

# 國際關注 心理健康/精神衛生議題 重要策略



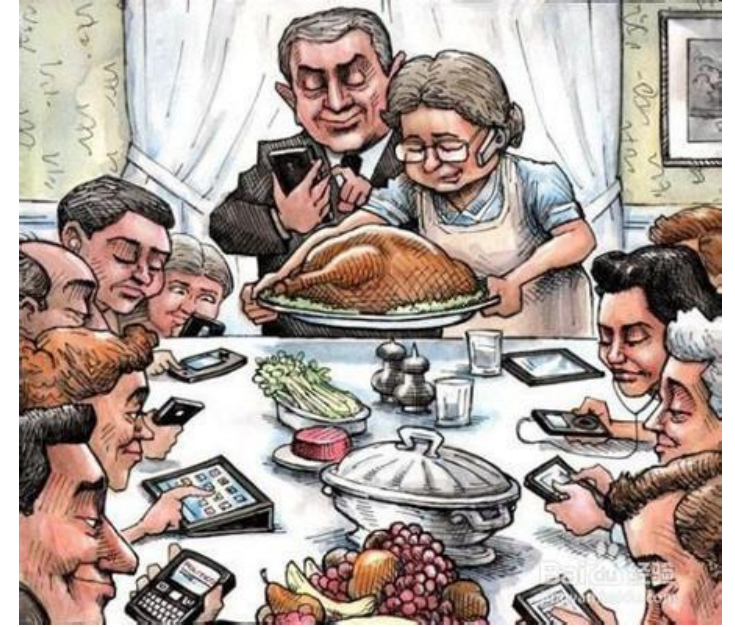
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- 2個國際組織發起人/副主席,秘書長
- 1個國際組織獎(2017.5)

<https://www.youtube.com/watch?v=NF4D9aEW6fw>

(上網播放) <iframe width="640" height="360" src="https://www.youtube.com/embed/NF4D9aEW6fw" frameborder="0" allowfullscreen></iframe>

