

service delivery. Peer-led service providers have an advantage in comparison with other professional services, through having lived experience and practical knowledge of navigating mental health related services and processes, and therefore being in a better position to understand the vulnerabilities and associated needs of peers<sup>6</sup>. Hopefully, the new report's explicit reference to the value of including peer-led services will encourage governments to invest in the inclusion of lived experience service providers into the mental health workforce.

Alongside the evidence-based content and showcasing of best practices, the lived experience narratives from diverse geographical contexts make the report powerful and give a clear message to policy makers that we (people with lived experience) are not silent voices anymore, that we claim our right to speak and share our realities and can contribute practical solutions towards improved mental health care and services for everyone. We are ready to partner and to create change together.

We hope that the lived experience contributions in the report will generate encouragement among governments to authentically and meaningfully involve people with lived experience from the planning to the implementation phase of all new developments in the mental health field. Equally important is for people with lived experience to be integrated within the monitoring and evaluation mechanisms of interventions and service delivery, as well as assessing compliance with local and international human rights instruments.

Going forward, for governments to truly commit to the inclusion of persons with lived experience and their representative or-

ganizations, it should be well noted that authentic and meaningful inclusion can only happen when these persons are involved from the very start and not as an afterthought. At the same time, it is critical to consider diversity (gender, race, age groups; lesbian, gay, bisexual, transgender and queer or questioning) when engaging and working with people with lived experience, to ensure that all population groups are able to voice their specific concerns, needs and recommendations.

In conclusion, the launch of the new World Mental Health Report is an exciting moment and represents a welcome step towards pushing mental health to become a truly global priority, making mental health everyone's business. At the very same time, we need to forge a link between mental health, social justice and human rights as an intertwined approach towards successfully implementing the recommendations of the report.

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## The World Mental Health Report: transforming mental health for all

It has become clichéd to say that mental health is undervalued, that little is done to promote mental health or prevent mental health conditions from occurring, that mental health services fail to meet need in almost all countries, and that human rights are often abused. However, each of these is not only true, but of such serious concern that failing to change them will have serious future consequences for individuals, families, communities, economies, and the cohesion and prosperity of societies as a whole. Decades of research and data collection, advocacy, as well as recommendations and assistance programmes to countries have had some positive global impact, but mental health around the world remains poor, and services insufficient and inadequate, and for some abusive. The new World Health Organization (WHO)'s World Mental Health Report<sup>1</sup> focuses attention on these matters and creates a compelling and fresh picture of why change is urgently needed. Moreover, without being prescriptive, and recognizing country and cultural differences, it provides clear pointers to the transformation needed, and outlines in broad terms how this can be achieved.

Mental health is defined in this report (slightly modified from previous WHO definitions) as "A state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their

communities. Mental health is an integral component of health and well-being and is more than the absence of mental disorder". Other than when reporting on epidemiological data, the report focusses on mental health conditions/disorder and not on substance use, neurological disorders or intellectual disability. While this is possibly a limitation in that all these areas are important, it is a strength in that the report includes detail and analysis that would not have been possible had all areas been included. Moreover, other global reports are available that focus on many of these issues, and there will likely be more such reports in the future<sup>2-4</sup>.

No single advocacy enterprise, action plan, journal article or report is likely to suddenly overcome the years of inattention to and disregard for mental health. Notwithstanding, there are decisive moments in public health, and strategic documents that are turning points. This report has been launched at a potentially critical historical juncture where mental health is beginning to receive far more worldwide attention, and it contains sufficiently well-researched information (with over 550 references), epidemiological data, persuasive arguments, innovative approaches and practices, and experiences of users to seriously activate greater mental health revitalization and change.

