World Health Organization

ZERO DRAFT

GLOBAL MENTAL HEALTH ACTION PLAN

2013-2020

VERSION DATED 27 AUGUST 2012

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INTRODUCTION

At its Sixty-fifth session in May 2012 the World Health Assembly adopted resolution WHA 65.4 - *The global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors at the country level*- and called on WHO to develop a comprehensive mental health action plan. This draft Global Mental Health Action Plan presents, for discussion by all partners, the global mental health context, the vision, cross-cutting principles, goal, objectives, targets and key areas for potential action that need to be ultimately agreed upon by Member States.

The draft Action Plan, which has been developed through consultation with WHO Member States, civil society and international partners, proposes actions to address the health, social and economic burden of mental disorders by adopting a comprehensive and multisectoral approach involving coordinated services from the health and social sector, with an emphasis on promotion, prevention, treatment, care and recovery, and with due attention to the principles of equity, human rights, evidence and user empowerment. It also sets out clear roles for Member States, WHO Secretariat and international, regional and national level partners, and proposes key indicators and targets that can be used to evaluate levels of implementation and impact.

The Global Mental Health Action Plan has close conceptual and strategic links to other global action plans and strategies, including: the Global Strategy to Reduce the Harmful Use of Alcohol (2010); the Global Plan of Action on Social Determinants of Health (2012); the Global Campaign for Violence Prevention: Plan of Action for 2010-2020; the Global Plan of Action for Workers' Health, 2007-2012; and the Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases (2008-2013). It has also been informed by WHO regional action plans and strategies for mental health and substance abuse that have been developed or are in the process of development. Appendix 1 provides further details about these links.

The Global Mental Health Action Plan builds upon, but does not duplicate, the work already carried out through WHO's mental health GAP action programme (mhGAP). While the primary focus of mhGAP was to scale up services for mental health in low-resource settings, the Global Mental Health Action plan also addresses, for all resource settings, the response of social and other relevant sectors and also mental health promotion and protection strategies.

Following the WHA resolution, this draft Action Plan uses the term "mental disorders" to denote a range of mental and behavioural disorders that fall within Chapter F of the WHO international classification of diseases (ICD-10), including depression, bipolar affective disorder, schizophrenia, anxiety disorders, intellectual disabilities, and developmental and behavioural disorders with onset usually occurring in childhood and adolescence. Suicide, mental health problems not amounting to disorder, and disabilities associated with all of these are also subsumed under this umbrella term. Although dementia and psychoactive substance abuse are included under the ICD-10 classification, strategies over and above those considered here may be required for the prevention and management of these disorders (as, for example, described in a 2012 WHO report on dementia and the Global Strategy to Reduce the Harmful Use of Alcohol).

The draft Action Plan also covers mental health, which is conceptualized as a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. The draft Action Plan is based on the dictum 'no health without mental health'.

GLOBAL SITUATION

Determinants and consequences of mental disorder

Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one's thoughts, behaviours and interactions with others, but also social, economic and environmental factors such as living standards, working conditions or national policies. The on-going global financial crisis provides a powerful example of a macroeconomic phenomenon that is expected to have significant mental health consequences, including increased rates of suicide and harmful alcohol use.

Depending on the local context, certain groups in society may be placed at a significantly higher risk of experiencing mental health problems, including households living in poverty, people with chronic health conditions, minority groups, and persons exposed to and/or displaced by conflict, disasters or other emergencies. In many societies, the socially-defined role of women exposes them to greater stresses, which, together with other factors including domestic violence and abuse, leads to elevated rates of depression and anxiety.

People who develop a mental disorder face significant reductions in their functioning and also have disproportionately high mortality rates. For example, persons with major depression and schizophrenia have a 40-60% greater chance of dying prematurely than the general population, due to physical health problems that are often left unattended to (such as cancers, cardiovascular diseases, diabetes and HIV infection) as well as consequences such as suicide. Suicide is the second most common cause of death among young people worldwide.

Mental disorders affect, and are affected by, other chronic diseases such as cancer, cardiovascular disease and HIV/AIDS. For example, there is evidence that depression predisposes people to developing myocardial infarction and diabetes, and conversely, myocardial infarction and diabetes increases the likelihood of depression. There is also substantial co-occurrence of mental disorders and substance use disorders. Taken together, mental, neurological and substance use disorders exact a high toll on health outcomes, accounting for 13% of the total global burden of disease. Depression alone accounts for 4.3% of the global burden of disease and is among the largest single causes of disability worldwide (11% of all years lived with disability globally). The economic consequences of these health losses are equally large: a recent study by the World Economic Forum estimated that the cumulative global impact of mental disorders in terms of lost economic output will amount to US$ 16 000 billion over the next 20 years.

Mental disorders frequently lead individuals and families into poverty. Homelessness and incarceration in prisons are common occurrences for people with mental disorders, which exacerbate their marginalization and vulnerability.

