

Transforming mental health

in the WHO South-East Asia Region

Annual Report 2024

Mental health and substance abuse unit,
WHO Regional Office for South-East Asia



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Foreword

2024 has been a transformative year for mental health initiatives in the WHO South-East Asia Region.

The Regional Roadmap for Results and Resilience – our strategic framework for a healthier region – was endorsed and adopted by our Member States. The first pillar of this roadmap calls for “Reinforcing mental health, wellbeing and quality of life for us all”. It is heartening that our entire region has made this clear and unambiguous commitment to the mental health of all who live in South-East Asia.

Looking back on the actions and programmes undertaken in 2024, it is clear we have made significant strides towards improving mental health initiatives across the South-East Asia Region. The actions we undertook prioritized improving mental health services, promoting community-based care, and integrating mental health into broader public health strategies. The emphasis on community-based care, integration of digital technologies, and active engagement with individuals who have lived experiences are critical components of this progress.

This report highlights the key initiatives undertaken by WHO, in collaboration with Member States, in 2024. As the pages ahead will show, it has been a constructive and productive year both at the country level, as well as at the regional level.

As we plan for the future, it is essential that these initiatives continue to receive support from Member States and stakeholders alike. By fostering collaboration, investing in capacity-building, and prioritizing mental health within public health agendas, we can create a future where every individual has access to quality mental health care – ultimately leading to healthier societies across South-East Asia.



Ms Saima Wazed
Regional Director
WHO South-East Asia

Abbreviations and acronyms

CPQ	community placement questionnaire
EAS	East Asia Summit
mhGAP	Mental Health Gap Action Programme
MHPSS	mental health and psychosocial support
MNSS	mental, neurological, substance use conditions and self-harm
NCDs	noncommunicable diseases
NGO	nongovernmental organization
PHC	primary health care
SbS	Step-by-Step
SIMH	Special Initiative for Mental Health, Nepal
UHC	universal health coverage
UN	United Nations
UNHCR	United Nations High Commission for Refugees

Executive summary

In the WHO South-East Asia Region, the estimated prevalence of mental health conditions is 13.2%, equivalent to 260 million people living with some form of mental health condition. Mental health conditions are the leading cause of years of healthy life lost to disability, with depression being the largest contributor, and schizophrenia the single most disabling condition.

Suicide accounts for 1 in 100 deaths globally. People with severe mental disorders die at an age 10 to 20 years earlier than the average age of death for the general population.

The World Health Organization (WHO) and its Member States in the WHO South-East Asia Region are committed to ensuring access for everyone, everywhere in the Region, to quality mental health care and services, as highlighted by the “Paro Declaration on universal access to people-centred mental health care and services” that was unanimously adopted at the Seventy-fifth Session of the WHO Regional Committee for South-East Asia in 2022.

Ms Saima Wazed, who was elected as the Regional Director in 2024, provided renewed focus and a strengthened leadership response to the mental health needs of the Region.

Country support initiatives

In 2024, WHO launched several country support initiatives aimed at enhancing mental health services across the region. The **Special Initiative for Mental Health** in Bangladesh and Nepal stands out as a pioneering effort to create comprehensive mental health care systems that prioritize accessibility, and is designed to empower local communities by integrating mental health services into primary health care settings. Sri Lanka’s focus on **expanding community-based networks and deinstitutionalization** is another notable action. By transitioning from long-stay institutional care to community-based services, Sri Lanka aims to provide individuals with greater autonomy and support within their communities. In Bhutan, WHO’s efforts to **strengthen community-based mental health networks** has been prioritized and continuous. The implementation of mental health surveys, such as FLII-11 in the Maldives and Sri Lanka, aims to inform policy decisions and resource allocation. Including depression in the STEP Survey in Myanmar underscores the importance of understanding mental health issues within the context of noncommunicable diseases. The **Mental Health Symposium** held in Bhutan served as a platform for stakeholders to discuss innovative approaches to mental health care, including the integration of digital technologies through initiatives like **Step-by-Step in Thailand**.

Regional activities

The **Paro Declaration**, adopted by Member States in 2022, continues to guide these initiatives by emphasizing universal access to person-centred mental health care. The report on the Paro Declaration presented at the 77th Regional Committee highlighted progress made towards achieving these commitments. World Mental Health Day 2024 was marked by a series of events aimed at raising awareness about mental health issues and advocating for policy reforms.

Global collaboration

The **International review of the draft WHO guidance for mental health policy and strategic action plans** provides insights into best practices and innovative approaches that can be tailored to local contexts. Additionally, the intersectoral global action plan on epilepsy and other neurological disorders (IGAP) emphasizes the need for integrated care models that encompass both physical and mental health.

Regional meetings

In 2024, several regional meetings were organized to facilitate dialogue among stakeholders on mental health issues. The **Mental health summit: Voices of people with lived experience** provided a platform for individuals with lived experience of mental health conditions to share their insights and advocate for changes in policy and practice. The **Regional meeting on transitioning from long-stay services to community mental health networks** held in Kathmandu further emphasized the importance of deinstitutionalization.

Publications and resources

Deinstitutionalization of people with mental health conditions and community-based mental health services offers insights into evidence and best practices for policymakers seeking to enhance service delivery. The **Kathmandu Charter for the Rights of People with Lived Experience** underscores WHO's commitment to promoting dignity and respect for individuals facing mental health challenges.



1 • Background

In the WHO South-East Asia Region increased attention is being paid to mental health.

With one in seven people in the Region living with a mental health condition, and some countries experiencing a treatment gap (the percentage of individuals who require care but do not receive treatment) of up to 90%, WHO continued to advocate for the reorganization of mental health services away from institutions and into community-based settings, and in doing so developed the *Mental health action plan for the South-East Asia Region 2023–2030* (1) to support the expansion of mental health services, address stigma and increase government expenditure on mental health.

The four most important determinants of noncommunicable diseases – tobacco use, alcohol use, unhealthy diet and physical inactivity – are all linked to mental health conditions.

Most of the determinants of mental health lie outside the health sector, including social and structural determinants of mental health such as poverty, lack of education, stigma, discrimination, exclusion, and current and emerging challenges such as climate change, migration and economic downturns.

Box 1: Key figures

One in seven people (around 260 million) live with a mental health condition in the WHO South-East Asia Region (2).

Mental, neurological, substance use conditions and self-harm (MNSS) make up 23% of the disease burden in the Region measured by years of healthy life lost to disability (YLDs) (3).

The treatment gap for mental health conditions in many Member States is as high as 90% (4).

Suicide is the cause of 150 000 deaths globally among those aged 15–29 years (5).

Since 2014, the Region has been implementing the *Regional action plan to implement global strategy to reduce harmful use of alcohol for the South-East Asia Region (2014–2025)* (6) to reduce the health and societal burden from alcohol consumption by strengthening the capacity of Member States to address alcohol-related problems.

In 2018, WHO launched the SAFER initiative (7), an acronym for the five most cost-effective high-impact interventions to reduce alcohol-related harm and to protect communities from the harm caused by the alcohol industry. To further accelerate action, in 2022 WHO endorsed the *Global alcohol action plan (2022–2030)* (8) to effectively implement the global strategy as a public health priority by increasing the implementation of alcohol policies and resources to tackle the growing problem.

In 2024, the Regional Office for South-East Asia continued to support countries to develop and implement alcohol policies by strengthening capacity, collaboration and coordination to help the Region move towards realizing alcohol-related targets and improving the health and wellbeing of millions.

Box 2: Paro Declaration on universal access to people-centred mental health care and services

The Paro Declaration advocates for revolutionary changes in mental health care, prioritizing wellbeing over disease-centred approaches. Key transformations include:

- Person-centred care – shifting the focus from diagnosis and treatment to prevention, lifestyle and early interventions;
- Community engagement – empowering individuals and communities to participate in mental health initiatives, reducing stigma and increasing awareness;
- Holistic approach – adopting a bio-psychosocial model, recognizing mental health's interplay with biological, psychological and social factors; and
- Decentralized care – moving from specialized tertiary care to community-based services, integrating mental health into universal health coverage.

To achieve these goals, WHO South-East Asia Region Member States are urged to develop multisectoral policies that address mental health risks across the life course and reduce treatment gaps, ensuring accessible services without financial hardship.

The *Mental health action plan for the WHO South-East Asia Region 2023–2030 (1)* outlines key implementation areas and progress indicators. By adopting these transformative changes, we can revolutionize mental health care in the WHO South-East Asia Region.

2 • Country support

Special initiative for mental health in Bangladesh and Nepal

In Bangladesh, mental health service centres, including Moner Bari, Moner Janala and Ektu Golpo Kori – established at the district and sub-district level in Jashore, Chapai Nawabganj and Sylhet districts – are at the forefront of making mental health services more accessible at the primary care level.

