

WELCOME SPEECH

by WHO Director General

 video: <https://who.canto.global/b/QS0RP>

Excellencies, esteemed colleagues, dear friends,

Good morning and welcome to the 2024 WHO Mental health forum. It is a privilege to be here today among such a diverse and passionate gathering: government representatives, mental health experts, advocates, and especially those who bring lived experience of mental health, brain health and substance use conditions. Our work and the challenges we face are both personal and global. We are united by a common mission to improve mental health worldwide.

Mental health remains one of the most neglected areas of health, and I often say there is no health without mental health. Unfortunately, many countries, regardless of income levels allocate insufficient resources for quality mental health services. This situation is frequently exacerbated by the stigma surrounding mental health and the stigma surrounding brain health and substance use conditions which create barriers to care for those in need. The WHO and our partner are actively working to help countries overcome these obstacles. Through our special initiative for mental health, we collaborate with national and local governments to expand access to services within communities and integrate mental health care into primary health care. Additionally, WHO plays a crucial role in convening experts, analyzing evidence, and translating into guidelines, norms, and standards. In this context, I would like to acknowledge the invaluable work of the Strategic and Technical Advisory Group on mental health, brain health and substance use. The recommendations from STAG-MNS have been instrumental in shaping WHO's initiative and you will learn about them later today.

The theme of this year's forum; "global mental health in motion: looking back looking forward" embodies the spirit of reflection and proactive actions that guides our efforts. It highlights the progress we have made in prioritizing mental health globally and underscores the significant work still ahead of us. This forum presents a unique opportunity to generate innovative ideas, build strong real partnerships and inspire meaningful action. Over the next two days, you will hear from experts, share insights, and explore strategies to overcome challenges.

As you know, tomorrow marks mental health day. And this year we are focusing on mental health in the workplace. In 2019, WHO estimated 1 in 6 working age adults experienced some sort of mental disorder. Just as employers have a duty to safeguard the physical health of their workers from occupational health and safety risks, they also bear a responsibility to support their mental health, a responsibility that has often been overlooked. Work can negatively impact mental health in various ways, including bullying and harassment, sexual violence, inequality and discrimination, racism, excessive workload, stress, low pay, toxic workplace cultures and more. Conversely, work can also protect mental health, offering a sense of identity and purpose, as well as financial stability. For individuals with mental health conditions, meaningful work can foster recovery and promote community inclusion. WHO's guidelines on mental health at work provides evidence-based recommendations for effectively addressing mental health challenges in the workplace. In partnership with the International Labor Organization, ILO, we have also developed a policy brief to support the implementation of these recommendations. Importantly, these are not merely directives for others. We are actively working to implement these recommendations within our own workplaces.

Thank you all once again for your dedication to improving mental health globally in workplaces and beyond. Because there is no health without mental health. I wish you all a successful and productive meeting.

Mental health, brain health and substance use (MNS) in the global health and development agenda

PLENARY

▶ **video:** <https://who.canto.global/b/JNRK6>

Dévora Kestel, Director of the Department of Mental Health, Brain Health and Substance Use at the World Health Organization, describes illustrative landmarks in the area of mental health, brain health and substance use reflecting changing health systems and social norms. She mentions work programs that have been developed by WHO, such as the mhGAP, Quality Rights, mental health and psychosocial support in emergencies, and the creation of WHO's brain health unit, as well as action plans, toolkits and technical products developed over the years. Mental health has increased visibility and priority in WHO's 14th General Program of Work (GPW) 2025-2028.

Major milestones for 2024 and 2025 are: the resolution on MHPSS adopted by the World Health Assembly in May 2024, the international dialogue on sustainable financing hosted by World Bank (WB) and WHO in June 2024, the upcoming 6th Global Mental Health Summit in Qatar in April 2025, the UN General Assembly High Level Meeting on NCDs and mental health. Finally, Dévora Kestel reviewed challenges and opportunities in MNS for the years to come.

The following member states took the floor for statements: United States of America, Jamaica, Ukraine, Lebanon, Netherlands, France, Poland, Guyana, Lithuania, Ireland, and Namibia.

Member State presented national perspectives and advances in the field of mental health, neurological and substance use (MNS) conditions and highlighted the importance of improved and equitable access to care, including MHPSS during and after armed conflict. Member states called for increased community-based care, fighting against stigma, investing human resources for health, investing in digital mental health.

Figure: Slide presented during the session - major milestones for this and next year.

Looking forward ... this and next year (2024 -2025)

Strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies (World Health Assembly, Geneva, May 2024)

- **Urges** Member States to include, support and invest in MHPSS support as an integral component of preparedness, response and recovery activities in all emergencies and across sectors
- **Requests** WHO to support Member States by making mental health and psychosocial support a key aspect of preparedness and integrating it into all pillars across WHO emergency response and recovery activities

WB / WHO International Dialogue on sustainable financing for NCDs and mental health (Washington D.C., June 2024)

- NCDs & mental health need to be integrated into overall public financing systems (beyond the health sector alone). Domestic financing has to be at the heart of a sustainable approach, but DAH can still deliver vital support
- Health financing policies (e.g. financial protection) can be leveraged to avoid fragmented service delivery and reduce high out-of-pocket spending

6th Global Mental Health Summit (Qatar, April 2025)

- **Purpose:** To foster international collaboration, share best practices, and develop innovative solutions to improve mental health care systems worldwide
- **Theme:** *Transforming mental health through investment, innovation & digital solutions*
- **Format:** two-day hybrid event, taking place in person with the possibility of participants also connecting online
- **Expected outcome:** Identification and articulation of innovative approaches and interventions to accelerate access, capacity, and quality of mental health services.

