

WORLD HEALTH ORGANIZATION



ORGANISATION MONDIALE DE LA SANTE

INTERCOUNTRY GROUP MEETING ON THE DEVELOPMENT  
OF THE MENTAL HEALTH PROGRAMME

EM/INT.GRP.MTG.DEV.MHP./5

Amman, 24 - 28 September 1983

WHO MENTAL HEALTH PROGRAMME DEVELOPMENT  
IN THE  
EASTERN MEDITERRANEAN REGION  
BY  
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## 1 Introduction and Policy Basis

The 1978-83 mental health programme has been based in accordance with the Regional Committee Resolution No. EM/RC25A/R.14 dated 1975 and which aimed at (a) reducing the incidence of mental illness; (b) improving the organization and administration of services and (c) integrating them more effectively within the total health system.

In the Seventh General Programme of Work (1984-89), the MNH programme is designed to consolidate, improve and further develop the activities, which have been undertaken during the previous six year programme (1978-83).

Evaluation of the 1978-83 MNH programme showed the progress achieved and indicated the growing needs. It has provided a substantial material for relevant use in the development of the 1984-89 programme.

While due consideration will be given to collaborative global activities, the main emphasis will be focussed on the development of the programme at regional and national levels. Optimal use will be made of the results obtained from some of the successful action-oriented studies, which have been recently carried out in some countries and the experience gained will be appropriately shared with others.

The main thrust of the programme is directed towards :

- development of national capabilities to build-up relevant and practical programmes according to the country needs and the local conditions;
- extend the mental health care and strengthen its close integration with the general health system and with related social and community services. Through this policy, it is envisaged that

mental health care will be brought forward within the reach of the community and within the context of primary health care

With regard to specific programmes, further stress will be laid to activities in the following areas :

- Child mental health and psychosocial development,
- Prevention and treatment of drug dependence,
- Care of the psychosocially disabled persons.

Essentially the programme is flexible and could be readily adjusted to meet the countries needs and enhance mental health activities, as seems appropriate.

## 2. Situation Analysis

Under the effects of rapid socio-economic developments and as a result of increasing efforts to prevent and control the well-known killing infectious diseases, mental illness is emerging to the fore-front of the health problems

It is estimated that incapacitating mental disorders are likely to affect one per cent of any population in the Region at any time. Thus about three million mentally-ill person in countries of EMR are in need of care and rehabilitation. Drug use for non-medical reasons, such as, opium-eating, cannabis-smoking, khat-chewing and dependence on manufactured psychoactive substances form an overriding problem in a number of countries. Minor mental disorders are often attended at the general health services and because of defective psychiatric knowledge and inadequate skill are inappropriately treated.

Many of the problems which have been defined in the previous programme are still there. The following provides a summary of the salient features :

- In several countries there is a clear lack of formulated national policy and their programmes suffer from defective information and inadequate data regarding the size and nature of the mental health problems.

- In some countries, the psychiatric services are still based on isolated and out-moded system of hospitalization with no supportive services.
- Furthermore, the lack of effective organizational framework with general health services and other related social sectors have often impeded the proper development of mental health care
- The mental health legislation is still out-dated in some countries
- The facilities for the care of special psychiatric groups, such as, the mentally ill offenders, the mentally retarded and drug dependent persons are still defective
- The bias against the mentally-ill still constitutes a serious handicap in the development of effective programmes.

### 3. Objectives

The main objectives of this medium-term programme are :

1. To reduce problems related to mental and neurological disorders as well as alcohol and drug abuse
2. To promote and facilitate the incorporation of mental health knowledge and understanding in general health care and social development

### 4. Targets

The principal targets of this medium-term programme are .

#### By 1989

- A. All countries will have a mental health policy formulated as an integral part of national health policy for the development of relevant mental health programme to deal with the problems of psychiatric and neurological disorders;
- B. Collaborative activities will be undertaken in five countries for the prevention and control of alcohol and drug abuse and use will be made of the results of the evaluation of national policies and programme implementation in two countries where intervention programmes have already been developed.

- C. Development of psychosocial knowledge and skills in the promotion of health and human development in at least five countries with special emphasis on high-risk groups and prevention of health damaging behaviour

#### 5. Approaches

In principle, the approaches applied in the present MNH medium-term programme are similar to those described in the Seventh General Programme of Work (10. Protection and Promotion of Mental Health, A35/4 p 87-91) and are reflected here in the outline of activities in section 9. However, due consideration has been given to the historical cultural and current background as well as to the national needs and local conditions of countries of EMR.

