
Progress report on scaling up mental health care: a framework for action

Introduction

1. In 2015, the 62nd session of the WHO Regional Committee for the Eastern Mediterranean, in resolution EM/RC62/R.5 on Scaling up mental health care: a framework for action, requested the Regional Director to report to the Regional Committee every two years from 2017 on the status of implementation of the regional framework to scale up action on mental health in the Eastern Mediterranean Region.
2. The regional framework operationalizes WHO's global comprehensive mental health action plan 2013–2020 and constitutes a regional roadmap prioritizing a set of strategic interventions in four domains: mental health governance; health care; promotion and prevention; and surveillance, monitoring and research.
3. This report covers the period since the last progress report, to the 64th session of Regional Committee in 2017. It summarizes progress made by countries of the Eastern Mediterranean Region in implementing the strategic interventions outlined in the regional framework along agreed indicators, and discusses ways to further scale up action in the Region. Data in the report are drawn from WHO's global *Mental health atlas 2017*, as well as periodic reports from countries in the Region.

Status and progress

Governance

4. Most countries in the Region (80%) report that they now have a mental health policy. However no country is yet fully funding the implementation of its existing policies.
5. During the period 2017–2019, WHO supported Iraq, Somalia and Sudan to review/develop and implement mental health policies, strategies and action plans in accordance with the indicators and targets agreed upon as part of the global comprehensive mental health action plan 2013–2020 and the regional framework. The Minister of Health of Somalia endorsed a new mental health strategy in May 2019, while Iraq and Sudan are updating theirs.
6. Bahrain, Egypt, Jordan, Lebanon, Morocco, Qatar, Saudi Arabia and Tunisia are being supported to develop their national dementia plans in accordance with the provisions of the global action plan on the public health response to dementia 2017–2025, adopted by the World Health Assembly in 2017.
7. Most countries (73%) report that they have mental health legislation, but only about one third of these are fully compliant with the required international human rights instruments.
8. During the period 2017–2019, Lebanon and United Arab Emirates were supported to review and draft mental health legislation and regulations in accordance with the provisions of the United Nations Convention on the Rights of Persons with Disabilities.
9. A diploma for mental health, legislation and human rights has been supported at the International Islamic University, Islamabad, Pakistan to help develop human resources to address this issue in countries of the Region. The first cohort of students completed the programme in 2019; there were 24 graduates, including participants from Qatar, Saudi Arabia and Somalia as well as Pakistan.
10. The fifth iteration of the regional course on leadership in mental health was held in 2019 to strengthen country capacity to scale up mental health services across the Region.

Health care

11. While promising steps have been taken to reorient and strengthen health systems in some countries of the Region, the predominant model of care is still institution-based, with a relative paucity of community-based services and patchy integration of mental health components within primary health care and limited service coverage.

12. In order to bridge this treatment gap and promote the delivery of community-based integrated care, WHO has been supporting the implementation of the Mental Health Gap Action Programme (mhGAP) in several countries of the Region. During 2017–2019, mhGAP implementation was strengthened in Afghanistan, Egypt, Jordan, Lebanon, Palestine, Somalia and Sudan.

13. Draft guidance on the integration of mental health within primary health care has been finalized and is being prepared for publication to further support countries in the process of scaling up mental health care through integration within primary health care.

14. Mental health and psychosocial support needs are amplified by the growing conflicts and related refugee crises in a number of countries of the Region. Communities living in such circumstances require a range of psychosocial support, and addressing mental health needs is critical in times of crisis and recovery as well as for sustainable development. In coordination with other United Nations agencies, and other international and national partners, the WHO Regional Office for the Eastern Mediterranean has been active in providing mental health and psychosocial support in countries affected by humanitarian crises, specifically in Iraq, Jordan, Lebanon, Libya, Somalia, Syrian Arab Republic and Yemen. This has been done by providing support, in collaboration with WHO headquarters and international nongovernmental organizations, to:

- develop funding proposals for strengthening the mental health and psychosocial support response and for strengthening mental health and psychosocial support systems in the stabilization and reconstruction phase;
- deliver a psychosocial intervention package through community workers in emergencies, including psychological first aid and the Problem Management Plus intervention;
- integrate mental health within primary health care through training of primary health care staff on early recognition and management of priority mental health problems using the mhGAP humanitarian intervention guide; and
- refurbish mental health facilities, especially in Iraq and Syrian Arab Republic.

Promotion and prevention

15. Only three countries report having developed a national suicide prevention strategy.

16. WHO is providing support for implementation of national suicide prevention strategies in Afghanistan and Tunisia.

17. A school mental health package has been finalized following pilot training for eight countries. It is currently being implemented in Egypt, Islamic Republic of Iran, Jordan, Palestine, Syrian Arab Republic and United Arab Emirates.

