



United Nations Expert Group Meeting on Mental Well-being, Disability and Development

UNU-IIGH, Kuala Lumpur, Malaysia
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Conclusions and recommendations for inclusion of mental well-being and disability into key goals and outcomes of upcoming international conferences

The United Nations University International Institute for Global Health, and the United Nations Department of Economic and Social Affairs, in close collaboration with the University of Tokyo, organized the Expert Group Meeting on Mental Well-being, Disability and Development, in Kuala Lumpur, Malaysia, in April 2013.

Globally, an estimated one in four people will experience a mental health condition in their lifetime. Annually, approximately one million people die due to suicide, which is higher than the number of deaths related to war and murder combined. Among young people, suicide is the second leading cause of death. Depression is the largest single cause of disability worldwide. The economic loss due to problems related to mental well-being is vast. A recent study estimated that the cumulative global impact of mental disorders in terms of lost economic output will amount to US\$16.3 trillion between 2011 and 2030, indicating that reasonable investment can contribute to better mental well-being. Additionally, there are strong stigma and discrimination against persons with mental or intellectual disabilities. In particular, in disaster or conflict settings, the needs of persons with mental or intellectual disabilities are often neglected.

Conclusions:

1. Mental well-being affects all individuals including persons with disabilities.
2. Development cannot be achieved without including mental well-being and disability as key priorities in all stages and areas of development processes.
3. The international community must recognize mental well-being as a key indicator of sustainable human development, acknowledging the broad influence of emotional and psychological aspects on human cognition, behaviour and quality of life.
4. Persons with mental or intellectual disabilities often experience severe human rights violations such as the deprivation of civil, political, economic, social and cultural rights, including starvation, imprisonment, forced sterilization among other reproductive rights violations; as well as other inhumane and degrading treatments.
http://www.who.int/mental_health/publications/QualityRights_toolkit/en/
5. The needs of persons with mental or intellectual disabilities are often not recognized or addressed.
6. The concerns of persons with mental or intellectual disabilities tend to be marginalized, even among disability stakeholders including health care providers.
7. The protection and promotion of the rights of and accessibility for persons with mental or intellectual disabilities are indispensable steps for sustainable development and a rights-based approach.
8. Indicators on exclusion from entitlement, limited access and participation, and discrimination should be considered as an aid in monitoring human rights mechanisms for persons with mental or intellectual disabilities.
9. The international community must take all appropriate measures to ensure that the human rights of persons with mental or intellectual disabilities are protected and promoted, in line with the Convention on the Rights of Persons with Disabilities, in gender- and age-sensitive manners with a life-cycle approach, with special attention to women, children, adolescents, older persons, and other marginalized populations such as migrants, refugees and internally displaced persons, and indigenous people.

