mhGAP FORUM 2017

"Mental Health capacity building within countries"

Ninth Meeting of the mhGAP Forum

Hosted by WHO in Geneva on 9 and 10 October 2017

Summary Report

Context

The World Health Organization (WHO) is leading the effort for achieving the objectives of the Mental Health Action Plan 2013-2020, adopted by the World Health Assembly in May 2013. mhGAP Forum is a partnership event organized by WHO every year in Geneva around World Mental Health Day (10 October) to exchange information on the implementation of the Plan and to strenghten collaboration among partners.

mhGAP Forum

The ninth meeting of the mhGAP Forum took place at the World Health Organization, Geneva, on 9 and 10 October 2017. The Forum was attended by about 225 participants. These included 72 participants from 53 Member States including 11 Ambassadors, 7 participants from 6 other UN organizations, 15 participants from 12 WHO Collaborating Centres, and around 140 participants from more than 100 civil society organizations including those representing mental health service users.

The focus of this year's Forum was "Mental Health capacity building within countries". The Forum also launched the mhGAP Intervention Guide 2.0 App. and the mhGAP Training Packages and Operations Manual.

A further focus was on "Mental Health in the workplace", reflecting the theme of this year's World Mental Health Day.

Progress made in implementation of Comprehensive Mental Health Action Plan 2013 -2020 was reviewed.

The programme and list of participants are attached as Annex A.

Session 1: Opening plenary

Welcome

- The Forum was opened by Shekhar Saxena on behalf of WHO with a welcome to all participants thanking them for their presence and active support to WHO's activities in the area of mental health. It was emphasized that the Forum, in its ninth year now, has become stronger as the most significant global partnership event not only in the number of partners attending but also on the variety of important information, evidence and experience that are shared. Assistant Director General for Non-communicable Diseases and Mental Health, Oleg Chestnov then welcomed the participants and emphasized the importance of mental health in WHO's activities. Director General's office was represented by Peter Singer, who then made comments on how mental health fits well within the priorities of WHO Director General, Tedros Adhanom Ghebreyesus, and within the evolving General Programme of Work of WHO in the next five years.

Launch of mhGAP IG 2.0 Mobile App

- Tarun Dua reviewed WHO's work in mental health, highlighting the Mental health Action Plan, and its cross cutting principles, such as universal health coverage, human rights and evidence based practice. In addition, the scope of mhGAP coverage globally was outlined, noting its use in countries and development of additional tools within the mhGAP package, including training tools, psychological interventions and the mhGAP Operations Manual. This was followed by an overview of the mhGAP IG 2.0 App (e-mhGAP), describing the increase in access to online resources and global use of smartphones.
- The app was demonstrated by Ken Carswell, where he highlighted some key features of the app, such as navigation, implementation of the mhGAP-IG 2.0 algorithms and the ability of the app to record answers. Future developments for the app, such as an Android version (due in November 2017), potential integration with electronic patients records and further field testing were also outlined.
- 16 Member States (Afghanistan, Australia, Belgium, Brazil, Bangladesh, Czech Republic, Canada, Colombia, France, Germany, Malaysia, Norway, Portugal, Russia, Sri Lanka, United States of America) made statements in the session; the text of the available statements can be found at the following link: http://www.who.int/mental_health/mhgap/2017_Annex_B_statements.pdf

Session 2: mhGAP implementation

Launch of mhGAP Training Packages and Operations Manual

- The session was opened by Tarun Dua who drew attention to WHO's focus on mental health capacity building within countries and the specific products developed to assist this – the mhGAP training packages and the operations manual. She described the process of development of these tools including extensive feedback from the field and inputs form a large group of experts and other stakeholders.
- Neerja Chowdhary then described some of the key features of the training packages particularly the use of the cascade model of training and the emphasis on competency based training and assessments. She provided an outline of the package contents i.e. the mhGAP Training of Trainers and Supervisors (ToTS) training manual, the mhGAP Training of Health-care Providers (ToHP) training manual including the participant's logbook and the mhGAP training material for the humanitarian intervention guide. The website that hosts the training material was presented and the use of training videos demonstrated.
- Fahmy Hanna described the mhGAP operations manual and its role in providing practical guidance to implement and scale up mhGAP at the district level through the 3 phases of Plan, Prepare and Provide. He briefly described the material included for each phase i.e. addressing barriers and solutions, monitoring indicators, field examples and resources and tools. The importance of continuing activities such as raising awareness, coordination and monitoring and evaluations was highlighted.