4th UNGA high-level meeting on NCDs (New York, Sept 2025)

- Explicitly includes mental & neurological conditions (SDG 3.4)
- Opportunity to demonstrate integrated NCD and MH agenda (e.g. multi-morbidity, PHC, financing, surveillance)
- Also an opportunity to address specific concerns outside the core NCD agenda, e.g. suicide prevention, CAMH, human rights and deinstitutionalization

Celebrating achievements

PLENARY

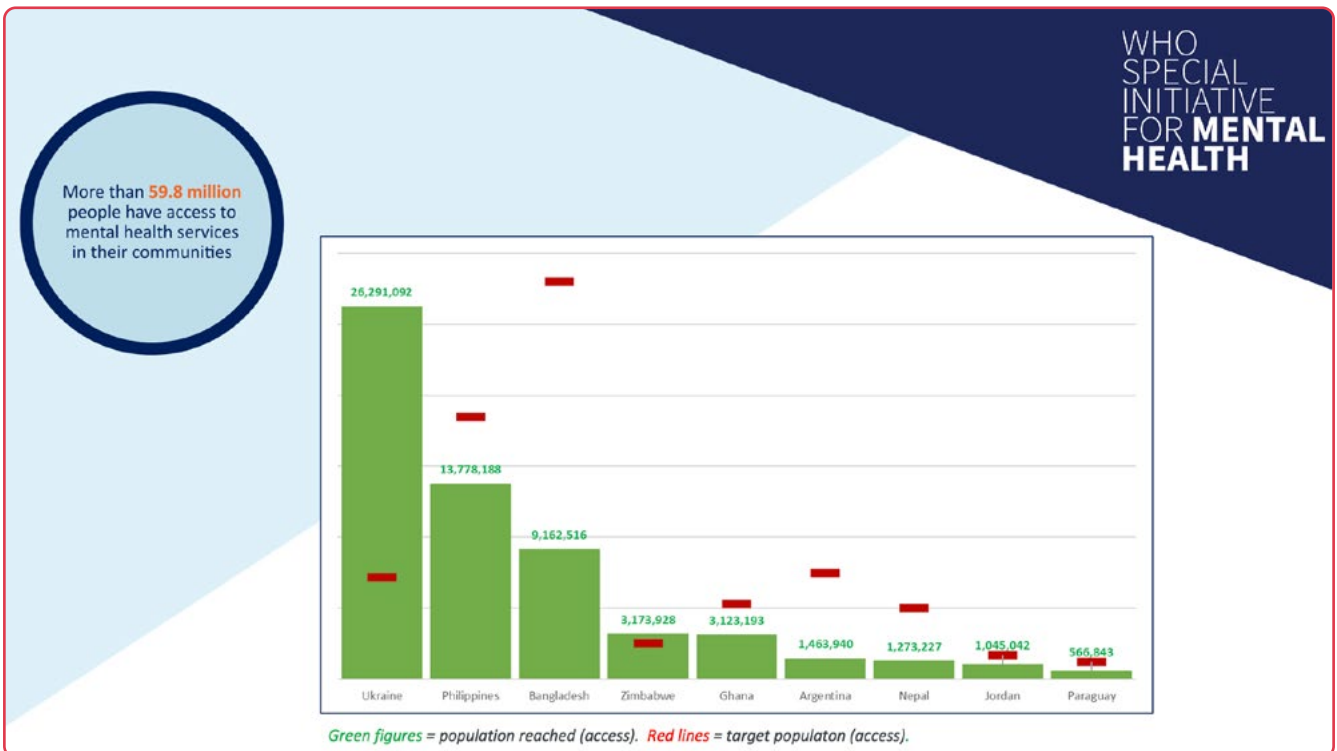
1: WHO Special Initiative for Mental Health: Achievements & lessons learned 5 years on

 **Contact:** [Alison Schafer](#)  **video:** <https://who.canto.global/b/OJIKM>

The initiative was launched in 2019. Its goal is to ensure access to services for mental health, neurological and substance use conditions for 100 million more people with access across 12 countries by 2025. Today, WHO Special Initiative for Mental Health is present in 9 countries: Argentina, Bangladesh, Ghana, Jordan, Nepal, Zimbabwe, Philippines, Ukraine, Paraguay. More than 59.8 million people have access to newly created services in their communities to date. The team is currently working on a second iteration of the initiative, called SIMH2, with objectives to consolidate the gains in the countries currently supported by the initiative and to have intensive investment in at least three more countries.

For more information on the WHO Special Initiative for Mental Health, click [here](#).

Figure: Slide presented during the session, highlighting the achievements of the WHO special initiative for mental health