10. Promoting mental well-being contributes to social cohesion and resiliency, hence peace and security.
11. Anger, anxiety, fear and hate are all human emotions and these are one of the root causes that threatens peace and security, while positive emotions can be sought and contribute to efforts to attain peace and security.
12. Communication and collaboration among mental health, disability and development communities are crucial for achieving mental well-being for all and for the promotion of the rights of persons with mental or intellectual disabilities.
13. The distinct needs of individuals with mental or intellectual disabilities tend to be misunderstood as monotonous. It is necessary to understand and respond to the individual person's unique circumstances, needs and preferences.
14. The budget for mental well-being and disabilities is scarce worldwide. There is an urgent need to increase resources to respond to the current magnitude and growing needs, gaps and consequences.
15. The impact of mental well-being on quality of life, employment, productivity and economy is vast.
16. The economic cost of not addressing the rights and needs of persons with mental or intellectual disabilities is significant and longstanding.
17. The integration of mental well-being into development efforts is a cost effective pro-poor strategy given its huge impact on productivity and economy.
18. Mental well-being in the workplace is a key issue that has an impact on quality of life, motivation, productivity and economy.
19. Girls, boys, women and men with mental or intellectual disabilities are more at risk for sexual and physical abuse and exploitation including human trafficking, and sexual and gender-based violence including domestic violence.
20. One in every four people in primary health care settings has mental health concerns such as depression, alcohol and other substance abuse, and suicide, among others. This highlights the urgent need to integrate mental health into health systems through capacity building for primary health workers, strengthened health financing and health policies that integrate mental health.
21. There is a significant lack of human resources and capacity in the area of mental well-being and disability worldwide.
22. Capacity development for health workers on mental well-being is necessary. There is a cost-effective and feasible solution: The World Health Organization has developed the mhGAP Intervention Guide for non-specialized health settings for mental, neurological and substance use disorders.
http://www.who.int/mental_health/evidence/mhGAP_intervention_guide/en/
23. The consequences of not responding to mental well-being needs are immense: Suicide deaths surpass those due to war and murder combined, amounting to approximately one million a year.
24. Young people are more susceptible to suicide risk: Suicide is the second cause of death among adolescents. Among adolescent girls, suicide is the top cause of death.
25. The Convention on the Rights of the Child and its Optional Protocols recognize mental and psychological development, health, well-being, recovery and disability of children as key components of the rights of the child.
26. In emergency settings, such as disaster and conflict, the needs of persons with mental or intellectual disabilities are often marginalized or forgotten.
27. In such situation, an evidence-based or informed and coordinated multi-sector approach should be mobilized to respond to the mental well-being needs of affected populations. The Inter-agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings and the World Health Organization's Psychological First Aid Field Guide provide useful frameworks for action.
http://www.humanitarianinfo.org/iasc/pageloader.aspx?page=content-subsubsidi-tf_mhps-default
http://www.who.int/mental_health/publications/guide_field_workers/en/
28. The experts welcomed efforts to integrate mental well-being and disability in activities related to peace and security, development, humanitarian response and human rights, among the United Nations system entities. Examples include: UNFPA's Strategic Plan 2008-2013, which was one of the first steps that integrated mental well-being and disability into priority efforts to achieve MDGs; UNICEF's series of activities on children with disabilities, which was crystalized into the State of the World's Children

2013: Children with Disabilities report, psychosocial support after crisis, and adolescent mental well-being; UNDP's efforts to mainstream disability and mental well-being in development and crisis prevention and recovery; the World Bank's efforts to develop capacity on mental well-being and disability; as well as significant contributions by the United Nations, the United Nations University, and the World Health Organization among others.

29. Communication and collaboration on mental well-being and disability in the context of development among United Nations system entities need to be strengthened. Particularly, collaboration among the United Nations, the World Health Organization, the United Nations University, other United Nations entities, especially funds and programmes, and the World Bank Group should be promoted to accelerate and coordinate implementation in countries.
30. The expert group expressed interest in exploring options for developing new United Nations instruments on mental well-being, which is in line with the Convention on the Rights of Persons with Disabilities. Drawing from positive and negative lessons learned from previous efforts and past tools — such as the Declarations on the Rights of Mentally Retarded Persons (1971) and the Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care (1991), and other relevant tools — new and updated instruments that are based on state-of-the-art knowledge need to address issues related to mental well-being and disability in the context of sustainable development. <http://www.un.org/disabilities/default.asp?navid=14&pid=150>
31. The experts concurred that a core set of indicators should be agreed upon for monitoring efforts to promote integration of mental well-being and disability into development. The experts agreed that continued efforts to develop concrete indicators for accountability are crucial. The expert group tentatively proposed some possible indicators: (1) suicide rate, (2) the proportion of schools that provide training on the rights of persons with mental or intellectual disabilities for teachers, (3) the proportion of schools that have psychosocial support systems, (4) the proportion of companies that provide training on the rights of persons with mental or intellectual disabilities for employees, (5) the proportion of people with insurance that covers services related to mental health, (6) the proportion of budget allocated to social welfare schemes for persons with mental or intellectual disabilities in the national budget, (7) the proportion of disaster risk management plans that include measures to protect and promote mental well-being and the rights of persons with mental or intellectual disabilities, as well as (8) indicators on empowerment and the existence of self-help groups.
32. The experts welcomed the United Nations Policy Analysis on Mental Health and Development: Integrating Mental Health into All Development Efforts including MDGs. http://www.un.org/disabilities/documents/who_desa_mental_health_policy_analysis.doc
33. The experts welcomed the the World Health Organization's Comprehensive Mental Health Action Plan 2013–2020 adopted by the sixty-sixth World Health Assembly. http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf
34. Global reporting such as periodic United Nations Secretary-General's reports would be useful to promote and monitor efforts to integrate mental well-being and disability into development.

