THE CHANDIGARH CHARTER ON

PUBLIC MENTAL HEALTH

Strengthening the Cause, Scope and Implementation of Public Mental Health Interventions across the World

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This **CHARTER** is released at the Diamond Jubilee International Conference on Mental Health in Chandigarh, India on 14-16 September 2023, by the Department of Psychiatry, Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh, which is a Collaborating Centre of the World Psychiatric Association (WPA). As the WPA Collaborating Centre mandated with working in the area of Public Mental Health (PMH), the Department of Psychiatry at PGIMER, Chandigarh has highlighted the cause, scope and implementation of PMH as its conference theme: *Public Mental Health – Mental Health of the People, by the People, for the People* as part of its 60th anniversary celebrations. The Chandigarh Charter on Public Mental Health was drawn on this backdrop.

THE CONTEXT OF PUBLIC MENTAL HEALTH

➢ Mental health has central importance in the life and well-being of individuals, families, communities, societies and countries. Mental health and physical health are inseparable and bidirectional, just as the mind and the body are.

➢ Mental illness is responsible for a large proportion of global disease burden which impacts across many sectors. It far surpasses the domain of the mind of the individual living with the experience, casting its shadow across physical, social and economic health as well as overall productivity and well-being of the family, society, nation and beyond. Mental wellbeing also has broad impacts.

➢ An intricate interplay of biological, psychological, socio-environmental, economic, cultural and ecological factors provides the complex matrix in which both the risk factors for mental illness as well as protective elements involved with fostering mental wellbeing and protection from illness are generated. Such factors are also important in the recovery from mental illness.

➢ Evidence-based public mental health (PMH) interventions exist to prevent and treat mental illness, prevent associated impacts, and promote mental wellbeing and resilience. Different types of intervention are provided by different sectors. Many interventions also result in economic savings even in the short term. These interventions require more targeted approaches to groups at higher risk of mental illness and poor mental wellbeing to prevent widening of inequalities.

➢ Globally, only a minority of those with mental illness receive treatment, which is far less available in low- and middle-income countries. Far fewer receive interventions to prevent the associated impacts of mental illness, with negligible implementation of interventions to prevent mental illness, or promote mental wellbeing and resilience. Various reasons account for implementation failure which are important to identify and address.

➢ The PMH implementation gap breaches the right to health and results in population scale preventable human suffering, broad impacts and associated economic costs.

➢ This complex and widespread challenge cannot be addressed by approaches that are *exclusively* individual-level, biomedically expressed, treatment-oriented, or dealt with by an individual from any particular specialty.

THE CHANDIGARH CHARTER ON PUBLIC MENTAL HEALTH

❖ *Calls for* a public mental health focus in perspective, narrative and *paradigm*, in view of the size and impacts of the PMH implementation gap for the prevention and treatment of mental illness, prevention of associated impacts, and promotion of mental wellbeing.

➢ *Adopts* an approach that is based on the right to health, equity and population need. This is in line with the UN Sustainable Development Goal (SDG) of universal health coverage which includes mental health.

❖ *Includes* action to address social and structural determinants of mental illness and wellbeing across the whole of society and across the lifespan.

❖ *Recommends* a public health, population and collaborative approach to address the PMH implementation gap with other sectors and agencies including people with lived experience, governments and ministries, civil societies, mental health services, primary care, public health, schools, employers and other stakeholders. Such an approach includes transparent decisions about acceptable levels of coverage of different types of PMH intervention by different sectors and required resource.

❖ *Advises* regular assessment of and clear communication about the size and cost of PMH population unmet need as well as coordinated advocacy to inform progress and required actions to address the gaps in PMH implementation, associated intelligence, policy, training, governance and required resource.

❖ *Exhorts* governments and ministries to allocate required resources to address the PMH implementation gap taking account of impacts and cost of implementation failure, the broad impacts and economic returns of improved coverage, the right to health and the UN SDG of target of universal health coverage including for mental health.

❖ *Reiterates* that such a PMH approach will sustainably and equitably reduce the impact of mental illness and promote population mental wellbeing and thereby result in broad impacts across different sectors as well as associated economic benefits.

❖ *Aspires* that, with the appropriate actions and resource, improved implementation of PMH interventions can be achieved through coordinated delivery at multiple levels thus turning challenges into opportunities, barriers into openings, frustrations into actions, economic costs into economic benefits, nightmares into dreams; and finally,

❖ *Pledges* to bring together like-minded people, organizations, agencies and groups across governments, countries and regions to sustainably address the PMH implementation gap.

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Signed in the presence of Dr. Afzal Javed (President WPA), Dr. Jonathan Campion (Chair, WPA Public Mental Health Working Group), Prof. Vivek Lal (Director, PGIMER, Chandigarh) and Prof. Debasish Basu (Director, WPA Collaborating Centre Chandigarh), among others

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