

Summary report on the

Intercountry meeting to scale-up action on mental health in the Eastern Mediterranean Region

WHO-EM/MNH/196/E

Cairo, Egypt
15–17 September 2014



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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Contents

1.	Introduction.....	1
2.	Summary of discussions	2
3.	Strategic interventions to scale-up action on mental health.....	5
4.	Recommendations.....	8

1. Introduction

Mental health disorders are a substantial burden in the World Health Organization (WHO) Eastern Mediterranean Region, exacerbated by conflict and emergencies in a number of countries. While effective pharmacological and psychosocial treatments are available, and can be successfully applied in all countries, the vast majority of people with a mental disorder do not receive treatment. The proportion of people who require care but do not receive treatment has been estimated at 76–85%. The public health response to mental ill-health therefore needs to be strengthened, building on the existing commitments of countries.

The Sixty-sixth World Health Assembly adopted the Comprehensive mental health action plan 2013–2020 in May 2013. The action plan sets out a clear road map for all concerned stakeholders, with agreed targets and indicators. Based on a life-course approach, the action plan aims to achieve equity through universal health coverage and stresses the importance of prevention.

A three-day intercountry meeting was organized by the WHO Regional Office for the Eastern Mediterranean in Cairo, Egypt, on 15–17 September 2014 to discuss how countries can scale-up action on mental health and operationalize the provisions of the global action plan. The meeting brought together mental health focal points from countries of the Region and a select group of international and regional experts who had, in preparation for the meeting, been engaged in developing evidence briefs on priority areas to guide the development of a regional framework for scaling-up action in the Region and to facilitate the meeting's discussions.

The aim of the meeting was to chart a way forward, in consultation with countries, to scale-up national action on mental health based on a regional framework for action, in line with the Comprehensive mental health action plan 2013–2020.

The objectives meeting were to:

- review available resources and capacities, and identify the main facilitators and barriers to implementing the provisions of the Comprehensive mental health action plan 2013–2020 and the Strategy for mental health and substance abuse in the Eastern Mediterranean Region 2012–2016
- review the best available evidence and practices for addressing priority mental health needs
- agree on a regional framework for action based on the global action plan and a roadmap of priority next steps for scaling-up national action on mental health for implementation of the global action plan.

The regional launch of *Preventing suicide: a global imperative*, the WHO's first world suicide report, was organized to coincide with the meeting.

2. Summary of discussions

Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, inaugurated the meeting and emphasized the urgent need for action to address the burden of mental ill-health in the Region. He emphasized the importance of the Comprehensive mental health action plan 2013–2020 and urged participants to develop a practical regional framework to implement the action plan in

countries, with an emphasis on high impact issues. The framework should respond to the needs of policy-makers and guide action in countries, and the meeting presented an opportunity to develop an agenda for action that reflected the reality on the ground, based on the best available evidence, he said.

On day 1, the meeting reviewed the available resources and capacities in countries for implementing the provisions of the global action plan and the evidence underpinning the regional framework for scaling up action on mental health. Day 2 was devoted to reviewing the priority areas, proposed strategic interventions and indicators of the regional framework. This led to the revision of the regional framework on day 3, along with identification of country-specific priority actions based on the framework.

A summary of the major discussion points is outlined below under the different areas of focus.

Effective leadership and governance for mental health

There needs to be financial protection for families and persons suffering from mental health conditions to prevent them from sliding into poverty. There should also be availability of transitional/bridge funding for reorganization of mental health services from institutional to community-based services.

The involvement and empowerment of user/family associations in the development and implementation of policies, legislation and services is also needed.

Reorienting and scaling-up mental health care

There is a danger of closing down mental hospitals too quickly, without a parallel development of community services. The organization of services should be based on delineated catchment areas. Deinstitutionalization is more about a shift in attitudes and a dismantling of the culture of institutionalization of the mentally ill than it is about reducing beds in mental health institutions. The enhancement of the mental health component in pre-service teaching/training of health professionals would be better than the current reliance on in-service training.

Mental health and psychosocial support in humanitarian emergencies

Embedding a mental health and psychosocial support component in emergency preparedness is needed, and requires going beyond plans and involves mental health systems strengthening.

Promotion of mental health and prevention of mental disorders

A step-based approach to promotion and prevention was suggested, focusing initially on areas that the health sector can directly influence, such as the recognition and management of maternal post-natal depression, parenting skill training and nutritional interventions, and later expanding gradually to sectors such as education and poverty reduction. To help achieve “buy-in” from other sectors, it would be useful to identify what they gain from doing so.