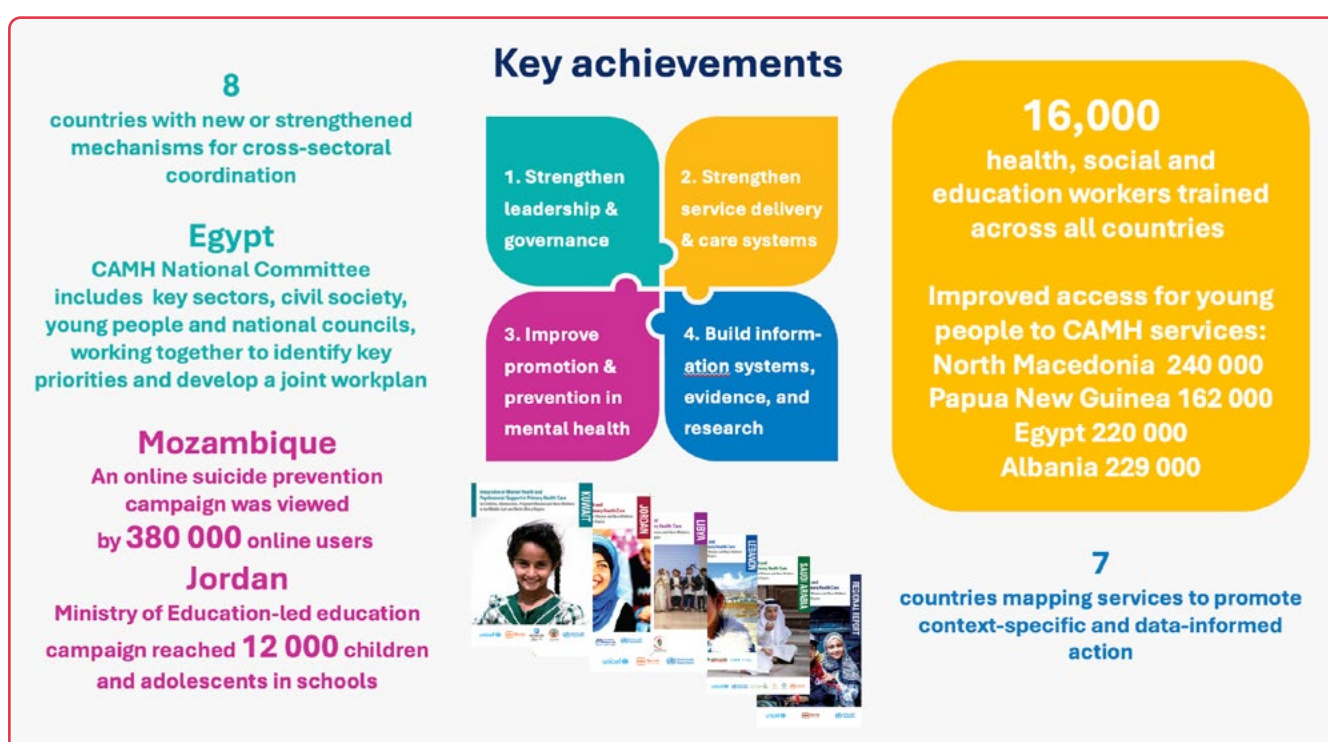
2: WHO-UNICEF Joint Programme for Child and Adolescent Mental Health

 **Contact:** [Chiara Servili](#)  **video:** <https://who.canto.global/b/HF9D7>

The joint program identifies four priority areas of action: Governance and Leadership, Service delivery, Promotion and Prevention, and Information systems. The examples of the joint program in Colombia and Malaysia were highlighted and discussed.

WHO and UNICEF have released a [new guidance on services for children and adolescent mental health](#), to further support countries on systems strengthening and knowledge sharing.

Figure: Slide from the presentation, illustrating the key achievements of the WHO-UNICEF Joint programme for child and Adolescent Mental Health



3: IASC MHPSS Reference Group: Impact & Achievements during WHO's co-facilitation



Contact: [Fahmy Hanna](#)



video: <https://who.canto.global/b/QB05N>

WHO has co-chaired the Interagency Standing Committee reference group on mental health and psychosocial support with IFRC since 2016. In 2024, the number of people in need of humanitarian assistance is worryingly increasing: 312 million, and there is a need expand the mandate of IASC. The number of technical working groups has increased: today there are 59 countries with a functioning mental health and psychosocial support coordination mechanism, covering 90% of humanitarian contexts. IASC MHPSS related resources have been developed and endorsed by UN agencies, NGOs, and academic institutions, and largely disseminated, all publication is available in more than 9 languages. The upcoming milestones are: i) Localization of MHPSS preparedness and response, ii) Integrate MHPSS fully in humanitarian programme cycle and emergency phases, iii) Full operationalization of MHPSS tools into actions, iv) Multi-layered, comprehensive, and inclusive MHPSS response, v) Reduce mortality related to mental health needs as a component of MHPSS response.

Figure: Plenary 3 presentation slide

BUILDING BRIDGES

MHPSS

Since 2017, stark rise in integration of MHPSS into structures relevant to humanitarian community

- DRR (UNDRR)**
- Climate (COP28)**
- Substance Use (UNODC)**
- Peacebuilding (DPO, UNDP)**

IASC
Inter-Agency Standing Committee
IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings

Integrating MHPSS and peacebuilding: Practical recommendations for practitioners

Towards new sectors, unifying priorities, terms, and fostering fresh harmonies

Launch of The Lancet Psychiatry Commission on mental health in Ukraine

PLENARY

Contact: [Dan Chisholm](#)  video: <https://who.canto.global/b/J4QUK>

As part of this year's mental health forum, WHO was pleased to host the launch of the [Lancet Psychiatry Commission on mental health in Ukraine](#). The commission report addresses the critical issue of mental health in the conflict-affected country of Ukraine, and explores the intersection of mental health services development, conflict, and humanitarian response.

The launch included a presentation from Joan Marsh, editor of the [Lancet Psychiatry](#) and from Professor Irina Pinchuk, chair of the commission. Then, a brief overview of the main recommendations made by the Commission on service development, training and education, research, forensics, legal advocacy, resourcing and financing.

