



GOUVERNEMENT

*Liberté  
Égalité  
Fraternité*

# SUMMARY DOCUMENT

*Global mental  
health summit*

**« Mind  
Our Rights,  
Now! »**

Paris – Octobre 5 and 6, 2021  
Convention Center of the Ministry  
for Europe and Foreign Affairs

# EDITORIAL



The WHO Action Plan for Mental Health 2013-2030, the creation of the Coalition for Mental Health by the WHO-Euro or the UN Sustainable Development Agenda for 2030, among other challenges, reminds us that mental health is a public health priority.

The pandemic has created a momentum for global health, and particularly for mental health, which has triggered an unprecedented mobilization of many countries, as evidenced by the Summit and the Athens declaration last June, the mental health side-event and the G20 health declaration in Rome last month. The growing mobilization for mental health joins and reinforces the approach initiated three years ago by the Alliance of Advocates for Mental Health and Well-Being.

The ambition of the Paris summit is to be a new milestone in mental health awareness, maintaining over time this international mobilization as a lever to mobilize national policies, help the conduct of reforms and promote the investments in this field. This meeting indeed represents a completely original interface between the major international statements, the actors in the field and the political decision-makers. After London 2018 and Amsterdam 2019, Paris must be the summit that perpetuates this annual meeting.

I am convinced that rights-respecting approaches must guide any mental health policy presided. Alongside my counterparts, I am committed to pushing this ambition high, which will be fueled by the sharing of experiences and the recommendations made by the working groups.

OLIVIER **VÉRAN**

Minister of Solidarity and Health

# EDITORIAL



Human Rights are at the heart of the Paris summit agenda. The health crisis has indeed reminded us collectively to what extent the preservation of individual freedoms must always guide our action to respect people's choices. Our objective here is clear: to ensure that our health systems guarantees the consent of people at every step of the care process. International texts make strong demands in that area and it is our duty to fully implement all of them.

However, although essential, the notion of consent does not summarize the issues related to Rights in mental health. To guarantee access to these rights all nations have to fight any form of discrimination against their citizens. When their rights are violated, when their full citizenship is denied, their mental health is disrupted.

So, what are the steps we should take? I am convinced that our collective action must be led by a change of outlook on people, and in particular those with mental or cognitive disabilities or with a neurodevelopmental disorder. The solution lies in a more inclusive society capable of integrating and accepting difference and otherness. Because it is by building this benevolent and peaceful environment, that we will allow our fellow citizens to play their full part, which is beneficial to their mental health.

This guarantee of Rights must also be based on families and peers: the pandemic has highlighted the need of mobilizing the experience of those directly concerned in response to mental health issues. Who better than peers who experience similar difficulties can help mental health professionals to provide the necessary listening, support and encouragement?

The work to be carried out in Paris should continue and enrich the ambitious roadmap initiated in London in 2018. This is an opportunity for many countries to share innovative practices, to inspire changes in method, to discover new fields of action, which will transform our health systems to make them more inclusive and respectful of individuals. However, let us never forget to involve people and their representatives in our discussions, to listen to their messages, because it is in this permanent dialogue that we will succeed in ensuring that our rights are preserved.

**SOPHIE CLUZEL**

Secretary of State in charge of People  
with Disabilities

# STEERING THE PARIS 2021 SUMMIT, «MIND OUR RIGHTS, NOW!»

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For the Ministry of Solidarity and Health, Delegation for European and International Affairs

Name	Organisation
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# STEERING THE PARIS 2021 SUMMIT, «MIND OUR RIGHTS, NOW!»

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Name	Organisation
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<b>Marie Roy</b>	Assistant to the Ambassador
<b>Anne-Sophie Monceau</b>	Assistant to the Ambassador
<b>Romain Chave</b>	Global Health Policy Division, Human Development Branch

## For the International Steering Committee

Name	Organisation
<b>Michelle Funk</b>	Unit Head, Policy, Law and Human Rights Unit – WHO (Switzerland)
<b>Philip Gorwood</b>	Former President of the European Psychiatric Association
<b>Hilkka Karkkainen</b>	President – GAMIAN-Europe
<b>Tim Kendall</b>	NHS England National Clinical Director for Mental Health
<b>Devora Kestel</b>	Director, Department of MH and Substance Use – WHO (Switzerland)
<b>Sarah Kline</b>	United for Global Mental Health (UK)
<b>Miia Männikkö</b>	Former President – Eufami
<b>Aikaterini Nomidou</b>	Secretary General – GAMIAN-Europe
<b>John Saunders</b>	Executive Director – Eufami
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<b>Déborah Sebbane</b>	Head of WHO-CC Lille (France)
<b>Ranu Sharma</b>	Manager, Public Health Agency of Canada
<b>Renet Van der Waals</b>	Coordinator MHPSS in crises, Ministry of Foreign Affairs (Netherlands)
<b>Urs Würsch</b>	President – Eufami



# SUMMARY



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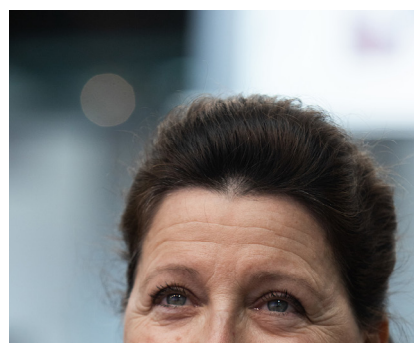
# 1.

## SUMMARY OF THE PLENARY SESSIONS





# 1. SUMMARY OF THE PLENARY SESSIONS





REINE **MATHILDE**,  
HER MAJESTY THE  
QUEEN OF THE  
BELGIANS

MA in Psychology and speech therapist. Shows great concern for vulnerable persons, particularly children. The "Queen Mathilde Fund" identifies projects likely to improve the situation of vulnerable persons, especially young people, and awards an annual prize. Honorary President: UNICEF Belgium; Child Focus; Queen Elisabeth International Music Competition of Belgium; King Baudouin Foundation. Heads humanitarian missions. 2005, United Nations Envoy for the International Year on Microcredit. Former UNICEF and UNAIDS Special Representative for their campaign on orphans and children made vulnerable by HIV/AIDS; former Special Representative of WHO Europe for immunization. Honorary Member of the Board, Schwab Foundation on Social Entrepreneurship. Alumni Young Global Leader. Since 2016, UN Advocate for the Sustainable Development Goals, with a special focus on mental health.

## KEY IDEAS

- The stakeholders involved in the various modes of care offer a very diverse range of skills. As we know, there are differences between traditional medical or psychological methods and those that recommend intervening in life circumstances. Yet these skills could be complementary. The Summit that brings us together today has the great advantage of allowing these different approaches to meet.
- Broaden the cross-cutting approach to mental well-being, to anchor it more firmly in family, health, education, social remediation and policies to tackle poverty.
- Stigma is still a major obstacle for people seeking advice or care. This must be stopped. The message we have to give, in a few words, is: "You are not alone".





# 1. SUMMARY OF THE PLENARY SESSIONS



**DR TEDROS ADHANOM GHEBREYESUS**

Dr Tedros Adhanom Ghebreyesus was elected WHO Director-General in May 2017. Born in the Eritrean city of Asmara, Dr Tedros graduated from the University of Asmara with a Bachelor of Biology, before earning a Master of Science (MSc) in Immunology of Infectious Diseases from the University of London, a Doctorate of Philosophy (PhD) in Community Health from the University of Nottingham and an Honorary Fellowship from the London School of Hygiene and Tropical Medicine. Following his studies, Dr Tedros returned to Ethiopia to support the delivery of health services, first working as a field-level malariologist, before heading a regional health service and later serving in Ethiopia's federal government for over a decade as Minister of Health and Minister of Foreign Affairs from 2005-2016. Prior to his election as WHO Director-General, Dr Tedros held many leadership positions in global health, including as Chair of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, Chair of the Roll Back Malaria Partnership, and Co-chair of the Partnership for Maternal, Newborn

and Child Health Board. After taking office as Director-General, Dr Tedros initiated the most significant transformation in the Organization's history and focused WHO's work on the mission to "Promote health, keep the world safe and serve the vulnerable."

## KEY IDEAS

- Violations of the human rights of people with mental health conditions remain all too common. Awareness and advocacy are not enough if they're not translated into robust, rights-based mental health services.
- During the last six months, WHO has released comprehensive guidance on establishing and scaling up mental health services that are respectful of human rights.
- "Today, we're calling on every country to commit to concrete investments in mental health and psychosocial support, as part of its journey towards universal health coverage. Because there is no health without mental health."





HENRIETTA FORE

Henrietta H. Fore became UNICEF's seventh Executive Director on 1 January 2018. She has worked to champion economic development, education, health, humanitarian assistance and disaster relief in a public service, private sector and nonprofit leadership career that spans more than four decades. From 2007 to 2009, Ms. Fore served as the Administrator of the U.S. Agency for International Development (USAID) and Director of United States Foreign Assistance. The first woman to serve in these roles, she was responsible for managing \$39.5 billion of U.S. foreign assistance annually. Earlier in her career at USAID, Ms. Fore was appointed Assistant Administrator for Asia and Assistant Administrator for Private Enterprise (1989-1993). In 2009, she received the Distinguished Service Award, the highest award the Secretary of State can bestow. From 2005 to 2007, Ms. Fore served as Under Secretary of State for Management, the Chief Operating Officer for the U.S. Department of State. From 2001 to 2005, Ms. Fore was the 37th Director of the United States Mint, managing the world's largest manufacturer of coins, medals and coin products. Immediately prior to her appointment with UNICEF, Ms. Fore was Chairman of the Board and Chief Executive Officer of Holsman International, a manufacturing and investment company. She also served on the boards of a number of domestic and international public corporations. Ms. Fore has a Bachelor of Arts in History from Wellesley

College and a Master of Science in Public Administration from the University of Northern Colorado.

## KEY IDEAS

UNICEF is calling on governments, and public and private sector partners, to commit, communicate and act to promote mental health and wellbeing for all children, adolescents and caregivers. This includes three key actions:

- First: we need urgent public and private investment in mental health services across all areas, including health, education, social protection and beyond. In other words, we need a whole-of-society approach to mental health.
- Next: we must integrate evidence-based solutions across the health, education and social protection sectors. This includes parenting programmes that promote responsive, nurturing caregiving and support the mental health of caregivers.
- And lastly: we must all play our part to break the silence surrounding mental illness. We must work to combat stigma and promote better understanding of mental health.



## 1. SUMMARY OF THE PLENARY SESSIONS



HAUWA OJEIFO

Hauwa Ojeifo is a Nigerian woman who publicly identifies as a person who lives with a mental health condition and psychosocial disability. Popularly tagged as the "voice of mental health", Hauwa and her team at She Writes Woman, are giving mental health a voice in Nigeria by empowering people with lived experience to tell their stories, co-create their solutions, and advocate for their rights. In February of 2020, she became the first person with a mental health condition to testify in that capacity before the Nigerian National Assembly on the rights of persons with mental health conditions and psychosocial disabilities urging legislators to honour international human rights commitments under the tenets of the United Nations Convention on the Rights of Persons with Disabilities and in the spirit of "Nothing About Us Without Us". Hauwa's testimony caused the Senate to step down the bill for reconsideration; thereby protecting 40 to 60 million Nigerians with mental health conditions.

