



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, endorsed the regional framework to scale up action on mental health in the Eastern Mediterranean Region and requested the Regional Director to report to the Regional Committee every two years starting from 2017 on the status of implementation of the regional framework.
2. The regional framework operationalizes the WHO global comprehensive mental health action plan (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.
3. This report summarizes the progress made by countries in implementing the strategic interventions outlined in the regional framework according to agreed indicators and discusses ways to further scale up action in the Region. It is largely based on the preliminary results of the global survey undertaken for WHO's mental health atlas during 2020–2021.

Status and progress

Governance

4. In the WHO Eastern Mediterranean Region, 18 (86%) countries have mental health plans/policies; 17 are stand-alone plans/policies and one is integrated into those for general health or disability. The percentage of countries with plans/policies is 80% or higher in all three regional country groupings¹ (group 1 = 83%, group 2 = 90%, group 3 = 80%). Among the 18 countries of the Region that reported the year of publication of their mental health plan/policy, 16 (89%) had published theirs in 2015 or later. Specified indicators or targets against which the implementation of plans/policies can be monitored are available for the plans/policies of 17 countries (94% of countries reporting having plans/policies).
5. The number of countries in the Region with mental health policies and/or plans that are compliant with international human rights instruments has risen from 10 (45%) in 2013 to 13 (59%) in 2020. This has been a greater increase than seen globally, with the percentage climbing from being 4% below the global rate in 2017 to 9% above it in 2020. The percentage of countries with mental health policies and/or plans that are compliant with international human rights instruments in the Region has risen in all three country groups and has been consistently highest in group 2.
6. The number of countries in the Region with mental health policies and/or plans that are both compliant with international human rights instruments and implemented is 7 (32%). A greater proportion of countries in the Region (32%) have compliant and implemented plans and/or policies than is seen globally (20%). Better-

¹ For the purposes of this paper, the countries of the Region have been categorized into three broad groups based on population health outcomes, health system performance and level of health expenditure. Group 1 comprises countries where socioeconomic development has progressed considerably over the past decades, supported by high income; group 2 comprises largely middle-income countries which have developed extensive public health service delivery infrastructure but face resource constraints; and group 3 comprises countries which face major constraints in improving population health outcomes as a result of lack of resources for health, political instability, conflicts and other complex development challenges. Group 1 includes Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and United Arab Emirates. Group 2 includes Egypt, Iran (Islamic Republic of), Iraq, Jordan, Lebanon, Libya, Morocco, Palestine, Syrian Arab Republic and Tunisia. Group 3 includes Afghanistan, Djibouti, Pakistan, Somalia, Sudan and Yemen.

resourced countries of the Region are more likely to implement their policy/plans than less well-resourced countries (50% of group 1 countries, 30% of group 2 countries and 17% of group 3 countries).

7. The number of countries of the Region with mental health legislation that is compliant with international human rights instruments has risen from 8 (36%) in 2017 to 12 (55%) in 2020. This is a greater percentage increase than that seen globally; the percentage of compliant countries in the Region has climbed from being 4% below the global rate in 2017 to 20% above it in 2020. Among group 1 countries in the Region, the percentage with legislation that is compliant with international human rights instruments rose by 33% between 2017 and 2020, from 50% to 83%; a more modest increase from 30% to 50% occurred in group 2 countries.

8. The number of countries in the Region with mental health legislation that is both compliant with international human rights instruments and implemented is 6 (27%), a similar proportion to that seen globally (26%). Compliance with international human rights instruments and implementation are reported by 33% of group 1 and 40% of group 2 countries in the Region, while implementation is not reported for any group 3 country.

Health care

9. 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, patchy integration of mental health components within primary health care and limited service coverage.

10. To evaluate the integration of mental health in primary health care a compound indicator was used. The indicator is based on the presence of guidelines, training and supervision for integration of mental health in primary care, plus two items assessing treatment coverage for pharmacological and psychosocial interventions for mental health conditions in primary health care. Countries should aim to meet 4 or 5 criteria on this indicator.

