

## UGMH response to the development of the HLM NCDs and Mental Health Political Declaration

United for Global Mental Health (UGMH) is encouraged by the continued support for protecting the world's mental health through the High-Level Meeting on NCDs and Mental Health. We encourage Member States to continue the approach taken in the zero draft of the political declaration of understanding the benefits of an integrated approach to NCDs and mental health, whilst recognising and committing to act on those areas unique to mental health. To assist Member States with the next phase of the development of the political declaration, we have the following considerations:

NCDs and mental health have a well-evidenced bi-directional relationship, and should be fully integrated to provide effective prevention and care. However, mental health has clear, unique elements that need special attention, so the HLM needs to refer to NCDs **and** mental health in order to recognise this.

### Suicide prevention

- Suicide is a leading cause of death in every country and is preventable, therefore, it is very encouraging that Member States agree that suicide prevention requires specific consideration in the political declaration. The decriminalisation of suicide in those countries that continue to punish those in need of support, and the prevention of this type of legislation returning to other countries, is a key factor in preventing suicide. In over 22 countries, suicide and attempted suicide are criminal offences, deterring people from seeking help and reinforcing stigma and shame.
- We encourage Member States to retain the decriminalisation of suicide as a part of suicide prevention efforts that include limiting access to highly hazardous pesticides, and other means of suicide; address responsible reporting of suicide by the media, including online, digital and social; reducing stigma, creating an open environment to discuss mental health, and fostering a public health approach; and identify and provide support to everyone affected by suicide and self-harm.

### Child and adolescent mental health

- We are strongly encouraged by the additional consideration that Member States have shown child, adolescent and caregiver mental health, in particular, the consideration for the mental health requirements of these groups to be fully integrated into health systems.
- Specific references to early intervention and child-focused mental health approaches where appropriate in relation to services and determinants, for example social-emotional learning and school-based MHPSS, parenting programmes and support for caregiver mental health, will strengthen the outcome of the HLM.
- This includes ensuring that the rights of children and young people in cyberspace are safeguarded and that they are protected from the potential negative impact that digital services can have on their physical and mental health.
- Global targets included in the HLM could be expanded to reflect a broader, more holistic approach to NCDs and mental health that include children and young people.

### Mental health system strengthening

- High-quality, integrated primary health care is seen as the most effective and equitable path to achieving UHC. Therefore, it is encouraging that Member States

agree with the need for the reorientation of health systems towards primary health care, including community levels of care.

- Integrated services play a critical role in ensuring patients receive person-centered care along the continuum of care from promotion to prevention and treatment. We welcome clear acknowledgement of the comorbid relationship between NCDs and mental health, as well as other comorbidities such as HIV and TB.
- Deinstitutionalisation reflects a broader push for dignity, autonomy, and human rights. We support the needs for rights-based, person-centered, recovery-oriented, and community-based mental health care and support services that promote deinstitutionalisation and are integrated within broader health systems. We encourage Member States to take steps to shift the provision of mental health care from institutions and tertiary facilities to service availability in community-based and primary care settings.

#### Commercial and social determinants of mental health

- We welcome the urgency from Member States in addressing the social determinants of health, including intersectional issues that deeply affect mental health, such as poverty, inequality, and stigma and discrimination.
- Climate change is having a profound impact on mental health that will continue to worsen unless climate change is appropriately mitigated. The intersection of climate change and health needs to be clearly acknowledged by Member States, and progressive steps such as the integration of mental health into relevant climate and environmental policies (e.g., National Adaptation Plans, Nationally Determined Contributions, Heat Health Action Plans, etc.) should be committed to through this High-Level Meeting.
- We encourage Member States not to lose sight of the importance of tackling the commercial determinants of health. They are also critical if global mental health is to be improved. The urgency and focus on reducing tobacco consumption should also be shown on alcohol, and on fossil fuels and protecting climate and nature; these issues affect both physical and mental health.

#### Financing mental health

- Developing progressive resource mobilisation mechanisms and resource generation that aid health, such as higher health taxes, are necessary to provide essential NCD and mental health services to all through the integration of NCD and mental health services into health benefits packages and budgeting, so as to achieve the ambitions of this high-level meeting.
- Mental health public finances are particularly weak across the world; therefore, having defined thresholds for all member states to aim for is a necessary tool for protecting mental health everywhere. We encourage Member States to retain this aspect of the political declaration zero draft.

#### Social participation

- We welcome the recognition from Member States that people living with mental health conditions have unique experiences and can provide expertise in the design, implementation and monitoring of national health plans.
- We encourage Member States to turn this recognition into a commitment to the meaningful and institutionalised participation for experts by experience, also including children and young people, in line with WHO's Framework for Meaningful Engagement.