inequality, ill health, and other global challenges (8). Mental health conditions are linked to premature mortality from cancer, cardiovascular disease, diabetes, and HIV/AIDS, as well as to increased likelihood or risk of suicide (9). Depression and anxiety

alone cost the global economy US\$ 1 trillion¹ each year. It has been projected that by 2030, mental ill health will account for losses of \$6 trillion per year, more than half of the global economic burden attributable to noncommunicable diseases (10).

4. Although mental health has recently received greater attention as part of national health agendas, a failure to adequately prioritize and finance mental health has prevented countries in the Region from achieving more significant advances. The COVID-19 pandemic has placed additional strain on mental health systems, hindering responses to the pandemic and threatening advances in mental health. Furthermore, mental health needs are expected to increase as population aging results in larger proportions of older persons in the Region. The impact of climate change, which has been directly and indirectly associated with adverse mental health outcomes as well as increased suicide rates (11), is also expected to worsen.

5. This Policy aligns with the Sustainable Health Agenda for the Americas 2018-2030 (12), the PAHO Strategic Plan 2020-2025 (13), and the United Nations (UN) 2030 Agenda for Sustainable Development (14). It is also framed by the principles of the Caracas Declaration (1990) (15); the WHO Comprehensive Mental Health Action Plan 2013-2030 (5); a UN policy brief, COVID-19 and the Need for Action on Mental Health (16); and WHO Executive Board Decision EB148(3), Promoting Mental Health Preparedness and Response for Public Health Emergencies (2021) (17). The Policy aligns with international human rights instruments, including the United Nations Convention on the Rights of Persons with Disabilities (2006) (18).

Situation Analysis

Burden and Treatment Gap

6. In the Americas, mental, neurological, and substance use conditions and suicide account for one-third of years lived with disability (YLDs) and one-fifth of disability-adjusted life years (DALYs) (1). Depressive disorders, anxiety disorders, and drug use disorders were the second, fourth, and fifth leading causes of YLDs, adjusted for age, in 2019 (19). Alcohol consumption has a large impact on the Region: 8.2% of the general population over 15 years of age has an alcohol use disorder, and an estimated 5.5% of all deaths and 6.7% of DALYs are attributable to alcohol consumption (20). Mental disorders and substance use are risk factors for suicide, which claims nearly 98,000 lives annually (an age-standardized rate of 9.0 per 100,000 population) (19). The Region's suicide rate has increased by 17% since 2000, with two countries in the Americas among the 10 countries with the highest suicide rates globally (21).

7. For some mental and substance use conditions, nearly 90% of people affected will not receive the treatment they require (3). Populations living in conditions of vulnerability due to systemic factors like racism, globalization, heteronormativity and wealth inequality—such as those in poverty, indigenous communities, migrants, older adults,

¹ Unless otherwise indicated, all monetary figures in this report are expressed in United States dollars.

people with disabilities, Afro-descendant and other populations subject to racism, and LGBT² persons—are among those at higher risk of experiencing poor mental health outcomes (5). Stigma and discrimination remain major barriers to help-seeking behaviors and effective mental health care, while structural barriers include the limited availability of mental health services and high costs of care.

Resources and Services

8. In 2020, countries in the Region allocated a median of 3% of their total government health expenditure to mental health, of which 43% was allocated to mental hospitals³ (2). This reflects a large imbalance between mental health spending and the mental health burden in the Region. There is also a shortage of human resources for mental health, with the majority concentrated in urban areas (2).

9. The Plan of Action on Mental Health: Final Report (Document CD59/INF/11) (22) concluded that Member States have made notable advances in the development of mental health plans, policies, and legislation. They have also reduced the number of beds in mental hospitals and built mental health capacity in primary health care. However, progress has been slower in the areas of outpatient service coverage, mental health data collection and reporting, and suicide reduction. In many countries, specialized hospitals concentrated in highly populated areas continue to be the main type of mental health service provided (2).

