Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

172nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 26–30 June 2023

Provisional Agenda Item 4.6

CE172/17
25 April 2023
Original: English

STRATEGY FOR IMPROVING MENTAL HEALTH AND SUICIDE PREVENTION IN THE REGION OF THE AMERICAS

Introduction

1. A high burden of mental health conditions,[1] low treatment coverage, and rising suicide rates make mental health a serious public health problem in the Region of the Americas. The COVID-19 pandemic has worsened the situation by increasing the prevalence of mental health conditions and disrupting essential mental health services *(1).* Other humanitarian emergencies, including migration, worsened by the global climate crisis, also pose a significant threat to mental health. An intersectoral response is needed to prioritize mental health and suicide prevention and mobilize resources to meet the growing demand for care.

2. Recognizing this situation, the 30th Pan American Sanitary Conference adopted the Policy for Improving Mental Health (Document CSP30/9) *(2)* through Resolution CSP30.R3 *(3)* to acknowledge mental health as a priority for advancing health, social, and economic development in the Region in the context of the COVID-19 pandemic and beyond. With a view to cooperating in the implementation of the policy, this document presents the Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas.

3. The purpose of this strategy is to guide and support Member States of the Pan American Health Organization (PAHO) to improve mental health and suicide prevention, using an equity- and human rights-based approach, in order to advance health and development in the Region in the context of the COVID-19 pandemic recovery and potential future emergencies. This document outlines six strategic lines of action to be implemented over a seven-year time frame (2024–2030).

[1] In this strategy, the term "mental health conditions" refers to both mental and substance use conditions. However, substance use conditions are not the main focus of the strategy, and it is recognized that more targeted actions are needed to properly address this challenge in the Region.

Background

4. Mental health is an essential component of overall health and a basic human right. Positive mental health and well-being is not simply a state of being free of mental health conditions, but refers to "the capacity of each and all of us to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face" *(4)*. Positive mental health is something that all people, including those living with mental health conditions, can strive for, and it is the foundation of success for individuals and communities *(5)*. Services to improve mental health and well-being are recognized as an essential component of universal health coverage *(6)*.

5. Mental health conditions are risk factors for suicide, poverty, homelessness, and incarceration. They are also linked to worse health outcomes, including premature mortality from cancer, cardiovascular diseases, diabetes, HIV/AIDS, and tuberculosis. It has been estimated that the global cost of mental health conditions will reach US$6 trillion by 2030, accounting for more than half of the global economic burden attributable to noncommunicable diseases *(7)*.

6. Despite the high costs of mental health conditions and suicides in the Region, mental health remains underprioritized and significantly underfinanced. Only a small fraction of national health budgets (about 3%) is allocated to mental health, with nearly half the funds spent inefficiently on long-stay institutions instead of on community-based care.

7. In 2022, the Director of Pan American Sanitary Bureau (PASB) established the High-Level Commission on Mental Health and COVID-19 to prioritize mental health in the Region and provide guidance to Member States and PASB on strengthening mental health during and after the pandemic. In June 2023 the Commission will publish a high-level report on advancing mental health in the Region; its recommendations inform this strategy *(8)*.

8. This strategy aligns with the United Nations 2030 Agenda for Sustainable Development *(9)*, the PAHO Sustainable Health Agenda for the Americas 2018–2030 *(10)*, and the PAHO Strategic Plan 2020–2025 *(11)*. It is framed by the principles of the Caracas Declaration (1990) *(12)* and the World Health Organization (WHO) Comprehensive Mental Health Action Plan 2013–2030 *(13)*. It also aligns with international human rights instruments, including the United Nations Convention on the Rights of Persons with Disabilities (2006) *(14)*.

Situation Analysis

Burden and Treatment Gap

9. Mental, neurological and substance use disorders, and suicide account for over one third of years lived with disability and a fifth of disability-adjusted life years in the Americas *(15)*. The Region has the highest prevalence rate of anxiety disorders and the second-highest rate of depressive disorders of all WHO regions *(16)*. It also has a high

prevalence of alcohol consumption, with 8.2% of the population over 15 years suffering from an alcohol use disorder *(17)*.

10. Recent data show that each year, nearly 100,000 people die by suicide in the Region (an age-adjusted rate of 9 per 100,000 population), with significant variability among countries. Between 2000 and 2019, the regional suicide rate increased by 17% *(18)*, making the Americas the only WHO region where suicide is rising.

11. The weighted mean treatment gap for moderate to severe mental health conditions in the Region is 65.7% *(19)*. Social determinants such as systemic racism, poverty, violence, lack of access to education, and gender inequality, as well as stigma and discrimination around mental health conditions, are barriers to accessing quality mental health care.

