The
G7 Research Group
at the Munk School of Global Affairs at Trinity College in the University of Toronto
presents the

2017 Taormina G7 Final Compliance Report
27 May 2017 to 25 May 2018

Prepared by
Katrina Bland, Andrew Liu and Sarah Mariani
G7 Research Group, University of Toronto
4 June 2018
www.g7.utoronto.ca
g7@utoronto.ca
@g7_rg

“We have meanwhile set up a process and there are also independent institutions monitoring which objectives
of our G7 meetings we actually achieve. When it comes to these goals we have a compliance rate of about 80%,
according to the University of Toronto. Germany, with its 87%, comes off pretty well. That means that next
year too, under the Japanese G7 presidency, we are going to check where we stand in comparison to what we
have discussed with each other now. So a lot of what we have resolved to do here together is something that we
are going to have to work very hard at over the next few months. But I think that it has become apparent
that we, as the G7, want to assume responsibility far beyond the prosperity in our own countries. That’s why
today’s outreach meetings, that is the meetings with our guests, were also of great importance.”

Chancellor Angela Merkel, Schloss Elmau, 8 June 2015

G7 summits are a moment for people to judge whether aspirational intent is met by concrete commitments. The G7
Research Group provides a report card on the implementation of G7 and G20 commitments. It is a good moment for
the public to interact with leaders and say, you took a leadership position on these issues – a year later, or three years
later, what have you accomplished?

Achim Steiner, Administrator, United Nations Development Programme, in G7 Canada: The 2018
Charlevoix Summit
Contents
Preface.............................................................................................................................................................. 3
Research Team .................................................................................................................................................. 4
  Lead Analysts.............................................................................................................................................. 4
  Compliance Analysts and Editors ................................................................................................................ 4
Executive Summary ....................................................................................................................................... 6
  The Final Compliance Score ........................................................................................................................ 6
  Compliance by Member ................................................................................................................................. 6
  Compliance by Commitment .......................................................................................................................... 6
  The Compliance Gap Between Members ..................................................................................................... 6
Future Research and Reports .......................................................................................................................... 6
  Table A: 2017 Priority Commitments Selected for Assessment* .............................................................. 7
  Table B: 2017 G7 Taormina Interim Compliance Scores .......................................................................... 9
  Table C: 2017 G7 Taormina Interim Compliance Scores by Country ....................................................... 10
  Table D: 2017 G7 Taormina Final Compliance Scores by Commitment ............................................... 11
1. Terrorism: Aviation and Border Security ................................................................................................. 12
2. Terrorism: Combating Online Extremism ................................................................................................. 31
3. Terrorism: Syria .......................................................................................................................................... 50
4. Non-proliferation: Nuclear Weapons and Disarmament ..................................................................... 68
5. Trade: Protectionism and Trade Practices .............................................................................................. 93
6. Trade: Internationally Recognized Environmental Standards .............................................................. 113
7. Gender: Human Trafficking and Exploitation ......................................................................................... 131
8. Gender: Encouraging Women in the Private Sector ............................................................................. 147
9. Gender: Intersecting Inequalities ............................................................................................................. 162
10. Migration: Addressing the Drivers of Migration .................................................................................. 174
11. Climate Change: Energy and Clean Technology .................................................................................. 206
12. Climate Change: Paris Agreement .......................................................................................................... 223
13. Food and Agriculture: Food Security and Nutrition .......................................................................... 258
15. Health: Mental Health .............................................................................................................................. 285
16. Labour and Employment: Work Conditions ......................................................................................... 301
17. Macroeconomics: Inclusive Growth ....................................................................................................... 318
18. Regional Security: Ukraine ...................................................................................................................... 336
19. Information and Communication Technology .................................................................................... 352
15. Health: Mental Health

“[We are committed to pursuing policies that advance] mental health [improvements across the globe.]”

_G7 Taormina Leaders’ Communiqué_

Assessment

<table>
<thead>
<tr>
<th>Member</th>
<th>No Compliance</th>
<th>Partial Compliance</th>
<th>Full Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>France</td>
<td>−1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Germany</td>
<td>−1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Italy</td>
<td>−1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Japan</td>
<td>−1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td>−1</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>European Union</td>
<td></td>
<td>0</td>
<td>+1</td>
</tr>
<tr>
<td>Average</td>
<td>−0.50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Background

The 2016 G7 Ise Shima Summit marked a recent shift in the global health agenda to include mental health. At that summit, G7 leaders committed to “promoting women’s, children’s, and adolescents’ mental and physical health, ensuring sexual and reproductive health and rights without discrimination of any kind.” At the 2017 G7 Taormina Summit, leaders reaffirmed their commitment the health of young women, children and adolescents. There is a knowledge and resource gap between developed countries and those developing regarding mental health diagnosis, treatment and prevention. Narrowing this gap of knowledge and resources in mental health is often the secondary focus of other international, healthcare-oriented organizations, such as the World Health Organization (WHO).