Recommendations:

Based on the overall conclusions, the expert group recommends that **(1) mental well-being should be integrated into all the social development efforts as a key indicator for sustainable development, and (2) protection and promotion of the rights of persons with mental or intellectual disabilities should be integrated and strengthened as a key priority in disability discourse.**

The expert group meeting developed the following specific recommendations with four components. The experts agreed that these recommendations should be considered and integrated into outcomes and follow-up of (1) the High-level Meeting on Disability and Development, (2) events to follow up on efforts made towards achieving the Millennium Development Goals and to discuss the possible contours of the post-2015 development agenda to be organized by the President of the sixty-eighth session of the General Assembly, (3) the World Conference on Disaster Risk Reduction in 2015, and beyond.

Poverty reduction

1. Recognize that mental well-being is both a contributing factor and a consequence of poverty alleviation and shared prosperity.
2. Increase investment in mental well-being for overall improvement of quality of life and human capacity including productivity, thereby contributing to poverty reduction.

Sustainable development

3. Integrate mental well-being as a key indicator for sustainable development.
4. Make sure mental well-being is included as a key component of development policies & programmes.
5. Promote the inclusive education of children and adolescents with mental or intellectual disabilities.
6. Integrate mental health as an essential component of health systems, particularly, primary health care.
7. Integrate mental well-being and emotional aspects into initiatives related to culture and development.

Inequality and accessibility

8. Strengthen the promotion and protection of the rights of persons with mental or intellectual disabilities with special attention to age, gender, disadvantages, vulnerabilities and other social factors.
9. Ensure the inclusion of persons with mental or intellectual disabilities in all efforts to promote and protect universal human rights.
10. Ensure equalization of access and opportunities for persons with mental or intellectual disabilities in their role as agents and beneficiaries of development with due respect to their diversity.

Disaster and conflict

11. Ensure inclusion of persons with mental or intellectual disabilities in disaster risk reduction and management, emergency preparedness, response and recovery.
12. Build capacity of and strengthen coordination among stakeholders to respond to the mental and psychosocial needs of affected individuals in humanitarian response and recovery efforts.
13. Strengthen the focus and efforts related to mental well-being and emotional aspects to respond to conflicts and wars, and maintain peace and security.

Follow-up:

1. Consider follow ups to this meeting by organizing seminars/conferences on specific priorities such as capacity building of key stakeholders and the development of tools that move the agenda forward as were identified by the experts of this meeting.
2. Develop capacity building programmes and materials, including guidelines for mainstreaming mental well-being and disability in development policies and programmes as an inter-agency initiative by the United Nations system entities.
3. Consider establishing an inter-agency mechanism to mainstream mental well-being and disability in the work of the United Nations system.
4. Consider establishing a regular global reporting mechanism such as a United Nations Secretary-General's report on mental well-being and disability in development as well as inclusion of mental well-being in existing reports concerning disability and development within the United Nations system.
5. Make this current report widely available to stakeholders in the field of disability, mental well-being, mental health and development as well as those engaged in the current discussions for the High-level Meeting on Disability and Development, the post-2015 development framework, and the World Conference on Disaster Risk Reduction.

These conclusions and recommendations were developed by the participants in the United Nations Expert Group Meeting on Mental Well-being, Disability and Development, held in Kuala Lumpur, Malaysia, from 29 April to 1 May 2013. The Expert Group Meeting was convened jointly by the United Nations University International Institute for Global Health (UNU-IIGH), the United Nations Department of Economic and Social Affairs and the University of Tokyo, Japan. This document was drafted by Atsuro Tsutsumi, UNU-IIGH; Takashi Izutsu, the World Bank; and Akiko Ito, the United Nations. The Experts at the meeting and co-signatories to the document were: Nora Groce, United Kingdom; Takashi Izutsu, the World Bank; Kenji Kuno, Japan; James Lim Ming Koon, Malaysia; Andrew Mohanraj, Malaysia; Olayinka O Omigbodun, Nigeria; Yutaro Setoya, WHO; Amna Ali Al Suwaide, Qatar; Lakshmi Vijayakumar, India. The experts from the organizers were: Aljunid Syed and Atsuro Tsutsumi, UNU-IIGH; Akiko Ito and Shifaana Thowfeequ, the United Nations; and Norito Kawakami, Yuki Miyamoto, Maki Umeda, Kazumi Kubota, the University of Tokyo. Design: ASAKURA KOUHEI