Integrating mental health in primary health care

PART 2.

Guide to assessing health system preparedness for mental health service integration in primary health care

World Health Organization

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Guide to assessing health system preparedness for mental health service integration in primary health care

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

▧ Contents

Target audience

The target audiences for **PART 2.** of this package are country/provincial-level policy-makers and health managers, district-level mental health coordinators, and representatives of primary health care, specialist mental health care and other relevant stakeholder groups.

Introduction

The first stage of developing a plan for the integration of mental health in primary health care (PHC) is to carry out an analysis of the preparedness of the system. This is a programmatic situational analysis to be used to inform the design of an effective integration plan which addresses the needs of the population, is consistent with other national policies and plans, builds on existing strengths, and addresses local challenges and problems.

A preparedness analysis working group or focal point should be identified and appointed to be responsible for conducting the preparedness analysis. This will include reviewing the relevance of the data collection instruments and customizing them to the national circumstances, collecting and analysing data, and generating report(s). Ideally, the same team that will use the findings to inform the subsequent planning and implementation of mental health in PHC (Part 3) will carry out this assessment. Some relevant information should already be available to be assimilated from existing documents. Information that cannot be reliably found in existing documents will need to be collected through methods such as questionnaires, guided interviews, observation, and focus group discussions.

The integration of mental health in PHC is a collaborative process, and it is important to engage with key stakeholders (PHC, specialist mental health care, service users and care givers, government, other sectors and agencies) from the outset. Involving stakeholders in the analysis of preparedness and the formulation of the recommendations should produce more comprehensive, coordinated, realistic and practical recommendations with all parties invested in the groundwork for a commitment to taking integration forward.

It is important to know how the health system is shaped and managed, particularly as responsibilities at different levels may change.[1] In practice, preparedness for integration of mental health in PHC can be considered on two broad levels: the system level, i.e. the national (or provincial) health system, and the local level, i.e. individual primary health facilities, along with their associated district and provincial systems, including their resources, supports and population mental health needs. The assessment requires an initial understanding of where the ministry of health stands; what its priorities are and where the ministry of health is in its planning cycle (when are the optimal times to lobby, propose and advocate for reforms?). The same is true for governorate and district health committees since integration of mental health in PHC involves direct engagement with the general health sector.

The fourth section of this guidance on assessment of preparedness concerns humanitarian emergencies, which is of particular significance to the Eastern Mediterranean Region. It is recommended that stable countries also review and consider the guidance on humanitarian emergencies when preparing and carrying out their own assessments of preparedness for a number of reasons.

- In the event of an emergency, the assessment of preparedness report can be the source of important information that can be used in planning the mental health response.
- In stable countries, an important component of preparation for possible humanitarian emergency is the integration of mental health in PHC, particularly building the mental health capacity in the PHC workforce.

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1 Countries have different arrangements for responsibilities at different levels within countries as the precise responsibilities and management evolves, for example as systems are decentralized. It is important to keep up with the structure and function at the different levels: national, regional/provincial/governorate, district, sub-district, PHC facility and population.

- ▪ Stable countries may consider that some of the tools that have been developed for the assessment of needs and resources in emergencies may be usefully adapted and used as tools in the assessment of preparedness for integration of mental health in PHC (e.g. for mapping resources, guiding site assessment visits, and assessing perceived needs).

The final deliverable of the system level preparedness assessment is a detailed and structured report that provides an understanding of the context of the country and the health and service issues pertinent to the integration of mental health in PHC. This report should present the collected data in a concise and meaningful manner that will be useful for planning and implementation. It should discuss the identified strengths and weaknesses, barriers and opportunities, and based on these offer recommendations for solutions to identified barriers. More details, structured around the health system building blocks, are included under the section Preparing an assessment of preparedness report.

Useful online resources and datasets are provided in the Annex.

◪ System-level preparedness

Introduction

This guidance includes a preparedness checklist that has been designed to collect the essential data to assess preparedness. In addition, there is a variety of different existing quantitative tools. These can be combined with qualitative interviews with key informants, focus groups with service users, families and policy-makers, and direct observation, which give an understanding of context, attitudes, beliefs and expectations.

Preparedness checklist

The preparedness checklist for the integration of mental health in PHC has been designed specifically to gather the essential information needed to assess preparedness. The checklist collects relevant information that needs to be interpreted and reported in a way that is meaningful and relevant to the planning of integration of mental health in PHC (see the section on "Preparing an assessment of preparedness report" below). It is structured around the health system building blocks, which can be assessed together or separately. It can be used/completed by an individual or a team with different members leading on different sections or by a visiting consultant with access to key informants and information.

> ◪ Preparedness checklist
>
> 🇼 *Preparedness checklist.docx*

WHO service availability and readiness assessment (SARA)

Along with other organizations, WHO has built on existing best practice and knowledge to develop methods and tools to measure and track progress in health system readiness and strengthening. Service availability and readiness assessment (SARA) is a systematic survey of general health facility service delivery. It can be used to generate reliable and regular information on service availability, human and infrastructure resources, and readiness to provide basic health-care interventions at a national or subnational level.