For the development of effective planning and management and with the view to provide wider coverage, the basic philosophy embodied in the MNH medium-term programme shows the following features :

- support countries to develop manpower resources and establish effective administrative and organizational mechanism to implement country-wide MNH programmes.
- integration of mental health care with the general health system and coordination of activities with related social services and community agencies;
- development of net-work of psychiatric facilities more responsive to community needs and with due emphasis on extension of mental health care to the periphery;
- setting up the priorities and building-up the referral system within available services;
- development of the information system;
- up-dating the mental health regulations and laws;
- promotion of appropriate technologies for prevention, treatment and management of disabling mental and neurological disorders;

- provision of support to programmes which will lead to prevention or reduction of problems such as epilepsy, chronic encephalopathy, peripheral neuropathy and mental retardation
- in the area of drug abuse priority will be given to assessment of the problems, exchange of information and the development of practical and relevant activities for optimal prevention and better management.

#### 6. Programme Management and Resources

At national level, the programme is managed through the close collaboration with the authorities concerned; the development of national capabilities and material resources and the sharing of experience gained from WHO collaborating centres and other sources for the appropriate development of the mental health programme. Special attention will be given to countries where the mental health programme is least developed

Efforts will be made to enhance effective collaboration with all the ministries and institutions concerned and with related social agencies for the provision of necessary support to mental health care.

The services of a number of STC are utilized in regional activities and in the provision of technical support to countries.

One of the established mechanism at regional level is the Coordinating Group Meetings in which leading national mental health workers review the programme activities and mutually contribute to its development. Furthermore, as members of the MNH Panel of Experts, selected nationals from EMR countries participate in WHO Scientific Working Group meetings and other regional activities.

The programme will be managed with the close cooperation and coordination with other programme areas, particularly in the development of manpower resources and in the extension of mental health care to primary health level. Optimal use will be made of the weekly meeting between the Divisions of Health Manpower Development and the Strengthening of Health Services.

Efforts will be made to enhance bilateral collaboration for the development of manpower resources and sharing of experience.

At global level, along with the practice of the past six years, close coordination will continue with the Division of MNH, Geneva for the development of joint activities with the Central Office as well as other WHO regions.

Though the financial resources are essentially from the Regular Budget, the support of the United Nations Fund for Drug Abuse will continue to be the main source of funding for the development of activities in the drug field

#### 7. Evaluation and Indicators

As an important element of the managerial process, evaluation in the MNH programme is conceived as a continuous activity and a regular check-up with the view to ensure the success and deal with unforeseen problems during the development and implementation of the programme

From available information, it has been possible to form a general outline of the mental health problems and define the needs of countries. Against this background, the objectives and the set of the programme activities have been worked out. When evaluating the programme, it will then be possible to see the relevance of the activities originally planned to achieve the specified objectives. It will particularly measure the progress of achievement in dealing with the mental health problems and meeting the needs.

As has been previously described, the MNH programme is generally flexible, and it is envisaged that the evaluation of mental health activities will provide the necessary clues for possible correction, modification, improvement or the introduction of alternative ways and means for achieving the overall objectives. The following are indicators to assess the degree of progress and outcome of activities

1. Increase in the number of countries with formulated policy for integration and extension of mental health care.
2. Increase in the number of countries which implemented above policy
3. Increase in the number of trained nationals capable of managing country mental health programme
4. Increase in the number of countries with organizational mechanism for the development of mental health care
5. Number, content and methodology of task-oriented training programmes for general health workers
6. Number of organized national workshops on extension of mental health care
7. Completion of surveys in three countries to assess under-graduate and post-graduate teaching in mental health
8. Extent of revised and up-dated mental health laws
9. Completion of studies on special groups of patients
10. Degree of development of national activities for the better management of special groups of patients
11. Finalization of evaluative studies in at least two countries for the development of guidelines for the control of use of narcotic and psychoactive substances
12. Number of national workshops held for control of narcotic and psychoactive substances
13. Degree of development of national policy and practical methods to deal with the problems of khat
14. Finalization of studies on child mental health in at least three countries
15. Development of relevant guidelines on child mental health
16. The quality and outcome of research studies in mental health