COVID-19 and Mental Health

12. The COVID-19 pandemic has caused devastating social and economic impacts, with increased rates of unemployment, poverty *(20)*, and violence. These represent significant risk factors for mental health conditions and suicide. The pandemic has contributed to the development of new mental health conditions and worsened preexisting ones, with major depressive disorders and anxiety disorders rising by 35% and 32% respectively in Latin America and the Caribbean in 2020 *(21)*. Women, young people, Indigenous populations, Afro-descendants and members of other ethnic groups, and people living in poverty, as well as people with preexisting mental health conditions, have been among those most severely impacted. The COVID-19 pandemic has also decreased access to essential mental health care.

13. By the end of 2021, over 140 million people worldwide had developed post-COVID-19 condition, with more than 20 million experiencing persistent symptoms one year after the onset of infection *(22)*. While data on the medium- to long-term outcomes of post-COVID-19 condition are limited, evidence indicates a link between post-COVID-19 and mental health symptoms *(23)*.

Proposal

14. The Strategy for Improving Mental Health and Suicide Prevention is intended to guide and assist Member States in efforts to improve mental health and suicide prevention, using an equity- and rights-based approach and taking into account national contexts, needs, and priorities. Six strategic lines of action are outlined below.

Strategic Line of Action 1: Build mental health leadership, governance, and multisectoral partnerships, and integrate mental health in all policies

15. Multisectoral collaboration is essential to address the diverse factors that impact mental health and to improve access to mental health care through its integration into other settings and services. Under the leadership of the health sector, collaboration should

include sectors such as finance, social development, education, labor/employment, justice, and emergency management. An intersectoral coordination mechanism can guide the integration of mental health into policies, strategies, and programs in these and other areas. At the same time, strategic partnerships with entities outside government can enhance resources, promote knowledge exchange, and expand the reach of mental health initiatives. Key partners include the private sector, multilateral organizations, nongovernmental organizations, professional associations, academia, civil society, and people with lived experiences of mental health conditions. Formal agreements or joint plans of work should be developed where possible, with dedicated funding allocated *(8)*.

16. Mental health must be included in universal health coverage, ensuring that all people can access the full range of quality health services they need without financial hardship *(6)*. Toward this end, psychosocial treatments, psychotropic medicines, and lifestyle interventions[2] should be included in the list of essential health benefits offered to all citizens through either national tax-based health services or insurance schemes *(8)*. These initiatives can reduce out-of-pocket expenditures and help ensure that all people, including those living in vulnerable conditions,[3] have access to equitable care.

17. Improving mental health care in the Region is an essential component of national pandemic recovery and development. Toward this end, national mental health legislation and policies must be strengthened, and outdated legislation that is not aligned with international human rights standards must be repealed. Strong independent accountability mechanisms that monitor human rights violations in legislation, policies, institutions, and services are also needed *(8)*. Increasing financial and human resources for mental health, proportionate with the rising burden of mental ill health, is crucial to meet the demonstrated need for care. Experts recommend allocating a minimum of 10% of the health budget in high-income countries and 5% in low- and middle-income countries to mental health services *(24)*. Financing can be increased through public or private funds as well as by managing existing resources more effectively.

Strategic Line of Action 2: Improve the availability, accessibility, and quality of community-based services for mental health conditions, and support the advance of deinstitutionalization

18. To meet the growing demand for mental health care and to achieve the global target of doubling service coverage for mental health conditions by 2030 *(13)*, it is essential to expand the availability and accessibility of community-based services. Long-stay mental institutions are associated with poor health outcomes and human rights abuses *(12)*, necessitating an accelerated transition to decentralized, rights-based services in the community. This requires building and strengthening service networks, including community-based mental health

[2] "Lifestyle interventions" generally refers to activities that address diet, exercise, substance use, social engagement, stress management, and sleep.

[3] These may include, but are not limited to, people living in poverty; Indigenous populations, Afro-descendants, Roma, and members of other minority ethnic groups; women, children, and adolescents; people with mental health conditions; LGBT people; people with disabilities; and migrants, refugees, and displaced people.

centers and teams, psychosocial rehabilitation, peer support, and supported living services. The WHO QualityRights Initiative is an important tool in this regard *(25).*

19. Integrating mental health into primary health care is crucial to improve access to mental health services and reduce the treatment gap, and a comprehensive implementation plan should be developed. Evidence-based tools, such as the WHO Mental Health Gap Action Programme (mhGAP) *(26)*, can build capacity of primary care providers to assess, manage, and provide follow-up care for mental health conditions and refer patients to specialist care where necessary. Such training should incorporate an intercultural approach, with a gender, equity, human rights, and ethnicity perspective, and should seek to reduce stigma and discrimination.

