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# **Mental health policy prioritization: analysis of the incorporation of multilateral guidance in national health plans**

PAPER

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# Executive summary

This paper aims to analyze the incorporation of multilateral guidance regarding mental health in national health plans to determine the current global policy standard and identify areas of improvement globally. A particular focus is on chronic and complex mental health conditions. We analyzed national health policies in Australia, Brazil, Canada, China, France, Germany, Italy, Japan, Saudi Arabia, South Korea, Spain, Türkiye, the United Arab Emirates, the United States, and the United Kingdom.

The analysis encompassed the grouping of recommendations in overarching categories, the analysis and scoring of countries according to the level of integration of these recommendations, and the discussion of gaps and opportunities regarding mental health policies according to findings.

The paper provides an overview of (1) the objective and methodology used to develop this document, (2) the importance of robust and comprehensive mental health strategies/plans, (3) the multilateral policies and recommendations identified and prioritized, (4) the national policies identified and analyzed, and (5) findings per overarching category, sub-categories, and scorecards. The final section provides a synthesized overview of the key findings across all countries, highlighting overarching trends, common themes, and significant differences.

## Acknowledgements

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# 1. Introduction

The World Health Organization (WHO) defines mental health as a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community. It is acknowledged as a fundamental aspect of health and well-being, playing a pivotal role in shaping both individual and collective capacities for decision-making and relationship-building, indispensable for personal, community, and socioeconomic development.<sup>1</sup> Mental health conditions encompass mental disorders, psychosocial disabilities, and various mental states associated with significant distress, impairment in functioning, or risk of self-harm. The impact of mental health disorders extends beyond the individual affected, reaching caregivers, families, and the broader community. In socioeconomic terms, mental health issues often lead to decreased productivity, increased absenteeism, and heightened healthcare costs.<sup>2,3</sup> The societal consequences include reduced quality of life, strained interpersonal relationships, and a substantial economic toll.<sup>4</sup> The stigma associated with mental illness can further exacerbate these challenges, hindering individuals from seeking timely and appropriate care.<sup>5</sup>

Worldwide, over one billion people live with a mental disorder, according to data from 2019,<sup>6</sup> being among the leading causes of disability and representing significant risk factors for premature mortality.<sup>6,7</sup> The Global Burden of Diseases, Injuries, and Risk Factors Study (GBD) from 2019 found that mental disorders accounted for 125.3 million disability-adjusted life years (DALYs) worldwide, representing 4.9% of total DALYs,<sup>8</sup> highlighting the need for a global movement and a call to action for greater investment in and prioritization of mental health.

The disorders considered in the GBD 2019 study were depressive disorders, anxiety disorders, bipolar disorder, schizophrenia, autism spectrum disorders, conduct disorder, attention-deficit hyperactivity disorder, eating disorders, idiopathic developmental intellectual disability, and a residual category of other mental disorders.<sup>8</sup> These conditions vary in clinical manifestation, symptomatology, diagnostics and treatment, but nonetheless, they all have a substantial impact on individuals, families, and society.<sup>9</sup> Mental health disorders represent a challenge for healthcare and social systems, given their often recurrent or persistent nature, requiring ongoing treatment and support, and to governments in general, given their societal impact. Some of these health conditions, such as schizophrenia, borderline personality disorder, and bipolar disorder, can be categorized as chronic due to their longer duration, and complex due to their intricate symptomatology.<sup>10,11</sup> They are also referred as ‘serious mental illnesses’ due to the severe impact they have on function and occupation.<sup>12</sup> The global burden of these mental health conditions is substantial; between 1990 and 2019, the prevalence of schizophrenia increased from 14.2 to 23.6 million people, representing 15.1 million DALYs in 2019.<sup>13</sup> The community point prevalence of borderline personality disorder in adults was estimated to range between 0.7 to 2.7% globally,<sup>14</sup> and bipolar disorder accounted for 39.5 million cases in 2019 and 8.5 million years lived with disability.<sup>15</sup>

To provide appropriate support and care for people living with mental health disorders, there must be comprehensive strategies in place that promote early detection, destigmatization, and improved access to evidence-based interventions across the spectrum of care.<sup>5,16,17</sup> Despite the prevalence and burden of mental health disorders and their impact on different dimensions of society, there are still persistent gaps regarding access to diagnosis, effective treatment, and appropriate care.<sup>18–20</sup> Ensuring the provision of the best possible healthcare for individuals living with mental health conditions is of paramount importance, as it directly influences the quality of life of those affected and their relatives, as well as addressing a significant societal burden. The multifaceted nature of these disorders demands a collaborative, patient-centric approach.<sup>21,22</sup> The collaborative approach involves coordination among healthcare professionals, caregivers, and patients, which is essential to address the challenges posed by mental health conditions. The patient-centric approach has the potential to have positive impact on patient safety and adherence to care plans, and consequently to treatment and health outcomes, satisfaction with care, and quality of life,<sup>23</sup> as well as promoting a comprehensive understanding of the individual’s well-being regarding physical, mental, and emotional aspects.

Policies can play a pivotal role in shaping the landscape of healthcare, given that they can impact the accessibility and effectiveness of services, with policies within and outside the healthcare domain impacting individual, social, and structural dimensions that promote and protect mental health.<sup>4</sup> The WHO’s

Comprehensive Mental Health Action Plan 2013-2030, adopted at the 66<sup>th</sup> World Health Assembly, acknowledges that mental health, like other aspects of health, can be affected by a range of factors that must be addressed through comprehensive strategies for promotion, prevention, treatment, and recovery in a whole-of-government approach.<sup>24</sup> Effective policies, guidance, and recommendations can lead to positive transformations in healthcare service delivery and societal attitudes toward mental health. The position of multilateral organizations can be considered to represent a relevant category mental health policy insofar as it consists of strategies that prioritize the well-being of individuals on an international scale, fostering comprehensive approaches through evidence-based practices, and considering cross-cultural variations.

This study aims to better understand current global mental health policy recommendations and the extent to which these have been integrated into national mental health strategies and plans, allowing the identification of the current global policy standard and areas that demand more focus. The analysis of multilateral guidance and recommendations regarding mental health highlights the essential components necessary for formulating resilient and comprehensive mental health strategies and plans, and it establishes a benchmark against which policies at the national level can be systematically evaluated and refined. An analysis of the incorporation of multilateral guidance in national health plans has not been previously conducted. The analysis of existing national health plans provides insights into the current status of mental health policy prioritization in the selected countries and provides evidence to support national mental health advocacy efforts in addition to serving as a tool for ongoing monitoring.

## 2. Methodology

The methodology employed for this analysis involved selecting multilateral organizations that have issued policies in the field of mental health, identifying and categorizing mental health recommendations, and assessing their inclusion in national health policies. This process was guided by the assumption that multilateral policy recommendations serve as a benchmark for key areas and topics that national health policies should address. This approach enabled a discussion of gaps and opportunities in national mental health policies to support the provision of the best possible healthcare for mental health conditions.

An understanding of how multilateral guidance has been incorporated into national health plans is helpful to determine the current global standard and identify areas of policy focus and growth across different country contexts. Examining the level of alignment between global mental health policy recommendations and their integration into national strategies through a well-defined approach provides insights into areas of opportunity to support shaping the broader mental health landscape, as well as lessons for other countries. Additionally, this analysis can support the development of targeted interventions and foster collaborative efforts to enhance mental health policies on a national, regional, and global scale.

The methodology employed to build this document consisted of two steps: (1) Identification and assessment of multilateral mental health recommendations, in which we identified multilateral organizations and their associated mental health policies, reviewed each policy and compiled a list of all mental health recommendations, applied inclusion and exclusion criteria, and organized mental health recommendations by category and key theme; (2) identification and assessment of national health policies, in which we identified key health and mental health policies in selected countries for assessment and searched for the application of multilateral mental health recommendations in the identified policies.

The countries selected are Australia, Brazil, Canada, China, France, Germany, Italy, Japan, Saudi Arabia, South Korea, Spain, Türkiye, United Arab Emirates, United Kingdom, and United States. These were selected to showcase a diverse and comprehensive set of national mental health policies, encompassing a range of socioeconomic, cultural, and healthcare system variations. The search for multilateral mental health policies, along with the identification and prioritization of recommendations, was conducted between June and July 2023. Multilateral recommendations were grouped in four categories, and national mental health policies were identified and assessed according to these categories between August 2023 and February 2024. A scorecard system was built in which countries were assessed for each category, in which 1 point was added per

overarching category if the recommendation is included in the national policies, with 0.5 points being attributed if the recommendation is only partially incorporated, while no points are added if the recommendation is not included. This scorecard system allows us to rank countries per level of integration of multilateral mental health recommendations. This evidence was collected and analyzed in research templates, compiled in spreadsheets, and presented in this current document.

The information gathered was synthesized into a working document that organized findings by key topics: defining global mental health policy standards, prioritizing national mental health policies, and identifying areas for policy improvement worldwide. This document served as the foundation for a series of virtual roundtable discussions with experts, including global and national mental health policy leaders, healthcare providers, and people with lived experience of mental health conditions. These discussions took place on August 15th, August 21st, and September 10th, 2024. Experts were invited to share their insights in response to targeted questions. Their feedback was subsequently incorporated into this study.

## **2.1. Selection of multilateral organizations and policies**

The first step consisted of identifying multilateral organizations, whose recommendations are considered valuable guidelines for developing a robust and comprehensive mental health strategy or plan, as these recommendations reflect international consensus, encompassing diverse expertise, cultural considerations, and evidence-based approaches. The seven multilateral organizations identified are:

- Asia-Pacific Economic Cooperation (APEC): Regional economic forum established in 1989 to leverage the growing interdependence of the Asia-Pacific, with the aim of creating greater prosperity for the people of the region by promoting balanced, inclusive, sustainable, innovative and secure growth and by accelerating regional economic integration.<sup>25</sup>
- European Commission (EC): Cabinet government part of the executive of the European Union, EC proposes laws, makes sure EU laws are properly applied and manages EU spending programs.<sup>26</sup>
- Organization for Economic Cooperation and Development (OECD): An international organization of mostly rich countries that works to build better policies for better lives, with the goal of shaping policies that foster prosperity, equality, opportunity and well-being for all.<sup>27</sup>
- United Nations (UN): intergovernmental organization whose stated purposes are to maintain international peace and security, develop friendly relations among nations, achieve international cooperation, and serve as a center for harmonizing the actions of nations.<sup>28</sup>
- European Parliament (EP): Forum for political debate and decision-making at the European Union level. Members represent people's interests with regard to EU law-making and to make sure other EU institutions are working democratically.<sup>29</sup>
- World Health Organization (WHO): United Nations agency that connects nations, partners and people to promote health, keep the world safe and serve the vulnerable.<sup>30</sup>
- Pan American Health Organization (PAHO): International health agency for the Americas and the Regional Office of the World Health Organization that works with countries throughout the region to improve and protect people's health.<sup>31</sup>

For each of these multilateral organizations, their associated mental health policies were identified, which had to be valid by 2023, and address mental health either as its main focus, or among other health and social-related topics. Table 1 indicates which policies were identified and analyzed for each multilateral organization, as well as the specific mental health conditions mentioned, and if it set targets and indicators associated with any of these conditions.

**Table 1. Multilateral mental health policies assessed and information**

Multilateral organization	Mental health policy	Specific mental health conditions mentioned within the policy	Targets/indicators associated with any of the mental health conditions listed above
Asia-Pacific Economic Cooperation (APEC)	Roadmap to Promote Mental Wellness in a Healthy Asia Pacific 2021-2030 <sup>32</sup>	Depression, Substance use disorders, Suicide/self-harm, Youth mental health	<b>Partially</b> Activity focusing on Depression
European Commission (EC)	EU4Health Programme 2021-2027 <sup>33</sup>	N/A – mental health conditions referred to in general as “mental health illnesses:	<b>No</b>
	A Comprehensive Approach to Mental Health 2023 <sup>34</sup>	Anxiety, Depression, Loneliness, PTS, Post-natal depression, Stress, Suicide	<b>Partially</b> Initiatives actions on Anxiety, Depression, Stress, Suicide
	Healthier Together – EU Non-Communicable Disease Initiative 2022-2027 <sup>35</sup>	Anxiety disorders, Bipolar Disorder, Depressive Disorders, Loneliness, Schizophrenia, Suicide	<b>No</b> Prioritizes neurological disorders including Alzheimer, dementia, stroke
Organisation for Economic Cooperation and Development (OECD)	Recommendation of the Council on Integrated Mental Health, Skills and Work Policy (2015) <sup>36</sup>	N/A – refers to mental health conditions in general. (Anxiety, Bipolar disorder, Depression and Suicide mention in progress report)	<b>No</b> Refers to mental health in general)
United Nations (UN)	United Nations Sustainable Development Goals <sup>37</sup>	Anxiety, Bipolar Disorder, Depression, Schizophrenia, Substance use disorders, Suicide	<b>Yes</b> Substance use disorders, Suicide
	Mental health and psychosocial support for sustainable development and peace – resolution (June 2023) <sup>38</sup>	Depression, Psychological distress, Suicide	<b>Partially</b> Calls to action for Depression, Suicide
European Parliament (EP)	Mental Health in the Digital World of Work (2022) <sup>39</sup>	Depression, Anxiety, Suicide	<b>No</b>
World Health Organization (WHO)	Comprehensive Mental Health Action Plan 2013-2030 <sup>40</sup>	Anxiety disorders, Bipolar affective disorder, Depression, Psychosis, Schizophrenia, Substance use disorders, Suicide	<b>Yes</b> Depression, Psychosis, Suicide
Pan American Health Organization (PAHO)	A New Agenda for Mental Health in the Americas (2023) <sup>41</sup>	Anxiety disorders; Bipolar disorder, Depression, PTSD, Schizophrenia, Substance abuse, Suicide	<b>Partially</b> Recommendations/actions points for suicide)
	Policy for Improving Mental Health (2023) <sup>42</sup>	Anxiety disorders; Depression, Drug use disorders, Suicide	<b>No</b>

Source: elaborated by authors

Each policy was reviewed, and their mental health recommendations were collated, assessed and categorized according to themes. This process was conducted through the lens of what constitutes a robust and comprehensive national mental health policy with a focus on serious mental illnesses, therefore certain recommendations focused on mental health in the workplace, emergency preparedness and humanitarian aid, and situational depression have been deprioritized and excluded from the analysis.

## 2.2. Prioritization and overarching categories

The 11 multilateral policies were assessed, and initially 102 mental health recommendations were identified, with 32 recommendations being excluded as they were out of scope. Therefore, 70 multilateral mental health



recommendations were included in the analysis. Recommendations were synthesized and, as some had similar goals, sometimes merged, reaching 52 recommendations. The recommendations were then grouped into overarching categories to facilitate the analysis and discussion of key findings. Table 2 shows the allocation of recommendations into the five overarching categories and their associated subcategories, some of which repeat under different overarching categories but consist of different recommendations. The categories were defined to reflect the mental health pathway, which encompasses distinct but integrated pathways for prevention, care, and rehabilitation. The final list of categories, subcategories, and recommendations can be found on Supplementary Table 1- Final list of recommendations.

The multilateral guidance and recommendations were grouped into five overarching categories:

- **Mental health policy prioritization**, that includes the need to strengthen effective leadership and governance for mental health, adopting mental health in all policies, addressing mental health financing, social determinants, promoting patient empowerment and a life-course approach.
- **Prevention**, which encompasses capacity building and training, strategies for prevention in mental health, provision of comprehensive, integrated and responsive mental health and social care services in community-based settings related to prevention, tackling mental health stigma and discrimination, addressing social determinants and providing support to vulnerable populations.
- **Care**, which includes the provision of comprehensive, integrated and responsive mental health and social care services in community-based settings, the strengthening of effective leadership and governance for mental health, capacity building and training for mental health care, promoting patient empowerment for shared decision making in treatment and care, and peer support models.
- **Rehabilitation**, that includes the social inclusion of people living with mental health conditions, the establishment of return-to-work programs, and strategies that support the recovery of persons with mental health conditions.
- **Mental health data and research**, that addresses the need to strengthen evidence and research for mental health, and information systems.

**Table 2. Overarching categories and recommendations**

Overarching categories	Sub-categories	Recommendations
Mental health policy prioritization	Life-course approach	Policies promote and protect MH across the life course.
	Social determinants	Policies address barriers arising from lack of economic opportunities, poverty, inequalities, and discrimination.
	Tackle mental health stigma and discrimination	Increase efforts to combat stigma and discrimination.
		Raise awareness and destigmatize mental health issues among the general population.
	Mental health in all policies (including emergency preparedness)	Decision makers strengthen cooperation between health and other sectors, including joint budgeting/commissioning.
		Mental health is integrated into all health policies, emergency, and disaster response as well as other policies (Mental health in all policies, Policing, Housing, Education, Immigration, Emergency preparedness).
	Strengthen effective leadership and governance for mental health	The national mental health plan is up-to-date and implemented.
		Policies prioritize community based mental health care.
		Policies promote a whole-of-government and whole-of-society approach to improving mental health.
		Policies and legislation protect human rights and align with the Convention of the Rights of Persons with Disabilities (WHO target).
		Policies create a formalized structure or mechanism to ensure insights and input from all relevant stakeholders, including persons with lived experience, are incorporated in the development and implementation of policies, laws, and services.
		Decision makers promote and engage in international cooperation and knowledge sharing on MH policy/plan/law development, implementation, and evaluation.
	Mental health financing	Decision makers increase the quantity and improve the quality of MH financing.
		Policies mobilize and allocate adequate, predictable, and sustainable resources and budget as needed to implement MH plans.
		Decision makers explore voluntary innovative financing mechanisms.
	Patient empowerment	Strengthen and empower people with mental disorders and psychosocial disabilities and their organization to be active participants in the mental health care decision making process.
Prevention	Capacity building/training	Provide training for case workers and social workers to improve their understanding of MH issues and the health benefits of work.
	Vulnerable populations	Proactively identify and provide appropriate support for groups at particular risk of mental illness who have poor access to services (address disparities).
	Life-course approach	Policies address suicide prevention across the life course.
	Strategies for promotion and prevention in mental health	Develop MH awareness campaigns to address stigma, perceptions and social exclusion associated with poor MH.
		Improve awareness among educational professionals and students' families of MH conditions, signs and symptoms, and ability to refer students for assessment as needed.
		Develop functional mental health promotion and prevention programs (WHO target).
		Reduce the rate of suicide by working to reduce key risk factors and building multisectoral capacity to respond to self-harm and suicide.
	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Policies address school-based mental health programs.
		Implement strategies for promotion and prevention in mental health.

