Progress report on scaling up mental health care

Introduction

1. In 2015 the 62nd session of the WHO Regional Committee for the Eastern Mediterranean issued resolution EM/RC62/R.5 in which it endorsed a framework to scale up action on mental health in the Eastern Mediterranean Region. The framework operationalizes the WHO global comprehensive action plan for mental health (2013–2020) and constitutes a regional roadmap which prioritizes a set of strategic interventions in four domains: mental health governance; health care; promotion and prevention; and surveillance, monitoring and research.

2. In the resolution, Member States requested the Regional Director to report to the Regional Committee every two years on the status of implementation of the regional framework to scale up action on mental health.

3. This report summarizes the progress made by countries in implementing the strategic interventions outlined in the framework along agreed indicators, and discusses ways to further scale up action in the Region.

Status and progress

Governance

4. Seventeen countries now report having a mental health policy. However no country is fully implementing its policy.

5. During the period of 2015–2017, WHO enhanced its support to develop and implement mental health policies, strategies and action plans in Jordan, Lebanon, Qatar, Somalia and United Arab Emirates. The national policies or plans were updated in accordance with the indicators and targets agreed upon as part of the global comprehensive mental health action plan 2013–2020 and the Eastern Mediterranean regional framework for action.

6. Jordan, Qatar and Tunisia are being supported to develop national action plans to address dementia in accordance with the provisions of the WHO global action plan on the public health response to dementia adopted by the Seventieth World Health Assembly in 2017.

7. Sixteen countries report that they have mental health legislation, but only approximately one third of them are fully compliant with the required international human rights instruments.

8. Afghanistan, Lebanon, Morocco, Qatar and United Arab Emirates were supported in reviewing and drafting mental health legislation and regulation in accordance with provisions of the United Nations Convention on the Rights of Persons with Disabilities.

9. The curriculum for a regional course on leadership in mental health has been developed in collaboration with international experts with experience in similar programmes in Australia, India and Nigeria. The course is designed for mid-level managers from countries of the Region to empower them to scale up mental health services in their respective countries WHO is organizing its third iteration in 2017 and plans to organize the course annually.

1 Country data are based on responses to the Atlas 2017 survey on mental health (19 respondents).
Health care

10. While promising steps have been taken to reorient and strengthen regional health systems in some countries, the predominant model of care is still institution-based, with relatively few community-based services, patchy integration of mental health components in primary health care and limited service coverage.

11. In order to bridge the 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 2015–2017, the mhGAP was initiated in Pakistan, Egypt, and Tunisia and its implementation strengthened in Afghanistan, Jordan, Kuwait, Lebanon, Oman, Palestine and Qatar.

12. The Islamic Republic of Iran is in the process of expanding models of integrated services in urban centres, and Bahrain, Islamic Republic of Iran and Qatar are setting up outreach community services.

13. Draft guidance on the integration of mental health in primary health care has been developed to support countries in the process of scaling up mental health care through integration in primary health care.

14. Mental health and psychosocial support needs are amplified by the growing conflict and related refugee crisis in a number of countries of the Region. Communities living under these circumstances require a range of psychosocial support. Addressing mental health needs is critical in times of crisis and recovery, in addition to sustainable development.

15. The Regional Office has been active in coordination with other United Nations agencies, international and national partners in the provision of mental health and psychosocial support in countries affected by humanitarian crises including Iraq, Jordan, Lebanon, Libya, Syria and Yemen. Support has included facilitating training for psychological first aid to build community capacity and resilience, delivering a psychosocial intervention package through community workers in emergencies, training primary health care staff on early recognition and management of priority mental health problems using the mhGAP humanitarian intervention guide, refurbishment of mental health facilities and the establishment of community mental health services. An orientation course on mental health and psychosocial support was piloted in Saudi Arabia for mid-level managers working in complex emergency situations.

Promotion and prevention

16. In the area of promotion of health and prevention of disease, 10 countries have more than two functional mental health promotion and prevention programmes: Bahrain, Egypt, Islamic Republic of Iran, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia and United Arab Emirates. However, the range and coverage of programmes vary greatly between countries.

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

18. WHO is providing support for a review of the implementation of the suicide prevention strategy for the Islamic Republic of Iran and for the finalization of a related national strategy in Afghanistan and Tunisia.

19. A school mental health package was finalized following pilot training for eight countries. It is currently being implemented in Egypt, Islamic Republic of Iran, Jordan and Pakistan, while Palestine, Qatar, Syria and United Arab Emirates are in the planning phase.

20. An assessment of resources and capacities for the diagnosis and management of autism spectrum disorders was conducted in 2015 in collaboration with an Italian public health institute and Autism Speaks. Subsequently, Oman, Qatar and United Arab Emirates have developed national autism plans.

21. Randomized controlled trials for parent skills training for children with intellectual and developmental disabilities are under way in Pakistan and in the initial phase in Egypt. Jordan and Syria are planning for implementation of the training.

22. A life skills education package has been developed by WHO and will be part of a comprehensive intervention package for the emotional health of adolescents. The life skills package is targeted at adolescents
aged 11–15 years and focuses on a core set of life skills that include problem-solving, decision-making, goal-setting, critical thinking, communication skills, assertiveness, self-awareness and skills for coping with stress.

23. The theme of World Health Day 2017 was depression. Related communications materials developed by WHO were extensively used in countries to promote mental health literacy.

**Surveillance, monitoring and research**

24. Data collection for a mental health atlas 2017 for mapping resources and capacities in countries of the Region to report on the targets and indicators agreed upon in the framework for action is currently under way and will be published later in the year.

25. An atlas for child, adolescent and maternal mental health resources and capacities has been developed to support countries in developing services for child and adolescent mental health.

26. A global dementia observatory was piloted in three countries and is currently being implemented in Jordan, Qatar and Tunisia. It will be extended to cover more countries in the next phase to collect data on indicators for monitoring progress on the global action plan for dementia while guiding the development of evidence-informed action plans nationally.

27. WHO is participating in a large-scale research initiative aimed at strengthening local generation and utilization of evidence. The initiative focuses on several areas: fostering responsive mental health systems in the Syrian refugee crisis; increasing access to mental health care for people in Lebanon living in adversity; and a school health implementation network.

**Challenges and the way forward**

28. Concerted efforts are still needed to overcome the persisting stigma attached to mental health and resulting discrimination and treatment gap. Overarching challenges hindering progress in mental health include continuing political instability, conflict and humanitarian crises in a number of countries of the Region. Other factors contributing to the mental health treatment gap include the following.

- Insufficient human and financial resources compounded by their inefficient use with continued stress on institutional care models of service delivery for mental health disorders
- Inadequate protection of the rights of persons 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 integration of mental health components in primary health care and general health care services.
- Insufficient coordination with programmes within the health sector and between sectors to address the broad determinants of mental health
- Lack of systematic collection of data on indicators related to mental health disorders as part of the national health information system, and weak vital registration systems in many countries

29. In view of these challenges, WHO will continue to work with Member States and provide guidance and technical support for scaling up the implementation of the strategic interventions in the four priority areas of the regional framework to scale up action on mental health.