COVID-19 and Mental Health

10. Numerous national studies in the Region have documented elevated rates of psychological distress, anxiety, and depression in the general population due to the pandemic (4). Post COVID-19 condition has also been linked to mental and neurological symptoms (23). The mental health and well-being of some groups, including health and frontline workers, women, young people, people with preexisting mental health conditions, racial and ethnic minorities, and people living in conditions of vulnerability, among others, have been particularly impacted by the pandemic (4).

11. The pandemic has also led to significant disruptions in mental health services, as illustrated by the WHO pulse survey on continuity of essential health services during the COVID-19 pandemic. According to the recent third round of the survey (November-December 2021) (24), nearly half (47%) of responding countries in the Region reported disruptions to essential services for mental, neurological, and substance use

² PAHO uses the acronym LGBT according to Resolution CD52.R6 (2013), Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons. It is important to note that the acronym has changed over the years to include other sexual orientations and gender identities. For example, the United Nations uses LGBTQI+ for Lesbian, Gay, Bisexual, Transsexual, Queer, Intersex, and (+). The symbol (+) intends to reach a broader range of sexual orientations and gender identities (asexual, pansexual, among others).

³ The WHO Mental Health Atlas 2020 defines a mental hospital as “a specialized hospital-based facility that provides inpatient care and long-stay residential services for people with mental health conditions.”

conditions. Critical harm reduction services, school mental health programs, and psychotherapy and counseling interventions were among the most significantly affected.

12. Countries in the Region of the Americas have made significant efforts to scale up mental health services during the pandemic. However, barriers persist, including chronic underfinancing. In early 2021, 74% of countries reported that they did not have the funding necessary to fully implement the mental health and psychosocial support components of their COVID-19 response plans (25).

Proposal

13. The purpose of the Policy for Improving Mental Health is to provide strategic and technical guidance to Member States, as applicable to national and/or sub-national contexts and priorities, for the successful development and implementation of strategies and initiatives to strengthen mental health, within the larger framework of development and in the context of the COVID-19 pandemic and beyond. The Policy promotes actions guided by five strategic lines: *a)* building leadership, governance, and multisectoral partnerships and integrating mental health in all policies; *b)* improving the availability, accessibility, and quality of community-based services for mental health and substance use; *c)* advancing promotion and prevention strategies and activities throughout the life course; *d)* reinforcing the integration of mental health and psychosocial support in emergency contexts; and *e)* strengthening data, evidence, and research. It is grounded in four cross-cutting themes aligned with the PAHO Strategic Plan 2020-2025: gender, equity, ethnicity, and human rights.

Strategic Line of Action 1: Building leadership, governance, and multisectoral partnerships and integrating mental health in all policies

14. Strong leadership and good governance for mental health are the foundation for establishing and supporting effective, sustainable, and equitable mental health systems and services. Robust leadership can play an essential role in engaging high-level decision makers to advocate for mental health as a national development priority and mobilize strong multisectoral partnerships. Good governance should include the design and implementation of national policies, plans, and laws for mental health and substance use that are evidence-based and aligned with international human rights instruments. It should also include efforts to ensure the optimal and equitable allocation of resources, both financial and human, for mental health.

15. A “whole-of-government” and “whole-of-society” approach is fundamental to addressing the different mental health and psychosocial support needs of people. Such an approach promotes partnerships and collaboration among various sectors and disciplines, government ministries and agencies, academia, nongovernmental organizations, the private sector, professional associations, civil society, and people with lived experience of mental health and psychosocial concerns (15).

16. The inclusion of mental health and substance use in all policies and strategies, including educational, economic, labor/employment, environmental, social affairs, judiciary, and emergency/disaster policies, under the leadership of the health sector, is essential. Such an intersectoral approach is needed to guarantee an appropriate response to the magnitude of mental health needs exacerbated by the COVID-19 pandemic and to support populations into the recovery phase. This aligns with global efforts to include mental health within universal access to health and universal health coverage, and the need for increased investments in integrated mental health programming and services.

Strategic Line of Action 2: Improving the availability, accessibility, and quality of community-based services for mental health and substance use

17. Delivery of mental health and substance use services in the community is the optimal model of care, as it improves availability, accessibility, and quality of care and promotes human dignity and rights. Developing and scaling up networks of diverse community-based services that provide accessible and continuous care at all levels, and that are fully integrated into health systems, is essential to advancing deinstitutionalization and creating more resilient and responsive mental health systems.