The initial version of SARA published in 2015 addresses the provision of health care for family planning, child health services, basic and comprehensive emergency obstetric care, HIV, TB, malaria, and non-communicable diseases. Subsequently, a version of SARA has been adapted for mental health services.

Mental health atlas 2020

Since 2001, all countries of the Region have been collecting data to plan and monitor services using the *Mental health atlas*. Since 2014, the atlas has focused on collecting data to inform counties on their progress towards meeting the objectives and targets of the *Comprehensive mental health action plan 2013–2020*.

The *Mental health atlas 2020* questionnaire includes sets of questions on the following topics: mental health policy and plan, mental health legislation, multisectoral collaboration, government **mental**

health spending, mental health workforce, mental health integration into primary health care, service availability, child and adolescent mental health care, service utilization, inpatient care, social support, mental health promotion and prevention, and mental health information systems.

Mental health atlas 2020

[W] *Mental health atlas 2020 questionnaire*

Mental health atlas 2020 (global report)

Mental health atlas 2020: Review of the Eastern Mediterranean Region

Mental health atlas 2020: country profiles

WHO Assessment Instrument for Mental Health Systems

The WHO Assessment Instrument for Mental Health Systems (WHO-AIMS) is a tool for collecting essential information on the mental health system of a country or region. It was developed to assess key components of a mental health system and to provide essential information to strengthen mental health systems. More than half (14) of the countries of the Eastern Mediterranean Region completed and reported using the WHO-AIMS between 2006 and 2011.

The WHO-AIMS is structured into six domains: policy and legislative framework, mental health services, mental health in PHC, human resources, public education and links with other sectors, and monitoring and research. Most, but not all, items in the WHO-AIMs are relevant to the integration of mental health in PHC, and data for several WHO-AIMS items have already been collected in the *Mental health atlas 2017*. Therefore, it is not necessary to complete the whole WHO-AIMS. It should be used as a resource for items that will add to the mhGAP situation analysis and the *Mental health atlas* to give a more comprehensive data set for analysis. The resource box includes WHO-AIMS items that can be used to supplement the *Mental health atlas 2017*.

WHO-AIMS items that supplement the *Mental health atlas 2017*

[W] *WHO-AIMS items that supplement Mental health atlas 2017*

Additional indicators developed for the regional framework to scale up action on mental health in the Eastern Mediterranean Region

Eleven additional indicators, in the same format as Mental health atlas 2017 items, have been developed to monitor the implementation of the regional framework to scale up action on mental health in the Eastern Mediterranean Region. These indicators cover items or steps in the regional framework that are not directly assessed within the atlas:

- integration of mental health into emergency preparedness plans;
- financial coverage for priority mental health conditions;
- budgetary allocations for service delivery targets;
- general hospitals with mental health units;
- availability of non-pharmacological interventions;
- training in priority mental conditions during emergencies;
- psychological first aid training incorporated in emergency responder training;
- schools implementing the whole-school approach to promote life skills;
- training of personnel working in mother and child health care in parenting skills;
- training of personnel working in mother and child health care in recognition and management of maternal depression;
- national campaigns to improve mental health literacy and reduce stigma.

Additional indicators developed for the regional framework to scale up action on mental health in the Eastern Mediterranean Region

[W] *Questions to collect data for additional indicators*

[W] *Metadata for additional indicators*

Emerald health management information system situation analysis tool

The [Questionnaire for cross country comparison of HMIS](#) is a short questionnaire developed for situation analysis of health management information systems in the [Emerald programme](#). It is based on existing information/documentation (desk review), or, if possible, through interviews with selected key informants. It collects information on background, plans and policies, data management processes, monitoring, evaluation and feedback procedures, dissemination and use, human resources, and mental health information in the health information system.

Assessment of preparedness at the locality level

mhGAP operations manual: 1.2 conduct a situation analysis

The mhGAP operations manual includes a section (1.2. Conduct a situation analysis) describing the key steps of how to conduct a situation analysis: appointing a focal point, adapting instruments, collecting information, analysis, results and reporting. In Annex 3 of the operations manual are tools for situational analysis, which include: mhGAP situation analysis tool at district level, mhGAP situation analysis tool at facility level, and a brief mhGAP situation analysis reporting checklist. These tools and guidance are useful both for project planning purposes and subsequent monitoring and evaluation. The implementation of mhGAP (or comparable programmes) is at the heart of implementation of mental health in PHC, and so, although the mhGAP operations manual was developed for the purpose of implementation of mhGAP, it is also highly relevant for the implementation of mental health in PHC.

PRIME (PRogramme for Improving Mental health carE) assessment tools

PRIME is a consortium of research institutions and ministries of health in five countries in Asia and Africa (Ethiopia, India, Nepal, South Africa and Uganda), with partners in the UK and WHO, supported by the UK Department for International Development. The PRIME consortium aims to improve the coverage of treatment for priority mental disorders by implementing and evaluating the WHO-mhGAP guidelines. To this end, PRIME has developed a number of practical tools and guides that are available digitally and free to use under the Creative Commons Attribution 4.0 International License.

Two of the PRIME assessment tools can be used to supplement data collection for the analysis of preparedness, but it should be noted that there is substantial overlap between some items in the PRIME and the mhGAP situation analysis tools, Mental health atlas 2017 and WHO-AIMS. The PRIME tools are intended for district level analysis.