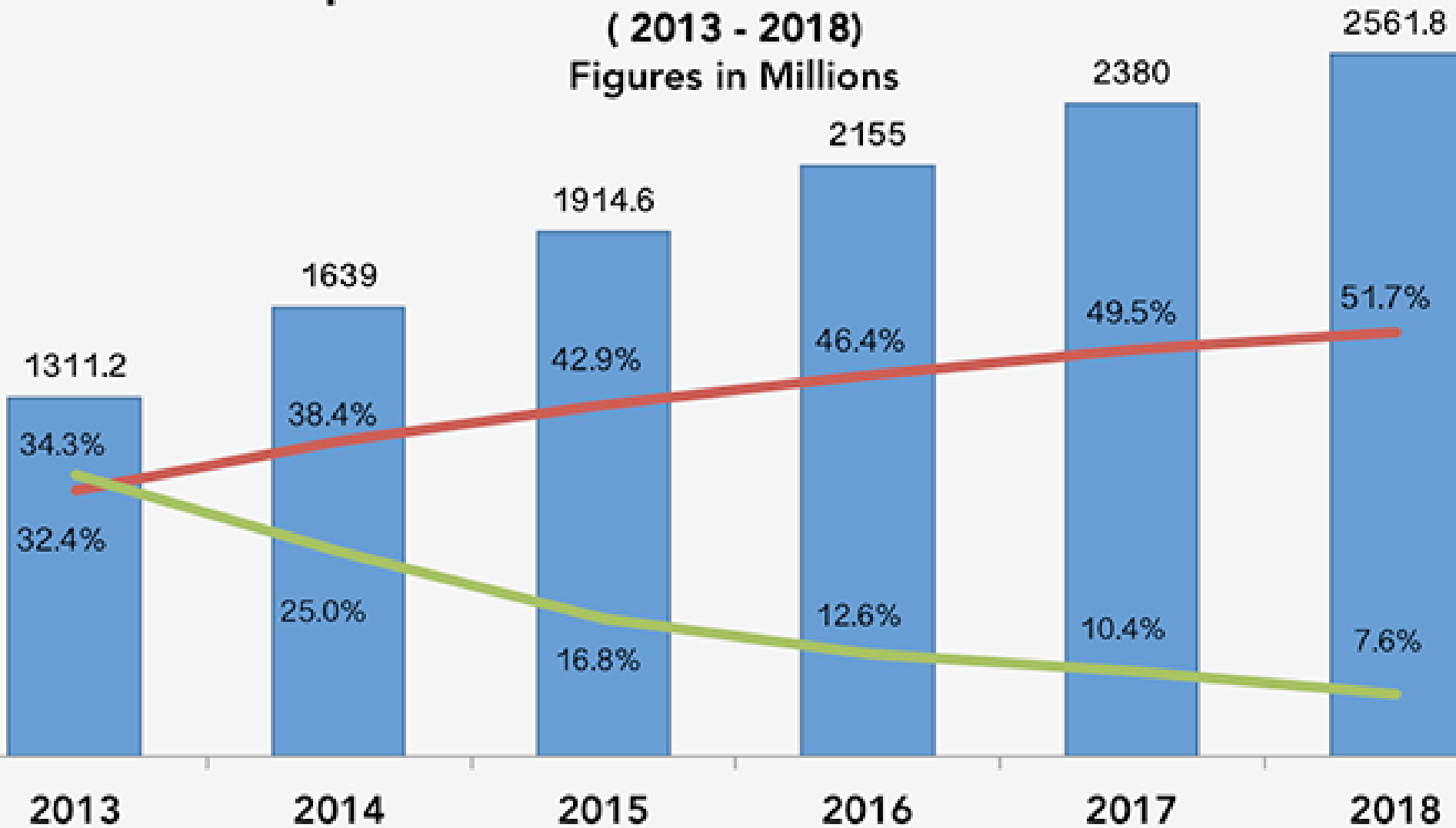


# Mental health of human race?



# Smartphone Users and Penetration Worldwide ( 2013 - 2018 )

Figures in Millions



Smartphone Users

% of Mobile Phone Users

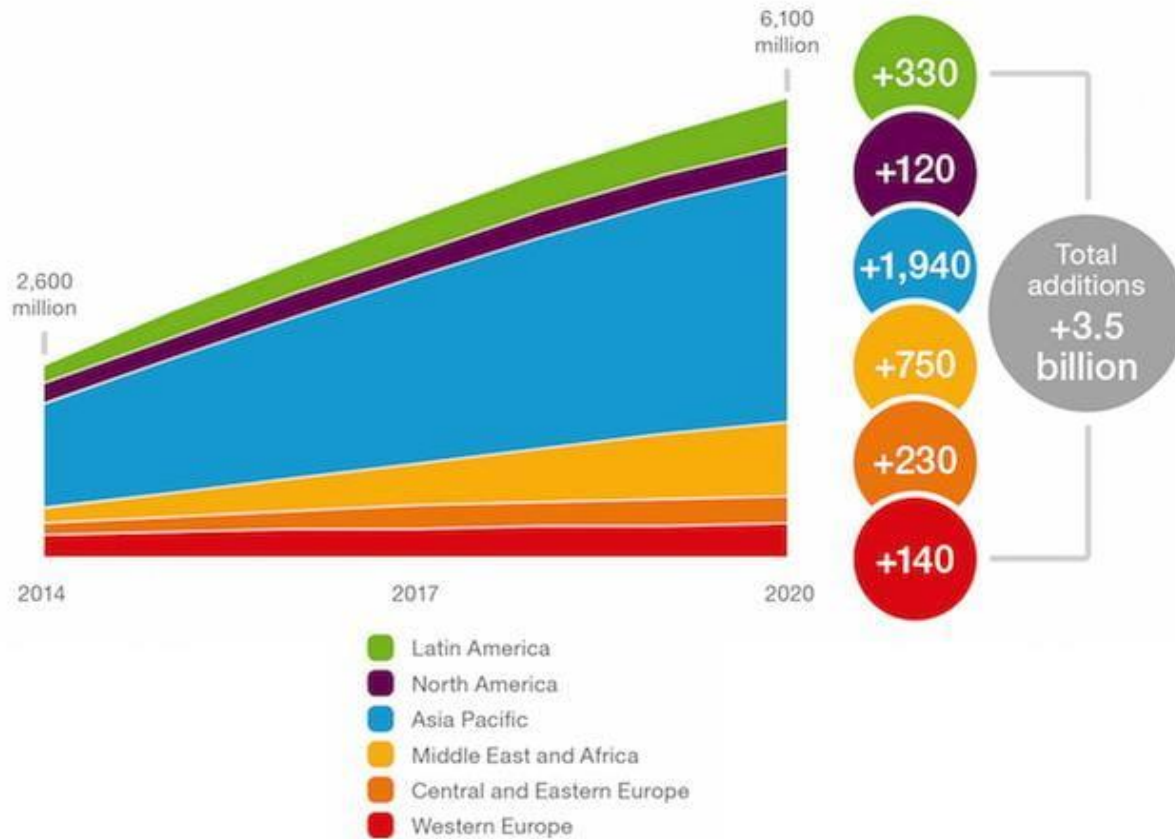
% Change

Source: eMarketer, Dec 2014

dazainfo

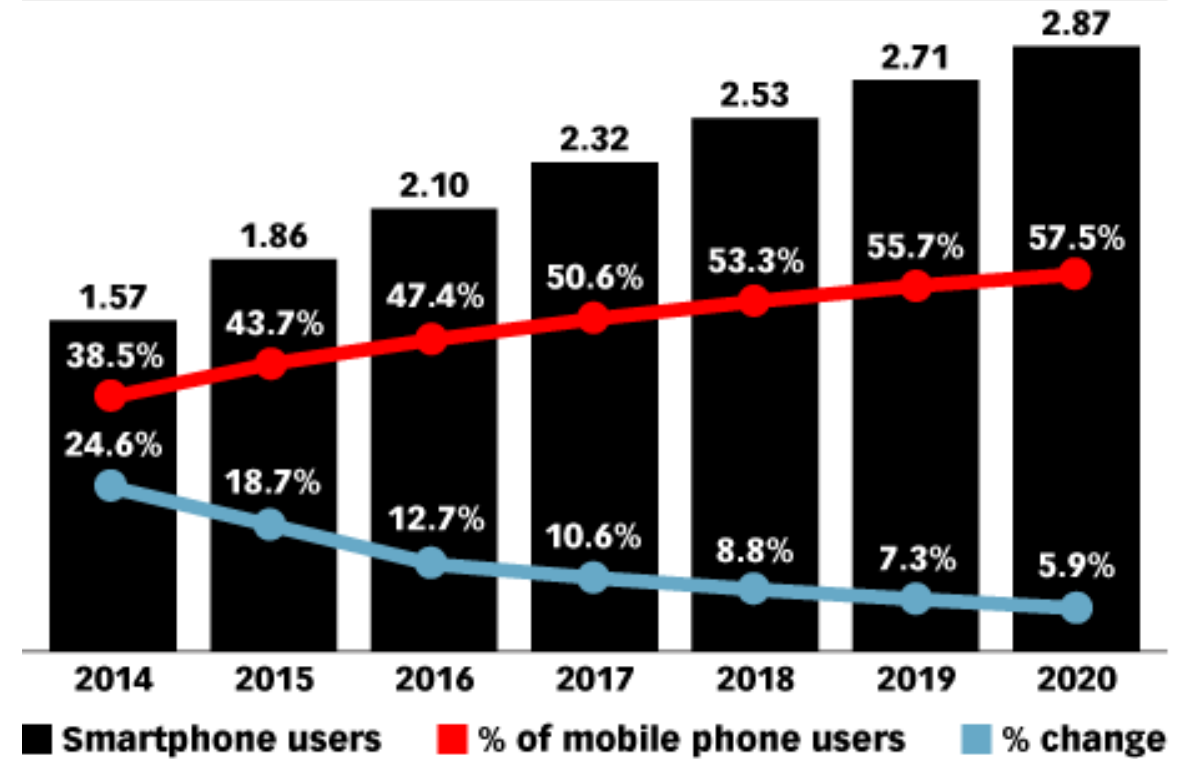


Smartphone subscriptions per region 2014–2020



## Smartphone Users and Penetration Worldwide, 2014-2020

billions, % of mobile phone users and % change



Note: individuals of any age who own at least one smartphone and use the smartphone(s) at least once per month

Source: eMarketer, April 2016



## Top 25 Mobile Apps by Unique Visitors (000)

Source: comScore Mobile Metrix, U.S., Age 18+, June 2014



I am constantly checking  
and using my phone

**35%**

About once  
every hour

**16%**

A few times  
throughout the day

**26%**

In the morning  
and evening

**8%**

Hardly ever, only  
when I really need it

**13%**



[Home](#) > [Media Relations](#) > [Press Releases](#)

## Greater Access to Cell Phones Than Toilets in India: UN

**There are 46 countries where less than half the population has access to an improved sanitation facility**

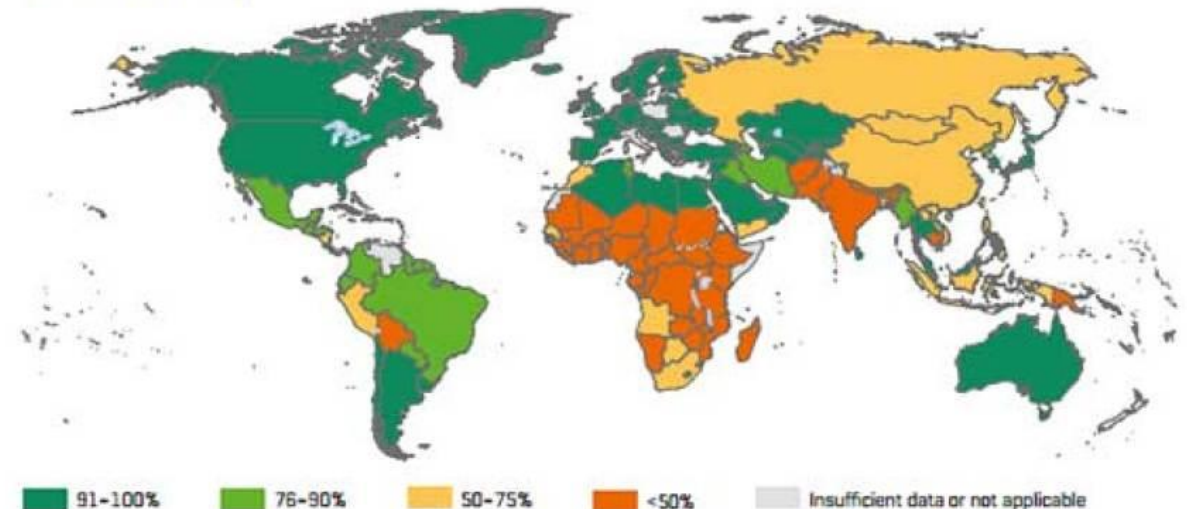
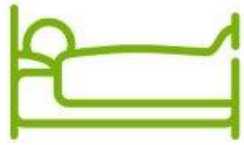
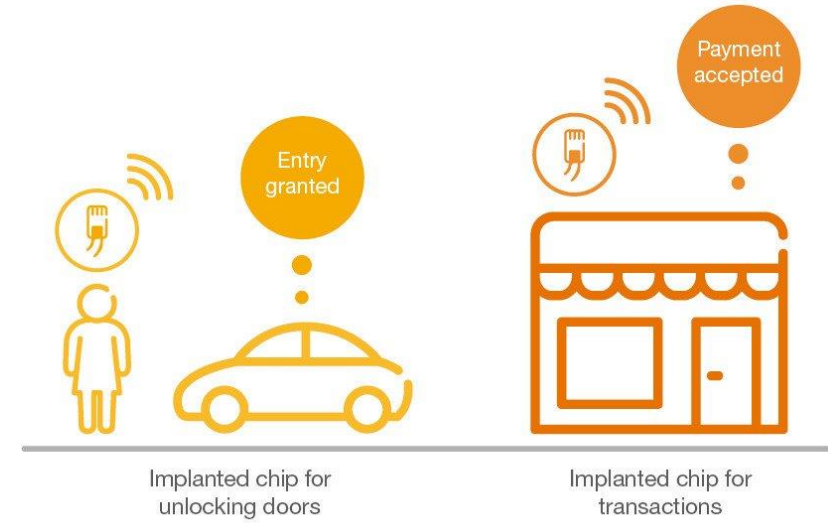


Fig. 9. Proportion of the population using improved sanitation in 2012

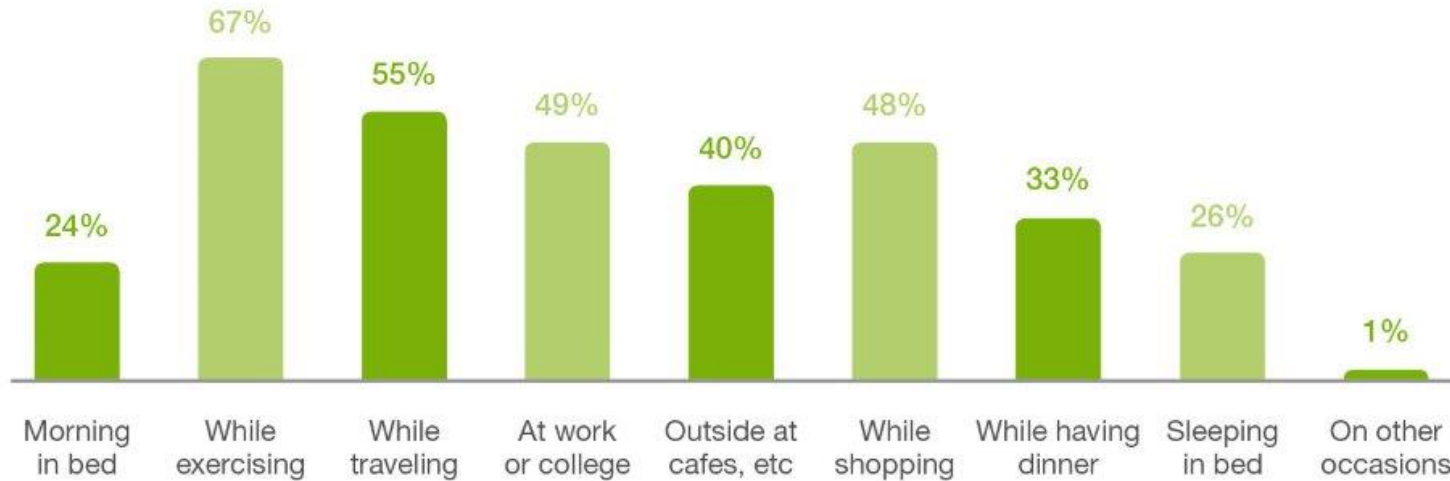
Source: WHO/UNICEF Progress Report on Drinking Water and Sanitation 2014 Update



6 in 10 smartphone users believe that ingestible pills and chips under the skin will be used to interact with objects in the next 5 years



Two out of five users feel naked when they don't have their wearables on, whilst around a quarter even sleep with them



Smartphone users say they are likely to wear more than 5 wearable devices beyond 2020

Source: Ericsson ConsumerLab, Wearable Technology and the Internet of Things, 2016

Base: Smartphone users using smartwatches or fitness bands



# Mental health in the 21<sup>st</sup> Century

- ❑ Isolation, connection?
- ❑ Fragmentation?
- ❑ Behavior changes
- ❑ Individualism
- ❑ Freedom, democracy, peace?







WHERE AM I GOING ?  
WHAT AM I DOING ?  
WHAT IS THE MEANING  
OF LIFE ?