Mental health refers to a humans emotional, psychological and social well-being according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) published by the American Psychiatric Association (APA) in 2013. The 2013 DSM-5 is the standard tool used in many developed countries for psychiatric diagnostics. The APA claims that the DSM-5 consists of “more than 10 years of effort by hundreds of international experts … their dedication and hard work have yielded an authoritative volume that defines and classifies mental disorders in order to improve diagnosis, treatment, and research.”

---

Mental health disorders often go undiagnosed and threaten to significantly reduce the quality of life of a sufferer with increased stigma.\textsuperscript{1857} Although the overall death rate due to mental health disorders is low compared to communicable diseases, mental health disorders continue to affect both developed and developing populations across the world.

In 2001, WHO reported that one in every four individuals would suffer from mental or neurological conditions.\textsuperscript{1858} The report continues, stating that “treatments are available, but nearly two-thirds of people … never seek help [due to] stigma, discrimination and neglect, preventing both care and treatment.”\textsuperscript{1859}

In 2016, the G7 countries committed to improve mental health policy, including in the areas of healthy and active ageing.\textsuperscript{1860}

Compliance with the G7’s mental health commitments have not before been assessed by the G7 Research Group, nor by any major international organization.

\textbf{Commitment Features}

The G7 members committed to “[pursuing policies that advance] mental health [improvements across the globe].”\textsuperscript{1861} In 2013, WHO, of which all G7 countries are members, released a report entitled Mental Health Action Plan 2013-2020 that addressed the necessity of more targeted practices to support the improvement of mental health.\textsuperscript{1862} The overall goal of this action plan is “a world in which mental health is valued, promoted and protected.”\textsuperscript{1863} This identifies the core intent of the relevant commitment. Thus, this commitment requires that G7 member countries take actions to support policy prescriptions and other measures recommended in this action plan. The G7 Research Group defines “advance,” as a “move or push forward, to make progress, give active support to, promote, cause an event to occur at an earlier date.” To “pursue,” is to “follow in order to catch or capture, to try to get a do over a period of time.”

The action plan draws from WHO’s regional action plans and strategies for mental health and substance abuse to identify the most important policy prescriptions and actions necessary to promote global mental health improvements. Environmental, social, cultural, political and economic factors were taken into account in the development of this action plan.

There are two parts to this commitment.

---


Part One: National/Domestic Component: Implementation of National/Domestic Mental Health Initiatives

In order to be considered as implementing national mental health initiatives, G7 members must take action in one or more of the following ways:

1. Ensure that national policies on mental health are developed and implemented in line with evidence and best practices, such as the Convention on the Rights of Persons with Disabilities or other internationally recognized standards.\(^\text{1864}\)

2. Measure and allocate budget necessary to implement evidence-based mental health plans and actions on a national level.\(^\text{1865}\)

3. Engage with stakeholders from all levels to guarantee nuanced, evidence-based policy prescriptions and actions.\(^\text{1866}\)

4. Formalize the role of people with mental health diseases in the process of developing, assessing, monitoring, and implementing mental health plans and actions.\(^\text{1867}\)

5. Prioritize the protection of vulnerable and marginalized populations by ensuring access to mental health resources, health care, clean water, and other factors necessary to promote mental health.\(^\text{1868}\)

Part Two: International Component: Mental Health Promotion as a Member of an International Organization

1. Support the implementation of WHO’s Mental Health Action Plan 2013–2020 and other mental health initiatives by international organizations.\(^\text{1869}\)

2. Provide regional support to developing countries to develop their healthcare infrastructure to include mental health policy and actions.\(^\text{1870}\)

3. Encourage opportunities for information exchange between countries to further develop best practices.\(^\text{1871}\)


4. Work with international organizations to provide mental health support during humanitarian emergencies or natural disasters.\textsuperscript{1872}

5. Contribute to the development of health information system to monitor mental health emergencies and to improve the delivery of mental health resources.\textsuperscript{1873}

To achieve full compliance for this commitment, G7 members must implement policies and take actions on a national level and as a member of an international organization (to fulfill the requirement of global implementation), with more weight placed on actions that emphasize improvements across the globe.