Fuelled by negative public perceptions and attitudes, persons with mental disorders often have their human rights violated and many are denied the right to exercise their legal capacity on issues affecting them, including in the area of treatment and care. In addition to restrictions on the right to work and to education, they may also be subject to unhygienic and inhuman living conditions, physical and sexual abuse, neglect, and harmful and degrading treatment practices in health facilities. They are often denied civil and political rights (such as the right to marry and found a family), rights of citizenship, and the right to vote and to participate effectively and fully in public life. As such, persons with mental disorders constitute a vulnerable and often excluded group in society; the current lack of attention to this group represents a significant impediment to the achievement of national and international development goals.

<u>Health system resources and responses</u>

Health systems have not yet adequately responded to the burden of mental disorders and as a consequence, the gap between the need for treatment of mental disorders and its provision is large all over the world. Findings from a WHO study reveal that between 76% and 85% of people with severe mental disorders receive no treatment for their disorder in low- and middle-income countries; the corresponding range for high-income countries is also high: between 35% and 50%. WHO's *Mental Health Atlas 2011* provides data that demonstrate the scarcity within countries of resources to meet mental health needs, and underlines the inequitable distribution and inefficient uses of such resources. Globally, for instance, annual spending on mental health is less than US$ 2 per person and less than US$ 0.25 per person in low-income countries, with 67% of these financial resources allocated to stand-alone mental hospitals despite their association with poor health outcomes and human rights violations. Redirecting this funding towards community-based services, including the integration of mental health into general health care settings, would allow access to better and more cost-effective care for many more people. Human resources for mental health in low- and middle-income countries are also grossly insufficient. Almost half the world's population lives in countries where, on average, there is one psychiatrist to serve 200 000 or more people, and other mental health-care providers who are trained in the use of psychosocial interventions are even scarcer. Similarly, a much higher proportion of high-income countries than low-income countries report having a policy, plan and legislation on mental health; only 36% of people living in low-income countries are covered by mental health legislation compared with 92% in high-income countries. Civil society movements for mental health in low- and middle-income countries are not well developed. Organizations of people with mental disabilities are present in only 49% of low-income countries compared with 83% of high-income countries; for family associations the respective figures are 39% and 80%.

Finally, the availability of essential psychotropic medicines in primary health care is notably low (in comparison to infectious diseases and even other non-communicable diseases), which acts as an important barrier to appropriate care for many persons with mental disorders.

What is being done to address this situation? In addition to the documentation of mental health resources in countries (from WHO's Mental Health Atlas, as well as more detailed profiling via WHO's Assessment Instrument for Mental Health Systems), knowledge and information are available on cost-effective, feasible and scalable mental health interventions to strengthen mental health-care systems in countries. WHO's Mental Health Gap Action Programme (mhGAP), launched in 2008, uses evidence-based technical guidance, tools and training packages to expand service provision in countries, especially in resource-poor settings. mhGAP focuses on a prioritized set of conditions – depression, psychosis, suicide, epilepsy, dementia, disorders due to use of alcohol and illicit drugs, and mental disorders in children – and, importantly, directs its capacity building on non-specialized health-care providers in an integrated approach that promotes mental health at all levels of care. Other technical tools and guidance have been developed by WHO to assist countries for development of comprehensive mental health policies, plans and laws that promote improved quality and availability of mental health care (such as the WHO Mental Health Policy and Service Guidance package); for respecting the rights of persons with mental disorders in health services (the WHO QualityRights toolkit); and for disaster relief and post-disaster mental health system reconstruction (including the Inter-Agency Standing Committee (IASC) Guidelines). After conflict and other major disasters, interest in and resources for mental health are elevated, and this has resulted in rapid mental health system development in a number of countries.

Knowledge, information and technical tools are necessary but not sufficient; strong leadership, enhanced partnerships and the commitment of resources towards implementation are also required to decisively move from evidence to action.

VISION

A world in which mental health is valued, mental disorders are effectively prevented and in which persons affected by these disorders are able to access evidence-based health and social care and exercise the full range of human rights to attain the highest possible level of health and functioning free from stigma and discrimination.

CROSS CUTTING PRINCIPLES

The Global Mental Health Action Plan relies on a number of cross-cutting principles:

- *Universal access and equity*: All persons with mental disorders should have equitable access to health care and opportunities to achieve or recover the highest attainable standard of health, regardless of age, gender or social position.

- *Human rights*: Mental health strategies, actions and interventions for treatment, prevention and promotion must be compliant with international human rights conventions and agreements.

- *Evidence-based practice*: Mental health strategies and interventions for treatment, prevention and promotion need to be based on scientific evidence and good practice.

- *Life course approach*: Mental health policies, plans and services need to take account of health and social needs at all stages of the life course, including infants, children, adolescents, adults and older adults.

- *Multisectoral approach*: A comprehensive and coordinated response of multiple sectors such as health, education, employment, housing, social and other relevant sectors should be utilized to achieve objectives for mental health.