The centres provide a range of mental health services, including individual and group counselling, psychoeducation, pharmacological and psychosocial management support, as well as referrals for the treatment of mental, neurological and substance use conditions.



Special initiative for mental health in Nepal.

At present, 19 centres have been established in Bangladesh, with more than 7000 people accessing their services to date. Given the vast treatment gap that exists in Bangladesh, these centres are an important step in scaling up access to quality care and treatment, as well as ensuring more people are encouraged to reach out for support.

As part of the WHO special initiative for mental health in Nepal, 1.2 million people in the country now have improved access to mental health services. This has been achieved through the training and capacity building of 4261 general health providers, enabling them to deliver mental health services at the primary care level. As a result,

more than 44 000 people have already accessed these services, marking a significant step towards addressing mental health needs in the country and integrating mental health care into the broader health system. Mental health services have reached all districts, led by the government in collaboration with nongovernmental organizations (NGOs) and development partners.

Additionally, the Ministry of Health and Population is leading the partner co-ordination and technical stewardship of the mental health and psychosocial support (MHPSS) response to emergencies, including earthquakes and floods; this initiative includes a range of activities, from development of a short-term MHPSS response framework for Nepal; development, translation and adaptation of different technical tools; organizing training on psychological first aid, grief counselling and stress management to health care providers, and community engagement initiatives.

Expanding community-based networks and deinstitutionalization in Sri Lanka

In August 2024, Ministry of Health Sri Lanka conducted the “Workshop for implementation of deinstitutionalization of people with mental health conditions in Sri Lanka”. The initial part of the workshop consisted of advocacy by the relevant stakeholders who participated, by speeches from the Secretary of Health and the Deputy Director General, noncommunicable diseases (NCDs), and by presentations from the Director, Mental Health and the Regional Advisor, Mental Health, WHO Regional Office for South-East Asia. The latter part of the workshop consisted of group work in which participants were divided into three groups, based on their area of work, to represent a mixed group. The groups were asked to discuss the following areas in relation to an integrated model to strengthen community-based services towards deinstitutionalization in Sri Lanka:

1. strengthening of community mental health services;
2. identification of a feasible mechanism for facilitating reintegration of people with mental health conditions;
3. identification of the means of addressing financial and human resources for mental health services; and
4. provision of practical recommendations and an outline of a district-level plan for expanding community mental health services and deinstitutionalization of long-stay persons with mental health conditions.

A community-based mental health model is being developed to couple efforts towards deinstitutionalization and will be piloted in Kurunegala.

Strengthening community-based mental health networks in Bhutan

The PEMA Centre Secretariat functions as the nodal agency for formulating plans and programmes. It implements these through the multisectoral and district administrative mechanism, which in turn reaches out to the district hospitals and the primary health care (PHC) network. The national policy has clear guidelines to integrate mental health services with PHC. Health workers at the PHC level, including doctors, are trained to identify, diagnose and treat common mental disorders such as anxiety, depression, alcohol and drugs use and epilepsy with medications and basic counselling.

Efforts are ongoing to train all PHC workers, both at pre-service and in-service levels, in basic mental health management. In addition to short-term trainings such as the WHO mental health Gap Action Programme (mhGAP) guidelines (9), effective monitoring and clinical supervision are needed to make PHC providers competent in the delivery of mental health services.

Mental health surveys: FLII-11 in Sri Lanka and Maldives

The WHO flexible interview for ICD-11 (FLII-11) is being developed as an open-access tool to support national epidemiological investigations and other population-based and clinical studies of mental disorders (10). It is a fully structured diagnostic interview that can be administered by trained lay interviewers and which assesses mental disorders associated with the greatest global disease burden. It builds on the operationalization work completed for the SCII-11. Like the SCII-11, the

FLII-11 is modular and customizable to assess a subset of disorders, and can evaluate current and lifetime diagnostic status.

Available modules include psychotic, mood, anxiety, obsessive compulsive and related, post-traumatic, eating, addictive behaviour, and substance use conditions, and attention deficit hyperactivity disorder. An adaptation for adolescents aged 13–17 has also been developed. There has been a high level of interest in the FLII-11 due to the increasing global importance given to mental disorders and the desire of WHO Member States to use an open-access measure consistent with the current official global diagnostic system.

Sri Lanka has initiated a multi-phased implementation of the FLII-11. Phases are as follows:

- Phase 1 – obtaining relevant ethical clearances (completed); translation of questionnaires (first draft completed);
- Phase 2 (2024) – feasibility testing of the FLII-11 tool;
- Phase 3 (2025) – validation of the FLII-11 tool; needs assessment (qualitative assessment of perceived needs, unmet needs, continuum of care, community-based care, gaps at facility level, community level and gaps in the continuum of care); and
- Phase 4 (2025) – population-based survey.

Maldives is also exploring opportunities to implement the FLII-11, and initial consultations are undergoing; the FLII-11 tool is also being reviewed. Maldives is planning to pilot the tool in 2025 and to scale it up in 2026.

Including depression in STEP Survey, Myanmar

The WHO STEPwise approach to NCD risk factor surveillance (STEPS) is a simple, standardized method for countries to collect, analyse and disseminate data on key NCD risk factors (11). The survey instrument covers key behavioural risk factors – tobacco use, alcohol use, physical inactivity and unhealthy diet – and key biological risk factors – overweight and obesity, raised blood pressure, raised blood glucose and abnormal blood lipids. The survey instrument can be expanded to cover a range of topics beyond these risk factors, such as oral health, sexual health and road safety. Myanmar is currently expanding the scope of the survey through the piloting of the additional module: Q-by-Q mental health module on depression.

Mental health symposium, Thimphu, Bhutan

Bhutan is already in an era of major transformation and reform, with a focus on building a 21st-century nation for future generations. This evolution promises to be historic, but the reality is that the challenges to human existence will also continue to evolve. The pandemic is one of numerous impediments that has and will continue to aggravate and threaten the process of human development.

Climate change is now a threat of overpowering proportions, as are the relatively new complexities of technology, including social media, and age-old challenges such as violence and conflict, inequities and discrimination, and health hazards created by human lifestyle itself. Mental distress

affects human development in many ways, also leading to mental disorders associated with poor performance in education or work, poverty, premature mortality, disability and poor overall health.

Recognizing that building a resilient mental health system involves some key requirements, the symposium on 25–26 November 2024 provided a forum to exchange information about best-buys and good practices in the South-East Asia Region. These have ensured a people-centred mental health care and services through a life-course approach, and an integrated and community-based mental health care through awareness of stakeholders (including health care professionals and caregivers). They have also leveraged the strengths of WHO collaboration centres and relevant institutions through linkages and collaborations in mental health capacity development.



Regional Director Ms Saima Wazed setting out her vision for a holistic and comprehensive approach to public health across the life course.

As a Keynote Speaker during the event, WHO South-East Asia Regional Director Ms Saima Wazed said that the first pillar of a regional roadmap for mental health involves reinforcing mental health, well-being and quality of life for all.

To realize this, the Regional Director emphasized that people-centred care must include the voices of those with lived experience, whose insights are invaluable in shaping national policies that are truly responsive to their needs. She also stressed the importance of a deinstitutionalization movement that recognizes the shortcomings of isolating individuals, and urged for the need to adopt a more holistic and community-driven approach.

The Secretary of Health Pemba Wangchuk highlighted the importance of mental health, and stating that mental health is the priority of the Five-Year Plan and that the Ministry of Health is working to integrate mental health into primary health care in pursuit of universal health coverage.

WHO Representative Dr Bhupinder Kaur Aulakh shared her experience of how to make improvements in the quality of life of people with mental conditions living in shelter homes using the multisectoral approach and how to reintegrate and reunite them with their families and communities. She also emphasized the need to cater to the needs of an ageing population and mental conditions by strengthening family bonds and living together as families.



A panel discussion on building a supportive society for mental health and wellbeing.

The Regional Adviser, Mental Health and Substance Use, delivered the keynote address to Her Majesty the Queen of Bhutan.

Her Majesty the Gyaltsuen addressed the participants at the closing ceremony of the PEMA Symposium and focused on the crucial role of mental health in Bhutan beyond the health sector approach.

Mental health and digital technologies: Step-by-Step, Thailand

Ensuring the strategic inclusion of health and mental health innovations is crucial from a public health perspective. Innovations in mental health are fundamental for many reasons, including:

- Addressing mental health gaps – Many countries around the world experience huge mental health gaps, including an information gap (incomplete data and insufficient research), a services gap (limited treatment coverage, poor quality of services) and a resources gap (scarce workforce and digital divide).
- Improving access to care – Limited access is a common barrier and mental health innovations, such as digital technologies, have the potential to improve access to services, treatment and care as well as enhancing self-help.
- Increased affordability – Innovative technologies can make mental health care more affordable and reduce the financial burden to individuals – such as out-of-pocket costs – and on governments.
- Stigma reduction – Reducing stigma and discrimination around people suffering from mental health conditions and their family members can help people access the support and care they need.