Overarching categories	Sub-categories	Recommendations
	<b>Tackle mental health stigma and discrimination</b>	Increase efforts to combat stigma and discrimination.
	<b>Social determinants</b>	Policies address racism and racial discrimination as a key determinant of mental health.
<b>Care</b>	<b>Provide comprehensive, integrated, and responsive mental health and social care services in community-based settings.</b>	Integrate mental health into primary health care by 2030 as an essential component of UHC.
		Ensure timely access to treatment in community mental health and primary care settings.
		Incorporate mental health specialists in primary care settings.
		Establish clear practices of referral to, and consultation with specialists.
		Deinstitutionalize mental health care and move towards non-specialized health settings with increasing coverage of interventions for priority conditions.
		Integrate and coordinate holistic prevention, promotion, rehabilitation, care and support that aims at meeting both mental and physical health care needs and facilitates recovery.
		Establish an accessible support structure linked to preschools, schools, community services etc. to provide treatment, counselling, guidance and peer support.
	<b>Vulnerable populations</b>	Improve access for the underserved and minority population.
	<b>Patient empowerment</b>	Ensure shared decision making for people living with MH conditions in their care and treatment plan.
	<b>Life-course approach</b>	Ensure seamless service provision and non-stigmatizing support in transfer from child to adolescent services to adult services (via policy measures, integrated service delivery and financing models) through better collaboration and integrated approaches by all involved stakeholders.
	<b>Peer support</b>	Develop and roll out peer support models.
	<b>Capacity building / training</b>	Capability and capacity building programs for primary/general and specialized health workers on culturally appropriate identification, treatment, and support services for mental health conditions.
		Programs to recruit and retain health care workers, including incentives to ensure equitable distribution in rural, hard to reach and underserved areas.
		Provide training for case workers and social workers to improve their understanding of MH issues and the health benefits of work.
		Expand mental health and psychosocial support services by increasing the number of community-based mental health facilities (WHO Target).
		Increase service coverage for mental health conditions (WHO Target).
	<b>Strengthen effective leadership and governance for mental health</b>	Policies include efforts to provide and fund cross-sectoral mental health and psychosocial support services (quality, contextually sensitive, gender-sensitive and respect human rights).
<b>Rehabilitation</b>	<b>Strengthen effective leadership and governance for mental health</b>	Ensure the social inclusion of people living with mental health conditions.
	<b>Strategies for the promotion and prevention in mental health</b>	Establish return-to-work programs for people with MH problems.

Overarching categories	Sub-categories	Recommendations
	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Policies include strategies that support the recovery of persons with mental health conditions.
Mental Health Data and Research	Strengthen evidence and research for mental health	Improve MH data and research.
		Collect data on mental health status of people in vulnerable situations and on accessibility of services in marginalized/remote areas.
		Improve research capacity and academic collaboration on national priorities for research in mental health.
		Routinely collect and report a core set of mental health indicators every two years (WHO target).
	Strengthen information systems	Strengthen routine health information systems, data-related capacity, and the ability of information systems to integrate mental health into the routine health information system.
		Utilize strengthened health information systems to improve MH service delivery, promotion, and prevention strategies.

Source: elaborated by authors

### 2.3. Identification and analysis of national policies

A sample of 15 countries was selected to represent a range of socioeconomic bands, cultural characteristics, and healthcare system types. The countries selected are classified by the World Bank as high-income and upper-middle-income countries.<sup>43</sup> The development and management of health policies, strategies and guidelines in these countries have a higher level of planning, which can enhance the quality of policy analysis.<sup>44</sup> The countries selected were Australia, Brazil, Canada, China, France, Germany, Italy, Japan, Saudi Arabia, South Korea, Spain, Türkiye, United Arab Emirates, United States, and United Kingdom. A search of health and mental health policies was conducted for each country, in which they had to be of national scope and valid at the time of research. Each policy was then assessed to identify the extent to which the multilateral recommendations presented in Table 2 were integrated.

A total of 37 relevant national plans / strategies were identified and assessed across the 15 countries. The scope of this study did not include the assessment of provincial/state/territorial policies. Table 3 indicates which health/mental health policies were identified and analyzed in each country, and Supplementary Table 2 presents the level of incorporation of multilateral recommendations per overarching category per country.

**Table 3. National health and mental health plans/strategies assessed, and mental health conditions mentioned**

Country	National plans / strategies	Mental health conditions mentioned within the policies/plans
Australia	<ul style="list-style-type: none"> <li>National Mental Health and Suicide Prevention Plan<sup>45</sup></li> <li>Delivering the Long-Term National Health Plan for the next decade<sup>46</sup></li> </ul>	Anxiety, Depression, Eating disorders, Major Depressive Disorder, Psychosis, Suicide/Self-harm, Trauma
Brazil	<ul style="list-style-type: none"> <li>National Health Plan 2020 – 2023<sup>47</sup></li> <li>Law No. 10.216 of April 6, 2001<sup>48</sup></li> </ul>	Anxiety, Bipolar affective disorder, Depression, Obsessive-compulsive disorder, Schizophrenia
Canada	<ul style="list-style-type: none"> <li>Advancing Collaborative Mental Health Care in Canada's Primary Care Settings: A National</li> </ul>	Anxiety, Autism, Dementia, Depression, PTSD, Self-harm, Substance use disorders, Suicide and suicidal ideation

Country	National plans / strategies	Mental health conditions mentioned within the policies/plans
	<ul style="list-style-type: none"> <li>Quality Framework with Recommended Measures (2022)<sup>49</sup></li> <li>2023-2024 Departmental Plan (Public Health Agency)<sup>50</sup></li> <li>2023-2024 Departmental Plan for Health Canada<sup>51</sup></li> </ul>	
China	<ul style="list-style-type: none"> <li>2015-2020 National Mental Health Work Plan<sup>52</sup></li> <li>Healthy China Initiative 2019-2030<sup>53</sup></li> <li>14th Five-Year National Health Plan 2022-2027<sup>54</sup></li> <li>Mental Health Law of People's Republic of China (2012)<sup>55</sup></li> <li>Notice on Issuing Opinions on Strengthening and Improving Psychiatric Medical Services (2020)<sup>56</sup></li> </ul>	Abnormal mental behavioral development in children, Alzheimer's disease, Anxiety disorders, Autism, Childhood autism, Childhood mental health disorders, Cognitive disorders, Depression, Eating disorders, Insomnia, Schizophrenia, Severe mental disorders, Sleeping disorders, Substance dependence
France	<ul style="list-style-type: none"> <li>Action Plan for Mental Health and Psychiatry<sup>57</sup></li> <li>National Health Strategy 2018-2022<sup>58</sup></li> </ul>	Anorexia, Anxiety disorders, Autism, Bipolar disorder, Bulimia, Depressive disorders, Schizophrenia, Severe mental problems, Suicide
Germany	<ul style="list-style-type: none"> <li>National Health Goals<sup>59</sup></li> </ul>	Chronic depressive disorders, Depression, Suicide
Italy	<ul style="list-style-type: none"> <li>Mental Health Action Plan (2013)<sup>60</sup></li> <li>The National Prevention Plan 2020-2025<sup>61</sup></li> </ul>	Anxiety, Autism spectrum disorders, Borderline personality disorders, Cognitive decline, Dementia, Depression, Eating disorders, Mood disorders, Personality disorder, Psychosis, Schizophrenia, Severe depression, Suicide
Japan	<ul style="list-style-type: none"> <li>Act on Mental Health and Welfare for the Mentally Disabled (2013)<sup>62</sup></li> <li>Health Japan 21 (2013)<sup>63</sup></li> </ul>	Acute addiction or dependency on a psychoactive substance, Anxiety Disorders, Intellectual disability, Mood Disorders, Psychiatric disorder, Psychopathy, Schizophrenia, Suicide
Saudi Arabia	<ul style="list-style-type: none"> <li>Mental Health Care Law<sup>64</sup></li> <li>Ministry of Health Strategy 2019-2023<sup>65</sup></li> </ul>	No specific mental health conditions mentioned
South Korea	<ul style="list-style-type: none"> <li>2nd Mental Health Welfare Basic Plan 2021-2025<sup>66</sup></li> <li>The 5th National Health Plan 2021-2030<sup>67</sup></li> <li>Mental Health Policy Innovation Plan<sup>68</sup></li> </ul>	Addiction/substance abuse, Anxiety, Bipolar disorder, Dementia, Depression, Schizophrenia, Suicide
Spain	<ul style="list-style-type: none"> <li>Mental Health Strategy on the National Health System 2022-2026<sup>69</sup></li> <li>Mental Health Action Plan 2022-2024<sup>70</sup></li> </ul>	Addictive behaviors with and without substance, Anxiety, Bipolar Disorder, Borderline personality disorder, Eating disorder, PTSD, Suicide
Türkiye	<ul style="list-style-type: none"> <li>National Mental Health Action Plan 2021-2023<sup>71</sup></li> <li>Ministry of Health 2019-2023 Strategic Plan<sup>72</sup></li> <li>Mental Health Law Proposal Nr. 2/5039 of 6 April 2023<sup>73</sup></li> </ul>	Anxiety, Autism spectrum disorders, Bipolar, Depression, Schizophrenia, Suicide
United Arab Emirates	<ul style="list-style-type: none"> <li>The National Policy for the Promotion of Mental Health<sup>74</sup></li> <li>Federal Law No. 10 on Mental Health<sup>75</sup></li> </ul>	Addiction – drug or psychotropic substance abuse, Anxiety, Depression, Phobias, Self-harm, Senile dementia, Substance abuse, Trauma
United States	<ul style="list-style-type: none"> <li>National Mental Health Strategy (2022)<sup>76</sup></li> <li>Healthy Plan 2030<sup>77</sup></li> <li>The Substance Abuse and Mental Health Services Administration 2023-2026 Strategic Plan<sup>78</sup></li> <li>CMS Behavioral Health Strategy<sup>79</sup></li> </ul>	Anxiety, Bipolar disorder, Dementia, Depression and severe depression, Eating disorders, Personality disorder, Psychosis, Suicide
United Kingdom	<ul style="list-style-type: none"> <li>NHS Mental Health Implementation Plan 2019/20-2023/24<sup>80</sup></li> <li>The NHS Long Term Plan (2019)<sup>81</sup></li> </ul>	Anxiety, Alcohol use, Anxiety, Bipolar disorder, Dementia, Depression and severe depression, Eating disorders, Personality disorder, Psychosis, Schizophrenia, Serious emotional disturbance, Serious mental illness, Substance use disorders, Suicide and suicide risk

## 3. Results

This section presents the scorecards for each overarching category, facilitating a comparative analysis of countries according to their level of integration of multilateral recommendations, discussing the integration of multilateral guidance and identifying gaps. While the scorecard categorizes countries into low, medium, and high levels of integration, the primary aim of this section is not to delve deeply into individual country discussions but rather to highlight common trends across them. Supplementary Table 3 presents the score and key findings per country. Supplementary Tables 4 to 8 present the scores per sub-category for each country.

### 3.1. Mental health policy prioritization

The overarching category *Mental health policy prioritization* includes the following sub-categories: (1) life course approach, (2) social determinants, (3) tackle mental health stigma and discrimination, (4) mental health in all policies, (5) strengthen effective leadership and governance, (6) mental health financing, and (7) patient empowerment. Table 4 presents the scores per country and their level of integration of multilateral mental health recommendations related to mental health policy prioritization overall. Table 5 delves one level deeper and provides their level of integration across the various sub-categories within the *Mental health policy prioritization* theme.

**Table 4. Scorecard for overarching category *Mental health policy prioritization***

Country	Score (out of 21)	Level of integration
Australia	12	Medium
Brazil	6.5	Low
Canada	13.5	Medium
China	11	Medium
France	13	Medium
Germany	8.5	Low
Italy	10.5	Low
Japan	8.5	Low
Saudi Arabia	8.5	Low
South Korea	15.5	Medium
Spain	16	High
Türkiye	8	Low
United Arab Emirates	13.5	Medium
United Kingdom	14	Medium
United States	15.5	Medium

**Table 5. Level of integration for sub-categories within *Mental health policy prioritization***

Country	Life course approach	Social determinants	Tackle mental health stigma and discrimination	Mental health in all policies	Strengthen effective leadership and governance	Mental health financing	Patient empowerment
Australia	Medium	Low	High	Low	Medium	Medium	High
Brazil	Low	Low	High	Low	Medium	Low	Low
Canada	High	High	High	Medium	Medium	Low	Medium
China	High	Low	Medium	Low	High	Medium	Low
France	High	High	High	Medium	Medium	Low	Low
Germany	Low	High	Medium	Low	Medium	Low	High
Italy	High	High	High	Low	Medium	Low	Low
Japan	High	Low	Low	Medium	Medium	Low	Low
Saudi Arabia	Low	Low	Low	Low	High	Low	High
South Korea	High	High	High	Medium	High	Low	Medium
Spain	High	High	High	Medium	High	Medium	High
Türkiye	Medium	Low	Low	Low	Medium	Low	Medium
United Arab Emirates	High	Medium	High	Low	High	Low	High
United Kingdom	High	High	Low	Medium	High	Medium	Medium
United States	High	High	Medium	Medium	High	Medium	Medium

Only Spain had a high level of integration for this theme, achieving high levels for nearly all sub-categories. However, gaps were identified in terms of integrating mental health in all policies, such as housing and emergency preparedness, and if decision makers explore voluntary innovative financing mechanisms. Australia, Canada, China, France, South Korea, United Arab Emirates, United Kingdom, and the United States exhibited a medium level of integration, with all of them scoring low for at least one sub-category, except the United States which scored medium or high across all sub-categories. It is important to note that a state-by-state examination, which was beyond the scope of this research, could provide fewer positive findings for this country. The United States and South Korea showed the highest levels of integration among countries that scored medium for the category, with high scores for life course approach, addressing social determinants, and strengthening effective leadership and governance. China and Australia, on the other hand, were on the lower end of the medium scale and scored low for social determinants and integration of mental health into all health policies. All other countries, i.e., Brazil, Germany, Italy, Japan, Saudi Arabia and Türkiye, had a low level of integration for *Mental health policy prioritization*. Among the recommendations that are integrated into most of the national policies, including the ones with the lowest scores, are those related to strengthening effective leadership and governance. On the other hand, all countries that scored low for the overarching category *Mental health policy prioritization* also scored low for mental health financing.

Most countries scored either high or medium for the sub-categories *Life course approach* and *Tackle stigma and discrimination*, as the assessed policies addressed promoting and protecting mental health across the life course and raising awareness and destigmatizing mental health issues among the general population. For the subcategory *Social determinants*, six of the 15 countries do not have policies addressing barriers arising from a lack of economic opportunities, poverty, inequalities, and discrimination. No country scored high for the sub-category *Mental health in all policies*, as mental health is not integrated into other sectoral policies such as housing and immigration. On the other hand, 10 out of the 15 countries analyzed have mental health integrated into education policies. Brazil, Germany, and Saudi Arabia had the lowest scores for this sub-category, as there

was no evidence found that mental health is integrated into all health policies, emergency or disaster response plans, as well as other policies such as housing, policing, and education.

All countries achieved medium or high scores for the sub-category *Strengthen effective leadership and governance*, as most of the assessed policies prioritize community-based mental health care, protect human rights, and are aligned with the Convention of the Rights of Persons with Disabilities. The exception is Australia, given that its assessed policies do not explicitly mention human rights, shared decision-making, or limiting involuntary admission and treatment. Except for Italy, all countries have a national mental health plan that is up-to-date and implemented. Germany, South Korea, and the United Arab Emirates were the only countries that outlined a formalized structure or mechanism to ensure insights and input from all relevant stakeholders, including persons with lived experience, are incorporated in the development and implementation of policies, laws, and services. Most countries scored low for the sub-category *Mental health financing*, with only the United Kingdom and the United States addressing both recommendations that ensure decision-makers increase the quantity and improve the quality of mental health financing, and policies that mobilize and allocate adequate, predictable, and sustainable resources as needed to implement mental health plans, while China and Saudi Arabia addressed innovative financing mechanisms. Five of the 15 countries scored low for patient empowerment, as they did not have policies that strengthen and empower people with mental disorders and psychosocial disabilities and their organizations to be active participants in mental health care decision-making processes.