- *Empowerment of persons with mental disorders*: Persons with mental disorders should be empowered and involved in mental health policy, planning, legislation, service provision and evaluation.

GOAL

The overall goal of the Global Mental Health Action Plan is to promote mental well-being, prevent mental disorders, and reduce the mortality and disability for persons with mental disorders.

TIME FRAME

The Global Mental Health Action plan covers the period from 2013 to 2020. Within this period, intermediate targets are also specified.

OBJECTIVES

The Global Mental Health Action Plan will have the following objectives:

1. To strengthen effective leadership and governance for mental health

2. To provide comprehensive, integrated and responsive mental health and social care services in community-based settings

3. To implement strategies for mental health promotion and protection, including actions to prevent mental disorders and suicides

4. To strengthen information systems, evidence and research for mental health

<u>Appendix 2</u> provides a summary overview of the vision, cross-cutting principles, goal, objectives and targets of the action plan.

ACTIONS FOR MEMBER STATES AND SECRETARIAT

To achieve the vision, goal and objectives of the action plan, specific actions by Member States and the WHO secretariat have been identified. Although actions are specified separately for each objective, many of these will also contribute to the attainment of the other objectives of the Global Action Plan for Mental Health. Some possible options to implement these actions are proposed in Appendix 3.

Objective 1: To strengthen effective leadership and governance for mental health

Planning, organizing and financing health systems is a complex undertaking involving multiple stakeholders and different administrative levels. As the ultimate guardian of a population's mental health, governments have the lead responsibility to ensure that appropriate institutional, legal, financing and service arrangements are put in place to ensure that needs are met.

Governance is not just about government, but extends to its relationship with non-governmental organizations and civil society. A strong civil society, particularly organizations representing persons with mental disorders and caregivers, can help to create more effective and accountable mental health policies, laws and services. The active involvement and participation of persons with mental disorders in the development of policies and services also contributes to their capacity for self-determination and self-care.

Inclusion of mental health issues into other relevant sector policies, for example those dealing with education, employment, disability or development, is an important means of addressing the multi-dimensional needs of mental health systems.

A country's mental health policy defines the vision for the future and establishes a broad model for actions to achieve this vision, while its mental health plan details the strategies, activities and resources required to realize that vision and achieve the objectives of the policy within the context of the health system as a whole. Key issues that have been identified in developing effective mental health policies and plans include a strong commitment by governments, involvement of relevant stakeholders, clear elaboration of areas for action, development of financially-informed and evidence-based plans, and explicit attention to equity and human rights considerations; these issues closely match those related to cross-cutting efforts to strengthen health system governance, planning and financing.

Mental health law should exist to codify the key principles, values and objectives of mental health policy, for example by establishing legal and oversight mechanisms to prevent human rights violations and to promote the development of accessible health and social services in the community. However, in many countries mental health laws are absent or fail to comply with current international human rights conventions or agreements (such as the United Nations Convention on the Rights of Persons with Disabilities).

Targets:

T 1.1   80% of countries will have updated their mental health policies and laws (within the last 10 years) by year 2016.[1]

T 1.2   80% of countries will be allocating at least 5% of government health expenditure to mental health by year 2020.[2]

Actions

Member States

- *Policy and law*: Develop, strengthen and keep up to date national mental health policies, strategies, programmes, laws and regulations, including codes of practice, in line with international human rights conventions, for example the UN convention on the rights of persons with disabilities.

- *Resource planning*: Allocate a budget that is commensurate with identified human and other resources needed to implement agreed mental health plans and actions.

- *Stakeholder collaboration*: Engage all relevant stakeholders and sectors in the development and implementation of mental health policies, laws and services, including persons with mental disorders and family members.

- *Strengthening and empowerment of organizations representing people with mental disabilities*: Encourage and support the formation of independent national and local organizations of people with mental and psychosocial disabilities and their active involvement in the development and implementation of mental health policies, laws and services.

WHO

- *Policy and law*: Compile best practices for and build capacity in the development, multisectoral implementation, and evaluation of mental health policies, laws and plans.

- *Resource planning*: Offer technical assistance to countries in resource planning, tracking and budgeting for mental health.

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[1] *Target 1.1 note*: Definitions for mental health policy and mental health legislation follow those used in WHO's Mental Health ATLAS 2011, which shows that 40-50% of low- and middle-income countries do not currently have a dedicated mental health policy.

[2] *Target 1.2 note*: Mental Health ATLAS 2011 gives the median percentage of government health expenditure on mental health in high-income countries as 5.1%. For lower-income countries with very limited government health spending, this target may need to be adapted to enable funding of an essential package of care (estimated at US$ 3 per head of population). Improved tracking of resources and expenditures related to mental health is needed to measure progress on this target.

- *Stakeholder collaboration*: Strengthen collaboration and interaction at international, regional and national levels between key stakeholders in the development, implementation and evaluation of policy, strategies, programmes and laws for mental health, including Member States, civil society, persons with mental disorders and caregivers, other United Nations agencies and human rights agencies.