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- Improve outcomes – Early intervention and personalized treatments can lead to improved mental and physical health outcomes and better recovery.

Ultimately, innovations in mental health have the potential to bridge mental health gaps and move forward towards universal health coverage. The WHO Step-by-Step intervention is a successful example of this.

Step-by-Step (SbS) is a digital, web-based, guided self-help intervention for people experiencing depression. The web app uses a fictional illustrated story of people visiting a health professional who provides psychoeducation and symptom-reduction techniques for people experiencing depression. SbS is based primarily on behavioural activation (e.g. increasing activity when depressed) with additional techniques such as gratitude and relaxation exercises. It is delivered through five 15-minute weekly telephone calls from a trained non-specialist helper. The calls provide motivation and support with using SbS.

SbS is currently being piloted by MoPH Thailand with technical support of WHO Mental Health Unit.

Implementing the community placement questionnaire in Bangladesh, India and Thailand

As reported in the *World Mental Health Atlas 2020* (12), many people with severe mental health conditions continue to stay in institutional facilities for long periods. Long-term care in psychiatric hospitals for people with severe mental health conditions and psychosocial disabilities exacerbates their social segregation and exclusion. The community placement questionnaire (CPQ) was originally developed and implemented in various countries to support the safe transition of people with severe mental health conditions and psychosocial disabilities from asylums into community living. Experience shows that a CPQ can have a significant impact both on the ground and at the level of strategic planning. This potential dual impact of the tool is one of its key strengths and what makes it especially suitable to help inform and possibly kickstart services development.

With the overall objective of assessing the reliability and validity of the tool, the Regional Office for South-East Asia has initiated a validation study of CPQ in three countries of the region: Bangladesh (Pabna Mental Hospital, see textbox below), India (Institute of Human Behaviour and Allied Sciences, IHBAS), and Thailand (Srithanya Hospital and Somdet Chaopraya Hospital). The validation is expected to establish country advisory groups, develop standardized resources to guide CPQ adaptation, training, assessment, data analysis and reporting, the training of clinical staff and generation of data.

In the long term, CPQ is also expected to pave the way for deinstitutionalization of long-stay asylums and psychiatric institutions in the South-East Asia Region and to accelerate the expansion of community-based mental health networks.

Box 3: Pabna Mental Hospital: joint field mission

In 2024, a mission to Pabna Mental Hospital, Bangladesh, was conducted. The three levels of the organization joined the mission to provide technical cooperation in mental health in Pabna District and support the implementation of the community-placement questionnaire (CPQ) in Pabna Mental Hospital.

Pabna mental hospital, founded in 1957, is the largest and oldest mental hospital in Bangladesh. The inpatient capacity is approximately 500 beds. The hospital has 19 wards (16 non-paying wards, three paying wards). At the time of the visit the occupancy rate was 77%. Admission criteria are limited to schizophrenia and mania. No admissions of people aged under 18 years or beyond 50 years are allowed.

Outpatient services are offered to 200 to 250 service users every day. Human resources include 14 physicians, 119 nursing staff, no psychologists, three psychiatric social welfare officers, two occupational therapists, two laboratory health workers, 182 hospital management and support workers. (The annual hospital budget 2023/2024 is 100 million Taka.)

Pabna Mental Hospital was identified as one of the implementation sites for the validation study of CPQ in Bangladesh.

LIVE LIFE initiative for suicide prevention in Thailand

Thailand has been implementing the WHO suicide prevention initiative LIVE LIFE (13).

LIVE LIFE mainly focuses on limiting access to means of suicide, interacting with media on responsible reporting, fostering life skills of young people and early identification of everyone affected. The initiative has so far focused on conducting a situation analysis and strengthening surveillance.

Thailand has focused on four main objectives: situation analysis, analysis of verbal autopsies and expert interviews, analysis of mental health literacy survey of people affected, and analysis of the main sources of suicide data.

Multiple sources of data have still not been unified.

LEGO Foundation project to scale up evidence-based parenting interventions in Thailand

WHO is supporting the scaling up of evidence-based parenting interventions in Thailand. The objective of the project is to scale up evidence-based parenting interventions, including by strengthening government capacity to optimize existing information systems. Thailand initiated a preschool parenting programme in 2018 and implemented it in remote rural areas under the Royal Project of HRH Princess Chakri Sirindhorn to ensure educational readiness for children with developmental delays.

The Thai Triple-P is a four-session family group intervention for parents and preschoolers to train parenting skills that promote early childhood development and emotional intelligence. Group facilitators are preschool teachers and public health practitioners at sub-district level. The cost of the programme is USD 30 for one preschooler. Since 2021, 198 schools in 50 provinces have participated in the project (13.2% coverage), amounting to 3344 families. As a result, 20.2% of children returned to normal development. In 2023–2024, 145 schools engaged in the project (46.6% coverage).

Box 4: Maldives: Mission to Home for People with Special Needs (HPSN)

The Home for People with Special Needs (HPSN) in Guraidhoo, Maldives, provides residential care and support to over 200 people with mental health conditions and special needs.

A mission was undertaken to conduct an assessment intended to result in recommendations to enhance the organizational structure, expand the scope of services delivered to the patients, improve the quality and standards of the care provided, and support for the reintegration of people with mental health conditions within the community through systematic approaches.

Following visits to the HPSN, the Guraidhoo island primary health care centre, the pharmacy, the Mental Health Centre at Indira Gandhi Hospital in Male, the Hulhumale Hospital, National Drug Authority (NDA) and the Drug Regulatory Authority, several priority recommendations were made to the Ministry of Health, Maldives.

These included recommendations on the integration of the HPSN with the national health system, digitalizing the records of the people in the facility, preparing individual rehabilitation plans for each person admitted to the facility, staff training in adapting mhGAP, improving quality of care using adapted WHO Quality Rights, managing the pharmaceuticals at the facility, and improving social reintegration and follow-up in communities.

International Mental Health Workforce Training Program 2024

The Regional Office for South-East Asia provided technical support in designing the curriculum for, planning and implementing the International Mental Health Workforce Training Program 2024. The Department of Mental Health, Ministry of Public Health, Thailand has been supporting the Mental Health Workforce Training Program, which aims to provide participants with qualified mental health and psychiatric services delivered by personnel with standard competencies in providing specialized nursing. The emphasis is on proactive services that reach the public and strengthen mental health, prevent and handle risk factors causing mental health and psychiatric problems, screen people who are at risk of developing mental health and psychiatric problems, provide supportive therapy, and refer them to higher-level facilities. This includes providing continuous care for psychiatric patients. In this specialty service, nursing personnel must develop knowledge and skills in order to provide quality services.



Participants at the first meeting of the in-country phase of the International Mental Health Workforce Training Program, held in Nonthaburi, Thailand in July 2024.

In addition, the Department of Mental Health has also developed a teaching model to respond to the needs of trainees in the modern era. The teaching is developed as a blended model using the online programme to support classes, seminars, and study visits, as appropriate, in order to facilitate trainees' continuous receipt of training to develop the capacity for specialized nursing care and to maximize the benefits of the mental health and psychiatric service system.

Trainees can promote mental health, prevent the occurrence of mental health problems in vulnerable groups, screen for mental health problems, treat and rehabilitate psychiatric patients using empirical evidence, provide systematic care to people with mental health and psychiatric problems by cooperating with families and community beneficiaries for the continuous care of people with mental health and psychiatric problems in the community, and evaluate the outcomes of care for people with mental health and psychiatric problems.

The Mental Health Workforce Program consists of four theoretical modules and study visits in two areas and covered the following:

- policy and health systems
- mental health problems and psychiatric diseases
- mental health information system and technologies
- community mental health
- study visit to mental health and psychiatric services
- study visit to mental health services in the community.

Topics covered during the course include: mental health policies and plans, promotion and prevention, mental health information systems, mental health legislation and human rights, psychosocial assessment, severe mental health conditions, alcohol and substance abuse, common mental health conditions, suicide prevention, mental disorders in children and adolescents,

counselling, epidemiology, mental health in PHC and the WHO mhGAP, mental health and digital innovations, role and mission of the WHO South-East Asia Region.

Study visits to Rajanukul Institute and Srithanya hospital complemented the agenda. The hybrid programme was delivered through an online session followed by an onsite session. The programme was joined by participants from 10 WHO Member States.

23rd Annual International Mental Health Conference, Bangkok, Thailand

The 23rd Annual International Mental Health Conference (30 July – 1 August 2024) was conducted, with the support of the WHO Regional Office for South-East Asia, on the theme: new wave of mental health (S-curve).