### 3.2. Prevention

The overarching category *Prevention* includes the following sub-categories: (1) capacity building / training, (2) vulnerable population, (3) life course approach, (4) strategies for promotion and prevention in mental health, (5) provide comprehensive, integrated and responsive mental health and social care services in community-based settings, (6) tackle mental health stigma and discrimination, and (7) social determinants. Table 6 presents the scores per country and their level of integration of multilateral mental health recommendations related to *Prevention*. Table 7 delves one level deeper and provides their level of integration across the various sub-categories within the *Prevention* theme.

**Table 6. Scorecard for overarching category *Prevention***

Country	Score (out of 11)	Level of integration
Australia	9	High
Brazil	6.5	Medium
Canada	7	Medium
China	4	Low
France	8.5	High
Germany	6.5	Medium
Italy	7	Medium
Japan	3.5	Low
Saudi Arabia	0.5	Low
South Korea	10	High
Spain	8.5	High
Türkiye	7	Medium
United Arab Emirates	7.5	Medium
United Kingdom	6.5	Medium
United States	10.5	High



**Table 7. Level of integration for sub-categories within *Prevention***

Country	Capacity building / training	Vulnerable populations	Life course approach	Strategies for promotion and prevention in mental health	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Tackle mental health stigma and discrimination	Social determinants
Australia	Low	High	High	High	High	High	Low
Brazil	Low	High	Low	High	Low	High	Low
Canada	Low	High	Low	Medium	Medium	High	High
China	Medium	Low	Low	Low	Medium	Low	Low
France	Medium	High	Low	High	High	High	Low
Germany	Low	Low	Low	High	High	Medium	Low
Italy	High	Medium	Medium	Low	High	High	Low
Japan	Low	Low	Low	Medium	Medium	Low	Low
Saudi Arabia	Low	Low	Low	Low	Low	Low	Low
South Korea	High	High	High	High	High	High	Low
Spain	Medium	High	High	Medium	High	High	Low
Türkiye	High	High	Low	Medium	High	Low	Low
United Arab Emirates	High	High	Low	Medium	High	High	Low
United Kingdom	Medium	High	High	Medium	Medium	Low	Low
United States	High	High	High	High	High	High	High

Australia, France, South Korea, Spain, and the United States had the highest level of integration for the overarching category *Prevention*, with most of the multilateral recommendations addressed. For Australia and South Korea, policies did not address recommendations regarding racism and racial discrimination as a key determinant of mental health, while for the United States the gap is that although mental health awareness is addressed, the scope of associated efforts is limited with a strong focus on awareness among the healthcare workforce. Brazil, Canada, Germany, Italy, Türkiye, the United Arab Emirates, and the United Kingdom had medium levels of integration, with most plans addressing strategies for promotion and prevention in mental health. China, Japan, and Saudi Arabia had the lowest scores for the category, with gaps identified regarding policies aimed at increasing efforts to combat stigma and discrimination, and policies that seek to improve awareness among educational professionals and families of students, of MH conditions, signs and symptoms and ability to refer students for assessment as needed. Saudi Arabia had the lowest score among all countries: while the Mental Health Care Law mandates the development of procedures and controls to promote mental health care and prevent mental health conditions, the Ministry of Health's strategy focuses on general health risk prevention, lacking specific measures for mental health.

For the sub-category *Capacity building/training*, Italy, South Korea, Türkiye, the United Arab Emirates and the United States had the highest scores, while Australia, Brazil, Canada, Germany, Japan, and Saudi Arabia had the lowest. For the countries with the lowest scores, the recommendations regarding the provision of training for case workers and social workers to improve their understanding of MH issues and the health benefits of work are not integrated into national policies. For the subcategory *Vulnerable populations*, the countries with the highest scores had policies that address disparities, namely by proactively identifying and providing appropriate support for groups at particular risk of mental illness who have poor access to services. Ten out of the 15

countries scored either medium or low for the subcategory *Life course approach*, as most countries do not address suicide prevention across the life course within their national policies. Most countries scored high for the subcategory *Tackle mental health stigma and discrimination* by incorporating recommendations to increase efforts to combat stigma and discrimination, but on the other hand scored low for the subcategory *Social Determinants*, as only policies in Canada and the United States address racism and racial discrimination as a key determinant of mental health.

Australia, Brazil, France, Germany, South Korea, and the United States had the highest scores for the subcategory *Strategies for promotion and prevention in mental health*, with all the multilateral recommendations incorporated into national health plans. China, Italy, and Saudi Arabia had the lowest scores, with Saudi Arabia having the lowest score among them, with none of the recommendations incorporated into policies. For the subcategory *Provide comprehensive, integrated and responsive mental health and social care services in community-based settings*, most countries scored high or medium, in which all countries implement strategies for promotion and prevention in mental health (although some limited in scope), and most had policies that address school-based mental health programs.

### 3.3. Care

The overarching category *Care* includes the following sub-categories: (1) provide comprehensive, integrated and responsive mental health and social care services in community-based settings, (2) vulnerable populations, (3) patient empowerment, (4) life-course approach, (5) peer support, (6) capacity building / training, and (7) strengthen effective leadership and governance for mental health. Table 8 presents the scores per country and their level of integration of multilateral mental health recommendations related to care. Table 9 delves one level deeper and provides their level of integration across the various sub-categories within the *Care* theme.

**Table 8. Scorecard for overarching category *Care***

Country	Score (out of 17)	Level of integration
Australia	11	Medium
Brazil	4	Low
Canada	7.5	Low
China	6	Low
France	10	Medium
Germany	5	Low
Italy	7	Low
Japan	3.5	Low
Saudi Arabia	4	Low
South Korea	11.5	Medium
Spain	10.5	Medium
Türkiye	12	Medium
United Arab Emirates	11.5	Medium
United Kingdom	14.5	High
United States	14	High

**Table 9. level of integration for sub-categories within *Care***

Country	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Vulnerable populations	Patient empowerment	Life-course approach	Peer support	Capacity building / training	Strengthen effective leadership and governance for mental health
Australia	Medium	High	Low	Medium	High	Medium	High
Brazil	Low	Low	Low	Low	Low	Low	Low
Canada	Medium	High	Medium	Medium	Medium	Low	Low
China	Low	Low	Low	Low	Low	Medium	Medium
France	Medium	High	Low	Low	High	Medium	Low
Germany	Low	Low	High	Low	Medium	Low	Medium
Italy	Low	High	Low	High	Low	Low	Medium
Japan	Low	Low	Low	Low	Low	Low	Medium
Saudi Arabia	Low	Low	Medium	Low	Low	Low	Low
South Korea	Medium	High	Medium	Low	High	Medium	High
Spain	Low	High	High	High	High	Low	High
Türkiye	Medium	High	High	Low	Medium	High	Low
United Arab Emirates	High	High	High	Low	Medium	Medium	Low
United Kingdom	High	High	High	High	High	Medium	High
United States	Medium	High	Medium	Medium	High	High	High

Among the analyzed countries, only the United Kingdom and the United States achieved a high level of policy integration in the overarching *Care* category, with most of the multilateral recommendations incorporated into their national policies. For both countries no policies were found establishing clear practices of referral to, and consultation with, specialists; for the United States no policies ensured timely access to treatment in community MH and primary care settings, and for the United Kingdom the investment in health care professional training expressed in policies does not extend to caseworkers and social workers, and only makes mention of a workforce development program for the ambulance service to improve their mental health response. Furthermore, increasing the number of community-based mental health facilities is not explicitly mentioned. Brazil, Canada, China, Germany, Italy, Japan, Saudi Arabia, and South Korea received the lowest scores in the overarching *Care* category. Brazil and Saudi Arabia had the lowest scores overall, as they lack policies that address care for vulnerable populations, empower patients, establish a life-course approach, or strengthen effective leadership and governance for mental health.

For the sub-category *Provide comprehensive, integrated, and responsive mental health and social care services in community-based settings*, only the United Arab Emirates and the United Kingdom scored high, while Brazil, China, Germany, Italy, Japan, Saudi Arabia, and Spain had the lowest scores. In these countries, the integration of mental health into primary healthcare as an essential component of universal health coverage is not explicitly addressed, particularly in terms of incorporating mental health specialists and ensuring timely access to treatment in community mental health and primary care settings. Furthermore, evidence was not found to suggest efforts to establish clear practices of referral to, and consultation with, specialists. On a positive note, most countries have policies that integrate and coordinate comprehensive mental health and social care

services in community-based settings, and that establish accessible support structures linked to preschools, schools, community services, etc. to provide treatment, counselling, guidance and peer support. In the sub-category *Capacity-building and training*, Türkiye and the United States had the highest scores, with all recommendations incorporated into national policies, although in Türkiye, some are limited in scope. In contrast, most of the countries with the lowest scores lack policies that include programs to recruit and retain health care workers, including incentives to ensure equitable distribution in rural, hard to reach and underserved areas, nor policies that provide training for case workers and social workers to improve their understanding of MH issues and the health benefits of work.

Five out of the 15 countries scored low for the sub-category *Vulnerable Populations* due to the absence of policies aimed at improving access to care for underserved and minority populations. Six countries scored low for the sub-category *Patient empowerment*, as they did not ensure shared decision making for people living with MH conditions in their care and treatment plans. Only Italy, Spain, and the United Kingdom scored high for the sub-category *Life-course approach*, as policies ensure seamless service provision and non-stigmatizing support in transfer from child to adolescent services to adult services (via policy measures, integrated service delivery and financing models) through better collaboration and integrated approaches by all involved stakeholders. Australia, France, South Korea, Spain, United Kingdom and the United States scored high for *Peer-support*, as these countries develop and roll out peer support models. For the sub-category *Strengthen effective leadership and governance for mental health*, most countries do not include efforts to provide and fund cross-sectoral mental health and psychosocial support services (quality, contextually sensitive, gender-sensitive and respect human rights).

### 3.4. Rehabilitation

The overarching category *Rehabilitation* includes the following sub-categories: (1) Strengthen effective leadership and governance for mental health, (2) strategies for the promotion and prevention in mental health, and (3) provide comprehensive, integrated and responsive mental health and social care services in community-based settings. Table 10 presents the scores per country and their level of integration of multilateral mental health recommendations related to rehabilitation. Table 11 delves one level deeper and provides their level of integration across the various sub-categories within the *Rehabilitation* theme.

**Table 10. Scorecard for overarching category *Rehabilitation***

Country	Score (out of 3)	Level of integration
Australia	2.5	High
Brazil	1	Low
Canada	1	Low
China	1.5	Medium
France	3	High
Germany	3	High
Italy	2	Medium
Japan	1.5	Medium
Saudi Arabia	0.5	Low
South Korea	3	High
Spain	2	Medium
Türkiye	2	Medium
United Arab Emirates	3	High
United Kingdom	3	High
United States	1.5	Medium

**Table 11. Level of integration for sub-categories within *Rehabilitation***

Country	Strengthen effective leadership and governance for mental health	Strategies for the promotion and prevention in mental health	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings
Australia	High	High	Medium
Brazil	Medium	Low	Medium
Canada	Medium	Low	Medium
China	Medium	Low	High
France	High	High	High
Germany	High	High	High
Italy	High	Low	High
Japan	Medium	Low	High
Saudi Arabia	Low	Low	Medium
South Korea	High	High	High
Spain	High	Low	High
Türkiye	High	Low	High
United Arab Emirates	High	High	High
United Kingdom	High	High	High
United States	Medium	Low	High

Australia, France, Germany, South Korea, the United Arab Emirates, and the United Kingdom had the highest scores for the overarching category *Rehabilitation*, with all multilateral recommendations incorporated into their national policies, namely ensuring the social inclusion of people living with mental health conditions, establishment of return-to-work programs for people with mental health problems, and inclusion of strategies that support the recovery of persons with mental health conditions. However, in Australia, the scope of these recovery strategies is limited – while the Long-Term Plan mentions the establishment of recovery and rehabilitation services for drug and alcohol abuse, as well as for women with trauma, it does not address recovery support for other mental health conditions. China, Italy, Japan, Spain, Türkiye, and the United States scored Medium, as none of these countries have policies that establish return-to-work programs for people with mental health problems. Brazil, Canada, and Saudi Arabia have the lowest scores, with Saudi Arabia being the only country for which none of the policies mention or address the social inclusion of people with mental health conditions.

### 3.5. Mental Health Data and Research

The overarching category *Mental Health Data and Research* includes the following sub-categories: (1) Strengthen evidence and research for mental health, and (2) Strengthen information systems. Table 12 presents the scores per country and their level of integration of multilateral mental health recommendations related to mental health data and research. Table 13 delves one level deeper and provides their level of integration across the various sub-categories within the *Mental Health Data and Research* theme.

**Table 12. Scorecard for overarching category *Mental Health Data and Research***

Country	Score (out of 6)	Level of integration
Australia	4.5	High
Brazil	0.5	Low
Canada	2.5	Low
China	4	Medium
France	1	Low
Germany	1	Low
Italy	1.5	Low
Japan	2.5	Low
Saudi Arabia	1	Low
South Korea	3	Medium
Spain	4	Medium
Türkiye	0.5	Low
United Arab Emirates	3.5	Medium
United Kingdom	3.5	Medium
United States	4	Medium

**Table 13. Level of integration for sub-categories within *Mental Health Data and Research***

Country	Strengthen evidence and research for mental health	Strengthen information systems score (out of 2)
Australia	High	Medium
Brazil	Low	Low
Canada	Low	Medium
China	Medium	Medium
France	Low	Low
Germany	Low	Low
Italy	Low	Low
Japan	Low	Medium
Saudi Arabia	Low	Low
South Korea	Low	Medium
Spain	Medium	Medium
Türkiye	Low	Low
United Arab Emirates	Medium	Medium
United Kingdom	Medium	Medium
United States	High	Low

Australia was the only country to score high for the category *Mental Health Data and Research*, having incorporated most of the multilateral recommendations into its national health plans. China, South Korea, Spain, United Arab Emirates, United Kingdom and the United States scored medium, while the remaining eight countries scored low, with Brazil and Türkiye receiving the lowest scores. No countries scored high for the sub-category *Strengthen information systems*, given that the recommendation to utilize strengthened health information systems to improve mental health services delivery, promotion, and prevention was identified as a research gap. Brazil, France, Germany, and Türkiye were the only countries for which strengthening the integration of mental health in the routine health information system was not prioritized. Ten out of the 15

countries scored low for the sub-category *Strengthen evidence and research for mental health*. The national health plans of all countries incorporate the recommendations to routinely collect and report a core set of mental health indicators every two years, with these being limited to the public sector in Brazil, and mental health data compiled only for general health statistics in Canada, Japan, Saudi Arabia, Spain, and Türkiye. For most countries, policies do not address improvements in mental health data and research, nor data collection on the mental health status of people in vulnerable situations and on accessibility of services in marginalized/remote areas. Although these are addressed in the policies assessed for Australia, Spain, and the United States, they include only some vulnerable populations.

### 3.6. Summary of key findings

The analysis of the incorporation of multilateral recommendations into national health plans enabled the classification of countries by their level of integration, facilitating the identification of gaps and allowing for inter-country comparison. The level of integration of multilateral mental health recommendations for all analyzed countries is presented in Table 14.

**Table 14. Level of integration of multilateral recommendations**

Country	Mental Health Policy Prioritization	Prevention	Care	Rehabilitation	Mental Health Data and Research
Australia	Medium	High	Medium	High	High
Brazil	Low	Medium	Low	Low	Low
Canada	Medium	Medium	Low	Low	Low
China	Medium	Low	Low	Medium	Medium
France	Medium	High	Medium	High	Low
Germany	Low	Medium	Low	High	Low
Italy	Low	Medium	Low	Medium	Low
Japan	Low	Low	Low	Medium	Low
Saudi Arabia	Low	Low	Low	Low	Low
South Korea	Medium	High	Medium	High	Medium
Spain	High	High	Medium	Medium	Medium
Türkiye	Low	Medium	Medium	Medium	Low
United Arab Emirates	Medium	Medium	Medium	High	Medium
United Kingdom	Medium	Medium	High	High	Medium
United States	Medium	High	High	Medium	Medium

The overarching category *Mental health policy prioritization* presented one of the lowest levels of integration of multilateral recommendations, with Spain scoring high, eight countries scoring medium, and the other six countries having a low level of integration. Some recommendations with a broader reach have been incorporated into most of the national health plans, such as mental health integration into other sectoral policies, the promotion of whole-of-government and whole-of-society approach to improving mental health, the protection of human rights and alignment with the Convention of the Rights of Persons with Disabilities, and efforts to raise awareness and destigmatize mental health issues among the general population. However, the multilateral recommendations with the lowest levels of integration include: the recommendation to create a formalized structure or mechanism to ensure insights and input from all relevant stakeholders, including persons with lived experience, are incorporated in the development and implementation of policies, laws and services; policies that enable decision makers to promote and engage in international cooperation and

knowledge sharing on MH policy/plan/law development, implementation and evaluation; to increase the quantity and improve the quality of MH financing; and to explore voluntary innovative financing mechanisms.

The overarching category *Prevention* had 12 out of 15 countries scoring medium or high, with most countries incorporating recommendations that develop functional programs, implement mental health promotion and prevention strategies, and develop MH awareness campaigns to address stigma, perceptions, and social exclusion associated with poor MH. Gaps were found regarding recommendations related to training caseworkers and social workers to improve their understanding of MH issues and the health benefits of work, policies that address suicide prevention across the life course, and that address racism and racial discrimination as a key determinant of mental health.