- Tarun Dua then concluded the presentation with a description of the plans to finalize these mhGAP products and support country implementation including community outreach.

Experiences of implementing mhGAP from regions and countries

- This part of the session discussed the progress made in implementation of mhGAP within regions and countries based on initial brief presentations by Julian Eaton (on implementation within low and middle income countries), Inka Weissbecker (on implementation within humanitarian settings, Devora Kestel (implementation within the American region), Crick Lund (on findings from research based on project PRIME), Rabih El Chammay (on progress made in Lebanon) and Beverly Pringle (on global research using mhGAP tools). Comments were made from the floor.

Session 3: small group discussions

3.1: Launch of WHO initiative on workforce development in psychological intervention delivery

- The aim of this session was to launch a new WHO initiative on workforce development in psychological intervention delivery--a partnership with USAID. This well-attended session was opened by Shekhar Saxena, who commented on work in this area, highlighting the need for quality when scaling-up evidence-based psychological interventions under the mhGAP initiative. James Campbell, Director of the WHO Health Workforce Department, outlined the broad work of WHO on workforce development, particularly following the adoption of WHO's Global Strategy on Human Resources for Health: Workforce 2030 by the World Health Assembly. Mark van Ommeren set the scene by outlining WHO's recent work in the area of scalable psychological interventions. Ann Willhoite of USAID explained why this initiative is essential for scaling up psychological care in different contexts, and why publishing evidence-based manuals is just not enough.
- Ken Carswell provided a brief overview of the initiative emphasizing the cooperative and collaborative approach WHO seeks with major stakeholders in this area. The initiative aims to develop and make freely available an evidence-based and consensus-based psychological intervention workforce development package comprising of a framework, tools, guidance and an online human resource development platform that can be used to help ensure quality implementation of psychological interventions by non-specialists. He explained that the initiative will engage and collaborate with stakeholders in the field of psychological interventions, the wider mental health community and actors in relevant sectors (health, protection, education) to develop an outline for the package. WHO will seek to collaborate with Governments, academia, other UN agencies, NGOs, and global professional associations to meet the aim of the initiative. Academic partners will be asked to provide technical support on testing the package.
- Brandon Kohrt of George Washington University then described work in developing the ENACT tool for assessing competency of non-specialist workers in applying a number of core common therapeutic factors, such as warmth, empathy and active listening. The presentation showed one possible model of how core competencies can be identified and measured in support of quality. Samantha Chann of the World Federation of Occupation Therapists described the experiences of developing standards for occupational therapy globally. A key message was the importance of developing standards and working with service providers, governments and educational establishments to implement these.
- During a lively 1-hour long discussion, attendees expressed strong support for the initiative with offers to collaborate. Challenges were also highlighted, including implementation in health systems where workers are already overburdened, the need to integrate with existing workforce projects, and the importance of also including specialists in the initiative. Other comments included the need for guidance for the type of people to be selected for such work, and the need to incorporate the views of grassroots workers. The first phase of this initiative - the conceptualization phase - is ready to start.

