



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

Introduction

1. In October 2015, the WHO Regional Committee for the Eastern Mediterranean adopted resolution EM/RC62/R.5, endorsing a regional framework to scale up action on mental health. The regional framework serves as a road map for countries to implement WHO's *Comprehensive mental health action plan 2013–2030*, using an evidence-based, multisectoral approach across the life course and following the principles of universal health coverage, compliance with human rights and empowerment of persons with mental health conditions.
2. The regional framework identifies high-impact, cost-effective, affordable and feasible strategic actions for countries of the Region. It provides strategic interventions and indicators across the domains of: governance; health care; promotion and prevention; and surveillance, monitoring and research.
3. This progress report is organized under the four domains of the regional framework and their related indicators. It summarizes the progress made by countries in implementing the strategic interventions and discusses ways to further scale up action in the Region. Information contained in the report is based on the *Mental health atlas 2020: Review of the Eastern Mediterranean Region*, which provides the most recent data received from countries in response to the questionnaire used for WHO's global *Mental health atlas 2020*. From the Region, 21 of 22 countries and territories (95%) at least partially completed the mental health atlas questionnaire. Additional progress made by countries and initiatives supported by WHO in the last two years are also highlighted.

Status and progress

Governance

4. According to the atlas 2020 survey, 81% of countries reported having stand-alone policies/plans for mental health and 71% reported having stand-alone mental health laws. A further 5% of countries have mental health integrated into their general health policies or plans, and 10% have mental health integrated into disability laws. Only 33% of countries reported that indicators were available and were used to monitor implementation of most components of their policies/plans. Thirteen countries (62% of responding countries) reported full alignment of their laws on mental health with international and regional human rights standards. Eleven countries (52%) reported full alignment of their policies/plans for mental health with international and regional human rights standards.
5. The results of the atlas questionnaire revealed allocation of financial resources for the implementation of mental health policies and plans in only 43% of countries. Levels of public expenditure on mental health are low in the Region, at 1.8% of health expenditure in nine reporting countries. Regionally, 82% of public expenditure on mental health is directed towards psychiatric hospitals/institutions.
6. Nine countries (43% of responding countries) reported that care and treatment of persons with severe mental health conditions (e.g. psychosis, bipolar disorder and depression) were included in national health insurance or reimbursement schemes for inpatient/outpatient mental health services.

7. The WHO Regional Office has set up a mental health and psychosocial support (MHPSS) platform for monitoring MHPSS resources, capacities and activities in selected countries of the Region. WHO has also supported the establishment of national-level multisectoral MHPSS technical working groups (TWGs) in all graded emergency countries in the Region. MHPSS TWGs are operational in Level 3 and Level 2 emergency countries, as well as in Djibouti, Jordan, Lebanon and Pakistan, to ensure a coordinated MHPSS response across the health, education, protection, nutrition, and water, sanitation and hygiene sectors.
8. The National Mental Health Strategy for Yemen and the National Mental Health Plan for Jordan were finalized and adopted in 2022. An intersectoral national action plan for mental health was finalized in Pakistan, and mental health interventions were integrated into the universal health coverage packages of Egypt and Pakistan.
9. Strengthened technical capacities at country level and the Regional Office have resulted in resource mobilization and the development of funding proposals for mental health and substance use disorders in Afghanistan, Jordan, Lebanon, Palestine and Yemen.
10. The ninth annual regional Leadership in Mental Health course, undertaken in collaboration with the American University in Cairo, was held in June–July 2022 to build the capacities of mid-level managers from countries of the Region.

Health care

11. According to the atlas survey, the combined summary score on the five components for the integration of mental health into primary health care, including guidelines, coverage of pharmacological and psychosocial interventions, training and supervision, provides an indication of how far countries have travelled towards the target of integrating mental health into primary health care. The average score for all reporting countries in the Region was 2.8, which compares with an average score of 3.0 for the rest of the world.
12. Eighteen countries (86% of responding countries from the Region) reported that training on the management of mental health conditions was delivered to health workers at the primary care level. Five countries (24%) reported that pharmacological interventions were available and were provided in more than 75% of their primary health care centres, and two countries (10%) reported that psychosocial interventions were available and provided in more than 75% of their primary care centres.
13. The median number of psychiatric care beds per 100 000 population in the Region ranged from less than 2.5 beds in low-income countries to 9.6 beds in high-income countries; significant disparities also exist for outpatient mental health services. Services for children and adolescent are extremely limited, outpatient facilities for children and adolescents are available in 16 countries (with a median number of 0.12 facilities per 100 000 population) while inpatient facilities are available in 12 countries (with a median number of 0.08 facilities per 100 000 population).
14. The service utilization rate for persons with psychosis (the sum of admissions and visits per 100 000 population) was 157, with considerable variation across the Region from 70 per 100 000 in low-income countries to 532 per 100 000 in high-income countries. Service coverage for psychosis was estimated to be 20%, using 12-month service utilization data collected for the atlas.
15. WHO supported the integration of mental health services in primary health care in Afghanistan, Jordan, Libya, Pakistan, Sudan, Syrian Arab Republic, United Arab Emirates and Yemen through capacity-building of health care workers using the mhGAP suite of tools and guidance. A regional online course for integrating mental health into primary health care was launched in 2022.