The WHO report *Mental Health: New Understanding, New Hope*<sup>5</sup> was a landmark in mental health. Launched in 2001, at a

time when burden of disease, rather than mortality alone, was being increasingly recognized and prioritized in health policy and planning, that report drew extensive attention to poor mental health status and services globally and the need for mental health change. Ten carefully selected recommendations were made. Critically, the report was accompanied by an aggressive promotion and marketing strategy. For example, high-ranking WHO officials travelled to many countries to promote the report, and met with mental health policy makers, ministers and even presidents of countries to explain the findings and elucidate what was required to achieve better global mental health. To translate the potential impact of the new World Mental Health Report into real transformation, similar advocacy will be crucial.

The new report does not replace or override the *Comprehensive Mental Health Action Plan 2013-2030* and its various recommendations, but aims to complement and support it. As such, the report does not develop new priority areas for countries to focus on, or set new targets and indicators, but rather aims to “inspire and inform the indisputable and urgent transformation required to ensure better mental health for all”. The report rests on three interdependent pillars: mental health value, changing environments for better mental health, and improving mental health services. It is reasoned that, through focusing on these issues, profound mental health transformation becomes possible.

Mental health is highly stigmatized, misunderstood or not well appreciated for either its intrinsic or instrumental value, and this contributes substantially to its lack of prioritization and current neglect. The report argues that individuals, families, communities, governments (including but not limited to health ministries), schools, justice systems, social services and others all need to grasp the centrality of mental health to human, economic and social well-being in a deep and authentic manner. Superficial appreciation is unlikely to change the status quo.

Promoting mental health and preventing mental health conditions is fundamental to the public mental health approach, but this area is under-researched and complex to change. In particular, the extent to which the social determinants of mental health should be approached is often uncertain. The report takes the important step of separating the roles and responsibilities that the health sector may be accountable and responsible for, and those that are critical to improved mental health but that fall within the domain of other sectors. How mental health can be woven into deliberations that plan the mitigation of social determinants such as poverty alleviation and violence prevention is proposed. The report also identifies various vital areas where there is strong evidence for direct promotive/preventive interventions, and encourages concerted actions in these areas.

For many readers, Chapter 7 is likely to be the section they look toward for practical guidance, as it deals with mental health *services* transformation. While this section can be read alone and offers important direction and leadership from WHO for service change, the approach is built on the arguments developed in prior sections, and fully comprehending the approaches taken may require a full read of the report. At the centre of the services approach is community-based mental health care, defined as any

mental health care that is provided outside of a psychiatric hospital. The report takes the radical approach (and undoubtedly for some controversial) that *all* long stay psychiatric hospital care should be phased out (or not established) and that comprehensive community care must be developed and expanded. At the centre of the services model is a person-centred and recovery approach within a human rights framework.

The report cuts through the question of whether mental health is best handled within an integrated model with physical health or if mental health services should be provided as a separate specialized service by stating that “service networks for mental health will always include some services that combine physical and mental health care at the point of delivery (integrated services), and some services that are unique to mental health (dedicated services)”. Readers are provided with many examples of good practice, while the importance of sectors other than health in care/recovery is emphasized. Also accentuated is the need to move away from coercive interventions.

One of the most important shifts that have occurred in public mental health in recent times, certainly since the previous World Health Report on Mental Health, is how important persons with lived experience are to the planning and policy process as well as to care interventions. The report demonstrates, mainly through personal narratives, why taking lived experiences as a starting point to planning provides the fundamental basis for both policy and service approaches.

While the main audience of this report are people in positions that are able to substantially make a difference in mental health, such as ministers of health and policy makers, everyone with an interest in public mental health is likely to benefit from it. While the report focuses significantly on low- and middle-income countries, there are extensive illustrations from all WHO regions and different economic circumstances, so that each and every country should profit from it.

The report concludes by noting that it will be the combined efforts of numerous stakeholders, including professionals in the field, that will be required to bring about the transformation that is proposed. It is hoped that the leadership taken by the WHO in producing this report and the directions provided will result in all concerned with mental health uniting in action for true global mental health transformation.

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