3.2: WHO Action Plan on Public Health Response to Dementia

- The objective of this session was to present the Global Action Plan on the Public Health Response to Dementia[1] and discuss the role and needs of stakeholders in order to identify synergies and a way forward for the plan's implementation.
- Tarun Dua presented the vision[2], goal[3], cross-cutting principles[4] and seven action areas[5] of the global dementia action plan together with the respective global targets that Member States have pledged to achieve collectively by 2025. Formal presentations ended with a brief overview of ongoing WHO activities to support Member States in implementing the global action plan. These activities include: a policy development guide; a dementia-friendly initiatives toolkit; dementia risk reduction guidelines; the mhGAP dementia packages; an online carer training tool called iSupport; the Global Dementia Observatory data collection tool and knowledge exchange platform; and a dementia research prioritisation exercise.
- Group discussions were initiated by the statements of seven key partners including a person with dementia and representatives from Member States, civil society and WHO Collaborating Centres. Each partner was invited to describe their specific needs and visions for one of the seven action areas. This was followed by the regional advisers of AFRO and WPRO sharing their regional perspectives and WHO colleagues from other departments talking about overlap and linkages to other existing global plans (i.e. ageing and disability).
- The statements and discussions highlighted the importance of raising awareness and decreasing stigma related to dementia as a first but crucial step in making progress; emphasized the need for an integrated care approach and collaboration of all partners in order to achieve the global targets ("No country, no NGO, no WHO can do this alone"); and revealed that fulfilment of human rights represents an integral part of the global action plan on the public health response to dementia.

3.3: A human rights approach in mental health: QualityRights training and guidance tools

- The session was attended by government representatives, international agency actors, civil society organizations and observers. An introduction to the session was given by Michelle Funk, who outlined that the major aim of the QualityRights (QR) initiative was to improve the quality of mental health services and to promote rights, recovery, dignity, empowerment and hope for people with psychosocial, cognitive and intellectual disabilities. Michelle Funk presented the objectives, areas of work and some related publications and products including the WHO QualityRights assessment toolkit and QualityRights training and guidance modules and the e-training platform. In addition Michelle Funk highlighted the new work underway to identify and document best practice services and supports from around the world that promote recovery and human rights.
- Dan Chisholm presented the findings from the Project on Adults with Mental Disabilities Living in Institutions in the European Region which used the WHO QR Tool kit. 25 countries carried out quality and human rights assessments of preselected institutions within each country using the WHO QualityRights assessment tool. The findings of the country assessments will be used as a basis for the next phase of work to reform services and promote rights. Dévora Kestel described the experience of implementing the QR initiative in Brazil, Chile and Jamaica. Carmen Valle detailed her successful experiences running QR workshops throughout the Pacific Islands, Asia and Africa and in Guatemala, recounting the stark changes in participant attitudes towards human rights in mental health following training and the interest in

[1] **Global Action Plan on the Public Health Response to Dementia:** http://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_28-en.pdf?ua=1
[2] **Vision:** A world in which dementia is prevented and people with dementia and their carers live well and receive the care and support they need to fulfil their potential with dignity, respect, autonomy and equality.
[3] **Goal**: To improve the lives of people with dementia, their carers and families, while decreasing the impact of dementia on them as well as on communities and countries.
[4] **Cross-cutting principles:** Human rights of people with dementia; Empowerment and engagement; Evidence-based practice; Multisectoral collaboration; Universal health and social care coverage; Equity; Appropriate attention to dementia prevention, cure and care
[5] **Seven action areas**: (1) Dementia as public health priority, (2) Dementia awareness & friendliness, (3) Dementia risk reduction, (4) Dementia diagnosis, treatment care & support, (5) Support for dementia carers, (6) Information systems for dementia, (7) Dementia research & innovation.

incorporating human rights into universities and the education of healthcare providers. Julian Eaton highlighted that QualityRights has emerged as an essential initiative towards promoting access to good quality mental health service for all in global mental health. By raising the profile of quality and rights, the initiative promotes recognition of human rights as a fundamental issue that must not be forgotten. Services which people value most are those that respect dignity and that are responsive to their needs. Importantly, QR has operationalised human rights in mental health and in doing so has de-mystified these concepts and made them applicable in the real world.

- The overall feedback for the QR initiative during open discussion was positive with some important questions raised during discussion around the accessibility of the English-only training materials, engagement of policy makers during training and the importance of including people with lived experience. Michelle Funk reiterated the necessity for all countries (low, middle and high income countries) to evaluate and improve their mental health services as very few operate in line with the Convention on the Rights of Persons with Disabilities and other international human rights instruments. It is the intention of the QR team to make the training material more widely accessible by translating the materials and tools. Carmen Valle highlighted that in the QR training sessions that she has facilitated the active participation of people with lived experience together with policymakers from government and practitioners from health services led to a greater depth of discussion and improved learning outcomes for all participants. It was acknowledged by all present that efforts should continue to be made to include people with lived experience at all levels of the QR Initiative: to participate in the QR workshops; to receive training to lead the workshops and to be empowered to advocate at the international level including at future mhGAP Forums.