18. Community-based mental health and substance use services should be person-centered, recovery-oriented, and grounded in human rights. They should foster comprehensive management including promotion, prevention, care, rehabilitation, and social integration through a combination of psychosocial and pharmacological interventions adapted to the choices and preferences of service users (26). Services must be accessible and equitable, and they should consider age, ethnicity, gender, and ability, among other social, environmental and economic determinants of health, in meeting the unique needs of different users. They should be free from abuse, disrespect, and discrimination and be grounded in active participation and partnership between service providers and service users, their families, and other members of the community. As highlighted by the COVID-19 pandemic, mental health and substance use services must be resilient enough to adapt to changing circumstances using innovative approaches such as remote and digital interventions. These innovative services would also be impactful for those who are experiencing mental health concerns as a result of climate change and other environmental determinants of health. To ensure that people are not prevented from accessing essential mental health and substance use services and medications due to high out-of-pocket costs, comprehensive mental health care must be included in national health care benefit packages and insurance schemes.

19. Integrating mental health into all elements of the health care system including priority health programs (e.g., noncommunicable diseases, maternal and child health, HIV/AIDS, tuberculosis), with a gender, ethnic, and equity-centered approach, is key to increasing the availability, accessibility, and coverage of comprehensive mental health and substance use services. Other sectors also play an important role in providing services and support to facilitate access to employment, housing, educational opportunities, and participation in community activities (5).

Strategic Line of Action 3: Advancing promotion and prevention strategies and activities throughout the life course

20. Mental health promotion and the prevention of mental health conditions is key to reducing the rising mental health burden and maximizing the health and well-being of all people. A variety of biological, psychological, social, cultural, economic, political, and environmental factors interact to shape mental health throughout the life course, making promotion and prevention necessary at all life stages. Interventions should be evidence-based, culturally safe and relevant, informed by affected communities, and multisectoral in order to address the different determinants that influence mental health.

21. As more than half of all mental health conditions start before 14 years of age, the promotion of mental health and prevention of mental illness must be prioritized in the early stages of life. Evidence-based approaches should aim to reduce risk factors and strengthen protective factors for young people at the individual, family, community, and societal levels, using a multisectoral approach. Key strategies include developing and implementing rights-based policies and laws that promote and protect child and adolescent mental health; creating physical and social environments that are safe, responsive, and supportive; building the capacity of caregivers and supporting their mental health and well-being; and delivering school-based psychosocial interventions that foster social-emotional learning and resilience in young people.

22. People spend a significant portion of their adult lives at their place of work, making workplace mental health an area of great importance. A negative working environment can lead to mental and physical health challenges, which contribute in turn to absenteeism and reduced productivity. Improving mental health in the workplace requires interventions that reduce work-related risk factors, enhance the positive aspects of work, and address mental health concerns (27). Such interventions should be integrated into an overall health and well-being strategy that covers prevention, early identification, treatment, support, and rehabilitation. They should be supported by policies and legislation that protect workers from discrimination and ensure access to affordable treatment and support.

23. Suicide prevention is a crucial area that requires immediate and scaled-up action. Suicide rates in the Americas have been increasing, and the pandemic has exacerbated established risk factors for suicide, making it even more critical to develop and strengthen national suicide prevention strategies, plans, and programs. These must be grounded in evidence-based multisectoral strategies such as reducing access to the means for suicide, responsible media reporting on suicide, improving child and adolescent emotional skills, and the early identification and management of mental and substance use disorders and suicidal behavior (28). Strengthening the surveillance of suicide and suicide attempts, using a gender and ethnic perspective, is also vital to understanding and addressing the problem.

Strategic Line of Action 4: Reinforcing the integration of mental health and psychosocial support in emergency contexts

24. The prevalence of common mental disorders, such as depression and anxiety, is estimated to more than double in a humanitarian crisis (29). This makes mental health and psychosocial support (MHPSS) a priority in emergencies and a core component of any emergency response. MHPSS should be considered a cross-cutting issue among all sectors/emergency pillars involved in the response throughout all phases of an emergency (preparedness, response, and recovery).