The PRIME Situation Analysis Tool has a useful section (Section I. Relevant context) that collects sociodemographic, economic, health and social indicators which are not included in the Mental health atlas 2017 and WHO-AIMS. This part of the tool can be used at a national level to collect contextual data.

The PRIME qualitative topic guide for formative study: key informants on district mental healthcare plan was developed to guide focus groups or interviews with key informants. It aims to assess the essential components of a district level mental health plan that will meet the needs of people with priority mental, neurological and substance use (MNS) disorders in the community. It also covers how components of the mental health care plan can be implemented to achieve acceptable, feasible, equitable, sustainable and holistic mental health care for people with selected priority disorders.

Assessment of preparedness in humanitarian emergencies

Principles of assessment

Many of the principles of assessment in humanitarian emergencies are similar to those in stable settings. However, in the circumstances of a humanitarian emergency, the imperative for a coordinated, integrated assessment of preparedness and response is more pressing. The available time may be more limited, individual needs exacerbated, family and social supports disrupted. The pre-existing health care systems may be damaged or destroyed and international organizations and agencies may become involved in planning and providing health care. The WHO and UNHCR (2012) proposed 10 good practice principles for assessment in humanitarian emergencies.[1]

1. Make sure to coordinate with relevant stakeholders (including, where possible, governments, nongovernmental organizations, community and religious organizations, local universities and affected populations) and have them participate in designing the assessment, interpreting the results, and translating results into recommendations.

2. Include different sections of the affected population, paying attention to children, youth, women, men, elderly people and different cultural, religious and socioeconomic groups.

3. Design and analyse assessments with a focus on action, rather than on collecting information only. Collecting too much data (that is, so much data that you cannot analyse it all or meaningfully use it) wastes resources and places unnecessary burdens on interviewees.

4. Pay attention to conflict, for example by maintaining impartiality and independence, considering possible tensions and not putting people at risk by asking questions.

5. Be aware that the assessment methodology and behaviour of the assessment team members are appropriate to the local culture.

6. Assess both needs and resources to increase the likelihood that any humanitarian response builds on the supports and resources that are already there.

7. Be aware of ethical principles, including respecting privacy, confidentiality, informed and voluntary participation and the best interests of the interviewee.

8. Assessment teams should be trained in ethical principles and basic interviewing skills. They should be knowledgeable about the local context and balanced in terms of gender. Some of the team members should be themselves members of (or very familiar with) the local population. They should know about referral sources.

9. Data collection methods can include literature review, group interviews, key informant interviews, observation and site visits.

10. Assessments should be timely so that they are tailored to the phase of the humanitarian crisis, with more detailed assessments taking place in later phases.

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1 Good practice principles for assessment (source: Assessing mental health and psychosocial needs and resources: toolkit for humanitarian settings. Geneva: WHO and UNHCR; 2012).

IASC Reference Group mental health and psychosocial support assessment guide

The Inter-Agency Standing Committee (IASC) Reference Group mental health and psychosocial support assessment guide provides the essential components for carrying out MHPSS assessments for all phases of a large or small emergency. The guide stresses the importance of coordinating a multisectoral assessment, collecting existing information through desk review and new information both through assessments by MHPSS actors and through integrating mental health and psychosocial support (MHPSS) questions in assessments by carried out different sectors.

The guide includes three tools with key assessment questions:

- template for desk review of pre-existing information relevant to mental health and psychosocial support in the region/country;
- participatory assessment: perceptions by general community members;
- participatory assessment: perceptions by community members with in-depth knowledge of the community.

IMC toolkit for the integration of mental health into general health care in humanitarian settings

The International Medical Corps (IMC), in collaboration with WHO, have produced the Toolkit for the integration of mental health into general health care in humanitarian settings. It suggests an initial rapid assessment of needs and resources carried out within a period of days, followed by a continuing, more comprehensive, assessment of needs and resources carried out over the following weeks or months. The basic rapid assessment questionnaire is designed by IMC for use in humanitarian emergencies, to collect basic information on existing programmes and activities, including the 4Ws (who, what, where and when), mental health- or stress-related problems, health facilities, staff training, availability of medications and numbers of patients with mental disorders seen.

The IMC stresses the importance of analysing preparedness at the country level and at the community level (including the problems as perceived by the affected population and their existing coping strategies) in health facilities, and in mapping of services and gaps. Following an extensive systematic review and series of global consultations, the IMC toolkit has been honed to provide descriptions and links for the key resources for assessment, as well as providing links to many examples of rapid, comprehensive and specific country assessment reports.

WHO/UNHCR Assessing mental health and psychosocial needs and resources: toolkit for humanitarian settings (2012)

The WHO/UNHCR Assessing mental health and psychosocial needs and resources: toolkit for humanitarian settings provides an overall approach to assessment, the tools that can be used and guidance on when to use which tool and for what purpose.

The toolkit contains the 12 tools listed below. One tool (number 5) specifically addresses integrating mental health in PHC, but all are relevant to informing a comprehensive and systematic approach to planning. The toolkit does not include assessment by conducting new surveys of the prevalence of mental disorder, which is not recommended as it is time/resource consuming and its findings are of relatively limited practical value in designing a humanitarian response. For some of these tools, there are additional links to further/supporting material in the resource box.