The overarching category *Care* had two out of 15 countries scoring high, with seven scoring low. Most countries incorporated recommendations to integrate mental health into primary health care by 2030 as an essential component of universal health coverage, to integrate and coordinate comprehensive mental health and social care services in community-based settings, and to increase service coverage for mental health conditions. The main gaps identified include recommendations to incorporate MH specialists in primary care settings, to establish clear practices of referral to, and consultation with specialists, and policies include efforts to provide and fund cross-sectoral mental health and psychosocial support services (quality, contextually sensitive, gender-sensitive and respect human rights).

The overarching category *Rehabilitation* found 12 out of 15 countries scoring medium or high, with policies in most countries including strategies that support the recovery of persons with mental health conditions, while the main gaps are related to the lack of policies addressing return-to-work programs for people with MH problems.

The overarching category *Mental Health Data and Research* presented the lowest level of integration among the five categories, with 8 out of 15 countries scoring low. The recommendations most commonly incorporated into national health plans are those regarding the routine collection and reporting of a core set of mental health indicators every two years, while the least integrated are those related to strengthening evidence and research for mental health, and the use of strengthened health information systems to improve MH service delivery, promotion and prevention strategies.

Australia, United Arab Emirates, United Kingdom, and the United States scored either medium or high across the overarching categories, while Brazil, Canada, Italy, Japan, and Saudi Arabia scored low in the majority of the categories while not scoring high in any. The lack of integration of multilateral recommendations indicates misalignment with current global policy standards, and this analysis allows the identification of areas of policy focus and growth.

## 4. Discussion

### 4.1. Discussion of overall findings

In this paper, we analyzed the incorporation of multilateral guidance regarding mental health in national health plans to determine the current global policy standard and identify areas of improvement globally, through the grouping of recommendations in overarching categories, the analysis and scoring of countries according to the level of integration of these recommendations, and the discussion of gaps and opportunities regarding mental health policies according to findings. Thus, we used existing multilateral policy recommendations regarding mental health stands as a benchmark for determining the key areas and topics that national health policies should encompass. Our analysis also highlights the emphasis placed by multilateral organizations and the priorities set by countries on key aspects of the mental health care pathway, across prevention, care, and rehabilitation. This includes countries prioritizing mental health policies within their respective national frameworks, ensuring integration across various policy sectors. Moreover, it involves establishing strategies for mental health promotion and prevention, addressing critical areas such as workplace mental health,



vulnerability factors, health disparities, and the reduction of stigma and discrimination; the provision of comprehensive and robust care encompasses the integration of mental health services into primary healthcare, social care, and community-based settings; and the support for recovery and social inclusion of people living with mental health conditions. It also encompasses the need to strengthen evidence and research for mental health, as well as information systems, given that mental health data is essential for informed and evidence-based policymaking.

The findings indicate that, overall, there is a low level of integration of multilateral recommendations into national policies, with gaps and points for improvement being identified for all countries analyzed. The WHO targets and UN Sustainable Development Goals (SDGs) are among the recommendations incorporated by most of the countries analyzed, which was anticipated to some extent given the role WHO has in engaging in countries' policymaking and strategies through technical assistance and evidence-based guidance<sup>82</sup> and that countries have committed to the 2030 agenda to achieve the SDGs.<sup>37</sup> These recommendations seek to integrate mental health into primary care, increase access to mental health services by increasing the number of community-based mental health facilities, develop functional mental health promotion and prevention programs, protect human rights in alignment with international conventions, and improve data collection and reporting. These recommendations are relevant to ensure people living with serious mental health conditions have access to appropriate diagnosis, treatment, and care, although some of them may reflect more intentions than directive action.

Another set of recommendations incorporated by most countries are those aimed at addressing stigma, misperceptions, and discrimination associated with poor mental health among the general population. Stigma leads to many negative effects, including self-stigmatization, healthcare providers having stigmatizing attitudes, people living with mental health conditions' reluctance to seek help or treatment, lowered access to and coverage of health services, and reduced likelihood of adhering to treatment.<sup>83</sup> Most countries also incorporate recommendations to integrate and coordinate holistic prevention, promotion, rehabilitation, care, and support to meet both the mental and physical healthcare needs of people living with mental health conditions. Addressing mental health stigma within healthcare and providing support to people living with mental health conditions are crucial to promote early diagnosis, ensure equitable access to quality treatment, promote early intervention, and foster a healthcare environment that prioritizes holistic well-being. Commonly, mental health is identified as the absence of diagnosable psychiatric disease, which is based on psychiatric judgements.<sup>84</sup> On the other hand, well-being goes beyond the absence of a mental health disorder; it is described by WHO as "every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community", which makes reaching it very demanding to address and hard to assess.<sup>84</sup> It is challenging for countries to incorporate recommendations and policies based on well-being, and this seems to not be a priority yet in the realm of mental health.

The integration of multilateral mental health recommendations into national health plans depends on different factors, including political interest and the broader institutional context. Mental health may be prioritized when national leaders align on its importance, influenced by their values, governing structures (centralized or devolved), and the level of political polarization. Political parties' attention and policy changes can impact priority setting,<sup>85</sup> therefore different political parties' attitudes toward multilateral organizations and mental health policies can also impact prioritization. Additionally, national budgets play a critical role, with mental health often underfunded compared to other health areas. Globally, mental health remains a low priority for policymakers and funders at both national and international levels.<sup>86</sup> In 2013, WHO reported that globally, the average percentage of national health spending devoted to mental health was about 0.5%, with some high-income countries devoting more, nonetheless this amounted to only about 5% of total health budgets on average.<sup>87</sup> In LMICs, the share of the GDP dedicated to mental health is much lower,<sup>88</sup> with the majority of expenditure is on treatment/care of severe conditions such as schizophrenia and bipolar mood disorder, while budgets for prevention and promotion of mental health care are usually minimal or even non-existent.<sup>89</sup>

Governments face competing demands and budgetary pressures, which limit resources available for mental health. Cultural perceptions and stigma surrounding mental health also influence prioritization; policymakers are more likely to support mental health initiatives if cultural attitudes are favorable and stigma is low. Increased

data, research, and advocacy can help shift these perceptions, highlighting the importance of tackling mental health stigma and encouraging broader acceptance of evidence-based solutions.<sup>90,91</sup>

Although most of the countries included in the study are high-income, their performance in incorporating mental health recommendations is lower than expected. Many recent guidelines and best practices set forth by multilateral organizations have yet to be effectively incorporated, and the outcomes observed do not reflect the intended goals of these initiatives. However, it is important to acknowledge that no country, regardless of income level, can realistically incorporate all recommendations issued by multilateral bodies, given their sheer volume and complexity. Consequently, countries must adopt a strategic approach, prioritizing recommendations that are both relevant and feasible within their specific context. This means tailoring incorporation based on the unique needs of the country, capacities, and resources to ensure that efforts are both practical and impactful.

## 4.2. Mental health policy prioritization

All analyzed countries had a national mental health plan that was up-to-date and implemented, except for Italy, whose plan was issued in 2013. Although the absence of a stand-alone, up-to-date mental health plan does not mean that mental health is not at all covered in a country's general health plan,<sup>92</sup> it may indicate that mental health is not prioritized within the national policy agenda. Another manner of assessing mental health prioritization is through the analysis of its integration in all health policies, emergency responses, and disaster responses, as well as other policies. Most countries have mental health integrated into policing, education, and housing, while only Germany, Italy, Spain, and the United States have it integrated into immigration policies. Spain and Italy are common entry points for arrivals to Europe, and studies have shown that migrants in these countries have unmet healthcare needs, and healthcare providers lack the transcultural competencies required to provide care to migrants.<sup>93</sup> Barriers were identified that impacted the use of regular healthcare services among migrants in Germany, which is concerning given the association between depressive symptoms and migration status in the older migrant populations found in this country.<sup>93</sup> Migrants are at higher risk of poor mental health,<sup>94</sup> and the absence of mental health policies within the immigration sector in most of the analyzed countries represents a gap that should be addressed.

The incorporation of mental health recommendations in national health policies depends on effective leadership and governance, but in most countries, no provisions were found in national health plans to ensure decision-makers can promote and engage in international cooperation and knowledge sharing on mental health policy/plan/law development, implementation, and evaluation. It is important to strengthen effective leadership and governance for mental health, for example through a formalized structure and/or mechanism to support the development and implementation of policies. Only Australia, South Korea, Spain, the United Kingdom, and the United States have policies that comprehensively include efforts to provide and fund cross-sectoral mental health and psychosocial support services, while only Germany, South Korea, and the United Arab Emirates have policies creating a formalized structure or mechanism to ensure insights and input from all relevant stakeholders, incorporated in the development and implementation of policies, laws, and services.

There were identified gaps in patient empowerment overall, as few countries incorporated recommendations to strengthen and empower people with mental disorders and psychosocial disabilities and their organization to be active participants in mental health care decision making process. The empowerment of people with mental illness in decision-making processes is of increasing importance in mental health service delivery.<sup>95</sup> Policies that prioritize patient empowerment can improve the quality of care and promote autonomy and respect for individuals' rights.

On a positive note, most countries incorporate recommendations to prioritize community-based mental health care, to promote a whole-of-government approach to improving mental health, and policies and legislation that protect human rights.

Finally, most recommendations related to mental health financing are not addressed. Funding remains inadequate for improving mental health care globally,<sup>96</sup> with a study reporting the median of mental health expenditure as a percentage of total health expenditure among 78 countries from different income levels as

2.79%. Government investment in mental health reflects not only economic or political factors, but also cultural or disease-related factors.<sup>97</sup> When financing is insufficient, mental health services lack the resources needed for quality care, leaving critical gaps in prevention, care, and rehabilitation that ultimately impact individuals, families, and society overall.

### 4.3. Mental health care pathway

Prevention, care, rehabilitation, and support represent essential components of mental health care pathways. Multilateral recommendations address both mental health promotion and prevention (e.g., through health promotion strategies and awareness campaigns for the general public and in the educational setting) as well as addressing factors that can affect mental health, such as work, social disparities, racism, stigma and discrimination. Overall, the level of integration of multilateral recommendations regarding prevention was high, with most countries incorporating these recommendations into their national mental health plans. Australia and South Korea were among the countries with the highest scores, but did not address recommendations regarding racism and racial discrimination as a key determinant of mental health: in South Korea, although the population is more racially homogeneous, there is still the issue of discrimination against other ethnic groups and multicultural youths.<sup>98</sup> In Australia, however, there is a larger body of robust evidence demonstrating the impact of racism on mental health,<sup>99</sup> yet the failure to address this issue in policy remains a significant oversight. However, many countries have yet to incorporate prevention measures across the life course; specifically, less attention is given to suicide prevention across the life course, which was only found in national plans for Australia, South Korea, Spain, the United Kingdom, and the United States. Estimates from 2000 to 2019 indicate that suicide mortality rates are declining globally,<sup>100</sup> which may reflect a positive effect of existing suicide prevention strategies or an improvement in health of the population.<sup>101</sup> Nonetheless, this has not been observed in all countries,<sup>100</sup> and the absolute number of deaths from suicide has increased in the last years,<sup>102</sup> with many others attempting it. Suicide occurs throughout the lifespan and was the fourth leading cause of death among 15-29-year-olds globally in 2019.<sup>103</sup> Recommendations regarding suicide prevention should be sustained, coordinated, multisectoral approaches, involving a range of governmental and nongovernmental agencies working in collaboration, grounded firmly in robust evidence of interventions likely to significantly contribute to suicide and suicidal behavior prevention.<sup>104</sup>

Regarding care, none of the countries incorporated all the recommendations that facilitate treatment and care, namely ensuring timely access to treatment in community-based settings through the incorporation of mental health specialists in primary care, nor establishing clear practices or referral to specialists. Integration of mental health care in primary care services is important in ensuring accessible, affordable, and acceptable services for people with mental health conditions and their families.<sup>105</sup> The integration of mental health services into primary care requires governance and policy, financial and human resources, empowering and engaging individuals and communities, and redesigning models of care.<sup>105</sup> In addition, most of the policies analyzed do not include efforts to provide and fund cross-sectoral mental health and psychosocial support services, limiting the potential for integrated care that addresses the needs of individuals with mental health conditions across different sectors.

On a positive note, most countries have adopted policies that integrate and coordinate comprehensive mental health and social care services in community-based settings. However, Germany's national policies did not include such recommendations, while in Australia, China, Japan, and Saudi Arabia these recommendations were limited in scope. Equitable access to mental health care should be promoted to all people irrespective of their individual characteristics, and the prioritization of community-based mental health care can help with increasing accessibility, reducing stigma, protecting human rights, and improving health outcomes.<sup>4</sup> National mental health plans in Canada and Japan do not address community-based care, which is a gap in their capacity to strengthen effective leadership and governance for mental health.

Most countries incorporate recommendations that aim to support social care. This includes initiatives to provide peer support to vulnerable populations, who face elevated risks of mental illnesses and often encounter barriers to accessing services. Countries lagging in this aspect are Brazil (which presents marked social inequities and discrepancies in access across the country<sup>106</sup>), China (with many people living in areas with limited access to

mental health care<sup>107</sup>), Japan (which has experienced increasing inequalities in the last years<sup>108</sup>), and Saudi Arabia (in which financial barriers can prevent a share of those in need from seeking care<sup>109</sup>). Such evidence highlights the need for countries to implement recommendations that aim to strengthen social care, which is an essential aspect of mental health care. The integration of social care within mental health policies is important, especially given the influence that factors such as lack of economic opportunities, poverty, inequalities, and discrimination have in mental health.<sup>4</sup> However, most countries do not incorporate recommendations regarding policies to address these social determinants of health, highlighting a lack of emphasis on adopting a comprehensive perspective, hindering effective intervention strategies.

Although social determinants of health, such as poverty, education, and housing, are acknowledged in multilateral mental health recommendations, setting measurable goals related to these broader social issues is challenging, as it would require multilateral organizations to tackle complex socioeconomic issues that extend beyond the scope of health alone, in areas that are sensitive to politics and require substantial resources.

Strong health systems are essential for effective care delivery across the entire care pathway. However, gaps were identified in most countries regarding healthcare worker recruiting, retention, and capacity building, with the exceptions of Australia, France, South Korea, Türkiye, the United Arab Emirates, the United Kingdom, and the United States. Additionally, the integration of recommendations to develop capability and capacity building programs for primary/general and specialized health workers on culturally appropriate identification, treatment and support services for mental health conditions, and expanding mental health and psychosocial support services by increasing the number of community-based mental health facilities was low.

The global health workforce is facing a crisis that endangers population health, with critical shortages, regional inequities, high attrition due to burnout and mental health challenges, gaps in training needed to meet rising demands, and difficulties integrating new technologies.<sup>110–112</sup> Multilateral organizations and governments must urgently develop and implement comprehensive policies to address these challenges.

Regarding rehabilitation, multilateral organizations appear to place limited focus on this area, with only three recommendations identified for this theme. Only France, Germany, South Korea, the United Arab Emirates and the United Kingdom fully incorporate these three recommendations. The findings of this analysis are very relevant, as rehabilitation plays a vital role in mental health, as most conditions can significantly impair daily functioning, and although most do not have a cure in the traditional sense, effective treatment can minimize symptoms.<sup>113</sup> Rehabilitation involves interventions that help individuals develop new skills, access necessary support, and utilize resources, with recovery encompassing clinical, personal, social, and functional aspects of well-being, allowing the individual to function in society.<sup>114</sup>

#### **4.4. Mental health data and research**

There were a few multilateral recommendations related to strengthening evidence and research for mental health and information systems, and most countries scored medium or low for this category. Brazil, France, Germany, Italy, Saudi Arabia, Türkiye, and the United States have either a lack of or limited implementation of policies to strengthen routine health information systems. It is crucial for countries to have policies that strengthen their capacity for handling data and ensure that information systems can seamlessly incorporate mental health into standard health data protocols. Adequate collection, management, and analysis of mental health data provide vital information for health service planning, delivery, and evaluation.<sup>4</sup> Furthermore, relevant and reliable information and research are needed to ensure that transformative policies, plans, and evaluations for mental health reform are informed by evidence.<sup>4</sup> Most countries did not incorporate recommendations regarding improvements in research capacity and academic collaboration to produce relevant evidence. To improve mental health globally, focus must be given to build research capacity for robust dissemination, implementation, and policy research to identify the most effective pathways for delivering comprehensive community mental health care, determining the best strategies for scaling these interventions, and utilizing locally generated research to develop and test sustainable, resource-efficient mental health care systems. Additional priority areas for research should include research related to interventions to address stigma, and

research on early detection of mental disorders and understanding the progression from healthy mental functioning to mental illness.<sup>115</sup>

#### **4.5. Opportunities and shortcomings of multilateral recommendations**

Multilateral mental health policy recommendations and guidelines can serve as valuable benchmarks for evaluating national mental health policies, helping to identify core components and areas for improvement. However, it is important to recognize their limitations.

These guidelines often fall short of representing an ideal or desired state for mental health policy, as they may overlook pressing, emerging issues, such as the mental health impacts of climate change, the influence of rapidly advancing technology and digital media, and economic factors and the cost-of-living crisis. There is growing evidence that climate change and related weather events impact mental health both directly and indirectly, with short and long-term effects, particularly among those with pre-existing vulnerabilities or those living in ecologically sensitive areas, leading to issues such as posttraumatic stress disorder, psychological distress, depression and anxiety, addictions, and even suicide rates.<sup>116,117</sup> For digital technology and social media, there is debate over their broader impact on mental health, with evidence revealing positive, negative and neutral effects, ranging from a sense of community to depression, anxiety, and other mental health disorders.<sup>118,119</sup> The current cost-of-living crisis is harming mental health, with evidence from past economic crises showing that economic shocks worsen mental health, especially for vulnerable groups.<sup>120–122</sup> These challenges require policy action that can be guided by high-level multilateral recommendations

Multilateral recommendations do not fully address the specific needs of individuals with severe mental illnesses and their families. Most of the multilateral mental health policies focus primarily on milder mental health issues such as depression and anxiety, often lacking explicit support for individuals with chronic and complex conditions. While these policies acknowledge severe mental illness and the additional challenges faced by socially excluded individuals, they often fall short of fully addressing the complex needs of people with severe mental illness and their families, which can result in slower policy action.