**Scoring Guidelines**

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>-1</td>
<td>G7 member does not implement national actions towards mental health improvements AND does not partake in international actions.</td>
</tr>
<tr>
<td>0</td>
<td>G7 member implements at least THREE of FIVE actions towards mental health improvements on BOTH a national and international level.</td>
</tr>
<tr>
<td>+1</td>
<td>G7 member implements at least THREE of FIVE national actions towards mental health improvements AND at least FIVE of FIVE international actions; OR at least FOUR of FIVE national actions AND at least FOUR of FIVE international actions.</td>
</tr>
</tbody>
</table>

*Lead Analyst: Avinash N. Mukkala*

**Canada: 0**

Canada has partially complied with its commitment to pursuing policies that advance mental health improvements across the globe.

On 6 June 2017, the Government of Canada announced CAD 4.8 million in funding to mobilize international research networks to address gaps in mental health research. The research will focus primarily on youth mental health addiction services, prisoner mental health practices, and best practices in health supply chains.\textsuperscript{1874} This action is also in support of the World Health Organization’s (WHO) Mental Health Action Plan 2013-2020.

On 13 June 2017, the Mental Health Commission of Canada (MHCC) and HealthCareCAN launched the Declaration of Commitment to Psychological Health and Safety in Healthcare.\textsuperscript{1875} This document commits hospitals and related institutions to promoting staff mental health by recognizing its importance to patient safety and workplace culture.


\textsuperscript{1874} Canadian youth & mental health patients to benefit from new support for research collaborations, CISION (Ottawa) 6 June 2017, Access Date: 28 January 2018. [Accessed].

\textsuperscript{1875} HealthCareCAN and the Mental Health Commission of Canada Launch the Declaration of Commitment to Psychological Health and Safety in Healthcare, Mental Health Commission of Canada (Ottawa) 13 June 2017. Access Date: 16 November 2017. [Accessed].
On 7 September 2017, the MHCC announced a pilot project to “teach students how to better understand and manage their mental health.” The program involves students sharing personal experiences, discussing coping strategies, and watching videos of peers in recovery. Canada has protected students vulnerable to mental illness by ensuring their access to adequate mental health resources. This action is also in support of the WHO’s Mental Health Action Plan 2013-2020.

On 16 November 2017, Canada and China jointly funded EMBED for CAD 2.15 million. EMBED is a five-year project to integrate mobile applications, text messaging and electronic medical records in improving mental health. This project is intended to address, in both countries, “a shortage of mental health care professionals, especially in remote areas, as well as time constraints for psychiatrists and other experts.” This project aims to use apps to identify symptoms and provide assistance in the absence of a mental health professional. This action is also in support of the WHO’s Mental Health Action Plan 2013-2020.

On 13 December 2017, Minister of International Development and La Francophonie the Honourable Marie-Claude Bibeau announced CAD 12.55 million of humanitarian relief for Rohingya victims of violence in Myanmar. The initiatives supported include “psychosocial counselling.” This demonstrates Canada’s role in working with international organizations to provide mental health support during humanitarian emergencies.

On 27 February 2018, Finance Minister Bill Morneau released the Canadian federal budget for 2018-2019. Canada has allocated funds for “targeted investments in healthy workplaces, housing, the opioid crisis, cannabis education, Indigenous mental health, veterans, inmates and corrections and public safety officers.” This demonstrates Canada’s allocation of budget towards national mental health efforts, engagement with stakeholders to make nuanced policy, and protection of vulnerable populations by ensuring access to housing.

On 22 March 2018, the Canadian Institute for Health Information (CIHI) published a progress report on efforts to address data gaps and improve decision-making in mental health. Working “with federal, provincial and territorial (FPT) governments, CIHI is supporting the development of a set of common indicators focused on measuring pan-Canadian access to mental health and addiction services, and to home and community health care.” This demonstrates Canada’s commitment to developing health information systems to improve the delivery of mental health resources. This action is also in support of the WHO’s Mental Health Action Plan 2013-2020.