11. Five (23%) countries in the Region reported that they met 4 or 5 of the criteria, compared to a rate of 26% in the rest of the world. Three of the countries in the Region that have integrated mental health in primary health care according to this indicator are group 1 countries and two are in group 2; none are in group 3. Most countries in all groups have guidelines, training and supervision; among these countries, guidelines and training are available in all or almost all group 1 and 2 countries. Mental health specialists are reported to be involved in the training and supervision of primary care physicians in 60–70% of countries in all three country groups.

12. The two items assessing treatment coverage for pharmacological and psychosocial interventions for mental health conditions in primary health care require them to be available and provided at more than 75% of primary care centres. This was only met by a minority of countries in the Region. Among group 1 and 2 countries, about 25% have pharmacological treatments and about 10% have psychosocial interventions available in more than 75% of primary care centres. No group 3 countries have either treatment intervention available in more than 75% of primary care centres.

13. 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 the period under review, the mhGAP was initiated in Egypt, Oman, Pakistan and United Arab Emirates and its implementation strengthened in Afghanistan, Jordan, Lebanon, Palestine and Qatar. Implementation also continued in Iraq, Libya, Somalia and the Syrian Arab Republic.

14. Guidance on integration of mental health in primary health care is in the process of publication and an online course based on this guidance is to be launched in 2022 to further support countries in the process of scaling up mental health care through integration in primary health care.

15. The need for mental health and psychosocial support in the Region has been amplified by the effects of the COVID-19 pandemic, compounding an already dire situation due to the acute and protracted human crises in some countries. Communities living in emergency situations have a range of psychosocial support needs. Addressing these mental health needs is critical in times of crisis and recovery.

16. Eight (36%) countries in the Region have functional mental health and psychosocial components in their national disaster preparedness and disaster risk reduction programmes. This is 8% higher than the corresponding global figure. The percentage of countries with functional mental health and psychosocial components in their national programmes is similar in each of the three country groups in the Region.

17. WHO, in coordination with other United Nations agencies and international and national partners, has been active in the provision of mental health and psychosocial support in countries impacted by the humanitarian crises in the Region, including Egypt, Iraq, Jordan, Lebanon, Libya, Pakistan, Palestine, Syrian Arab Republic and Yemen. This has included providing direct input, in collaboration with WHO headquarters and international nongovernmental organizations, to building community capacity and resilience by facilitating training in psychological first aid, basic psychosocial skills, delivery of a psychosocial intervention package by community workers in emergencies, and the early recognition and management of priority mental health problems by primary health care staff using the mhGAP humanitarian intervention guide, as well as by the refurbishment of mental health facilities and setting up of community mental health services.

18. It has also included support for the setting up of helplines for mental health and psychosocial support, telepsychiatry and digital platforms for the provision of mental health services in countries of the Region, building on the momentum and interest in mental health and psychosocial support during the COVID-19 pandemic. A regional mental health and psychosocial support platform was launched in 2020 at the start of the COVID-19 pandemic and an online course for health and social care professionals based on a basic psychosocial skills package developed by the IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings is planned for launch in 2022.

Promotion and prevention

19. In the area of promotion of health and prevention of disease, 13 (59%) countries of the Region have three or more functioning programmes for mental health promotion or prevention. This rate is higher than that seen globally (38%), because a greater proportion of countries in the Region have awareness and school-based programmes than in the rest of the world. Countries in groups 1 and 2 in the Region are twice as likely to have two or more programmes than countries in group 3 (80% versus 40%, respectively).

20. The crude suicide rate of 5.2 per 100 000 in the Region is approximately half the global suicide rate. There are substantial differences between rates in different countries in the Region, from 1.6 to 9.6, but all are below the global average. The regional rate marginally reduced between 2013 and 2019 by 1.9%. It is important to note that the methodology for calculation of crude suicide rates reported on the WHO Global Health Observatory for 2019 was different from that used previously and the rates for earlier years have been recalculated. This accounts for the discrepancy between the progress reported here and previous regional reviews.