1. Who is where, when, doing what (4Ws) in mental health and psychosocial support (MHPSS): summary of manual with activity codes – for coordination, through mapping what mental health and psychosocial supports are available.

2. WHO-UNHCR Assessment Schedule of Serious Symptoms in Humanitarian Settings (WASSS) – for advocacy, by showing the prevalence of mental health problems in the community.

3. <u>Humanitarian Emergency Setting Perceived Needs Scale (HESPER)</u> – for informing response, through collecting data on the frequency of physical, social, and psychological perceived needs in the community.

4. Checklist for site visits at institutions in humanitarian settings – for protection and care for people with mental or neurological disabilities in institutions.

5. Checklist for integrating mental health in PHC in humanitarian settings – for planning a mental health response in PHC.

6. Neuropsychiatric component of the health information system – for advocacy and for planning and monitoring a mental health response in PHC.

7. Template to assess mental health system formal resources in humanitarian settings – for planning of (early) recovery and reconstruction, through knowing the formal resources in the regional/national mental health system

8. Checklist on obtaining general (non-MHPSS specific) information from sector leads – for summarizing general (non-MHPSS specific) information already known about the current humanitarian emergency (to avoid collecting data on issues that are already known).

9. Template for desk review of pre-existing information relevant to MHPSS in the region/country – for summarizing MHPSS information about this region/country already known before the current humanitarian emergency (to avoid collecting data on issues that are already known).

10. Participatory assessment: perceptions by general community members (interviews with general community members) – for learning about local perspectives on problems and coping to develop an appropriate MHPSS response.

11. Participatory assessment: perceptions by community members with in-depth knowledge of the community – for learning about local perspectives on problems and coping to develop an appropriate MHPSS response.

12. Participatory assessment: perceptions by severely affected people Interviews with severely affected people – for learning about local perspectives on problems and coping to develop an appropriate MHPSS response.

Preparing an assessment of preparedness report

Overview

The reports should summarize the main issues, identify strengths, weaknesses and obstacles, and, based on these, make recommendation. This section suggests issues that the report may cover in stable countries, structured on the framework of the health system building blocks. Each country will include and emphasize different aspects depending on their own circumstances. A slightly different structure is used in an example situation analysis report available as "Additional file 2" in: Eaton J, Gureje O, De Silva M, et al. A structured approach to integrating mental health services into primary care: development of the Mental Health Scale Up Nigeria intervention (mhSUN). Int J Ment Health Syst. 2018;12:11.

Countries in emergencies can find guidance for writing a report in the WHO/UNHCR Assessing mental health and psychosocial needs and resources: toolkit for humanitarian settings and links to sample reports in the IMC Toolkit for the integration of mental health into general healthcare in humanitarian settings. Those preparing reports in stable countries may also find it helpful to review the examples linked in the IMC toolkit and WHO-AIMS country reports.

Contextual background

This covers three areas:

- **population to be served:** the sociodemographic profile of the population, such as age distribution, population density, level of socioeconomic status, ethnicity, language and presence of refugees;
- **priority conditions:** an overview of the prevalence, burden, treatment gaps, social determinants and aetiology of priority mental health conditions;
- **context of mental health care provision:** may include a range of quantitative or qualitative information on giving a concise overview of key issues regarding the cultural background of mental health care, including cultural barriers, the involvement of families, academia and society in mental health care, stigma, and the history of mental health services.

Governance

Overview

This section describes the current mental health care policy, strategy, and governance, as it stands within the general health policy and plans. The current mental health care policy and plans can be presented and discussed in regard to the needs and barriers related to developing plans and policies. A useful resource for information is WHO MiNDbank.

Highlight any structural issues with governance and administrative barriers. Any relevant stakeholders or individuals that can aid with implementation who are not already involved can also be identified here. In preparing this section, it will be helpful to consider the following factors.

Strategic vision

Does the ministry of health have an explicit long-term vision for the sector, and is this vision is recorded in policies and plans that can be used as guidance? How does this fit within the vision for the general health

care? Describe the existence and date of most recent update of the national health policy and strategic plan, the mental health care policy and plan, and the disaster/emergency preparedness plan for mental health (may be part of the mental health plan, the health plan, the disaster plan or a separate document).

Strategies and components of the mental health policy/plan

Does the mental health plan include specific goals with budget and timeframe? Do the plans support better integration of mental health into the general health system? Have any of the goals identified in the last mental health plan been reached in the last calendar year? Across how much of the territory has the strategy been implemented? Do the mental health policy/plans comply with the requirements of international human rights instruments? Are the following addressed in the mental health policy/plans:

- integration of mental health into PHC
- reforming mental hospitals to provide more comprehensive care
- developing community mental health services
- integration of mental health into general hospitals
- downsizing large mental hospitals
- decentralization to districts
- human resources
- advocacy and promotion
- involvement of users and families
- financing
- quality improvement
- monitoring system
- alcohol and substance misuse
- epilepsy
- maternal mental health and HIV and mental health?