Figure: Cover of the Lancet Psychiatry Commission on mental health in Ukraine

The Lancet Psychiatry Commission on mental health in Ukraine



BREAKOUT SESSIONS

Breakout sessions feedback: <https://who.canto.global/b/Q5613>

1: Evolving practices for supporting countries during and after humanitarian emergencies



Contact: Fahmy Hanna



video: <https://who.canto.global/b/O0HV4>

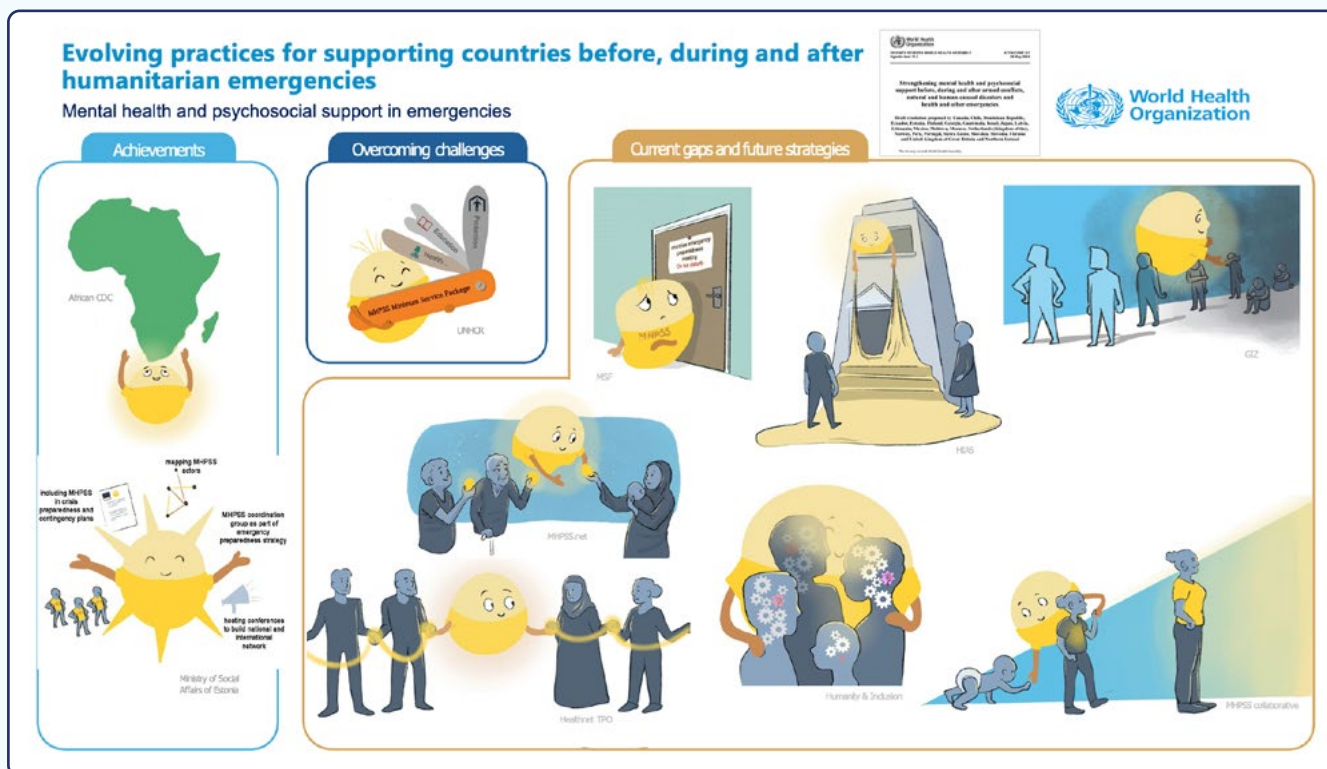
Key issues raised

- Discuss new WHO and IASC tools, guidance, and available support.
- Build Better Before: Scaling up capacities for MHPSS preparedness.
- Assessing mental health needs to inform the humanitarian response through the use of the multi-sectoral mental health and psychosocial support assessment toolkit.
- Public health emergencies and MHPSS, relevance and needs for new outbreaks and the work and use of WHO materials such as psychological interventions to address urgent needs.
- Highlights of emergencies in EMRO and the MHPSS response from WHO and partners.

Key take away message

- There is a need to integrate MHPSS within various sectors of the humanitarian response, especially as we see reduced funding for dedicated standalone MHPSS programmes.
- MHPSS is not always integrated in countries emergency preparedness plans.

Figure: Slide from the presentation, illustrating achievements, challenges and gaps



2: New guidance for countries on mental health policies and strategic action plans



Contact: Michelle Funk

Key issues raised

- Comprehensive overview of the WHO guidance on mental health policy and strategic action plans, highlighting its content, key components, and practical applications.
- Ideas for launch (or multiple launches) of the new WHO guidance on mental health policy and strategic in order to maximize impact.
- Ideas for dissemination of the new WHO guidance?

Key take away message

- Contextualization and localization: Menu of options that can be adapted to the priorities of countries, Interactive map.
- Dissemination: to ministries of health but also to all stakeholders (PWLE, families, professionals, ...), using global and regional-national launches, statements for policy change, with intersectoral / interministerial approach.
- Use training platforms, courses, leadership development programme to help ownership for professionals.

3: Neurodiversity multisectoral approach and framework for implementation



Contact: Chiara Servili

Key issues raised

- Relevance of neurodiversity perspective to brain health - Promote knowledge generation and exchange.
- Relevance of WHO's action framework to neurodevelopmental conditions.
- Focus on Advocacy and policy making and Services for improving health and well-being across sectors: Main challenges, and implications, for embracing a neurodiversity perspective?; Good practice examples, achievements, and targets for coming years?
- Priorities for WHO and partners to take forward?