On 11 April 2018, “Canada's Minister of Indigenous Services, Jane Philpott, Ontario's Minister of Children and Youth Services, Michael Coteau, and Ontario Regional Chief Isadore Day announced a joint initiative to establish 19 new mental wellness teams hosted by First Nations organizations and selected by First Nations leaders. The Government of Canada and the Government of Ontario are each providing CAD 5 million per year starting in 2018-19 to support the implementation of these


Minister Bibeau announces final tally for Myanmar Crisis Relief Fund, Global Affairs Canada (Ottawa) 13 December 2017, Access Date: 24 April 2018.

teams.” Canada has made budget allocations towards national mental health initiatives, and engaged with stakeholders to develop nuanced mental health policy.

Canada has taken steps towards implementing national health initiatives. Canada has prioritized access to mental health resources for vulnerable populations, including for Indigenous populations. In addition, Canada has engaged with healthcare workers to develop relevant mental health policy. However, Canada

Additionally, Canada has made progress in promoting mental health as a member of an international organization. It has encouraged information exchange with China, contributed to a health information system for monitoring and delivery of mental health resources and supported the implementation of WHO’s Mental Health Action Plan 2013-2020, but has not provided regional support to developing countries’ mental health initiatives or provided mental health support during humanitarian crises.

Thus, Canada receives a score of 0.

Analyst: Frederick Zhang

France: –1

France has not complied with its commitment to implement national mental health initiatives and not complied with its commitment to promote mental health as a member of an international organization.

On 8 September 2017, a decree on territorial mental health projects was added to the modernization law, setting out six priorities to be met by each territorial mental health project in the country: 1) early identification of mental disorders, diagnoses, and improvement of access to care and social or medico-social support; 2) the organization of a pathway for people, especially those with serious, at-risk or psychologically handicapped disorders, to navigate their recovery and social integration; 3) access to somatic care for people with mental disorders; 4) prevention and management of crisis and emergency situations; 5) the promotion of and respect for the rights of persons with mental disorders; 6) action and the fight against the stigmatization of these disorders.

On 18 September 2017, the French Ministry of Health released the first draft of its 2018-2022 National Health Strategy, which identifies 10 priority mental health goals to be addressed in the coming years. This includes the adoption of interdisciplinary approaches to mental health, the reduction of time required for mental health care, and the strengthening of suicide prevention efforts, among others.

On 2 May 2018, Union Nationale de Familles et Amis de Personnes Malades et/ou Handicapées Psychiques (UNAFAM) and Mental Health France, announced the implementation of a training program designed to educate the public on mental health crises. The General Directorate of Health, the National Public Health Agency and the Fondation de France contributed to the financing

of this program.\textsuperscript{1884} This action is also in support of the World Health Organization’s Mental Health Action Plan 2013-2020.

France has demonstrated efforts to comply with its mental health commitments at the national level, it has not fulfilled any of its mental health commitments to the international community.

Thus, France has received a score of $-1$.

\textit{Analyst: Sabrina Lin}

\textbf{Germany: $-1$}

Germany has not complied with its commitments for improving its policies to improve mental health care across the globe.

On 2 June 2017, a report was released acknowledging Germany’s leadership in Europe for supporting those affected with mental health illnesses, citing their inpatient and outpatient services where general practitioners are able to play key roles in diagnosis. Patients can also seek direct help from psychiatrists, clinical psychologists and psychosomatic medicine specialists. Germany also provides partial inpatient treatment to ease transition from clinic to home.\textsuperscript{1885} This action is also in support of the World Health Organization’s Mental Health Action Plan 2013-2020.

On 3 September 2017, the non-profit Doctors Without Borders in partnership with the German Government outlined a mental health project for refugees. The project trains refugees to counsel their peers with coping skills and stress management and matched them with others who came from similar backgrounds. The initiative is to make up for the shortage of mental health services available to asylum seekers.\textsuperscript{1886} This action is also in support of the World Health Organization’s Mental Health Action Plan 2013-2020.

On 4 October 2017, German appointment procedures and waiting times for mental health services were reported. The average admission rate for depression in German hospitals has increased while, the waiting times have been stagnant. On average, a person must wait three months for an initial appointment with a registered psychotherapist. For some of these cases, this long wait time is fatal.\textsuperscript{1887}

Germany has demonstrated some efforts to comply with its mental health commitments at both the international and national levels, but not to the extent required by the commitment.

Thus, Germany receives a score of $-1$.

\textit{Analyst: Salsabila Ahmed}

\textbf{Italy: $-1$}

Italy has not complied with its commitment to implement national mental health initiatives and to promote mental health as a member of an international organization.


\textsuperscript{1886} In Germany Refugees are being Trained as Mental Health Counselors for Peers, Haaretz (Israel) 3 September 2017. Access Date: 15 November 2017. https://www.haaretz.com/world-news/europe/1.809949.