It is essential to engage key stakeholders—such as payers, healthcare providers, medical societies, and those with lived experience and their families—in the development of multilateral recommendations to create practical, effective mental health policies that address diverse needs in the global mental health space.

Most of the multilateral recommendations included in the study do not set targets or indicators associated with any of the mental health conditions included in them, which would be useful for monitoring purposes. Establishing targets and indicators for policies and recommendations is challenging as it can create a framework in which policymakers and stakeholders are held accountable for unmet expectations. In addition, the recommendations do not address how to allocate budgets effectively. Therefore, multilateral recommendations often lack critical details on implementation, funding, and strategies to ensure their long-term sustainability.

The development of multilateral mental health recommendations is not strictly a top-down process; rather, it involves a reciprocal approach where national priorities significantly shape the framework of these recommendations. This approach reflects the growing global acknowledgment of mental health as a crucial public health issue, driving international organizations, local governments, and communities to take action. The need to improve the state of mental health care in many regions is a driving force behind the development of these recommendations, as there is an increasing demand for high-quality mental health promotion, prevention, and care. Multilateral organizations face a challenge in developing recommendations, as they aim to strike a balance between making policies broad enough to engage diverse implementers and specific enough to prioritize critical issues. In addition, how mental health care is delivered is deeply influenced by local culture and psychiatric frameworks, so multilateral organizations may often avoid directly challenging member states in their process of developing recommendations, leading to documents shaped more for broad approval without addressing sensitive topics related to mental health (e.g., human rights, gender rights, sexual orientation, refugees and immigrants, etc.).

While these recommendations offer a pathway toward better mental health support, they may not fully capture the complexities and evolving challenges in the mental health and well-being landscape, including for complex mental health conditions, they may not include all the necessary stakeholders in their development process, nor do they offer sufficient guidance for effective incorporation. Nonetheless, they remain a constructive starting point for countries to adapt and advance their mental health policies more effectively.

#### **4.6. Strengths and limitations of the analysis**

Inter-country comparisons can assist policymakers in pursuing better health outcomes by contrasting policy design, implementation, and evaluation. This analysis can be used as a tool for ongoing monitoring of the incorporation of multilateral guidance in national health plans, allowing for the assessment of progress, and identification of opportunities and gaps regarding mental health policy prioritization and incorporation at both national, global, and regional levels. Brazil, China, Italy, Japan, and Saudi Arabia scored low for all overarching categories analyzed, while the countries with the highest scores across categories were Australia, South Korea, Spain, the United Arab Emirates, the United Kingdom, and the United States. The study's findings offer country-specific implications and analysis, while cross-country comparisons facilitate the identification of potential improvements regarding policy incorporation.<sup>123</sup> Incorporating low- and middle-income countries would deepen comprehension of their mental health policy gaps, thereby advancing global mental health policy understanding. However, these nations often exhibit lower levels of planning and face fragmentation due to various factors, which can undermine the quality of policy analysis.<sup>44</sup> Future research can expand the scope of countries analyzed, allowing for a more comprehensive understanding of global trends and variations in mental health policy incorporation and effectiveness across diverse socioeconomic and cultural contexts.

In this analysis, the multilateral guidance and recommendations regarding mental health were defined as a benchmark against which policies at the national level were evaluated and refined. Despite the international role and influence these organizations have, their recommendations may not comprehensively encompass all the components essential to mental health policies from the perspective of different stakeholders. In the national analysis, the recommendations may not be incorporated into the identified mental health policies but present in practice; conversely, the mention of a recommendation in a policy does not reflect its implementation in practice. Furthermore, our analysis did not include provincial-/territorial-/state-level policies. In some countries, the provision of healthcare services is mandated and provided by provincial/territorial/state governments with subsequent regional variations within a country, and provincial health policies may be more comprehensive than broader/overarching national health policies in some countries.

Some recommendations may not be universally applicable to all countries, which can limit the comparative value of the analysis. For example, recommendations addressing issues of racism and racial discrimination are critical in contexts where racial diversity is prominent. However, in countries with low racial diversity, these recommendations may not resonate as significantly.

Therefore, the scores attributed to countries cannot be interpreted as definite assessments of each country's reality but serve to identify relative strengths and gaps in their mental health policies in relation to international standards and best practices, illustrating a path forward and promoting a discussion on what good mental health policy looks like.

## 5. Conclusion

Evidence suggests that the incorporation of multilateral guidance into national health plans among the analyzed countries is low, revealing significant gaps that need to be addressed. Key themes overlooked in these plans include integrating mental health into all policies, strategies for promotion and prevention in mental health, financing, addressing social determinants, strengthening information systems, and strengthening evidence and research. Incorporating these recommendations into national health plans can help ensure these are put into action, with positive impacts from a medical, economic, and humanistic perspective given the impact mental health has on patients, families, caregivers, providers, health systems and society as a whole. However, the incorporation of these recommendations requires the commitment of multiple stakeholders to ensure tailored and adequate solutions are implemented at all levels of health care and other relevant sectors. Finally, the analysis of multilateral guidance and its incorporation into national health plans can foster discussions on what ideal mental health policies should encompass, facilitating the dissemination of best practices for effective policy incorporation, implementation and sustainable mental health care.



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# Appendix

**Supplementary Table 1. List of recommendations from multilateral organizations**

Recommendation	Topic	Theme	Relevant Sub-theme	Policy included within
Elevate mental health at the national and supranational levels.	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	The national health plan is up-to-date and implemented	PAHO (New Agenda)
Integrate mental health into all policies.	Mental health policy prioritization	Mental health in all policies (including emergency preparedness)	Mental health is integrated into all health policies, emergency and disaster response as well as other policies	PAHO (New Agenda)
	Mental health policy prioritization	Mental health in all policies (including emergency preparedness)	Mental health is integrated into all health policies, emergency and disaster response as well as other policies	EC (Comprehensive Approach)
Promote and protect mental health across the life course.	Mental health policy prioritization	Life-course approach	Policies promote and protect MH across the life course	PAHO (New Agenda)
Support mental health promotion and prevention and the establishment and implementation of multidisciplinary mental health and suicide prevention programs from early childhood, extending throughout the life course.	Prevention	Strategies for promotion and prevention in mental health	Develop functional mental health promotion and prevention programs	PAHO (Policy for improving MH)
	Prevention	Strategies for promotion and prevention in mental health	Develop functional mental health promotion and prevention programs	EC (Comprehensive Approach)
	Prevention	Life-course approach	Policies address suicide prevention across the life course	PAHO (Policy for improving MH)
	Mental health policy prioritization	Life-course approach	Policies promote and protect MH across the life course	EC (Comprehensive Approach)
Improve and expand community-based mental health services and care.	Care	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Incorporate MH specialists in primary care setting	PAHO (New Agenda)
			Ensure timely access to treatment in community MH and primary care settings	PAHO (New Agenda)
Promote increased investment, both financial and human, in community-based mental health care in order to address the heightened demand for mental health and substance use services brought on by the COVID-19 pandemic and to build stronger, more resilient mental health systems for the post-pandemic period.	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	Policies prioritize community based mental health care	PAHO (Policy for improving MH)
	Mental health policy prioritization	Mental health financing	Decision makers increase the quantity and improve the quality of MH financing	PAHO (Policy for improving MH)
Adopt a whole-of-government and whole-of-society approach to improving mental health that promotes strategic collaborations and partnerships with diverse actors	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	The national health plan is up-to-date and implemented	PAHO (Policy for improving MH)

Recommendation	Topic	Theme	Relevant Sub-theme	Policy included within
across all relevant sectors (nongovernmental, civil society, academic, and persons with lived experience, among others) and that includes high-level political engagement	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	Policies promote a whole-of-government and whole-of-society approach to improving mental health	PAHO (Policy for improving MH)
	Mental health policy prioritization	Mental health in all policies (including emergency preparedness)	Decision makers strengthen cooperation between health and other sectors, including joint budgeting/commissioning	PAHO (Policy for improving MH)
Improve and scale up equitable and comprehensive community-based mental health care for the entire population, and further integrate mental health and substance use into all levels of care to ensure progress toward universal health coverage	Care	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Integrate MH into primary health care as an essential component of UHC	PAHO (Policy for improving MH)
Strengthen suicide prevention - provides concrete guidance on evidence-based strategies to prevent suicide and its risk factors through the development of national suicide prevention strategies; public policy on means reduction and alcohol use; capacity building to respond to self-harm and suicide.	Prevention	Strategies for promotion and prevention in mental health	Reduce the rate of suicide by working to reduce key risk factors and building multisectoral capacity to respond to self-harm and suicide	PAHO (New Agenda)
Address racism and racial discrimination as a key determinant of mental health	Prevention	Social determinants	Policies address racism and racial discrimination as a key determinant of mental health	PAHO (New Agenda)
Improve mental health data and research	Mental health data and research	Strengthen evidence and research for mental health	Improve MH data and research	PAHO (New Agenda)
Increase the quantity and improve the quality of financing for mental health	Mental health policy prioritization	Mental health financing	Decision makers increase the quantity and improve the quality of MH financing	PAHO (New Agenda)
Ensure the human rights of people living with mental health conditions	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	Policies and legislation protect human rights and align with the Convention on the Rights of Persons with Disabilities	PAHO (New Agenda)
Address stigma and discrimination	Mental health policy prioritization	Tackle mental health stigma and discrimination	Increase efforts to combat stigma and discrimination	EC (Comprehensive Approach)
Ensure the social inclusion of people living with mental health problems	Rehabilitation	Strengthen effective leadership and governance for mental health	Ensure the social inclusion of people living with mental health conditions	EC (Comprehensive Approach)
Support programs to help people for employment or take part in return-to-work programs	Rehabilitation	Strategies for promotion and prevention in mental health	Establish return-to-work programs for people with MH problems	EC (Comprehensive Approach)
Address the links between inequalities and mental health by increasing efforts to combat stigma, discrimination, hate speech and violence, and to provide adequate training, upskilling and reskilling of the health and social care workforce in the promotion of mental health and wellbeing	Prevention	Capacity building/ training	Provide training for caseworkers and social workers to improve their understanding of MH issues and the health benefits of work	EC (Comprehensive Approach)
	Prevention	Tackle mental health stigma and discrimination	Increase efforts to combat stigma and discrimination	EC (Comprehensive Approach)

Recommendation	Topic	Theme	Relevant Sub-theme	Policy included within
to collect data on the mental health status of people in vulnerable situations, including homeless people, and on accessibility of services in marginalized and remote and disadvantaged areas	Mental health data and research	Strengthen evidence and research for mental health	Collect data on MH status of people in vulnerable situations and on accessibility of services in marginalized/remote areas	EC (Comprehensive Approach)
to ensure equal access without barriers to quality and affordable healthcare and social services, especially for those groups most at risk or those living in marginalized or remote localities	Care	Vulnerable populations	Improve access for underserved and minority population	EC (Comprehensive Approach)
Urges Member States to promote and improve mental health services as an <b>essential component of universal health coverage</b> by, inter alia, <b>integrating a human rights perspective</b> into mental health and community services, <b>to adopt, implement, update, strengthen or monitor, as appropriate, all existing laws and policies relating to mental health</b> , with a view to <b>eliminating all forms of discrimination, stigma, stereotypes, prejudice, violence, abuse, social exclusion, segregation, unlawful or arbitrary deprivation of liberty, medical institutionalization, and overmedicalization</b> within that context and to promote the rights of persons with mental health conditions and psychosocial disabilities, enabling them to live independently with full inclusion and effective participation in society and to decide upon matters affecting them on an equal basis with others	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	Policies and legislation protect human rights and align with the Convention on the Rights of Persons with Disabilities	UN
	Mental health policy prioritization	Tackle mental health stigma and discrimination	Increase efforts to combat stigma and discrimination	UN
	Mental health policy prioritization	Patient empowerment	Strengthen and empower people with mental disorders and psychosocial disabilities and their organization to be active participants in the mental health care decision making process	UN
	Care	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Integrate MH into primary health care as an essential component of UHC	UN
Calls upon Member States and all relevant actors to <b>invest in local and community-based action</b> , embedded in local and national services, <b>on a longer-term basis</b> to prepare for and respond to mental health and psychosocial needs, including comprehensive and integrated mental health and psychosocial support services	Mental health policy prioritization	Mental health financing	Policies mobilize and allocate adequate, predictable and sustainable resources and budget as needed to implement MH plans	UN
Calls upon Member States <b>to mobilize and allocate adequate, predictable and sustainable resources for national responses to prevent and control non-communicable diseases and to promote mental health</b> and well-being through domestic, bilateral and multilateral channels, including international cooperation and official development assistance, and to continue to explore voluntary innovative financing mechanisms and partnerships, including with the private sector, to advance action at all levels	Mental health policy prioritization	Mental health financing	Policies mobilize and allocate adequate, predictable and sustainable resources and budget as needed to implement MH plans	UN
	Mental health policy prioritization	Mental health financing	Decision makers explore voluntary innovative financing mechanism	UN
	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	Decision makers promote and engage in international cooperation and knowledge sharing on MH policy/plan/law development, implementation and evaluation	UN

Recommendation	Topic	Theme	Relevant Sub-theme	Policy included within
Urges Member States to promote a paradigm shift in mental health, inter alia, in the fields of clinical practice, policy, research, medical education and investment, through the <b>promotion of community- and evidence-based and people-centered services and by respecting, protecting and fulfilling human rights, individual autonomy of persons using or seeking to use mental health services</b> , including by relying on <b>peer support</b> , as appropriate, and by providing a range of <b>voluntary supported decision-making mechanisms</b> , such as safeguards against abuse, coercion and undue influence within support arrangements, over a model based on the dominance of biomedical interventions, medicalization and institutionalization	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	Policies prioritize community based mental health care	UN
	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	Policies and legislation protect human rights and align with the Convention on the Rights of Persons with Disabilities	UN
	Care	Patient empowerment	Ensure shared decision making for people living with MH conditions in their care and treatment plan	UN
Urges Member States, the United Nations and humanitarian organizations to <b>increase efforts to provide and fund cross-sectoral mental health and psychosocial support services</b> that are of quality, contextually sensitive, gender-sensitive and provided with respect for human rights	Care	Strengthen effective leadership and governance for mental health	Policies include efforts to provide and fund-cross sectoral MH and psychosocial support services (quality, contextually sensitive, gender-sensitive and respect human rights)	UN
Encourages Member States to work towards <b>integrating mental health into primary health care by 2030</b> as an essential component of universal health coverage, with a view to ensuring that no one is left behind, and to implement measures to promote and improve mental health and well-being, including by scaling up mental health and psychosocial support services	Care	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Integrate MH into primary health care as an essential component of UHC	UN
Also calls upon Member States to <b>promote international cooperation</b> to compile knowledge, experiences and good practices for, and build capacity in, the development, implementation and evaluation of their policies, plans and laws relevant to mental health, including codes of practice and mechanisms related to the protection of human rights and the implementation of legislation, in line with the Convention on the Rights of Persons with Disabilities and other relevant obligations under international law	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	Decision makers promote and engage in international cooperation and knowledge sharing on MH policy/plan/law development, implementation and evaluation	UN
	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	Policies and legislation protect human rights and align with the Convention on the Rights of Persons with Disabilities	UN

Recommendation	Topic	Theme	Relevant Sub-theme	Policy included within
Further calls upon Member States to take all the measures necessary to ensure that health workers and mental health professionals <b>provide care and support of the same quality</b> to persons using or seeking to use mental health services, including on the basis of free and informed consent and ensuring respect for their human rights, inherent dignity, individual autonomy and needs through training and the promulgation of ethical standards for public and private health care, and to ensure that, in all fields, including law and health, language, especially in connection with disability and mental health, <b>reflects a human rights model</b> that does not reinforce stigma, prejudice or ableism	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	Policies and legislation protect human rights and align with the Convention on the Rights of Persons with Disabilities	UN
Encourages Member States to scale up efforts to <b>promote the recruitment and retention of competent, skilled and motivated health workers</b> , including community health workers and mental health professionals, and encourage <b>incentives to secure the equitable distribution of qualified health workers</b> , especially in <b>rural, hard-to-reach and underserved areas</b> and in fields with high demands for services, including by providing decent and safe working conditions and appropriate remuneration for health workers working in these areas	Care	Capacity building/ training	Programs to recruit and retain health care workers, including incentives to ensure equitable distribution	UN
Invites Member States to implement measures to improve mental health and well-being, including by developing comprehensive mental health and psychosocial support services and integrating them into national public health policies;	Mental health policy prioritization	Mental health in all policies (including emergency preparedness)	Mental health is integrated into all health policies, emergency and disaster response as well as other policies	UN
Urges Member States to <b>address the social, economic and environmental determinants of health, including mental health</b> , and to address holistically the range of barriers arising from underdevelopment, the lack of economic opportunities, inadequate investment, poverty, inequalities and discrimination that impede the full enjoyment of human rights in the context of mental health, recognizing that <b>the approach to mental health systems and services should be widened beyond the biomedical model to include a holistic approach that considers all aspects of a person's life</b> ;	Mental health policy prioritization	Social determinants	Policies address barriers arising from lack of economic opportunities, poverty, inequalities and discrimination	UN