Key take away messages

- Rich and useful discussion to understand different perspectives on this topic.
- Redefining the narrative: shifting to a strengths-based approach for neurodiversity.
- Neurodiversity movement has achieved a lot: stigma reduction, promoting inclusive care/education, advocacy for accommodation, strengths-based narrative à benefits extend to LMICs where stigma remains a major barrier.
- Challenges for integrating neurodiversity include building capacity to mitigate care systems overwhelm, and championing a transdiagnostic approach.
- WHO will continue to engage partners to understand perspectives and experiences with a vision to ensure inclusion of voices from different geographies and those who experience more severe impairments.
- Implications extend across sectors (health, education, workplace, and others).

4: Measuring and monitoring population mental health: what are the gaps and how can we fill them?



Contact: Mark Van Ommeren

Key issues raised

- Discuss the current status of WHO's work on instrumentation for epidemiological studies of mental disorders.
- Open access of instruments and data.
- discuss pathways for involvement in WHO testing and translation/cultural adaptation of the Flexible Interview for ICD-11 (FLII-11): Ability of FLII-11 to be implemented in routine care and by lay-interviewers.

Key take away message

- WHO is expanding its work on measuring and monitoring population mental health through development and implementation of epidemiological instruments.
- Release of open-access instruments in mental health.
- Strengthening routine health information systems for mental health.
- Data: mental health indicators and their importance for mental health action plan and SDGs.



WHO Strategic Technical Advisory Group for mental health, brain health and substance use (STAG-MNS): MNS Integrated operational framework and MNS advocacy strategy

PLENARY

 **Contact:** [Dan Chisholm](#)  **video:** <https://who.canto.global/b/KIKB4>

Dr Rabih El-Chammy, STAG-MNS chairperson, presented the scope of work of STAG-MNS, STAG-MNS recommendations, and main achievements. STAG-MNS members ([full list available online](#)) serve in their personal capacities within STAG-MNS discussions; they do not represent or promote their institution or organization.

To implement the recommendations, two major publications are released:

- Integrated operational framework for mental health, brain health & substance use: links between MNS conditions show how integrating promotion, prevention and management strategies can lead to a more effective use of resources and better health outcomes.
- WHO advocacy strategy for mental health, brain health and substance use: It aims to support MNS stakeholders in various countries by providing a flexible framework that can be used to create tailored advocacy strategies that address their specific national contexts and needs

The two-year period of current membership is ending and a newly convened STAG-MNS group will be established for 2025-2026.

Figure: MNS advocacy priorities

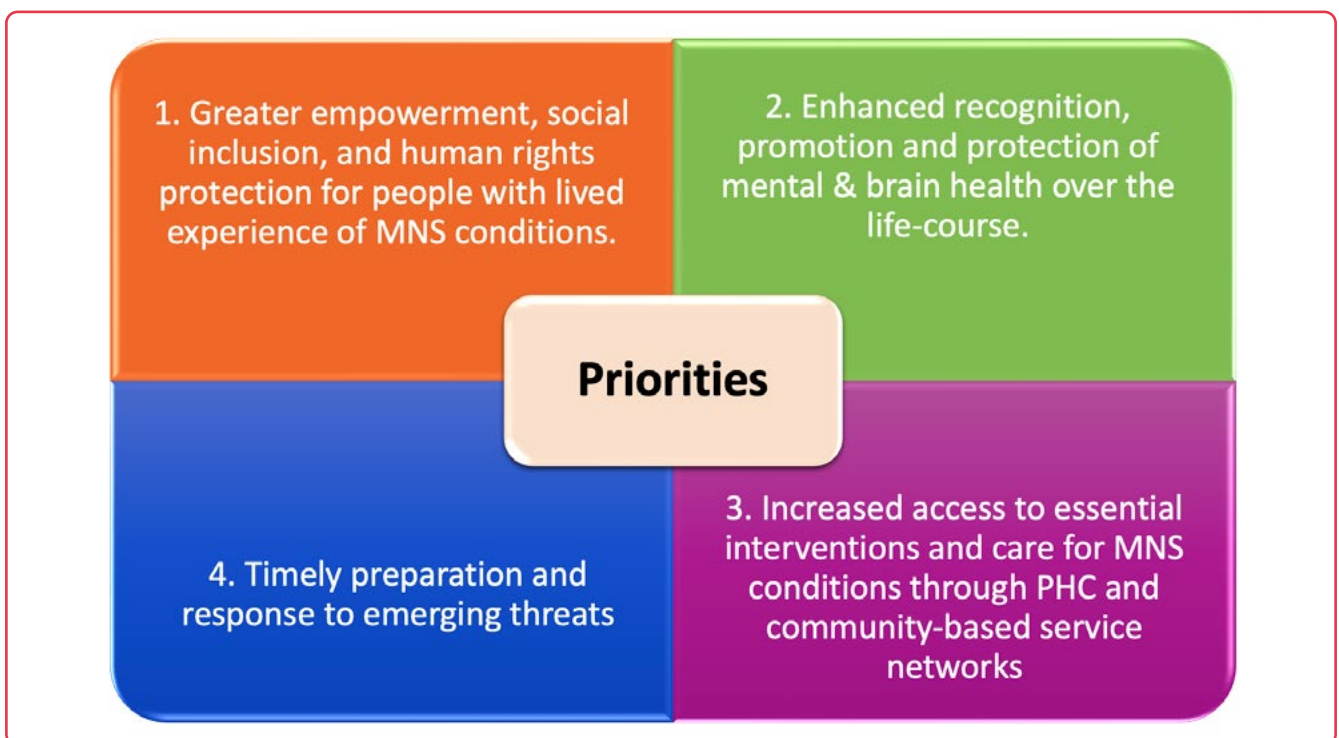


Figure: MNS integrative framework - links between MNS conditions.

