



Coalition of Alcohol and Drug Educators

**Dalgarno**  
INSTITUTE



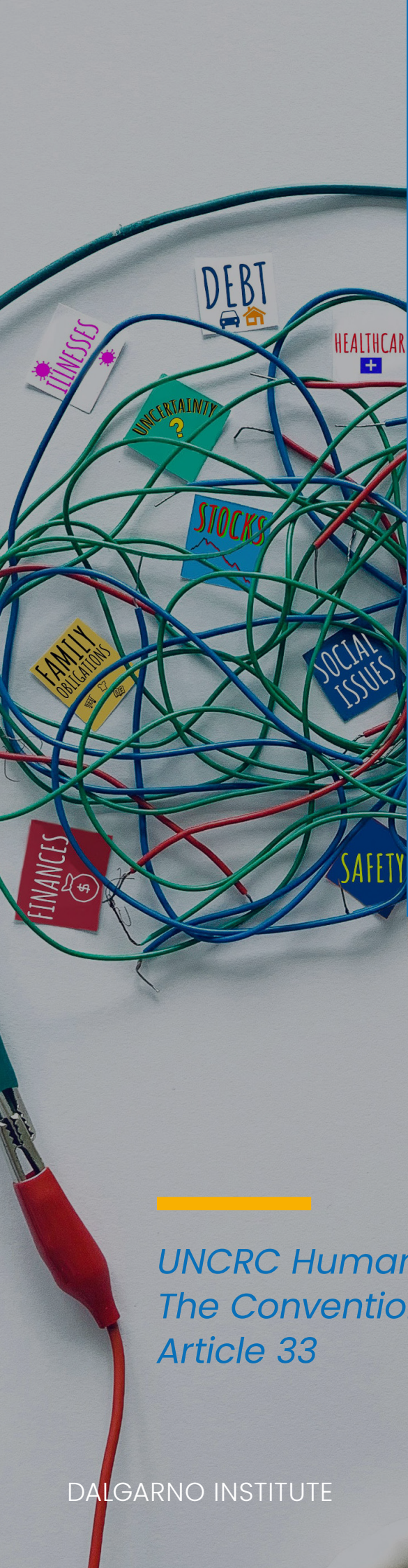
# **COMPREHENSIVE MENTAL HEALTH ACTION PLAN**

## **2013–2030 (WHO)**

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**Summary and its Application to Alcohol & Other Drug Issues – Dalgarno Institute**

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# PREFACE



States and Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and must prevent the use of children in the illicit production and trafficking of such substances.