### KEY IDEAS

- The inclusion of people with mental health conditions in all stages of decision-making that affects them should be mandatory upon all stakeholders in the spirit of "Nothing About Us Without Us".
- The overwhelming need to move away from a purely biomedical approach to mental health to a more psycho-social human rights approach opens up possibilities for perceptual and systemic changes whilst protecting the liberty, dignity, and fundamental freedoms of people in their interactions with mental health services and resources.
- The availability or the lack of a resilient social welfare system is a major determinant of the mental health outcomes of a person.







ANDRÉ DECRAENE

André Decraene is the acting President of EUFAMI, the organisation that unites all family members of persons affected by serious mental ill health in Europe. André is a juris doctor of the University of Leuven. After a successful international career in business he devotes his time and efforts as a volunteer for Mental Health Organisations representing families in Belgium (Similes in Vlaanderen and Brussels – Board member and Vice-President) and at European level. He is the past president of Abbeyfield Belgium and a Trustee of The Abbeyfield Society (UK), a worldwide non profit organisation giving the elderly a home where they can find a renewed sense of life and alleviate their loneliness.

## KEY IDEAS

Families are an integral part of mental health care. Therefore they need :

- to be listened to: families in mental health spend on average 43 hours a week caring for their loved one. This is longer than the average work week. Families are experienced informal carers;

- to be informed : information is key to the well being of the family and by extension to the person affected by mental ill health. Informed families can be a huge accelerator of recovery. The information must be at their level and should include the diagnosis and the likely development of the illness so families can prepare themselves and be more confident, and by extension more helpful;
- to be trained to increase their social skills with their loved ones. Training based on a peer-to-peer approach is a powerful tool and has proven its efficacy. Prospect, the training program developed by Eufami has been implemented throughout Europe for nearly twenty years.

Families with relatives who suffer from mental ill health need support to cope with the specific stress resulting from their situation. Recent research has demonstrated that their Quality of Life is significantly lower and their loneliness score significantly greater than the average of the total population, and they are more prone to sickness and sick leave.



## 1. SUMMARY OF THE PLENARY SESSIONS



TOM DE BRUIJN

Tom de Bruijn is Minister for Foreign Trade and Development Cooperation of the Netherlands. He holds a degree in political science from the Graduate Institute of International and Development Studies, in polemology from King's College and in law from Utrecht University. After completing his studies, Tom de Bruijn joined the Ministry of Foreign Affairs, where he held various positions in the Treaties and International Organisations Directorate and the European Integration Directorate. In 1998 he was appointed Director General for European Cooperation. From 2003 to 2011, Tom de Bruijn was the Dutch Permanent Representative to the European Union in Brussels. In 2011 he joined the Council of State in the Advisory Section. From 2014 to 2018, as an elected member of the D66 party, he served as deputy mayor of The Hague, responsible for finance, traffic, transport and environment, and in March 2017 as acting mayor. Since 10 August 2021, Tom de Bruijn

has been Minister for Foreign Trade and Development Cooperation in the third Rutte government.

### KEY IDEAS

"Politicians, planners and programmers still perceive mental ill health as being extremely difficult to address. And therefore tend to push mental health off the agenda. This is not the way forward. After all, we cannot: strengthen health systems; develop strategies for human capital; increase employment rates; or be effective in the field of building and sustaining peace... if we do not address mental resilience. It's why we should make clear that we only accept approaches that include attention for mental health and psychosocial needs."





FRANÇOISE **VANNI**

Françoise Vanni, the Global Fund's Head of External Relations and Communications, has more than 20 years of leadership experience in resource mobilization and advocacy in global development, most recently as Director of External Relations and Communications for the United Nations Relief and Works Agency in the Middle East. She served as country representative in Angola and in Cuba for Médecins du Monde. And for eight years, she served as Executive Director of a non-governmental organization in France called Agir Ici, which she transformed into Oxfam France. Mrs. Vanni served as Communications Chief for UNICEF in Mexico, before serving Oxfam GB as a regional director for Latin America and the Caribbean and then as Campaigns and Policy Director, based in the UK. She earned a master's degree in international cooperation, development and humanitarian affairs at La Sorbonne, and completed an advanced management and leadership course at Oxford University's Said School of Business.

## KEY IDEAS

- The impact of the Covid-19 pandemic on the fight against HIV, TB and malaria, on access to health services and ultimately on mental health threatens decades of progress. It will have both short and long term effects on mental health, particularly on the most vulnerable and on frontline health workers.
- We must continue to fight HIV, tuberculosis and malaria, the three most deadly pandemics, while addressing the current Covid-19 pandemic by promoting integrated, people-centred health services, with the aim of improving global health, including mental health, through a more efficient and effective approach.
- The Global Fund's investments in health systems will be critical. We are already investing around \$1 billion a year in resilient and sustainable health systems, with the aim of ending epidemics and achieving health for all by 2030. Working together, we can end HIV, TB and malaria and promote mental well-being for all.



# 1. SUMMARY OF THE PLENARY SESSIONS



DUNJA MIJATOVIĆ

Dunja Mijatović was elected Commissioner for Human Rights on 25 January 2018 by the Parliamentary Assembly and took up her position on 1 April 2018. She is the fourth Commissioner, succeeding Nils Muižnieks (2012-2018), Thomas Hammarberg (2006-2012) and Alvaro Gil-Robles (1999-2006). National of Bosnia and Herzegovina, she has been working to promote and protect human rights for the past two decades, thus acquiring extensive knowledge in the field of international monitoring, in particular as regards freedom of expression. Prior to her appointment as Commissioner for Human Rights, she has served as OSCE Representative on Freedom of the Media (2010-2017), Director of Broadcast of the Communications Regulatory Agency of Bosnia and Herzegovina (2001-2010), Chair of the European Platform of Regulatory Agencies (2007-2010) and of the Council of Europe's Group of Specialists on Freedom of Expression and Information in Times of Crisis (2005-2007). Dunja Mijatović has

regularly given lectures in national and international fora and has been awarded several human rights prizes. She has also been active in supporting NGO activities in the field of human rights education and asylum.

## KEY IDEAS

- Bridge the gap between agreed international human rights standards and existing mental health legislation and services in most states.
- Transform mental health services by eliminating coercion and institutions, while ensuring that mental health services become community-based, recovery-oriented and based on consent.
- Ensure human rights are the guiding principle for all aspects of the necessary reforms.



SHANTHA RAU BARRIGA

Shantha Rau Barriga is the founding director of the Disability Rights Division at Human Rights Watch. She oversees research and advocacy on the rights of people with disabilities and older people, working closely with organizations of people with disabilities at the national, regional, and international level. Previously, Shantha participated in the UN negotiations toward the Convention on the Rights of Persons with Disabilities. Her talk on how to end stigma against people with disabilities is featured on TED.

### THREE KEY IDEAS

Mental health is more than just a health issue and there is a need to address social determinants of mental health and the political economy of mental health as this has a more significant impact on prevention of mental health and recovery from mental illness.

- Governments and donors should take concrete steps to develop adequate, voluntary, and community-based mental health services that respect people's human rights.
- Around the world, including in developing countries, there are already governments and service providers who are providing rights-respecting services to people with psychosocial disabilities.
- Many of these programs are easily scalable and can be replicated in other contexts.





## 1. SUMMARY OF THE PLENARY SESSIONS



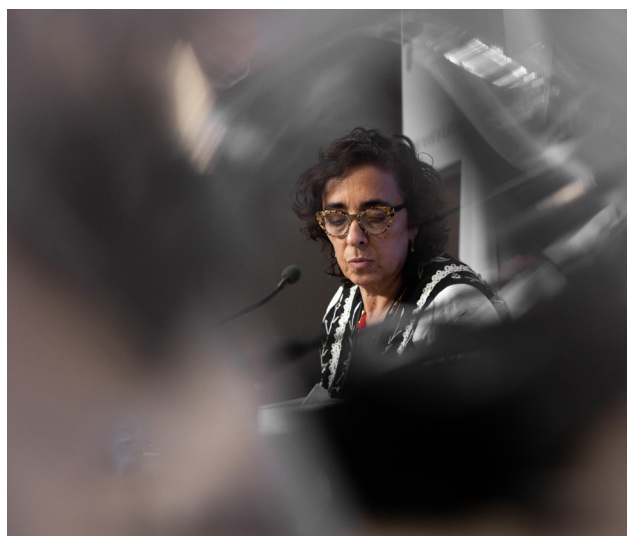
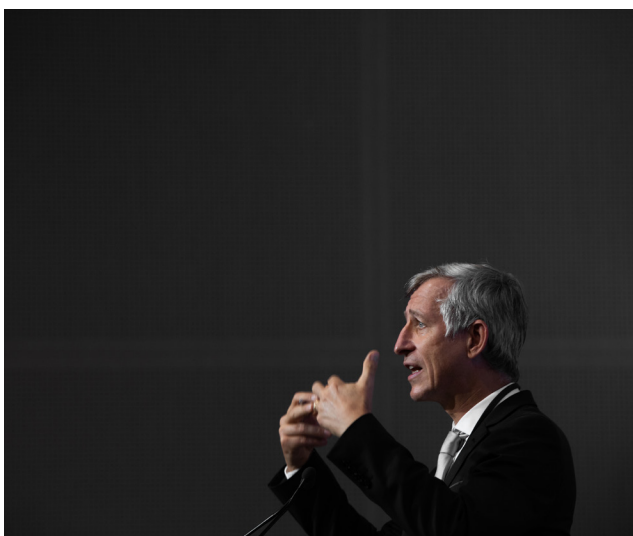
SOUMITRA **PATHARE**

Dr Soumitra Pathare is a consultant psychiatrist, and the Director of the Centre for Mental Health Law & Policy, Indian Law Society, Pune, India. His primary interests are in the areas of suicide prevention, mental health policy, scaling up mental health services, rights-based care, and legislation. In the past, he has provided technical assistance to the Ministry of Health & Family Welfare, Government of India, in drafting India's Mental Healthcare Act 2017, which takes a rights-based approach to mental healthcare. He was also a member of the Mental Health Policy Group appointed by the Government of India to draft India's first National Mental Health Policy released in October 2014. He has conceptualised & steered various innovative community-led mental health

interventions and strongly believes all persons with mental illness should be able to fully participate in society, as everyone else!

### KEY IDEAS

Mental health is more than just a health issue and there is a need to address social determinants of mental health and the political economy of mental health as this has a more significant impact on prevention of mental health and recovery from mental illness.







GEERT CAPPELAERE

Geert Cappelaere is the Director of UNICEF's Public Partnership Division Office in Brussels. He served most recently as Senior Advisor in the Office of the UNICEF Executive Director. He led the development of a new strategy to further strengthen UNICEF's engagement in and with Europe, with all parts of UNICEF and the family of National Committees active throughout Europe. He served as UNICEF's Regional Director for the Middle East and North Africa from 2016 to October 2019. He is author of a number of internationally renowned publications, including 'Children deprived of their Liberty: Rights and Realities'. He actively contributed to the drafting of several international legal instruments in the area of child protection and children's rights. He is still today a much-solicited advisor in these areas, for governments and civil society on all continents.