16. Countries were supported by WHO in maintaining essential MHPSS services and enhancing capacity using technology; for example, an online training course on basic psychosocial skills for community health workers was developed, and the regional MHPSS platform (available in Arabic, English and French) expanded.

17. WHO continued to contribute to the development and roll-out of technical tools to support countries in scaling up and maintaining essential MHPSS health services in emergencies, in collaboration with the Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergency Settings.

18. Egypt and Jordan were supported to mobilize resources and develop projects to enhance child and adolescent mental health services as part of a joint project between WHO and the United Nations Children's Fund (UNICEF).

19. Support continued to be provided through WHO's Special Initiative on Mental Health to scale up decentralized, community-based mental health services in Jordan.

Promotion and prevention

20. The regional age-standardized suicide rate in 2019 was estimated to be 4.8 per 100 000 population, representing a 16% reduction in the rate of suicide since the 2013 baseline.

21. The atlas survey showed that 16 countries (76%) in the Region have at least two functioning national, multisectoral mental health promotion and prevention programmes. Of the 65 functioning programmes reported, 13 aimed to improve mental health awareness and/or fight stigma, 11 were aimed at school-based mental health promotion, and 10 were MHPSS components of disaster preparedness/disaster risk reduction programmes.

22. A regional initiative to combat stigma related to mental health issues has been launched. A platform for civil society organizations, including consumer associations, is under construction, and information, education and communication materials are being developed to promote mental health literacy and combat stigma and discrimination.

23. The Regional Office is supporting the development of a global WHO framework for meaningful engagement of people living with noncommunicable diseases and mental health conditions in the development and enhancement of policies, programmes and services.

24. Eight countries of the Region have enrolled in the online course for the WHO Mental Health in Schools training package, launched in 2021.

25. In 2022, a multiregional workshop was held by the Ministry of Public Health in Qatar, in collaboration with WHO, to support implementation of the *Global action plan on the public health response to dementia 2017–2025*, with participants from the WHO African, European and Eastern Mediterranean regions.

Monitoring and surveillance

26. The *Mental health atlas 2020: Review of the Eastern Mediterranean Region* was published in 2022. In it, 95% of countries/territories in the Region were able to report on a set of five selected indicators covering mental health policies, mental health laws, promotion and prevention programmes, service availability and the mental health workforce. The atlas revealed that 24% of countries report regular compilation of data specific to mental health covering at least the public sector, while 62% report the compilation of mental health data as part of general health statistics only. Data collection for a maternal, child and adolescent mental health atlas has been completed and publication is planned for 2023.

27. The WHO Regional Office contributed to the development of a mental health module for the WHO STEPwise approach to NCD risk factor surveillance (STEPS) survey, as well as to the development of the MHPSS module for WHO pulse surveys on continuity of essential health services during the COVID-19 pandemic. Mental health modules and indicators have also been developed for integration into the Healthy Cities programme.

28. A study to evaluate implementation of the *Global action plan on the public health response to dementia 2017–2025* in countries of the Region, assessing progress in seven strategic action areas, was completed.

Challenges

29. A lack of sustained political commitment and scarcity of human and financial resources are the main challenges to scaling up action on mental health in the Eastern Mediterranean Region.

30. There are marked disparities between countries of the Region in terms of the availability and allocation of mental health resources. Prevailing political and civil unrest, as well as protracted emergencies in many countries, also contribute to the unpredictability of resource availability and implementation of plans.

31. Competing priorities at the global, regional and national levels lead to gaps between the existence of mental health policies, plans or laws and their implementation.

32. The availability of interventions for service delivery, such as pharmacological and psychosocial interventions for mental health conditions, remains limited in many countries of the Region.

33. In some countries, there are limitations in the capacity of mental health information systems to report on specific indicators such as service utilization.

The way forward

34. WHO will continue to support the scaling up of MHPSS services in emergencies and is developing a regional actional plan in consultation with stakeholders to guide MHPSS programmes in emergency settings.

35. WHO will enhance engagement with the public sector, academia and civil society organizations to expedite the integration of mental health and substance use interventions in universal health coverage packages in Member States.

36. WHO will continue to advocate for an increase in resources for mental health and more efficient utilization of the available human and material resources, taking advantage of the paradigm shift articulated in the *World mental health report: transforming mental health for all* and WHO's *Comprehensive mental health action plan 2013–2030* from an institutional to an integrated community-based model of mental health care.

37. WHO will continue to support the scaling up of efforts to promote mental health, combat stigma and enhance mental health literacy, and engage civil society and consumer organizations as well as public sector entities for evidence-based interventions to prevent suicide, promote workplace mental health and address maternal, child and adolescent mental health.

38. Data collection will continue for the WHO atlas, alongside efforts for the inclusion of the mental health module in the STEPS survey and other household surveys in countries.

39. WHO will continue to support implementation research in mental health, especially in complex emergency contexts.

40. Strengthening the technical capacities at the WHO Regional Office and at country office level and ensuring the meaningful engagement of persons with lived experience are critical to support Member States in the implementing the regional framework and tackling stigma and discrimination.

41. WHO will establish a regional mental health technical advisory group to support accelerated implementation of the regional framework for action on mental health.