2-9

I wish I knew



# Mental health of human race?



2000: 5,207

2000 - 5,207 items

1990: 2,577

1990 - 2,577 items

2010: 10,863

2017: 15,038

2017 - 15,038 items

NCBI Resources

PubMed.gov

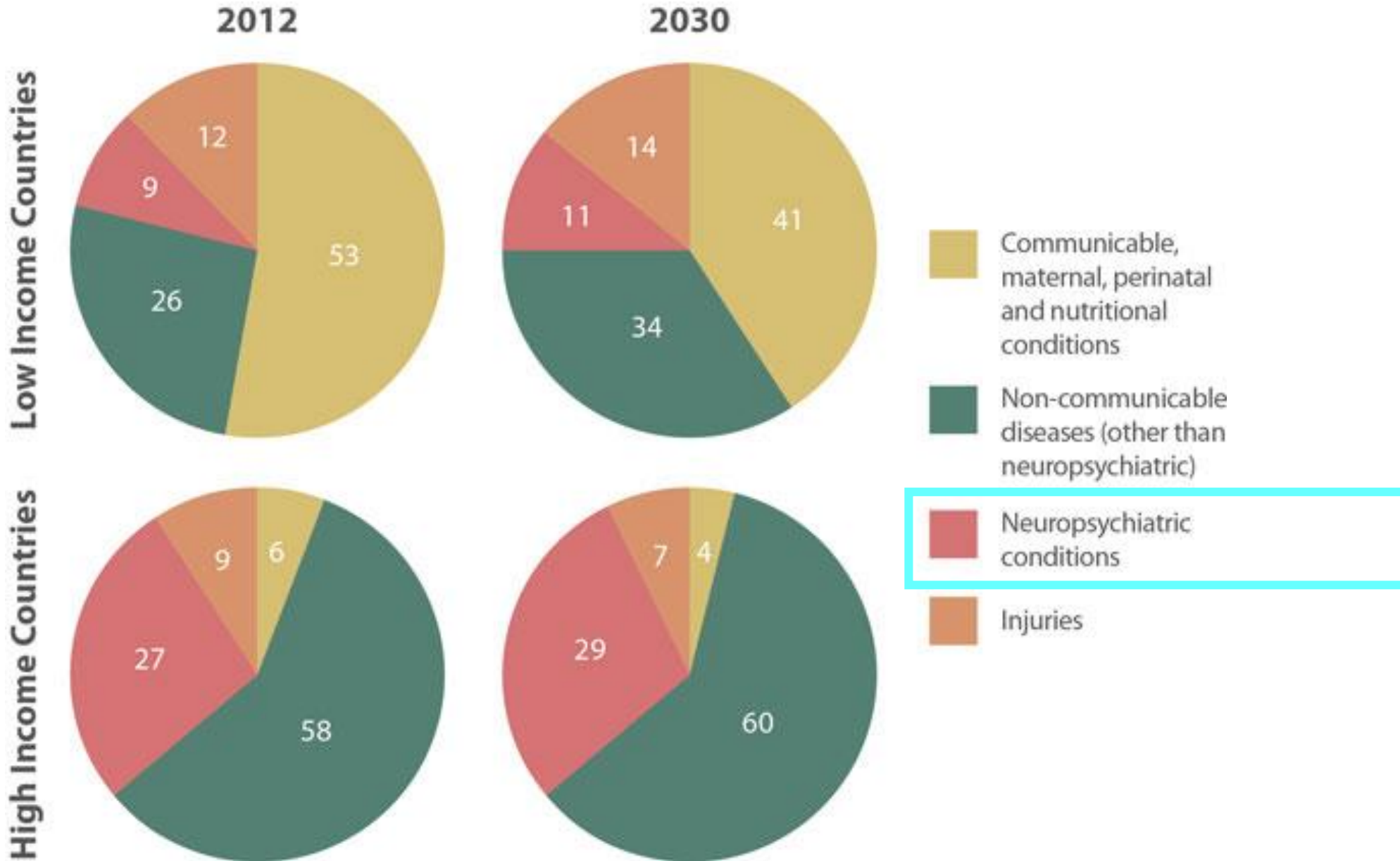
US National Library of Medicine  
National Institutes of Health

1966: 555





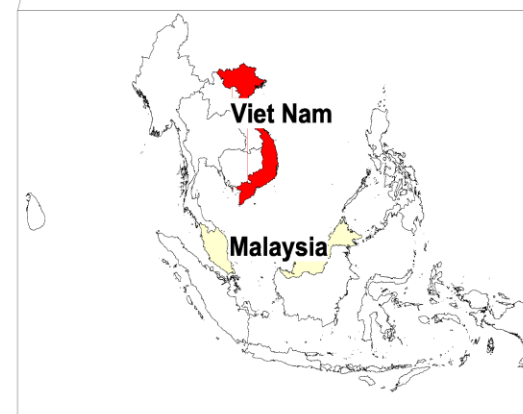
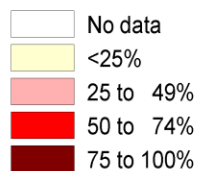
# 人類疾病的負擔



Contribution of neuropsychiatric conditions to the global burden of disability-adjusted life-years (DALYs; years lived with disability plus years of life lost)

Population coverage  
of prevalence data  
for **common** 常見的  
**mental disorders:**  
averaged across  
**major depressive  
disorder, dysthymia  
and anxiety disorders.**

Average (%) population coverage 18 to 80 years

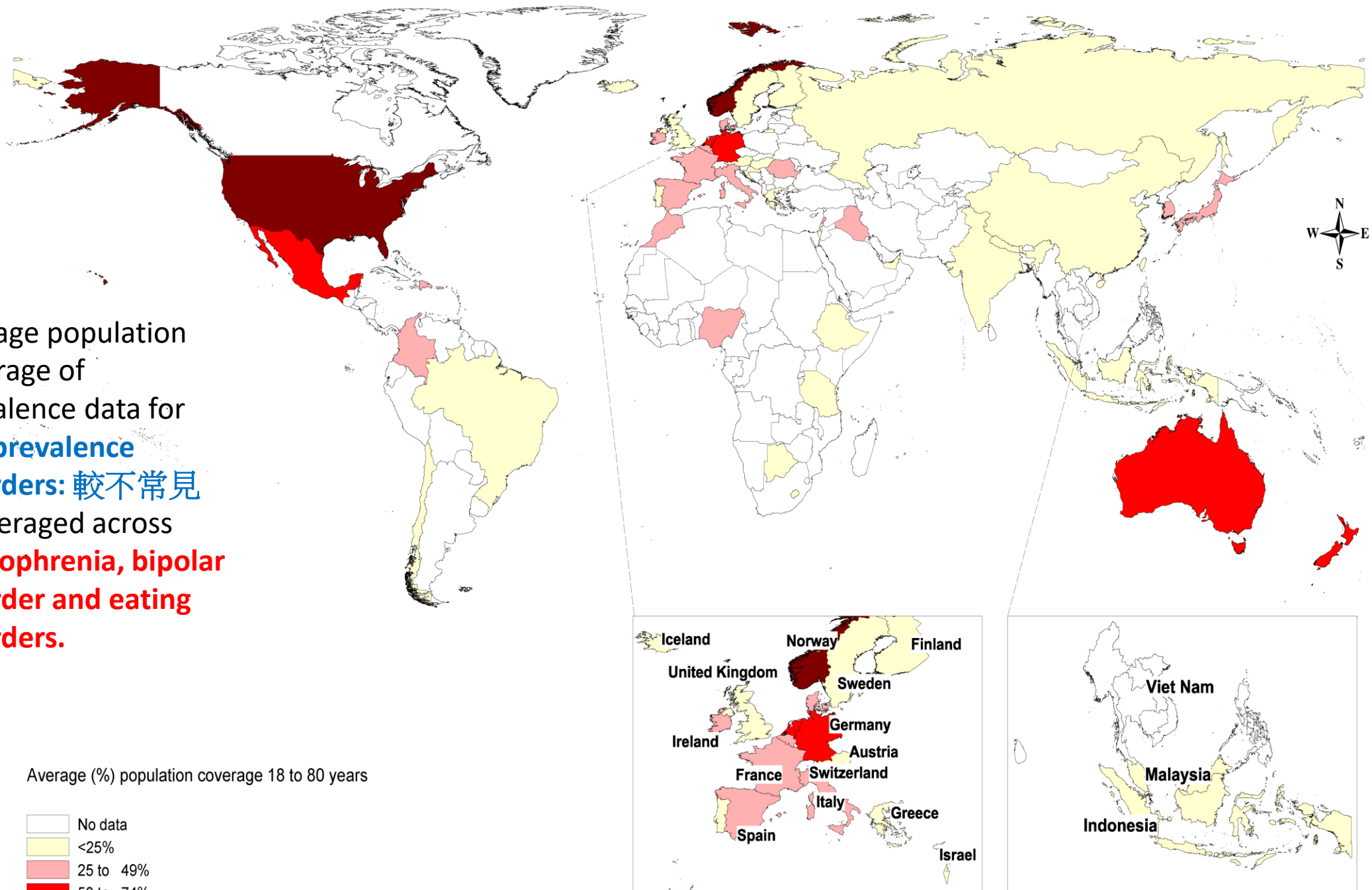
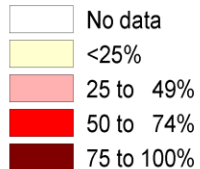


**Global Epidemiology of Mental Disorders: What Are We Missing?** Amanda J. Baxter, George Patton, Kate M. Scott, Louisa Degenhardt, Harvey A. Whiteford

不知道我們不知道的

Average population coverage of prevalence data for **low prevalence disorders**: 較不常見的 averaged across **schizophrenia, bipolar disorder and eating disorders**.

Average (%) population coverage 18 to 80 years





# Stigma - we've got it mapped

Regulations that stigmatise people with mental health problems around the world

**time to change**  
let's end mental health discrimination  
[www.time-to-change.org.uk](http://www.time-to-change.org.uk)

## UNITED KINGDOM



Until recently, laws prevented people with mental health problems from carrying out jury service or becoming a company director. This was only overturned in July 2013.

## LITHUANIA



Some people with long term mental health problems are unable to own their own home.

## JAPAN



A sign outside a museum in Japan reads 'Those with mental disease are declined to enter the museum'.

In some areas, certain leisure facilities imposed restrictions on those with mental health problems, forbidding them to use the fitness centre.

## Anti-stigma campaigns

in order of initiation

1997 New Zealand  
Like Minds Like Mine  
[mentalhealth.org.nz](http://mentalhealth.org.nz)

2000 Australia  
Beyond Blue  
[beyondblue.org.au](http://beyondblue.org.au)

2002 Scotland  
See Me  
[seemescotland.org](http://seemescotland.org)

2007 England  
Time to Change England  
[time-to-change.org.uk](http://time-to-change.org.uk)

2009 USA  
BringChange2Mind  
[bringchange2mind.org](http://bringchange2mind.org)

2009 Sweden  
Hjärnkoll  
[hjärnkoll.se](http://hjärnkoll.se)

2009 Canada  
Opening Minds  
[mentalhealthcommission.ca](http://mentalhealthcommission.ca)

2010 Catalonia, Spain  
Programa de Salud Mental  
[decada4.es](http://decada4.es)

2010 Ireland  
See Change  
[seechange.ie](http://seechange.ie)

2011 The Netherlands  
Samen Sterk tegen Stigma  
[samensterktegenstigma.nl](http://samensterktegenstigma.nl)

2011 Denmark  
One of Us  
[one-of-us.nu](http://one-of-us.nu)

2011 Wales  
Time to Change Wales  
[timetochangewales.org.uk](http://timetochangewales.org.uk)

## KOREA



In certain areas, people with mental health problems are not permitted to enter a swimming pool.