## KEY IDEAS

- Mental health challenges among children and young people are far more prevalent than we ever knew, and COVID-19 has raised increasing concerns and risks for children's mental health and well-being.
- Far too many children and young people, and their caregivers do not have access to the support they need, and too many are negatively impacted by prevailing and deeply harmful stigmas and misunderstandings around mental health issues.
- Our SOWC report calls for urgent and bold commitment to invest in mental health promotion, prevention and care; communication to break stigmas and ensure young people are part of the conversation and solution; and action through scaling up interventions to better support parents and caregivers and integrate mental health and psychosocial support in schools.



# 1. SUMMARY OF THE PLENARY SESSIONS



CLARA PESSEY

Clara Pessey is 21 years old and comes from La Clusaz, a ski resort near Annecy. When she wasn't on the ski slopes, she spent her time wondering about the condition of children in the world. That's why she decided to become a UNICEF volunteer when she was 16. A commitment that allowed her to join the Unicef Youth Council in 2018 for a two-year term. Besides that, she studies Political Science in Geneva and has the ambition to work for the cause of children within international organizations.

## KEY IDEAS

- Freeing young people to speak out: they must no longer be afraid to express their unease and their fears for the future.
- Raise awareness of the importance of mental health among adults and youth: end the taboo and begin to realize the situation of youth today.
- Mobilize young people, health professionals and public actors to agree together on appropriate solutions for a healthy generation.







HANS KLUGE

Dr Hans Henri P. Kluge is the WHO Regional Director for Europe. His term began on 1 February 2020, following his nomination by the WHO Regional Committee for Europe and appointment by the WHO Executive Board. Throughout his career, beginning as a family doctor in Belgium, along a journey to Somalia, Liberia, the prisons in Siberia, former Soviet Union countries, Myanmar and the Democratic People's Republic of Korea, and most recently leading the Division of Health Systems and Public Health at WHO/Europe for a decade, Dr Kluge has always been committed to achieving better health for all with a focus on the vulnerable. As Regional Director, Dr Kluge's vision for the WHO European Region is "United action for better health", working in partnership to achieve universal health coverage, address health emergencies and promote healthier populations.

## KEY IDEAS

- As we saw during the pandemic with the sharing of vaccines, the countries of the European Region – such as France – are more than willing to share their insights, their innovations, and their passion for the betterment of mental health worldwide. Because nobody deserves to be left behind.
- Our actions in bringing mental health out of the shadows in the WHO European Region are also motivated by the recommendations of the Pan-European Commission on Health and Sustainable Development, especially those concerning the need to address the deep-seated health, social, economic and gender inequalities exposed by the pandemic, to invest in innovation, data collection and sharing, and to improve regional and global health governance towards strong national health systems.

## 1. SUMMARY OF THE PLENARY SESSIONS



FABRIZIO STARACE

Fabrizio Starace is Director of the Department of Mental Health and Drug Abuse in Modena, Adjunct Professor of Social Psychiatry and Community Mental Health at UNIMORE University, and President of the Italian Society of Psychiatric Epidemiology. In 2019 he was appointed as a member of the National Health Council. After a long experience gained at national and international research institutes, including the World Health Organization, he actively participated in the introduction and application of the Health Budget in Italy, and currently coordinates the Emilia Romagna regional early psychosis program. Since 2010 he has been the creator and promoter of Mèt, Mental Health Week, for the fight against stigma and prejudice.

### KEY IDEAS

Mental health is a foundational element for sustainable socioeconomic development and a more equitable world. However, mental health care has long been neglected and under-funded. In most, if not all, countries the quality of mental health services is routinely worse than the quality of those for physical health and unmet needs for care are still high. It's time to reverse course, advocating for concrete actions, translating into practice those principles on which an agreement has long been reached, putting the active, decisional involvement of users' representatives in all contexts where policies are discussed, operationalised and evaluated. Above all, we have to question ourselves what was wrong with previous efforts, and how we should act to bring about the transformation desired.







MARIE-AMÉLIE LE FUR

Marie-Amélie Le Fur was elected president of the French Paralympic and Sports Committee in December 2018. A true ambassador for her sport, Marie-Amélie Le Fur began athletics at the age of 6. Following a scooter accident in 2004, she had to have one leg amputated and interrupted her passion for the profession of firefighter. Only four months later, with the right support and thanks to her mental strength, she took up running again during the filming of a telefilm and went on to perform at the highest Paralympic level, in the sprint and the long jump. A disabled athlete, she is the holder of nine medals at the Paralympic Games: two silver medals at the Beijing edition, three medals at the London edition, three medals, including two gold, at the Rio edition and a silver medal at the Tokyo edition. She also won twelve world medals, including four championships.

## KEY IDEAS

- Sport can lead to abuses because every year the athlete has obligations to achieve results. It is also a form of «moral» and financial commitment to society (family circle, social reputation, sponsorship, financial support from federations, etc.), which creates strong pressure.
- It should be noted that real developments have taken place in recent years:
  - The mental preparation of athletes has become widespread and is no longer seen as a sign of "mental weakness", with a real progression in federal support with the implementation of regular psychological assessments for example. The athlete is seen less and less as just a body, but as an individual to be supported in his or her entirety. This more appropriate follow-up makes it possible to envisage longer careers and improved performance.
  - There is now a free speech effect on this subject. The public authorities and the world of sport must support the implementation of a system of "mental discharge" for athletes in order to transform the pressure into positive emulation.
- The media and social networks have an undeniable impact on the mental health of high-level sportsmen and women and can represent significant psychological violence. In order to cope with this, the athlete must be well supported and develop protective mechanisms to deal with the networks. However, these are indispensable because they are now an integral part of the model for financing a sporting career, as sponsorship is very dependent on notoriety on the internet.
- After his accident, sport allowed her to avoid confinement and discrimination and to regain self-esteem by understanding the limits of his "new body", which are different from the limits expected by society.



## 1. SUMMARY OF THE PLENARY SESSIONS



DEBRA **ALEXANDER**

Debra Geraldine Alexander is a South African clinical psychologist and a lecturer in psychiatry at the University of Stellenbosch in South Africa. She is also active in sports governance and administration in the fields of international Para sports and triathlon. Debra Alexander is a Governing Board Member of the International Paralympic Committee, the 1st Vice President 2020-2024 of World Triathlon (WT), and previously served on the WT Executive Board from 2012-2020. During her time on the Executive Board of WT, Alexander focused on promoting World Paratriathlon Events on all continents, as well as the delivery of paratriathlon at the Rio 2016 Paralympic Games. She is also the 2nd Vice President 2020-2024 of the South African Olympic and Paralympic Committee (SASCOC) and 1st Vice President of the Africa Triathlon (AT) and is the past president of Triathlon South Africa (TSA).

### KEY IDEAS

- Sport provides a perfect platform for cultivating healthy minds, bodies and resilience and for building relationships.
- Athletes are humans too, they are not exempt from mental illness. Sport, through an athlete-centered approach focussing on athlete health, safety and equity is an excellent vehicle for intervention.
- Mental health is everyone's responsibility. When deliberating on mental health reforms, sport needs to join the same table as health, education and social justice, sharing as a duty of care, a strong focus on prevention.





PR TIM **KENDALL**

Tim Kendall was appointed as National Clinical Director for Mental Health for the NHS in England in April 2016, providing clinical expertise and strategic advice across government and the NHS. He chairs a number of government and multi-agency committees to implement national mental health strategy and leads programmes around, impact of COVID, suicide reduction, talking therapies and digitalisation. He also represents the NHSE at Parliamentary Health Select Committees, All-Party Parliamentary Groups, Ministerial Roundtables and international forums. Tim is also Director of National Collaborating Centre at Royal College of Psychiatrists and University College London (UCL) since 2001, where he chaired the first ever National Institute for Health and Care Excellence (NICE) guideline - on schizophrenia. He has facilitated the production of 30 or more NICE guidelines since. Tim has published widely, awarded the 2004 Lancet Paper of the Year and is visiting Professor at UCL since 2009. Tim continues work as consultant psychiatrist for the homeless in Sheffield. Tim has been conferred with two honorary doctorates for his contribution to mental health at the Open University (2019) and at the

University of Sheffield (2020).

## KEY IDEAS

"Widespread agreement through all 3 global summits is that all countries are developing countries when it comes to mental health.... and ALL need more investment, sustained over many years; that mental health services need to address the needs of people without recourse to restraint and restriction: that services must move to being properly therapeutic; that we don't need to build more new hospitals and institutions, but rather to develop community services, close to people's homes and support people to be citizens, with hope, love and occupation in their lives. To paraphrase a great Italian Psychiatrist, Franco Basaglia: we don't need more hospitals and 'therapeutic communities', we need communities to become therapeutic."



## 1. SUMMARY OF THE PLENARY SESSIONS



LAURENCE FISCHER

Laurence Fischer is a karateka, fighter. She won two world championships in individual and one in team. She has an MBA from the ESSEC business school. She has been involved in Sport for Development for over twenty years.

Her international career spanned from 1995 to 2006. She won her first World title in 1998 and her first European title in 1999. During her sporting career she worked for the Sports Department of the City of Marseille, the ENGIE Foundation and Canal+. In 2006, the last year of her studies and her international career, she won all the major competitions : the Paris Open, the French championship, the European championship and the World championship. Laurence is the founder and former President of Fight for Dignity created in March 2017 which is a programme based on a physical accessibility method adapted for young girls and women victims of violence (in DR Congo and France). She is a Chevalier de la Légion d'Honneur and since 2019, she is an Ambassador for Sport in France.

### KEY IDEAS

- The sports movement has a role to play in the prevention and support of people suffering from a disorder. Sport is a great tool for resilience, acceptance and self-esteem, which is increasingly finding its place in the care pathways. For example, the association Fight for Dignity works with the women's centre in Saint-Denis and the Pitié-Salpêtrière

hospital in Paris, or the Dorcas centre in the Democratic Republic of Congo, which helps young women who have been victims of violence to rebuild their lives by practising karate in a way that is accessible and adapted to their post-traumatic stress state.

- From the point of view of high-level athletes, the integration of mental preparation into their daily lives over the last ten years has become central and has led to improved performance.
- The mental health of populations and the right to access care services are increasingly present in the public arena and the world of sport. The major organisations (IOC? IPC) and international federations have taken up this issue and are conducting prevention and information campaigns. Ex: FIFA's Reach Out campaign
- But there can be a real vulnerability of the athlete with regard to performance. "Performance sport" can thus have consequences for the mental health of high-level athletes. E.g.: the last Olympic Games in Tokyo with the withdrawal of the American gymnast Simone Biles







MABEL VAN ORANJE

Mabel van Oranje is a serial entrepreneur for social change working globally to advance equality, freedom and justice. During the last decade, she played a catalytic role in the global movement to end child marriage, including the creation and growth of three entities central to efforts to support girls' futures: Girls Not Brides, the Girls First Fund, and VOW for Girls. Mabel is currently a board member of Fondation Chanel, the Sigrid Rausing Trust, and VOW for Girls (Chair). She is also an advisor to Apolitical Academy Global, Co-Impact's Gender Fund, Global Witness, and The Elders. Mabel is a global champion of Girls Not Brides: The Global Partnership to End Child Marriage, and a co-founder and chair emeritus of the European Council on Foreign Relations.

