

2021 EAST ASIA SUMMIT LEADERS' STATEMENT ON MENTAL HEALTH COOPERATION

Adopted on 27 October 2021

WE, the participating countries of the East Asia Summit met via videoconferencing on 27 October 2021, under Brunei Darussalam's 2021 ASEAN Chairmanship on the occasion of the 16th East Asia Summit (EAS);

NOTING WITH CONCERN the continued spread of the Coronavirus Disease 2019 (COVID-19) which is a threat to human health, safety and well-being and has caused unprecedented and severe impacts on families, communities, societies and economies, disrupting essential mental health services worldwide;

RECOGNISING that mental health, as an integral part of health and well-being, is a critical public health issue which has been severely affected by the COVID-19 pandemic as predicted by the ASEAN Rapid Assessment on COVID-19 and that mental health, like other aspects of health, can be affected by a range of socioeconomic factors;

FURTHER RECOGNISING that developing comprehensive strategies on mental health cooperation focusing on mental health conditions, including mental disorders for promotion, prevention, treatment and recovery requires a whole-of-government, whole of society, health-in-all-policies approaches, and strengthened regional and international cooperation, as well as the realisation of the right to the enjoyment of the highest attainable standard of mental health for everyone;

ACKNOWLEDGING that even before COVID-19, mental health was a significant determinant of quality of life, and when affected, could contribute to the global burden of disease with economic and social impacts;

NOTING with concern that persons with mental health conditions may be subject to, among others, social stigma and exclusion, discrimination, prejudice, violence, abuse and segregation as stated in the Comprehensive Mental Health Action Plan 2013-2030 endorsed by the 74th World Health Assembly in 2013;

EMPHASISING the importance of putting people at the centre of a whole-of-government and whole-of-society approach to mental health cooperation;

RECALLING the 2013 Bandar Seri Begawan Declaration on Noncommunicable Diseases in ASEAN, the ASEAN Strategic Framework on Health Development (2010-2015), the 2013 Policy Brief on Mental Health in ASEAN, the ASEAN Post 2015 Health Development Agenda (2016-2020), the 2016 ASEAN Mental Health Systems Report, as well as the 2020 ASEAN Strategic Framework for Public Health Emergencies that underscore past work on the issue of mental health;

RECALLING the commitment to the 2030 Agenda for Sustainable Development, particularly Sustainable Development Goal 3: Ensure healthy lives and promote wellbeing for all at all ages and

FURTHER RECALLING the United Nations General Assembly Resolution A/RES/75/130 on Global health and foreign policy: strengthening health system resilience through affordable health care for all adopted on 21 December 2020, as well as to the Convention on the Rights of Persons with Disabilities;

ACKNOWLEDGING that the World Mental Health Day on 10 October every year complements our efforts to raise awareness on mental health;

DO HEREBY DECIDE TO:

1. Advance regional and international cooperation on mental health through existing ASEAN-led platforms and mechanisms, as well as the implementation of the WHO Comprehensive Mental Health Action Plan 2013-2030;
2. Promote mental health and well-being for all and across the life course to prevent and address issues in mental health and suicide in different settings, such as homes, workplaces and educational settings;
3. Encourage sharing of effective policy models on mental health services, and psychological and social support, including strategies for mental health promotion and the prevention of mental health conditions, through exchanging information, knowledge, and best practices such as mental health information systems as well as the implementation, monitoring and evaluation, especially on the lessons learned during the COVID-19 pandemic;
4. Further encourage the integration of mental health programmes and policies into national health systems including public health emergency preparedness and response plans;
5. Explore ways to enhance collaboration at the regional and international level on research and development in areas of common interest, including on the improvement of quality of services and the understanding of the social, economic, and environmental determinants of mental health for all;
6. Promote mental health literacy and awareness to enhance understanding on mental health, including through efforts such as increasing mental health awareness and education programmes across all levels of healthcare, and advancing the provision, affordability, and accessibility of mental health services, and psychological and social support;
7. Further promote sharing of best practices on community empowerment and public education campaigns activities that promote understanding and respect for the rights and dignity of those living with mental health conditions, and help address mental-health-related stigmatization, stereotypes, prejudices, and harmful practices;
8. Strengthen cooperation in human resources through training, mentorship programmes and create capacity building opportunities, including early detection and addressing mental health treatment gaps for health providers in remote areas as well as encourage greater involvement of primary and general health care personnel, non-health care professionals such as care givers, and those rendering community service in the mental health sector;
9. Encourage exchange of visits as part of the vocational and/or specialty training programmes for all health professionals, to strengthen national and regional capacity for mental health services and psychological and social support;
10. Strengthen mental health services and community-based solutions, including making use of digital spaces for the provision of robust information systems in providing mental health services, and psychological and social support for people, particularly those exposed to public health emergency-related adversity including health care workers and other frontline workers in addressing the multi-dimensional challenges of the COVID-19 pandemic and other public health emergencies;

11. Share experiences and best practices on approaches taken to support persons living with mental health conditions, families and caregivers, to voice their opinions and contribute to decision-making processes about policies and programmes that directly concern them;
12. Promote multisectoral collaboration as well as engagement with all relevant stakeholders, including those living with mental health conditions, those in vulnerable situations, non-government organisations, organisations for children and adolescents, women's organisations, youth-led organisations, the private sector and academia, which can, as appropriate contribute to the investment, development, implementation and evaluation of mental health and well-being initiatives and programmes; and
13. Explore the possibility of having a joint action plan on mental health cooperation among EAS participating countries, with a view to promoting concrete collective action in promoting better mental health and well-being.

ADOPTED on the Twenty Seventh of October in the Year Two Thousand and Twenty-One.