- *Strengthening and empowerment of organizations representing people with mental disabilities*: Provide technical tools for capacity building of organizations representing people with mental disabilities and their families.

Objective 2: To provide comprehensive, integrated and responsive mental health and social care services in community-based settings

In line with broader WHO strategies for health system strengthening, the mhGAP programme follows a number of key principles for organizing and developing the mental health system. These include the development of *community-based* mental health and social care services; the *integration* of mental health care and treatment into general hospitals and primary care; *continuity of care* between different providers and system levels; positive *collaboration* between formal and informal care providers; and the promotion of *self-care* (including the use of electronic and mobile health technologies). Developing good quality mental health services also requires the use of evidence-based practices, incorporation of human rights principles, respect for individual autonomy and protection of people's dignity.

In many countries, mental hospitals remain the predominant means for delivering treatment and care and absorb a high proportion of available human and financial resources for mental health. In the context of shifting resources towards care and support in the community, WHO has called for the closure of long-stay psychiatric institutions and their replacement with community-based residential facilities and short-stay psychiatric wards in general hospitals, since the care provided in mental hospitals is associated with poor treatment outcomes and human rights abuses.

Community-based service delivery needs to go beyond the provision of medical treatment to encompass a recovery-based approach that puts the emphasis on supporting individuals with mental health problems to achieve their own aspirations and goals to lead fulfilling lives in the community. Since many persons with mental disorders experience high unemployment levels, lower educational levels, homelessness, poverty, isolation and a lack of integration within communities, services will need to support individuals, at different stages of the life course and as appropriate, to access employment, housing, educational opportunities, and to engage in community activities and programmes.

More active involvement and support of service users in the reorganization and actual delivery of services is required, so that care and treatment become more responsive to the needs of persons with mental disorders and their carers. Greater collaboration with "informal" mental health care providers, as well as religious leaders, school teachers, police officers and local NGOs, is also needed. These groups can receive information about different types of mental health problems, their effects on individuals, and how to effectively assist and support people with mental disorders.

Another essential requirement is for services to be responsive to the needs of vulnerable groups in society, including women and children, socioeconomically disadvantaged families, minority groups and those exposed to humanitarian emergencies, including those arising from conflict, natural disasters, epidemics, chemical/radiological events and major transport incidents: all who are placed at elevated risk of developing mental disorders as a result of their experiences. For emergency situations experience has shown that emergencies can become a catalyst for successful mental health service development and reorganization.

Having the right number and equitable distribution of competent, sensitive and appropriately skilled human resources is central to the scaling-up of mental health services and the achievement of better outcomes. Integrating mental health into general health and social services requires training general health and social workers in mental health and redefining their roles to include the provision of mental health treatment, care and support. In this context the role of specialized health personnel needs to be expanded to provide supervision and support of general health workers providing mental health services.

Targets:

T 2.1 *The number of beds used for long-term stays in mental hospitals will decrease by 20% by year 2020, with a corresponding increase in the availability of places for community-based residential care and supported housing.[3]*

T 2.2 *The treatment gap for severe mental disorders will be reduced by 50% by year 2020.[4]*

Actions

Member States

- *Service re-organization:* Systematically shift the locus of care away from institutionalized care in long-stay mental hospitals towards a network of linked community-based mental health services, including residential care and supported living, inpatient and outpatient care in general hospitals, day care and primary care.

- *Integrated and responsive care*: Integrate and coordinate the care, support and recovery of persons of all ages with mental disorders within and across general health and social services (including access to employment, housing, educational opportunities and

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[3] *Target 2.1 note*: Definition of a mental hospital follows that used in WHO's Mental Health ATLAS 2011, which shows that 23% of individuals admitted to mental hospitals stay for more than one year.

[4] *Target 2.2 note*: Findings from a WHO study reveal that between 76% and 85% of people with severe mental disorders (psychosis, bipolar disorder and severe depression) receive no treatment for their disorder in low- and middle-income countries; the corresponding range for high-income countries is also high: between 35% and 50%.   To illustrate, where severe mental disorders are present in 2-3% of a population of one million adults, reducing the gap from 80% to 40% would mean treatment for an additional 8,000-12,000 persons.

community activities) and with the active involvement and inputs of service users and their carers.

- *Mental health in emergencies*: Include mental health and psychosocial support needs in emergency preparedness, and enable access to safe and supportive services for persons with (pre-existing as well as emergency-induced) mental disorders or social problems during and following emergencies.

- *Human resource development:* Build and sustain human resource capacity to deliver mental health and social care services, especially in non-specialized care settings.

- *Scaled-up coverage*: Reduce existing gaps in treatment by increasing coverage of evidence-based interventions for priority conditions in non-specialized health settings using available technical material, including the mhGAP Intervention Guide and training package from WHO.

WHO

- *Service re-organization:* Provide guidance and evidence-based practices for deinstitutionalization and service re-organization, and provide technical support for the development of community-based mental health and social support services.