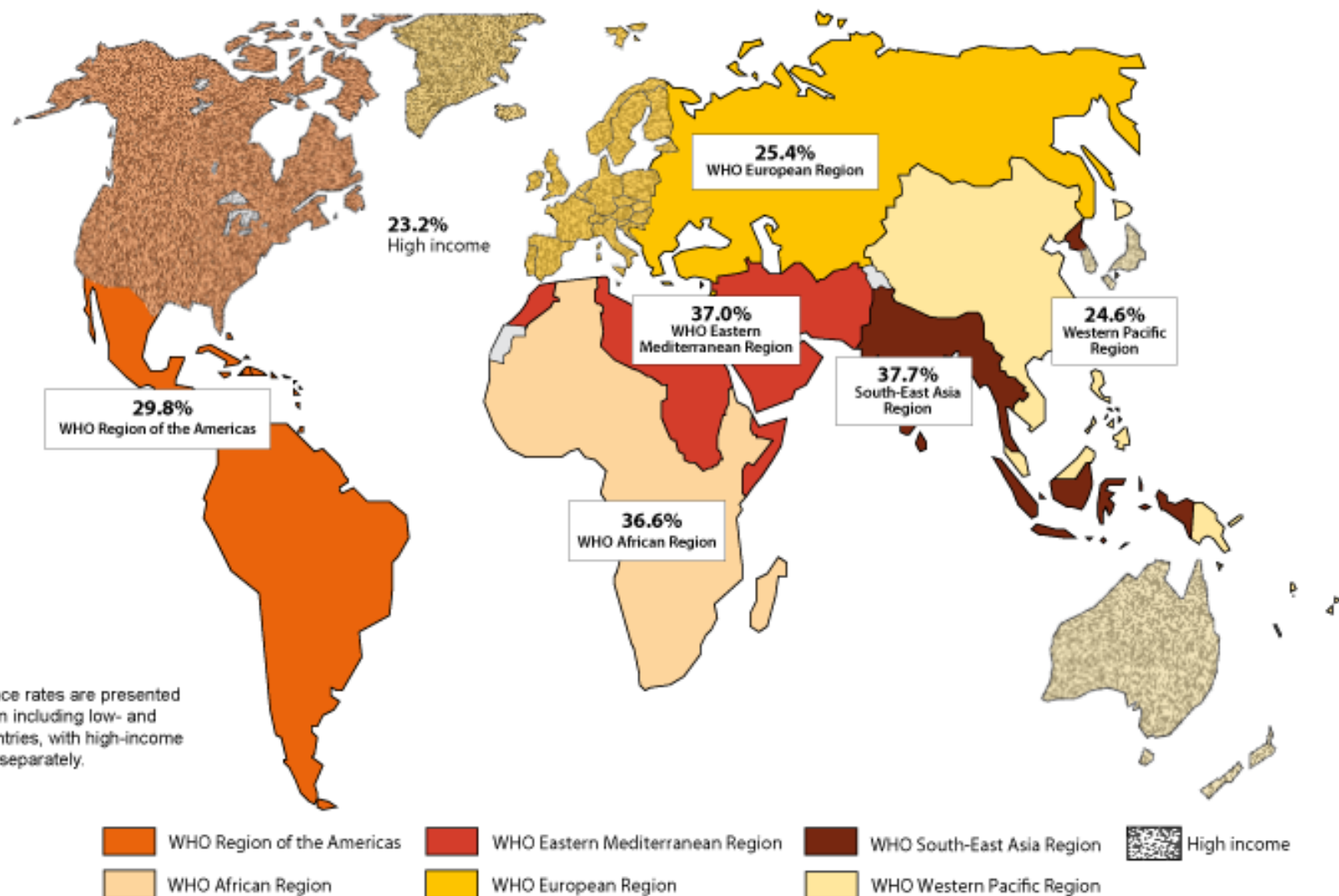
## ASIA



Three major airlines in asia refused to allow passengers with mental health conditions on to a flight unless they were accompanied by a psychiatrist.

<http://www.time-to-change.org.uk/news/global-meeting-anti-stigma-programme-londo...>

## Prevalence rates of intimate partner violence by WHO region\*, 2010



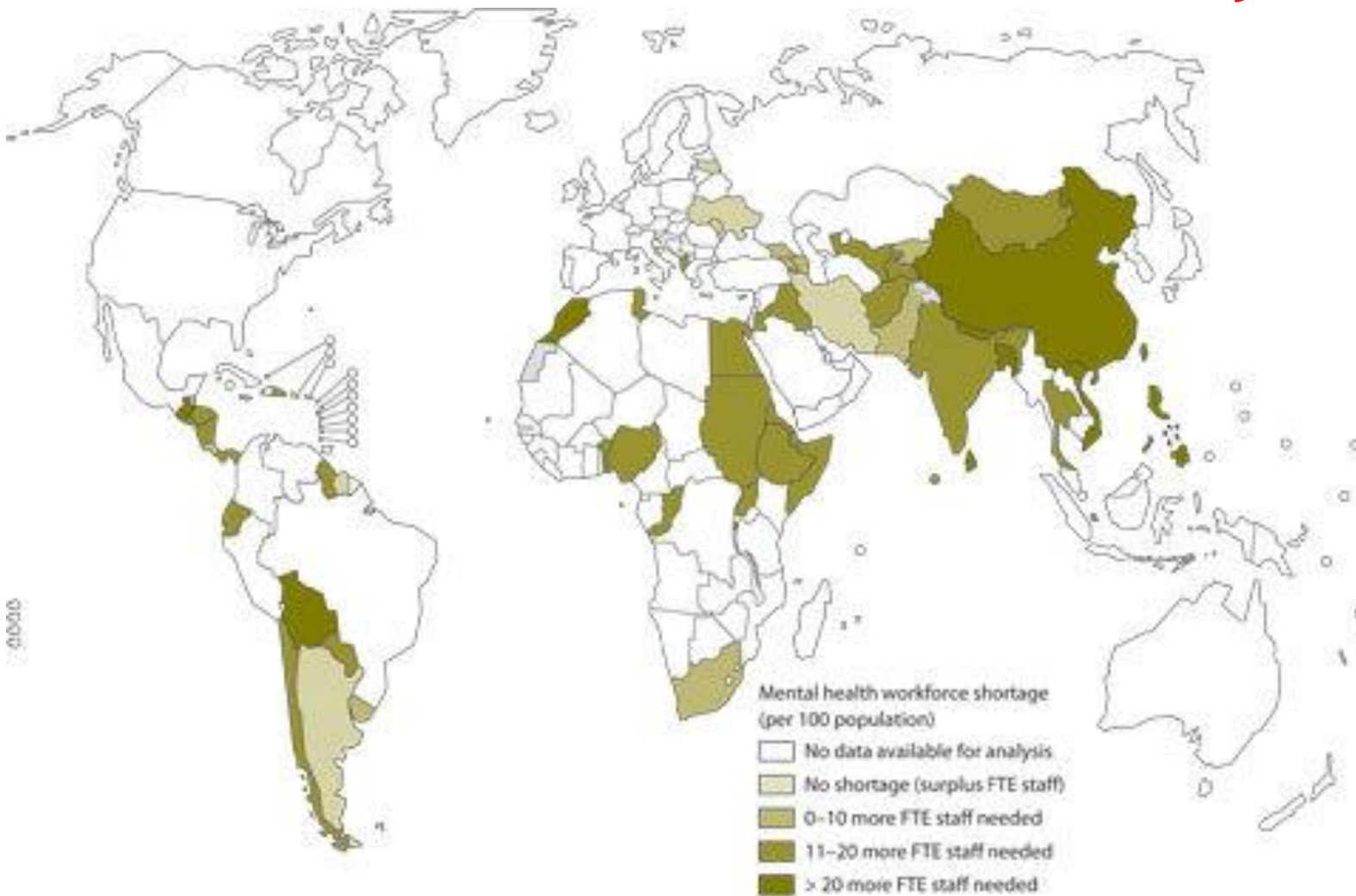
# 親密的暴力

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement. © WHO 2013. All rights reserved.

Data Source: *Global and regional estimates of violence against women*. WHO, 2013.



# 心事誰人知?



## 永平身心診所

失眠、焦慮恐慌、厭食暴食症、更年期失眠及情緒問題、老人失智憂鬱症、腦神經衰弱、強迫症、自律神經失調等

台灣精神醫學會專科醫師 中永和少數女性精神科醫師

### 認識郭惠文

#### 郭惠文

- 精神科醫師
  - 台北醫學院醫學系講師
  - 臺文診所醫師
  - 台灣女人連線顧問
  - 《美麗佳人》雜誌專欄作家
  - KK BOX音樂網站專欄作家
- 專長研究女性身心醫學及醫學人文教育。除了臨床工作之外，於醫學院教授醫學心理學、醫學倫理及性別醫療等課程，從事與女性心理議題相關的寫作、演講與廣播，並帶領女性成長團體。
- 部落格: <http://www.mw.net.tw/user/aire812/>



中華民國臨床心理師公會全國聯合會 臺灣網路成癮防治學會

年度聯合公益講座 慶祝臨床心理師在臺灣 since 1953

時間: 2016年5月15日  
週日下午2:00-5:00  
地點: 臺北中山堂三樓臺北書院  
臺南生活美學館 求是書院  
花蓮文創園區 19號聚場

報名網址  
臺北: <http://goo.gl/ZADxEy>  
臺中: <http://goo.gl/FRg5Ey>  
臺南: <http://goo.gl/uHwXd8>  
花蓮: <http://goo.gl/jaJBD>

講者

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林克能 臺上慢慢變老的自己	黎士鳴 走出迷網、邁向幸福	羅秋怡 克服迷網大作戰	李昆樺 放下鍵盤、享受自由—自在上網秘笈
黃龍杰 生死無常和安心療癒	彭秀玲 面對災難的回神操	黃劍華 正念減壓	吳少依 跟心理師一起『聽』孩子

The mental health workforce gap in low- and middle-income countries: a needs-based approach

Bulletin of the World Health Organization 2011;89:184-194.