20. Digital health solutions, including telehealth, have proved critical during the COVID-19 pandemic, especially in providing services to remote populations. They should be improved and expanded. Key factors to be kept in mind include internet access; acceptance of technologies and their adaptation to the local context; the need for training, support, and supervision of providers in delivering the interventions; and sustainability issues. Digital interventions should be evidence-based and effective, meet quality standards, and be guided by ethical principles *(27, 28).*

21. The perspectives of people with mental health conditions, as well as Indigenous populations, Afro-descendants, Roma, and other populations living in vulnerable conditions, are invaluable to the design and development of culturally appropriate, effective, and quality mental health services. Empowering service users and their families through the creation of user and family associations and facilitating their involvement in the design, implementation, and evaluation of mental health policies, plans, and services can reduce stigma and improve access *(13)*.

Strategic Line of Action 3: Advance mental health promotion and prevention strategies and activities throughout the life course

22. Mental health promotion and prevention strategies aim to identify the individual, social, and structural determinants of mental health and intervene to reduce risks and build resilience *(29).* These interventions can be delivered in schools, workplaces, and other community settings. To address the social determinants, such as poverty, lack of access to education, housing instability, and violence, social protection systems should be enhanced to guarantee income security and access to essential services for all people across the life course, with special attention to populations living in conditions of vulnerability. Public education initiatives around mental health should include anti-stigma campaigns.

23. Mental health conditions begin before age 14 in half of affected adults. Perinatal and postnatal visits, and supporting caregivers with parenting and self-care skills, can help prevent postnatal depression and improve childcare, which in turn benefits the mental health of children. Integrating mental health into primary and secondary school curricula can aid in early identification of mental health conditions and help reduce stigma.

Child abuse has been associated with increased prevalence of suicide attempts in the Region *(30)*, highlighting the critical role of addressing violence against children.

24. Positive mental health in the workplace is essential, as many people spend a significant portion of their lives at work. WHO recommendations include reducing stigma and discrimination against workers with mental health conditions, developing legal and policy frameworks, implementing workplace interventions to promote mental health, and establishing referral pathways between health, social, and employment services *(31)*. Older adults who have aged out of the workforce also face mental health challenges and may require special interventions.

Strategic Line of Action 4: Reinforce the integration of mental health and psychosocial support in emergency contexts

25. Because disasters cause significant psychological and social suffering, mental health and psychosocial support (MHPSS) should be integrated into national disaster preparedness, response, and recovery plans, using evidence-based tools *(32)*. Adequate human and financial resources for MHPSS are essential, along with collaboration across sectors to ensure the optimization of resources. MHPSS coordination mechanisms should be established and strengthened.

26. Efforts should be made to ensure MHPSS access among groups most likely to experience difficulties in accessing services, including populations living in conditions of vulnerability. The stigma surrounding MHPSS in emergency contexts can be reduced through awareness campaigns and community education programs.

Strategic Line of Action 5: Strengthen data, evidence, and research

27. Decision makers need comprehensive data on mental health, including positive mental health, mental health conditions, and self-harm and suicide, to inform appropriate resource allocation and the design of mental health policies and services. To strengthen data collection and reporting, a minimum set of mental health indicators should be included in national health information systems and integrated into routine data collection efforts, such as territorial public health surveillance, surveys of health care facilities, and non-health population surveys, such as censuses and household surveys *(8)*. The disaggregation of data on mental health by an appropriate set of variables[4] is essential to understanding and responding to the needs of populations living in the most vulnerable conditions.

28. Monitoring and evaluation is crucial to assessing the effectiveness and quality of mental health policies, plans, and services. All mental health programs should include a monitoring and evaluation component that informs their continuous improvement.

[4] PAHO recommends disaggregating data by the following variables: gender (this should use a nonbinary approach), sex, age, education, income/economic status and related measures (e.g., housing status, food security), race or ethnic group, national origin, geographic location, disability status, sexual orientation, and other social, economic, and environmental determinants of health, where possible.

This requires the allocation of appropriate resources for monitoring and evaluation and the strengthening of local capacity.

29. Cutting-edge research in mental health can help ensure that mental health policy and practice are evidence-based. While countries are encouraged to develop national research agendas based on local priorities, important areas of mental health research include the social determinants of mental health, the development of new technologies, mental health financing, implementation science, and the mental health effects of humanitarian emergencies. The racial and ethnic diversification of mental health researchers and the involvement of communities in the research process are needed.