There was also discussion over expanding the scope of prevention to include the early recognition and management of childhood disorders.

It was further suggested that packages targeting specific groups, such as adolescents, women and refugees, be developed.

Information, evidence and research

While recognizing that there is cultural sensitivity about suicidal behaviours, vital registration systems need to be strengthened to capture suicide-related death.

There is a paucity of mental health research in general, and implementation research in particular, to guide policy and service developments in the Region. The lack of capacity for undertaking research is one challenge. A regional consortium for research into mental health in emergencies was suggested.

General

There is a need for the standardization of the terminology used including “promotion”, “prevention”, “psychosocial support”, “community mental health” and “integration”.

The use of information technology can help to scale-up mental health action across the Region.

3. Strategic interventions to scale-up action on mental health

Based on the discussions, the regional framework to scale-up action on mental health was adjusted and the revised strategic interventions are presented below.

Leadership and governance

- Establish/update a multisectoral national policy/strategic action plan for mental health in line with international/regional human rights instruments.
- Establish a common governance structure, appropriate to the national context, to facilitate and monitor implementation of the multisectoral national policy/strategic action plan.
- Review legislation related to mental health in line with international human rights covenants/instruments.
- Establish a mechanism to independently monitor the implementation of updated legislation.
- Include defined priority mental conditions in the basic health delivery package of government and social/private insurance reimbursement schemes.
- Increase and prioritize budgetary allocations for addressing the agreed upon service targets and priorities, including providing transitional/bridge funding.

Reorientation and scaling-up of mental health services

- Establish mental health services in general hospitals for outpatient and short-stay inpatient care.
- Integrate delivery of evidence-based interventions for priority mental conditions in primary health care, supported by referral systems.
- Integrate delivery of interventions for mental health conditions into priority health programmes.
- Empower people with mental health conditions and their families through self-help and community-based interventions.

- Downsize existing long-stay mental hospitals and ensure the protection of the rights of people with mental health conditions.
- Embed mental health and psychosocial support in national emergency preparedness, ensuring the strengthening of mental health systems as part of the recovery.
- Train emergency responders to provide psychological first aid.
- Strengthen the capacity of health professionals for recognition and management of priority mental conditions during emergencies.
- Implement evidence-informed interventions for psychosocial assistance to vulnerable groups.

Promotion and prevention

- Integrate recognition and management of maternal depression and parenting skills training in maternal and child health programmes.
- Integrate life skills education, using a whole school approach.
- Reduce access to means of suicide.
- Employ evidence-based methods to improve mental health literacy and reduce stigma.

Information, evidence and research

- Integrate core indicators within national health information systems.
- Routinely record and report suicides at national level.
- Enhance national capacity to undertake prioritized research.
- Engage stakeholders in research planning, implementation and dissemination.

4. Recommendations

The following recommendations were made to improve the interventions, indicators and implementation of the regional framework to scale-up action on mental health.

1. Rename the domain “decentralized, deinstitutionalize and integrated community-based services” as “reorientation and scaling-up of mental health services”.
2. Develop a glossary that includes the opinions, ideas and concepts that are not described in the framework.
3. Ensure that the principles underpinning the regional framework conform to the Comprehensive mental health action plan 2013–2020.
4. Reduce the number of indicators and bring them into conformity with the Comprehensive mental health action plan 2013–2020.
5. Develop metadata for the agreed-upon indicators to guide data collection and reporting.
6. Finalize the framework by the end of 2014.
7. Launch the framework at a high-level meeting with policy-makers in 2015.
8. Publish the evidence briefs developed as a special supplement of the Eastern Mediterranean Health Journal to be available for other regions and the global community.

To ensure implementation of the regional framework to scale-up action on mental health, the following recommendations were made to WHO.

1. Provide continued advocacy to ensure buy-in at the highest possible level of national policy/decision-making.

2. Enhance the capacities of mental health units/directorates to engage in policy dialogue and support implementation of the regional framework to scale-up action on mental health.
3. Facilitate and organize visits to countries to learn from their experiences of reorienting mental health services from institutional to community-based models of care.
4. Enhance technical support to build up the capacities of mental health professionals, as well as non-specialists, in delivering evidence-based interventions across the spectrum of promotion, prevention and management, including the establishment of a roster of international experts.



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