# discovered a positioning system, an "inner GPS" in the brain



The Nobel Prize in Physiology or Medicine 2014

John O'Keefe, May-Britt Moser, Edvard I. Moser

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## John O'Keefe - Facts

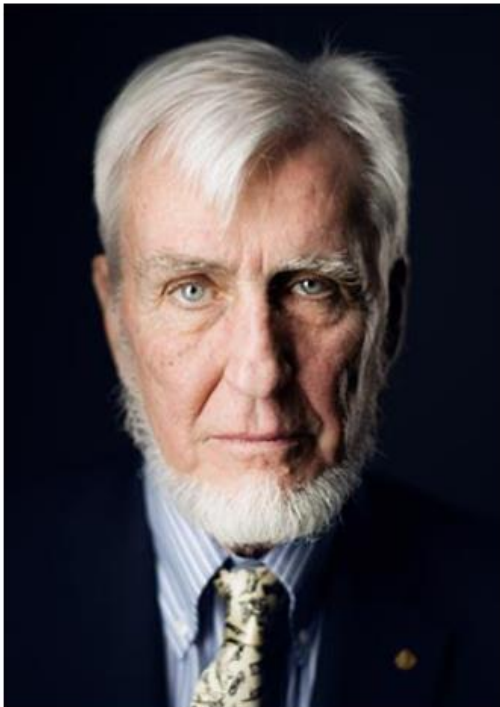


Photo: A. Mahmoud

John O'Keefe

**Born:** 18 November 1939, New York, NY, USA

**Affiliation at the time of the award:**  
University College, London, United Kingdom

**Prize motivation:** "for their discoveries of cells that constitute a positioning system in the brain"

**Field:** physiology, spatial behavior

**Prize share:** 1/2

## May-Britt Moser - Facts



May-Britt Moser

**Born:** 4 January 1963, Fosnavåg, Norway

**Affiliation at the time of the award:**  
Norwegian University of Science and Technology (NTNU), Trondheim, Norway

**Prize motivation:** "for their discoveries of cells that constitute a positioning system in the brain"

**Field:** physiology, spatial behavior

**Prize share:** 1/4

## Edvard I. Moser - Facts



Photo: A. Mahmoud

Edvard I. Moser

**Born:** 27 April 1962, Ålesund, Norway

**Affiliation at the time of the award:**  
Norwegian University of Science and Technology (NTNU), Trondheim, Norway

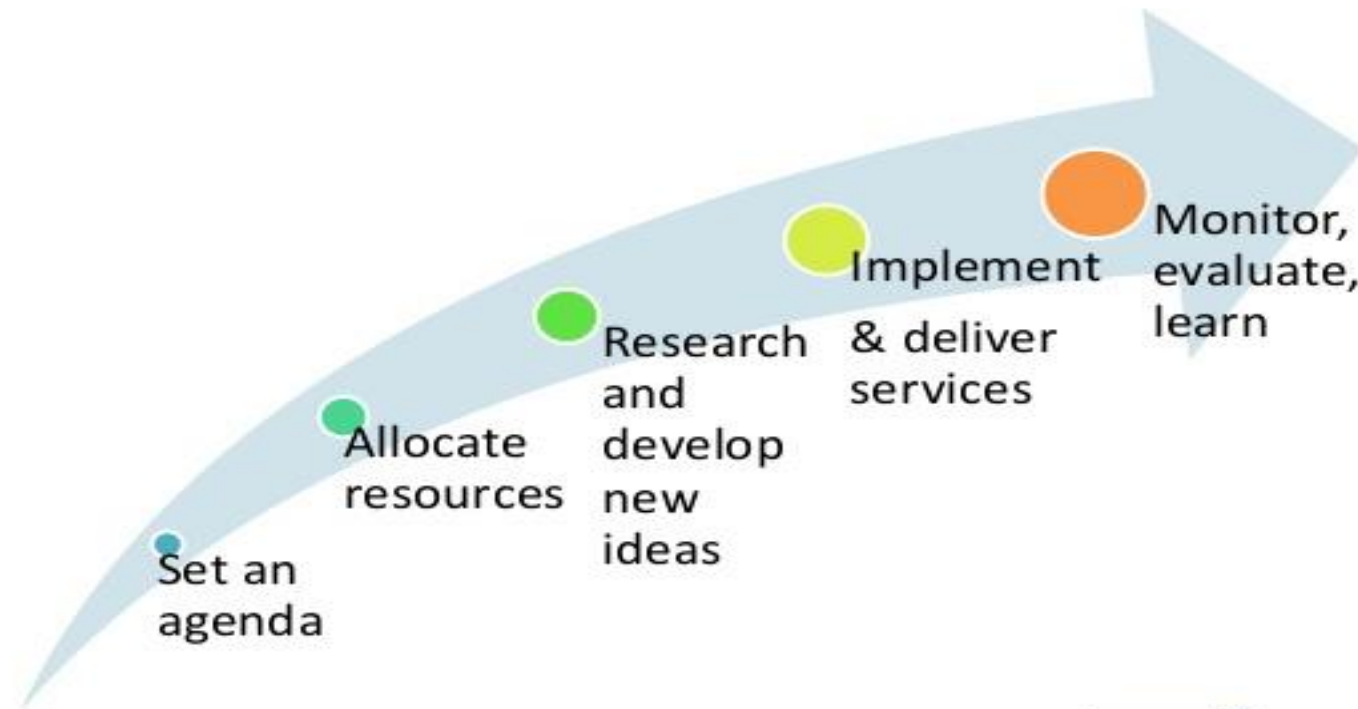
**Prize motivation:** "for their discoveries of cells that constitute a positioning system in the brain"

**Field:** physiology, spatial behavior

**Prize share:** 1/4

- how does the brain create a map of the space surrounding us  
how can we navigate our way through a complex environment?

Global mental health operates within  
the global health system



# Problem claims: Costly disorders

“The global cost of mental health conditions in 2010 was estimated at US\$ 2.5 trillion, with the cost projected to surge to US\$ 6.0 trillion by 2030 .”

“Currently, high-income countries shoulder about 65% of the burden, which is not expected to change over the next 20 years.”





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# Mortality and the Global Burden of Mental Disorders

- People with mental disorders have a mortality rate that is 2.2 times higher than the general population
- All cause mortality was elevated for psychoses, mood disorders, and anxiety
- All cause mortality for psychoses > anxiety, depression, and bipolar d/o
- Median of 10 years of potential life lost from all causes
- 8 million deaths a year are attributable to mental disorders

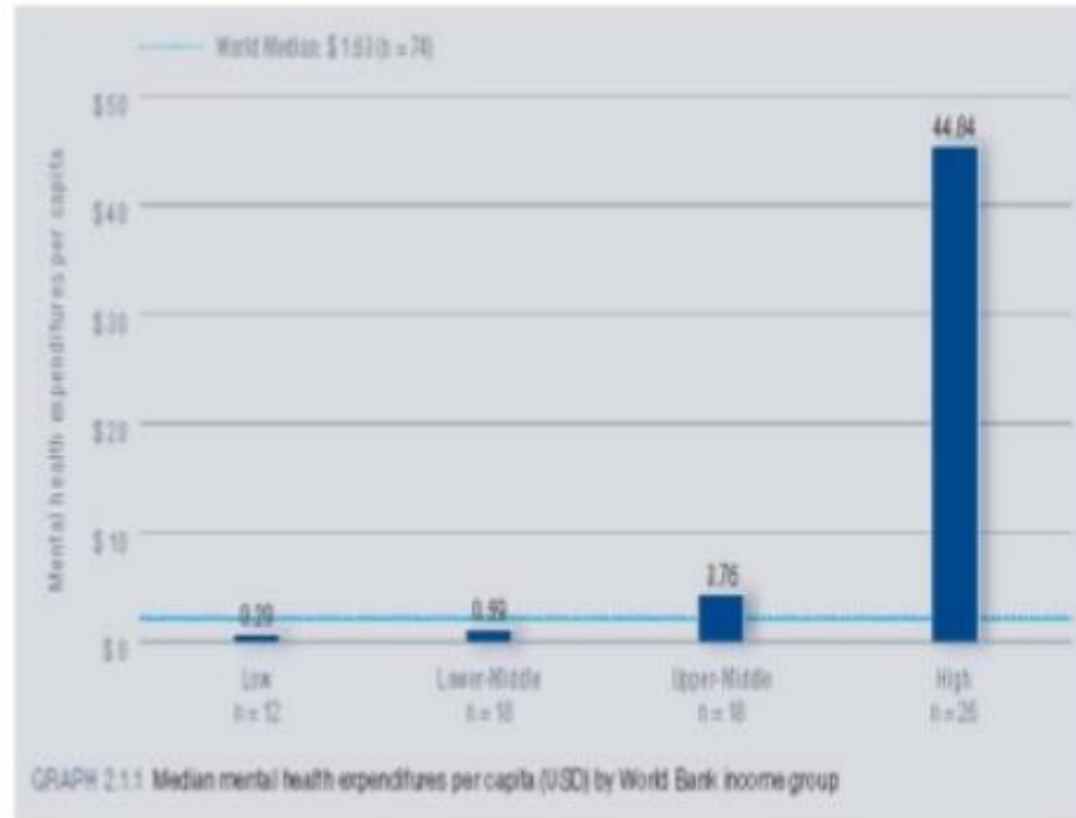
# Problem claims:

## Poor mental health financing

Globally, spending on mental health is less than \$2 per person, per year and less than \$0.25 in low income countries

Mental health expenditures per capita are more than 200 times greater in high income countries

compared with low income countries



# Finding solutions around the globe: Task shifting/sharing for mental health

- Good examples in many low- and middle-income countries
  - India – MANAS trial (Patel et al., 2010)
  - Pakistan – Lady Health Workers ( Rahman et al, 2008)
  - Uganda – Group IPT for depression (Bolton et al, 2003)
  - Chile – Treating depression in primary care (Araya et al, 2003)

## Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial

Azif Rahman, Abdul Malik, Sheraa Schander, Christopher Roberts, Francis Creed

Lancet 2008; 372: 953-60

See Editorial page 950

See Comment page 968

School of Population,

Community, and Behavioural

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School of Medicine, University of Sheffield, Sheffield, UK

(Dr A. Rahman, Dr A. Malik, Dr S. Schander, Dr C. Roberts, Dr F. Creed)

### Summary

**Background** The treatment of perinatal depression is a public-health priority because of its high prevalence and association with disability and poor infant development. We integrated a cognitive behaviour therapy-based intervention into the routine work of community-based primary health workers in rural Pakistan and assessed the effect of this intervention on maternal depression and infant outcomes.

**Methods** We randomly assigned 40 Union Council clusters in rural Rawalpindi, Pakistan, in equal numbers to intervention or control. Married women (aged 16–45 years) in their third trimester of pregnancy with perinatal depression were eligible to participate. In the intervention group, primary health workers were trained to deliver the psychological intervention, whereas in the control group untrained health workers made an equal number of visits to the depressed mothers. The primary outcomes were infant weight and height at 6 months and 12 months, and secondary outcome was maternal depression. The interviewers were unaware of what group the participants were assigned to. Analysis was by intention to treat. The study is registered as ISRCTN05346374.