18. Oman, Qatar and United Arab Emirates have been supported in the development of national autism plans.

19. Randomized controlled trials of self-help and caregiver skills training for parents of children with intellectual and developmental disabilities, and problem-solving packages, are being implemented in Jordan, Lebanon, Pakistan, Palestine and Syrian Arab Republic.

Surveillance, monitoring and research

20. Data collection was undertaken to map resources and capacities in countries of the Region for WHO's *Mental health atlas 2017*, with a regional review of the data and country profiles to be published in 2019. It will be used to report on the targets and indicators agreed upon in the regional framework.

21. A related atlas for child, adolescent and maternal mental health resources and capacities is planned for 2019 to help countries develop services for child and adolescent mental health.

22. In the second phase, the global dementia observatory is being extended to cover Bahrain, Egypt, Islamic Republic of Iran, Kuwait, Lebanon, Morocco, Saudi Arabia and United Arab Emirates, after being piloted in Jordan, Qatar and Tunisia, to collect data on indicators for monitoring progress on the global action plan on the public health response to dementia while also guiding the development of evidence-informed national action plans.

23. To strengthen the local generation and utilization of evidence, WHO is part of a large-scale implementation research initiative on fostering responsive mental health systems in the Syrian refugee crisis, increasing access to mental health care for people in Lebanon living in adversity through an e-mental health intervention, and a school health implementation network.

Challenges and the way forward

24. Concerted effort is still needed to overcome the persistent stigma attached to mental health, which leads to discrimination and a gap between needs and treatment. Overarching challenges hindering progress in mental health also include the continuing political instability, conflict and humanitarian crises in a number of countries in the Region.

25. In addition, the following factors contribute to the existing mental health treatment gap:

- a paucity of human and financial resources, compounded by their inefficient use through continued emphasis on institutional care models of service delivery for mental health disorders;
- insufficient protection of the rights of people with mental health disorders and their families;
- a severe shortage of community-based and day-care services;
- a lack of institutional mechanisms and processes for the integration of mental health components within primary health care and general health care services;
- insufficient coordination among programmes within the health sector and between different sectors to address the broad determinants of mental health; and
- the lack of routine collection of data on indicators related to mental health disorders as part of national health information systems, and weak vital registration systems in many countries.

26. In view of these challenges, WHO will continue to work with Member States, providing guidance and technical support for scaling up the implementation of strategic interventions in the four priority areas of the regional framework for action. Specifically, these actions include:

Strengthening governance

- Support independent review of national programmes in countries of the Region to identify best practices to be shared as well as gaps to be bridged through technical guidance and support.
- Continue supporting the annual leadership for mental health course and the diploma in mental health, legislation and human rights, to build capacities in the development of policies, legislation and services.

Scaling up services for mental health

- Support the integration of mental health within primary health care through the guidance package developed for this purpose by the Regional Office, and using the suite of tools developed as part of the mhGAP initiative.
- Ensure close collaboration between colleagues in WHO's regional mental health and health system development teams to integrate mental health and substance use interventions into the priority benefit package for universal health coverage and strengthen the mental health component of the new bridging training programme for family physicians.
- Set up a one-year mental health diploma in mental health for family physicians in at least one country as well as supporting the fellowship programme in Saudi Arabia.
- In collaboration with the World Organization of Family Doctors (WONCA), scale up capacity of primary health care personnel for early recognition and management of priority mental disorders; and collaborate with the WHO Africa Region (AFRO) to build capacity of primary health care personnel for early recognition and management of priority mental disorders in French-speaking Muslim countries in both WHO regions.
- Support countries in protracted emergencies to build their mental health systems back better, in collaboration with other UN agencies and civil society organizations.
- Strengthen services for people with dementia and autism in collaboration with the nongovernmental organizations Alzheimer Disease International (ADI) and Autism Speaks.

Promotion and prevention

- Develop public education and advocacy materials on common mental and substance use disorders which will be available for translation and modification for use by Member States.
- In collaboration with regional media, conduct regular events to promote public mental health literacy and counter stigma and discrimination against people with mental health issues.
- Map regional civil society organizations to establish an interactive forum/platform for collaboration and resource-sharing to promote mental health literacy and empower users and their families.
- Strengthen suicide prevention initiatives in selected countries.
- Scale up the school mental health programme based on the regional school mental health package.

Surveillance, monitoring and research

- In 2019, undertake a survey to report on Sustainable Development Goal (SDG) target 3.5 (strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol). The survey will be used to update information on resources for the prevention and treatment of substance use disorders and to produce the WHO estimates for indicators SDG target 3.5.
- Collect data during 2020 to map resources and capacities in countries of the Region as part of the atlas on mental health and substance use.
- Expand the global dementia observatory to collect data on indicators for monitoring progress on the global action plan on the public health response to dementia and guiding the development of evidence-informed national action plans.