25. In order to ensure that MHPSS services are available to all in emergency contexts, they must be incorporated as early as possible into national disaster/emergency preparedness plans and the fielding of response teams at national and regional levels. This includes having MHPSS services readily available for those impacted by climate change, particularly due to natural disasters occurring in the Region. Adequate funding and human resources should be earmarked for this purpose. MHPSS services should be multi-layered, available to the population regardless of region/location, and build upon existing local care structures while also strengthening the capacity of frontline workers in MHPSS approaches and skills. Priority should be given to the mental health and well-being of populations likely to be in greater need of MHPSS in emergency contexts, including health and frontline workers, people with preexisting mental health conditions, women and children (who are more likely to experience domestic violence during an emergency), older adults, people with disabilities, and indigenous communities, Afro-descendant and other populations subject to racism, and LGBT groups, among others.

Strategic Line of Action 5: Strengthening data, evidence, and research

26. Data, evidence, and research on mental health and substance use are key tools to inform policy, planning, and service delivery. Data on core mental health and substance use indicators should be routinely and systematically collected and reported through national health information systems. To guide policies to reduce mental health disparities and promote equity, the data should be disaggregated by gender, sex, age, education, income/economic status and related measure (e.g. housing status, food security), race or ethnic group, national origin, geographic location, disability status, sexual orientation, and other social, economic and environmental determinants of health, where possible. In emergency situations, mental health and psychosocial support data, including data on populations living in conditions of risk, must be routinely incorporated into data collection and reporting.

27. Research is essential to generating new knowledge to inform evidence-based mental health practice. Building research capacity and opportunities for collaboration, especially in low- and middle-income countries, is important for reducing the research gap between these countries and high-income countries.

Monitoring and Evaluation

28. This policy will contribute to achievement of the objectives of the PAHO Strategic Plan 2020-2025 and the Sustainable Health Agenda for the Americas 2018-2030.

The monitoring and evaluation of this policy will be aligned with the Organization's results-based management framework and with its performance monitoring and evaluation processes. Every five years, a progress report identifying strengths and weaknesses in the Policy's overall execution and factors contributing to its successes and failures will be presented to the Governing Bodies.

Financial Implications

29. It is expected that Member States will prioritize this issue and allocate resources to improving mental health and substance use service delivery during the COVID-19 pandemic and to strengthening mental health systems for the post-pandemic period.

30. No additional financial resources are required by the Pan American Sanitary Bureau (PASB) for the implementation of this Policy (see Annex B).

Action by the Pan American Sanitary Conference

31. The Conference is invited to review the information presented in this document, provide any comments it deems pertinent, and consider approving the proposed resolution presented in the Annex A.

Annexes

References

1. Pan American Health Organization. The burden of mental disorders in the Region of the Americas, 2018 [Internet]. Washington, DC: PAHO; 2018 [cited 2021 Dec 20]. Available from: <https://iris.paho.org/handle/10665.2/49578>.
2. World Health Organization. Mental health atlas 2020 [Internet]. Geneva: WHO; 2021 [cited 2022 Jan 10]. Available from: <https://www.who.int/publications/i/item/9789240036703>.
3. Kohn R, Ali A, Puac-Polanco V, Figueroa C, López-Soto V, Morgan K, et al. Mental health in the Americas: an overview of the treatment gap [Internet]. *Rev Panam Salud Publica* 2018 [cited 2021 Dec 20];42:e165. Available from: <https://iris.paho.org/bitstream/handle/10665.2/49540/v42e1652018.pdf>.
4. Tausch A, Souza RO, Martinez Viciano C, Cayetano C, Barbosa J, Hennis AJM. Strengthening mental health responses to COVID-19 in the Americas: a health policy analysis and recommendations [Internet]. *Lancet Regional Health–Americas* 2022 Jan [cited 2021 Dec 20];5(100118). Available from: [https://www.thelancet.com/journals/lanam/article/PIIS2667-193X\(21\)00114-9/fulltext](https://www.thelancet.com/journals/lanam/article/PIIS2667-193X(21)00114-9/fulltext).