## 8 Linkage

Special efforts have to be made to influence the development of national MNH programmes from that of isolation and verticality to integration and incorporation into the total health system. This necessitates the close linkage of the programme with other health and social activities and emphasizes the importance of the development of close coordination and the formation of relevant organization and managerial mechanisms

At regional level, the MNH activities are also linked with other programmes areas and effective collaboration has to be maintained with the concerned units in the Divisions of Health Manpower Development and Strengthening of Health Services. Within the Seventh General Programme of Work and according to the classified List of Programmes, the main linkages of the MNH (Programme 10) are with the Health System Infrastructure notably, organization of health system based on primary health care (7-B 4), Health Manpower (7-B 5) and Public Information and education for health (7-B 6). Linkage is also foreseen in special areas of Health Science and Technology (7.C), particularly, protection and promotion of the health of specific population groups (programme 9) e.g. child health, workers' health and the care of the elderly

At global level, there are a number of activities which are closely coordinated with WHO HQ programme and linked with specific research studies and programme areas, such as child mental health and psychosocial development, prevention of psychosocial disabilities, development of information system, prevention and control of drug abuse and the neurosciences. Further details regarding the linkage between programme activities will be indicated under the table of activities item 9.

9. Activities

The MNH medium-term programme provides a broad outline of the range of activities which are designed to support the countries in their national efforts. However, as the countries differ in their stage of development and special needs, attempts are made that every country gets its share within the context of the overall programme of activities.

The following table outlines the planned activities for the biennia 1984-85, 1986-87, 1988-89.

Target A :

By 1989, all countries will have a mental health policy formulated as an integral part of national health policy for the development of relevant mental health programme activities to deal with the identified problems of psychiatric and neurological disorders.

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Activities :	1984-85	1986-87	1988-89	Linkages
- Continue to support countries in development of mental health policy and programmes within the overall national health policy	Country	Continue	Continue	HPD HMD
- Support the training of national for better planning and programming, and organize national and regional meetings for exchange of information and sharing of experience	Country and Regional	Continue	Continue	HMD

activities :	1984-85	1986-87	1988-89	Linkages
- Evaluation and utilization of the outcome of collaborative studies and collaboration with countries for the extension of mental health care to primary health level	Country Regional and Global	Continue	Continue	CMH HQ
- Provide support to countries and organize national workshops for the development of mechanism for effective coordination of mental health services with educational institutions, related social services and community agencies for mobilization and optimal utilization of human and material resources.	Country	Continue	Continue	HMD HPD CMH
- Collaborate with countries for the promotion of mental health teaching and the development of manpower resources	Country Regional	Continue	Continue	HMD

Activities .	1984-85	1986-87	1988-89	Linkages
- Support countries for the organization of task-oriented training programmes for general health workers and these in related social sectors and for the development of teaching techniques and training materials	Country Regional	Continue	Continue	HMD CMH HQ
- Study situation in at least three countries and support national efforts for the better management of special groups e.g. epileptics, mentally retarded, psycho-geriatrics and mentally abnormal offenders	Country	Country and Regional	Continue	OHC CMH HQ
- Provide support to countries to review and improve mental health laws and regulations	Country	Continue	Continue	OHC HQ

Target B :

By 1989, collaborative activities will be undertaken in five countries for the prevention and control of alcohol and drug abuse and use will be made of the results of the evaluation of national policies and programme implementation in two countries where intervention programmes have already been developed.

Activities	1984-85	1986-87	1988-89	Linkages
- Collaborate with countries in the study of drug abuse, including the use of cannabis and khat and support national efforts to deal with other complex problems	Country Regional	Continue	Continue	HQ UNFDAC ICAA
- Support two countries to evaluate the ongoing drug abuse activities and utilize results for improving the planning, programming and implementation of the programme	Country	Continue Regional	Continue	HQ UNFDAC

Target C

Development of psychosocial knowledge and skills in the promotion of health and human development in at least five countries with special emphasis on high-risk groups and prevention of health-damaging behaviour

Activities :	1984-85	1986-87	1988-89	Linkages
- Continue study of child mental health and psychosocial development and support national efforts in this field	Country Regional Global	Continue	Continue	MCH HQ UNICEF
- Collaborate with countries to study high-risk groups and under-privileged countries (e.g. migrants and refugees)	Country Regional	Continue	Continue	HQ

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Activities :	1984-85	1986-87	1988-89	Linkages
- Provide support for the promotion of research in behaviour science	Country Regional Global	Continue	Continue	HQ RPD

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