Strategic Line of Action 6: Make suicide prevention a national whole-of-government priority and build multisectoral capacity to respond to people affected by suicidal behaviors

30. Reducing suicides by one third by 2030, in line with Sustainable Development Goal target 3.4, will require high-level commitment and the accelerated implementation of evidence-based interventions. This requires collaborations across relevant sectors, such as health, agriculture, education, employment, social welfare, and the judiciary, among others. Adopting a gender and ethnicity approach is crucial in preventing suicide, and special attention should be given to youth and to populations living in conditions of vulnerability.

31. National suicide prevention strategies and plans should be based on evidence-based public health interventions and informed by an analysis of the local situation and needs. The WHO implementation guide for suicide prevention, LIVE LIFE, outlines effective interventions to prevent suicide, including limiting access to means of suicide, responsible media reporting, cultivating life skills for young people, and early identification and support for those affected by suicide *(33)*. Steps should be taken to strengthen the capacity of non-specialized health workers, including those in general hospitals and health centers and staff of suicide and crisis lifelines, to identify, manage, and provide follow-up care for people affected by suicidal behaviors.

32. The development and strengthening of national self-harm and suicide surveillance systems can support the collection of timely data to address knowledge gaps and inform public health policies and suicide prevention interventions that can be adapted to local contexts.

Monitoring and Evaluation

33. This strategy will contribute to the achievement of the objectives of the PAHO Strategic Plan 2020–2025 and the Sustainable Health Agenda for the Americas 2018–2030. The monitoring and evaluation of this strategy will be aligned with the Organization's results-based management framework and with its performance monitoring and evaluation processes. In parallel with reporting on the Policy for Improving Mental Health (Document CSP30/9), a midterm review will be presented to the Governing Bodies in 2027 and a final report in 2031, identifying strengths and weaknesses in the strategy's overall implementation and factors contributing to its successes and failures.

Financial Implications

34. It is expected that Member States will prioritize this issue and allocate resources to improve mental health and substance use service delivery to strengthen mental health systems in the post-pandemic period. The Pan American Sanitary Bureau will endeavor to mobilize additional resources for the implementation of this strategy to support Member States (see Annex B)

Action by the Executive Committee

35. The Executive Committee is invited to review the information presented in this document, provide any comments it deems pertinent, and consider approving the proposed resolution presented in Annex A.

Annexes

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Pan American Health Organization
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REGIONAL OFFICE FOR THE Americas

172nd SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 26–30 June 2023

CE172/17
Annex A
Original: English

PROPOSED RESOLUTION

STRATEGY FOR IMPROVING MENTAL HEALTH AND SUICIDE PREVENTION IN THE REGION OF THE AMERICAS

THE 172nd SESSION OF THE EXECUTIVE COMMITTEE,

(PP) Having reviewed the proposed *Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas* (Document CE172/17),

RESOLVES:

(OP) To recommend that the 60th Directing Council adopt a resolution in the following terms:

STRATEGY FOR IMPROVING MENTAL HEALTH AND SUICIDE PREVENTION IN THE REGION OF THE AMERICAS

THE 60th DIRECTING COUNCIL,

(PP1) Having reviewed the *Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas* (Document CD60/___);

(PP2) Recognizing the detrimental impact that the COVID-19 pandemic has had on the mental health of the general population, increasing the burden of mental health conditions while disrupting essential mental health services in the Region;

(PP3) Considering the strategic principles of the Policy for Improving Mental Health (Document CSP30/9) and the final recommendations of the PAHO High-Level Commission on Mental Health and COVID-19;

(PP4) Recognizing the urgent need to prioritize mental health and suicide prevention, using an equity- and human rights-based approach, to accelerate recovery from the COVID-19 pandemic and work toward achieving health, social, and economic development outcomes in the Region,

RESOLVES:

(OP)1. To approve the *Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas* (Document CD60/__).

(OP)2. To urge all Member States, considering their contexts, needs, vulnerabilities, and priorities, to:

a) ensure that everyone has the opportunity to enjoy the highest possible level of health by applying an intersectoral, equity- and human rights-based approach to promoting and protecting mental health that includes everyone and avoids unfair differences between groups of people due to their race, ethnicity, gender identity, disability, socioeconomic status, sexual orientation, or geographic location, among other factors;

b) increase financial and human resources for scaling up community-based mental health care to ensure that resources are proportionate to the mental health needs of each country, and, where necessary, use evidence-based remote approaches to improve access to services and care;

c) support the transition from long-stay mental institutions to community-based services to promote dignity and respect for people with mental health conditions and prevent abuses and violations of their rights, in line with the Convention on the Rights of Persons with Disabilities and other core human rights instruments;

d) take urgent action to prevent suicides through a multisectoral approach that includes all relevant stakeholders, implements evidence-based interventions, and strengthens data collection efforts to inform suicide prevention policies, plans, and services from early childhood throughout the life course.