- *Integrated and responsive care*: Collate and disseminate evidence and best practices for the integration and multisectoral coordination of care and support needs for persons with mental disorders and strategies to involve service users and carers in service planning decisions.

- *Mental health in emergencies*: Provide technical advice and guidance for policy and field activities by governmental, non-governmental and inter-governmental organizations.

- *Human resource development:* Support countries in the formulation of a human resource strategy for mental health, including the specification of gaps and needs, training requirements and core competencies.

- *Scaled-up coverage*: Support countries in the specification and implementation of national or regional level mental health plans for scaled-up service coverage, including further updating and effective dissemination of mhGAP treatment guidelines.

Objective 3: To implement strategies for mental health promotion and protection including actions to prevent mental disorders and suicides

In the context of national efforts to develop and implement mental health policies and programmes, it is vital to not only address the needs of persons with defined mental disorders, but also protect and promote the mental well-being of its citizens. Governments have an important role in utilizing information on risk and protective factors for mental

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health to put in place actions to prevent mental disorders, and to protect and promote mental health at all stages of life (infancy, childhood, adolescence, adulthood and older age).

Responsibility for promoting mental health and preventing mental disorders extends across all sectors and all government departments. This is because poor mental health is strongly influenced by a range of social and economic determinants including income level, employment status, education level, material standard of living, physical health status and exposure to adverse life events, including exposure to humanitarian emergencies. The converse is also true.

Broad strategies for mental health promotion and the prevention of mental disorders across the life course may focus on the nurturing of core individual attributes in the formative stages of life (such as life skills education in schools); early recognition and prevention of emotional or behavioural problems, especially in childhood and adolescence; provision of healthy living and working conditions (including workplace stress management schemes) that enable psychosocial development and self-determination (particularly among vulnerable persons); social protection for the poor; anti-discrimination laws and information campaigns that address the stigma all too commonly associated with mental disorder; and promotion of the rights, opportunities and care of individuals with mental disorders.[5]

Suicide is one of the most tragic consequences of mental disorder; moreover, young people are among the most susceptible age groups to suicidal ideation and self-harm. A majority of countries are showing either a stable or an increasing trend in the rate of suicide. This situation is likely to become worse due to the ongoing global financial crisis. Actions to reduce access to the means to self-harm and suicide (including firearms and pesticides), to protect persons at high risk of suicide (especially young people) and early identification and management of suicidal behaviors can be effective in decreasing the rate of attempted and completed suicide.

Targets:

T 3.1   80% of countries will have at least two national, multisectoral mental health promotion and protection programmes functioning by year 2016 (one universal, one targeted on vulnerable groups).[6]

T 3.2   Rates of suicide in countries will be reduced by year 2020.[7]

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[5] See WHO background paper - *Risks to mental health: an overview of vulnerabilities and risk factors*

[6] *Target 3.1 note*: National or regional programmes with measurable outcomes that have been developed and implemented by the health sector in collaboration with at least one other sector.

[7] *Target 3.2 note*: In countries identified as having an increasing rate of suicide (over the previous 5 years), the rate will be stabilized and then reduced; in countries with a stable rate, the rate will be reduced; and in countries with an already decreasing rate, the rate will be further reduced.

Actions

Member States

- *Mental health promotion and prevention*: Promote and protect mental health and well-being across the lifespan via implementation of population-wide and also targeted interventions, including awareness and anti-discrimination campaigns, school-based and workplace programmes, early detection and treatment of recognisable mental health problems, and other actions to enhance protective factors and address risk factors at the community, family and individual levels.

- *Suicide prevention*: Develop suicide prevention programmes, with special attention to young people.

WHO

- *Mental health promotion and prevention*: Provide technical support to countries on the selection, formulation and implementation of evidence-based, best practice measures to promote mental health and prevent mental disorders across the lifespan.

- *Suicide prevention*: Provide technical support to countries in strengthening their suicide prevention programmes with special attention to young people.

Objective 4: To strengthen information systems, evidence and research for mental health

Information, evidence and research are critical ingredients for appropriate mental health policy, planning and evaluation. The generation of new knowledge through research enables policies and actions to be based on evidence and best practice, while the availability of timely and relevant information or surveillance frameworks enables implemented actions to be monitored and improvements in service provision to be detected. Although summary mental health profiles are available through periodic assessments such as WHO's ATLAS project, routine information systems for mental health in most low- and middle-income countries are rudimentary or absent, which makes it very difficult to understand local population needs and to plan accordingly.

Key information needs and indicators for the mental health system include, at a minimum: the extent of the problem (the prevalence of mental disorders and identification of key risk factors and protective factors for mental health and well-being); coverage of policies, interventions and services (including the treatment gap); health outcome data (including suicide and premature mortality rates at the population level as well as individual- or group-level improvements in clinical symptoms and social functioning); and social/economic outcome data (including relative levels of educational achievement, housing, employment and income among persons with mental disorders). These data need to reflect the diverse needs of sub-populations, including individuals from geographically diverse communities (urban versus rural), minority groups and vulnerable populations.