On 13 September 2017, Italy and the World Health Organization signed a country cooperation strategy for the first time that defines a strategic framework for cooperation between the partners. Covering the period from 2017 to 2022, the strategy aims to promote well-being by addressing and mitigating the impact of the risk factors for noncommunicable diseases, including mental health, women’s and children’s health.

On 26 September 2017, Italy launched its first official migrant integration plan, in which the government pledges to acknowledge the vulnerability of asylum seekers, and pay particular attention to mental health, among other things.

On 5 October 2017, the Italian city of Lodi held a Mental Health Week, an initiative meant to support women suffering from anxiety, depression, mood and sleep disorders, psychosis and eating disorders. The event consisted of a variety of workshops and services to bring primary mental healthcare to the level of the citizens. This action is also in support of the World Health Organization’s Mental Health Action Plan 2013-2020.

Italy has demonstrated efforts to comply with its mental health commitments at both the international and national level, but not enough to receive a partial score. Thus, Italy has received a score of −1.

 Analyst: Sabrina Lin

Japan: −1

Japan has not complied with its commitment to pursue policies that advance mental health improvements and to promote mental health as a member of an international organization.

On 25 July 2017, Prime Minister Shinzo Abe’s government approved a plan aimed at reducing the country’s suicide rate by 30% over the next decade. This plan calls for excessive working hours, postpartum depression and high teen suicide rates to be addressed. The government has pledged to focus on ensuring workers’ mental health, assessing the mental state and living conditions of a

---

mother after childbirth through health checkups and promoting educational efforts to better inform students on how they can seek help.\textsuperscript{1894}

On 1 September 2017, the Japanese government set up a 24/7 telephone counselling service for children and parents on the first day back to school after the summer holidays.\textsuperscript{1895} The first day back is a day where teen suicide rates tend to be three times higher than any other day of the year.\textsuperscript{1896}

On 5 and 6 November 2017, Japan’s Minister of Health attended the G7 health ministerial meeting, where the group agreed that it will seek to improve access to mental health services and respect, protect and fulfil women’s, children’s and adolescent’s right to the highest standard of mental health.\textsuperscript{1897} A further emphasis was placed on adolescents as the group invited the Organisation for Economic Co-operation and Development to judge mental health performance by specifically focusing on adolescents.\textsuperscript{1898}

On 19 December 2017, the Japanese government announced that the Internet Hotline Centre Japan would monitor online postings and comments which expressed a desire to commit suicide, in an effort to help and stop the individuals behind these social media postings.\textsuperscript{1899} This plan also intends on providing further mental health care to individuals by displaying contact information of suicide prevention organisations on a device, whenever a suicidal comment or post is made from it.\textsuperscript{1900} This action is also in support of the World Health Organization’s Mental Health Action Plan 2013-2020.

On 1 March 2018, Prime Minister Shinzo Abe held a press conference regarding the work style reforms which will enable flexible working hours as well as limit the maximum hours of overtime permitted at the workplace.\textsuperscript{1901} Penalties will accompany these reforms to encourage the elimination of long and excessive working styles which lead to many cases of Karoshi, death by overcome, a very common cause of death in Japan.\textsuperscript{1902} Prime Minister Abe further stated that plans to expand the range of workers under the discretionary working system, an overtime work system that results often in unpaid labour, would be abandoned.\textsuperscript{1903}

\begin{footnotesize}
\begin{itemize}
\end{itemize}
\end{footnotesize}
On 1 April 2018, the Japanese government started their research on a middle-aged group of people known as hikikomoris, who are distinctly known for their reclusiveness. They are defined as people who have not left their homes in six months and have trouble interacting with the outside world due to mental health issues. The Japanese government allocated JPY 20 million towards this research at the beginning of 2018 to better understand why middle-aged individuals are turning to this way of life. This action is also in support of the WHO Mental Health Action Plan 2013-2020.

Japan has made limited efforts to comply with its commitment on both a national and international level, but has not taken enough action to be awarded a partial score.

Thus, Japan receives a score of -1.

**Analyst: Tasmiyah Randeree**

### United Kingdom: 0

The United Kingdom has partially complied with its commitment to pursuing policies that advance mental health improvements across the globe.

On 23 June 2017, National Health Services England announced 11 new websites to help redesign mental health services. This is to help reduce the number of people travelling long distances for mental health care, increasing overall accessibility.

