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WPA Position Statement on Public Mental Health (March 2023) // GA23.10.14

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Summary

This WPA Position Statement on public mental health (PMH) outlines the impact of mental disorder and wellbeing as well as the existence of evidence based PMH interventions to treat mental disorder, prevent associated impacts, prevent mental disorder from arising, and promote mental wellbeing and resilience. It highlights the global failure to implement such interventions resulting in population scale preventable suffering, associated impacts and economic costs. It sets out required actions to address this implementation failure.

Introduction

Public mental health (PMH) involves a population approach to improve coverage, outcomes and coordination of PMH interventions. This supports efficient, equitable and sustainable reduction in mental disorder, promotion of population mental wellbeing and achievement of the UN SDG target of universal coverage (UN, 2016; Campion et al, 2022).

This Position Statement reflects WPA's prioritisation of public mental health (PMH) and the global need to sustainably address the implementation gap in treatment of mental disorder, prevention of associated impacts, prevention of mental disorder, and promotion of mental wellbeing and resilience (WPA, 2020). As such, PMH is relevant to every mental health professional.

Aims of Position Statement

This WPA Position Statement outlines the reasons for the impact of mental disorder, the existence of evidence based PMH interventions and the associated implementation gap. The Position Statement aims to highlight the importance of a PMH approach to sustainably improve coverage of interventions to treat mental disorder, prevent associated impacts, prevent mental disorder from arising, and promote mental wellbeing and resilience. It sets out recommendations to support this.

Impact of mental disorder and wellbeing

Mental disorder accounts for at least 20% of global disease burden (GBDCN, 2020) although even this underestimates true burden by at least a third (Vigo et al, 2016). Associated annual global economic cost is projected to exceed \$US6 trillion by 2030 (Bloom et al, 2011). The size of disease burden is due to a combination of high prevalence of mental disorder, most lifetime mental disorder arising before adulthood, and a broad range of impacts across health, education, employment, social relationships, crime, violence and stigma (Campion et al, 2022). Mental wellbeing also has a broad range of impacts. Crises such as COVID-19 and conflicts have further increased risk of mental disorder, relapse of mental disorder and poor mental wellbeing.

Evidence-based public mental health interventions and the implementation gap

Effective PMH interventions exist to treat mental disorder, prevent associated impacts, prevent mental disorder from arising and promote mental wellbeing in a variety of sectors (Campion et al, 2022; WHO, 2022). Groups at higher risk of mental disorder and poor mental wellbeing require targeted approaches to prevent widening of inequalities. Many PMH interventions also have cost benefit evaluation highlighting economic returns even in the short term (Chisholm et al, 2016; Campion et al, 2022).

However, only a minority of those with mental disorder receive any treatment even in high income countries (WHO, 2021; Campion et al, 2022). Provision of interventions to prevent associated impacts of mental disorder is even less, and provision of interventions to prevent mental disorder or promote mental wellbeing is negligible. This implementation gap contravenes the right to health and results in population-scale preventable suffering, broad impacts and associated economic costs. Furthermore, the PMH implementation gap has widened as a result of the COVID-19 pandemic (WHO, 2021; WHO, 2022).

Several reasons account for the implementation gap (Campion et al, 2022). These include insufficient resource, insufficient PMH knowledge, insufficient mental health policy or policy implementation, insufficient political will, political nature of some PMH activities and insufficient appreciation of cultural differences. Causes of the treatment gap include insufficient staff with required clinical skills, insufficient integration with primary care, insufficient perceived need, stigma and discrimination, poor quality treatment, insufficient evidence about scale implementation of treatment, and insufficient involvement of services users and families.

Recommended PMH actions

Public mental health involves a population approach to improve coverage, outcomes and coordination of PMH interventions. This supports efficient, equitable and sustainable reduction in mental disorder, promotion of population mental wellbeing and achievement of the UN SDG target of universal coverage by 2030 (Campion et al, 2022).

Specific actions to improve the coverage of PMH interventions include (Campion et al, 2022):

- Effectively making the case for PMH: This includes through PMH needs assessment, estimation of impact and associated economic benefits from improved coverage, collaborative advocacy and leadership including with services users and families.
- PMH practice to inform policy and implementation: PMH practice includes use of PMH needs assessment to inform choice and coverage of PMH interventions. This is followed by implementation and then evaluation of coverage and outcomes.
- Improved PMH knowledge: PMH training included in all psychiatry undergraduate and post graduate training programmes (WPA, 2022). Such training is also required for key decision makers including in policy. Furthermore, improved population PMH literacy is important in order to empower services users, families and the community to promote their own health and recognise mental disorder at an early stage.
- Settings-based approaches: Coverage of multiple PMH interventions can be increased by targeting particular settings such as schools and workplace.
- Integrated approaches within and between different sectors.
- Use of digital technology to deliver PMH interventions and training (Campion, 2020).
- Maximising existing resources including through self-management, collaborative care and task shifting.
- Focus on high-return interventions.
- Use of human rights approaches and legislation.
- Research to support effective implementation of evidence based PMH interventions.

Conclusion

WPA has prioritized the global need to sustainably address the implementation gap in treatment of mental disorder, prevention of associated impacts, prevention of mental disorder, and promotion of

mental wellbeing and resilience (WPA, 2020). Several actions support a PMH approach to address the PMH implementation gap. These will result in sustainable reduction in burden of mental disorder and promotion of population mental health as well as associated impacts and economic benefits across sectors.

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