During the past few years, the Department of Mental Health, Thailand has developed technologies that are in line with changes in society, such as enhancing people's mental health in life skills, emotional intelligence, children's development, mental strength therapy, counselling, guidelines.

Moreover, the Department has expanded its networks and international collaborations. It organized the 23rd Annual International Mental Health Conference with the objective of improving mental health and psychiatric academics and modernizing knowledge, exchanging experiences and ideas, technologies in the international arena.

During the conference, the WHO Regional Director for South-East Asia, Ms Saima Wazed, delivered a special lecture on: "The strategic framework of mental health: towards a healthier Region".



The Regional Director, Ms Saima Wazed, at the 23rd Annual International Mental Health Conference, organized by the Department of Mental Health Thailand.

Box 5: Joint mission to Bhutan on NCD risk factors and mental health

In September 2024, a delegation from WHO Regional Office for South-East Asia and WHO headquarters travelled to Bhutan to provide technical support in the areas of mental health and alcohol-related harm.

- The team joined a field trip to Haa district, where they visited the Yanthang PHC in Haa Dzongkhag Administration. A visit was also conducted to the psychiatric department at the National Referral Hospital, Thimphu.

Finally, technical cooperation was provided in conducting the National workshop for strengthening noncommunicable diseases risk interventions on 26 –27 September 2024.

The mission made a number of recommendations.

In collaboration with the PEMA Secretariat:

- produce a concept note on the establishment of community-based mental health networks and implement in three sandbox areas;
- strengthen child mental health and community support programmes and exposure visits, and strengthen capacity of members of associations of parents with children with mental disabilities;
- integrate a mental health component in interventions directed to improve monastic life health outcomes;
- support the planning of the Mental health summit: People with lived experience and caregivers in Bhutan (2025);
- build capacity of health professionals and community workers on mental health, with a special focus on PHC; and
- strengthen the suicide prevention response, also through the WHO LIVE LIFE package.

In collaboration with the Ministry of Health:

- develop and disseminate integrated advocacy material for alcohol and other NCD risk factors to be used in schools and health facilities;
- support the country in the implementation of good practices on alcohol, including in the implementation of the WHO SAFER package; and
- explore the possibility with PEMA through the WHO country office in Bhutan for establishing alcohol quit line jointly with tobacco quit line and mental health helpline.



3 • Regional activities

Webinar series

A webinar series brought together experts, advocates, government and non-government stakeholders to discuss different topics related to mental health. These events were organized by the Mental Health Unit to improve the current knowledge and strengthen advocacy. Each webinar consisted of a technical presentation of 40 minutes followed by a discussion lasting for 60 to 80 minutes.

Digital marketing of alcohol: global and regional perspectives – This webinar, on 11 January 2024, discussed the growing impact of digital platforms as a marketing tool in the Region. The main speaker, Dr Mansi Reddy, Deputy Director at the NGO Hriday India, has worked on noncommunicable diseases and associated risk factors.

Young people are particularly vulnerable to alcohol advertising tactics, which may influence brain development and elevate the risk for alcohol-related disorders. This heightened exposure leads to mental health issues, school dropouts, violent behaviours, and an increased incidence of road accidents.

Digital platforms and social media allow alcohol companies to reach and engage young adults directly, creating a powerful pipeline for long-term alcohol consumption patterns, and enable the alcohol industry to reach a highly engaged, often younger, demographic, reinforcing the normalization of alcohol consumption across generations.

Dr Reddy discussed digital marketing trends, challenges, and public health implications of alcohol. Hriday offers a platform to explore solutions for monitoring and regulating online alcohol marketing. The current regulatory trend to address such marketing was highlighted.

Dementia: regional and global perspectives – This webinar, on 5 March 2024, discussed the growing impact of dementia in the region and explored solutions for better care, support and policy implementation. The main speaker, DY Suharya, is the founder of Alzheimer's Indonesia and the regional director of Alzheimer's Disease International for the Asia-Pacific Region.

Every three seconds someone is diagnosed with dementia, a condition that now ranks as the seventh leading cause of death globally and is the primary cause of death in some nations. Worldwide, more than 55 million people are affected, with approximately 26 million living in the Asia-Pacific region, where aging populations contribute significantly to the prevalence. This global challenge led to a 2017 commitment by Member States to adopt the Global Dementia Action Plan. Twelve key risk factors for dementia were highlighted, including physical inactivity, smoking, high alcohol intake, air pollution, social isolation and conditions such as obesity, hypertension and diabetes.

At the country level, WHO's Global Dementia Observatory supports countries by providing data, monitoring tools, and policy guidance. It aids governments in implementing dementia-friendly

initiatives, conducting needs assessments and aligning with strategic actions for dementia care. Collaboration between governments, WHO and civil society remains key to these efforts, emphasizing tailored approaches to meet each country's specific needs.

Moving forward, the Regional Office for South-East Asia aims to collaborate closely with member states to implement regional action plans, advance dementia research, and strengthen community-based care and support networks. This collaborative approach underscores its commitment to addressing dementia's impact on individuals and communities, ensuring that member states are equipped to provide meaningful support for affected families and caregivers.

Fourth technical coordination committee meeting on improving access to community-based mental health in the WHO South-East Asia Region

Chef de Cabinet, Director Programme Management, WHO Representatives and country staff and invited external experts participated in this meeting on 6 June 2024. Four technical presentations were made, which was followed by a question-and-answer session.

Dr Andrea Bruni (Regional Advisor Mental Health and Substance Abuse) discussed the significant mental health challenges in the WHO South-East Asia Region in his presentation "Improving access to community-based mental health in WHO South-East Asia Region". He outlined many activities that have been undertaken to implement the *Paro Declaration (14)* and the *Mental health action plan for the WHO South-East Asia Region (1)*, and described several planned interventions during the current year.

Dr Helal Uddin Ahmad (National Institute of Mental Health, Bangladesh), in his presentation "Perspective on reform of mental health services in Bangladesh", discussed the ongoing reform of mental health services in Bangladesh, a process that has been evolving over the past 50 years, with increased regional collaborations and support from WHO in the last three decades. The mental health treatment gap remains high due to stigma, discrimination and a lack of resources, including a shortage of mental health professionals. Currently, there are only 300 to 400 psychiatrists and 600 psychologists serving the entire population.

Mental health services in Bangladesh are primarily provided at the tertiary care level, with all mental health professionals working in these settings. Efforts are being made to reverse this situation by establishing mental health centres at primary care hospitals in 10 districts. Many NGOs are working on policy advocacy, strategy development and documentation with the government. These partnerships support telepsychiatry in districts, teacher training, and AI-enabled digital mental health services.

Dr Kedar Mahratta (National Professional Officer, Mental Health), in his presentation "Expanding community-based mental health services and the implementation of the Special Initiative for Mental Health in Nepal", highlighted the efforts to expand community-based mental health services in Nepal, particularly through the implementation of the WHO Special Initiative for Mental Health (SIMH) that aims to improve access to mental health services, strengthen the mental health system, and provide quality care to the population of Nepal.

SIMH currently focuses on systems strengthening, technical assistance, development of guidelines and resources, support for information systems and improvement of human resources. The initiative covers a total population of 5 million and includes 759 health facilities, 590 health posts, 140 primary hospitals, 14 district-level hospitals, and 13 provincial/federal hospitals. NGO-funded institutions are rapidly expanding, providing care for people with mental health conditions who live in extreme poverty and homelessness. The integration of mental health indicators into the national Health Management Information System has been a significant step forward, although challenges remain in ensuring proper recording and reporting by health workers.

Dr Olivia Nieveras (Team Lead, NCD, WHO Country Office for Thailand) described, in her presentation “Strengthening mental health service delivery in Thailand” the implementation of Step-by-Step (SbS) and LIVE LIFE programmes in Thailand. SbS is a digital self-help intervention for depression, while LIVE LIFE focuses on suicide prevention. Thailand has excellent suicide surveillance and proposes a regional hub for mental health to promote innovative, culturally sensitive services, research and capacity-building.

Box 6: World Mental Health Day 2024 – Mental Health at Work, Timor-Leste

The event was chaired by the Director General Primary Health Care along with the National Director of Prevention of Communicable and Non Communicable diseases, Representative of the Director of Municipality, Director of Health, Ermera Municipality, partner NGOs, Laclubar Xefe, Psychological association and staff from Gleno and Ermera CHC. WHO Country Office for Timor-Leste made a presentation on integration of mental health with other national programmes.

Following up, the Ministry of Health, WHO, PHD, UNICEF, Acute Care Laclubar, PRADET, Dili District Health Services, HNGV and Psychology Association held the first consultation meeting on 8 November 2024 to develop the country’s Mental Health Strategic and Action Plan 2025–2030.