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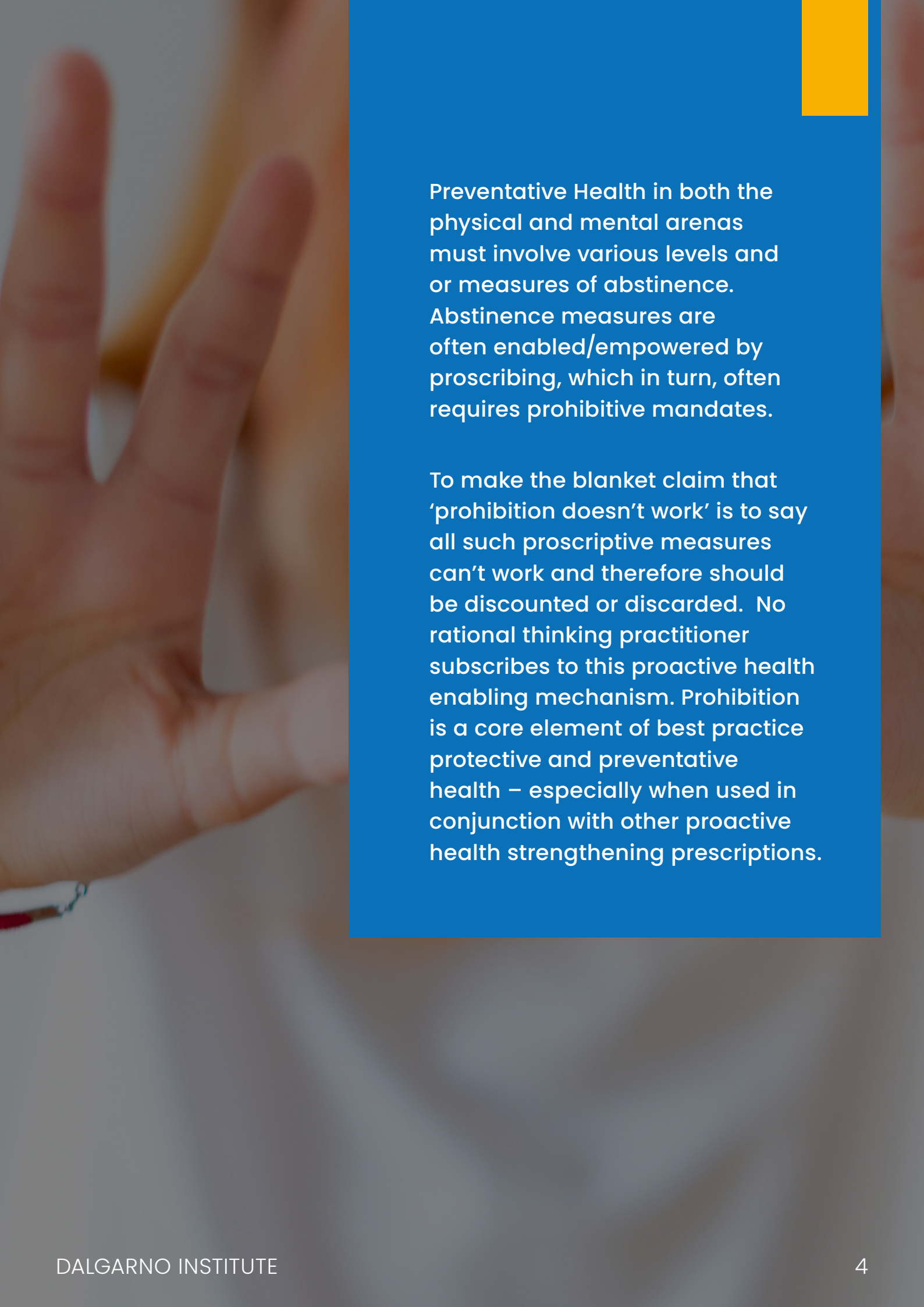
*UNCRC Human Rights Charter:  
The Convention on the Rights of the Child –  
Article 33*



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## QUESTIONS POSED.

- **Where and How do Alcohol and Other Drugs (AOD) – Substances – impact/influence the mental and psycho-social health and well-being of the developing person – The Child and their immediate developmental environments?**
- **What measures or lack of measures engaging the W.H.O. Plan are being undertaken by policy makers and educators to protect positive mental health from undermining elements, specifically substance use?**

A close-up photograph of a hand with fingers spread, overlaid with a blue text box. The hand is positioned on the left side of the frame, with the fingers pointing towards the right. The blue text box is on the right side, containing two paragraphs of white text. A yellow rectangular shape is visible in the top right corner of the image.

Preventative Health in both the physical and mental arenas must involve various levels and or measures of abstinence. Abstinence measures are often enabled/empowered by proscribing, which in turn, often requires prohibitive mandates.

To make the blanket claim that 'prohibition doesn't work' is to say all such proscriptive measures can't work and therefore should be discounted or discarded. No rational thinking practitioner subscribes to this proactive health enabling mechanism. Prohibition is a core element of best practice protective and preventative health – especially when used in conjunction with other proactive health strengthening prescriptions.