## KEY IDEAS

- Recognize the level to which mental health impacts of the COVID-pandemic and the measures to counter it are stronger in under-resourced contexts and for disadvantaged populations.
- Recognize that a lot can be learned from the way in which a number of under-resourced countries that suffer from compounding, protracted crises, still have put in place effective psychosocial packages in response to the pandemic.
- Prioritize the mental wellbeing of staff, of first responders, of volunteers. These two years, the understanding has grown, globally, of the need for adequate, quality promotion and protection of mental wellbeing of staff. Do take this as an opportunity to structurally engage major employers – and their resources – to improve tools and capacity for psychosocial duty of care.
- Ensure quality, rights based approaches, especially in a situation where new actors may be tempted to start including psychosocial support in their work.





# 2.

## WORKSHOPS



### WORKSHOP 1

# The impact of COVID on mental health

Tuesday September 5, 2:00 p.m. – 4:30 p.m.

This workshop will debate two important perspectives regarding the time of COVID and the impact it has had on mental health. The impact includes the direct impact of COVID-19 viral mortality and morbidity as well as the impact of governments' emergency response and lockdown measures taken to control the pandemic. The first perspective to consider is the impact on mental and psychosocial healthcare services' capacity to support people through the time of COVID. The other perspective is the impact on people with existing mental health problems and on children and young people.

The workshop format consists of two panels covering each perspective with speakers from around the globe who represent countries from a variety of different socioeconomic status' and who have a range of backgrounds from lived experience, clinicians, policy makers and academics. The workshop will discuss variation in government approaches to controlling the

COVID pandemic and explore how/if governments had anticipated or supported the mental health effects of COVID and/or lockdown. It will identify positive opportunities presented by the time of COVID which can be leveraged to benefit mental health care services going forward. Recommendations applicable to governments from high-, middle- and low-income countries, will be formulated by workshop delegates.

The focus on the mental health children and young people's (CYP) is driven by the emerging data from high-, middle- and lower-income countries showing a notable impact of the lockdown restrictions on this group. The workshop will explore the question which many are asking: "Have lockdown measures saved the older population, at the cost of the future generations?"

#### Media



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## List of speakers

Name	Organisation
<b>Tim Kendall</b>	NHS England National Clinical Director for Mental Health
<b>Philip Gorwood</b>	Former President of the European Psychiatric Association
<b>Marika Cencelli</b>	NHS England Portfolio Lead for MH National Clinical Director
<b>Martina Rojnic</b>	European Psychiatric Association Associate Professor, Department of Psychiatry - Zagreb University Hospital Centre (Croatia)
<b>Dévora Kestel</b>	Director of the WHO Department of Mental Health and Substance Abuse
<b>Anouk Boschma</b>	Advisor at the IFRC Reference Centre for Psychosocial Support and focal point for the Africa Region - Red Cross red Crescent Movement
<b>Amali Naik</b>	Founder and CEO - Grameena Abyudaya Seva Sams, MH NGO (India)
<b>Rosemary Gathara</b>	CEO - Basic Needs Basic Rights (Kenya)
<b>Shanthamma Yashodamma</b>	Time to change - MH lived experience champion
<b>Pallab Maulik</b>	Deputy Director and Director of Research - George Institute for Global Health (India)
<b>Shanu</b>	In the 11th grade - George Institute for Global Health (India)
<b>Sandra Ferreira</b>	Global Mental Health Peer Network - Regional Lead for Africa and Educator/teacher with lived experience of SMI
<b>Prathiba Chitsabes</b>	National Speciality Advisor and Co-chair of the Clinical Reference Group (CYP Mental Health) - NHS England
<b>Jess Griffiths</b>	Lived Experienced Counsellor and Eating Disorders Practitioner - Lived experience and NHS England Eating Disorders
<b>Charlotte Halon</b>	WHO - Reader in Global Mental Health, Co-Director, WHO Collaborating Centre on Research and Training in Mental Health, IoPPN
<b>Peter Wareu Muthumbi</b>	Mental health lived experience champion - Basic Needs Basic Rights (Kenya)
<b>Sue Baker</b>	Mind International Mental Health Advisor

### WORKSHOP 2

# What place for experiential knowledge?

Tuesday September 5, 2:00 p.m. – 4:30 p.m.

This workshop will explore the issue of human rights in mental health services from the perspectives of the service user and family carers. A significant amount of care is provided to people with severe mental health difficulties in the community. Expert by experience (users and family carers) have much to contribute to the care and recovery of people with mental illness. Furthermore, there is an internationally growing trend to include peer support workers in mental health services, and despite the ongoing challenges, their inclusion in the mental health care workforce is very beneficial. In most cases individuals with mental illness are supported by at least one family member. Family members have rights too and this workshop will explore issues such as the right to information, training and support from mental health services and from national governments. Specific issues such as confidentiality and joint decision making will also be addressed.

Services based on protecting the human rights of those they serve should be of a high quality, be available when needed and be appropriate to people's needs. Modern rights based mental health services should involve the user and family care are partners in the process of treatment and recovery. This means having adequate communication between services, users and family carers. It also means developing and delivering programs of care where user and family members are active participants with the service providers. Principles such as advocacy, joint decision making, individualized program planning and a focus on recovery are at the heart of such services.

In this workshop we will have contributions from an international panel of users of services, family carers, and peer advocates for service users and family members, and the presentation of some innovative practices involving users and carers in different settings.

#### Media



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## List of speakers

Name	Organisation
<b>Elisabetta Scanferla</b>	Psychologist - GHU Paris Psychiatry & neurosciences, EPA
<b>Aikaterini Nomidou</b>	Secretary General - GAMIAN-Europe
<b>John Saunders</b>	Executive Director - EUFAMI
<b>Charlene Sunkel</b>	Global Mental Health Peer Network - User testimonial
<b>Emmanuelle Remond</b>	Carer testimonial
<b>Stéphane Cognon</b>	Expert by experience - GHU Paris
<b>Caroline Vanhaelewyn</b>	Specialized nurse - GHU Paris
<b>Ella Amir</b>	Executive Director - Ami-Quebec (Montreal)
<b>Andre Décreaene</b>	Acting President - EUFAMI Carer testimonial
<b>Patricia Deegan</b>	Disability-rights advocate, psychologist and researcher - User testimonial

### WORKSHOP 3

# How to protect the mental health of children and adolescents?

Tuesday September 5, 2:00 p.m. – 4:30 p.m.

The workshop co-leads will engage a multi-sectoral working group that will collectively provide technical input and advice for the development of a 2–4-page brief on recommendations for mental health and psychosocial wellbeing of Children, Adolescents and Families, with a focus on **quality of care & child rights**. The group will discuss, formulate and prioritize high level recommendations that will be presented and discussed at Mental Health Summit. **The working group recommendations will align with UNICEF's State of the World's Children Report on child and adolescent mental health, which will be launched at a high-level side event during the Paris Summit and other relevant WHO guidelines and tools.**

The main objectives of the workshop will be to:

- share perspectives of policy makers, professionals and youth on access and quality of care and human rights based practices
- consolidate recommendations on key actions.

#### ► Media



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## List of speakers

Name	Organisation
<b>Zeinab Hijazi</b>	Senior Mental Health Technical Advisor -UNICEF (NY)
<b>Chiara Servili</b>	Mental Health Officer - WHO (Switzerland)
<b>Mark Jordans</b>	War Child Holland - Director Research and Development University of Amsterdam - Professor of Child and Adolescent Global Mental Health
<b>Leslie Snider</b>	The MHPSS Collaborative - Save the Children (Denmark)
<b>Mark Tomlins</b>	Stellenbosch University (South Africa)
<b>Matthew Hughsam</b>	Cities Rise
<b>Sahar Vasquez</b>	Youth Advocate for Mental Health (Belize)
<b>Margianta Surahman Juhanda Dinata</b>	Emancipate Indonesia, Youth Advocate for Mental Health (Indonesia)
<b>Rachel Harvey</b>	UNICEF EAPRO
<b>Dilvan Manolov</b>	Youth Advocate for Mental Health (Bulgaria)
<b>Matias Irarrazaval</b>	PAHO
<b>Maria Bray</b>	Terre des hommes
<b>Ali Amirkafi</b>	Youth Advocate for Mental Health (Iran)
<b>Fatoumata Mariko</b>	Youth advocate for Mental Health (Mali)
<b>Eamonn Hanson</b>	War Child - Advocacy Manager
<b>Patrick Kumi</b>	Youth advocate for Mental Health (Uganda)
<b>Camilla Lodi</b>	PSS/SEL Regional Adviser - NRC
<b>Patrick Onyango</b>	REPSSI
<b>Pooja Krishna</b>	Youth advocate for Mental Health (India)
<b>Craig Hodges</b>	Director of Orygen Global
<b>Ness Angela Presbitero</b>	Youth advocate for Mental Health (Philippines)
<b>Anna Devereux</b>	War Child Holland

## WORKSHOP 4

# Vulnerable groups amidst a health crisis: how do we address inequalities?

Tuesday September 5, 2:00 p.m. – 4:30 p.m.

This workshop focuses on the mental health of vulnerable populations in the context of health crises and beyond. The panels aim to shed light on how and why the mental wellbeing of people in vulnerable situations can be asymmetrically affected in terms of stressors, clinical outcomes and limitations of the right to access mental health care and other forms of support, during a pandemic such as COVID-19 and beyond.

Multiple forms of vulnerability can affect the mental health and psychosocial well-being of concerned individuals and communities, making access to services and other forms of support, where available, more complex. In addition, mental disorders can generate vulnerabilities or exacerbate pre-existing ones. This session aims to illustrate some of these vulnerabilities and how they relate to mental health, in particular to:

- Highlight the specific needs of individuals and groups according to the vulnerabilities they face;
- Identify possible actions to mitigate the insurgence of disorders and propose accessible services adapted to the specific situations in which the people concerned find themselves;
- Propose operational and effective actions to strengthen the rights of vulnerable people in terms of mental health and psychosocial support, whether in terms of prevention, treatment or social inclusion.

The workshop presents the challenges encountered by the actors and stakeholders working with these people and the actions implemented worldwide to address the protection of the right to mental health care. It does so through discussing vulnerability and rights along two axes. The first addresses the mental health and psychosocial needs and resources of people on the move, and the approaches to mental health care provision for people on the move in various contexts, from those impacted by emergencies to countries of resettlement or transit. The second focuses on different types of vulnerabilities relating to illness, age, and gender, and of their specific impacts on mental wellbeing and access to mental health care.

In this workshop, vulnerability is understood as both a process and outcome of social, political, and economic marginalization, which can affect mental health and psychosocial wellbeing; and as a potentially aggravating factor of negative mental health outcomes, at times causing greater precarity. A human rights approach to service provision should thus seek to address the mental health needs of individuals and communities within their larger social environments by contributing to redressing the structural conditions of marginalization, as well as their impacts on mental wellbeing.