On 29 June 2017 the National Audit Office published a report on current mental health in the England prison system. This report states that previous mental health care service plans were ambitious and will be difficult to achieve in practice. The report also states the the British government does not record sufficient data regarding mental health in prisons, making it difficult to plan policy interventions that will be effective in the future.

In July 2017, the National Health Service (NHS) published Stepping Forward to 2020/21: Mental Health Workforce Plan for England in response to and in support of the commitments made in the Five Year Forward View for Mental Health. The workforce plan was agreed to across the NHS and is based off the most comprehensive and robust study of the mental health workforce to date.

On 19 July 2017, the Mental Health Units (Use of Force) Bill 2017-2019 was presented. This bill is seeking to make provision about the oversight and management of use of force in relation to patients.

---


On 21 July 2017, the Queen’s Speech confirmed that mental health legislation will be reformed. The reformation is in relation to current legislation in which people with severe mental illness can be detained for assessment and treatment.\footnote{Mental Health Policy in England Briefing Paper, House of Commons (London) 23 August 2017. Access Date: 8 November 2017. http://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7547#fullreport.}

On 31 July 2017, Health Secretary Jeremy Hunt launched a plan to expand the mental health workforce in England. This plan includes adding 21,000 mental health-related jobs to accomplish treating 1 million extra patients by 2020/21, providing services 24 hours a day and seven days a week and integrating physical and mental health.\footnote{Thousands of new roles to be created in mental health workforce plan, Department of Health (London) 31 July 2017. Access Date: 12 November 2017. https://www.gov.uk/government/news/thousands-of-new-roles-to-be-created-in-mental-health-workforce-plan.}

This action is also in support of the World Health Organization’s Mental Health Action Plan 2013-2020.

On 12 October 2017, the Northern Ireland Department of Justice Office posted a report on new horticultural initiatives being placed in prisons to improve mental health of elderly prisoners.\footnote{New horticulture initiative helps tackle mental health issues for elderly, Department of Justice (Belfast) 12 October 2017. Date accessed: 12 November 2017. https://www.justice-ni.gov.uk/news/new-horticulture-initiative-helps-tackle-mental-health-issues-elderly.}

This action is also in support of the WHO’s Mental Health Action Plan 2013-2020.

On 6 November 2017, the House of Commons resolved on a debate to consider an e-petition regarding mental health in school curriculums.\footnote{Mental Health Education in Schools, House of Commons Hansard (London) 6 November 2017. Access Date: 12 November 2017. https://hansard.parliament.uk/commons/2017-11-06/debates/C0BDFB2D-549E-4881-9EFB-F78FF023888A/MentalHealthEducationinSchools.}

This action is also in support of the WHO’s Mental Health Action Plan 2013-2020.

On 22 November 2017, the Autumn 2017 Budget from HM Treasury was published. In this budget, it is stated that GBP 5 million from bank fines in Northern Ireland, Scotland and Wales will go to various projects, including towards mental health initiatives for veterans in the Scottish Highlands.\footnote{Autumn Budget 2017, HM Treasury (London) 22 November 2017. Access Date: 8 January 2018. https://www.gov.uk/government/publications/autumn-budget-2017-documents/autumn-budget-2017.}

The Budget also allocates GBP 28 million to victims of the Grenfell Tower tragedy, including mental health services.


The green paper recognizes children and youth as an underserved and vulnerable population. It includes plans to improve access to services and mental health support in schools such as training a senior mental health lead in every school and creating mental health support teams to
work directly with schools and colleges. Post consultation, funding of over 300 million GBP will be made available. 1918

On 7 December 2017, the Department of Health and Social Care published the “Framework for Mental Health Research.” This document was developed to provide a collective view of taking advantage of upcoming advances in science and technology in the next decade with respect to mental health research. 1919 This action is also in support of the WHO’s Mental Health Action Plan 2013-2020.

On 17 January 2018, the British government appointed a “Minister for Loneliness” as part of a larger national strategy tackling mental health issues. 1920 Additionally, the Office of National Statistics will supplement the appointment by developing a method of measuring loneliness. The focus on loneliness comes after the NHS England’s Chief Nursing Officer Professor Jane Cummings noted that loneliness could be lethal in colder months, especially for elderly individuals. 1921

On 16 April 2018, the NHS launched the Veteran’s Mental Health Complex Treatment Service after receiving feedback from veterans and their families on how to best close existing gaps in mental health services for veterans. 1922 The NHS will provide EUR 3.2 million in funding annually to address substance misuse, trauma focused therapies, and relationship management among other issue areas. 1923

On 20 April 2018, the British government in partnership with the Department for International Development announced a EUR 1 million grant for the Time to Change initiative as a part of the Commonwealth Heads of Government meeting in London. 1924 The Time to Change initiative seeks to raise public awareness around mental health stigma and discrimination. The initiative aims to share best mental healthcare practices with low and middle income countries. 1925 This action is also in support of the WHO’s Mental Health Action Plan 2013-2020.