Links between MNS conditions

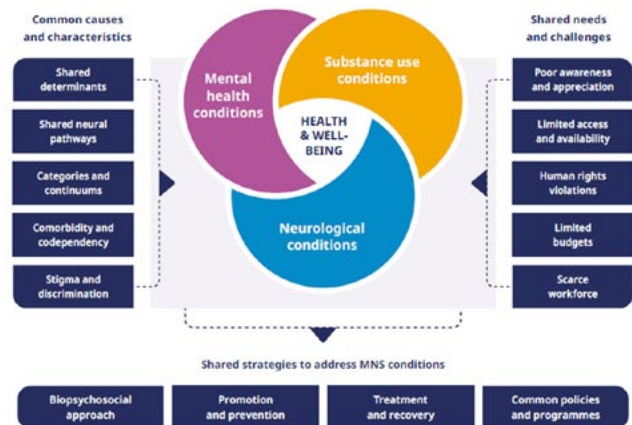


There are **common causes and characteristics** between MNS conditions

By addressing the **needs and challenges** for one condition one can significantly reduce the risk of developing other conditions – e.g. depression and harmful use of alcohol.

The strategies to promote mental and brain health, prevent MNS conditions and provide care to people experiencing MNS conditions **have common elements**, meaning that services for one condition often help address other conditions.

➤ **A purposeful, direct and integrated approach** to service development and delivery can ensure that the resources used to address one condition will greatly benefit others.



DAY 2

10th October 2024



Looking forwards – Integrating mental health brain health and substance use into primary care

PLENARY

 **Contact: Tarun Dua**  **video: <https://who.canto.global/b/HS8NL>**

Neerja Chowdhary highlighted the current situation regarding mental health integration into primary health care, the use of the Mental Health Gap Action Programme (mhGAP) in over 100 countries, and presented new tools and products (Build Better Before, Supporting Brain Health and Neurology, Improving access to essential medicines , Quality rights tools)

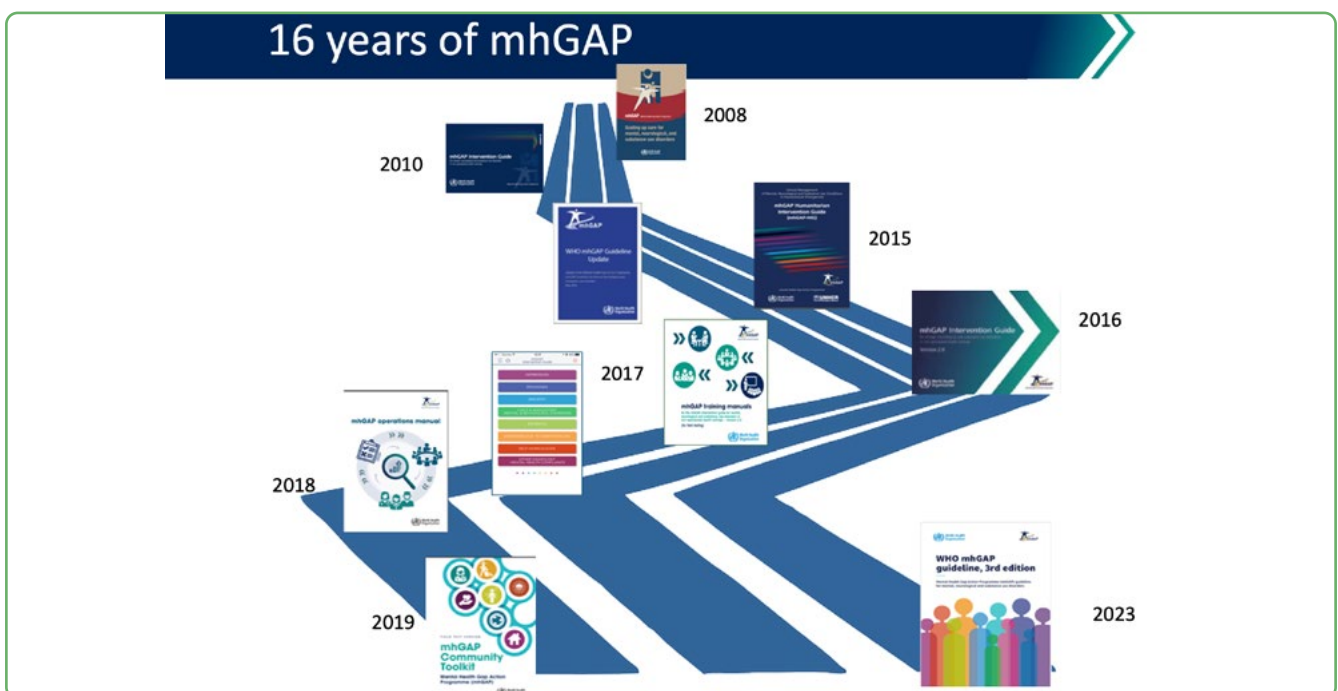
Melinda Frost , Head of Learning Design & Production at the WHO Academy presented existing and upcoming learning solutions on the WHO Academy platform. Georgina Grundy-Campbell described the mhGAP e-learning course, and e-CST course on WHO academy.

Guadalupe Morales, from the European Network of (Ex-)Users & Survivors, discussed the role of people with lived conditions in the process of integrating mental health into primary care, respecting human rights and the application of UN CRPD standards to mental health policies.

