



**GLOBAL
MENTAL
HEALTH
SUMMIT**

Chair Report

Skills, rights, care

Advancing community-focused approach to mental health

Rome, Italy

October 13th - 14th, 2022



Ministero della Salute

The Global Mental Health Summit (GMHS) held in Rome on October 13-14, 2022 proceeded along the roadmap launched in London in 2018 by further increasing mental health awareness and commitment, among policymakers and the civil society.

During the event, attended by more than 50 Countries and International Organizations delegations, a number of critical topics have been debated, all grounded in an overarching framework emphasising the human rights and dignity of people affected by mental disorders, the valuable contribution they can give for designing policy, law and services, and the central role of a community-focused approach to mental health.

Mental well-being is deeply impacted by social determinants of health: socioeconomic status, sexual orientation, gender identity, race, ethnic origin, age, disability, and the intersections of social identities. Promoting mental health through activities and interventions performed in the community rather than in large institutional settings is based on the evidence that communities would best establish the mental health facilities that fit their unique needs, and that care is best provided where people get on with their lives.

The fundamental principles of community-based mental health include proximity, responsiveness, stakeholders' involvement, and a holistic, person-centred, rights-based approach. The development of community-based mental health includes, among others, moving away from large institutions, overcoming old hospital-centred systems, shifting to a resourceful and fully enabled MH services network, integrating MH care into social and welfare systems. Pursuing these objectives requires a multi-sectoral, whole-of-society approach including health, education, research, welfare, housing and labour market. Key actors are primary care physicians, teachers, social workers, mental health professionals, families, people with lived experience (PWLE), and institutions. However, the implementation and sustainability of community mental health care, purports also a change in mindset.

First, by recognising and increasing human rights of people who are suffering from mental illness. Actually, despite widespread adoption of human rights instruments such as the UN Convention on Rights of Persons with Disabilities, including psychosocial disabilities, people with mental health conditions continue to be subject to widespread human rights violations, due to stigma and discrimination. It is time to reverse course,

by recognizing PWLE leadership, involving patients in shared decision-making, limiting forced treatment including physical constraint, and decriminalizing suicide. To reduce stigma, national programs driven by the social contact theory, and co-produced / co-led by PWLE, are strongly recommended.

Secondly, considering the unprecedented pressure of recent health and humanitarian crises on Mental Health systems of care, a plan of investment is essential: to re-allocate resources and to assure adequate MH care funding, consistent with physical health, to address the social determinants of health, to promote equality and emancipation, to increase the social capital of communities and individuals, and to include productive investments that have potential to transform people's lives and community services themselves.

The pandemic offered us an extraordinary opportunity to rethink the ways to take care and support people with psychological distress or mental illness, and highlighted the need to include mental and psychosocial issues in efforts towards preparedness to emergencies, including training at local, national and global level. The ability to provide and scale up mental health and psychosocial support (MHPSS) goes beyond the health sector alone, and needs a coordinated approach across a number of sectors and actors. A vast amount of tools and expertise is available for a widespread and effective use, according to the BBB (building better before) principle.

Given the pandemic-related substantial increase in work-related stress, there is a crucial need to promote workers' mental wellbeing and alleviate distress, by implementing appropriate workplace interventions and reducing stigma related to mental ill health. Addressing this topic during the training of human resources, management, and other professionals would help raise awareness and lead to the implementation of good practices. The promotion of mental health at work requires a multi-level strategy due to different typologies of risk exposure. Workers mental health needs to be pursued by promoting healthy work places and enacting structural and organizational measures. To this aim, hard and soft regulations are warranted. In addition, individual interventions should be provided for health, volunteering humanitarian and emergency workers as their work environment is difficult to improve in the short term and they are exposed to multiple sources of burden.

A skilled, capable, and motivated workforce is vital for any mental health system to operate effectively. However, human resources for mental health remain insufficient and inequitably distributed to meet population needs. While the predominant focus of workforce development in most countries is on specialised clinical care providers, non-specialist care providers may play an important role in promoting mental health through scalable interventions, particularly in contexts with scarce financial resources or difficulties in recruiting healthcare personnel. In planning for workforce development and associated capacity building, it should be ensured that they are based on the expected needs of the population, cover not only specialist care providers, and enable and empower different occupational categories to carry out specific roles and functions in the mental health system. In fact, human resources for mental health cover a range of needs, disciplines and professions, such as health professionals, social and community workers and leaders, teachers and police officers, researchers and innovators, government officials, and policy makers. Important skills need to be developed, such as psychosocial support skills, non-clinical capabilities related to leadership, management and teamwork, and skills related to self-care, recovery, rights and citizenship, housing, and employment. A multi-sectoral approach including service users and PWLE in capacity building and workforce training should be implemented, making larger use of digital and e-based available resources.

There is evidence that digital interventions work in the field of mental health. On one hand, technology can help mental health professionals to get better what they are doing now; on the other hand, new ways can be developed to deliver therapeutic interventions that are known to work, in order to improve access, uptake, and resilience of services; moreover, new interventions can be developed based on the possibilities of new technologies. Communities can build and benefit from digital interventions of different intensity and sophistication, from unguided self-administered interventions to web-based psychotherapy, depending on their resources. Although the current massive increase in smartphone use provides the opportunity to reach a very large number of people, and possibly to collect useful information to monitor their mental health, it raises serious questions about privacy and risks of misuse and mistreatment. Involving PWLE in designing, planning and co-producing new digital interventions, bearing always in mind the obligation to individuals' right protection, is an important element in developing these innovations.

Children and adolescents, due to their high exposure to adverse experiences and risky environments, continue to bear the brunt of the mental health burden globally. Even in countries with well-established health care systems, most children and adolescents with mental health and psychosocial difficulties do not receive the support they need. A whole-of-society approach is required to improve the environments for children and caregivers, by integrating promotion (e.g., emotional education) and protection of child development and mental health, meeting children where they live, supporting skills development of children and carers, and monitoring quality of care. To this purpose, a quality, rights-based, and multi-sectoral system of care is instrumental as well as children and adolescents' active involvement in the process of designing dedicated services.

Migrants, asylum seekers, and refugees are exposed to several stressors for mental well-being, and barriers to access adequate mental health care may be present throughout the migration cycle. Regrettably, there is often a shortage of trained cultural health mediators and culturally competent health workers. Also, even when MHPSS services do exist, and migrants, asylum seekers, and refugees have the right to access them, underutilisation of services is often observed, mainly due to language and cultural barriers, lack of knowledge of services, and fear of stigma and discrimination. Attention must be paid to cultural diversities and to create competencies among migrants' communities. Adopting proactive initiatives to outreach them on the ground is therefore crucial, to ensure they can routinely access mental health services at all stages of the migration process: pre-departure, transit, arrival and in some cases return. Continuity of care plans should be granted, both as a protection of their human rights and as a prerequisite for their full integration into communities.

On these premises, all Countries and International Agencies convened in Rome for the Global Mental Health Summit, urge all relevant actors to implement recommendations presented in the WHO updated Comprehensive Mental Health Action Plan 2013-2030, and to improve integrated mental health measures in all the stages of life. Countries and International Organizations participating in the Rome Global Mental Health Summit renew their commitment to monitoring and documenting progress made to advance community-focused approach to mental health, also in the context of the forthcoming annual MH Summits.