Investment case for mental health in WHO South-East Asia Region

An investment case for the Regional Director’s priority programmes has been prepared, which includes a section on mental health. It makes the case for investment for mental health in the Region. A clear mandate for the reorientation and expansion of mental health services in the Region is provided by the Paro Declaration on universal access to people-centred mental health care and services (14). As specified in different sections of this document, many activities have been undertaken to implement the articles of the Paro Declaration. Every USD 1 invested in mental health treatment can yield a return of USD 4 in improved health and productivity, a value reinforced in mental health investment case studies carried out with WHO support in Bangladesh and Nepal. However, in the WHO South-East Asia Region, investment in mental health services remains low, often below USD 1 per capita in many countries within the Region. This underfunding, combined

with significant treatment gaps exacerbated by the COVID-19 pandemic, has further strained mental health resources. The lack of trained professionals, stigma surrounding mental illness, lack of prevention and promotion interventions, as well as insufficient integration of mental health services into primary care, constitute strong barriers that impede access to care.

Therefore, the reorientation of mental health services to the primary health care and community level is an urgent priority in the WHO South-East Asia Region. In this report, investing in mental health is prioritized for several aspects, including:

- establishing a regional hub to carry out capacity-building and promote task-shifting;
- technically supporting Member States to simplify screening tools and protocols for implementation in communities;
- supporting countries in the formulation of human resource plans for mental health;
- developing tools for expanding community-based mental health services; and
- providing support for the development of tailored essential mental health packages for common and severe mental health conditions.

Report to the 77th Regional Committee on progress made in implementing the Paro Declaration

The Paro Declaration (14), adopted in 2021, aims to address mental health through primary care and community engagement, urging countries to develop multisectoral policies to reduce treatment gaps and increase the availability of mental health services.

The *Mental health action plan for the WHO South-East Asia Region 2023–2030* (1) was developed to support the Paro Declaration, focusing on policies and laws, strengthening services, prevention and promotion, and surveillance and research. The Mental Health Regional Expert Group (MH-REG) was established to provide inputs for this plan.

Several regional meetings were held to build capacity and strengthen services: a meeting in Colombo focused on expanding community mental health services, a meeting in March 2024 aimed at transitioning from long-stay services to community mental health networks, and a mental health summit in June 2024 focused on protecting the rights of people with lived experience and their caregivers.

An interactive dashboard launched in 2023 provides data on the prevalence and burden of mental and neurological conditions. Several technical reports were published. *Mental health conditions in the WHO South-East Asia Region* (15) presented key findings on the burden of mental health conditions. *Deinstitutionalization of people with mental health conditions in the WHO South-East Asia Region* (16) offers recommendations for strengthening deinstitutionalization. *Community-based mental health services in the WHO South-East Asia Region* (17) provides case studies on ongoing community-based services.

A webinar series was conducted on suicide prevention in 2023, followed by a new series on MNSS in 2024. The Helping Adolescents Thrive (HAT) initiative was launched in Bhutan and Maldives in 2022,

focusing on promoting mental health and preventing mental health disorders among adolescents. A regional HAT workshop was conducted in 2023.

In India, the Office of the WHO Representative supported the evaluation of the national tele-mental health programme, Tele-MANAS, in 2024.

In Thailand, the Regional Office for South-East Asia supported various initiatives, including the SbS application for depression and the implementation of the WHO LIVE LIFE Intervention for Suicide Prevention intervention (13).

Continued support is provided to Bangladesh and Nepal to implement the WHO Special Initiative for Mental Health (SIMH) (18) to establish mental health services at primary and secondary levels.

The report also identified ongoing challenges the Region faces, including a lack of trained professionals, financial resources prevention and promotion interventions, as well as stigma and discrimination and high out-of-pocket costs. Addressing these challenges is crucial, especially in the face of climate change, disasters and other humanitarian emergencies.



4 • Collaborative activities with WHO headquarters

International review of the draft WHO Guidance for mental health policy and strategic action plans

The WHO Regional Office for South-East Asia, in collaboration with WHO headquarters, has been working on the international review of the draft WHO Guidance for mental health policy and strategic action plans. International consultations with key stakeholders from health sectors have already been convened and the Region is now preparing to engage with key stakeholders outside the health sector.

The guidance is divided into four modules. Module 1 introduces the guidance and discusses the challenges related to mental health policy and the need for reform in line with the international human rights framework, highlighting essential considerations and new directions. Module 2 details five key policy areas for reform, including associated strategies and actions that can be prioritized and adapted by policymakers and planners according to the specific context of country. This selection and prioritization process is illustrated through three country case scenarios. Module 3 outlines process steps for developing, implementing, and evaluating mental health policy and strategic action plans and provides a checklist to guide this process. Module 4 provides a consolidated directory of the policy areas, directives, strategies, and actions discussed in Module 2, enabling quick access and easy navigation through all relevant content.

Contributions to the Intersectoral global action plan on epilepsy and other neurological disorders

The Regional Office for South-East Asia Mental Health Unit has provided technical assistance and support to the Intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 (19).

In May 2022, the action plan was adopted with the aim of improving access to treatment, care and quality of life of people with neurological disorders, their carers and families, as well as the promotion of brain health across the life course. It includes actions to be undertaken by all stakeholders to attain the global targets.

The strategic objectives of the global action plan address issues such as policy and governance; effective, timely and responsive diagnosis, treatment and care; promotion and prevention; research, innovation and information systems; and a public health response to epilepsy.

Box 7: Joint WHO–UNHCR field visit to Cox’s Bazaar



Providing MHPSS at Kutupalong Registered Camp, Cox’s Bazaar, Bangladesh.



WHO and UNHCR joint visit to primary health care centre in Kutupalong.

WHO and UNHCR collaborated in organizing a series of activities to strengthen MHPSS preparedness across Bangladesh and in Cox’s Bazaar.

A field visit to Kutupalong Refugee Camps in Ukhia Upazila was conducted on 1 December 2024 by team members from WHO headquarters, the WHO Country Office for Bangladesh and UNHCR. The following facilities were visited:

- Seagul Primary School (Kutupalong Registered Camp);
- an in-patient department with capacity for four people with mental disorders (Kutupalong, Camp 3); and
- MHPSS services at two primary health centres (Kutupalong, Camp 3, Camp 4 Extension)

A three-day workshop, “Enhancing mental health and psychosocial support preparedness planning: The READY workshop”, was conducted from 2 to 4 December. More than 50 participants from government and nongovernmental sectors, UN agencies and three participants from Nepal attended the meeting.

The contents focused on five modules:

Module 1: Review key concepts. Understanding key concepts and terminologies, and theoretical underpinnings;

Module 2: Engage communities and other key stakeholders. Investing in community preparedness and resilience and how MHPSS can be coordinated across key stakeholders;

Module 3: Assess risks and resources and analyse the situation. Assessing risks, vulnerabilities, needs and resources;

Module 4: Define your MHPSS activities. Enhancing

emergency preparedness for effective response through core MHPSS activities and actions; and

Module 5: Your action plan. Consolidate learning so far and advance towards an initial action plan.

The three levels of the organization – WHO headquarters, WHO Regional Office for South-East Asia and the WHO Country Office for Bangladesh – joined the activities. A nationally focused MHPSS risk assessment workshop, using the newly developed MHPSS Preparedness Assessment Toolkit, was also conducted in Cox’s Bazaar on 5 December, in collaboration with UNHCR. The workshop was attended by 25 participants, including representatives from WHO Bangladesh and international NGOs and UN agencies working across the country and in Cox’s Bazaar, in order to support identification of risks to mental health and psychosocial well-being and capacities for preparing for and responding to hazardous events. In follow-up, WHO headquarters and WHO Regional Office for South-East Asia will support the country office and national counterparts to strengthen MHPSS preparedness and strengthen the integration in national disaster risk management efforts.

5 • Regional meetings organized

Regional meeting on transitioning from long-stay services to community mental health networks Bangkok, Thailand



This meeting (12–14 March 2024) aimed to support the process of deinstitutionalization of people with mental health conditions in line with the Paro Declaration (14), to identify opportunities for policy and legal reforms, analyse current barriers, and explore methods for monitoring and evaluating deinstitutionalization initiatives.

At the inauguration, Dr Jos Vandelaer, WHO Representative to Thailand, emphasized the importance of integrating mental health into primary health care and providing services close to communities. Ms Saima Wazed, Regional Director of WHO South-East Asia Region, highlighted the high prevalence of mental health conditions in the region and the significant treatment gap. She stressed the benefits of deinstitutionalization, including greater personal autonomy, improved quality of life, and cost-effectiveness. Dr Benjamas Prukanone, from Thailand's Ministry of Public Health, discussed the advantages of transitioning to community mental health systems, such as reduced stigma and improved social inclusion.

