

In December 2014 a group of more than 70 international healthcare policy experts, practitioners and service users, under the leadership of Professor Robert Drake, attended the Salzburg Global session **New Paradigms for Behavioral and Mental Health Care** (December 7-12, 2014).

During the seminar it was recognized that the United Nations post-2015 Sustainable Development Goals (SDGs) have a critical part to play in setting priorities for the development and investment in healthcare systems.

Signatories: Alvaro Aravena Molina, Community Mental Health Center Rinconada, Chile; Alvaro Arenas Borrero, Clinica La Inmaculada, Colombia; Ilirjana Bajraktari, Kosovo; Peter Bartlett, University of Nottingham, UK; Paulina Bravo, Pontificia Universidad Catolica de Chile, Chile; Paul Burstow, House of Parliament, UK; July Caballero, Peruvian National Institute of Mental Health, Peru; Dawn Carey, Dartmouth Center for Health Care Delivery Science, USA; Joshua Chauvin, Canada; R. Chellamuthu, M.S.Chellamuthu Trust and Research Foundation, India; Trina Dutta, USA; Byron Good, Harvard University, USA; Shpend Haxhibeqiri, University Clinical Centre of Kosovo, Kosovo; Jonida Haxhiu, Institute of Public Health of Albania, Albania; Prince Bosco Kanani, Rwanda NGO's Forum on AIDS and Health Promotion. Rwanda: Gloria King, Rainbow Healing, USA; Bernadette Klapper, Germany; John Lotherington, Salzburg Global Seminar, UK; Hafsa Lukwata, Ministry of Health, Uganda; Marie-Josee Maliboli, Rwanda Biomedical Center, Rwanda; Lisa Marsch, Dartmouth Center for Health Care Delivery Science, USA; Maria Elena Medina Mora, National Institute on Psychiatry Ramon de la Fuente Muniz, Mexico; Susan Mende, USA; Nancy Misago, Rwanda Biomedical Center / Ministry of Health, Rwanda, Martha Mitrani Gonzales, National Institute of Mental Health HD-HN, Peru; Anna Moore, UCL Partners, UK; Albert Mulley, Dartmouth Center for Health Care Delivery Science, USA; Gloria Nieto De Cano, Asociacion Colombiana Personas con Esquizofrenia y Familias, Colombia; Angela Ofori-Atta, University of Ghana School of Medicine & Dentistry, Ghana; Sally Okun, PatientsLikeMe, USA; Emmanuel Owusu Ansah, The Ministry of Health of Ghana, Ghana; Merritt Patridge, Dartmouth Center for Health Care Delivery Science, USA; Thara Rangaswamy, Schizophrenia Research Foundation (SCARF), India; Veronique Roger, USA; Rodrigo Salinas, Universidad de Chile, Chile; Ronald Stock, USA; Ezra Susser, Columbia University, USA; Graham Thornicroft, Kings College London, UK; Chris Underhill, BasicNeeds UK, UK; Jose Miguel Uribe, Colombia; Dale Walker, Oregon Health & Science University, USA; Peter Yaro, BasicNeeds Ghana, Ghana; Cynthia Zavala, Pontificia Universidad Catolica de Chile, Chile; Ericka Zimmerman, University of Charleston, USA

Salzburg Global Statement New Paradigms for Behavioral and Mental Health Care

RECOMMENDATIONS OF SALZBURG GLOBAL FELLOWS

We, the participants of the Salzburg Global session **New Paradigms for Behavioral and Mental Health Care** (listed in this document):

- I. *Recognize* the central importance of mental health in the United Nations post-2015 Sustainable Development Goals (SDGs);
- II. *Accept* the case for fully including mental health in the SDGs given:
 - *i.* The global prevalence of mental disorders and psychosocial disabilities, with 1 in 4 people experiencing mental health problems in their lifetime;
 - *ii.* The excessive treatment gap in low- and middle-income countries, where often over 90% of people with mental disorders receive no effective treatment
 - *iii.* The global under-financing of the mental health sector, and the critical shortage of mental health services;
 - *iv.* The breach of the universal right to health for up to 600 million people with mental illness across the world each year;
 - *v.* The growing global impact of mental disorders and psychosocial disabilities, which contribute 23% of the total global burden of disease;
 - *vi.* The often long-lasting disability caused by mental disorders and psychosocial disabilities, and the high impact of the excess mortality, and suicide;
 - *vii.* The global crisis, of human rights violations, social exclusion, stigma and discrimination of persons with mental disorders and psychosocial disabilities;
- III. *Accept* the importance of fully including mental health in the SDG targets and indicators, which will be necessary to provide reliable information, and measurable and comparable data, for policy makers, service providers, and service users, to enhance mental health systems and services worldwide;
- IV. *Regret* that, despite growing global awareness, until now there has been a lack of substantial progress in fully including mental health in the United Nations SDGs.

We therefore call upon the United Nations, and its Member States, for a renewed global commitment to mental health, with clear and specific targets and indicators, particularly with a focus on mental health treatment coverage, strengthening community health, outreach and peer support.