

DECLARATION: MENTAL HEALTH AND EDUCATION

The II Congress on Mental Health: Meeting the Needs of the XXI Century

October 5 – 7, 2018, Moscow, Russia

PREAMBLE and Guiding Principles

The *II Congress on Mental Health: Meeting the Needs of the XXI Century* (hereinafter referred to as "Congress") was held on 5-7 October 2018 in Moscow.

The Congress, under the patronage of the Ministries of the Russian Federation of Education, Health, Sports and Social Policy, and organized and supported by Russian and international professional organizations, brought together representatives of 44 countries for a total of 1,500 attendees. Attendees included leaders, specialists and representatives of organizations in diverse fields, including the healthcare system, labor protection, social protection, science and education, culture and art, physical culture and sports, economics and law, governments, non-profit organizations, enterprises, and media.

This declaration draft was agreed upon by the international organizing committeeⁱ, and accepted by the attendees at the closing ceremony.

The Congress was aimed at fostering an educational environment that promotes and preserves the mental health and well-being of all peoples, through discussions about educational content and methodologies, with interdisciplinary, multi-sectoral and multi-stakeholder interaction, contribution and cooperation.

This aim is consistent with the United Nations Agenda 2030 for Sustainable Development, adopted by the 193-member countries of the United Nations that outlines 17 goals to be achieved by the year 2030, with Goal 4 calling for "Quality Education" and target 3.4 calling for the "promotion of mental health and well-being". Both of these interact – such that education can improve mental health and well-being and conversely, mental health and well-being can improve education – the interaction of which is fundamental to progress and development of individuals and societies.

It is further aligned with major internationally agreed instruments related to mental health, including, but not limited to, the WHO Quality Rights campaign; the Sendai Framework for Disaster Risk Reduction; the Global Compact for Safe, Orderly and Regular Migration; the WHO Comprehensive Mental Health Action Plan; the declaration at the UN General Assembly third high-level meeting of mental health among the non-communicable diseases; the UN Resolution on Universal Health Coverage, and the affirmation that mental health is a human right as reflected in the United Nations Human Rights Council Resolution on Mental Health and Human Rights (A/HRC/36/L/25) approved by the member states of the UN with advice and support of the International Disability Alliance (IDA), calling for the elimination of all forms of discrimination, stigma, violence and abuses in the context of mental health and the provision of access to people-centered services.

We discussed critical issues in education related to mental health, including scientific and practical achievements and goals of the educational process with regard to professional training; prevention, treatment and rehabilitation methods of mental disorders; and promotion of positive mental health positive attitudes and values, taking into account and respecting all service providers, service users, carers, and other stakeholders as well as cultural and socio-economic characteristics of diverse regions and settings (such as institutions, schools, workplaces, the general public, prisons and others).

We recognize that education related to mental health is aimed at, and involves, two major constituencies: namely, (i) experts and professionals in various practice and academic disciplines; and (ii) non-specialists and members of the public sector, including service users (i.e., persons with lived experience), their family members, parents, teachers, carers, volunteers, and nongovernmental and civil society organizations who serve their interests, media, government and policy-makers, and other stakeholders. Constituents of these groups have a responsibility to promote positive attitudes and practices regarding mental health and well-being and to combat negative attitudes and practice including but not limited to, internal and external stigma, discrimination and marginalization.

We acknowledge that research in mental health fields, including psychiatry, psychology, psychotherapy, neuroscience and related disciplines, has advanced clinical practice. This is particularly evident in (1) the case of psychiatry shifting from a predominantly biological approach to mental and behavioral disorders to an integrated bio-psycho-social approach, and (2) the emphasis shift towards psychosocial rehabilitation and even, when possible, towards full recovery and integration into society of persons suffering from mental, behavioral, neurological and psychosomatic disorders, allowing for increased collaboration among a multi-professional team of specialists.

We acknowledge that mental health is a public health priority, based on (1) epidemiological evidence that an estimated billion people worldwide are affected by mental health conditions; (2) economic arguments, that an estimated a \$US trillion per year worldwide is lost due to depression and anxiety disorders; and (3) ethical considerations that stigma, low access to care, degrading conditions in institutional settings, and low budgets in mental health funding impairs our goals.

We affirm that the ultimate goal of education in mental health is the well-being of each individual, achieved through skills to manage one's own mental state on the basis of individual characteristics, values, appreciation of uniqueness, and development of adaptive reserves, self-help, and resilience to cope with the external conditions and challenges of the currently dynamic and ever-changing world.

We acknowledge the importance of conditions that promote mental health in the community in general (attitudes and understanding the value of mental health) and in settings such as schools and workplaces, so that the goal of education is achieving these conditions as well as individual skills.