Strategies in the most recent disaster/emergency preparedness plan for mental health

Describe the relevant aspects of the most recent disaster/emergency preparedness plan for mental health: specific goals, budget and timeframe. Have any of the goals identified been reached in the last calendar year? Across how much of the territory has the plan been implemented?

Equity and access, especially for vulnerable populations in the mental health policy/plans

Does the mental health policy/plan address equity, particularly in relation to the following: gender, maternal mental health, child and adolescent mental health, elderly, rural/urban residence, territory, low economic status, ethnic minority groups? Describe specific provisions for reaching vulnerable populations, such as the poor, homeless, refugees and those with a severe mental disorder.

Participation and consensus organization

What are the coordination mechanisms (tools, venues, dates) with territories, community, private health sector, and other sectors (e.g. education, housing)? How is regulation produced (e.g. within each department or under a unified structure) and enforced (e.g. inspections)? To what extent are associations of people with mental disorders and family members involved in the formulation and implementation of mental health policies, laws and services at national level? Is there a coordination mechanism with the private sector (for-profit and not-for profit) regarding mental health care services? Are mental health care management protocols coordinated within the public sector (hospitals, PHC), private sector and research/universities? Which other nongovernmental organizations are involved in policies, legislation, mental health advocacy, and/or community and individual assistance activities (e.g. counselling, housing, support groups, etc.)?

Mental health legislation

Describe the existence and date of the most recent update of the mental health legislation - is it a stand-alone law or integrated into general health or disability laws? Is the legislation partly or fully implemented?

Does the current mental health legislation comply with international human rights legislation? Are there standardized documentation and procedures and good practice guidelines for implementing mental health legislation? Are there standards and training requirements for health care professionals who implement mental health legislation? Are the judiciary and police aware of, and involved in, mental health legislation development, and do they have the capacity for implementation?

Responsiveness

Providers often assume that users prefer their services for various reasons (low price, perceived quality, proximity, etc.), but it is important to review these beliefs against what users themselves say and with statistics comparing amounts of activity. What is known about health care seeking behaviour for mental health care?

Accountability

What are the public finance management processes (budgeting, execution, accounting) and their shortcomings? Describe the existence and functioning of health boards with participation of civil society representatives. What are the mechanisms of accountability to users, partners and the general population, including parliament, etc.? Describe the methods (e.g. annual reports, meetings, etc.) used for accountability. Describe existing mechanisms to identify and combat corruption at the different levels of procurement (civil works, drugs and other purchases), contracts and illegal user charges. Is there an office where users may submit complains about health services?

Quality and rights monitoring

This section assesses the functions of a national review body[1] assessing the quality of care provided, the implementation of legislation and the human rights protection of users in health services. Is the government a signatory and/or ratified to the Convention on the Rights of Persons with Disabilities. The WHO QualityRights tool kit is a useful tool. Does a national review body exist that has the authority to oversee regular inspections; review involuntary admissions and discharge procedures; review complaints investigation procedures; impose sanctions on facilities that fall short of standards or violate human rights? Does it publish reports on individual mental health facilities and an aggregated national report with recommendations based on the assessment using quality and rights standards? What has been the coverage of the review/inspecting body during the past year?

Service organization

Structure of the primary health care delivery system

What are the strengths and weaknesses of the current structure in relation to integrating mental health care into PHC? Are the services organized to meet the needs of a clearly identified target population? Look for imbalances in the available provision of PHC across the country/province – there may be different expectations of what can be achieved in different areas depending on coverage and workload.

Interaction between primary health care and specialist mental health service

Good collaboration between PHC and specialist mental health services is required for integrated care. In many countries, mental health care has traditionally been provided in centralized mental hospitals, and PHC has had a limited role. Try to assess the existing pattern of care provision and relationships between PHC and specialist mental health services. What and where are the specialist mental health services – how does their provision match to that of PHC? What is the extent of support and supervision provided to PHC by specialist mental health services?

Existing level of integration of mental health in PHC

Most countries of the Region have made some steps towards integration of mental health in PHC - to what extent is a standardized model of mental health care already integrated into PHC? What range of

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1 An external review/inspection refers to a review conducted by an external body that is independent from the mental health facility.

mental health care services can a patient entering a PHC centre expect to access, and is the same range of services provided in all parts of the country? What services do specialist mental health care providers currently deliver?

Facilities

Are PHC facilities laid out in a way that facilitates teamwork and the proper flow of patients, and do they ensure an adequate level of privacy and respect for cultural values?

Organization of PHC staff time

Do PHC staff have sufficient consultation and administrative time available for each patient? Are demand management techniques in place, such as appointment systems that allow PHC teams to establish and reserve how much time they need?

Clinical records for PHC

Is the existing clinical record system adequate for the assessment and management of mental conditions, including recording of symptoms/severity/evolution, treatment, risk assessment, complications, referral/ ongoing care and follow-up? Is the individual record electronic or paper-based? Is mental health-related information included in the routine information system, such as the monthly facility reports?

Mental health promotion and prevention

How do existing and planned mental health promotion and prevention programmes involve and influence the provision of mental health in PHC?

Human resources for mental health

Policy, regulation and planning

What are the existing policies, plans and regulation? To what extent is the ministry of health leading on human resources for health in terms of regulation and planning? What are the positions of the main professional associations regarding modifications (such as integrating assessment, diagnosis and management of mental disorders) in the traditional roles of the professionals involved in PHC?