Targets:

T 4.1   A global observatory for monitoring the mental health situation in the world will be established by year 2014.[8]

T 4.2   80% of countries will be collecting and reporting at least a core set of mental health indicators annually by year 2020.[9]

Actions

Member States

- *Information systems*: Identify, collate, routinely report and use core mental health indicators (including on completed and attempted suicides).

- *Evidence and research*: Improve research capacity and academic collaboration to address national priorities for research in mental health, particularly operational research with direct relevance to service development and implementation.

WHO

- *Information systems*: Provide guidance and technical assistance on surveillance/information systems to capture information on core mental health indicators, and augment the WHO global health observatory by establishing baseline data for and monitoring of the global mental health situation (including progress on reaching the targets laid out in this action plan).

- *Evidence and research:* Develop and promote a global mental health research agenda, facilitate global networks for research collaboration and carry out research related to burden, advances in mental health promotion, prevention, treatment, care, policy and service evaluation.

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[8] *Target 4.1 note*: Periodic surveys (such as ATLAS) are insufficient as a basis for active, regular surveillance; a global observatory will enable proactive and expanded monitoring and evaluation of trends based on regular collection and reporting of data on burden, policies, actions and outcomes.

[9] *Target 4.2 note*: Core mental health indicators include those relating to measurement of the specified targets of this global mental health action plan, together with essential other indicators of disease burden (e.g. prevalence, premature mortality) and health system activity (e.g. training and human resource levels, availability of essential psychotropic medicines).

ACTIONS BY INTERNATIONAL AND NATIONAL PARTNERS

Effective implementation of the global mental health action plan will require actions by international, regional and national partners. All potential partners have been grouped into three broad categories, listed below with their corresponding actions.

Development agencies:

These include international multilateral agencies (e.g. World Bank, UN development agencies), regional agencies (e.g. regional development banks) and bilateral development aid agencies. Key actions are to:

• Place adequate attention on mental health in development strategies and plans, including poverty reduction strategies that cover improved access to education employment and income generation activities.

• Raise awareness amongst development stakeholders of the need to include people with mental disorders as a vulnerable and marginalized group requiring prioritized attention within development strategies, for example, income generating activities and the human rights agenda.

Technical agencies:

These include international, regional and national technical agencies in the area of health as well as in other technical areas with relevance to health. Specifically, these include academic and research centres including the network of WHO Collaborating Centres within developed and developing countries. Key actions are to:

• Adopt an inclusive approach to addressing mental health within general and priority health policies, plans and research agenda, including non-communicable diseases, HIV/AIDS, maternal, child and adolescent health, as well as through horizontal programmes and partnerships, such as the Global Health Workforce Alliance, and other international and regional health partnerships.

• Support Member States to set-up surveillance/information systems that capture core indicators on mental health and health and social services for persons with mental disorders, including assessment of change over time and an understanding of the social determinants of mental health problems.

• Support opportunities for exchange between countries on effective policy, legislative and intervention strategies for promoting mental health, and preventing and treating mental health conditions based on a human rights framework.

• Support research on priority knowledge gaps in the area of mental health and delivery of health and social services for persons with mental disorders.

Non-governmental organizations:

These include international, regional and national non-governmental organizations in development, health and social areas. Professional associations and associations representing persons with mental disorders are included. Key actions are to:

- Engage all stakeholders in advocacy to raise awareness of the magnitude of burden associated with mental disorders and the availability of effective intervention strategies for promotion of mental health, prevention of mental disorders and care and services for persons with mental disorders.

- Support the creation of associations and organizations representing people with mental disorders and disabilities as well as families and carers and facilitate dialogue between these groups and government authorities in health, disability, education, employment, social sectors.

- Advocate for the rights of persons with mental disorders including their participation in family and community life and civic affairs and introduce actions to combat stigma and discrimination towards people with mental disorders and their families.

APPENDIX 1: LINKS TO OTHER GLOBAL ACTION PLANS AND STRATEGIES

The Global Mental Health Action Plan has close conceptual and strategic links to other global action plans which have been developed, including the following:

- Global strategy to reduce the harmful use of alcohol (2010) provides a portfolio of policy options and interventions that should be considered for implementation in each country and sets priority areas for global action that is intended to promote, support and complement relevant actions at local, national and regional levels. These directions and actions are reinforced in the Global Mental Health Action plan which is relevant for prevention, treatment and care for alcohol use disorders.
  Full text available at: www.who.int/substance_abuse/msbalcstragegy.pdf

- Global Plan of Action on Social Determinants of Health (2012) covers better governance for health and development, increased participation in policy making and implementation, reorientation of the health sector towards reducing health inequities, strengthening global governance and collaboration, monitoring progress and increasing accountability, social determinants. Many of the risks and vulnerabilities for mental health problems are common to other health problems. Implementation of the Global Mental health Action Plan addresses the key areas covered in the Action Plan on the Social Determinants of Health and not only contributes to improved mental health, but also makes a positive contribution in tackling the social determinants of health more generally.
  Full text of Rio Political Declaration on Social Determinants of Health (2011) available at: http://www.who.int/sdhconference/declaration/en/index.html