5. World Health Organization. Comprehensive mental health action plan 2013-2030 [Internet]. Geneva: WHO; 2013 [cited 2021 Dec 20]. Available from: <https://www.who.int/publications/i/item/9789240031029>.
6. World Health Organization. Constitution of the World Health Organization [Internet]. Geneva: WHO; 1946. Available from: <https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>.
7. United Nations. Political declaration of the High-level Meeting on Universal Health Coverage [Internet]. Seventy-fourth Session of the UN General Assembly; 2019 Oct 10; New York. New York: UN; 2019 (Resolution A/RES/74/2) [cited 2021 Dec 20]. Available from: <https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf>.
8. United Nations Department of Economic and Social Affairs. Mental health and development [Internet]. New York: UN [cited 2021 Dec 20]. Available from: <https://www.un.org/development/desa/disabilities/issues/mental-health-and-development.html>.
9. Mnookin S. Out of the shadows: making mental health a global development priority [Internet]. Washington, DC: World Bank; 2016 [cited 2021 Dec 20]. Available from: <http://documents.worldbank.org/curated/en/270131468187759113/Out-of-the-shadows-making-mental-health-a-global-development-priority>.
10. Bloom DE, Cafiero E, Jané-Llopis E, Abrahams-Gessel S, Bloom LR, Fathima S. The global economic burden of noncommunicable diseases [Internet]. PGDA Working Paper 8712. Cambridge, MA: Program on the Global Demography of Aging, Harvard University; 2012 [cited 2021 Dec 20]. Available from: <https://ideas.repec.org/p/gdm/wpaper/8712.html>.
11. Lawrance E, Thompson R, Fontana G, Jennings N. The impact of climate change on mental health and emotional wellbeing: current evidence and implications for policy and practice [Internet]. Briefing paper 36. London: Grantham Institute; 2021 [cited 2021 Dec 20]. Available from: <https://spiral.imperial.ac.uk/handle/10044/1/88568>.
12. Pan American Health Organization. Sustainable Health Agenda for the Americas 2018-2030 [Internet]. 29th Pan American Sanitary Conference, 69th Session of the Regional Committee of WHO for the Americas; 2017 Sep 25-29; Washington, DC. Washington, DC: PAHO; 2017 [cited 2021 Dec 20]. Available from: <https://iris.paho.org/handle/10665.2/49170>.

13. Pan American Health Organization. Strategic Plan of the Pan American Health Organization 2020-2025: equity at the heart of health [Internet]. 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas; 2019 Sep 30-Oct 4; Washington, DC. Washington, DC: PAHO; 2019 [cited 2021 Dec 20]. Available from:
<https://www.paho.org/en/documents/paho-strategic-plan-2020-2025>.
14. United Nations. Transforming our world: the 2030 Agenda for Sustainable Development [Internet]. Seventieth Session of the General Assembly of the United Nations; 2015 Sep 11-18; New York. New York: UN; 2015 [cited 2021 Dec 20]. Available from:
<https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf>.
15. Pan American Health Organization. The Caracas Declaration [Internet]. Regional Conference for the Restructuring of Psychiatric Care in Latin America within the Local Health Systems Model, 1990 Nov 14; Caracas. Washington, DC: PAHO; 1990 [cited 2021 Dec 20]. Available from:
<https://www.paho.org/hq/dmdocuments/2008/DECLARATIONOFCARACAS.pdf>.
16. United Nations. COVID-19 and the Need for Action on Mental Health [Internet]. Policy brief. Geneva: UN; 2020 [cited 2021 Dec 20]. Available from:
<https://unsdg.un.org/resources/policy-brief-covid-19-and-need-action-mental-health>.
17. World Health Organization. Promoting mental health preparedness and response for public health emergencies [Internet]. 148th Session of the Executive Board of WHO; 2021 Jan 19; Geneva. Geneva: WHO; 2021 (Decision EB148[3]) [cited 2021 Dec 20]. Available from:
https://apps.who.int/gb/ebwha/pdf_files/EB148/B148_CONF5-en.pdf.
18. United Nations. Convention on the Rights of Persons with Disabilities [Internet]. United Nations General Assembly; 2007 Jan 24; New York. New York: UN; 2007 (Resolution A/RES/61/106) [cited 2021 Dec 20]. Available from:
<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>.
19. Pan American Health Organization. ENLACE: data portal on noncommunicable diseases, mental health, and external causes. Washington, DC: PAHO [cited 2021 Dec 20]. Available from:
<https://www.paho.org/en/noncommunicable-diseases-and-mental-health/noncommunicable-diseases-and-mental-health-data-portal>.
20. Pan American Health Organization. Alcohol [Internet]. Washington, DC: PAHO [cited 2022 Jan 10]. Available from: <https://www.paho.org/en/topics/alcohol>.
21. World Health Organization. Suicide worldwide in 2019 [Internet]. Geneva: WHO; 2021 [cited 2021 Dec 20]. Available from:
<https://www.who.int/publications/i/item/9789240026643>.