Recommendation	Topic	Theme	Relevant Sub-theme	Policy included within
Urges States to <b>build capacity among health workers and mental health professionals, civil society, including organizations of persons with disabilities, and other key stakeholders in order to strengthen knowledge and skills towards the promotion of laws, policies, services and practices in the area of mental health</b> , in line with the Convention on the Rights of Persons with Disabilities and other relevant obligations under international law	Care	Capacity building/ training	Capability and capacity building programs for primary/general and specialized health workers on culturally appropriate identification, treatment and support services for MH conditions	UN
	Health and social care system infrastructure	Capacity building/ training	Provide training for caseworkers and social workers to improve their understanding of MH issues and the health benefits of work	UN
Encourages Member States to <b>promote the effective, full and meaningful participation of persons with psychosocial disabilities and their representative organizations</b> , as well as those in need of mental health services, <b>in the design, implementation and monitoring of laws, policies, research and programmes</b> relevant to realizing, without discrimination, the right of everyone to the enjoyment of the highest attainable standard of physical and mental health	Mental health policy prioritization	Patient empowerment	Strengthen and empower people with mental disorders and psychosocial disabilities and their organization to be active participants in the mental health care decision making process	UN
Urges Member States to develop universal and targeted school-based programs to promote mental health and well-being and by integrating mental health services and psychosocial support in schools, including through socioemotional life and skills programs to counter bullying and violence, both online and offline, and counter stigmatization and discrimination against persons with mental health conditions and psychosocial disabilities	Prevention	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Policies address school-based mental health programs	UN
Also urges Member States to <b>strengthen routine health information systems, data-related capacity and the ability of information systems to integrate mental health into the routine health information system</b> and identify, collate, routinely report and use core mental health data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographical location and other characteristics, relevant to national context, and as appropriate, <b>including data on completed and attempted suicides</b> , in order to improve mental health service delivery, promotion and prevention strategies and to consider providing data, as appropriate, for the World Health Organization Global Health Observatory	Mental health data and research	Strengthen information systems	Strengthen routine health information systems, data-related capacity and the ability of information systems to integrate MH into the routine health information system	UN

Recommendation	Topic	Theme	Relevant Sub-theme	Policy included within
Encourages Member States to <b>improve research capacity and academic collaboration on national priorities for research in mental health</b> , in particular operational research with direct relevance to mental health and psychosocial support service development, including the establishment of centers of excellence with clear standards, with the inputs of all relevant stakeholders, including persons with mental health conditions and psychosocial disabilities	Mental health data and research	Strengthen evidence and research for mental health	Improve research capacity and academic collaboration on national priorities for research in MH	UN
Calls upon Member States to <b>build the knowledge and skills of general and specialized health workers</b> to deliver evidence-based and culturally appropriate mental health and psychosocial support services	Care	Capacity building/ training	Capability and capacity building programs for primary/general and specialized health workers on culturally appropriate identification, treatment and support services for MH conditions	UN
Developing supportive structures, mechanisms, processes for integrated policies and actions to support mental health, strengthening social inclusion, raising awareness and destigmatizing mental health issues among the general population.	Mental health policy prioritization	Mental health in all policies (including emergency preparedness)	Decision makers strengthen cooperation between health and other sectors, including joint budgeting/commissioning	EC (Healthier Together)
	Mental health policy prioritization	Tackle mental health stigma and discrimination	Raise awareness and destigmatize mental health issues among the general population	EC (Healthier Together)
Learning from examples implemented in other countries, and/or initiate further steps to expand existing mechanisms and approaches, for instance by strengthening cooperation between health and other sectors, joint budgeting/commissioning, or mental health equity impact assessment and monitoring.	Mental health policy prioritization	Mental health in all policies (including emergency preparedness)	Decision makers strengthen cooperation between health and other sectors, including joint budgeting/commissioning	EC (Healthier Together)
Further develop and roll out peer support models; strengthen capacity in primary/community care; increase capacity to meet increased needs; improve access for underserved and minority populations.	Care	Peer support	Develop and roll out peer support models	EC (Healthier Together)
	Care	Capacity building/ training	Capability and capacity building programs for primary/general and specialized health workers on culturally appropriate identification, treatment and support services for MH conditions	EC (Healthier Together)
	Care	Vulnerable populations	Improve access for underserved and minority population	EC (Healthier Together)
Ensuring seamless and continuity of service provision in transfer from child and adolescent services to adult services, for instance via policy measures, integrated service delivery, and financing models.	Care	Life-course approach	Ensure seamless service provision and non-stigmatizing support in transfer from child to adolescent services to adult services	EC (Healthier Together)



Recommendation	Topic	Theme	Relevant Sub-theme	Policy included within
Calls for an EU-wide information campaign on mental health awareness in order to address the stigma, misperceptions and social exclusion that are often associated with poor mental health	Prevention	Strategies for promotion and prevention in mental health	Develop MH awareness campaigns to address stigma, perceptions and social exclusion associated with poor MH	EP (MH and digital work)
Calls on the Member States to ensure that local and other relevant public authorities have sufficient staff and public resources to provide mental health support and services to everyone who needs them;	Care	Capacity building/ training	Programs to recruit and retain health care workers, including incentives to ensure equitable distribution	EP (MH and digital work)
	Mental health policy prioritization	Mental health financing	Policies mobilize and allocate adequate, predictable and sustainable resources and budget as needed to implement MH plans	EP (MH and digital work)
Promote timely access to effective treatment of mental health conditions, including mild-to-moderate mental illnesses, in both community mental health and primary care settings and through co-location of health professionals to facilitate the referral to specialist mental health care, while ensuring the involvement of people living with mental health conditions in decisions about the appropriate care and treatment plan	Care	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Ensure timely access to treatment in community MH and primary care settings	OECD
	Care	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Establish clear practices of referral to, and consultation with, specialists	OECD
	Care	Patient empowerment	Ensure shared decision making for people living with MH conditions in their care and treatment plan	OECD
Expand the competence of those working in the primary care sector, including general practitioners, family doctors and occupational health specialists, to identify and treat mental health conditions through better mental health training for health professionals, the incorporation of mental health specialists in primary care settings, and clear practices of referral to, and consultation with, specialists	Care	Capacity building/ training	Capability and capacity building programs for primary/general and specialized health workers on culturally appropriate identification, treatment and support services for MH conditions	OECD
	Care	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Incorporate MH specialists in primary care setting	OECD
	Care	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Establish clear practices of referral to, and consultation with, specialists	OECD



Recommendation	Topic	Theme	Relevant Sub-theme	Policy included within
Improve the awareness among education professionals and the families of students, of mental health conditions young people may experience and the ability to identify signs, symptoms and problems and refer students for assessment and interventions appropriate to their needs, while ensuring an adequate number of professionals is available to all educational institutions with knowledge on psychological and behavioral adaptation and accommodations required in the learning environment	Prevention	Strategies for promotion and prevention in mental health	Improve awareness among educational professionals and families of students of MH conditions, signs and symptoms and ability to refer students for assessment as needed	OECD
	Prevention	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Establish accessible support structure linked to preschools, schools, community services, etc. to provide treatment, counselling, guidance and peer support	OECD
Promote timely access to coordinated, non-stigmatizing support for children and youth living with mental health conditions or social-emotional problems by better linking primary and mental health services and reducing waiting times in the mental health care sector and by an easily accessible support structure, linked to preschools, schools, post-secondary institutions, and other youth and community services, which provides comprehensive assistance including treatment, counselling, guidance and peer support	Care	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Ensure timely access to treatment in community MH and primary care settings	OECD
	Care	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Establish accessible support structure linked to preschools, schools, community services, etc. to provide treatment, counselling, guidance and peer support	OECD
	Care	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Integrate MH into primary health care as an essential component of UHC	OECD
Invest in mental health competences for those administering the social protection system by providing training for caseworkers, social workers and vocational counsellors to improve their understanding of mental health issues and the health benefits of work and by ensuring adequate co-operation of benefits, social services and employment services offices with psychological coaches	Care	Capacity building/ training	Provide training for caseworkers and social workers to improve their understanding of MH issues and the health benefits of work	OECD
Develop, strengthen, keep up to date and implement national policies, strategies, programs, laws and regulations relating to mental health within all relevant sectors, including codes of practice and mechanisms to monitor protection of human rights and implementation of legislation, in line with evidence, best practice, the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	The national health plan is up-to-date and implemented	WHO

Recommendation	Topic	Theme	Relevant Sub-theme	Policy included within
Resource planning. Plan according to measured need and allocate a budget across all relevant sectors that is commensurate with identified human and other resources required to implement agreed upon evidence-based mental health plans and actions.	Mental health policy prioritization	Mental health financing	Policies mobilize and allocate adequate, predictable and sustainable resources and budget as needed to implement MH plans	WHO
Stakeholder collaboration. Motivate and engage stakeholders from all relevant sectors, including persons with mental disorders, carers and family members, in the development and implementation of policies, laws and services relating to mental health, through a formalized structure and/or mechanism	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	Policies create a formalized structure or mechanism to ensure insights and input from all relevant stakeholders, including persons with lived experience, are incorporated in the development and implementation of policies, laws and services	WHO
Strengthening and empowerment of people with mental disorders and psychosocial disabilities and their organizations. Ensure that people with mental disorders and psychosocial disabilities are given a formal role and authority to influence the process of designing, planning and implementing policies, laws and services	Mental health policy prioritization	Patient empowerment	Strengthen and empower people with mental disorders and psychosocial disabilities and their organization to be active participants in the mental health care decision making process	WHO
Service reorganization and expanded coverage. Systematically shift the focus of care away from long-stay mental hospitals towards non-specialized health settings with increasing coverage of evidence-based interventions (including the use of stepped care principles, as appropriate) for priority conditions and using a network of linked community-based mental health services, including short-stay inpatient care, and outpatient care in general hospitals, primary care, comprehensive mental health centers, day care centers, support of people with mental disorders living with their families, and supported housing.	Care	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Integrate MH into primary health care as an essential component of UHC	WHO
	Care	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Deinstitutionalize MH care and move towards non-specialized health setting with increasing coverage of interventions for priority conditions	WHO
Integrated and responsive care. Integrate and coordinate holistic prevention, promotion, rehabilitation, care and support that aims at meeting both mental and physical health care needs and facilitates the recovery of persons of all ages with mental disorders within and across general health and social services (including the promotion of the right to employment, housing, and education) through service user-driven treatment and recovery plans and, where appropriate, with the inputs of families and carers.	Care	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Integrate MH into primary health care as an essential component of UHC	WHO
	Rehabilitation	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Policies include strategies that support the recovery of persons with mental health conditions	WHO

Recommendation	Topic	Theme	Relevant Sub-theme	Policy included within
	Care	Patient empowerment	Ensure shared decision making for people living with MH conditions in their care and treatment plan	WHO
	Prevention	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Implement strategies for promotion and prevention in mental health	WHO
	Care	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Integrate and coordinate comprehensive mental health and social care services in community-based settings	WHO
Resource planning. Build the knowledge and skills of general and specialized health workers to deliver evidence-based, culturally appropriate and human rights-oriented mental health and social care services, for children and adolescents, inter alia, by introducing mental health into undergraduate and graduate curricula; and through training and mentoring health workers in the field, particularly in non-specialized settings, in order to identify people with mental disorders and offer appropriate treatment and support as well as to refer people, as appropriate, to other levels of care.	Care	Capacity building/ training	Capability and capacity building programs for primary/general and specialized health workers on culturally appropriate identification, treatment and support services for MH conditions	WHO
Address disparities. Proactively identify and provide appropriate support for groups at particular risk of mental illness who have poor access to services	Care	Vulnerable populations	Proactively identify and provide appropriate support for groups at particular risk	WHO
Mental health promotion and prevention. Lead and coordinate a multisectoral strategy that combines universal and targeted interventions for promoting mental health and preventing mental disorders; for reducing stigmatization, discrimination and human rights violations; and which is responsive to specific vulnerable groups across the lifespan and integrated within the national mental health and health promotion strategies.	Mental health policy prioritization	Life-course approach	Policies promote and protect MH across the life course	WHO
	Prevention	Strategies for promotion and prevention in mental health	Develop MH awareness campaigns to address stigma, perceptions and social exclusion associated with poor MH	WHO
	Prevention	Vulnerable populations	Proactively identify and provide appropriate support for groups at particular risk	WHO
Information systems. Integrate mental health into the routine health information system and identify, collate, routinely report and use core mental health data disaggregated by sex and age (including data on	Mental health data and research	Strengthen information systems	Strengthen routine health information systems, data-related capacity and the ability of information systems to integrate MH into the routine health information system	WHO

Recommendation	Topic	Theme	Relevant Sub-theme	Policy included within
completed and attempted suicides) in order to improve mental health service delivery, promotion and prevention strategies and to provide data for the Global Mental Health Observatory (as a part of WHO's Global Health Observatory).	Mental health data and research	Strengthen information systems	Utilize strengthened health information systems to improve MH service delivery, promotion and prevention strategies	WHO
Evidence and research. Improve research capacity and academic collaboration on national priorities for research in mental health, particularly operational research with direct relevance to service development and implementation and the exercise of human rights by persons with mental disorders, including the establishment of centers of excellence with clear standards, with the inputs of all relevant stakeholders including persons with mental disorders and psychosocial disabilities.	Mental health data and research	Strengthen evidence and research for mental health	Improve research capacity and academic collaboration on national priorities for research in MH	WHO
80% of countries will have developed or updated their policy or plan for mental health in line with international and regional human rights instruments, by 2030.	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	Policies and legislation protect human rights and align with the Convention on the Rights of Persons with Disabilities	WHO
	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	The national health plan is up-to-date and implemented	WHO
80% of countries will have developed or updated their law for mental health in line with international and regional human rights instruments, by 2030.	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	Policies and legislation protect human rights and align with the Convention on the Rights of Persons with Disabilities	WHO
	Mental health policy prioritization	Strengthen effective leadership and governance for mental health	The national health plan is up-to-date and implemented	WHO
Service coverage for mental health conditions will have increased at least by half, by 2030.	Care	Capacity building/ training	Increase service coverage for mental health conditions	WHO
80% of countries will have doubled number of community-based mental health facilities, by 2030.	Care	Capacity building/ training	Expand mental health and psychosocial support services by increasing the number of community-based mental health facilities	WHO
80% of countries will have integrated mental health into primary health care, by 2030.	Care	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings	Integrate MH into primary health care as an essential component of UHC	WHO
80% of countries will have at least two functioning national, multisectoral mental health promotion and prevention programs, by 2030.	Prevention	Strategies for promotion and prevention in mental health	Develop functional mental health promotion and prevention programs	WHO

Recommendation	Topic	Theme	Relevant Sub-theme	Policy included within
The rate of suicide will be reduced by one-third, by 2030.	Prevention	Strategies for promotion and prevention in mental health	Reduce the rate of suicide by working to reduce key risk factors and building multisectoral capacity to respond to self-harm and suicide	WHO
80% of countries will have a system in place for mental health and psychosocial preparedness for emergencies and/or disasters, by 2030.	Mental health policy prioritization	Mental health in all policies (including emergency preparedness)	Mental health is integrated into all health policies, emergency and disaster response as well as other policies	WHO
80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national health and social information systems, by 2030.	Mental health data and research	Strengthen evidence and research for mental health	Routinely collect and report a core set of mental health indicators every two years	WHO
The output of global research on mental health doubles by 2030	Mental health data and research	Strengthen evidence and research for mental health	Improve MH data and research	WHO
By 2030, reduce by one third premature mortality from non-communicable disease through prevention and treatment and promote mental health and well-being	Prevention	Strategies for promotion and prevention in mental health	Reduce the rate of suicide by working to reduce key risk factors and building multisectoral capacity to respond to self-harm and suicide	UN SDG

**Supplementary Table 2. Integration of multilateral recommendations, per overarching category, per country**

Recommendations	Australia	Brazil	Canada	China	France	Germany	Italy	Japan	Saudi Arabia	South Korea	Spain	Türkiye	United Arab Emirates	United Kingdom	United States
<b>Mental health policy prioritization</b>															
Policies promote and protect MH across the life course	YES (limited scope)	NO	YES	YES	YES	NO	YES	YES	NO	YES	YES	YES (limited)	YES	YES	YES
Policies address barriers arising from lack of economic opportunities, poverty, inequalities and discrimination	NO	NO	YES	NO	YES	YES	YES	NO	NO	YES	YES	NO	YES (limited in scope)	YES	YES
Increase efforts to combat stigma and discrimination	YES	YES	YES	NO	YES	YES (limited scope; depressive disorders)	YES	NO	NO	YES	YES	NO	YES	NO	YES
Raise awareness and destigmatize mental health issues among the general population	YES	YES	YES	YES	YES	YES	YES	YES (limited scope)	NO	YES	YES	YES (limited scope – awareness in general)	YES	NO	YES (limited scope)
Mental health is integrated into all health policies, emergency and disaster response as well as other policies	2/6 Policing Education	0/6	3/6 Housing Education (varies by province) Emergency preparedness (varies by province)	3/6 MHIAP Policing Education	4/6 MHIAP Policing Housing Education	1/6 Immigration	3/6 MHIAP Housing (regionally) Immigration	4/6 Policing Housing Education Emergency preparedness	0/6	3/6 Policing Housing Education	3/6 Policing Education Immigration	2/6 MHIAP Emergency preparedness	2/6 MHIAP Education	4/6 Policing Housing Education Emergency preparedness	4/6 Policing Education Immigration Emergency Preparedness
Decision makers strengthen cooperation between health and other sectors, including joint budgeting/ commissioning	YES	YES	YES	NO	NO	NO	NO	NO	YES	YES	YES	NO	YES	YES	YES
The national mental health plan is up-to-date and implemented	YES	YES	YES	YES	YES	YES	NO (outdated)	YES	YES	YES	YES	YES	YES	YES	YES