- Action plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases (2008-2013) outlines the proposed strategies and actions to tackle the growing public-health burden imposed by noncommunicable diseases with a focus on cardiovascular diseases, cancers, chronic respiratory diseases and diabetes. Given the considerable co-morbidity between mental health and physical problems, the Global Mental Health Action plan is expected to contribute to better health outcomes for people with the above four NCDs and vice versa. A new action plan for the period 2013-2020 is under development.
  Full text available at: www.who.int/nmh/Actionplan-PC-NCD-2008.pdf

- Workers' health: global plan of action (2007) provides the principles and objectives necessary for maintaining physical and mental health in the workplace, including preventing exposures to occupational hazards, delivering essential public health interventions, and providing access to health services. The global plan of action includes implementation options aimed at ensuring the safety and productivity of workers in all Member States.
  Full text available at:
  http://www.who.int/entity/occupational_health/WHO_health_assembly_en_web.pdf

- Global campaign for violence prevention: plan of action for 2012-2020 presents a set of six goals for curbing the causes and ensuing repercussions of violence around the world.

The first two goals aim to prioritize violence prevention within the global public health agenda; the next three aim to build strong foundations for on-going violence prevention efforts; and the last aims to focus support for violence prevention efforts on evidence-based prevention strategies with the potential to prevent multiple types of violence, any of which may negatively affect the mental health status of individuals or communities. *Full text available at:*
http://www.who.int/entity/violence_injury_prevention/violence/global_campaign/gcvp_plan_of_action.pdf

The Global Mental Health Action plan will also build upon several WHO regional action plans and strategies for mental health and substance abuse that have been developed or are in the process of development. These include:

- Regional Strategy for Mental Health, Africa, 2000-2010,
  Full text available at: http://www.afro.who.int/en/clusters-a-programmes/dpc/mental-health-violence-and-injuries/mvi-publications.html

- Regional NCD strategic Plan in the African Region, 2012-2016
  Full text of Brazzaville Declaration on NCDs available at:
  http://www.afro.who.int/index.php?option=com_docman&task=doc_download&gid=6304

- Reduction of the Harmful Use of Alcohol: A Strategy for the WHO African Region (2010)
  Full text available at: http://www.afro.who.int/en/sixtieth-session.html

- Strategy for mental health & substance abuse in the Eastern Mediterranean Region (2011)
  Full text available at:
  http://www.emro.who.int/docs/RC_technical_papers_2011_5_14223.pdf

- Pan American Health Organization Strategy and Plan of Action on mental health (2009)
  Full text available at:
  http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=3653&Itemid

- Pan American Health Organization Regional plan of action to reduce harmful use of alcohol (2011)
  Full text available at:
  http://new.paho.org/hq/index.php?option=com_content&task=view&id=5723&Itemid=4139&lang=en

- Pan American Health Organization Regional plan of action on substance use and public health (2011)
  Full text available at:
  http://new.paho.org/hq/index.php?option=com_docman&task=doc_view&gid=14583&Itemid=2146&lang=en

- Regional Strategy for Mental Health, Western Pacific Region, 2002
  Full text available at:
  http://www.wpro.who.int/publications/pub_9290610077/en/index.html

- European action plan to reduce the harmful use of alcohol 2012-2020
  Full text available at:
  http://www.euro.who.int/__data/assets/pdf_file/0006/147732/RC61_wd13E_Alcohol_111 372_ver2012.pdf

- Maternal, child, and adolescent mental health for the Eastern Mediterranean Region (2011)
  Full text available at: http://applications.emro.who.int/dsaf/dsa1214.pdf

- European Mental Health Strategy, - under development

Global Mental Health Action Plan

Vision

A world in which mental health is valued, mental disorders are effectively prevented and in which persons affected by these disorders are able to access evidence-based health and social care and exercise the full range of human rights to attain the highest possible level of health and functioning free from stigma and discrimination.

Cross-cutting Principles

Universal access and equity	Human rights	Evidence-based practice	Life course approach	Multisectoral approach	Empowerment of persons with mental disorders
All persons with mental disorders should have equitable access to health care and opportunities to achieve or recover the highest attainable standard of health, regardless of age, gender, or social position.	Mental health strategies, actions, and interventions for treatment, prevention and promotion must be compliant with international human rights conventions and agreements.	Mental health strategies and interventions for treatment, prevention and promotion need to be based on scientific evidence and good practice.	Mental health policies, plans and services need to take account of health and social needs at all stages of the life course, including infants, children, adolescents, adults, and older adults.	A comprehensive and coordinated response of multiple sectors such as health, education, employment, housing, social and other relevant sectors should be utilized to achieve objectives for mental health.	Persons with mental disorders should be empowered and involved in mental health policy, planning, legislation, service provision, and evaluation.