Joery Amad, mhGAP Program Coordinator from the Mental Health Unit Ministry of Health, Philippines ; Betty Zephaniah, Provincial Mental Health Officer Zimbabwe, and Renato Oliveira, Chief of the Mental Health and Substance Use Unit, WHO PAHO, presented local and regional initiatives and achievements.

Finally, Claire Whitney, senior Global Mental Health & Psychosocial Support Advisor, International Medical Corps , presented the work of IMC in countries and discussed an on-going project of training the trainers in mhGAP Humanitarian Intervention Programme (HIG) in French and English.

Figure: Slide from the presentation, illustrating different landmarks of mhGAP over the last 16 years



BREAKOUT SESSIONS

Breakout sessions feedback: <https://who.canto.global/b/JJU01>

1: Mental health support and suicide prevention in young people



Contact: [Chiara Servili](#)



video: <https://who.canto.global/b/QM785>

Key issues raised

- Approaches to mental health and suicide prevention in young people in four areas: Leadership and policy, services, promotion and prevention, information systems evidence and research.
- Interventions must target multiple ecologic levels and prevention as well as response to suicidality.
- Young people, family, front-lines clinicians need to be part of the design process.
- Schools are key sites of intervention.
- Need strong government commitment and national plans with valid outcome measures.
- Interventions will require actions that go beyond the reach of individual states.

Key take away message

- Address young people as part of families and social determinants of health as strong causal factors.
- Major differences in language and intervention targets across settings.
- Work needed for scaling up.
- Most governments will need help setting up cross-sector governance and data structures.
- Multinational efforts to address social media and means restriction (pesticides, firearms).

2: Strengthening mental health services



Contact: Sudipto Chatterjee

Key issues raised

- Key considerations and challenges for the uptake of family interventions for the populations.
- What work needs to be undertaken to address this consideration and challenges to the following groups: persons with lived experience, family members, delivery agencies, services.
- Key drivers/enablers to initiate institutional reforms.
- Essential supports needed to transition people from long-stay institutions to community in low resource settings.
- How can we ensure the improvement of care within institutions?

Key take away messages

- Establish a co-creation process with service user organizations for the development of the intervention.
- Need to directly get beneficiaries and family inputs (e.g., survey or interviews globally).
- Tackle stigma not only at community level, but at health provider level.
- Intervention must be flexible and suitable for early intervention, and different family arrangements.
- Set strong and evidence-based arguments (economical, ethical, human rights, legal) to convince different stakeholders in diverse contexts accordingly.
- Ensure access to community-based services, medical care, combat stigma, linkage to services and housing supports.
- Improve the physical environment of psychiatric institutions.
- Establish quality of care and human rights standards to change staff culture and practices.

3: Neurology action plan (IGAP) implementation



Contact: Tarun Dua

Key issues raised

- Priority actions to support people with neurological conditions: lived experience insights from South Africa
- National efforts: key learnings from Norway's Brain Health Plan and Moldova's IGAP implementation activities.
- Regional perspectives: how can we implement IGAP in WPR countries?
- Improving access to neurological medicines: What are key tools and priorities?
- NGO and civil society collaboration: fostering joint work and integrated neurology advocacy

Key take away message

- Awareness/education is not enough: Paradigm shift is needed to identify and tackle challenges that remain unaddressed (e.g., access to medicines).
- Countries face many common challenges: stigma, access to care/medicines strengthening voices of PWLE, service fragmentation, misalignment in health systems, data collection/infrastructure, slow regulatory processes, high medicine prices.
- Knowledge (+ collaboration) is power: build the evidence (e.g. investment cases); catalyze knowledge exchange (facilitated by WHO ROs), identify entry points and synergies.
- Medicines access: Prioritize coordinated, streamlined selection, regulation, procurement, prescription guidelines, and pricing of medicines.
- Mantra: "From fragmentation to integration": joint person-centered neurology advocacy, integrating neurology needs with existing services (e.g. MH, NCDs, Rehabilitation).

4: New guidance on mental health policy and strategic actions for key government sectors



Contact: Michelle Funk

Key issues raised

- launch and dissemination of the new WHO sector guidance in order to maximize impact.
- How do we reach and engage each of the different sectors?

Key take away messages

- Build on existing networks, commitments, and opportunities, High level meetings.
- Launch and Implementation at different levels: Global, Regional and National:
 - Civil Society and Advocates, cross-country inspiration, and learning- resourced.
 - UN Agencies with mandates on other sectors.
 - MH relevant moments and Sectors relevant moment (Ownership and Novelty).
 - Accessibility: social media, visuals, accessibility Advocacy and implementation toolkit.
- Accountability framework: deliverables, prioritization, monitoring of implementation and impact.

Celebrating World Mental Health Day: mental health at work

PLENARY



Contact: [Aiysha Malik](#)

On October 10, 2024, during the WHO Mental Forum, the World Health Organization hosted a world mental health day celebratory lunch, on the theme “Mental Health at Work”. The event was open to all the WHO Mental Health Forum attendees, as well as WHO and UNAIDS workforce, through livestream.

About 200 people attended in-person and 532 online.

The event was divided into two parts

- The first part encompassed introductory interventions by WHO DG, WHO ADG/UCN, President of the World Mental Health Federation, and WHO/SHW.
- The second part of the event was dedicated to a moderated, interactive session with Forum participants and the WHO / UNAIDS workforce using Mentimeter. Relevant commentary was provided by a moderator to contextualize people’s responses in relation to mental health at work, and to highlight key elements or findings. This interactive session emphasized the importance of managers’ role in protecting employee mental health and ended with an outline of WHO ASCEND – a manager training that is currently under development by UCN/MSD.

