

**Statement by Ambassador A.L.A. Azeez, Permanent Representative to the UN in Geneva at the WHO Mental Health Forum 2019, 14 October 2019**

We thank the World Health Organization and its Director General Dr. Tedros for this timely initiative of Mental Health Forum 2019. The theme of the Forum “Enhancing Country Action on Mental Health” is more relevant and focused since it is a growing global health concern today.

To begin with, let us reiterate that the WHO Special Initiative for Mental Health (2019-2023) is both instructive and innovative in advancing benchmarks and indicators for careful, calibrated follow up. The Mental Health Gap Community Toolkit published by the WHO very aptly captures the elements of a broader understanding of Mental Health in the following terms:

“Mental Health is a vital part of a person’s overall health and affects how we feel, think and behave. It is also closely linked with physical health. Mental health is not just the absence of distress or illness, but also includes a sense of well-being and feeling good about oneself, maintaining supportive relationships and feeling that one can be meaningfully productive in the community while being able to cope with the typical stresses in life. Mental health and mental health conditions exist on a continuum that ranges from mental well-being to illness, and most people move up and down this continuum as they go through life and have various positive or adverse experiences”.

Against this backdrop, it is distressing to note that every 40 seconds, someone is dying by suicide somewhere in the world. Sadly, the leading cause of death among young people, aged 15-29, has been identified as suicide.

What does all this mean in terms of effective understanding of, and response to, mental health challenges?

**First**, there are still vulnerable people around the world, who suffer varied levels of mental health challenges, but most causes are both preventable and treatable. Nevertheless, constraints on access to healthcare, early intervention, and post-treatment observation and follow-up, in whatever technical terms we may call them, remain among accelerating factors. It is imperative that mental healthcare and delivery of assistance must be holistic.

**Second**, it is pertinent to note that suicide is only an extreme manifestation of a tendency to end one's own life. There is, however, a hiatus between the eventuality and the beginning of the tendency, a period which is crucial for mental health assistance. It is

often the neglect of the delivery of this assistance at the appropriate moment when one's vulnerability is manifested that drives one to the brink of death. That the condition of mental health should be determined from the point of the beginning of the tendency, or even much earlier, rather than just prior to its decisive moment, is important. Such an approach would make mental health coverage extendable throughout the entire cycle of vulnerability.

**Third**, while the lack of mental health remains the cause of suicide or suicidal tendencies, it needs to be appreciated that there are triggers to mental health vulnerability, which stem from one's immediate surroundings. The need for a supportive environment at all levels, that assures security, comfort and care to a potential victim is critical in preventing or controlling mental health vulnerability.

It is widely recognized that suicide in particular, and mental health in general, has become a major public health concern that needs effective and evidence based policy interventions. We must attune ourselves to the urgency of addressing this challenge as we pursue a policy of 'leave no one behind' in advancing the UN Development Agenda-2030, and specially SDG 3 - Good Health and Well-being.

Mental Health challenges must be tackled in the most comprehensive way possible, but all stakeholders should harness their efforts as well as means at their disposal, with States playing the primary role, encouraged and assisted by the society at large. Society's role is crucial in not just facilitating a supportive environment, but more importantly, in breaking the stigma surrounding mental health issues. It is this stigma that prevents adolescents, women and men making themselves open about their mental struggle and seeking support when desperate.

A proper assessment of all risk factors is in order if comprehensive mental healthcare is to be effectively ensured. It will help countries find innovative solutions as well as scale up their efforts to curb this public health concern by implementing comprehensive, multi-sectoral mental health prevention strategies.

Sri Lanka has made significant progress in the field of mental health in the recent past. The 2005 Mental Health Policy has been revised through stakeholder participation, which also included the participation of persons who experienced mental health challenges. Public comments on the revised draft are now being awaited. Reviewing the existing mental health law, Sri Lanka has taken the first step – the initiative of drafting a new one. Upon recognition that mental health care and treatment is an integral part of the general health system, treatment guidelines have been put in place for managing common mental health challenges including substance abuse. Such guidelines are being used for the

training of primary healthcare providers. In the meantime, more financial resources have been allocated for community based rehabilitation and recovery process including for infrastructure.

Moreover, the Government is exploring possibilities to provide social support and housing for persons affected by mental health challenges. The importance of psychosocial support during emergencies has been well recognized, and a network of trained healthcare professionals at district level is in place for deployment whenever necessary. Work on enhancing disaster preparedness package continues.

Considerable progress has also been made towards integrating mental health concepts into educational and training modules for medical and non-medical healthcare providers in recognition of the role of mental health in the primary healthcare system. All health workers thus extend their services in addressing this critical challenge and contribute towards recognizing, assessing and supporting people who are at risk.

It is essential that a special focus be brought upon young adults when formulating strategies and policies on addressing mental health issues. This is because nearly half of all mental health conditions in adulthood start by 14 years of age. To achieve this, a comprehensive programme has been launched with the Ministry of Education to promote mental well-being of children.

It is widely acknowledged that a negative working environment or work-related stress can impact the mental health of the workforce negatively. It is important therefore, that employers and others responsible in the workplace, put in place measures to promote mental health of employees. In this respect, the Government has allocated necessary resources to train at least one person from each institution to address workplace mental well-being through implementation of a work place mental health package.

Sri Lanka has long recognized suicide prevention as an important priority. The Presidential Task Force on Suicide Prevention had come up with a number of multifaced and multi-sectoral recommendations that continue to be followed up at the national level. It needs to be highlighted that since 1995, our health system was able to save around 93,000 lives.

As part of its policy intervention, the Government of Sri Lanka has taken a number of proactive measures towards suicide prevention. This ranges from banning highly lethal pesticides, publishing media guidelines on suicide reporting, mental health promotion in schools, training primary healthcare providers on mental health, programmes on prevention and rehabilitation for alcohol and substance abuse, decriminalization of

attempted suicide, to operationalization of helplines by the State and non-state actors round the clock.

Taking further forward our national commitment to comprehensively addressing mental health challenges, a National Mental Health Survey is due to begin in the year 2020. That will help arrive at an estimate of the prevalence of psychiatric disorders and identification of treatment gap, healthcare seeking pattern and impact of mental health vulnerability.

We appreciate the WHO for the worthy initiatives taken in recent times, to effectively address mental health challenges globally. It is timely that we redoubled our collective efforts to create awareness in places and communities which are beyond the reach of mainstream media and information or advocacy campaigns. If the objective of the UN Development Agenda – 2030, that is “leave no one behind”, is to have any practical meaning, the message has to resonate with the people at all levels.

There is strong expectation that the mainstream media could play a pivotal role in strengthening suicide prevention via responsible reporting. It can help educate the public, create dialogue and reduce the stigma around mental health challenges. Sustained social media campaign encouraging the public to open up on mental health challenges and making them aware of the need for care, empathy and support for those affected would entail a positive impact on the society.

We encourage the WHO to consider using international sports events as platforms to increase awareness on the importance of addressing mental health issues and related stigma surrounding it, thereby creating hope. It is timely to learn from the WHO on how modern technology could be explored in recognizing people who are at risk, and thus need timely healthcare intervention.

I thank you.