22. Pan American Health Organization. Plan of action on mental health: final report [Internet]. 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas; 2021 September 20-24; virtual session. Washington, DC: PAHO; 2021 (Document CD59/INF/11) [cited 2021 Dec 20]. Available from: <https://www.paho.org/en/documents/cd59inf11-plan-action-mental-health-final-report>.
23. World Health Organization. Expanding our understanding of post COVID-19 condition: report of a WHO webinar, 9 February 2021 [Internet]. Geneva: WHO; 2021 [cited 2021 Dec 20]. Available from: <https://www.who.int/publications/i/item/9789240025035>.
24. World Health Organization. Third round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report; November-December 2021 [Internet]. Geneva: WHO; 2021 [cited 2022 Feb 24]. Available from: https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS_continuity-survey-2022.1.
25. World Health Organization. Second round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic: January-March 2021 [Internet]. Geneva: WHO; 2021 [cited 2022 Feb 24]. Available from: <https://www.who.int/publications/i/item/WHO-2019-nCoV-EHS-continuity-survey-2021.1>.
26. Pan American Health Organization. Plan of action on mental health [Internet]. 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas; 2014 Sep 29-Oct 3; Washington, DC. Washington, DC: PAHO; 2014 (Document CD53/8, Rev. 1) [cited 2021 Dec 20]. Available from: <https://www.paho.org/hq/dmdocuments/2016/CD53-8-e.pdf>.
27. World Health Organization. Mental health in the workplace: key facts [Internet]. Geneva: WHO [cited 2021 Dec 20]. Available from: <https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/mental-health-in-the-workplace>.
28. World Health Organization. Preventing suicide: a global imperative [Internet]. Geneva: WHO; 2014 [cited 2021 Dec 20]. Available from: <https://apps.who.int/iris/handle/10665/131056>.
29. World Health Organization. Mental health in emergencies [Internet]. Geneva: WHO; 2019 June 11 [cited 2021 Dec 20]. Available from: <https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies>.

30th PAN AMERICAN SANITARY CONFERENCE

74th SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Washington, D.C., USA, 26-30 September 2022

CSP30/9
Annex A
Original: English

PROPOSED RESOLUTION

POLICY FOR IMPROVING MENTAL HEALTH

THE 30th PAN AMERICAN SANITARY CONFERENCE,

(PP1) Having reviewed the Policy for Improving Mental Health (Document CSP30/9);

(PP2) Recognizing the significant adverse impacts that the COVID-19 pandemic has had and continues to have on the mental health and well-being of populations in the Region, as well as on the operation and delivery of services for mental, neurological, and substance use conditions;

(PP3) Recalling the principles enshrined in the Caracas Declaration (1990), the United Nations Convention on the Rights of Persons with Disabilities (2006), and the Political Declaration of the High-level Meeting on Universal Health Coverage (2019);

(PP4) Recognizing the urgent need to improve mental health in order to recover from the COVID-19 pandemic and to build back better mental health systems and services for the future, which are necessary for advancing the health, social, and economic development of Member States and the Region of the Americas as a whole,

RESOLVES:

(OP)1. To approve the Policy for Improving Mental Health (Document CSP30/9).