Figure: Banner of WHO Mental Health Day 2024



Initiatives and lessons learned from WHO Regional Offices

PLENARY

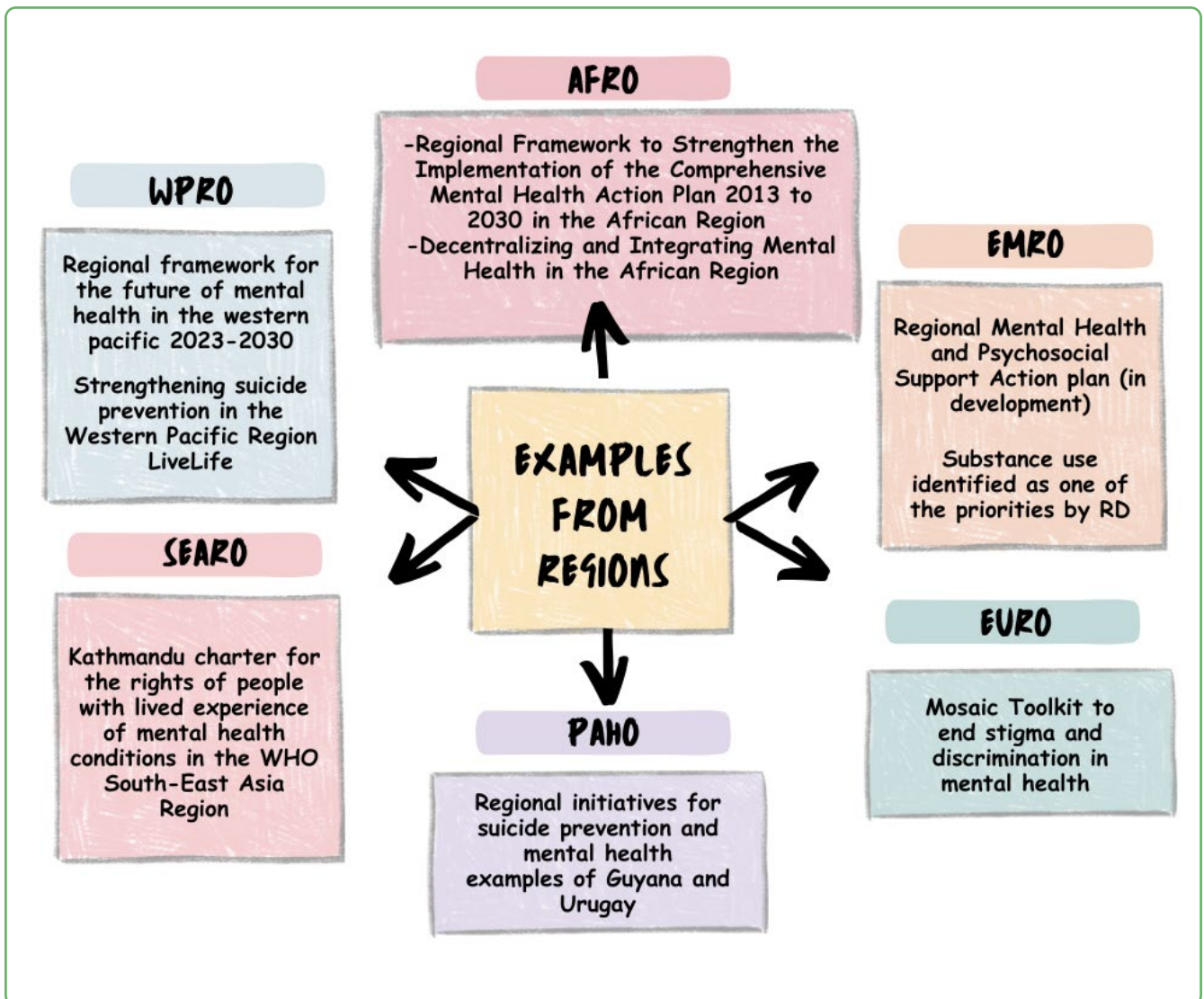
 **video:** <https://who.canto.global/b/H9FPJ>

This session enabled an overview of the work in MNS area in all 6 regional offices.

Some lessons learnt from the work across regions are:

- Adaptation to local contexts is critical
- Mental health interventions are most effective when tailored to the unique cultural, social, and economic circumstances of each region. A one-size-fits-all approach may not address the specific needs of diverse populations, making contextual adaptation essential for the success of programs and policies.
- Regional and subregional fora can play a crucial role in enhancing visibility on political agendas
- Bringing together stakeholders at regional and subregional levels can significantly elevate mental health on political agendas. These platforms foster collaboration, advocacy, and knowledge exchange, helping to drive policy change and mobilize resources.
- Effective support, mentorship and supervision is essential
- Strong leadership, ongoing mentorship, and supervision are critical in ensuring the successful implementation of mental health programs. Investing in capacity building and providing hands-on guidance helps to strengthen local systems and sustain long-term progress in mental health services.
- Strengthened mental health information systems are needed to be able to improve mental health metrics and measure actual impact
- Accurate data collection and analysis are fundamental to understanding the state of mental health and the effectiveness of interventions. Strengthening mental health information systems is necessary to track progress, measure outcomes, and guide future policy and resource allocation.
- While a general strengthening of the mental health, flexibility is key, entry points for integration may differ with context
- Mental health integration into broader health systems requires flexibility. Different contexts may demand unique entry points—whether through primary care, community-based initiatives, or specialized services. Understanding and adapting to these variations is crucial for successful integration and sustainability.

Figure: Initiatives from regional offices



Contact

For questions and comments, please reach out through: mhforum@who.int