## List of speakers

Name	Organisation
<b>Cecilie Alessandri</b>	Head of Mental Health and Psychosocial for International department - French Red Cross (France)
<b>Guglielmo Schinina</b>	Head Mental Health Psychosocial Response and Intercultural Communication Section - IOM
<b>Maria Vittoria Carlin</b>	Psychiatrist Medical Manager - Minkowska Center (France)
<b>Monica Blotevogel</b>	CORESZON (Germany)
<b>Peter Ventevogel</b>	UNHCR (Switzerland)
<b>Dinesh Bhougra</b>	King's College London (UK)
<b>Johan Girard</b>	French Red Cross (France)
<b>Mory Cisse</b>	PNLSH (Guinea)
<b>Armelle Andro</b>	INED, Université Paris 1 (France)
<b>Lou Einhorn</b>	Médecins du Monde (France)
<b>Lynsey Kavanagh</b>	Pavee Point Traveller and Roma Center (Dublin)
<b>Patrick Reilly</b>	Pavee Point Traveller and Roma Center (Dublin)
<b>Daniuis Puras</b>	OHCHR (Lithuania)

### Media



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### WORKSHOP 5

# Accelerating momentum on mental health and psychosocial support

Tuesday September 5, 2:00 p.m. – 4:30 p.m.

Mental health and psychosocial support (MHPSS) have risen up the political agenda over the past few years. Today there is an historic moment to sustain this political momentum to ensure the integration of mental health and psychosocial support in key systems and processes that will impact whether or not the UN Sustainable Development Goals are achieved and there truly is Universal Health Coverage for all.

However, the momentum required is not simply political, it is a concerted focus by all stakeholders on achieving a rights-based approach to MHPSS and to successfully upholding the rights of everyone to optimal

mental health. It will require addressing the underlying social determinants of mental health and ensuring participation of persons with lived experiences in decision-making.

This workshop will look at: what are the current and future drivers of political momentum on MHPSS? What needs to be done to ensure a rights-based approach is fully utilized? Why a social-determinants approach is essential considering COVID-19? How monitoring and accountability will be fundamental to turning momentum into action?

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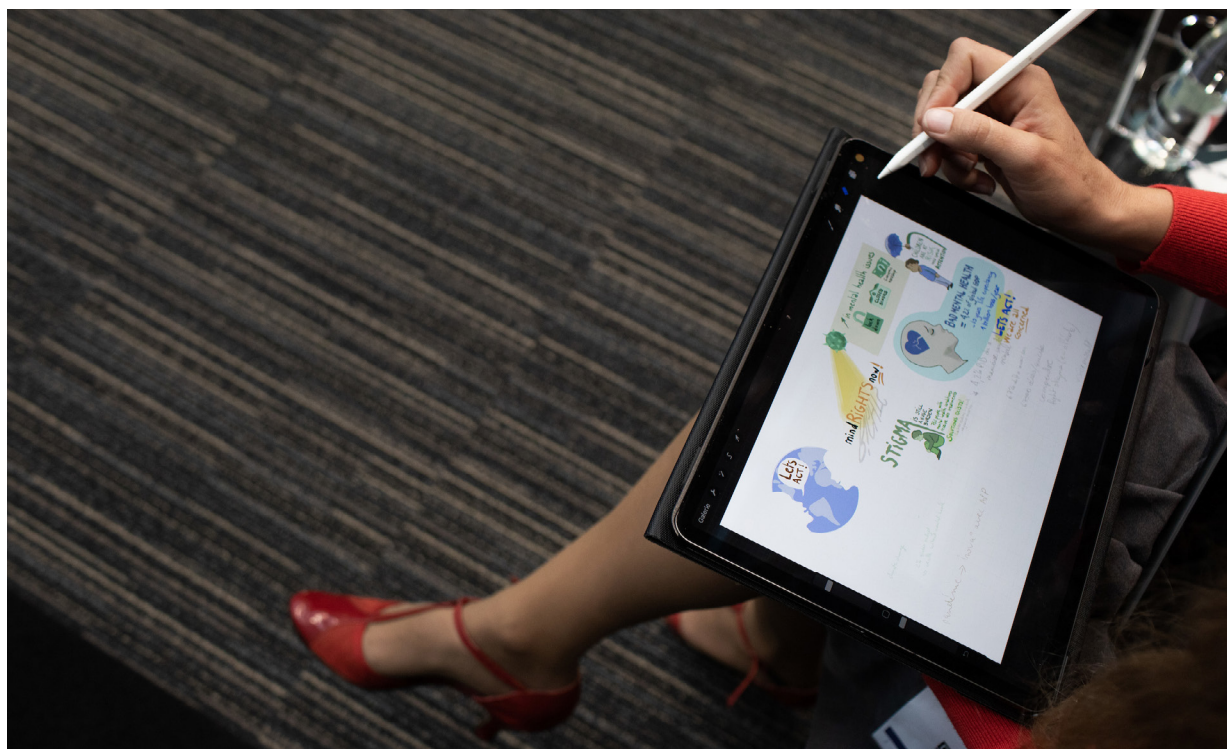


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## List of speakers

Name	Organisation
<b>Sarah Kline</b>	United for Global Mental Health (UK)
<b>Maximilien Zimmermann</b>	HI (Belgium)
<b>Alberto Vasquez</b>	Sodis (Peru)
<b>Ann Wilhoite</b>	MHPSS specialist in Child Protection team lead - UNICEF (NY)
<b>Stéphanie Seydoux</b>	Government of France
<b>Yuri Cutipe</b>	Head of Mental Health Unit - Government of Peru
<b>Michael Njenga</b>	CBM Global Disability Inclusion as the Regional Mental Health Advisor for Africa
<b>Cecilia Vaca Jones</b>	Bernard van Leer Foundation (Netherlands)
<b>Raj Mariwala</b>	Mariwala Health Initiative (India)
<b>Hauwa Ojeifo</b>	She Writes Woman (Nigeria)
<b>Agathe Bèkeyi Iyé</b>	



### WORKSHOP 6

# «From Texts to Transformation»: mobilizing global commitments, resolutions, and guidance for successful mental health reform

Wednesday September 6, 9:30 a.m. – 12:00 a.m.

Several international conventions, resolutions and strategic policy documents exist that pursue a human rights-based approach to promote the highest level of health, including mental health, through mental health policy change and reform at the country level. Prominent examples of such texts include: the International Covenant on Economic, Social and Cultural Rights (1966); the UN Convention on the Rights of Persons with Disabilities (2006); the UN Sustainable Development Goals (2015-2030); the WHO Comprehensive Mental Health Action Plan (2021-2030), and the UN Research Roadmap for the COVID-19 Recovery (2020).

While these and other relevant documents have helped to create a global shift in social and cultural paradigms around mental health and psychosocial disability, and provide international standards, frameworks, and guidance for rights-based mental health systems, their effective implementation at the country level can be challenging and often remains partial at best. The COVID-19 pandemic, structure of mental health systems and services, lack of funding and investment toward mental health, allocation of resources, stigma and other socioeconomic and cultural contexts continue to be barriers to implementation.

Consequently, further efforts are needed to enable implementation of the provisions of international texts and ensure the highest attainable standard of mental health as a fundamental human right. This workshop will hear perspectives from high-level representatives, carers, and people with lived and living experience on how to mobilize global texts in order to build successful and sustainable mental health systems that respect and promote human rights.

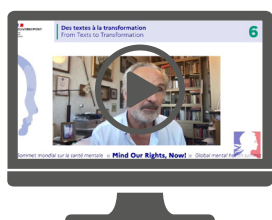
More specifically, the objectives of this workshop include:

- Demonstrate the relevance and role of international mental health texts to protect the right to the highest attainment of physical and mental health;
- Outline key strategies for how government and non-governmental actors can leverage international documents to advance domestic mental health policy and practice;
- Identify solutions to key barriers to domestic mental health reform.

## List of speakers

Name	Organisation
<b>Devora Kestel</b>	Department of MH and Substance Use - WHO (Switzerland)
<b>Rabih El Chammay</b>	MoH (Lebanon)
<b>Dan Cisholm</b>	Department of Mental Health and Substance Use - WHO (Switzerland)
<b>Christine Morgan</b>	National Mental Health Commission (Australia)
<b>Bernard Jacob</b>	Federal MoH (Belgium)
<b>Frances Prescilla Cuevas</b>	MoH (Philippines)
<b>Taha Sabri</b>	TASKEEN (Pakistan)
<b>Robert Van Voren</b>	Chief Executive of FGIP Human Rights for Mental Health
<b>Ranu Sharma</b>	Public Mental Health Agency (Canada)
<b>Rachel Kirkland</b>	Public Mental Health Agency (Canada)
<b>Bonnie Cai</b>	Public Mental Health Agency (Canada)

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### WORKSHOP 7

# How can we innovate to ensure rights in mental health services?

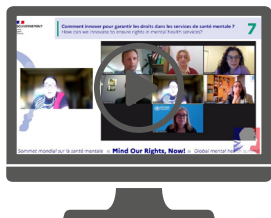
Wednesday September 6, 9:30 a.m. – 12:00 a.m.

Reports from around the world highlight the need to address discrimination and promote human rights in mental health care settings. This includes eliminating the use of coercive practices such as forced admission and forced treatment, as well as manual, physical or chemical restraint and seclusion and tackling the power imbalances that exist between health staff and people using the services. Sector-wide solutions are required not only in low-income countries, but also in middle- and high-income countries.

The first half of this workshop will set the scene for what innovative, rights-based community mental health services can look like and what countries need to aspire to. A number of mental health services from around the

world will be showcased, that operate without coercion, are responsive to people's needs, support recovery, promote autonomy and inclusion, and involve people with lived experience in the development, delivery and monitoring of services. The second half of the workshop will introduce a number of WHO QualityRights tools available to support countries to promote a human rights approach to mental health and illustrate how different countries are implementing these tools on a wide scale in order to develop person-centred and rights-based services that lead to good health and social outcomes.

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## List of speakers

Name	Organisation
<b>Michelle Funk</b>	Unit Head, Policy, Law and Human Rights Unit, Department of Mental Health and Substance Use - WHO (Switzerland)
<b>Stephanie Wooley</b>	Board member, Advocacy-France and ENUSP
<b>Jorgen Strand</b>	The BET Unit, Blakstad Department Vestre Viken Hospital Trust (Norway)
<b>Sarbani Das Roi</b>	Iswar Sankalpa (India)
<b>Todd Buchanan</b>	Professor, Loyalist College, Belleville, Business & Operations Manager, Peer Support South East Ontario (Canada)
<b>Maia Shishniashvili</b>	NGO-Hand ind Hand (Georgia)
<b>Karina Diniz de Oliveira</b>	Serviço de Saude Dr. Candido Ferreira, Campinas community MH service network (Brazil)
<b>Nathalie Drew</b>	WHO (Switzerland)
<b>Jasmine Kalha</b>	Center for MH Law and Policy, Indian Society (ILS), Pune (India)
<b>Osei Akwasi</b>	Mental Health Authority (Ghana)



### WORKSHOP 8

# What strategies to reduce coercion in psychiatry?

Wednesday September 6, 9:30 a.m. – 12:00 a.m.