Policies prioritize community based mental health care	YES	YES	NO	YES	YES	YES	NO	YES	Not stipulated	YES	YES (limited scope – focused on community-based rehabilitation centers)	NO	YES	YES	YES	YES	YES	YES
Policies promote a whole-of-government and whole-of-society approach to improving mental health	YES	NO	YES	YES	YES	YES	YES	YES	YES	YES	YES	NO	YES	YES	YES	YES	YES	YES
Policies and legislation protect human rights and align with the Convention of the Rights of Persons with Disabilities (WHO TARGET)	YES (limited in scope)	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
Policies create a formalized structure or mechanism to ensure insights and input from all relevant stakeholders, including persons with lived experience, are incorporated in the development and implementation of policies, laws and services	YES (no mechanism mentioned)	NO	NO	NO	NO	NO	YES (limited scope – no formalized structure/mechanism mentioned)	NO	YES (no mechanism mentioned)	YES	YES (limited scope – no formalized structure/mechanism mentioned)	YES	YES (limited scope – no formalized structure/mechanism mentioned)	YES	YES (limited scope – no formalized structure/mechanism mentioned)	YES (limited scope – no mention of patient engagement)	YES	YES
Decision makers promote and engage in international cooperation and knowledge sharing on MH policy/plan/law development, implementation and evaluation	NO	NO	YES	YES	NO	YES	NO	NO	NO	NO	YES	NO	YES	YES	NO	NO	NO	NO
Decision makers increase the quantity and improve the quality of MH financing	YES	NO	NO	NO	NO	NO	Doesn't stipulate	NO	NO	NO	NO	NO	NO	YES (limited)	NO	YES	YES	YES
Policies mobilize and allocate adequate, predictable and sustainable resources and budget as needed to implement MH plans	YES (limited in scope)	YES (budget only)	YES	YES	YES	YES (limited in scope)	NO	NO	NO	NO	YES	YES	YES	YES	NO	YES	YES	YES
Decision makers explore voluntary	NO	NO	NO	NO	NO	YES	NO	NO	NO	NO	YES	NO	YES	NO	NO	NO	NO	NO







Deinstitutionalize MH care and move towards non-specialized health setting with increasing coverage of interventions for priority conditions	NO	YES	NO	NO	NO	PARTIALLY (linking primary care and specialized MH only)	NO	NO	NO	NO	NO	NO	YES (indirectly)	YES	YES	YES	YES
Integrate and coordinate comprehensive mental health and social care services in community-based settings	YES (limited in scope: specific MH conditions only)	YES	YES	YES	NO	YES	YES (limited scope – focus on community rehabilitation only)	NO	YES	YES (limited)	YES	YES	YES	YES	YES	YES	YES
Establish accessible support structure linked to preschools, schools, community services, etc. to provide treatment, counselling, guidance and peer support	YES	NO	NO	YES	YES (limited scope – depression)	NO	YES (limited scope – better access to MH services only)	NO	YES	NO	YES	YES	YES	YES	YES	YES	YES
Improve access for underserved and minority population	YES	NO	YES	YES	NO	YES	NO	YES	YES	NO	NO	YES	YES	YES	YES	YES	YES
Ensure shared decision making for people living with MH conditions in their care and treatment plan	NO	(limited scope: brief mention only)	YES (limited)	NO	YES	NO	NO	YES (limited in scope)	YES	YES	YES	YES	YES	YES	YES	YES	YES (limited scope)
Ensure seamless service provision and non-stigmatizing support in transfer from child to adolescent services to adult services (via policy measures, integrated service delivery and financing models) through better collaboration and integrated approaches by all involved stakeholders	YES (limited in scope)	NO	YES (limited in scope)	NO	NO	NO	NO	NO	YES	NO	NO	NO	YES	NO	NO	YES	YES (limited scope)
Develop and roll out peer support models	YES	NO	YES (limited in scope)	NO	YES (limited scope)	YES	NO	NO	NO	NO	NO	NO	YES	YES (limited scope)	YES	YES	YES
Capacity and capacity building programs for primary/general and specialized health workers on culturally appropriate	YES	NO	NO	YES	YES	YES	YES	NO	YES (limited scope)	NO	YES	YES	YES	YES	NO	YES	YES



Policies include strategies that support the recovery of persons with mental health conditions	YES (limited in scope)	YES (limited)	YES	YES	YES	YES	YES	YES	YES	YES	YES (limited scope and brief mention only)	YES	YES	YES	YES	YES	YES
<b>Mental Health Data</b>																	
Improve MH data and research	YES	NO	NO	NO	NO (in general only)	NO	NO	NO	NO	NO	NO	YES	YES	NO	YES	YES	YES
Collect data on MH status of people in vulnerable situations and on accessibility of services in marginalized/remote areas	YES (vulnerable populations only)	NO	NO	NO	NO	NO	NO	NO	NO	NO	NO	YES (limited scope – vulnerable situations only)	YES	NO	NO	NO	YES (limited scope – vulnerable people only)
Improve research capacity and academic collaboration on national priorities for research in MH	YES	NO	NO	NO	NO	YES	NO	NO	NO	NO	NO	YES	YES	NO	YES	YES (limited scope – MH scope limited to system's innovation and research only)	YES
Routinely collect and report a core set of mental health indicators every two years (WHO target)	YES	YES (limited to public sector data)	YES	YES	YES	YES (public sector only)	YES	YES	YES	YES (limited in scope: MH data compiled only for general health statistics)	YES	YES	YES (limited – general health statistics only)	YES (limited)	YES (limited)	YES	YES
Strengthen routine health information systems, data-related capacity and the ability of information systems to integrate mental health into the routine health information system	YES	NO	NO	NO	YES (brief mention)	YES	YES	NO	YES	YES (limited in scope)	YES	YES	YES	NO	YES	YES	YES (limited)
Utilize strengthened health information systems to improve MH service delivery, promotion and prevention strategies	Research gap	Research gap	Research gap	Research gap	Research gap	Research gap	Research gap	Research gap	Research gap	Research gap	Research gap	Research gap	Research gap	Research gap	Research gap	Research gap	Research gap

**Supplementary Table 3. Level of integration and key findings, per country**

Country	Level of integration and key findings
Australia	<ul style="list-style-type: none"> <li>• <b>Mental Health Policy Prioritization:</b> Medium, as policies do not address the recommendations related to social determinants and there are gaps regarding innovative financing mechanisms and international cooperation and knowledge sharing on MH policy/plan/law development, implementation and evaluation. Integration of mental health in all policies is not prioritized, specifically housing, immigration and emergency preparedness.</li> <li>• <b>Prevention:</b> High, since almost all recommendations for this theme are addressed; however, points were deducted because neither policy assessed explicitly addresses the need to provide training for caseworkers and social workers to improve their understanding of mental health issues and the health benefits of work. Additionally, there were no policies addressing racism and racial discrimination as a key determinant of mental health</li> <li>• <b>Care:</b> Medium, as, although many of the recommendations for capacity building/training, peer support, life course approach, vulnerable populations, and strengthening effective leadership and governance for mental health are addressed, there were five recommendations for which points were not fully awarded regarding the provision of comprehensive, integrated, and responsive mental health and social care services in community-based settings.</li> <li>• <b>Rehabilitation:</b> Medium, as all recommendations were addressed, but policies that include strategies that support the recovery of persons with mental health conditions have limited focus, as although the Long-Term Plan mentions the establishment of recovery and rehabilitation services for drug and alcohol abuse, as well as for women with trauma, it does not address recovery support for other mental health conditions.</li> <li>• <b>Mental Health Data and Research:</b> High, as nearly all recommendations regarding strengthen evidence and research for mental health and information systems, were addressed, but data collected on MH status only considers vulnerable populations and not people in vulnerable situations and on accessibility of services in marginalized/remote areas.</li> </ul>
Brazil	<ul style="list-style-type: none"> <li>• <b>Mental Health Policy Prioritization:</b> Low, as policies do not address life course approach, social determinants, or patient empowerment, and there are gaps regarding mental health financing. Mental health is not integrated in any of the analyzed policies such as education, immigration, housing, emergency preparedness, or policing. Points were received as policies tackle mental health stigma and discrimination.</li> <li>• <b>Prevention:</b> Medium, as policies do not address life course approach, social determinants, or capacity building/training. The country develops strategies for promotion and prevention in mental health, but no attention is given to mental health awareness-raising campaigns. Points were deducted as policies do not address school-based mental health programs.</li> <li>• <b>Care:</b> Low, as most recommendations were not incorporated into national policies. Only points received were regarding deinstitutionalization of mental health care, actions for community-based services, expansion of mental health and psychosocial support services, and addressing the need for increased service coverage for mental health conditions.</li> <li>• <b>Rehabilitation:</b> Low, as policies do not establish return-to-work programs for people with MH problems, and policies that ensure the social inclusion of people living with mental health conditions and include strategies that support the recovery of persons with mental health conditions only briefly mentions mental health.</li> <li>• <b>Mental Health Data and Research:</b> Low, as gaps were identified regarding all recommendations related to strengthening evidence and research for mental health and information systems. The routine collection and reporting of a core set of mental health indicators is limited as it only refers to the public sector.</li> </ul>
Canada	<ul style="list-style-type: none"> <li>• <b>Mental Health Policy Prioritization:</b> Medium, as policies identified address life course approach, social determinants, patient empowerment, and tackle mental health stigma and discrimination. Mental health is included in housing, Education, and emergency preparedness policies. Points were deducted as there were found no policies that enable decision makers to increase the quantity and improve the quality of MH financing nor to explore voluntary innovative financing mechanisms.</li> <li>• <b>Prevention:</b> Medium, as policies do not Provide incorporate recommendations regarding training for caseworkers and social workers to improve their understanding of MH issues and the health benefits of work, and do not address suicide prevention across the life course. Policies tackle mental health stigma and discrimination and address social determinants, but there are gaps in school-based mental health programs and awareness among educational professionals and families of students of MH conditions</li> <li>• <b>Care:</b> Low, as there were identified gaps in capacity building and training, as programs to recruit and retain health care workers are not specific to mental health, there were found no policies that incorporate MH</li> </ul>

	<p>specialists in primary care settings, nor that include efforts to provide and fund cross-sectoral mental health and psychosocial support services.</p> <ul style="list-style-type: none"> <li>• <b>Rehabilitation:</b> Low, as policies do not establish return-to-work programs for people with MH problems, and policies that ensure the social inclusion of people living with mental health conditions and include strategies that support the recovery of persons with mental health conditions do not prioritize mental health.</li> <li>• <b>Mental Health Data and Research:</b> Low, as there were found no policies that aim to improve MH data and research nor to collect data on MH status of people in vulnerable situations and on accessibility of services in marginalized/remote areas. Points were received as there are policies that incorporate recommendations to strengthen evidence and research for mental health and information systems.</li> </ul>
China	<ul style="list-style-type: none"> <li>• <b>Mental Health Policy Prioritization:</b> Medium, with policies promote and protect MH across the life course, and enabling decision makers to promote and engage in international cooperation and knowledge sharing on MH policy/plan/law development, implementation and evaluation, as well as exploring voluntary innovative financing mechanisms. There were gaps identified regarding patient empowerment and the integration of mental health in policies of other sectors.</li> <li>• <b>Prevention:</b> Low, as recommendations regarding vulnerable populations, life course approach, mental health stigma and discrimination, and social determinants of health are not addressed. In addition, strategies for promotion and prevention in mental health are limited, as awareness raising efforts are not prioritized across all assessed policies, and reducing the suicide rate by addressing associated risk factors is not prioritized or mentioned in any of the assessed policies.</li> <li>• <b>Care:</b> Low, as there were identified gaps across all subcategories, including lack of policies that <b>provide</b> comprehensive, integrated and responsive mental health and social care services in community-based settings, with the existing ones having limited scope as they do not prioritize mental health. In addition, policies do not address patient empowerment, life-course approach, nor peer support.</li> <li>• <b>Rehabilitation:</b> Medium, as there were identified policies that include strategies that support the recovery of persons with mental health conditions, but no return-to-work programs for people with MH problems were found. In addition, policies that aim to ensure the social inclusion of people living with mental health conditions are limited in scope.</li> <li>• <b>Mental Health Data and Research:</b> Medium, as recommendations addressed in policies include the ones to improve research capacity and academic collaboration on national priorities for research in MH and strengthen routine health information systems, data-related capacity and the ability of information systems to integrate mental health into the routine health information system, but no policies identified that aim to collect data on MH status of people in vulnerable situations.</li> </ul>
France	<ul style="list-style-type: none"> <li>• <b>Mental Health Policy Prioritization:</b> Medium, with recommendations regarding life course approach, social determinants, and mental health stigma and discrimination incorporated into national policies, with mental health integrated into policing, housing, and education policies. There were identified gaps regarding mental health financing, as there were not identified policies that enable decision makers to increase the quantity and improve the quality of MH financing, nor to explore voluntary innovative financing mechanisms.</li> <li>• <b>Prevention:</b> High, as recommendations to incorporate strategies for promotion and prevention in mental health, to tackle mental health stigma and discrimination, and to provide comprehensive, integrated and responsive mental health and social care services in community-based settings are all integrated into national policies. The gaps identified are the non-inclusion of suicide prevention and racism or racial discrimination in policy priorities.</li> <li>• <b>Care:</b> Medium, with recommendations addressing vulnerable populations and peer support for people living with MH addressed. As gaps identified, the need for mental health specialists in primary care settings is not addressed in the assessed policies, shared decision-making and involvement of patients in their care and treatment plans is not prioritized, and seamless service provision from child to adolescent services to adult services was not addressed.</li> <li>• <b>Rehabilitation:</b> High, as all recommendations were addressed by national policies: to strengthen effective leadership and governance for mental health, to incorporate strategies for the promotion and prevention in mental health, and to provide comprehensive, integrated and responsive mental health and social care services in community-based settings</li> <li>• <b>Mental Health Data and Research:</b> Low, as the only recommendation incorporated is to routinely collect and report a core set of mental health indicators. Strengthening routine health information systems is not prioritized and policies do not address the need for improved mental health data collection.</li> </ul>

Germany	<ul style="list-style-type: none"> <li>• <b>Mental Health Policy Prioritization:</b> Low, as neither of the mental health financing recommendations are incorporated into national policies, mental health is only integrated into immigration policies, mental health and social needs at all stages of the life-course is not prioritized, and mental health is prioritized by national policy makers; however, the area of focus is limited to chronic depressive disorder, depression and suicide, with no mention of other chronic and complex mental health conditions.</li> <li>• <b>Prevention:</b> Medium, with gaps identified regarding capacity building / training, vulnerable populations, social determinants, and life-course approach, and policies that tackle mental health stigma and discrimination limited to depressive disorders. All recommendations regarding strategies for promotion and prevention in mental health and the provision of comprehensive, integrated and responsive mental health and social care services in community-based settings are addressed in national policies.</li> <li>• <b>Care:</b> Low, with most recommendations regarding the provision of comprehensive, integrated, and responsive mental health and social care services in community-based settings not being addressed. There are gaps regarding capacity building / training, and although the policy highlights collaboration with various sectors and stakeholders, it does not address funding for cross-sectoral mental health and psychosocial support services</li> <li>• <b>Rehabilitation:</b> High, as all recommendations were addressed by national policies: to strengthen effective leadership and governance for mental health, to incorporate strategies for the promotion and prevention in mental health, and to provide comprehensive, integrated and responsive mental health and social care services in community-based settings</li> <li>• <b>Mental Health Data and Research:</b> Low, as the only recommendation incorporated is to routinely collect and report a core set of mental health indicators. Strengthening routine health information systems is not prioritized and policies do not address the need for improved mental health data collection.</li> </ul>
Italy	<ul style="list-style-type: none"> <li>• <b>Mental Health Policy Prioritization:</b> Low, as none of the recommendations regarding mental health financing were addressed by national policies, and they also do not address or provide for joint budgeting/commissioning between health and other sectors. The National Action Plan for Mental Health is outdated, from 2013. Points were received as all recommendations regarding life course approach, social determinants, and mental health stigma and discrimination were addressed.</li> <li>• <b>Prevention:</b> Medium, with policies providing training for caseworkers and social workers to improve their understanding of MH issues and the health benefits of work, policies addressing address school-based mental health programs, and increased efforts to combat stigma and discrimination. While capacity building and training for healthcare workers and social workers is prioritized, the scope is limited and there is no evidence of training related to topics involving culturally appropriate care. In addition, while Mental health through the life course is prioritized in policy, the extension of this to suicide prevention is limited.</li> <li>• <b>Care:</b> Low, as there were gaps identified in all sub-categories, with some points received regarding the provision of comprehensive, integrated, and responsive mental health and social care services in community-based settings, such as the Integration and coordination of comprehensive mental health and social care services in community-based settings, and the development of accessible support structure linked to preschools, schools, community services, etc. to provide treatment, counselling, guidance and peer support.</li> <li>• <b>Rehabilitation:</b> Medium, as policies incorporate recommendations to ensure the social inclusion of people living with mental health conditions, and to include strategies that support the recovery of persons with mental health conditions. However, support for helping individuals with mental health conditions return to work is not addressed.</li> <li>• <b>Mental Health Data and Research:</b> Low, as the only recommendation fully incorporated is the routine collection and reporting of a core set of mental health indicators. While improved health data and research are encouraged, this is limited in nature and does not specifically prioritize mental health. The need for strengthened routine health information systems is mentioned but is not prioritized.</li> </ul>
Japan	<ul style="list-style-type: none"> <li>• <b>Mental Health Policy Prioritization:</b> Low, as there are gaps regarding mental health financing, patient empowerment, social determinants, and mental health stigma and discrimination. On a positive note, mental health is integrated into policies of other sectors such as policing, housing, education, and emergency preparedness. Although mental health across the life course is promoted in policy, this does not extend to suicide prevention.</li> <li>• <b>Prevention:</b> Low, with most of the recommendations not being integrated into national policies. The few recommendations incorporated are those regarding the development and implementation of functional mental health promotion and prevention programs and strategies. There is limited attention given to mental health awareness campaigns in the assessed policies.</li> <li>• <b>Care:</b> Low, with most of the recommendations not being integrated into national policies. The Act addresses the need to incorporate mental health specialists in health care settings at a national and local</li> </ul>