There were several technical sessions in which experts from the Region as well as experts from outside the Region discussed the subject of deinstitutionalization. Topics including regional and global perspectives, multisectoral support, including employment opportunities, health system perspectives and advocacy were extensively discussed.

At the country sessions, country representatives presented perspectives from each Member State relating to the current context, barriers and facilitators for deinstitutionalization.

During the field visit participants visited and observed the functioning of the Srithanya Hospital in Nonthaburi, which was facilitated by the Ministry of Public Health, Thailand.

To strengthen country level action, participants engaged in group work to address challenges to

deinstitutionalization. Common challenges included resistance among mental health professionals, lack of trained allied health professionals, and insufficient community services. Recommendations included improving coordination between sectors, strengthening community services, and increasing professional development.

The detailed meeting report was published as *Transitioning from long-stay services to community mental health networks: Towards deinstitutionalization in the WHO South-East Asia Region* (20).

Mental health summit: Voices of people with lived experience in the WHO South-East Asia Region, Kathmandu, Nepal

Organized by the WHO Regional Office for South-East Asia, the Mental Health Summit (19–20 June 2024) brought together representatives from ten member states: Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste. This summit aimed to amplify the voices of individuals with lived experience of mental health conditions and their caregivers, focusing on their rights and the need for policy reforms.

This summit aimed to share perspectives on the rights of people with lived experience, including access to health care, employment, housing and education. It also aimed to promote policy reforms to protect these rights by identifying gaps and opportunities and providing a platform for sharing experiences, challenges and solutions through panel discussions and testimonials.

The technical presentations were led by people with lived experience. The topics discussed included rights-based approaches to mental health, the use of digital applications to help people with mental health conditions by connecting them to trained volunteers, the WHO QualityRights Initiative, initiatives for policy and legal reforms, and the need for meaningful engagement of people with lived experience in policymaking.



There were forum discussions in which government officials and participants discussed strategies to engage people with lived experience in mental health laws and policymaking. Key points included the importance of grassroots empowerment, culturally appropriate engagement, and leveraging technology for accessibility.

The participating persons with lived experience drafted a regional charter framework, emphasizing dignity, autonomy and protection from discrimination. It included rights related to education, employment, health care and social protection, and emphasized dignity, autonomy and freedom from discrimination. Participants also discussed the modalities of establishing a regional platform to sustain and expand the network of people with lived experience and caregivers. In addition to drafting a regional charter, participants came up with recommendations on building networks, creating accessible platforms and promoting inter-ministry collaboration.

The summit concluded with a commitment to grow and sustain the momentum built over the two days, emphasizing the importance of including the voices of people

The detailed meeting report was published as: *Mental health summit: Voices of people with lived experience in the WHO South-East Asia Region* (21).

South-East Asia regional workshop to address the challenges of illicit tobacco trade and unrecorded alcohol, Bangkok, Thailand



An estimated 25% of worldwide alcohol consumption is unrecorded, meaning that it is not taxed and is outside the usual system of governmental control. Examples are home-produced or informally produced alcohol, legal or illegal, smuggled alcohol, surrogate alcohol (alcohol not intended for

human consumption), and alcohol obtained through cross-border shopping which is recorded in a different jurisdiction. This type of alcohol often has a lower prices, enhancing its appeal to consumers from low socioeconomic status and people with underlying alcohol use disorders; irregular labelling and thus often unknown ethanol percentage by volume and the presence of potentially toxic ingredients compounds its harms.

This regional consultation (25–27 June 2024) addressed the challenges of illicit tobacco trade and unrecorded alcohol consumption in the countries of the Region. The consultation provided an avenue to share global best practices, success stories and the latest evidence with the policymakers of the countries across the Region, aimed at monitoring and combating illicit tobacco trade and unrecorded alcohol consumption.

Some of the follow-up action that Member States can consider, specifically for illegal alcohol, include strengthening enforcement, developing new methods for documenting the rates of production and consumption of unrecorded alcohol, restricting access to methanol and considering introducing taxes on any ethanol-containing liquids that could be used as surrogates, in addition to the WHO-recommended SAFER measures.

The meeting report is published as *South-East Asia Regional workshop to address the challenges of illicit tobacco trade and unrecorded alcohol* (22).

WHO South-East Asia regional workshop for strengthening capacity of countries to address the impact of climate change on mental health, Bali, Indonesia

Among WHO regions, South-East Asia remains the most vulnerable to the impacts of climate change and mental health. Climate change can result in increased mental health and psychosocial problems and put an extra burden on a country's health system. Given the existing gap in available mental health services, efforts must be made to adapt and mitigate climate change impacts so as not to further worsen this gap in care as well as ensuring that the health sector is better prepared to cater to the needs of any surge in demand.



There is also a large gap in terms of both knowledge of and response to the impact of climate change on mental health, and hence there is a huge need to bring together both climate and mental health officials from member states to ensure accelerated action.

This meeting built upon several action-oriented discussions already held and tools already developed in the Region to support capacity building in Member States that laid the groundwork for further interactions and dialogue to ensure impactful actions are implemented at country level. The meeting themes discussed during the plenaries and working groups included:

- current status and options to integrate climate change considerations into policies and programmes for mental health, including MHPSS, to better prepare for and respond to the climate crisis;
- challenges, opportunities and experiences from other regions to enhance mental health and climate change;
- community-based approaches to reducing vulnerabilities and addressing the mental health and psychosocial impacts of climate change; and
- the development of country-specific action for incorporating mental health into national adaptation plans.

Specific topics covered included the primary and regionally identified impacts of climate change on mental health; MHPSS as part of emergency preparedness and disaster risk management for climate-related hazards; steps, tools and approaches for developing and implementing MHPSS programmes, including as part of climate change adaptation programming; key tools and resources for MHPSS developed by the Regional Office for South-East Asia, including consultation on a new MHPSS toolkit from the region; and country presentations of their current work, plans for action and needs for further support from WHO, among others.



6 • Contributions to other meetings

Regional multi-stakeholder consultation of government officials: On the road to 2025: Fourth UN high-level meeting on NCDs

The WHO Regional Office for South-East Asia Mental Health Unit conducted two sessions on mental health and alcohol at the Regional multi-stakeholder consultation of government officials, 17–18 July 2024.

The Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases (resolution A/RES/73/2) authorizes the President of the United Nations General Assembly to convene the fourth high-level meeting on NCDs in 2025. The meeting will provide an opportunity to adopt a new, ambitious and achievable political declaration on NCDs towards 2030 and 2050, based on evidence and grounded in human rights. It will also serve as an important framework to accelerate the global response for the prevention and control of NCDs from 2025 onwards to address gaps and solutions to accelerate progress towards SDG 3.4 in 2030 and to set strategic directions towards 2050.

In preparation for the fourth UN high-level meeting, the WHO Secretariat has launched a consultative process to enable Member States, UN organizations, non-State actors and individuals with lived experience of health conditions to provide inputs into the preparation for the Fourth UN high-level meeting on NCDs. A key component of this process is multistakeholder consultations at the regional level.

In this context, the Department of Healthier Populations and NCDs of the WHO South-East Asia Region planned and conducted virtual multi-stakeholder consultations titled “On the road to 2025: Fourth UN high-level meeting on NCDs”, with the following objectives:

- to update the South-East Asian regional stakeholders about the Fourth UNHLM;
- to obtain inputs of the stakeholders on
 - the critical elements that should form the basis of the NCD and mental health agenda towards 2030 and 2050; and
 - regional priorities along each objective of the WHO Global action plan for the prevention and control of NCDs 2013–2030 (NCD-GAP) that can catalyse urgent action and attention by Member States and stakeholders, to accelerate progress in addressing the prevention and management of NCDs, the promotion of mental health and well-being, and the treatment and care of mental health conditions.

WHO South-East Asia Regional meeting on healthy ageing, New Delhi, India

The WHO South-East Asia Region is home to over a quarter of the world’s population and 12.6% of its population is aged 60 years or more. The proportion of people aged 60 years or more is expected

to increase to 13.7% by 2030 and to 22% in 2050. Older people can be a major asset to their respective countries and their health should be preserved. In the South-East Asia Region, healthy life expectancy (HALE) at the age of 60 years is 13.7 years, approximately 5.4 years fewer than the global average life expectancy at 60 years, which means that an older person spends more than five years of his/her life in poor health and needs care.

The Regional meeting on healthy ageing (11–13 June 2024) was organized to bring governments and stakeholders together to discuss the implementation status, gaps and challenges, learn from each other, and explore effective ways to collaborate and accelerate the implementation of the UN Decade of Healthy Ageing 2021–2030 in the countries of the WHO South-East Asia Region.

The WHO Regional Office for South-East Asia Mental Health Unit contributed to the meeting, shared regional perspective and delineated the strides taken thus far to address dementia.