Staff attitudes

What are staff attitudes, among both PHC and specialist mental health professionals, to integrating mental health in PHC? Do they understand and support the changes in their work that it will involve?

Education, training and development

Describe the approach to training in human resources for health in the public sector: categories, particularly those involved in PHC, training institutions, number, type, location, and criteria for admission. Is mental health adequately covered in the training curricula and continuous training priorities of PHC staff? Describe mental health care-related training delivered in the last complete year: courses, topics, target audience, and number of trainees. What is the quality of the training and does it meet the requirements of integrated mental health care?[1] Does the country have the family medicine specialty or other PHC-specialized training? How many PHC-specialized physicians and nurses are there in the country? Is continuing training/personal development required for good standing and career development?

Size and adequacy of the workforce

What is the size of the workforce (by profession) relative to population need? Is the workforce distributed equitably? What are patient loads per staff member per day – do staff have sufficient consultation time? Are there demands that can be ameliorated by integrating mental health in PHC (a key advocacy

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1 Education and training need to address specifically the assessment, diagnosis and treatment of each disorder, comorbidity with physical illness and multi-axial approaches.

argument is that health systems are already strained by repeat consultations by people with unaddressed, somatizing depression)?

Labour market issues

How competitive is the public sector in recruiting and retaining health care staff? For example, are there problems of high turnover, numerous/longstanding vacant posts, moonlighting or absenteeism (which are symptoms of not appealing to health workers)? Are public sector working conditions reasonable – do they encourage employees to remain in the public sector? Are there territorial imbalances in the distribution of staff that may hinder the implementation of integration of mental health care into PHC?

Management and performance improvement

To what extent can health managers administer their human resources? Are there any rules that may prevent managers from using incentives or other forms of stimulation to get the best from the available personnel? How is staff performance appraised?

Human resources for health monitoring

Does the Ministry of Health have sufficient data on human resources to make informed decisions? Is there a database containing human resources for health? How is it updated? Which details does it contain? Is there central human resources for health database management (if decentralized – province, district)? Does the human resources department produce an annual report? Are human resources for health issues included in the ministry of health annual report? What are the main human resources for health issues identified in the last annual report?

Medicines and technology

Essential drug list for mental health services in primary health care

Is there an essential medicines list? Does it include an appropriate selection of mental health medicines? How is the national essential medicines list produced (how frequently is it revised, is the process transparent, do committee members declare their interests)? Are there lists of essential medical products by type of facility (e.g. as part of the service package or in the description of facilities)? To what extent is the essential medicines List implemented in the public sector and the private sector?

Mental health medicines included in effective national systems of pharmaceuticals regulation and quality assurance

Is there provision in the legislation or in official national policy documents for mental health medicines as being necessary for health care? Is there an essential medicines list; when was it last updated; does it include all the necessary medicines for MNS disorders? Is priority given to generic medications? Does the country have the necessary tools to ensure that mental health medications of sufficient quality are made available to public sector facilities? What are the quality control mechanisms (pre-market, post-market).[1,2] Do the regulations and policies ensure that all population groups, without discrimination benefit equally from their policies on the availability and accessibility of mental health medicines?

Reliable supply system to ensure essential medicines are available in all parts of the country – with a pharmaceutical information system to monitor availability

Describe the supply chain for the public sector (medication selection and quantification, procurement, reception and storage, and distribution) – consider PHC and hospitals separately as supply issues often differ. Is there a centralized drug procurement agency or public providers are allowed to procure their own drugs? What is the expenditure on medication? Do mental health medications follow the common supply chain procedures? What are the procedures for distribution to health facilities?[3] What are the frequency

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1 E.g. pre-shipment testing, sample testing on reception (quality control laboratory).

2 E.g. monitoring quality of medicines, adverse medicine reactions, product recall, pharmacovigilance system.

3 E.g. push/pull system, period, procedures for emergency requisitions.

and duration of stock-outs of selected mental health medications? What is the standard procedure when mental health medications are out of stock?

Approved guidelines on prescribing practices for psychotropic medications, and information provided for patients on proper use of medication

Are there standard treatment protocols for the use of MNS medications? Do prescribing patterns adhere to them? Describe dispensing practices – labelling, time spent with patients, information provided and patient understanding. Are full courses distributed to mental health patients? Describe drug utilization by patients – are there specific issues (e.g. compliance) for mental health medications? What is the type and extent of training of PHC health care providers in evidence-based prescribing patterns?

Financing pharmaceuticals

Are medicines dispensed free at public health facilities? If not, what percentage of co-payment is applied? Is there any difference depending on the type of medication (e.g. mental health drugs)? Who sets medication prices at public facilities, and how are the prices set? How affordable are essential psychiatric medications?[1] Are there any subsidies for long-term, chronic treatments? What are the standard procedures when patients cannot afford prescribed drugs? Does the government regulate prices for private retailers? How do medication prices in the private and public sectors compare?

Essential equipment and investigations (urgent and routine) available to all primary health care facilities

Is there a nationally-endorsed list of essential mental health-related medical devices? Who is responsible for procurement of health technology? Does the equipment have to meet standard technical specifications? What are the standard operating procedures for ensuring adequate quality of results obtained from technology (e.g. calibration)? What are the systems for routine, preventive or corrective maintenance?