21. A school mental health package for the Region is being published and an online course is to be launched in 2021 based on this package. The package is already being used in Egypt, Islamic Republic of Iran, Jordan, Pakistan, Syrian Arab Republic and United Arab Emirates, while Palestine and Qatar are in the planning phase for its use.

22. An assessment of resources and capacities for autism spectrum disorder diagnosis and management is being updated and publication is planned for late 2021.

Surveillance, monitoring and research

23. Data cleaning and analysis is underway for the mental health atlas 2020, which will be published in due course. The atlas maps resources and capacities for mental health in countries of the Region and enables reporting on the targets and indicators agreed upon in the regional framework.

24. The WHO Global Dementia Observatory has been extended to 11 countries in the Region and data is being collected on indicators for monitoring progress on the global action plan on the public response to dementia (2017–2025) and guiding the development of evidence-informed action plans in countries.

25. Randomized controlled trials on parent skills training for children with intellectual and developmental disabilities, the Early Adolescent Skills for Emotions (EASE) intervention, Sustainable Technology for Adolescents to Reduce Stress (STARS) self-help intervention and the Helping Adolescents Thrive (HAT) initiative are underway in different countries of the Region, and a joint project with UNICEF for child and adolescent mental health is planned for implementation in 2022.

Impact of the COVID-19 pandemic

26. A report on the impact of COVID-19 on mental health and psychosocial support services in the Region was published in 2020. The vast majority (95%) of the 20 responding countries reported that mental health and psychosocial support was part of their national COVID-19 response plans, with more than half (55%) reporting the inclusion of mental health, neurological and substance use services in the list of essential health services in their response plans. However, only 10% of responding countries reported that these activities were fully funded.

27. Community-based services were more likely to be disrupted compared with inpatient facilities, with almost 90% of responding countries reporting complete or partial disruption of community/outreach services for mental health, neurological and substance use disorders, and full closure of day care and home care services reported in more than 40% of countries. School mental health or workplace mental health services were wholly or partially disrupted in more than 70% of reporting countries, and fewer than 20% of countries in the Region reported mental health services for children and adolescents or older adults being fully operational. However, almost two thirds of countries reported that supplies of medicines for mental health, neurological and substance use disorders were not disrupted.

28. The majority (85%) of countries had responded to these challenges by establishing helplines for mental health and psychosocial support, resorting to telemedicine/teletherapy and digital psychological interventions to replace in-person consultations, and discharging patients or redirecting them to alternative facilities.

Challenges and the way forward

29. While the COVID-19 pandemic has slowed down implementation of a range of strategic activities, it has also brought increased attention to the issue of mental health and psychosocial support. There is a need to build on the momentum generated by the pandemic by scaling up concerted efforts to overcome the stigma that persists regarding mental health, leading to discrimination, resource constraints and a treatment gap. Furthermore, the moment is ripe to integrate mental health in national development and security agendas, universal health coverage benefit packages, and emergency preparedness, response and recovery plans, to ensure the availability of mental health and psychosocial support to the population in need.

30. In particular, there is a need to:

- enhance allocated resources so that the available human and financial resources are commensurate with needs, and to ensure their efficient use with an emphasis on a shift from institutional care models to community-based integrated models of service delivery for mental health disorders;
- promote and protect the rights of persons with mental health disorders and their families;
- institutionalize mechanisms and processes for the integration of mental health interventions in universal health coverage benefit packages across the domains of promotion, prevention, management and recovery/rehabilitation, and across all delivery platforms;
- address the broad determinants of mental health through coordination with relevant programmes within the health sector and in other sectors; and
- routinely collect data on indicators related to mental health disorders as part of national health information and vital registration systems.

31. WHO will continue to work with Member States to provide guidance and technical support for scaling up the implementation of strategic interventions across the four priority areas of the regional framework to scale up action on mental health in the Eastern Mediterranean Region. Furthermore, the framework will be reviewed in light of recent updates to the global comprehensive mental health action plan endorsed by the Seventy-fourth World Health Assembly in decision WHA74(14) in May 2021.