3.4: Community engagement in suicide prevention: experience from pilots

- The session was attended by around 35 participants.
- Following the publication of "Preventing suicide: a community engagement toolkit, pilot version 1.0" in 2016, the main objectives of this session were to discuss the experiences from the pilots and implications of the pilots for the final community engagement toolkit.
- Edward Mantler (Mental Health Commission of Canada) and Alexandra Fleischmann (WHO HQ) provided an introduction to the community engagement toolkit and an overview of its history, with an update on ongoing activities in Canada, including the #308conversations initiative, where in each of Canada's 308 Members of Parliament were invited to engage communities through holding a conversation about suicide prevention, and the national suicide prevention research demonstration project, which is a Canadian model for suicide prevention in communities.
- Merab Mulindi (Befrienders Kenya), Kedar Maharatta (WHO Country Office Nepal; in absence, but through a voice recorded slide presentation), and Robert Bossarte (West Virginia University Injury Control Research Center, USA) shared experiences from the respective pilots with the group in their slide presentations. The purpose of the pilots was to understand whether the step-by-step process of community engagement as described in the toolkit was easy to grasp, feasible and acceptable.
- Claudina Cayetano (WHO AMRO/PAHO) provided comments about the relevance and importance of the community engagement toolkit in the Region and about the pilot of the community engagement toolkit in Trinidad. Maryke Van Zyl-Harrison (Palo Alto University, USA) provided comments about her project plans with the Navajo tribe on implementing a suicide prevention programme and of potentially making use of the community engagement toolkit and the mhGAP Intervention Guide.
- The following main feedback points resulted from the group discussion:
    - The community engagement toolkit is useful to start a conversation about suicide, to raise awareness, and to empower;
    - Overarching common issues in all places were stigma, taboo, and myths associated with suicide and suicide attempts (even though everyone knows someone affected, it is not being discussed);

- Faith-based organizations like churches are an important partner and need to be brought on board;
- Finding a champion (local advocate) to speak about suicide and its prevention helps mobilize the community and creates ownership of the process;
- Narrowing the many ideas to an action plan and having funding available for implementation can be challenges;
- Tools need to be adapted to reflect different cultures (e.g. consider door to door contacts, availability of tools online), and minority stress.

Session 4: Reception and networking

This session was held in an informal setting to facilitate networking. Three stations were organised to explain specific products to interested participants.

Station A - iSupport for dementia caregivers

- This station was run by Anne Margriet Pot and two interns, Sophie D'Souza and Angel Pinto , at the Department of Mental Health and Substance Abuse. Millions of people provide care for people with dementia globally. Caregiving impacts are overwhelming: the deterioration of the carer's physical and mental health, lost productivity as carers are forced to quit work, and staggering economic consequences, with informal care costs estimated at $252 billion worldwide in 2010. Therefore, mhGAP includes several recommendations to support carers of people with dementia, for example by providing information on dementia and skills training, such as how to deal with challenging behaviours. However, such support is not widely available or accessible.
- iSupport is meant to make information and skills training convenient, affordable, and engaging while minimizing utilization obstacles such as access and transportation issues and stigma related to seeking support. The generic version of iSupport is available for countries to translate and adapt the programme. For example, iSupport is adapted and being field-tested in India. Translations are ongoing in for example China and the Netherlands and there are several organizations in other countries who showed an interest in adapting and implementing iSupport to the local context.
- This station offered a unique opportunity to view iSupport by the attendees of the mhGAP Forum. The station was well-attended and involved active discussion with policy-makers, professionals, and carers. It was encouraging to receive so much positive feedback. For any news on iSupport visit http://www.who.int/mental_health/neurology/dementia/isupport/en/ or have a look at iSupport: www.iSupportForDementia.org and ask for a 72-hours access code.