# THE SUMMARY AND COMMENTS

*Item 8: Mental health is an integral part of health and well-being, as reflected in the definition of health in the Constitution of the World Health Organization: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Mental health, like other aspects of health, can be affected by a range of socioeconomic factors...which need to be addressed through comprehensive strategies for promotion, prevention, treatment and recovery in a whole-of-government approach. Not least (by far) is the impact that substance use; the manufacture, cultural proliferation, familial engagement and the subsequent child exposure, has on the Mental Health and Psycho-social development of the child – the adult of tomorrow. Any measure that increases the access, availability, acceptability, and*

*the subsequent influence of illicit substances (and licit ones) is antithetical to good mental health care practice and counter-productive to best health and well-being outcomes. As a result, all restrictive measures must be taken to protect the child's mental health from this developmental impediment.*

*Item 9: Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviours and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports. Exposure to adversity at a young age is an established preventable risk factor for mental disorders. As with item 8, the need to develop resiliency*

within communities, families and the developing individual is imperative. Not only as a protective factor against poor mental health, but against the uptake of substance use as a 'self-medication' apparatus against duress, stress, trauma and the general vicissitudes of life. This (substance use) short-cut to alleviation, is only a poor injunction, and no remedy for the psycho-social maladies. Worse still, is that it not only undermines the capacity and agency to be resilient, but generates its own set of mental health issues.

**It is important to note that because, as *Item 10 states;* *These vulnerable groups may include members of households living in poverty, people with chronic health conditions, infants and children exposed to maltreatment and neglect, adolescents first exposed to substance use; and consequently, these demographics are also prone to mental health disorders, they can also experience as *Item 11 describes ... disproportionately higher rates of disability and mortality. It is imperative that****

substances, and substance use be kept from this incredibly vulnerable group as a matter of utmost priority. Messaging and or influences that promote 'self-medicating' for the perceived alleviation or distraction from attending issues, needs to be proactive countered by preventative interventions.

The disturbing reality outlined in *item 12* makes utterly clear the devastating influence and impact substance use has on both developing and/or exacerbating psychopathology and psycho-social negative health outcomes.

*Item 12: There is also substantial concurrence of mental disorders and substance use disorders. Taken together, mental, neurological and substance use disorders exact a high toll, accounting for 13% of the total global burden of disease in the year 2004. Depression alone accounts for 4.3% of the global burden of disease and is among the largest single causes of disability worldwide (11% of all years lived with disability*

globally), particularly for women. The economic consequences of these health losses are equally large: a recent study estimated that the cumulative global impact of mental disorders in terms of lost economic output will amount to US\$ 16.3 trillion between 2011 and 2030. It is vital to ensure substance use impact is identified and understood as separate to, contributing to and co-occurring with mental health issues, not seeing all the data collapsed into one 'mental health' statistic thus continuing to underestimate the harms of substance use to the community. Devastating consequences which need to be laid at the feet of pro-drug activists and their supporting advocates in the policy arena. The overall goal as outlined in Item 21, is to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders. This leaves no room for ideologies, mechanisms, policies or practices that enable, equip,

endorse or empower substance use – not only for all children, but particularly for those in multiple factor vulnerable settings.

**So, if the objectives of the action plan as follows are to be met, then prevention of substance use; 1) uptake or 2) continuation are priorities focus for this plan.**

*Item 22. The action plan has the following objectives:*

- 1. to strengthen effective leadership and governance for mental health;*
- 2. to provide comprehensive, integrated and responsive mental health and social care services in community-based settings;*
- 3. to implement strategies for promotion and prevention in mental health;*
- 4. to strengthen information systems, evidence and research for mental health.*

*Item 23 The action plan relies on six cross-cutting principles and approaches.*

- 1. Universal health coverage. Regardless of age, sex,*

socio-economic status, race, ethnicity or sexual orientation, and following the principle of equity, persons with mental disorders should be able to access, without the risk of impoverishing themselves, essential health and social services that enable them to achieve recovery and the highest attainable standard of health. **This must ensure the exiting from any and all drug use that facilitates, contributes to, or otherwise undermines best mental health care practices**

2. *Human rights. Mental health strategies, actions and interventions for treatment, prevention and promotion must be compliant with the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments. **With a specific and relentless focus on United Nations OHCHR, Human Rights charter Article 33 states: "Parties shall take all appropriate measures, including legislative, administrative,***

**social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances."** Which also essentially anchors to the following priorities...

