



Resolution

REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN

EM/RC62/R.5
October 2015

Sixty-second Session
Agenda item 4(b)

Scaling up mental health care: a framework for action

The Regional Committee,

Having considered the technical paper on scaling up mental health care: a framework for action¹;

Recalling resolutions WHA66.8 on the comprehensive mental health action plan 2013–2020, WHA55.10 on the global action programme for mental health, EM/RC57/R.3 on maternal, child and adolescent mental health and EM/RC58/R.8 on the strategy for mental health and substance abuse in the Eastern Mediterranean Region 2012–2016;

Acknowledging the enormous magnitude of mental disorders and its socioeconomic consequences;

Acknowledging also that the right to health, equity of access to health care and the striving for the attainment of the highest level of health for populations are values enshrined in the WHO Constitution;

Acknowledging also the importance of investing in promotion of mental health and prevention and management of mental disorders for achieving the sustainable development goals;

Recognizing that the treatment gap in some countries of the Region is as high as 90%, despite the availability of cost-effective and evidence-based interventions;

Mindful that a number of countries in the Region face complex emergencies which are contributing to increased rates of mental disorders;

1. **ENDORSES** the regional framework to scale up action on mental health in the Eastern Mediterranean Region (annexed to this resolution);
2. **URGES** Member States to implement the strategic interventions in the four domains (governance, prevention, health care and surveillance) of the regional framework to scale up action on mental health;
3. **REQUESTS** the Regional Director to:
 - 3.1 Enhance technical support to Member States for implementation and monitoring of the strategic interventions of the regional framework;
 - 3.2 Report to the Regional Committee every two years starting from 2017 on the status of implementation of the regional framework.

¹ EM/RC62/4

Annex

Regional framework to scale up action on mental health in the Eastern Mediterranean Region

Domain	Strategic interventions	Proposed indicators
Governance	<p>Establish/update a multisectoral national policy/strategic action plan for mental health</p> <p>Embed mental health and psychosocial support in national emergency preparedness and recovery plans</p> <p>Review legislation related to mental health in line with international human rights covenants/instruments</p> <p>Integrate priority mental conditions in the basic health delivery package of the government and social/private insurance reimbursement schemes</p>	<p>Country has an operational multisectoral national mental health policy/plan in line with international/regional human rights instruments^a</p> <p>Mental health and psychosocial support provision is integrated in the national emergency preparedness plans</p> <p>Country has updated mental health legislation in line with international/regional human rights instruments</p> <p>Inclusion of specified priority mental health conditions in basic packages of health care of public and private insurance/reimbursement schemes</p> <p>Enhanced budgetary allocations are in place for addressing the agreed upon national mental health service delivery targets</p>
Health care	<p>Establish mental health services in general hospitals for outpatient and short-stay inpatient care</p> <p>Integrate delivery of cost-effective, feasible and affordable evidence-based interventions for mental conditions in primary health care and other priority health programmes^b</p> <p>Provide people with mental health conditions and their families with access to self-help and community-based interventions.</p> <p>Downsize the existing long-stay mental hospitals</p> <p>Implement best practices for mental health and psychosocial support in emergencies^c</p>	<p>Proportion of general hospitals which have mental health units, including inpatient and outpatient units</p> <p>Proportion of persons with mental health conditions utilizing health services (disaggregated by age, sex, diagnosis and setting)</p> <p>Proportion of primary health care facilities with regular availability of essential psychotropic medicines</p> <p>Proportion of primary health care facilities with at least one staff trained to deliver non-pharmacological interventions</p> <p>Proportion of mental health facilities monitored annually to ensure protection of human rights of persons with mental conditions using quality and rights standards</p> <p>Proportion of health care workers trained in recognition and management of priority mental conditions during emergencies</p>
Promotion and prevention	<p>Provide cost-effective, feasible and affordable preventive interventions through community and population-based platforms^d</p> <p>Train emergency responders to provide psychological first aid</p>	<p>Proportion of schools implementing the whole-school approach to promote life skills</p> <p>Proportion of mother and child health care personnel trained in providing early childhood care and development and parenting skills to mothers and families</p> <p>Proportion of mother and child health care personnel trained in early recognition and management of maternal depression</p> <p>Availability of operational national suicide prevention action plan</p> <p>Regular national campaigns to improve mental health literacy and reduce stigma using multiple delivery channels</p> <p>Psychological first aid (PFA) training is incorporated in all emergency responder trainings at national level</p>
Surveillance, monitoring and research	<p>Integrate the core indicators within the national health information systems</p> <p>Enhance the national capacity to undertake prioritized research</p>	<p>Routine data and reports at national level available on the core set of mental health indicators</p> <p>Annual reporting of national data on numbers of deaths by suicide</p>

^a**Operational:** refers to a policy, strategy or action plan which is being used and implemented in the country, with resources and funding available to implement it with a unit /department which has a specifically delineated budget, human resource allocation and authority to monitor the implementation of the policy/strategy in the country.

^b**Cost-effective, feasible and affordable evidence-based interventions (“best buys”) for management of mental disorders include:** treatment of epilepsy (with older first-line antiepileptic drugs), depression (with generic antidepressant drugs and psychosocial treatment), bipolar disorder (with the mood-stabilizer drug lithium), and schizophrenia (with older antipsychotic drugs and psychosocial treatment). However, there are a number of interventions for management of mental disorders starting in childhood and adolescence, anxiety and stress-related disorders and suicidal behaviours which can be classified as “good buys” and which are also part of the mhGAP intervention guide (mhGAP-IG) http://www.who.int/mental_health/mhgap/en/.

^c**Best and good practices for mental health and psychosocial support in emergencies include:** strengthen community self-help and social support; support early childhood development (ECD) activities; train and supervise staff in the management of mental health problems that are relevant to emergencies; provide evidence-based psychological interventions

through lay workers; ensure regular supply of essential psychotropic medications; address the safety, basic needs and rights of people with severe or chronic mental illness in the community and institutions; encourage dissemination of information to the community at large.

Best practices (cost-effective, feasible and affordable evidence-based interventions) for prevention of mental disorders and promotion of mental health include: early child development and parenting skills interventions and laws and regulations to restrict access to means of self-harm/suicide. Mass information and awareness campaigns for promoting mental health literacy and reducing stigma; early recognition and management of maternal depression; identification, case detection and management in schools of children with mental, neurological and substance use (MNS) disorders; integrating mental health promotion strategies, such as stress reduction, into occupational health and safety policies; regulations to improve obstetric and perinatal care, strengthening immunization; salt iodization programmes; folic acid food fortification; and selective protein supplementation programmes to promote healthy cognitive development are recommended as **“good practices”**