Station B - Parent Skills training package for children with developmental disorders

- This station was run by Chiara Servili and WHO Consultants: Laura Pacione and Erica Salomone.
- The WHO Parent Skills Training (PST) for developmental disorders or delays is a programme that engages families in learning activities delivered through group sessions and home visits to help them support their children's communication and promote adaptive behaviours, while improving caregivers' wellbeing and confidence in their parenting role.
- The PST materials were developed following review of available evidence and in consultation with experts and parents' associations from all WHO regions and with support from Autism Speaks. The programme is designed to be delivered by a range of non-specialist providers, including peer caregivers.
- The package is currently being field tested in 30 countries and to date 280 professionals have been trained and 2550 families have received the intervention. An overview of the programme and a range of programme materials were available at the mhGAP forum and were well-received. A number of participants expressed interest in pilot-testing the programme and signed up to receive access to the

package of materials. For additional information on the PST for developmental disorders or delays or to learn about pilot testing, please contact Chiara Servili at servilic@who.int.

Station C - Mental Health Innovation Network (MHIN)

- This station was run by Grace Ryan of the London School of Hygiene and Tropical Medicine and Fahmy Hanna of WHO.
- The Mental Health Innovation Network (MHIN) is an online community for mental health innovators and stakeholders to share information and resources to improve the quality and coverage of mental health care worldwide. MHIN's core team is based at the Centre for Global Mental Health at the London School of Hygiene & Tropical Medicine and World Health Organization's Department for Mental Health and Substance Abuse.
- MHIN has currently more than 3800 members, 232 organizations and hundreds of resources and contributions from its members in the form of blogs, manuals, toolkits, webinars, podcasts, Q and A and researches.
- During the session, participants of mhGAP forum are invited to login and become MHIN members. MHIN can be access on http://www.mhinnovation.net/

Session 5: Mental health campaigns – where to go from here?

The purpose of this session was to reflect on WHO's Depression: *let's talk* campaign and related initiatives, with a particular focus on :

- successes, and key factors for success;
- what could be improved in future campaigns; and
- how to build on the momentum created during recent months.

Presentation: Depression: let's talk: a campaign for all

- Presenters:
  - Shekhar Saxena, Director, Mental Health and Substance Abuse, WHO
  - Alison Brunier, Communications Officer, Department of Communications, WHO
- The early release of strong core content with visuals reflecting geographic and cultural diversity led to very high pick-up around the world, as reflected by web traffic, social media reports, images uploaded on the campaign app and reports sent to WHO. The volume of social-media-friendly materials, including dynamic content such as animated infographics, videos and Facebook Live events, enabled us to keep up momentum throughout the year. Media interest, which was extremely high around World Health Day on 7 April, focused primarily on the disease burden associated with depression. The release of the WHO booklet "Depression and other common mental disorders. Global health estimates" including national, regional and global estimates, was a key factor in this. The pitching of stories of countries successes in treatment of depression did not generate much interest.
  - 306 activities in 76 countries were registered on our campaign app.
  - Influential personalities such as Narendra Modi, the Prime Minister of India; Justin Trudeau, the Prime Minister of Canada; and Ariana Huffington, co-founder of the Huffington Post, engaged in the campaign, either issuing a statement or talking/posting about the campaign in the public domain. Some of our country offices were successful in engaging influencers. The WHO campaign team found that personal contacts facilitated engagement.
  - WHO campaign site: www.who.int/depression/en
  - WHO campaign app: http://apps.who.int/depression-campaign-2017/en

Presentation: Mental Health Innovation Network celebrates World Health Day

- Presenters:
  - Julian Eaton, Mental Health Advisor, CBM and London School of Hygiene and Tropical Medicine
  - Grace Ryan, London School of Hygiene and Tropical Medicine
- The Mental Health Innovation Network is a community of 3 500 + mental health stakeholders sharing knowledge, resources and ideas to promote mental health and improve the quality and coverage of care.
- The team organized a blog series #WHD2017 on inspiring innovations from around the world, released social media postcards with quotes from mental health partners, organized a special edition podcast with members of the Center for Global Mental Health and organized a knowledge exchange table for World Health Day at the London School of Hygiene and Tropical Medicine. The Centre for Global Mental Health presented a lunchtime seminar "Perspectives on depression".
- The Mental Health Innovation Network website http://www.mhinnovation.net/