(OP)3. To request the Director to:

a) provide technical cooperation to Member States to strengthen capacities that contribute to the implementation of the strategy and the achievement of its strategic lines of action;

b) continue prioritizing mental health and suicide prevention and facilitating its integration into all COVID-19 recovery efforts by the Pan American Health Organization as well as other initiatives across the Organization;

c) report periodically to the Governing Bodies on the progress made and challenges faced in the implementation of the strategy through a midterm review in 2027 and a final report in 2031.

CE172/17
Annex B

Report on the Financial and Administrative Implications of the Proposed Resolution for PASB

1. Agenda item: 4.6 - Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas

2. Linkage to Program Budget of the Pan American Health Organization 2024–2025:

Outcome 5: Access to services for NCDs and mental health conditions. Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions.

Outcome 16: Intersectoral action on mental health. Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action.

3. Financial implications:

a) Total estimated cost for implementation over the lifecycle of the resolution (including staff and activities):

Area	Estimated cost
Human resources	7,000,000
Technical cooperation	5,492,000
Consultants/service contracts	1,000,000
Travel and meetings	900,000
Publications	150,000
Supplies and other expenses	50,000
Total	14,592,000

b) Estimated cost for the 2024–2025 biennium (including staff and activities):
US$ 4,560,000.

c) Of the estimated cost noted in *b)*, what can be subsumed under existing programmed activities?
US$ 4,560,000.

4. Administrative implications:

a) Indicate the levels of the Organization at which the work will be undertaken:
All levels of the Organization will be involved: programmatic, national, regional, and subregional. Active participation by ministries of health of Member States and subregional organizations and mechanisms will also be necessary.

b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):
No additional staffing requirements are expected.

c) Time frames (indicate broad time frames for the implementation and evaluation):
Implementation will begin in 2024 to ensure the inclusion of the strategy in the Program Budget 2024–2025.

Analytical Form to Link Agenda Item with Organizational Mandates

1. **Agenda item:** 4.6 - Strategy for Improving Mental Health and Suicide Prevention in the Region of the Americas

2. **Responsible unit:** Mental Health and Substance Use

3. **Preparing officer(s):** Renato Oliveira e Souza, Unit Chief, Mental Health and Substance Use

4. **Link between Agenda item and the Sustainable Health Agenda for the Americas 2018–2030:**

   Goal 9: Reduce morbidity, disabilities, and mortality from noncommunicable diseases, injuries, violence, and mental health disorders.

5. **Link between Agenda item and the Strategic Plan of the Pan American Health Organization 2020–2025:**

   Outcome 5: Access to services for NCDs and mental health conditions. Expanded equitable access to comprehensive, quality health services for the prevention, surveillance, early detection, treatment, rehabilitation, and palliative care of noncommunicable diseases (NCDs) and mental health conditions.

   Outcome 16: Intersectoral action on mental health. Increased promotion of mental health, reduction of substance use disorders, prevention of mental health conditions and suicide, and diminished stigmatization, through intersectoral action.

6. **List of collaborating centers and national institutions linked to this Agenda item:**

   - Ministries of health and national health institutions
   - Other government agencies and entities that work in areas relevant to mental health
   - PAHO/WHO Collaborating Centers
   - Civil society organizations and service user/family associations
   - Universities
   - United Nations agencies and specialized entities
   - Treaty bodies and other mechanisms of the United Nations system relevant to mental health, and special United Nations proceedings
   - Organization of American States and Inter-American Commission on Human Rights
   - Other international health cooperation partners
   - Subregional integration mechanisms

7. Best practices in this area and examples from countries within the Region of the Americas:

Chile's SaludableMente (Healthy Mind) initiative was established by the Office of the President to address mental health needs and provide psychosocial support during the COVID-19 pandemic. An example of best practice, SaludableMente is a collaboration between seven government ministries. Its achievements include the establishment of an expert committee on mental health and a mental health advisory council, resources developed to specifically support the mental health of health workers, and an online platform that provides mental health support and guidance for the population.

Additionally, Peru has launched new mental health programs during the pandemic with a specific focus on children, and Mexico and Trinidad and Tobago have utilized a multisectoral approach in their mental health responses to COVID-19.

A good example of multisectoral collaboration is the new federal strategy on mental health launched by the government of Argentina to ensure the full implementation of the National Mental Health Law approved in 2010 through a cross-governmental approach.

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