(OP)2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:

- a) promote increased investment, both financial and human, in community-based mental health care in order to address the heightened demand for mental health and substance use services brought on by the COVID-19 pandemic and to build stronger, more resilient mental health systems for the post-pandemic period;
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- b) adopt a whole-of-government and whole-of-society approach to improving mental health that promotes strategic collaborations and partnerships with diverse actors across all relevant sectors (nongovernmental, civil society, academic, and persons with lived experience, among others) and that includes high-level political engagement;
- c) improve and scale up equitable and comprehensive community-based mental health care for the entire population, and further integrate mental health and substance use into all levels of care to ensure progress toward universal health coverage;
- d) support mental health promotion and prevention and the establishment and implementation of multidisciplinary mental health and suicide prevention programs from early childhood, extending throughout the life course.

(OP)3. To request the Director to:

- a) provide support to Member States to strengthen capacities that contribute to the implementation of the policy and the achievement of its strategic lines of action;
- b) continue prioritizing and facilitating the integration of mental health and substance use services into all COVID-19 emergency response efforts by the Pan American Health Organization as well as other health initiatives across the Organization;
- c) report periodically to the Governing Bodies on the progress and challenges encountered in the implementation of this policy.

Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

<p>1. Agenda item: 4.4 - Policy for Improving Mental Health</p>
<p>2. Linkage to Program Budget of the Pan American Health Organization 2022-2023:</p> <p><i>Outcome 5:</i> Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions.</p> <p><i>Outcome 16:</i> Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action.</p>
<p>3. Financial implications:</p> <p>a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities): US\$ 8,720,000. As there is no time frame for the Policy, this estimate refers to the cost of implementation through 2025, the concluding year of the PAHO Strategic Plan.</p> <p>b) Estimated cost for the 2022-2023 biennium (including staff and activities): US\$ 4,360,000</p> <p>c) Of the estimated cost noted in b), what can be subsumed under existing programmed activities? US\$ 4,360,000</p>
<p>4. Administrative implications:</p> <p>a) Indicate the levels of the Organization at which the work will be undertaken: All levels of the Organization will be involved: programmatic, national, regional, and subregional. Active participation by ministries of health of Member States and subregional organizations and mechanisms will also be necessary.</p> <p>b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile): No additional staffing requirements are proposed.</p> <p>c) Time frames (indicate broad time frames for the implementation and evaluation): Execution will begin as soon as the Policy is approved by the Pan American Sanitary Conference to ensure its inclusion in the Program Budget 2022-2023.</p>

Analytical Form to Link Agenda Item with Organizational Mandates

1. Agenda item: 4.4 - Policy for Improving Mental Health
2. Responsible unit: Mental Health and Substance Use
3. Preparing officer: Renato Oliveira e Souza
4. Link between Agenda item and the Sustainable Health Agenda for the Americas 2018-2030: <i>Goal 9:</i> Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders.
5. Link between Agenda item and the Strategic Plan of the Pan American Health Organization 2020-2025: <i>Outcome 5:</i> Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions. <i>Outcome 16:</i> Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action.
6. List of collaborating centers and national institutions linked to this Agenda item: <ul style="list-style-type: none">• Ministries of health and national health institutions• Other government agencies and entities that work in areas relevant to mental health• PAHO/WHO Collaborating Centers• Civil society organizations and service user/family associations• Universities• United Nations agencies and specialized entities• Treaty bodies and other mechanisms of the United Nations system relevant to mental health, and special United Nations proceedings• Organization of American States and Inter-American Commission on Human Rights• Other international health cooperation partners• Subregional integration mechanisms

7. Best practices in this area and examples from countries within the Region of the Americas:

Chile's SaludableMente (Healthy Mind) initiative was established by the Office of the President to address mental health needs and provide psychosocial support during the COVID-19 pandemic. An example of best practice, SaludableMente is a collaboration between seven government ministries. Its achievements include the establishment of an expert committee on mental health and a mental health advisory council, resources developed to specifically support the mental health of health workers, and an online platform that provides mental health support and guidance for the population.

Additionally, Peru has launched new mental health programs during the pandemic with a specific focus on children, and Mexico and Trinidad and Tobago have utilized a multisectoral approach to their mental health responses to COVID-19.