Presentation: Campaigns and more – the Janmanswastha initiative in India

- Presenter:
  - Hamid Dabholkar, Psychiatrist/consultant, the Parivartan Trust, India
- The campaigns in which the presenter is involved use posters, pamphlets, short films and documentaries, celebrity interviews and social media. They tend to be focused around awareness days such as World Mental Health Day. Such campaigns enable mobilization of resources and increased community awareness, as well as sharping of the global as well as the local narrative.
- The work of the Parivartan trust on Jan Man Swasthya, which aims to develop community-based services in rural areas of India, was presented.
- The work of the Parivartan Trust: http://www.mhinnovation.net/organisations/parivartan-trust

Presentation: National mental health campaign, Lebanon

- Presenter:
  - Rabih El Chammay, Head of the National Mental Health Programme, Ministry of Public Health, Lebanon
- The engagement of the Director-General of the Ministry of Public Health was a key success factor. The slogan adopted was "Depression: let's talk about it to get out of it". Events were planned for two months: once in April and again in September. The occasion of the high-level World Health Day event for the Eastern Mediterranean Region in Beirut was used to launch the national campaign. TV, radio and social media were used to transmit messages and engage with the public. TV spot: https://www.youtube.com/watch?v=EA3LmY-Zxbg. A telephone hotline for people to call for further information was also available.
- Campaign materials: https://www.moph.gov.lb/en/Pages/6/11831/national-mental-health-campaign-2017
- National Mental Health Programme: http://www.moph.gov.lb/en/Pages/6/553/the-national-mental-health-program

Discussion

- What worked well
  - Selection of a health issue of global importance, with core universal messages that left enough room for adaptation.
  - Strong visuals that could be used by audiences around the world.

- The focus on several audiences e.g. teens, women who are pregnant or have recently had babies and older people.
- Flexibility for tie-in with other health issues e.g. blindness, emergency situations.
- Local ownership of events.
- Bringing together of networks.

- Areas for consideration moving forward
  - Continuation of a mechanism for information-sharing with partners
  - Need to link campaign to ongoing work and access to treatment
  - Leveraging of strengths of individual organizations (e.g. some may be stronger in advocacy, others in celebrity engagement, others in technical guidance)
  - Following up of commitments made during the Depression: *let's talk* campaign
  - Evaluation and impact measurement

Session 6: Small group discussions

6.1: Self-help interventions (IT-assisted and otherwise; for general population and staff)

- The aim of this small group session was to provide a forum for knowledge exchange on self-help and how such help may be applied to support people in the general population as well as staff. The session was opened by Mark van Ommeren giving an overview of the evidence for self-help interventions and the potential opportunities self-help offers in reaching more people in need of mental health care.
- Inka Weissbecker from International Medical Corps presented experiences with the as yet unpublished WHO self-help intervention Self Help Plus (SH+) with Syrian refugees in Turkey and people living Ukraine. Initial findings and feedback from both these settings were positive. SH+ is currently being evaluated in a large scale cluster randomised controlled trial in northern Uganda with South Sudanese refugees. Melissa Harper presented the digital self-help intervention - Step-by-Step - developed by WHO and adapted by the Ministry of Public Health (MoPH) in Lebanon. This intervention is currently being piloted as a website, and an app version will be evaluated in an RCT in Lebanon in the coming years. Rabih El Chammay from MoPH Lebanon spoke about the integration of Step-by-Step in the Lebanese health system. Katrin Seeher presented the iSupport program developed for carers of people suffering from dementia, which is currently being piloted and evaluated in a number of countries.
- The session covered also the potential of self-help interventions in staff care. Capucine de Fouchier showed the high rates of sexual harassment of women in humanitarian workplaces and organizations and the limited support available for staff experiencing such problems, thereby indicating the need for prevention of harassment as well as staff care. Ken Carswell shared WHO's plan to apply experiences with self-help interventions to staff care. He outlined a proposed WHO project to develop and test digital – app and web delivered – guided self-help for national and international humanitarian and development staff.
- During discussion, the group reflected on the benefits and risks of self-help interventions. The group discussed the risk of self-help interventions possibly being used as an excuse to not address ecological causes for mental health problems or to not invest more broadly in mental health care. Integration of self-help interventions in wider systems (e.g. healthcare systems) was recommended to ensure effectiveness and sustainability of self-help.