The use of 'coercion' in mental healthcare has long been a subject of controversy, and the call for viable alternatives is growing both among people with lived experience of coercion in mental healthcare and within mental health professions. Some have gone as far as calling for prohibition of coercion, and some jurisdictions are legislating with a view to eliminate certain practices, like mechanical restraint and seclusion; others suggest this is an unrealistic aspiration, yet also agree that steps can and must be taken to reduce recourse to coercion and, where possible, aim for elimination.

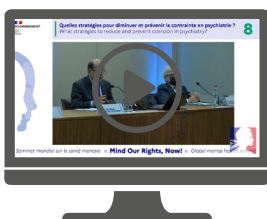
'Coercion' is understood here to refer to a range of interventions on persons with psychosocial disabilities or mental health conditions by mental health professionals, from involuntary treatment through to forceful action by professionals undertaken to address the perceived harm a person poses to herself/himself or others.

There are a diversity of views and experiences among people with lived experience and their families and supporters, mental health professionals, and others regarding the appropriateness of coercion in mental healthcare settings. At a minimum, there appears to

be general agreement that many coercive practices are unacceptable, can cause serious harm (regardless of the intention behind them), and should be viewed as 'a system failure', and that more could be done to shift mental health care toward a system based on voluntary support. As a result, policymakers, mental health practitioners, service users, persons with disabilities and their representative organisations around the world are undertaking work to reduce and prevent 'coercion' in mental health settings.

This workshop will examine some of these global changes, looking at a mixture of practical implementation, policy work, legal reform activity, and research. The workshop will look to changes in mental health practices from around the world, including within Europe and beyond. Presenters include persons with lived experience and their organisations, mental health practitioners, representatives of mental health advocacy organisations, national human rights institutions, and academics. Presentations will cover work occurring in low-, middle- and high-income settings.

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## List of speakers

Name	Organisation
<b>Piers Gooding</b>	Melbourne Law School, University of Melbourne (Australia)
<b>José Miguel Caldas de Almeida</b>	Lisbon Institute of Global MH, CHRC/ Lisbon Nova Medical School (Portugal)
<b>Elisabeth Kamundia</b>	Assistant Director in the Research, Advocacy and Outreach Directorate at the Kenya National Commission on Human Rights (Kenya)
<b>Guadalupe Morales Cano</b>	Director - Fundacion Mundo Bipolar (Spain) Vice President - European Network of (ex) Users and Survivors and Psychiatry (ENUSP)
<b>Richard Whittington</b>	FOSTREN-COST: Fostering and Strengthening Approaches to Reducing Coercion in European MH Services (UK/Norway)
<b>Roberto Mezzina</b>	International Mental Health Collaborating Network (Italy)
<b>Kristijan Grdan</b>	Mental Health Europe (Croatia and Belgium)
<b>Dominique Simonnot</b>	Contrôleure générale des lieux de privation de liberté (France)
<b>Jorgen Strand</b>	The BET Unit; Blakstad Department Vestre Viken Hospital Trust (Norway)
<b>Didrik Heggdal</b>	Vestre Viken hospital Trust (Norway)



### WORKSHOP 9

# Can you learn about rights?

Wednesday September 6, 9:30 a.m. – 12:00 a.m.

This workshop will address the issue of how to learn and teach rights in the Mental Health field.

The topic will embrace both the need for users and carers to better know their rights and the urge for professionals to do so and to change their practice in order to better respect the fundamental rights of people using their services.

The cornerstone of this issue is : how to learn rights? How to teach human rights and respectful practices in initial and ongoing training of professionals? How to get young professionals aware of this issue? How to engage them in respectful care practices? How to help patients and carers to get access to the knowledge about rights and to empower themselves and stand up for their right?

What tools have proven to be useful and efficient in this matter (such as serious games, anticipated directives, crisis plans, shared medical decision, etc.)?

A key objective of the workshop will be to share policy level, field level, users and professional's perspectives on quality and human rights-based practices and consolidate recommendations on key actions by various stakeholders.

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## List of speakers

Name	Organisation
<b>Aude Caria</b>	Psycom (France)
<b>Déborah Sebbane</b>	Psychiatrist, Head of WHO-CC Lille (France)
<b>Benoît Eyraud</b>	Capdroits (France)
<b>Egor Chumakov</b>	Early Career Psychiatrists (Russia)
<b>Marianna Pinto da Costa</b>	King's College London (UK)
<b>Julien Grard</b>	Anthropologist Cofo Marseille CERESS, Aix-Marseille Université (France)
<b>Arouna Ouédraogo</b>	Centre Hospitalier Universitaire Yakgado Ouédraogo de Ouagadougou (Burkina Faso)
<b>Devora Kestel</b>	Department of MH and Substance Use - WHO (Switzerland)
<b>Frédéric Mougeot</b>	Sociologist Centre Max Weber (UMR 5283) Lyon (France)
<b>Nicolas Ordener</b>	Social worker and peer worker at l'EMPP MARSS (APHM) Marseille (France)



### WORKSHOP 10

# Mental Health and Psychosocial Support: from local to global emergencies

Wednesday September 6, 9:30 a.m. – 12:00 a.m.

For the Second Global Mental Health Summit (Amsterdam, October 7 & 8th, 2019), “Mind the Mind now, Mental Health and Psychosocial Support in crisis situations”<sup>1</sup>, expertise, evidence and experience in the field of mental health and psychosocial needs and support in crisis settings were brought together in a multistakeholder program and background document with a rich set of recommendations. The Conference endorsed the Amsterdam Declaration, including the recommendations, on the need to integrate Mental Health and Psychosocial Support (MHPSS) in a cross-sectoral way into any emergency response. Furthermore, a high number of officials from countries across the globe and from international organizations pronounced policy commitments on the subject.

On December 5th, 2019, the Inter Agency Steering Committee Principals undertook to treat MHPSS as a cross cutting issue that has relevance within health, protection, nutrition, education, and CCCM sectors/clusters, in all emergencies.

The 33<sup>rd</sup> International Conference of Red Cross Red Crescent (Geneva, December 9<sup>th</sup>-12<sup>th</sup>, 2019), adopted a resolution on Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies (33 IC/19/R2).

Through these events, commitments were made and actions undertaken that should help all stakeholders to respond more effectively to the mental health and psychosocial needs of emergency affected populations. Two years have passed since Mind the Mind now, and not a day has passed without emergencies, with COVID19 as a global, all-encompassing apex.

The Third Global Mental Health Summit in Paris, Mind Our Rights now, brings us the responsibility to consider how we did perform, over the past two years, against the commitments and recommendations of 2019. And to identify and analyze what worked, and what did not. In this workshop, the recommendations and commitments of 2019 will be revisited, with the aim of identifying achievements and challenges, lessons to be learned and shared and actions to be undertaken over the coming period and in preparation for the Fourth Global Mental Health Summit.

More specifically, this workshop will debate several important questions with the following objectives:

- to assess progress since 2019 on core recommendations and commitments, in order to define priority areas for further action;
- to illustrate possibilities and effect of integration of MHPSS in emergency response, including in COVID-response and recovery;
- to highlight tools that were developed to facilitate integration of MHPSS in broader programming;
- to inform and inspire stakeholders working on MHPSS preparedness (such as foreseen in updated WHO MHAP 2013-2030);
- to inform and inspire those working in other sectors (within, and beyond humanitarian) on integration of MHPSS in their field of work (a.o. MHPSS & peacebuilding).

1- [www.government.nl/ministries/ministry-of-foreign-affairs/events/mental-health-and-psychosocial-support-in-crisis-situations/programme](http://www.government.nl/ministries/ministry-of-foreign-affairs/events/mental-health-and-psychosocial-support-in-crisis-situations/programme)

## List of speakers

Name	Organisation
<b>Renet Van der Waals</b>	Coordinator MHPSS in crises, Ministry of Foreign Affairs (Netherlands)
<b>Fahmy Hanna</b>	Co-chair Inter Agency Steering Committee MHPSS Reference Group / WHO, Department of Mental Health and Substance Abuse
<b>Meindert Mak</b>	Expert, Ministry of Foreign Affairs (Netherlands)
<b>Carmen Valle-Trabadelo</b>	Co-chair IASC MHPSS Reference Group /IFRC / Reference Center for Psychosocial Support
<b>Ikenna Azuike</b>	Independent
<b>Sarah Rizk</b>	MHPSS expert
<b>Mohamed El Shazly</b>	MHPSS expert
<b>Deborah Magdalena</b>	MHPSS Technical working group country 1 (Sub Sahara Africa)
<b>Eliza Cheung</b>	IFRC Psychosocial Centre. Regional MHPSS advisor for Asia
<b>Josuha Duncan</b>	Mental Health Coalition
<b>Marcio Gagliati</b>	MHPSS.net
<b>Elke Loebel</b>	Deputy Director General and Commissioner for Refugee Policy - BZM
<b>Silvia Morgenroth</b>	Head of Division - BMZ
<b>Mike Wessels</b>	Columbia University
<b>Friederike Bubenzer</b>	Institute for Justice and Reconciliation
<b>Ananda Galappatti</b>	MHPSS.net
<b>Ramesh Rajasingham</b>	UNOCHA, Acting Assistant Secretary General for Humanitarian Affairs, Deputy Emergency Relief Coordinator
<b>Mette Thygesen</b>	Head of Department, Humanitarian Actions, Civil Society and Engagement
<b>Sandra Cats</b>	Dutch Surge Support on MHPSS, Netherlands Enterprise Agency
<b>Silvi Hurkmans</b>	Dutch Surge Support on MHPSS, Netherlands Enterprise Agency
<b>Matthew Schojan</b>	Johns Hopkins University, MHPSS Technical working group Myanmar

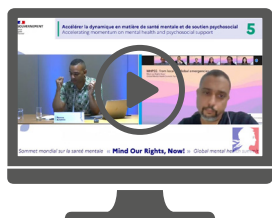


# WORKSHOP 10

## List of speakers

Nom	Organisation
<b>Adib Asrori</b>	UNFPA Myanmar, MHPSS Technical working group coordinator
<b>Sanem Weissbecker</b>	UNHCR Bangladesh, MHPSS Technical working group coordinator
<b>Inka Weissbecker</b>	Technical Officer, Department of Mental Health and Substance Abuse, World Health Organization
<b>Caoimhe Nic a Bhairst</b>	MHPSS expert, UNICEF
<b>Joanna Darmanin</b>	ECHO Head of Unit for Humanitarian Aid Thematic Policies

### Media



*Click on the image  
to watch the video*



*Click on the icon  
to consult the  
documents*





# 3.

## SYNTHESIS RECOMMENDATIONS





### 3. SUMMARY OF THE RECOMMENDATIONS

Through the prism of rights in mental health, and in the context of the challenges caused by the health crisis, the themes addressed throughout the Paris Summit, whether during the plenary sessions, the workshops or the high-level session, were numerous and the exchanges particularly rich. Speakers were asked to propose recommendations for concrete actions. This section provides a summary of the exchanges and contributions, which is inevitably not exhaustive, and which outlines the main directions proposed during the debates, with general and more specific recommendations, as well as some illustrations of concrete tools or initiatives.

For a more in-depth look at a particular theme, the videos of all the [event](#) are online, available in French and English, as well as the summaries of each [workshop](#).