Second global network meeting on health of refugees and migrants, Cairo, Egypt

This was a collaborative initiative by the Department of Health and Migration at WHO headquarters, and was hosted by the WHO Regional Office for the Eastern Mediterranean (16–18 September 2024). It built on the insights gained from the First global network meeting in Geneva, Switzerland, held on 27–29 March 2023.

To further strengthen such endeavours and address the health challenges faced by refugees and migrants, the Second global network meeting provided a hybrid platform to accommodate both in-person and virtual participation. The meeting represented a timely opportunity for group reflection and shared decision-making concerning issues of critical importance and relevance towards further enhancing the impact of WHO's work on health and migration across all three levels of the organization.

The WHO Regional Office for South East-Asia Mental Health Unit attended this meeting virtually.

Second East Asia Summit mental health workshop

The East Asia Summit (EAS) is a leader-led forum at which key partners in the Indo-Pacific discuss political, economic and security challenges. The 18 members of the EAS are the 10 member states of the Association of Southeast Asian Nations (ASEAN), plus Australia, China, India, Japan, New Zealand, Russia, the Republic of Korea, and the United States of America.

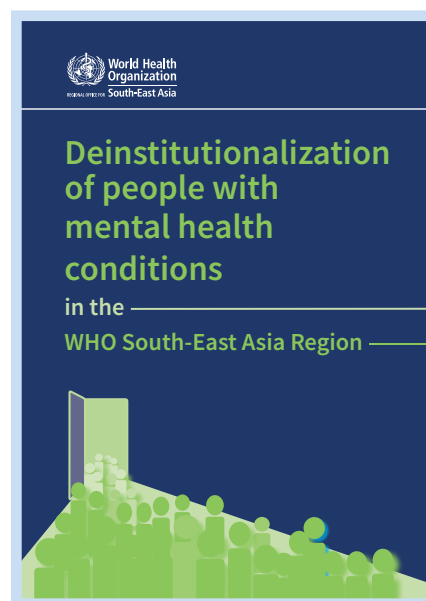
In 2021, the EAS leaders adopted a statement on mental health cooperation. Australia and Brunei Darussalam co-hosted a workshop in November 2021 to implement the goals of the statement. The workshop brought together policymakers, mental experts and practitioners from across the EAS participating countries to share best practices and national experiences. The Regional Office for South East-Asia Mental Health Unit was invited to give a keynote address to the Second East Asia Summit Mental Health Workshop (12 November 2024): “Regional cooperation for mental health system development”.

7 • Regional publications

Deinstitutionalization of people with mental health conditions in the WHO South-East Asia Region

This report (16) serves as a comprehensive guide for policymakers, health care providers and stakeholders in the WHO South-East Asia Region to support the deinstitutionalization process and promote the rights and well-being of individuals with mental health conditions.

The report explores the transition from long-stay psychiatric institutions to community-based mental health services in the region. It highlights the historical context of psychiatric institutions, which were often associated with human rights violations and poor treatment. The global movement towards deinstitutionalization, inspired by models like the “Trieste Model” in Italy, emphasizes community-based care. The Convention on the Rights of Persons with Disabilities (CRPD) and the Paro Declaration by WHO South-East Asia Member States in 2022 further support this transition.



The methodology for preparing this report involved collecting and synthesizing data from Member States, reviewing existing datasets, conducting interviews with key stakeholders, and analysing the information, based on a conceptual framework. The findings are presented in three sections: the prevalence of mental health conditions, the current context for deinstitutionalization, and the policy and legislative landscape.

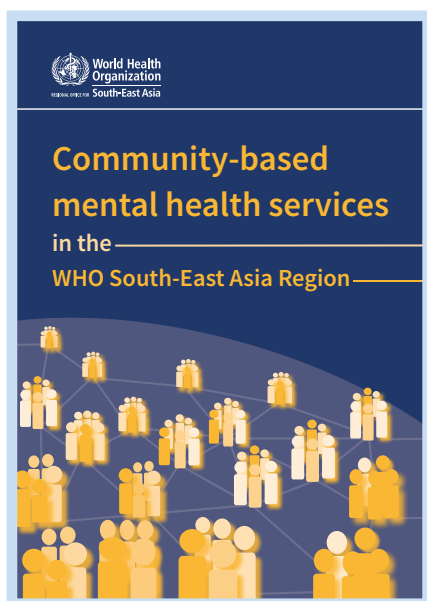
Challenges and barriers to deinstitutionalization are identified, including inadequate funding, limited mental health infrastructure, stigma and discrimination, and a shortage of trained mental health professionals. The report also highlights the need for individualized planning for transition, follow-up support, and the prevention of re-institutionalization.

Strategies to prevent institutionalization include informed engagement of decision-makers, developing and implementing effective policies and legislation, ensuring adequate funding, collaboration and stakeholder engagement, reducing stigma and discrimination, and strengthening community-based mental health services. The report recommends leveraging political leadership, establishing high-level committees, updating mental health policies and laws, increasing budgetary allocations, and promoting peer-support programmes.

The report provides recommendations for policies and governance, stakeholder engagement and advocacy, service delivery, and monitoring and research. To strengthen the process of

deinstitutionalization, the essential roles strengthening the development and expansion of community mental health services, improving access to mental health care, establishing referral pathways, and investing in research to evaluate the effectiveness of community-based mental health services is highlighted.

Community-based mental health services in the WHO South-East Asia Region, 2024



This report (17) provides an extensive overview of various community-based mental health initiatives across the South-East Asia Region. It emphasizes the transition from institutionalized mental health care to community-based services, highlighting the benefits of the latter, such as greater personal autonomy, improved quality of life and reduced stigma.

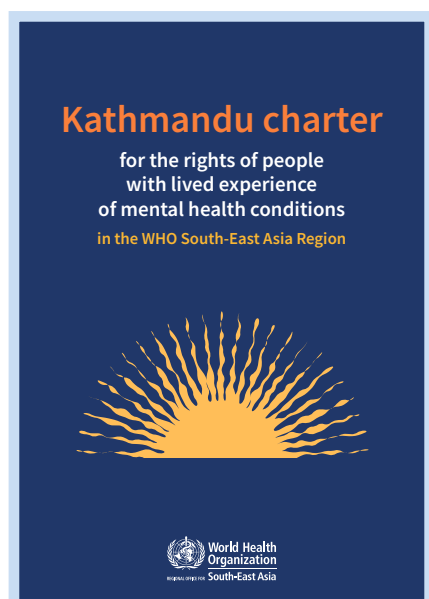
The document is structured in several sections, starting with an introduction that outlines the background and importance of community-based mental health care. It explains that such care includes services provided outside psychiatric hospitals, focusing on a person-centred, recovery-based approach. This approach ensures access to a range of services, from promotion and prevention to treatment and rehabilitation, addressing the diverse needs of individuals and families.

The report was prepared using desk reviews and key informant interviews. The desk review followed the PRISMA-ScR guidelines and included both academic and grey literature. Key informant interviews provided in-depth information on the logistics, implementation strategies, challenges, financial costs and key learnings from various programmes.

The report categorizes community-based mental health services into several types, including community mental health centres and teams, mental health units in general hospitals, psychosocial rehabilitation centres, supported living services, day care services, peer support services, and other services offered through primary and secondary health care. Each category is described in detail, highlighting the specific services provided and their impact on the community.

Several case reports from different countries in the region are presented, showcasing successful community-based mental health programmes. The key messages include emphasizing the importance of community engagement, partnership building, and addressing social determinants of mental health. The report highlights the need for sustained funding, capacity building, and collaboration between public and donor agencies to ensure the sustainability and effectiveness of community-based mental health services.

Kathmandu charter for the rights of people with lived experience of mental health conditions in the WHO South-East Asia Region



The charter (23) was developed during the summit “Voices of people with lived experience in the Region”, held in Kathmandu, Nepal on 19 and 20 June 2024. It serves as a guide for Member States of the WHO South-East Asia Region to develop their own national charters.

Participants with lived experience of mental health conditions and their carers recognized several key points, including that there is an urgent need for a holistic, rights-oriented and multisectoral approach to prevent mental health conditions and promote mental wellbeing and recovery and that it was necessary to go *beyond* the standards set by the United Nations Convention on the Rights of Persons with Disabilities.

The participants affirmed their commitment to a future where mental health is prioritized, stigma is reduced, and all individuals have access to the care and support they need. This includes: operationalizing the Paro Declaration, supporting the implementation of the Mental health action plan for the WHO South-East Asian Region 2023–2030, building the capacity of multiple stakeholders within and beyond the health sector, and mainstreaming human rights approaches in laws, policies and programmes related to mental health, strengthening collaboration and sharing best practices.