6.2: Helping adolescents thrive: promoting mental health and preventing mental health problems and risk behaviours

- Chiara Servili opened the session by providing an overview of WHO adolescent mental health initiatives and then briefly described the scope of the new Helping Adolescents Thrive project, a joint initiative of the Department of Mental and Substance Abuse and the Department of Maternal, Newborn, Child and

Adolescent Health, which aims to develop a multicomponent package of evidence-based psychosocial interventions to promote adolescent mental health and prevent mental disorders, risk behaviours and self-harm among adolescents. Preliminary findings of the scoping of evidence and the project theory of change were presented and discussed with participants.

- Daniel Chisholm, WHO Regional Office for Europe, presented progress towards the development of mental health profiles for adolescents in the European region and a policy implementation toolkit.
- Beverly Pringle, US National Institute for MH, shared lessons learnt from implementation of a range of interventions targeting adolescents, such as the SHINE project to strengthen capacities to implement school based mental health programmes in the Eastern Mediterranean region and interventions to improve detection of suicide risk and reduce suicide in adolescents. Alexandra Fleischmann, WHO, intervened to discuss promising evidence-based school-based suicide prevention interventions including Youth Aware of MH (YAM).
- Mark Jordans, War Child Holland, detailed strategies for the delivery of programmes that combine mental health promotion, prevention and treatment in war-affected populations. Janice Cooper of The Carter Center commented on the increased focus on school mental health and adolescent mental health in the African region and highlighted innovative strategies to reach adolescents, including smart phones, video games, cartoons, stories and dramas.
- Participants discussed opportunities for including adolescent mental health within adolescent health programming and raised important questions about the requirements for training of a range of community-based workers, health and educational professionals.
- In closing the session, David Ross emphasized how the Global Accelerated Action for the Health of Adolescents (AA-HA!) provides guidance on addressing mental health as part of national efforts towards the implementation the Global Strategy for Women, Children and Adolescent Health (2016-2030), and Tarun Dua highlighted opportunities to capitalize on the increased international awareness to establish global partnerships and make changes in the lives of adolescents and communities.

6.3: Helping people with severe mental disorders live longer and healthier lives

- Introductory presentations were made by Shekhar Saxena, Neerja Chowdhary and Khalid Saeed on WHO's work and experience of partners in the areas of advocacy, program implementation and research. The Policy Brief on helping people with severe mental disorders live longer and healthier lives was released that focuses on what different stakeholders can due to address the issue of excess mortality in people with severe mental disorders.
- Comments were made by partners, including Jeffrey Aron of Fountain House, describing their experience with integration of physical and mental health care.
- Other speakers at this session included: Abdullah al-Khatami (WONCA), Hamid Dabholkar (Parivartan), Najma Siddiqi (York University), as well as Shamsuzzoha Syed and Taskeen Khan (WHO).
- The key messages that emerged during the discussion were:
    - People with SMDs die much earlier than others, suffer from a variety of risk factors, including tobacco consumption and are neglected by the healthcare system
    - It is important to work towards provision of integrated care, involving patients and their families in care planning and shifting care from long stay in hospitals to community based care.
    - Non-communicable disease management is highly relevant for people with SMD including the need to shift from a cure- to a care-based model.
    - It is important to consider how the mental health agenda is placed within the wider context of quality, addressing clinical effectiveness, safety and person-centeredness.
    - People with SMD are invaluable resources and must be seen as active agents of change.
    - It is important to address stigma and discrimination by health care providers

- The way forward: There is a greater need for collaborative approaches in low and middle income countries to address the issue of excess mortality in people with SMD such as patient and public involvement, the use of multidisciplinary teams, community advisory panels and trained peer-support workers. The WHO guidelines on prevention and treatment of physical health conditions in people with SMD will provide evidence-based recommendations to practitioners to recognize and appropriately manage co-morbid illness.

