ASEAN PLUS THREE LEADERS’ STATEMENT ON COOPERATION ON MENTAL HEALTH AMONGST ADOLESCENTS AND YOUNG CHILDREN

WE, the Member States of the Association of Southeast Asian Nations (ASEAN), the People’s Republic of China, Japan, and the Republic of Korea, held the 24th ASEAN Plus Three Summit via videoconference on 27 October 2021. The Summit was chaired by His Majesty Sultan Haji Hassanal Bolkiah, Sultan and Yang Di-Pertuan of Brunei Darussalam;

REAFFIRM our commitments to the United Nations 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs), particularly SDG target 3.4, which aims to reduce by one third premature mortality rates from non-communicable diseases through prevention and treatment and promote mental health and well-being, while reiterating that mental disorders are significant contributors to the global burden of diseases and on the quality of life;

REITERATE our support to the UN Secretary-General’s message for World Mental Health Day in 2020, which highlighted that depression is now recognised as a leading cause of illness and disability amongst children and adolescents, and that swift collective action is necessary to ensure quality mental health care is available to all in need, especially during the COVID-19 pandemic;

WELCOME the World Health Organization (WHO) Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health which contributes towards the SDGs and a vision where everyone can obtain the highest standard of mental health and well-being; which aligns with the updated WHO Comprehensive Mental Health Action Plan 2013-2030, aiming at scaling-up mental health care as part of the universal health coverage and leaving no one behind, and further welcome efforts by the United Nations Children’s Fund (UNICEF) in responding to the mental health impacts of COVID-19 on children, adolescents and youth;

REITERATE our support for ASEAN efforts in realising an ASEAN Community that is people-oriented, people-centred and socially responsible with a view to achieving enduring solidarity and unity among the peoples and Member States of ASEAN, and forging a common identity and building a caring and sharing society which is inclusive and where the well-being, livelihood, and welfare of the peoples are enhanced, in-line with Brunei Darussalam’s ASEAN Chairmanship priorities and deliverables under the theme of “We Care, We Prepare, We Prosper”;

REITERATE that the ASEAN Socio-Cultural Community Blueprint 2025 promotes a healthy, caring, sustainable and productive community that practices healthy lifestyle resilient to health threats and universal access to health care;
UNDERSCORE the importance of addressing mental health issues reflected in the 2013 Bandar Seri Begawan Declaration on Noncommunicable Diseases in ASEAN, and the 2016 ASEAN Mental Health Systems Report, among others;

ACKNOWLEDGE that Promotion of Mental Health is identified as one of the health priorities under the ASEAN Post-2015 Health Development Agenda, which among others, promotes sharing of effective models and practices on mental health programmes and interventions among ASEAN Member States, and the scaling up of integration of mental health programmes in primary and secondary levels of care;

RECOGNISE that mental health conditions account for 16% of global burden of disease and injury amongst young people between the age of 10 to 19 years, where an estimated 10 – 20% of adolescents worldwide experience mental health conditions. Half of all mental disorders in adulthood start by age 14. And yet most cases remain undiagnosed and undertreated and for many, continue into adulthood, impairing both their physical and mental health, and limiting their opportunities to lead fulfilling lives;

EMPHASISE our strong determination and resoluteness to enhance close international cooperation and effective multilateral mechanism in mitigating mental health issues, through encouragement and involvement of every country in the region to take cost-effective measures, not only on raising awareness but also reducing stigma related to mental health issues and addressing the needs and rights of adolescents with defined mental health conditions.

We hereby undertake the following to further strengthen preventive actions in alleviating the negative impacts of mental health on the society and economy in the region:

1. **Encourage** the APT countries to strengthen universal health coverage further by ensuring basic mental health care services and psychosocial support that are affordable and accessible in order to protect and promote the mental health and well-being of people, especially amongst vulnerable people, adolescents and young children in accordance with national capabilities and circumstances;

2. **Strengthen efforts** through the APT mechanism in promoting awareness on mental health, ameliorate stigmatisation of mental illnesses and offer emotional and psychological support, as well as enhance social well-being of those with mental health issues;

3. **Call** for more collaborative initiatives amongst APT countries, that aim to address mental health issues and suicide prevention, particularly amongst adolescents and young persons, and increase efforts to limit the effects of mental health issues from being further exacerbated by the COVID-19 pandemic and other public health emergencies, that had by default created new barriers for those already suffering from mental illness;
4. **Encourage and support** cooperation and alignment of actions, at various levels, including grass-roots level and digital space, and across various sectors, including, but not limited to, education, child protection and family support, that would enhance and support dissemination of the right health information, social innovation and community outreach programmes, research and capacity building initiatives related to mental health among ASEAN Member States and its external partners; and,

5. **Support** the conduct of a regional workshop amongst APT Member States on sharing of best practices on Mental Health Promotion in school settings including school curriculum and introducing mental health education amongst school children as well as discussing effective ways of delivering relevant health messages.

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