---

On 10 May 2018, the NHS announced EUR23 million in funding for perinatal mental health services. The NHS reported that it was on track to provide full geographical coverage of perinatal mental health services across the UK.\textsuperscript{1926}

Through partnering with the Elhra’s Health in Humanitarian Crises Programme (R2HC), the UK has funded numerous projects working targeting mental health and youth.\textsuperscript{1927} These projects include an evaluation of phone-delivered psychotherapy for refugee children, evaluations of scalable interventions to improve the mental health of Syrian and refugee youth. However, there is no publicly available evidence that these projects were initiated within the compliance period.

It is also known that the United Kingdom works to support the Jordan Response Plan for the Syria Crisis, including financially supporting individuals to access mental health resources. The UK’s efforts in Jordan also include working with community and family to reduce stigma around mental health issues, focusing on psychosupport children and other vulnerable groups, and developing capacity in primary health care workers. The UK’s efforts have resulted in 700 individuals receiving specialized medical care, 300 vulnerable families receiving protection based cash support, and 120 Ministry of Health primary care providers receiving mental health training, among others. Still, there is no publicly available evidence that details the UK’s specific efforts and whether they were initiated after the 2017 Taormina Summit.

The United Kingdom implemented actions in line with all national initiatives, but did not take sufficient, and publicly documented, action to implement mental health improvements as a member of the international community.

Thus, the United Kingdom receives a score of 0.

\textit{Analyst: Bailey McMaster}

**United States: −1**

The United States has not complied with its commitment to pursue mental health policies on both a national and international level.

On 31 May 2017, Veteran Affairs Secretary Shulkin announced that by the end of the year all Veteran Affairs (VA) outpatient centers will offer same day primary mental health services. Currently out of the 168 VA primary care centres, 10% do not meet this standard. Wait times are available for all centers across the country, this electronic health records system will be further updated.\textsuperscript{1928}

On 3 August 2017, three initiatives were announced that would increase access to health care for American Veterans nationwide. These initiatives use telehealth technology and mobile applications to aid Veterans with mental health as well as suicide prevention.\textsuperscript{1929}

On 12 October 2017, the House Judiciary Committee approved the Law Enforcement Mental Health and Wellness Act of 2017. The bipartisan bill is set to improve mental health services for law

\textsuperscript{1926} All women to have access to perinatal coverage by next year (Manchester) 10 May 2018. Access Date: 14 May 2018 http://www.nationalhealthexecutive.com/Health-Care-News/all-women-to-have-access-to-perinatal-mental-health-services-by-next-year.

\textsuperscript{1927} Programme Aim, Elhra Research for Health in Humanitarian Crises Programme (London). Access Date: 2 June 2018 http://www.elhra.org/r2hc/about/


enforcement officers. Studies have shown that police officers have high rates of stress and mental illness. The bill equips local law enforcement agencies to help address mental health challenges, peer mentoring pilot programs and studying usefulness of crisis hotlines and annual mental health checks.\textsuperscript{1930}

On 26 October 2017, President Donald Trump declares a nationwide public health emergency to address the opioids crisis. The action enables telemedicine services to remotely prescribe medicine for mental health treatment, this is important for providing mental health services to remote communities.\textsuperscript{1931}

On 27 March 2018, the USD 1.3 trillion omnibus spending bill includes USD 3.2 billion of funding for mental health care, an increase of 17\% compared to the previous year.\textsuperscript{1932} In the light of recent school shootings, USD 700 million has been provided to the Department of Education for Student Support and Academic Enrichment grants. The grants will be used to identify and provide mental health support to students that may harm themselves or others around them.\textsuperscript{1933} This action is also in support of the World Health Organization’s Mental Health Action Plan 2013-2020.

The United States of America has taken steps to help vulnerable and marginalized populations to receive mental health care, and formalized the role of mental health patients with monitoring and implementing mental health plans. However, the budget has reduced the funding for mental health spending, and the United States fails to comply with the international partnering component of this commitment and has not taken action as a member of an international organization.

Thus, the United States receives a score of −1.