	<p>level, without specifying primary care. In addition, the development of mental health support structures is limited and speaks only to increasing access to services. The integration of mental health care into schools is not addressed.</p> <ul style="list-style-type: none"> <li>• <b>Rehabilitation:</b> Medium, as there were identified policies that include strategies that support the recovery of persons with mental health conditions, but no return-to-work programs for people with MH problems were found. In addition, policies that aim to ensure the social inclusion of people living with mental health conditions are limited in scope.</li> <li>• <b>Mental Health Data and Research:</b> Low, as there were found no policies that aim to improve MH data and research nor to collect data on MH status of people in vulnerable situations and on accessibility of services in marginalized/remote areas. Points were received as there are policies that incorporate recommendations to strengthen evidence and research for mental health and information systems.</li> </ul>
Saudi Arabia	<ul style="list-style-type: none"> <li>• <b>Mental Health Policy Prioritization:</b> Low, as recommendations regarding life course approach, social determinants, and mental health stigma and discrimination are not incorporated into national policies, and mental health is not integrated into any other sectoral policy, such as housing, education or immigration. Points were received as most of the recommendations aimed at strengthening effective leadership and governance for mental health are addressed.</li> <li>• <b>Prevention:</b> Low, as the only recommendation incorporated into policies is to implement strategies for promotion and prevention in mental health, but these are limited in scope as the Ministry of Health's strategy focuses on general health risk prevention, lacking specific measures for mental health.</li> <li>• <b>Care:</b> Low, with the only recommendations fully incorporated into national policy being the ones regarding expansion of mental health and psychosocial support services by increasing the number of community-based mental health facilities, and increasing service coverage for mental health conditions.</li> <li>• <b>Rehabilitation:</b> Low, as policies briefly mention that they recognize that rehabilitation is a part of mental health care, neither policy clearly sets out strategies that support the recovery, but rather briefly mention various rehabilitation services such as 'psychiatric recovery facilities.</li> <li>• <b>Mental Health Data and Research:</b> Low, as most recommendations are not addressed. The Mental Health Care Law addresses the need to strengthen information systems by calling for monitoring on topics such as involuntary admission and treatment cases to be developed, but this is not specific to mental health.</li> </ul>
South Korea	<ul style="list-style-type: none"> <li>• <b>Mental Health Policy Prioritization:</b> Medium, with recommendations regarding life course approach, social determinants, mental health stigma and discrimination, and patient empowerment incorporated into national policies. Mental health is also integrated into policing, housing, and education policies. The gaps identified are regarding lack of evidence of decision makers increasing financing for mental health or exploring voluntary innovative financing mechanisms.</li> <li>• <b>Prevention:</b> High, as nearly all recommendations are incorporated into national policies. The only exception is that evidence of policies addressing racism and racial discrimination as a key determinants of mental health was not identified.</li> <li>• <b>Care:</b> Medium, with recommendations regarding vulnerable populations, patient empowerment, and peer support incorporated into national policies. Policies also include efforts to provide and fund cross-sectoral mental health and psychosocial support services. Gaps identified include the lack of evidence regarding recommendation of ensuring timely access to treatment in community MH and primary care settings, and incorporating MH specialists in primary care settings.</li> <li>• <b>Rehabilitation:</b> High, as all recommendations were addressed by national policies: to strengthen effective leadership and governance for mental health, to incorporate strategies for the promotion and prevention in mental health, and to provide comprehensive, integrated and responsive mental health and social care services in community-based settings</li> <li>• <b>Mental Health Data and Research:</b> Medium, as there is evidence of routine data collection, and policies that aim to improve research capacity and academic collaboration on national priorities for research in MH and strengthen information systems. On the other hand, the need to improve mental health data and research is not specifically addressed in the policies assessed, and they also do not specifically address the need to collect data on the mental health status of vulnerable populations.</li> </ul>
Spain	<ul style="list-style-type: none"> <li>• <b>Mental Health Policy Prioritization:</b> High, with most recommendations integrated into national policy, including those aimed at mental health financing, and strengthening effective leadership and governance for mental health. Mental health is integrated into policing, immigration, and education policies. The only gap identified is that there is no evidence of policies that enable decision makers explore voluntary innovative financing mechanisms.</li> <li>• <b>Prevention;</b> High, with most recommendations integrated into national policy, including those related to strategies for promotion and prevention in mental health, and to the provision of comprehensive, integrated</li> </ul>



	<p>and responsive mental health and social care services in community-based settings. Training for caseworkers and social workers to improve their understanding of MH issues and the health benefits of work is limited to suicide prevention, and only one regional anti-stigma program was identified in the country.</p> <ul style="list-style-type: none"> <li>• <b>Care:</b> Medium, with recommendations regarding life course approach, patient empowerment, social determinants, and peer support incorporated into national policies, that also include efforts to provide and fund cross-sectoral mental health and psychosocial support services. Capacity building is limited to improving healthcare provider mental health training with no mention of cultural considerations.</li> <li>• <b>Rehabilitation:</b> Medium, as policies incorporate recommendations to ensure the social inclusion of people living with mental health conditions, and to include strategies that support the recovery of persons with mental health conditions. However, support for helping individuals with mental health conditions return to work is not addressed.</li> <li>• <b>Mental Health Data and Research:</b> Medium, as although most of the recommendations are incorporated, some are limited at scope. The Mental Health Action Plan is focused on establishing a registry for suicidal behaviors but does not address the need for improved data collection on the mental health status of people in vulnerable situations. In addition, the country has mental health data compiled only for general health statistics in the last two years.</li> </ul>
Türkiye	<ul style="list-style-type: none"> <li>• <b>Mental Health Policy Prioritization:</b> Low, as recommendations regarding life course approach, social determinants, and mental health stigma and discrimination are not fully incorporated into national policies, and mental health is not integrated housing, education or immigration policies. Points were received as most of the recommendations aimed at strengthening effective leadership and governance for mental health are addressed.</li> <li>• <b>Prevention:</b> Medium, as recommendations regarding capacity building and vulnerable populations are incorporated into national policies, as well as those aimed at developing for promotion and prevention in mental health, and providing comprehensive, integrated and responsive mental health and social care services in community-based settings. Suicide prevention across the life course is not prioritized, and although policies include mental health awareness campaigns, they do not specifically address stigma or discrimination.</li> <li>• <b>Care:</b> Medium, with most of the recommendations related to provision of comprehensive, integrated, and responsive mental health and social care services in community-based settings incorporated into national policy. Gaps identified include the lack of evidence of training related to topics involving culturally appropriate care, and that while policy promotes working in partnership with other sectors and stakeholders, the associated funding is not addressed.</li> <li>• <b>Rehabilitation:</b> Medium, as policies incorporate recommendations to ensure the social inclusion of people living with mental health conditions, and to include strategies that support the recovery of persons with mental health conditions. However, support for helping individuals with mental health conditions return to work is not addressed.</li> <li>• <b>Mental Health Data and Research:</b> Low, as gaps were identified regarding all recommendations related to strengthening evidence and research for mental health and information systems. The country has mental health data compiled only for general health statistics in the last two years.</li> </ul>
United Arab Emirates	<ul style="list-style-type: none"> <li>• <b>Mental Health Policy Prioritization:</b> Medium, with policies addressing recommendations related to nearly all sub-categories. Gaps include that policies do not explicitly discuss poverty or inequalities as factors that can affect mental health, and mental health is not integrated into immigration or housing policies. Evidence was not identified to suggest that policy makers have increased the proportion of health spending allocated to mental health, and neither policy assessed mentions innovative financing mechanisms and partnerships</li> <li>• <b>Prevention:</b> High, as most recommendations are integrated into national policies. Evidence to demonstrate prioritization of suicide prevention across the life course, or that address racism and racial discrimination as a key determinant of mental health were not identified in either policy assessed. Awareness programs for education professionals and families of students is limited to the topic of substance abuse.</li> <li>• <b>Care:</b> Medium, as the provision of comprehensive, integrated, and responsive mental health and social care services in community-based settings, improved access for underserved and minority population, and patient empowerment are incorporated into national policies</li> <li>• <b>Rehabilitation:</b> High, as all recommendations were addressed by national policies: to strengthen effective leadership and governance for mental health, to incorporate strategies for the promotion and prevention in mental health, and to provide comprehensive, integrated and responsive mental health and social care services in community-based settings</li> <li>• <b>Mental Health Data and Research:</b> Medium, with most of the recommendations incorporated into national policies. The National Policy for the Promotion of Mental Health states that it seeks to collect basic</li> </ul>

	<p>mental health data under the surveillance system monitoring mental health; however, it does not explicitly mention collecting data on people in vulnerable situations or remote areas.</p>
United Kingdom	<ul style="list-style-type: none"> <li>• <b>Mental Health Policy Prioritization:</b> Medium, as recommendations for most sub-categories are addressed. Mental health is included in other policy areas such as policing, housing, education, and emergency preparedness, and recommendations regarding patient empowerment, life course approach, and social determinants are incorporated in policies. Stigma and discrimination are not addressed; and although people with a lived experience of mental disorders are engaged and included in the policy development process, the mechanism for engagement is not defined.</li> <li>• <b>Prevention:</b> Medium, as recommendations for most sub-categories are addressed, with most of the recommendations related to strategies for promotion and prevention in mental health and provision comprehensive, integrated and responsive mental health and social care services in community-based settings incorporated into national policies. There was found no evidence of policies that increase efforts to combat stigma and discrimination, nor that address racism and racial discrimination as a key determinant of mental health.</li> <li>• <b>Care:</b> High, with most of the recommendations incorporated into national policies. The few gaps include that the investment in HCP training does not extend to caseworkers and social workers, and only makes mention of a workforce development program for the ambulance service to improve their mental health response, and that increasing the number of community-based mental health facilities is not explicitly mentioned.</li> <li>• <b>Rehabilitation:</b> High, as all recommendations were addressed by national policies: to strengthen effective leadership and governance for mental health, to incorporate strategies for the promotion and prevention in mental health, and to provide comprehensive, integrated and responsive mental health and social care services in community-based settings.</li> <li>• <b>Mental Health Data and Research:</b> Medium, with most of the recommendations incorporated into national policies. Gaps include that the need for improved mental health data and research is acknowledged but does not address vulnerable populations and their needs, and mental health research is not prioritized.</li> </ul>
United States	<ul style="list-style-type: none"> <li>• <b>Mental Health Policy Prioritization:</b> Medium, with most of the recommendations incorporated into national policies. Mental health is integrated into policing, education, immigration, and emergency preparedness policies, and there was found no evidence that policies enable decision makers to promote and engage in international cooperation and knowledge sharing, nor exploring voluntary innovative financing mechanisms.</li> <li>• <b>Prevention:</b> High, with most of the recommendations incorporated into national policies. The only gap is that mental health awareness is addressed by policies, but the scope of associated efforts is limited with a strong focus on awareness among the healthcare workforce. For</li> <li>• <b>Care:</b> High, with most of the recommendations incorporated into national policies. The few gaps include that there were not identified policies that ensure timely access to treatment in community MH and primary care settings, nor that establish clear practices of referral to, and consultation with, specialists. Recommendations that address patient empowerment and life course approach were limited in scope.</li> <li>• <b>Rehabilitation:</b> Medium, as there were identified policies that include strategies that support the recovery of persons with mental health conditions, but social inclusion for individuals with mental health conditions is limited in policies</li> <li>• <b>Mental Health Data and Research:</b> Medium, as nearly all recommendations regarding strengthen evidence and research for mental health and information systems, were addressed, but while most policies address mental health data and research, little focus is given to the ability of information systems to integrate mental health into the routine health information system.</li> </ul>

**Supplementary Table 4. Scorecard for sub-categories within *Mental Health Policy Prioritization***

Country	Life course approach score (out of 1)	Social determinants score (out of 1)	Tackle mental health stigma and discrimination score (out of 2)	Mental health in all policies score (out of 7)	Strengthen effective leadership and governance score (out of 6)	Mental health financing score (out of 3)	Patient empowerment score (out of 1)
Australia	0.5	0	2	3	4	1.5	1
Brazil	0	0	2	1	3	0.5	0
Canada	1	1	2	4	4	1	0.5
China	1	0	1	3	4.5	1.5	0
France	1	1	2	4	4	1	0
Germany	0	1	1.5	1	4	0	1
Italy	1	1	2	3	3.5	0	0
Japan	1	0	0.5	4	3	0	0
Saudi Arabia	0	0	0	1	5.5	1	1
South Korea	1	1	2	4	6	1	0.5
Spain	1	1	2	4	5.5	1.5	1
Türkiye	0.5	0	0.5	2	3.5	1	0.5
United Arab Emirates	1	0.5	2	3	6	0	1
United Kingdom	1	1	0	5	4.5	2	0.5
United States	1	1	1.5	5	4.5	2	0.5

**Supplementary Table 5. Scorecard for sub-categories within *Prevention***

Country	Capacity building / training score (out of 1)	Vulnerable populations score (out of 1)	Life course approach score (out of 1)	Strategies for promotion and prevention in mental health score (out of 4)	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings score (out of 2)	Tackle mental health stigma and discrimination score (out of 1)	Social determinants score (out of 1)
Australia	0	1	1	4	2	1	0
Brazil	0	1	0	4	0.5	1	0
Canada	0	1	0	3	1	1	1
China	0.5	0	0	2	1.5	0	0
France	0.5	1	0	4	2	1	0
Germany	0	0	0	4	2	0.5	0
Italy	1	0.5	0.5	2	2	1	0
Japan	0	0	0	2.5	1	0	0
Saudi Arabia	0	0	0	0	0.5	0	0
South Korea	1	1	1	4	2	1	0
Spain	0.5	1	1	3	2	1	0
Türkiye	1	1	0	3	2	0	0
United Arab Emirates	1	1	0	2.5	2	1	0
United Kingdom	0.5	1	1	2.5	1.5	0	0
United States	1	1	1	3.5	2	1	1

**Supplementary Table 6. Scorecard for sub-categories within *Care***

Country	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings score (out of 7)	Vulnerable populations score (out of 1)	Patient empowerment score (out of 1)	Life-course approach score (out of 1)	Peer support score (out of 1)	Capacity building / training score (out of 5)	Strengthen effective leadership and governance for mental health score (out of 1)
Australia	3.5	1	0	0.5	1	4	1
Brazil	2	0	0	0	0	2	0
Canada	3.5	1	0.5	0.5	0.5	1.5	0
China	1.5	0	0	0	0	4	0.5
France	4.5	1	0	0	1	3.5	0
Germany	2	0	1	0	0.5	1	0.5

Italy	3	1	0	1	0	1.5	0.5
Japan	1	0	0	0	0	2	0.5
Saudi Arabia	1.5	0	0.5	0	0	2	0
South Korea	4	1	0.5	0	1	4	1
Spain	3	1	1	1	1	2.5	1
Türkiye	5	1	1	0	0.5	4.5	0
United Arab Emirates	5.5	1	1	0	0.5	3.5	0
United Kingdom	5.5	1	1	1	1	4	1
United States	5	1	0.5	0.5	1	5	1

**Supplementary Table 7. Scorecard for sub-categories within *Rehabilitation***

Country	Strengthen effective leadership and governance for mental health score (out of 1)	Strategies for the promotion and prevention in mental health score (out of 1)	Provide comprehensive, integrated and responsive mental health and social care services in community-based settings score (out of 1)
Australia	1	1	0.5
Brazil	0.5	0	0.5
Canada	0.5	0	0.5
China	0.5	0	1
France	1	1	1
Germany	1	1	1
Italy	1	0	1
Japan	0.5	0	1
Saudi Arabia	0	0	0.5
South Korea	1	1	1
Spain	1	0	1
Türkiye	1	0	1
United Arab Emirates	1	1	1
United Kingdom	1	1	1
United States	0.5	0	1

**Supplementary Table 8. Scorecard for sub-categories within *Mental Health Data and Research***

Country	Strengthen evidence and research for mental health score (out of 4)	Strengthen information systems score (out of 2)
Australia	3.5	1
Brazil	0.5	0
Canada	1.5	1
China	3	1
France	1	0
Germany	1	0
Italy	1	0.5
Japan	1.5	1
Saudi Arabia	0.5	0.5
South Korea	2	1
Spain	3	1
Türkiye	0.5	0
United Arab Emirates	2.5	1
United Kingdom	2.5	1
United States	3.5	0.5