6.4: mhGAP implementation

- The session focused on sharing experiences on achievements, challenges & solutions in mhGAP implementation. Presenters include mhGAP implementers from a wide range of countries & regions. The session began with an introduction on mhGAP implementation from Tarun Dua, WHO MSD, and then the discussion was divided across 4 themes:
    - Theme 1: Training & supervision
        - Martin Vandendyck, WHO WPRO, presented approaches to identifying mental health champions during the training in Central African Republic. The champions received further training of trainers and were able to provide supervision
        - Facilitator, Georgina Campbell, WHO MSD, reflected on key challenge of establishing supervision structures and one solution offered was using social media as a complimentary strategy to the face-to-face.
    - Theme 2: Awareness-raising
        - Palmira Fortunato, MOH Mozambique, spoke about the epilepsy programme in Mozambique which has been successful in awareness rising through community engagement – with policy-makers, community leaders and service users.
        - Facilitator, Meredith Fendt-Newlin, WHO MSD, reflected on the challenge of translating the demand into provision of services, and how awareness raising aims to improve the number of people who seek care as well as those that access care.
    - Theme 3: Access to medications for mental, neurological and substance use disorders
        - Florence Baingana, WHO Sierra Leone, spoke about the challenges and solutions of getting medicines to those who need them in Sierra Leone.
        - Facilitator, Sebastiana Nkomo, WHO AFRO, reflected on a key challenge being the cost of medicines, with a solution offered to look at different drivers to improve access using the WHO publication: “Improving access and appropriate use of medicines for mental disorders”.
    - Theme 4: Humanitarian emergencies
        - Vitaly Klimchuk, MOH Ukraine, described innovative models of community mental health care in Ukraine, including mobile teams.
        - Dan Chisholm, WHO EURO, presented Mental Health and Psychosocial Support work by WHO with Syrian refugees in Turkey and humanitarian staff self-care initiative.
        - Facilitator, Peter Ventevoghel, UNHCR Geneva, reflected on the key challenge that in refugee settings people are coming from diverse backgrounds and that tools need to be adapted for such contexts. By training both health workers and community workers in refugee settings using the mhGAP-HIG, this offers tools and resources to support development of communities in refugee settings. He also highlighted the importance of developing a community version of mhGAP.
- The final discussion was offered by Fahmy Hanna who mentioned that the WHO tools for mhGAP implementation are field-testing versions. WHO welcomes feedback from mhGAP implementers to improve these manuals and look forward to hearing more experience from the field in the coming months.

Session 7: Celebrating World Mental Health Day

Lunchtime seminar on "Mental health in the workplace"

- Panellists:
  - Sue Baker, Director, Time to Change
  - Adam Spreadbury, Co-Chair, Mental Health Network, Bank of England
  - Tine van Bortel, Senior Research Associate in Public Health, University of Cambridge
  - Shekhar Saxena, Director, Mental Health and Substance Abuse, WHO
- Moderator: Alison Brunier, WHO
- Panellists covered a number of issues relating to mental health in the workplace, including: why mental health in the workplace is important; the importance of senior management buy-in; results of research studies; the legislative environment; and concrete actions that managers and employees can take.

Session 8: Closing Plenary

- The last plenary session began with presentation of summaries from the small group discussions, emphasising the conclusions from each of them and also the steps to be taken by each of the stakeholder groups.
- WHO regional advisors presented a summary of implementation of Mental Health Action Plan in their regions. This was followed by an open discussion on all the themes covered in the Forum. A number of participants made comments and offered suggestions. Some participants also shared experience of ongoing partnerships or new evolving ones.
- Lastly, a live internet facilitated questionnaire was presented to all participants for feedback. A number of suggestions were received on enhancing the usefulness of mhGAP Forum.
- The Forum concluded with a word of thanks to participants for their active engagement and to WHO staff for their work in organising and hosting the Forum

Contact

Dr Shekhar Saxena
Director
Department of Mental Health and Substance Abuse
World Health Organization
+41.22.791.3625
saxenas@who.int

Acknowledgments

mhGAP Forum was financially partially supported by Germany.

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

The World Health Organization does not warrant that the information contained in this report is complete and correct and shall not be liable for any damages incurred as a result of its use.

The designations employed and the presentation of the material in this report do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this report. However, this report is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the presentation lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.