Mental health financing

Resource mobilization

Describe the government's commitment (or capacity) to raise resources for and finance health services, including how much provision is funded through public versus private out-of-pocket expenditure. What are the sources of funding for overall health care and for mental health care? Who is in charge of allocating and executing these funds? What proportion of the population does each type of health insurance/ reimbursement scheme cover?[2] Is there a policy guiding drug donations?

Government expenditure on mental health

Describe the total expenditure on mental health and its distribution between different care settings. What was the total and per capita government expenditure on mental health during the last financial year? What percentage was allocated to mental health services, and how was this distributed between different care settings?[3] Is expenditure on mental health in PHC known?

Financial coverage for priority mental health conditions

Are priority mental health conditions[4] included in the basic packages of health care of the public health insurance/reimbursement scheme? Does the government procure mental health drugs routinely in the

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1 Proportion of daily wage needed to pay for one day of essential psychiatric medication by a user without any reimbursement, using the cheapest available antipsychotic medication (calculated separately for antipsychotic, anxiolytic, antidepressant, mood stabilizing and antiepileptic medication)**.**

2 E.g. government, differentiating national and local; private, differentiating out-of-pocket and through pre-payment (insurance) schemes; external sources (such as nongovernmental organizations, profit and non-profit; employers).

3 E.g. inpatient and day care services (mental hospitals, psychiatric wards in general hospitals, community residential facilities, day treatment facilities, other residential facilities); outpatient mental health services; PHC services; other outpatient health facilities or services (e.g. outreach, private practice); social care services; community care or rehabilitation services; other programmatic costs not included above (e.g. programme management, training, media).

4 E.g. depression, psychosis, epilepsy, child and adolescent mental and behavioural disorders, dementia, disorders due to substance misuse, self-harm/suicide, conditions specifically related to stress, and other significant mental health complaints.

same way that other drugs are procured? Are there revolving drug banks? Do patients incur any expenses to obtain essential psychotropic medications – if so what costs are incurred?

Budgetary allocations for mental health service delivery targets

Describe the budgetary allocations for addressing each of the agreed upon national mental health service delivery targets. As a minimum, indicate whether each is costed, and partially or fully financed. How are budgets allocated; is it passive, increased from previous year to cater for inflation, or depending on advocacy, or is it against a work plan with costed activities? To what extent is the development and management of health budgets controlled by central government or decentralised to provinces and districts?

Pooling and financial protection

Describe the composition and functioning of health care pooling mechanisms.[1] Which population groups benefits from each of the funds? What are the existing mechanisms of financial protection[2] for vulnerable groups (including chronic patients)? Describe the prevalence of poverty and risk of catastrophic household health expenditure (household out-of-pocket health expenditure 10% or more of household total income).

Purchasing and provider payment mechanisms

Assess whether the available resources are allocated in the best possible way, preventing imbalances by territory, social strata or urban/rural divide. Describe current practices as opposed to regulations. Describe how territory, level (PHC, hospitals) and programmes allocate different public funds. Are there any cost estimates by programme? Have costs of providing mental health care been estimated? Can they be estimated (e.g. projecting costs for a given level of mental health care coverage)? Describe how providers are paid.[3] Are there any specific issues related to funding mental health care? Describe how the budget is executed: who makes payments (e.g. decentralization). What are priority expenditures and who decides on them?

Monitoring health financing

Are there recent updates and data for the national health accounts and sub-accounts, and/or health public expenditure review? Describe the routine sources of financial information (e.g. monthly/annual district/province/ministry of health reports). Are these integrated in routine health management information system? Is mental health care-related expenditure identified in budget and execution (expenditure)?

Mental health information

Overview

This section should provide an overview of the efficacy of current health information systems and whether they are helpful in MNS disorders care. If not, why not? In preparing this section, it will be helpful to consider the following issues.

Governance

Does a special unit/department exist to coordinate and methodologically guide monitoring and evaluation? Is the monitoring and evaluation of vertical programmes and integrated mental health components integrated into the general approach? Are mental health care-related issues included in the monitoring and evaluation strategy? Are partners (external, private) integrated into the general approach to monitoring and evaluation? Is there a common approach (e.g. national monitoring list of indicators and interpretation, annual review of plan implementation, etc.) to monitor the health system's performance? What are the ethical principles and confidentiality of the information system (e.g. data protection, taking account of new technology)?

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1 E.g. government budget, social and private health insurance schemes, pooled funds with external resources.

2 E.g. subsidized (free or virtually free) care for specific groups; subsidized cost of medicines for specific groups.

3 E.g. block budgets: lump sums to pay for supplies; itemized budgets: allocation by budget line; fee-for-service; capitation; in-kind (in some countries, providers receive supplies (fuel, drugs, food, etc.) rather than money.

Resources

Are there available resources for the health information system to function, and for data flow to be assured? Assess whether the health information system is complete. Which areas are the weakest, and how can mental health-related data can be integrated? What is the health information system infrastructure at ministry, province, district and facility level? Itemize the staff involved, and the data collection and analysis tools, and whether paper and/or electronic formats are used. Will staff need to take on new roles, and if so how can training and support be provided? Are any potential additional resources available – (where new roles are expected of personnel, additional resources are often expected)?