3. *Evidence-based practice. Mental health strategies and interventions for treatment, prevention and promotion need to be based on scientific evidence and/or best practice, taking cultural considerations into account.*
4. *Life-course approach. Policies, plans and services for mental health need to take account of health and social needs at all stages of the life-course, including infancy, childhood, adolescence, adulthood and older age.*
5. *Multisectoral approach. A comprehensive and coordinated response for*



mental health requires partnership with multiple public sectors such as health, education, employment, judicial, housing, social and other relevant sectors as well as the private sector, as appropriate to the country situation.

6. Empowerment of persons with mental disorders and psychosocial disabilities. Persons with mental disorders and psychosocial disabilities should be empowered and involved in mental health advocacy, policy, planning, legislation, service provision, monitoring, research and evaluation.

Item 69. In the context of national efforts to develop and implement health policies and programmes, it is vital to meet not only the needs of persons with defined mental disorders, but also to protect and promote the mental well-being of all citizens. Mental health evolves throughout the life-cycle. Therefore, governments have an important role in using information on risk and

protective factors for mental health to put in place actions to prevent mental disorders and to protect and promote mental health at all stages of life. **This clear endeavour and mandate demands that all levels of governments as recommended in Item 70. Responsibility for promoting mental health and preventing mental disorders extends across all sectors and all government departments, which have a role in the obviating, mitigating and otherwise excising of substance use presence from familial environments. If not that, at the very least, the complete removal of all permission and/or promotion messaging or marketing from these developmental environments, especially for children.**

The early stages of life present a particularly important opportunity to promote mental health and prevent mental disorders, as up to 50% of mental disorders in adults begin before the age of 14 years. Children and adolescents with mental disorders should be provided with early intervention through evidence-based psychosocial and other non-

*pharmacological interventions based in the community, avoiding institutionalization and medicalization. **That early intervention cannot be implemented without the co-occurring strategies of supply and demand reduction. To do so only fails the multi-sectoral strategy, but concerningly only adds to the weakening and undermining of attempted early interventions.** Furthermore, interventions should respect the rights of children in line with the United Nations Convention on the Rights of the Child and other international and regional human rights instruments.*

**This in turn, only bolsters and affirms Item 71, which is,** *to support the development of safe, stable and nurturing relationships between children, their parents and carers); early intervention through identification, prevention and treatment of emotional or behavioural problems, especially in childhood and adolescence; provision of healthy living and working conditions (including work organizational improvements and evidence-based stress management schemes.*

# CONCLUSION

Any attempt to normalize, and thus embrace drug use as part of everyday life, is antithetical to this entire Mental Health Plan. That substance use may be a subset of behaviours in a culture is not in question. However, what is in question, is its status. A status that is historically and wisely utterly unacceptable for all and more of the reasons outlined above, but has been gradually shifting, due to addiction for profit protagonists and the emergence (particularly in first world economies) of rabid individualism which sees 'rights' as only enshrined in the egocentric, with little to no regard for the 'neighbour'.

Subsequently, there has been a stronger emergence of ever 'creative' permission models, modes or mantras that give a tacit consent to these behaviours. These include, the misuse of anti-stigma rhetoric to deny contestation of self and

community harming activities – not least the mental health of a society and its members – is completely unacceptable under the terms of this proposed plan.

The Dalgarno Institute, as part of the primary prevention sector, want to see this robust plan implemented with a strict eye to the absolute minimising, of not simply the potential harms of substance use, but more its capacity to even engage communities. The upstream approach must look to ensure, as best as possible, that substance use gets no cultural leverage for normalization practices.

Any approval in the public square of substance use behaviour, is only and always counter-productive to the best-practice outcomes of this mental health plan.



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