**Findings** The number of clusters per group was 20, with 403 mothers in the intervention group and 440 in the control group. At 6 months, 37 (33%) of 403 and 21 (51%) of 400 mothers in the intervention and control groups, respectively, met the criteria for major depression (adjusted odds ratio (OR) 0.22, 95% CI 0.14 to 0.36,  $p < 0.0005$ ). These effects were sustained at 12 months (23/403 (27%) vs 28/394 (59%), adjusted OR 0.25, 95% CI 0.15 to 0.36,  $p < 0.0005$ ). The difference in weight-for-age and height-for-age Z scores for infants in the two groups were not significant at 6 months (−0.33 vs −0.36,  $p = 0.7$  and −2.03 vs −2.16,  $p = 0.3$ , respectively) or 12 months (−0.04 vs −0.3,  $p = 0.3$  and −1.03 vs −1.16,  $p = 0.07$ , respectively).



National Institute  
of Mental Health



# Global mental health stakeholders

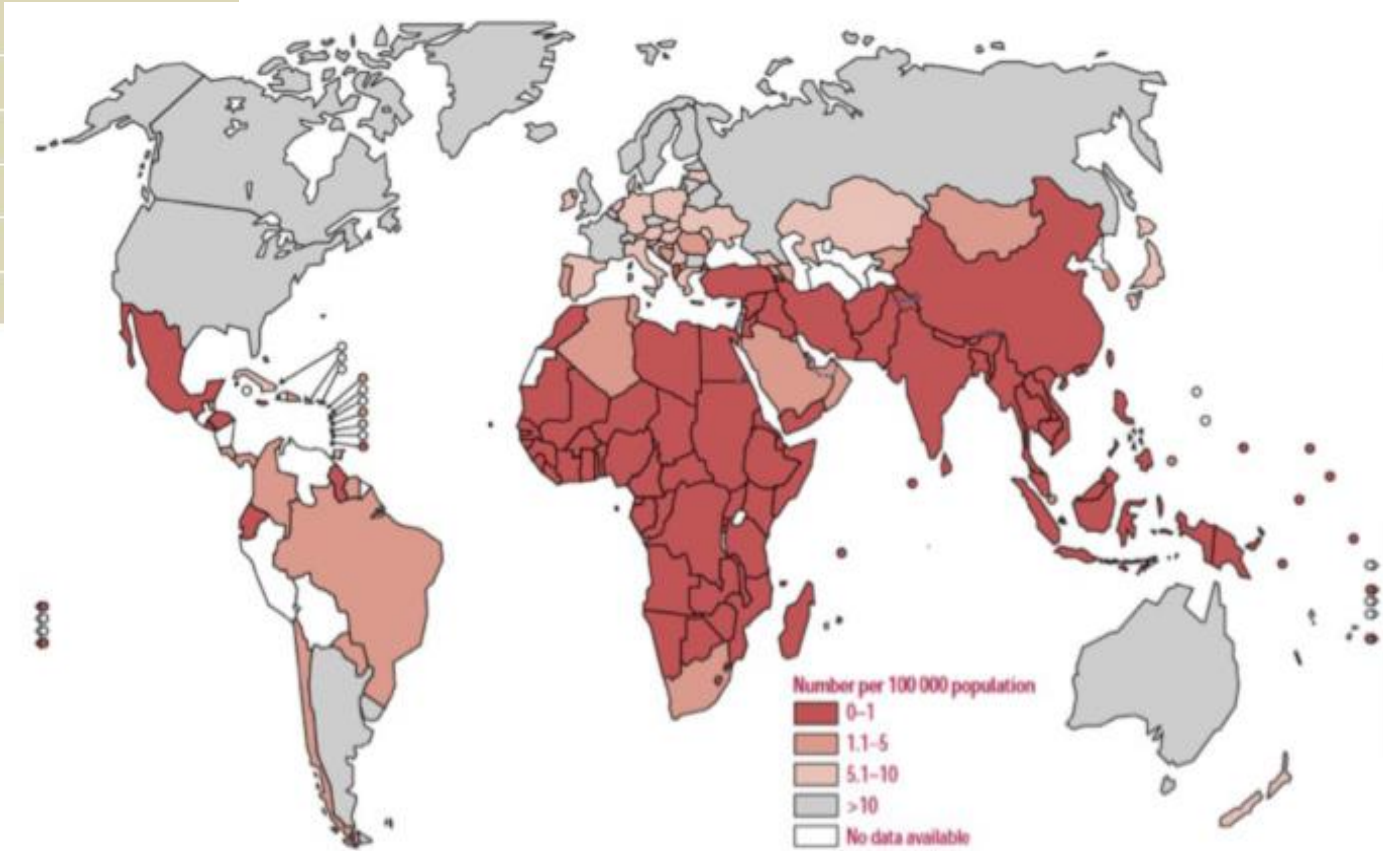
- People with mental illness
- Families affected by mental illness
- Researchers/academics
- Mental health professionals
- Professional associations
- Advocacy organizations
- Funders
- Policymakers

TABLE

Results of WHO Child and Adolescent Mental Health Atlas

	High income <sup>a</sup>	Low income <sup>a</sup>
National policy	16/18	4/16
Child and adolescent mental health program	14/18	0/16
Epidemiological data	8/20	1/16
Annual child and adolescent mental health survey	12/20	3/16
Stigma as barrier to care	16/20	5/16
Financing of services		
Consumer/family	0/20	6/16
Tax-based/government	2/20	1/16
International grants	10/20	2/16
NGOs	4/20 <sup>b</sup>	0/16
Social services	4/19	0/16
Medication available without cost to family	8/20	3/3

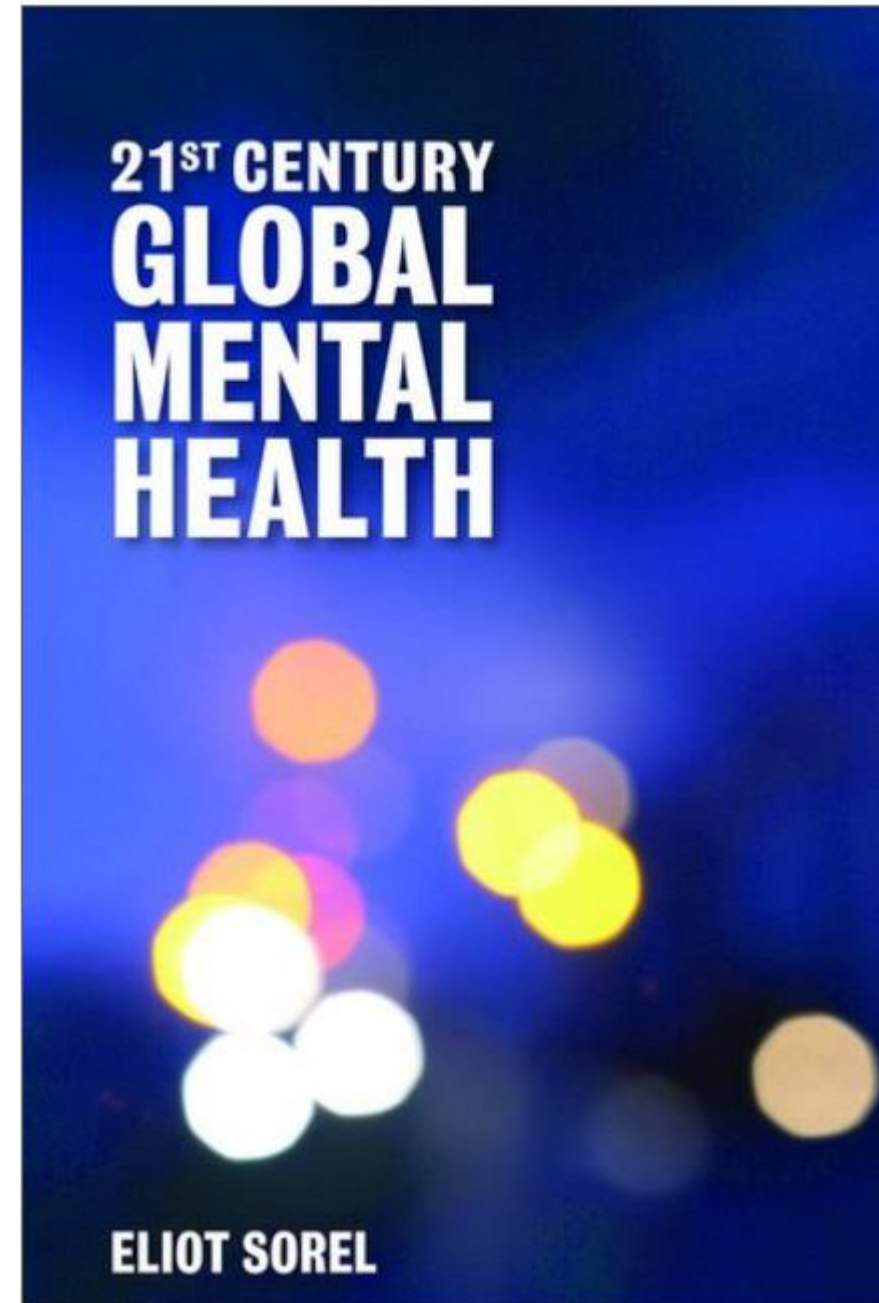
WHO, World Health Organization; NGO, non-governmental organization.  
<sup>a</sup> World Bank country categories.  
<sup>b</sup> Does not reflect emergency or disaster services.  
 Adapted from Belfer ML, Saxena S. *Lancet*. 2006.”



<sup>a</sup> Based on information from 177 Member States.  
 Source: *Mental health resources in the world. Initial results of Project Atlas* (2001). Geneva, World Health Organization.



- ***21st Century Global Mental Health*** explores:
- Global Mental Health Epidemiology and Diagnostic Systems
- The Determinants of Health/Mental Health
- Populations' Health/Mental Health
- Evaluating and strengthening health/mental health systems
- Human Rights, Stigma, Mental Health Policy and the Media



# UK'S MENTAL HEALTH CRISIS

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THE BLOG

## Corbyn, Smith, And The Mental Health Crisis

🕒 30/08/2016 17:07 | Updated 4 days ago

f t p e m

Arthur Peirce  
Recent grad, writer, blogger, and one time pilgrim.



/ ROSSPARRY.CO.UK

The UK is in a mental health crisis. Millions of people all across the country suffer in some way with mental health issues. In treatment they face long waits and insufficient care. Many regions are without the correct services to treat people. People are misdiagnosed and ignored.


The problem seems to come from a lack of funding, and the money that is placed into mental health care is almost exclusively in treatment, and not prevention or research. According to a report by The Mental Health Foundation (MHF, Fundamental Facts About Mental Health, 2015), only 5.5% of UK health research spending goes to mental health study. With one in four adults suffer with mental health issues, there is an obvious imbalance.