#### GENERAL RECOMMENDATIONS

##### Mental health during and after the Covid-19 pandemic

The covid-19 pandemic has not only worsened the physical health of populations worldwide but has also affected their mental health. Numerous studies show an increase in anxiety and depression due to the stress and uncertainty of the health crisis. However, the full economic, political, social and health consequences of the pandemic are not yet visible, and countries need to prepare for the long-term effects of Covid-19, which will mainly affect the most vulnerable populations. The crisis has revealed the need for massive investment and modernisation of public policies in mental health and psychiatry:

- **Strengthen** health systems and invest in policies of prevention and promotion of mental health and well-being of populations;
- **Integrate** mental health as a key element in shaping economic, political and social recovery in the post-covid era.

##### The making of public policy on mental health

International conventions and documents related to mental health - such as the Sustainable Development Goals, the UN Convention on the Rights of Persons with Disabilities and the WHO Global Action Plan for Mental Health - provide relevant frameworks, principles and options for transforming mental health policies and services for all countries. However, their influence, appropriation and implementation remain partial, and communication, adaptation and training are needed. Several recommendations have been made in this area:

- **Support** the transposition of international tools to improve their adoption at the national level, with specific support from the organisations and partners that developed the tools for contextualisation and capacity building (guidance notes, e-learning tools, in-country expert missions, etc.);
- **Develop** a strategy for the integration of international texts by national authorities responsible for mental health policy (consultation and adaptation through multi-stakeholder consultations and working groups);
- **Involve** national and international non-governmental actors in the translation of international texts into national policies through policy analysis, promotion and advocacy, and community mobilisation.

##### A holistic approach to mental health...

The various speakers at the summit stressed the importance of a holistic approach to mental health and multi-sectoral responses and strategies:

- **Understand** that mental health is a systemic issue that affects the individual in his or her uniqueness but can be caused by a range of external social and environmental factors;
- **Address** the different determinants of mental health to understand the specific role they play in the development of psychosocial and/or cognitive disability situations ;
- **Develop** preventive health policies based on meeting basic needs (housing, food, work, rights, health);

→ **Mobilise** ministries and actors from different relevant sectors, including health, social welfare, education, labour, police, military, justice, agriculture, culture and gender, to provide comprehensive psychosocial support and ensure access to services tailored to the needs of individuals and groups;

→ **Integrate** mental health care, including psychosocial interventions and community care, into primary health care systems;

→ **Disseminate** international texts, legislation and tools to ensure a global response to mental health issues;

→ **Invest** massively in mental health. This investment must be seen as a medium/long term economic investment and as a real lever for economic growth. This is particularly true in relation to protecting the mental health of young people, the productive force of tomorrow. Governments must work together with the private sector to increase investment and resources for mental health.

#### ... and based on rights

The main theme of this year's global mental health summit was the respect of rights as a lever for change and as a building block for mental health policies. Therefore, the summit affirmed the importance of advocating for the rights of people with mental health problems and sought to define a rights-based approach to mental health to guide service users, professionals, families and institutions. To ensure a rights-based approach to mental health, it is therefore necessary to:

→ **Understand** that a rights-based response to mental health problems must be empowering, participatory, community-based, encouraging and challenging;

→ **Promote** person-centred approaches;

→ **Focus** on community-based approaches to mental health and psychosocial support, in which individuals and communities are actively involved in the design, implementation, monitoring and evaluation of psychosocial support efforts.

→ **Guarantee** responses adapted to the different contexts, situations and needs of individuals;

→ **Develop** massively training on rights in mental health.

#### Mental health and vulnerable populations

Specific public mental health policies must be designed for different vulnerable groups (children and adolescents, elderly people, migrants, people in precarious situations, etc.). The summit participants discussed how to adequately address the specific needs and problems of these groups and how health policies should help the hardest to reach groups. Recommendations in this area are:

→ **Ensure** that services provided to the most vulnerable groups are accessible, free, participatory and culturally sensitive.

→ **Develop** psychosocial and community-based interventions to provide an appropriate local response and facilitate referrals to specialised services where necessary.

→ **Integrate** the right to mental health into health, poverty reduction and development strategies and interventions. Explicitly include this principle in general and priority health and social policies and plans, as well as in the consultation and participation of representatives of people with lived experience

#### Monitoring the quality of mental health care

Governments need to engage in systematic monitoring and periodic evaluation of the quality of mental health and psychosocial support services, as well as compliance with human rights standards. The collection, analysis, and use of data on service utilization and quality of care are necessary to support quality improvement and monitoring of institutions for protection and well-being. Such accurate and regular routine monitoring is currently lacking in many countries. Quality and rights-based indicators should be included in efforts to establish routine monitoring of the health, education, social services, child protection and other sectors.

### 3. SUMMARY OF THE RECOMMENDATIONS

#### **WHO QualityRights Programme: Promoting quality, human rights and recovery in mental health**

The WHO QualityRights project aims to improve the quality of mental health care and promote rights. Through capacity building, service evaluation, civil society engagement and policy reform, the project provides a comprehensive approach and concrete tools for evaluation and training.

[qualityrights.org](http://qualityrights.org)

#### **SPECIFIC RECOMMENDATIONS**

The general recommendations made by the participants are therefore a reminder of the urgent need to promote, protect and strengthen mental health in times of global fragility. More specific recommendations were also discussed and reflected upon throughout the summit. This section proposes some of them.

#### **Focus on children and adolescents with integrated multi-sectoral policies**

##### **→ Promote the rights of children and adolescents within mental health and psychosocial support services.**

The rights of children should be respected in the design and operation of mental health services. Care must be person-centred, strength- and recovery-oriented and adopt a rights-based approach that recognises the autonomy and evolving capacities of children and adolescents. There is an urgent need to abandon harmful practices outside and within mental health services, such as chronic institutionalization, coercion, excessive use of psychotropic drugs, and to prevent all forms of violence against children. Governments must commit to implementing the UN Convention on the Rights of Persons with Disabilities for children in the same way as for adults. In parallel with these efforts, children, adolescents and caregivers must be informed of their rights to mental health and psychosocial support services.

##### **→ Ensure meaningful participation of children and young people in the organisation and evaluation of services and in decisions about their care.**

To strengthen and increase the opportunities for effective engagement and participation of children, young people and their families, policy makers should support and invest in reducing power asymmetries between adults and young people. It is recommended to explore peer support as a strategy to increase the engagement of children and adolescents in care and support.

##### **→ Ensure and maintain equal access to quality mental health care and psychosocial support services for children, adolescents and their families.**

There is a need to increase the number of mental health and psychosocial support professionals in the health, child protection, education, and justice sectors, while ensuring and recognising the necessary qualifications and competencies of these professionals. It is therefore essential that quality and rights-based frameworks and standards are developed, tested, and adopted in parallel with these scaling-up efforts. These include mechanisms to ensure that services comply with international standards of care for children and adolescents and international human rights standards; and address poor quality of services, unequal access to care, and/or protection of vulnerable children and adolescents. Service development efforts should be based on a thorough understanding of the socio-cultural, contextual, and structural factors that influence access to and experience of mental health care, as well as relevant examples of good practice within and between countries.

#### **Raising awareness on mental health issues**

##### **→ This requires the integration of education and training on human rights, disability and disability situations and person-centred approaches to recovery into the continuing professional development and curricula of future health and social care professionals, as well as other relevant sectors.**

##### **→ Involve people with lived experience and their organisations:** organisations of people with lived experience and families need to be actively engaged in the development and implementation of policies, legislation, services, and training programmes to better protect rights and promote recovery and

inclusion. A prerequisite is investment in and support for the creation and sustainability of organisations of people with mental health problems and psychosocial disabilities.

- **Develop regularly national communication campaigns**, with a design based on what is effective (choice of messages and targets), and systematise their evaluation.

#### Recovery College

A community learning and resource centre where anyone with or without a mental health problem can access co-constructed training on mental health, recovery and well-being, facilitated by peer facilitators

#### Accelerating change in mental health services

##### Integrate a checklist for the organisation of care and services

- **Promote person-centred approaches**, based on the idea that people have their own solutions and resources to deal with their situation, to strengthen their involvement and respect their autonomy and choices, while supporting and empowering them.
- **Provide inclusive and accessible mental health services** by ensuring that they are non-discriminatory, culturally sensitive, physically accessible, and economically affordable, widely known and widely publicised. This includes the provision of interpreters.
- **Align community mental health services with international human rights standards**, thus ensuring that services use alternatives to coercive responses, respect legal capacity, and promote participation, community inclusion and recovery approaches. In addition, a network of rights-based community mental health services should be developed, covering crisis intervention services, community mental health centres, hospital services, outreach services, peer support services and life-support services.

Mental health and social sector services also need to collaborate actively and effectively to provide the resources, supports and opportunities necessary to enable people to lead a life based on their own goals and to participate fully in their community.

- **Ensure sufficient and adequately qualified human resources** and promote the training of mental health and psychosocial support workers using curricula adapted in terms of content, teaching methods and duration.
- **To provide families and carers of people with mental health problems with support** on how to provide appropriate care and complement mental health services, while offering respite opportunities.

#### Develop quality, independent and innovative research

- **Promote** research on public policy evaluation.
- **Strengthen** the different stages of research: upstream to ensure that actions are adapted to the specific needs of targeted people and context, then in the analysis of practices and sharing of experiences and good practices.
- **Develop** research that can contribute to a better understanding of successful interventions to reduce coercion within an implementation science paradigm.
- **Promote** the issue of rights research to donors. More investment and funding are needed for research and the evaluation of rights-based policies, laws, services and training approaches.
- **Ensure** that people with lived experience of mental health problems and/or psychosocial disabilities play a leading role in defining the research agenda.



### 3. SUMMARY OF THE RECOMMENDATIONS

#### Make the end of coercion a priority

Through integrated **mental health policies and strategies**:

- **Create alternatives to the use of coercion**: supported decision-making, advance directives in psychiatry, individualised recovery plans and crisis plans, staff training, respite spaces, and de-escalation strategies;
- **Promote comprehensive, person-centred, holistic, and recovery-oriented practices** that consider people in the context of their whole life;
- **Integrate human rights and a people-centred approach** into all key policies and strategies.

Via **mental health legislation**:

- Bring mental health laws into line with international human rights standards, in particular the UN Convention on the Rights of Persons with Disabilities.
- Explicitly guarantee people's rights to make their own care and treatment decisions and free and informed consent to legal provisions for placement and treatment, including medication and electroconvulsive therapy.

#### Advance directives in psychiatry (ADP)

These directives take the form of a document drawn up, possibly with support, by the person before crisis situations. This document defines in advance the actions to be taken by the person, his or her relatives and professionals in the event of difficulties or situations where the person is no longer able to express his or her decisions easily. This initiative makes it possible to protect the power to act, the respect of rights and the therapeutic alliance.

