

Thematic Working Group on Mental Health

Terms of Reference

1. The Thematic Working Group on Mental Health was established at the Seventh Meeting of the Task Force (October 2016) as a group of UN entities that are responsible for fostering UN-system wide cooperation and coordination in the area of mental health and supporting implementation of Sustainable Development Goals and Mental Health Action Plan (2013-2020). It also provides a forum for sharing knowledge and information on policy, program and operational issues. The Thematic Working Group will work largely through web-based and other informal mechanisms. Participation in the thematic working group does not require financial commitment and it is likely that a global joint programme will need to be developed to garner financial resources for the work of the group. The Thematic Working Group will report to the UN Interagency Task Force on the Prevention and Control of NCDs and is coordinated and led by WHO.

Background

2. The United Nations Inter-Agency Task Force on the Prevention and Control of Noncommunicable Diseases (UNIATF) was established in 2013 by the Secretary General and placed under the leadership of WHO to facilitate the activities of the UN System to support the realization of the commitments made by Heads of State and Government in the 2011 Political Declaration on NCDs. The Task Force's terms of reference were adopted by ECOSOC in July 2014. Joint activities included in the work plan of the Task Force are additive to various, more comprehensive efforts conducted by the UN agencies to prevent and control NCDs. These joint activities offer important opportunities to address cross-cutting issues and to advance capacity in supporting countries. The Task Force works through a biennial work plan and to support its delivery of a number of global joint programmes, thematic groups and work streams have been established.

3. The purpose of the Task Force is to coordinate the activities of the relevant United Nations funds, programmes and specialized agencies and other intergovernmental organizations to support the realization of the commitments made by Heads of State and Government in the Political Declaration of the High level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (NCDs), in particular through the implementation of the World Health Organization Global Action Plan for the Prevention and Control of NCDs 2013-2020. In June 2016, ECOSOC adopted a resolution encouraging the Task Force to support governments to implement new NCD-related targets in the 2030 Agenda for Sustainable Development. SDG Target 3.4 is "By 2030, reduce by one-third pre-mature mortality from NCDs through prevention and treatment, and promote mental health and wellbeing". Mental health therefore needs to be a part of the work of the Task Force.

4. Improving mental health requires a multisectoral approach – a whole-of-government and whole-of-society response. And therefore a whole-of-UN one. In the same way that the Task Force is making the investment case for tackling NCDs, the same is being done for mental health by WHO and other agencies. In April 2016, WHO and the World Bank presented to ministers of finance and development agencies the expected economic, health and social returns from investing in mental health services.

5. There is also substantial concurrence of mental disorders and substance use disorders. Taken together, mental, neurological and substance use disorders exact a high toll, accounting for 13% of the total global burden of disease. Depression alone accounts for 4.3% of the global burden of disease and is among the largest single causes of disability worldwide, particularly for women.¹ Postnatal depression has not received enough attention despite increasing coverage for maternal health in most countries. Depressive disorders have an early onset and are a key priority area of action for adolescent health. Burden of disease i.e. DALYS (Disability Adjusted Life Years) for depressive disorders are highest among 10-14 year olds. In addition, there is evidence that depression predisposes people to heart attacks and diabetes, both of which conversely increase the likelihood of depression. Many risk factors such as low socioeconomic status, alcohol use, drug use and stress are common to both mental disorders and other NCDs.

6. Mental disorders frequently lead individuals and families into poverty. Homelessness and inappropriate incarceration are far more common for people with mental disorders than for the general population and exacerbate their marginalization and vulnerability. Because of stigmatization and discrimination, persons with mental disorders often have their human rights violated and many are denied economic, social and cultural rights, with restrictions on the rights to work and education, as well as reproductive rights and the right to the highest attainable standard of health. They may also be subject to unhygienic and inhuman living conditions, forced institutionalisation, physical and sexual abuse, neglect, and harmful and degrading treatment practices in health facilities. Humanitarian emergencies and forced displacement negatively impact mental health, and people with pre-existing mental disorders are particularly vulnerable.

7. It is clear therefore that the health sector cannot respond to the challenges for mental health alone. It is appropriate with the Task Force's expanded scope of work that mental health becomes a core area of its work. The Task Force can and will endeavour to make a difference in the way in which mental health is addressed.

8. In 2013, the World Health Assembly adopted the WHO Comprehensive Mental Health Action Plan 2013-2020. Paragraph 26 of the Action Plan highlights the role of "international multilateral agencies (for example, the World Bank and UN development agencies), regional agencies (e.g. regional development banks) and subregional intergovernmental agencies in supporting implementation of the Action Plan".

Overarching objectives

9. The overarching objectives of the Thematic Working Group are:

- To more effectively support the implementation of the SDGs related to mental health and wellbeing (specially the target 3.4 Reduce premature mortality from NCDs through prevention and treatment, and promote mental health and wellbeing.)
- To provide support, in line with the Terms of Reference of the Task Force, for implementation of the four objectives² (and their targets³) of the WHO Comprehensive Mental Health Action Plan 2013-2020.

¹ Mental Health Action Plan 2013-2020. World Health Organization. 2013.

² 1. Strengthen effective leadership and governance for mental health 2. Provide comprehensive, integrated and responsive mental health and social care services in community-based settings 3. Implement strategies for promotion and prevention in mental health 4. Strengthen information systems, evidence and research for mental health.

³ By 2020: 80% of countries will have developed or updated their policies/plans for mental health in line with international and regional human rights instruments (1.1); 50% of countries will have developed or updated their laws for mental health in line with international and regional human

Specific objectives

10. The specific objectives of the Thematic Working Group are:
- To foster inter-agency collaboration and cooperation on promotion of mental health, prevention of mental disorders and care of persons with mental disorders especially in developing and low- and middle-income countries working across the health and other sectors.
 - To identify linkages between mental health, human rights and relevant SDGs
 - To jointly mobilize resources for the implementation of the SDG related mental health targets, including through the implementation of the Comprehensive Mental Health Action Plan 2013-2020.
 - To enhance awareness and advocacy on mental health issues, including how gender and sex lead to different experiences for women and men, and how forced displacement impacts mental health.
 - To enhance knowledge of co-occurring disorders and promote the expansion of health systems to include effective prevention and treatment approaches to both substance use disorders and mental health disorders.
 - To draw from other global and national initiatives to promote mental health, where possible, with a view to avoiding a duplication of effort, to rationalising resources and to ensuring policy coherence across initiatives.
 - Ensuring linkages between the work of the TWG and the broader work of the Task Force on healthy lifestyles.

Members of the Thematic Working Group on Mental Health:

11. The Thematic Working Group on Mental Health is open for membership of interested UN agencies who are members to the UNIATF by simple expression of interest.
12. Current members of the Group are: IAEA, ILO, IOM, OHCHR, UNDP, UNESCO, UNICEF, UNFPA UNHCR, UNODC, UNRWA, UNU, UN Women, WHO, World Bank.

*Terms of Reference adopted: December 2016
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rights instruments (1.2); service coverage for severe mental disorders will have increased by 20% (2); 80% of countries will have at least two national, multisectoral mental health promotion and protection programmes in mental health (3.1); the rate of suicide in countries will be reduced by 10% (3.2); 80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national health and social information systems (4).