We therefore make the following Commitments to Action

Regarding education and training within the profession, we commit to:

* foster a comprehensive and holistic view of mental health for education, meaning an integrated bio-psycho-social-spiritual approach, respecting a spiritual and values-oriented dimension to an integrated approach to facilitate the ultimate goal of the well-being of each individual who can then contribute to healthy families, communities and society.

* adopt an inclusive approach, that respects the contributions of many disciplines and fosters interdisciplinary, interdepartmental and inter-sectoral interaction, cooperation and collaboration locally, nationally and internationally, within the framework of an integrated and comprehensive mental health system.

* develop, offer and maintain on a continuous basis, the highest standard of education and training (e.g., in the fields of medicine, psychiatry, psychotherapy, clinical psychology, neurology, artistic expression, social work, nurses and other health workers, and other academic, research and practice disciplines) to ensure core competency at all stages within and across disciplines, to ensure adequate qualified personnel on an ongoing basis. This includes for volunteers, using methods like train-the-trainers programs, to enhance human capital, build capacity, and sustainability especially in low resource settings;

* maintain the link between education, academia, science and practice by continually engaging in, and/or supporting and keeping abreast of, research in the field especially related to best practices and evidence-based practices.

* reach out to, and apply, appropriate professional education and approaches to varied diverse settings and populations including those with least access who are “left furthest behind” (in UN vernacular), including those living in low resource settings, in post-disaster, war or conflict zones, in prisons, or other compromising settings.

* develop and implement innovative and applicable approaches in psycho-education for persons with mental disorders and their family members and caregivers, for youth and parents, and for varied others in the entire general population

* uphold international standards and ethical guidelines of practice, research and education consistent with international instruments and standards, while grounded on national priorities and policies and practices.

* ensure respect for cultural and traditional practices, and indigenous spiritual belief systems.

* ensure that mental health education focuses on eradicating stigma, discrimination and marginalization against mental health disorders at all levels and for all constituents;

* ensure education and curricula about mental health for allied professions, including medical and social service and community service provider personnel, in order to achieve the goal of integration of mental health care into primary health care, especially at the community level;

* actively explore, and apply where useful, innovative and modern technologies and techniques, to professional education in mental health, e.g., e-learning, distance learning and technological tools,

* advocate about the importance and urgency of mental health education, training and funding with appropriate policymakers and other stakeholders.

Regarding education in the public and private sectors, we commit to:

* advocate about, and promote, awareness and education about mental health and well-being with service users and varied stakeholders in the public and in private sectors, including the

school system, corporate sector, workplace settings, and general public. This includes specifically to understand the value of mental health and combat myths, stigma, shame, oversimplification, discrimination, marginalization related to mental health ill health, (e.g., about prevalent and varied mental illnesses, including depression, bipolar affective disorder, schizophrenia, dementia, chemical and non-chemical dependencies, autism spectrum disorders and other mental developmental disorders) and improve the perception of psychiatric care, with aims to encourage people to maintain their own mental health, and to inform people about available means to prevent and treat mental disorders and conditions.

- * promote the realization of the right of every person to education about mental health throughout the life cycle, relying on the potential of one's own mental and intellectual development, and also on involving every individual in the overall structure of society, considered as a fundamental humanitarian principle;

- * explore and apply innovative technologies and techniques to the education of the public;

- * promote positive images of mental health by the media and proactively reach out to media to share professional expertise to accomplish this.

In summary, we, the participants of the Congress, call upon all stakeholders to partner together in these guiding principles and commitments to action, to improve the image of mental health and well-being, enhance the value of the mental health profession, improve the availability of resources for professional treatment and services provision, promote public mental health, give voice to service users, with the ultimate goal to achieve the highest level of mental health and well-being for the benefit of individuals and societies throughout the world.

ⁱ Members of the international organizing committee represent the World Psychiatric Association (WPA), the World Association for Psychosocial Rehabilitation (WAPR), the World Association of Social Psychiatry (WASP), the World Council for Psychotherapy (WCP), the International Association of Applied Psychology, the International Association for the Improvement of Mental Health Programs (AMH), the International Social Security Association (ISSA), the International Association of Gerontology and Geriatrics (European Region – Clinical Section), Autism Europe, the International Society for Logotherapy and Existential Analysis, the World Association for Dynamic Psychiatry (WADP), the Latin-American Federation of Psychotherapy, the Union for Mental Health of Russia, the Russian Society of Psychiatrists, the Russian Psychological Society, the All-Russian Professional Psychotherapeutic League, and the Russian Association of Gerontology and Geriatrics.