The charter declared several rights integral to persons with lived experience and caregivers in the region that include: the right to equal opportunities, the right to autonomy in decision-making, access to accurate information in accessible formats, free and informed consent, health care rights, social inclusion and participation rights, legal rights to exercise legal capacity, personal and family rights, political rights and the right to freedom of association to establish representative networks and associations

Reflections of people with lived experience on mental health conditions – ebook

The ebook captures the insights shared during the Mental Health Summit held in Kathmandu from 19 to 20 June, 2024, at which individuals with lived experiences of mental health conditions and their caregivers came together to discuss and reflect on the state of mental health and mental health services. Throughout the summit, participants openly shared their personal stories and observations, offering a unique perspective on their interactions with health care systems, workplaces, educational institutions and broader social settings.

The ebook builds on the discussions during the summit and the Kathmandu Charter itself, exploring how rights – such as equal opportunities, autonomy, health care access, legal rights, social inclusion, and participation in the larger ecosystem – manifest in various aspects of participants’ lives.

The purpose of this ebook is not only to amplify the voices of persons with mental health conditions and their caregivers, but also to offer actionable insights for policymakers, mental health practitioners and advocates. It further examines ways to channel and incorporate lived experience expertise meaningfully in law, policy, services and research processes, ensuring that these frameworks are shaped by those most directly impacted.

Alcohol snapshots

Country profiles on alcohol have been developed through an extensive process of consultation with Member States. These easy-to-use profiles summarize the current context of alcohol use and control within each Member State, including data on trends in prevalence of use, harms, policies implemented, and challenges faced and opportunities for action

Inter-regional OECD publication: Health at glance: Asia/Pacific

Health at a glance: Asia/Pacific (24) presents a set of key indicators on health and health systems for 27 countries and territories in the WHO South-East Asia Region and the Western Pacific Region. It builds on the format used in previous editions to present comparable data on health status and its determinants, health care resources and utilization, health care expenditure and financing, and health care quality.

This publication was prepared jointly by the WHO Regional Office for Western Pacific, the WHO Regional Office for South-East Asia, the OECD Health Division and the OECD/Korea Policy Centre in collaboration with the OECD Health Division. “Chapter 2: Mental health and neurological conditions in the Asia-Pacific region” is focused on mental, neurological, substance use conditions and self-harm (MNSS).

In Asia/Pacific, understanding the burden of mental disorders is limited due to a lack of comprehensive data. This chapter utilises the latest WHO Global Health Estimates (2021) data to highlight key findings through the prevalence of years of healthy life lost to disability (YLDs). The focus of the chapter is the burden of MNSS, including a specific analysis of the burden of these conditions among children.

The analysis finds that MNSS accounts for a significant percentage of the total non-fatal burden of disease, greater than communicable diseases and maternal, perinatal, and nutritional conditions – a situation that has hardly improved between 2000 and 2021. Strikingly, over 60% of the burden of MNSS was due to depressive disorders, migraine, anxiety disorders and schizophrenia. Addressing the high burden of mental health and neurological conditions in Asia/Pacific countries requires strong promotion and prevention strategies as well as strengthening accessible and wide-ranging services for diverse mental health conditions. There is an urgent need to re-orient mental health care to compassionate, person-centred, timely, accessible, and affordable forms of care. This publication was launched on 27 November 2024.

References

1. Mental health action plan for the WHO South-East Asia Region 2023–2030. New Delhi: World Health Organization. Regional Office for South-East Asia; 2023 (<https://iris.who.int/handle/10665/372395>).
2. World mental health report: transforming mental health for all. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/handle/10665/356119>).
3. Mental health conditions in the WHO South-East Asia Region. New Delhi: World Health Organization. Regional Office for South-East Asia; 2023:6 (<https://iris.who.int/handle/10665/372954>).
4. Mental health country profiles. New Delhi: World Health Organization; 2022 (<https://www.who.int/southeastasia/health-topics/mental-health>, accessed 9 December 2024).
5. Suicide worldwide in 2019: global health estimates. Geneva: World Health Organization; 2021:7 (<https://iris.who.int/handle/10665/341728>).
6. Regional action plan to implement global strategy to reduce harmful use of alcohol for the South-East Asia Region (2014–2025). New Delhi: World Health Organization. Regional Office for South-East Asia; 2020 (<https://iris.who.int/handle/10665/340569>).
7. The SAFER initiative [website]. Geneva: World Health Organization (<https://www.who.int/initiatives/SAFER>, accessed 9 December 2024).
8. Global alcohol action plan 2022–2030. Geneva: World Health Organization; 2024 (<https://iris.who.int/handle/10665/376939>).
9. Mental Health Gap Action Programme (mhGAP) guideline for mental, neurological and substance use disorders, [3rd ed.]. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/374250>).
10. Clinical descriptions and diagnostic requirements for ICD-11 mental, behavioural and neurodevelopmental disorders. Geneva: World Health Organization; 2024 (<https://iris.who.int/handle/10665/375767>).
11. The WHO STEPwise approach to surveillance. Copenhagen: World Health Organization. Regional Office for Europe; 2021 (<https://iris.who.int/handle/10665/341077>).
12. Mental health atlas 2020. Geneva: World Health Organization; 2021 (<https://iris.who.int/handle/10665/345946>).
13. LIVE LIFE Initiative for Suicide Prevention [website]. Geneva: World Health Organization (<https://www.who.int/initiatives/live-life-initiative-for-suicide-prevention>, accessed 9 December 2024).
14. PARO declaration by the health ministers of Member States at the seventy-fifth session of the WHO Regional Committee for South-East Asia on universal access to people-centred mental health care and services. New Delhi: World Health Organization. Regional Office for South-East Asia; 2022 (<https://iris.who.int/handle/10665/363095>).
15. Mental health conditions in the WHO South-East Asia Region. New Delhi: World Health Organization. Regional Office for South-East Asia; 2023 (<https://iris.who.int/handle/10665/372954>).
16. Deinstitutionalization of people with mental health conditions in the WHO South-East Asia Region. New Delhi: World Health Organization. Regional Office for South-East Asia; 2024 (<https://iris.who.int/handle/10665/376123>).
17. Community-based mental health services in the WHO South-East Asia Region. New Delhi: World Health Organization. Regional Office for South-East Asia; 2024 (<https://iris.who.int/handle/10665/376717>).
18. WHO Special Initiative for Mental Health [website]. Geneva: World Health Organization (<https://www.who.int/initiatives/who-special-initiative-for-mental-health>, accessed 9 December 2024).



who.int/initiatives/live-life-initiative-for-suicide-prevention, accessed 9 December 2024).

19. Intersectoral global action plan on epilepsy and other neurological disorders 2022-2031. Geneva: World Health Organization; 2023 (<https://iris.who.int/handle/10665/371495>).
20. Transitioning from long-stay services to community mental health networks: towards deinstitutionalization in the WHO South-East Asia Region Bangkok, Thailand, 12–14 March 2024. New Delhi: World Health Organization. Regional Office for South-East Asia; 2024 (<https://iris.who.int/handle/10665/376970>).
21. Mental health summit: voices of people with lived experience in the WHO South-East Asia Region, Kathmandu, Nepal, 19–20 June 2024. New Delhi: World Health Organization. Regional Office for South-East Asia; 2024 (<https://iris.who.int/handle/10665/379384>).
22. South-East Asia Regional workshop to address the challenges of illicit tobacco trade and unrecorded alcohol. New Delhi: World Health Organization. Regional Office for South-East Asia; 2024 (<https://iris.who.int/handle/10665/378361>).
23. Kathmandu Charter for the rights of people with lived experience of mental health conditions in the WHO South-East Asia Region [website]. New Delhi: World Health Organization. South-East Asia Regional Office; 2024 (<https://www.who.int/southeastasia/internal-publications-detail/kathmandu-charter-for-the-rights-of-people-with-lived-experience-of-mental-health-conditions-in-the-who-south-east-asia-region>, accessed 9 December 2024).
24. OECD/WHO. Health at a glance: Asia/Pacific 2024. Paris: OECD Publishing; 2024 (<https://doi.org/10.1787/51fed7e9-en>).

Annex. Video material

At the Mental health summit: Voices of people with lived experience in the WHO South-East Asia Region, Kathmandu, Nepal, videos were made of a number of interviews. These can be accessed [here](#).

Videos of messages delivered by the Regional Director during the year can be accessed via the relevant link:

- World Mental Health Day 2024: South-East Asia Region Intranet - RD's message on World Mental Health Day, 10 October 2024 - 10-10-2024.eml - Home View (<https://www.who.int/southeastasia/news/detail/10-10-2024-world-mental-health-day>)
- World Suicide Prevention Day 2024: South-East Asia Region Intranet - RD's message on World Suicide Prevention day, 10 September 2024 - 10-09-2024.eml - Home View (<https://www.who.int/southeastasia/news/detail/10-09-2024-world-suicide-prevention-day>)