WATCH THEIR STORIES NOW >


MAKERS

SUGGESTED FOR YOU

Why J.K. Rowling Is Wrong About Jeremy Corbyn



In 2015 I Have Been Told I Have To Be Sacked Because I'm Gay



The UK is in a mental health crisis. Millions of people all across the country suffer in some way with mental health issues.



In March 2017, **Mental Health Foundation, in England, Scotland and Wales.**

self-reported mental health problems, levels of positive and negative mental health in the population, and the actions people take to deal with the stressors in their lives.

2,290 interviews were completed, with 82% online and 18% by phone.

- **Key findings**

- 65% experienced a mental health problem. 7/10 women, young adults aged 18-34 and people living alone.
- 13% living with high levels of positive mental health.
- >55 experiencing better mental health than average.
- >55 take positive steps to help themselves deal better with everyday life - **including spending time with friends and family, going for a walk, spending more time on interests, getting enough sleep, eating healthily, and learning new things.**
- >4/10 people have experienced depression
- >1/4 experienced panic attacks.
- 3/4 people the lowest household income experienced mental health problem, 6/10 the highest household income bracket.
- 85% out of work experienced a mental health problem, 2/3 in work, 50% have retired.



- **Conclusions**

- Current levels of good mental health are disturbingly low.
- Collective mental health is deteriorating. Overall most of us report experiencing a mental health problem in our lifetime. However, young adults report this at a higher level, despite having had fewer years in their lives to experience this. While there may be an element which reflects a greater ease at acknowledging a mental health problem, nevertheless this suggests a real and emerging problem. It is possible that it is linked to greater insecurities in life expectations for work, relationships and homes. The reasons and solutions warrant investigation.
- The figures show that the experience of poor mental health, while touching every age and demographic, is not evenly distributed. If you are female, a young adult, on low income, living alone or in a large household, your risks of facing mental ill health are higher.

# 英國 2007

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## Mental Health Act 2007 Overview

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The full text of the Act is available from this page: [Mental Health Act 2007](#). See also: [Mental Health Act 2007 Explanatory Notes](#).

The Mental Health Act 2007 was given Royal Assent on 19 July 2007. The main implementation date was 3 November 2008. See [Mental Health Bill 2006](#) for some background information, and [Mental Health Act 1983 Overview](#) and [Mental Capacity Act 2005 Overview](#) for further details. Amendments made to the Mental Health Act 1983 and Mental Capacity Act 2005 by the 2007 Act are incorporated into the text on this site.

### Contents

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- [1 The effect of the Act](#)
  - [1.1 The amendments](#)
  - [1.2 The Acts which are amended](#)
- [2 Implementation of the Act](#)
  - [2.1 Implementation plan](#)
  - [2.2 Commencement orders](#)
  - [2.3 Secondary legislation - England & Wales](#)
  - [2.4 Secondary legislation - England](#)
  - [2.5 Secondary legislation - Wales](#)
  - [2.6 Secondary legislation - Scotland](#)

☒ [Mental health act](#)

[http://www.mentalhealthlaw.co.uk/Mental\\_Health\\_Act\\_2007\\_Overview](http://www.mentalhealthlaw.co.uk/Mental_Health_Act_2007_Overview)



<b>Australia</b>	<b>Mental Health Act (2015)</b>
<b>Austria</b>	<b>Health Quality Act(2004), 361st Federal Act on the Exercise of Psychotherapy (Psychotherapy Act)</b>
<b>Canada</b>	<b>The Canada Health Act(2010), Brian's Law (Bill 68)</b>
<b>China</b>	<b>中華人民共和國精神衛生法 （2012）</b>
<b>Germany</b>	<b>Gesetz zur Gleichstellung behinderter Menschen, The Preventive Health Care Act (2015)</b>
<b>Hong Kong</b>	<b>香港精神衛生法 (2007)</b>
<b>Japan</b>	<b>精神保障福祉法(2016) , 健康促進法(2016)</b>
<b>Singapore</b>	<b>新加坡精神衛生法 (2014)</b>
<b>Switzerland</b>	<b>Swiss Federchenfal Law on Health Insurance, the Federal law on prevention and health promotion. (2010)</b>
<b>USA</b>	<b>Mental Reform Act 2016, H.R.2646 - Helping Families in Mental Health Crisis Act of 2016</b>
<b>UK</b>	<b>Mental Heal Act 2007, Mental Capacity Act 2005</b>



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Details: C2015Q00181

Mental Health Act 1996 (NI)

Other - C2015Q00181

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View Series

Act No. 28 of 1996

Other document - Other as made

*This is an Act of the previous Norfolk Island Legislative Assembly that was continued in force under s16 and 16A of the Norfolk Island Act 1979.*

Administered by: Infrastructure and Regional Development

Registered 07 Dec 2015

4. Interpretation

5. Persons not to be regarded as mentally dysfunctional

**PART 2 — MENTAL HEALTH TRIBUNAL**

6. Mental Health Tribunal

7. Powers

8. Membership

9. Acting membership

10. Termination of appointment

11. Proceedings of the Tribunal

12. Appearance at proceedings

13. Natural justice

14. Evidence

15. Admissibility of evidence in other proceedings

16. Form of orders

17. Obtaining reasons for decisions

17A. Reasons for decisions in respect of referrals by court under *Criminal Law Act 1960*

18. Secrecy

19. Assistance for Tribunal

20. Contempt of Tribunal

# 奥地利 2004

**ÖSTERREICHISCHE  
APOTHEKERRKAMMER**

Österreichische Apothekerkammer

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**Gesundheitsqualitätsgesetz - GQG**

**Bundesgesetz zur Qualität von Gesundheitsleistungen (Gesundheitsqualitätsgesetz – GQG)**

**BGBI. I Nr. 179/2004<sup>1)</sup>** (NR: GP XXII [RV 693 AB 711 S. 90](#). BR: [AB 7175 S. 717.](#))  
in der Fassung  
**Art. 13 BGBI. I Nr. 81/2013** (NR: GP XXIV [RV 2243 AB 2255 S. 200](#). BR: [AB 8961 S. 820.](#))

<sup>1)</sup> Nach den Erläuterungen ([RV 693 XXII](#). GP) wird "mit dem vorliegenden Gesetzentwurf ...die Absicht verbunden, auch in Zukunft eine qualitativ hochwertige, effektive und effiziente, allen frei zugängliche und gleichwertige Gesundheitsversorgung in Österreich sicherzustellen. Dem entsprechend ist sektorenübergreifend ein österreichweites, der Effizienzsteigerung dienendes Qualitätssystem für das österreichische Gesundheitswesen einzuführen.

Seit Beginn der 90er Jahre wurde die Durchführung von bundesweit angelegten Qualitätsprojekten initiiert und vorangetrieben. Diese Aktivitäten entstanden vielfach als Reaktion auf aktuelle gesundheitspolitische Notwendigkeiten. Dazu zählen u.a. Projekte zu den Themen Qualitätsberichterstattung, Patientinnen- und Patientensicherheit und Vermeidung unerwünschter Ereignisse, Strukturqualitätskriterien, Optimierung des Antibiotika-Einsatzes, Optimierung des Verbrauchs von Blutkomponenten, Patientinnen und Patientenorientierung, Nahtstellenmanagement, Hygiene, Ergebnisqualität und Qualitätssicherung in der mikrobiologischen Diagnostik. Eine Vielzahl von Fachexpertinnen und -experten aus der Praxis hat diese Arbeiten inhaltlich getragen und wissenschaftlich entsprechend begleitet. Die Inhalte und Ergebnisse dieser Projekte und Aktivitäten leisten einen Beitrag dazu, bundesweit, berufs- und sektorenübergreifend einheitliche Vorgaben für die Realisierung eines flächendeckenden österreichweiten Qualitätssystems zu entwickeln.

Darüber hinaus ist im Regierungsprogramm vorgesehen, dass zur Absicherung eines einheitlichen bundesweiten Rahmens Qualitätssicherung und Standards auf Bundesebene gesetzlich geregelt werden.

In Entsprechung der oben erläuterten Vorgaben und Aktivitäten wird nunmehr durch den vorliegenden Gesetzentwurf die Implementierung eines gesamtösterreichischen Qualitätssystems sowie die Einhaltung von Qualitätsvorgaben bei der Erbringung von Gesundheitsleistungen verbindlich vorgeschrieben.



# 加拿大 2010

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## Mental Health and Addiction legislation

### Mental Health Act 1990

The **Mental Health Act** sets out the criteria for voluntary, informal and involuntary admissions to specially designated psychiatric facilities, as well as for the management of psychiatric out-patients under Community Treatment Orders (CTO). The statute also requires the assessment of psychiatric patients' capacity to manage property following their admission to a psychiatric facility. The statute protects the rights of psychiatric patients by requiring that patients receive formal rights advice in certain circumstances and providing for the review of informal and involuntary admissions, capacity to manage property and CTOs before the Consent and Capacity Board.

### Brian's Law (Bill 68)

**Brian's Law** amended the Mental Health Act in 2000. In particular, this legislation introduced community treatment orders and new criteria for involuntary commitment to psychiatric facilities. The latest amendment took place in 2010 under Bill 16, Creating the Foundation for Jobs and Growth Act, 2010.

### Health Care Consent Act 1996 (amended 1998, 2000, 2002, 2004, 2006, 2010)

The **Health Care Consent Act** deals with

- guidelines for informed consent for treatment, personal care services or admission to a long-term care facility
- the roles and responsibilities of substitute decision-makers

<http://ontario.cmha.ca/public-policy/context/legislation/mental-health-and-addiction-legislation/>



# 德國 2015



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## Prevention

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## The Preventive Health Care Act

**The Act to Strengthen Health Promotion and Preventive Health Care (Preventive Health Care Act) took its last parliamentary hurdle on 10th July 2015 in the Bundesrat and an integral part of it entered into force on 25th July 2015.**

**Parliamentary State Secretary Ingrid Fischbach:** *"With the Preventive Health Care Act we are strengthening health promotion directly in the settings in which people live – in nursery schools, schools, in the workplace and in nursing homes. Furthermore, screening tests for children, young people and adults will be further developed and vaccination coverage improved. The aim of these efforts is to prevent disease before it can manifest itself."*

The Preventive Health Care Act strengthens the basis for enhanced co-operation among the social security institutions, the Laender, and the local authorities in the areas of prevention and health promotion – for all age-groups and in multiple life settings. Indeed, the aim is to have prevention and health promotion gain ground in the places where persons live, learn and work. With the assistance of this law, early detection screening among children, young persons and adults will continue to be developed and important measures taken to close the vaccination gaps that exist in all age groups.