[www.psycom.org/agir/la-defense-des-droits/kit-mon-gps/](http://www.psycom.org/agir/la-defense-des-droits/kit-mon-gps/)

<https://nrc-pad.org/>





# 4.

## **AFTER PARIS 2021: HOW TO MAINTAIN THE MOMENTUM ?**





### AN UNPRECEDENTED GLOBAL CONTEXT, AN UNPARALLELED MOBILIZATION

The Covid-19 pandemic has placed health, and mental health, at the forefront of the global agenda. The “Mind Our Rights, Now!” summit took in an unprecedented international context. Mental health had already moved up the political agenda in the past 4 years with the mental health summits in London (2018), Amsterdam (2019), and Athens (WHO-Euro mental health summit, 2021). Moreover there was the launch of the pan-European coalition for mental health by the WHO European Office and the G20 health ministers meeting on mental health in Rome in 2021. Furthermore the UN, led by WHO, and many stakeholders in civil society, have continued calling for action. Therefore the Paris summit was developed as one further step towards supporting the demand that mental health be considered both a national and international political priority.

In France, the summit also took place in a specific national context. Since 2018, the French government has identified mental health as a priority by adopting a “Mental Health and Psychiatry Roadmap” with three pillars: promotion-prevention in mental health, the medical care processes, and social integration. This roadmap is currently being implemented. The Covid-19 crisis has clearly accelerated the course of these reforms and the inclusion of mental health in French political priorities. Thus, the President of the French Republic requested a national conference on mental health and psychiatry was held at the end of September 2021 (for the first time) followed by the international summit in October 2021. The national conference made it possible to take stock of the situation in France, to outline perspectives and to decide at the highest level on ambitious and structured measures for the mental health sector.

In several countries, mental health services have managed to adapt remarkably well to the constraints imposed by the management of the Covid-19 pandemic. Thus, this crisis has enabled opportunities to implement reorganizations and innovations, such as introducing remote care and telemedicine in psychiatry, launching information and orientation platforms, and using mobile mental health teams.

However, the pandemic has also created huge systemic challenges for mental health. The psychological impacts on the general population are now well documented. This has highlighted the historic under investment in mental health services, the gaps in prevention, the significant unmet needs, and the vulnerabilities of people and health systems. Given this unprecedented situation, calls to improve access and quality of mental health services are multiplying and more and more countries are expressing their commitment to improve mental health. Therefore, across all countries, there is a shared desire to address crucial questions regarding the methods and standards applied in mental health policy: this is a good reason to increase international cooperation.

The Paris Summit significantly contributed to sharing both the difficulties and the successes experienced, and to fostering international cooperation. The challenges encountered to utilise international standards, to implement changes in the organisation of mental health services, to develop a right-based approach, and to reduce the stigmatization of mental health problems appear to be widely shared among different countries and cultures. These factors contribute to the development of national policies and implementation of concrete actions.

### A SHARED AMBITION FOR MENTAL HEALTH

After the summits in London in 2018, on investment in mental health, and Amsterdam in 2019, on psychosocial support in crisis situations, the Paris summit “Mind Our Rights, Now!” addressed the right to good mental health. Two main aspects of rights were considered. First, health care that respects the dignity of the person is a human right. Everyone should have an effective access to psychological and physical care with full respect of their rights. In this respect, particular attention should be given to practices infringing rights (isolation and restraint). Second, consideration of all the rights of a person with a mental disability: a global and transversal approach to mental health should include all the dimensions of one's life course. These dimensions include (i) the promotion of mental wellbeing and prevention of psychological suffering, (ii) access to medical care and (iii) social inclusion i.e., access to education, training, employment, housing, participation in society and self-determination.

Tools allowing people with mental disabilities to assert their rights should be developed and implemented in mental health services. Upholding rights is both an excellent criterion for the success of mental health reforms and a powerful lever for changing practices. Thus, the context – acceleration of reforms, on the one hand, and addressing mental health at a population level, on the other hand – represent an opportunity to work on rights in mental health and to set new ambitious objectives.

**The summit has produced four observations leading to four proposed objectives:**

- **There is an unprecedented international momentum in favour of mental health.** The challenge is therefore to maintain this momentum over time. The creation of an annual international meeting (a global summit) of political leaders involving people with lived experience, decision-makers and health actors should help maintain this international momentum, and act as a lever to inspire change at country level.
- **The voices of patients and families and their experiential knowledge are increasingly being considered in discussions on mental health.** Thus, strategies promoting empowerment and self-determination, supported by evidence, are gradually becoming part of the standards used to measure good mental health interventions.
- **Innovative practices exist all over the world.** To overcome resistance to change and the difficulty of moving from experimentation to widespread implementation, requires transnational cooperation and experience sharing. These are powerful means of promoting best practices in a context where many countries are committed to act but face similar difficulties to achieve change.
- **Around the world exists a range of networks to promote better mental health** and they have a strong commitment, rich experiences, and proposals to share. These initiatives of these networks need to be publicised and shared with one another.

In summary, we recommend the idea of an annual meeting gathering people with lived experience, representatives of civil society, associations, non-governmental and international organisations, professionals, and political decision-makers. Several objectives can be recommended for this meeting: to foster a common culture of mental health and psychiatry; to maintain the momentum and encourage, year after year, the commitment of new countries to take action to improve mental health; to contribute to the dissemination and translation of international resolutions into practice; to ensure continuity of action between summits; and, of course, to keep mental health high on government agendas. We hope that this Paris summit will contribute to the sharing of experiences with other countries and cultures, as a source of inspiration to increase international cooperation in favour of mental health and guide national governments' policies to implement concrete actions.

This call for action and for ongoing momentum, made during the Paris Summit, has been heard: several countries have agreed to ensure the continuity of this event, first and foremost Italy, which will host the Summit in 2022.



# ANNEX: PROGRAMME



**« Mind  
Our Rights,  
Now! »**

*Global  
mental  
health  
summit*

**« PARIS »**

**5 & 6 october 2021 »  
#mindrightsnow**



# DAY 1 »

## Tuesday 5 October

- Plenary sessions
- Parallel workshops

### Plenary session | 8:00 a.m. – 12:00 a.m.

- 8:00 a.m. Welcome and coffee**
- 9:00 a.m. Opening plenary session**  
Olivier Véran, minister of Solidarity and Health, France
- 9:05 a.m. Keynote speeches**
- Her Majesty Queen Mathilde of Belgium, advocate for the United Nations sustainable development goals
  - António Guterres, secretary general, UN (video)
  - Dr Tedros Adhanom Ghebreyesus, director-general, WHO (video call)
  - Henrietta H. Fore, executive director, UNICEF (video)
  - Mathias Cormann, secretary general, OCDE (video)
  - Ms Hauwa Ojeifo, executive director, She Writes Woman, Nigeria
  - Andre Decraene, acting president, Eufami
- 9:40 a.m. Global mental health summits: from London to Paris, via Amsterdam**
- The Rt Hon Sajid Javid MP, secretary of State for Health and Social Care, UK (video)
  - Tom de Bruijn, minister of Foreign Trade and Development Cooperation, Netherlands

### ■ 10:00 a.m. Coffee break

- 10:30 a.m. Dialogue between global health and rights**
- Mental health and the COVID-19 pandemic: resilience and vulnerability of individuals and organizations
- Ulrik Knudsen, deputy secretary general, OECD
  - Françoise Vanni, head of external relations and communications, Global Fund (video call)
  - Philippe Duneton, executive director, Unitaid
  - Agnès Soucat, head of Health & Social Protection Unit, AFD
- Promoting rights: a strong lever for health policies and care organizations
- Mr. Michael Njenga, regional mental health advisor – Africa, CBM Global Disability Inclusion (video call)
  - Dunja Mijatovic, commissioner for Human Rights, Council of Europe (video)
  - Tlaleng Mofokeng, special rapporteur on the right to physical and mental health, UN
  - Shantha Rau Barriga, Human Rights Watch
  - Dr Soumitra Pathare, director, Centre for Mental Health Law and Policy, Indian Law Society, India (video call)

■ 12:00 a.m. Lunch

**Parallel workshop | 2:00 p.m. – 4:30 p.m.**

2:00 p.m. **Workshops on "The place of mental health in global health during and after the pandemic"**

➤ **Workshop 1** – [The impact of COVID on mental health](#)

➤ **Workshop 2** – [What place for experiential knowledge?](#)

➤ **Workshop 3** – [How to protect the mental health of children and adolescents?](#)

➤ **Workshop 4** – [Vulnerable groups amidst a health crisis: how do we address inequalities?](#)

➤ **Workshop 5** – [Accelerating momentum on mental health and psychosocial support](#)

■ 4:30 p.m. Coffee break

**Plenary session | 5:00 p.m. – 6:00 p.m.**

5:00 p.m. **Mobilizing around mental health: examples and tool**

- Geert Cappelaere, director of Brussel's office, Unicef, and Clara Pessey: Presentation of the report "The State of the World's Children"
- Hans Kluge, regional director, WHO Euro: Presentation of the Athens Declaration (video call)
- Philippe Da Costa, chair, Croix-Rouge française
- Fabrizio Starace, ministry of Health, Italy: Presentation of the policy paper published during the G20 Mental Health side event

6:00 p.m. **Announcement of the next Global Mental Health Summit**

Olivier Véran, minister of Solidarity and Health, France  
Roberto Speranza, minister of Health, Italy

6:15 p.m. **Cocktail**

# DAY 2 »

## Wednesday 6 October

- Plenary sessions
- Parallel workshops
- Closed sequence

■ 9:00 a.m. Welcome and coffee

### Parallel workshop | 9:30 a.m. – 12:00 a.m.

9:30 a.m. Workshops on "Innovative Practices for Rights in Mental Health"

- › Workshop 6 – "From Texts to Transformation": Mobilizing global commitments, resolutions, and guidance for successful mental health reform
- › Workshop 7 – How can we innovate to ensure rights in mental health services?
- › Workshop 8 – What strategies to reduce and prevent coercion in psychiatry?
- › Workshop 9 – Can you learn about rights?
- › Workshop 10 – Mental Health and Psychosocial Support: from local to global emergencies

■ 12:00 p.m. Lunch

### High level meeting (limited access) | 12:00 a.m. – 3:00 p.m.

12:00 a.m. High level lunch

1:30 p.m. High level meeting

Chair:

- Sophie Cluzel, secretary of State for Persons with Disabilities
- Stéphanie Seydoux, ambassador for Global Health, Ministry for Europe and Foreign Affairs
- Frank Bellivier, ministerial delegate for Mental Health and Psychiatry, Ministry of Solidarity and Health

Presentation of workshop recommendations

Round table

**Plenary session | 2:15 p.m. – 4:15 p.m.****2:15 p.m. Summary of the workshops**

Simon Vasseur-Bacle, project manager, ministerial delegation for Mental Health and Psychiatry, Ministry of Solidarity and Health

**2:30 p.m. Sport and mental health: towards better care. Testimonies of high level athletes in the perspective of Paris 2024.**

- Marie-Amélie Le Fur, 9-time Paralympic medalist and President of the French Paralympic and Sports Committee
- Debra Alexander, Psychologist, International Paralympic Committee (IPC) Governing Board; vice president, African Triathlon Union
- Laurence Fischer, French Ambassador for Sport

**3:15 p.m. After Paris 2021: common actions and challenges**

- Tim Kendall, national clinical director for Mental Health, NHS England
- Princess Mabel van Oranje, advocate for Equality, Freedom & Justice
- Agnès Buzyn, executive director, WHO Academy

**3:45 p.m. Closing**

Sophie Cluzel, secretary of State for Persons with Disabilities





**GOUVERNEMENT**

*Liberté*

*Égalité*

*Fraternité*