\textit{Analyst: Nam Topp-Nguyen}

**European Union: +1**

The European Union has fully complied with its to implement mental health initiatives and to promote mental health as a member of an international organization.

From 8 to 9 June 2017, the EU hosted its second Mental Health Compass Forum. The forum is designed to bring policymakers, state representatives, non-governmental organizations such as advocacy groups and care organizations, and service professionals providers and users together. The three main topics discussed were mental health in schools, workplaces, and suicide prevention. During the forum, attendees recognized the need for greater inclusion of marginalized populations such as those of lower socioeconomic status.\textsuperscript{1934} This action is also in support of the World Health Organization’s Mental Health Action Plan 2013-2020.


On 9 June 2017, at the end of the Mental Health Compass Forum, a consensus paper on Mental Health in the Workplace in Europe was endorsed. The paper emphasizes the costs of poor mental health, the cost-effectiveness of mental health intervention programmes and health as well as examples of best practices and relevant activities from across EU member states. This action is also in support of the WHO’s Mental Health Action Plan 2013-2020.

From 12 to 13 October 2017, the European Commission, the European Social Fund, and the European Social and Investment Funds, in conjunction with the Republic of Estonia Ministry of Social Affairs, hosted the Dignity+Independent Living Conference. The goal of the conference was to discuss the transition from institution-based care to community-based support. The conference examined the mental health impacts of living in institutions, showing an implementation of national mental health initiatives. This is also in accordance with the World Health Organization Mental Health Action Plan to provide mental health services in community settings. This action is also in support of the WHO’s Mental Health Action Plan 2013-2020.

On 18 October 2017, the EU posted its Good Practice collection survey. Anyone can respond to the survey, but the questions require a level of knowledge regarding efficacy of said practice. The survey’s content deals with the efficacy of the practice, the level of involvement in developing the practice from mental health service users, and the geographic scale of the project. This action is also in support of the WHO’s Mental Health Action Plan 2013-2020.

On 17 November 2017, the EU pledged EUR 313,135 to STRENCO. The aim of this project is to strengthen collaboration between academics and students, service users and practitioners and to develop tools to assess multi-professional competences for mental health students in an international context. The project will run over three years with collaborating partners from Tampere University of Applied Sciences, Finland; Jyväskylä University of Applied Sciences, Finland; Vives University (Zuid), Belgium; the Technological Educational Institute of Athens, Greece and the University of Salford University in the UK. This action is also in support of the WHO’s Mental Health Action Plan 2013-2020.

On 14 December 2017, the EU pledged EUR 10.9 million to fund Libyan health care, with a focus on mental health services.
On 22 December 2017, the EU posted its budget for 2018. In it, it is confirmed that EUR 360,000 would be allocated for a pilot project — severe mental disorders and the risk of violence: pathways through care and effective treatment strategies, a continuation of a previous year’s project. The goal of promoting health, including mental health, in particular among adolescents, preventing diseases and fostering supportive environments for healthy lifestyles is also stated.\textsuperscript{1942}

From 8 to 9 February 2018, the EU hosted their third Mental Health Compass Forum. The focus will be on providing community-based mental health services and developing integrated approaches to governance, which is often referred to as mental health in all policies. The forum is designed to bring policymakers, state representatives, non-governmental organizations such as advocacy groups and care organizations, and service professionals providers and users together.\textsuperscript{1943}

On 20 March 2018, the EU invested EUR7.6 million in the Innovation Recovery project, an initiative in Ireland that creates three “recovery colleges” in Ireland with a particular focus on rural areas where attendees can take courses along with traditional therapeutic options to better understand their own mental health.\textsuperscript{1944}

The EU has increased research and data collection across its member states, involving mental health service users and opening surveys to the public. In addition, it has allocated budget toward mental health initiatives domestically. On an international level, it has facilitated international collaboration and knowledge sharing, while providing funds and expertise to other countries to develop infrastructure.

Thus, the EU has fully complied with its commitment and receives a score of +1.

\textit{Analyst: Heather Wong}

\textsuperscript{1943} Third EU Mental Health Compass Forum, European Commission (Brussels) Access Date: 19 April 2018 https://ec.europa.eu/health/mental_health/events/ev_20180208_en#5.
\textsuperscript{1944} EU invests 7.6 million Euro in mental health recovery, Newry Times (Newry) 20 March 2018. Access Date: 19 April 2018 http://newrytimes.com/2018/03/20/eu-invests-e7-6-million-in-mental-health-recovery/.