### LINKS

[Overview Prevention](#)



<http://www.bmg.bund.de/en/prevention/the-preventive-health-care-act.html>





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### CAP 136 MENTAL HEALTH ORDINANCE

- [Cap 136 Long title](#)
- [Cap 136 Part I PRELIMINARY](#)
- [Cap 136 s 1 Short title](#)
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- [Cap 136 s 3 Declaration of mental hospitals](#)
- [Cap 136 s 4 Appointment of medical superintendents and assistant medical superintendents](#)
- [Cap 136 s 5 Appointment and duties of visitors](#)
- [Cap 136 s 6 Delegation](#)
- [Cap 136 Part II MANAGEMENT OF PROPERTY AND AFFAIRS OF MENTALLY INCAPACITATED PERSONS\\*](#)
- [Cap 136 s 7 Court may order inquiry](#)
- [Cap 136 s 8 Provision as to notice of inquiry](#)
- [Cap 136 s 9 Power to examine person alleged to be mentally incapacitated](#)
- [Cap 136 s 10 Questions to be decided by Court](#)
- [Cap 136 s 10A General functions of Court with respect to property and affairs of mentally incapacitated person](#)
- [Cap 136 s 10B Powers of Court as to mentally incapacitated person's property and affairs](#)
- [Cap 136 s 10C Supplementary provisions as to wills executed under section 10B](#)
- [Cap 136 s 10D Court's powers in cases of emergency](#)
- [Cap 136 s 10E Preservation of interests in mentally incapacitated person's property](#)
- [Cap 136 s 11 Appointment of committees](#)
- [Cap 136 s 12 Powers of management of estate of mentally incapacitated person](#)
- [Cap 136 s 13 Powers of Registrar](#)
- [Cap 136 s 14 What relatives may attend proceedings](#)
- [Cap 136 s 15 Orders may be made on petition](#)





# 中華人民共和國 2012



[http://www.gov.cn/flfg/2012-10/26/content\\_2253975.htm](http://www.gov.cn/flfg/2012-10/26/content_2253975.htm)

# 日本 2016



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**みんなのメンタルヘルス** 総合サイト こころの健康や病気、支援やサービスに関するウェブサイト

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改革ビジョン

● 精神障害者の地域移  
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## 精神保健福祉法（正式名称：「精神保健及び精神障害者福祉に関する法律」）について

### ○ 目的

精神保健福祉法は、

- 精神障害者の医療及び保護を行うこと
- 障害者総合支援法とともに、精神障害者の社会復帰の促進、自立と社会経済活動への参加の促進のために必要な援助を行うこと
- 精神疾患の発生の予防や、国民の精神的健康の保持及び増進に努めること

よって、精神障害者の福祉の増進及び国民の精神保健の向上を図ることを目的とした法律です。

### ○ 制定の経緯

#### 戦前の状況

明治初期までは、精神病の治療はほとんどが加持祈祷に頼っており、精神保健の法的規制はありませんでしたが、明治8年にわが国に精神病院が初めて設置され（当初は「癪狂院」と呼ばれていた）、医学校でも精神病学が教えられるなど、この時期に、わが国に精神医学の基礎が形づくられました。



# 新加坡 2014



## **Mental Health (Care and Treatment) Bill**

Bill No. 11/2008.

*Read the first time on 21st July 2008.*

### **MENTAL HEALTH (CARE AND TREATMENT) ACT 2008**

(No. of 2008)

#### **ARRANGEMENT OF SECTIONS**

##### **PART I PRELIMINARY**

###### **Section**

1. Short title and commencement
2. Interpretation

##### **PART II**

#### **ADMISSION AND DETENTION OF MENTALLY DISORDERED PERSONS IN PSYCHIATRIC INSTITUTIONS**

3. Designated psychiatric institutions
4. Management of psychiatric institutions
5. Inspection by visitors
6. Admission for treatment
7. Apprehension of mentally disordered person
8. Ill-treatment or neglect of mentally disordered person
9. Mentally disordered person may be referred to psychiatric institution
10. General provisions as to admission and detention for treatment
11. Prohibition
12. Discharge by principal officer or psychiatrist
13. Visitors to apply for Magistrate's order of detention
14. Discharge by visitors
15. Temporary absence from psychiatric institution
16. Removal of patient from one psychiatric institution to another
17. Removal of patient from Singapore
18. Contents of order
19. Return to Singapore
20. Application for order for payment of cost of maintenance



# 瑞士 2010

> Topics > Campaigns and recommendations

01.02.2010

## The Federal Law on Prevention and Health Promotion

**The main facts in brief.** The aim of the Prevention Law (Präventionsgesetz) is to improve the management of prevention, health promotion and early detection measures in Switzerland. The Law also contains plans for a new federal-level centre of excellence, the Swiss Institute for Prevention and Health Promotion.

**spectra** The draft law implements the legislative mandate enshrined in the Federal Constitution whereby the federal government is responsible not only for combating contagious diseases, but also for enacting regulations aimed at preventing pervasive or malignant non-contagious diseases. The Prevention Law will allow the government to expand its field of action in future to include work on the prevention and early detection of those chronic diseases which are of key importance in terms of both public health and trends in healthcare costs (e.g. cancer, diabetes, cardiovascular diseases or depression). The Law will have no impact on current regulations on the assumption of costs for preventive healthcare services and early detection measures covered by the mandatory health insurance system.

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### Topics

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### Agenda

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# THE INCIDENT IN THE United States

## Congress Is on the Verge of Passing a Landmark Mental Health Bill

July 8, 2016, 3:45 PM EDT

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Representative Tim Murphy, a Republican from Pennsylvania Bloomberg via Getty Images

**The legislation passed the House in a near-unanimous vote.**

Soon after the 2012 massacre of 20 schoolchildren and six adults in Newtown, Conn., advocacy groups called for nationwide reforms on two major issues: gun violence prevention and mental health care.

**After the 2012 massacre of 20 schoolchildren and six adults in Newtown, Conn., advocacy groups called for nationwide reforms on two major issues: gun violence prevention and mental health care.**



# 美國 2016

Status Details Text

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Introduced: **Mar 15, 2016**

Status: **Reported by Committee on Mar 16, 2016**

The committees assigned to this bill sent it to the House or Senate as a whole for consideration on March 16, 2016.

Sponsor:  **Lamar Alexander**  
Senior Senator from Tennessee  
Republican

Text:  **Read Text »**  
Last Updated: Apr 26, 2016  
Length: 316 pages

☑ Mental Reform Act 2016,  
<https://www.govtrack.us/congress/bills/114/s2680/text/is>

## H.R.2646 - Helping Families in Mental Health Crisis Act of 2016

114th Congress (2015-2016) | [Get alerts](#)

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Sponsor: [Rep. Murphy, Tim \[R-PA-18\]](#) (Introduced 06/04/2015)

Committees: House - Energy and Commerce; Ways and Means; Education and the Workforce | Senate - Health, Education, Labor, and Pensions

Committee Reports: [H. Rept. 114-667](#)

Latest Action: 07/14/2016 Read twice and referred to the Committee on Health, Education, Labor, and Pensions. ([All Actions](#))

Roll Call Votes: There has been [1 roll call vote](#)


Tracker:








Introduced → **Passed House** → Passed Senate → To President → Became Law

☑ H.R.2646 - Helping Families in Mental Health Crisis Act of 2016  
<https://www.congress.gov/bill/114th-congress/house-bill/2646>



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### Mental health: strengthening our response

Fact sheet  
Updated April 2016


---


#### Key facts

- Mental health is more than the absence of mental disorders.
- Mental health is an integral part of health; indeed, there is no health without mental health.
- Mental health is determined by a range of socioeconomic, biological and environmental factors.
- Cost-effective public health and intersectoral strategies and interventions exist to promote, protect and restore mental health.

---

Mental health is an integral and essential component of health. The WHO constitution states: "Health is a state of complete physical, mental and social well-being and not

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#### Features

China: Improving home care for dementia patients  
February 2014

[More features about mental health](#)

#### Publications

[mhGAP Intervention guide for mental, neurological and substance use disorders](#)

# Mental health promotion and mental disorder prevention across European Member States: a collection of country stories

EU

*(Second edition)*



# Who:China to Improve home care for dementia patients

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## China: Improving home care for dementia patients

February 2014

When she was 71, Sun Yuhua started to lose her memory. She kept forgetting what she had just said or done. She would repeat the same question again and again and fail to remember the answer. Worst of all, she could no longer manage to perform simple household chores.

Yuhua knew that all this was happening, but could not bring herself to go to a doctor. Fortunately, her husband was more ready to seek help. Zhensheng heard about a caregiver support group for dementia sufferers, and was finally able to persuade Yuhua to make an appointment with a memory clinic.

Dementia is a progressive brain disorder that makes it increasingly difficult to remember things, think clearly and communicate with others. It is one of the major causes of disability and dependency among older people worldwide. An estimated 9.19 million people in China suffer from the disorder, more than any other country in the world.



Xiong Bin

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# World Federation on Mental Health

10 October

World Mental  
Health Day



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## About

### Who We Are

WFMH is an international membership organization founded in 1948 to advance, among all peoples and nations, the prevention of mental and emotional disorders, the proper treatment and care of those with such disorders, and the promotion of mental health. The Federation, through its members and contacts in more than 100 countries on six continents, has responded to international mental

# Grand Challenges in Global Mental Health

## GRAND CHALLENGES IN GLOBAL MENTAL HEALTH

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**WHAT ARE THE GRAND CHALLENGES IN  
GLOBAL MENTAL HEALTH?**

HUMAN RIGHTS TREATMENT **DATA SHARING**  
TRAINING **PRIMARY CARE INTEGRATION** GENOMICS  
**ADAPTATION** POLICY CHANGE **COMORBIDITY**  
BIOINFORMATICS **PREVENTION** DISPARITIES

### LATEST NEWS

**Round 2 Underway** The second round of the Initiative is in progress. Please send us your response by October 18, 2010.

**Round 1 Completed** The first round yielded a list of 155 unique challenges that fall within the scope of the Initiative.

**Questions?** Please contact us at [grandchallengesGMH@mail.nih.gov](mailto:grandchallengesGMH@mail.nih.gov).

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National Institute  
of Mental Health





# MGMH

Movement for Global Mental Health

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## **The Movement for Global Mental Health**

aims to improve services for people with mental disorders worldwide







# 國際關注之 心理健康或精神衛生議題及重要策略



穩定建構人與人,家庭,社區,社群,國家,  
環境,手機,天地的關係?