Indicators

Is there a formally defined list of individual data items to be collected by all PHC and mental health facilities? Does this list include mental health care items? List and qualify the adequacy of mental health-related indicators; do they include diagnostic categories (which diagnostic categories are included) and outcomes?[1] Describe how these are disaggregated (e.g. age, sex) and at what levels (e.g. country, province, district, facility) these indicators are available. What is the quality of data by diagnosis (bearing in mind its importance, e.g. medicine supply can be determined if good quality diagnostic data is available)?

Sources

Describe availability of data sources (including data collected by other sectors) and qualify the adequacy of information on catchment populations (e.g. by facility/registered population). Clarify what denominator is used for indicator. Population surveys can provide information on prevalence of disorders, disability, health seeking behaviour and risk factors. Are deaths registered by cause? How is suicide data collected? Are individual clinical records used as a source of information at PHC, district hospital and regional hospital levels? Are data available on resources such as personnel, drugs, and funds at different levels?

Data management

Describe flows of data from services/facility to central level. Describe what procedures are performed at each level (data collection, data entry, compilation, quality control, analysis, and reporting). Describe existing databases and what mental health-related data, if any, are included. Are there guidelines for data collection and analysis, including mental health-related data (e.g. the Iran Horoscope demonstrates data collection and use by individual PHC facilities and is aggregated to higher levels – district, province, country)?

Data quality

Assess percentage of reporting, completeness, adequacy and timeliness of data reported. Calculation of medicine supply relies on diagnostic information – is good quality diagnostic information available? Ascertain the date of the last data audit (correlation between clinical records, daily tally sheet, monthly report and data entered in the database). Are there any specific mental health-related issues?

Dissemination and use

Describe how data are disseminated: is the database made public; are quarterly/annual reports compiled. Are mental health-related data included in these mechanisms or are there specific reports? Is mental health-related data used for annual planning and decision-making? How is this done? Are mental health-related data part of the planning exercise?

Humanitarian emergencies

Preparedness planning for humanitarian emergencies is distinct from needs and resources assessment in the event of a humanitarian emergency. In relation to PHC and intersectoral collaboration, what needs

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1 Input indicators: mental health services active by level, per population; mental health drugs. Output indicators: mental health-related activity (e.g. consultations). Outcome indicators: coverage (e.g. number of persons with mental disorder identified as a percentage of those expected); treatment (e.g. number of persons with mental disorder treated as percentage of those expected); and outcomes [e.g. WHO-5 Well-Being Index, IMC Client Satisfaction Scale, HoNOS (Health of the Nation Outcomes Scales)]; suicide rates; risk factors and screening.

to be done in an emergency is largely what should already have been done before the disaster. Is mental health included in the national emergency preparedness plans? Do these plans consider systems and leadership for a multi-agency response? Are there plans for the ongoing care of people with severe mental illness? Are there plans to address disruptions in staffing and medication supply? Are the plans costed and budgeted? Are sufficient PHC staff trained in psychological first aid and the management of priority mental health conditions? Are there stocks of essential medications and materials, such as guidelines and other support tools? Is their sufficient preparatory mapping of resources, workforce and facilities?

Conclusions

The conclusions should be based on the findings of the preparedness assessment. Briefly, identify the strengths and acknowledge the shortcomings of the assessment of preparedness itself. A succinct synthesis summarizing the most important information can be organized using the health system building blocks, but these should also be integrated into a holistic approach to the overall system. An analysis, for example, a SWOT (strengths, weaknesses, opportunities and threats) can be carried out on the overall preparedness of the health care system. A provisional register of recommendations, listed in order of priority, should be compiled – consider interventions at different levels and the cost and time required for preparation and implementation.

◪ Annex.

Useful online resources and datasets

Demographics

- The World Bank Databank for data and statistics.
- Sustainable Development Goals indicators.

Health indicators

- WHO country profiles.
- WHO World health statistics reports.
- WHO national health accounts – links to databases and country profiles.
- WHO MiNDbank: international resources and national/regional level policies, strategies, laws and service standards for mental health, substance abuse, disability, general health, noncommunicable diseases, human rights and development, children and youth, and older persons.
- Global Health Observatory data repository.
- Eastern Mediterranean Regional Health Observatory.
- Burden of disease: Disease and injury country estimates.
- Medical devices statistics: Global Atlas of Medical Devices.
- Violence against women prevalence data (2012).
- WHO alcohol use country profiles.
- WHO National Health Workforce Accounts Data Portal
- Global Health Expenditure Database

General and MNS disorders specific information

- WHO-AIMS country reports.
- Burden of disease: Disease and injury country estimates (includes MNS disorders).
- Mental health atlas 2020.
- WHO mortality database.
- IMC Toolkit for the integration of mental health into general healthcare in humanitarian settings, which includes examples of country MHPSS assessment reports in emergencies, including rapid assessments, comprehensive assessments, health facilities assessments, 4Ws and Humanitarian Emergency Setting Perceived Needs Scale (HESPER) assessments.

Integrating mental health in primary health care