Goal

To promote mental well-being, prevent mental disorders, and reduce the mortality and disability for persons with mental disorders

Objectives and Targets

1. To strengthen effective leadership and governance for mental health	2. To provide comprehensive, integrated and responsive mental health and social care services in community-based settings	3. To implement strategies for mental health promotion and protection including actions to prevent mental disorders and suicides	4. To strengthen information systems, evidence and research for mental health
T 1.1: 80% of countries will have updated their mental health policies and laws (within the last 10 years) by year 2016. *T 1.2: 80% of countries will be allocating at least 5% of government health expenditure to mental health by year 2020.*	*T 2.1: The number of beds used for long-term stays in mental hospitals will decrease by 20% by year 2020, with a corresponding increase in the availability of places for community-based residential care and supported housing.* *T 2.2: The treatment gap for severe mental disorders will be reduced by 50% by year 2020.*	*T 3.1: 80% of countries will have at least two national, multisectoral mental health promotion and protection programmes functioning by year 2016 (one universal, one targeted on vulnerable groups).* *T 3.2: Rates of suicide in countries will be reduced by year 2020.*	*T 4.1: A global observatory for monitoring the mental health situation in the world will be established by year 2014.* *T 4.2: 80% of countries will be collecting and reporting at least a core set of mental health indicators annually by year 2020.*

APPENDIX 3: OPTIONS FOR THE IMPLEMENTATION OF THE GLOBAL MENTAL HEALTH ACTION PLAN

Key actions proposed in this document for Member States convey <u>what</u> can be done to achieve the objectives of the Global Mental Health Action Plan. In this Appendix, a number of potential strategies or options for <u>how</u> these actions could be enabled are set out. These implementation options are neither comprehensive nor prescriptive, but instead provide illustrative or indicative mechanisms via which actions can be pursued in countries at different levels of resource availability.

Objective 1*: To strengthen effective leadership and governance for mental health*

Actions	Potential implementation options
Policy and law: Develop and strengthen national mental health policies, strategies, programmes, laws and regulations, including codes of practice.	• Set-up a mental health unit in the Ministry of Health, with responsibility for strategic planning, needs assessment, multisectoral collaboration and service evaluation. • Sensitize national policy-makers to mental health issues through the preparation of policy briefs and the conduct of leadership courses in mental health. • Improve accountability by setting up mechanisms to monitor and prevent torture or cruel, inhuman and degrading treatment and other forms of ill treatment and abuse.
Resource planning: Allocate a budget that is commensurate with identified human and other resources needed to implement agreed mental health plans and actions.	• Use – and if indicated, collect – epidemiological and resource needs data to inform the development and actualization of mental health plans, budgets and programmes. • Set up health expenditure tracking mechanisms for mental health.
Stakeholder collaboration: Engage all relevant stakeholders and sectors in the development and implementation of mental health policies, laws and services, including persons with mental disorders and family members.	• Convene, engage with and solicit consensus from all relevant sectors and stakeholders when planning or developing mental health policies, laws and services, including knowledge sharing about effective mechanisms to improve coordinated care across formal and informal sectors. • Build local capacity and raise awareness among relevant stakeholder groups on mental health law and human rights, including their responsibilities in relation to the implementation of policy, laws and regulations. • Provide logistic, technical and financial support to build the capacity of organizations representing people with mental disabilities and families.
Strengthening and empowerment of organizations representing people with mental disabilities:	• Provide logistic, technical and financial support to build the capacity of organizations representing people with mental disabilities.

Encourage and support the formation of independent national and local organizations of people with mental and psychosocial disabilities and their active involvement in the development and implementation of mental health policies, laws and services.	• Involve people with mental disabilities in the inspection and monitoring of mental health services. • Ensure that people with mental disabilities are given a formal role and authority to influence the process of designing, planning and implementing policy, law and services. • Include people with mental disabilities in the training of health workers delivering mental health care.

Objective 2: **To provide comprehensive, integrated and responsive mental health and social care services in community-based settings**

Actions	Potential implementation options
Service re-organization: Systematically shift the locus of care away from institutionalized care in long-stay mental hospitals towards a network of linked community-based mental health services, including residential care and supported living, inpatient and outpatient care in general hospitals, day care and primary care.	• Develop a phased and budgeted plan for closing long-stay psychiatric institutions and replacing them with community-based residential facilities and short-stay psychiatric wards in general hospitals. • Provide outpatient mental health services and an inpatient mental health unit in all general hospitals and build up community-based mental health services, including small residential facilities, outreach services, emergency care, and community-based rehabilitation. • Implement the use of WHO QualityRights standards to assess and improve quality and human rights conditions in inpatient and outpatient mental health and social care facilities.

Integrated and responsive care: Integrate and coordinate the care, support and recovery of persons with mental disorders within and across general health and social services (including access to employment, housing, educational opportunities and community activities).	• Adapt and implement the WHO mhGAP Intervention Guide and associated training and supervision materials for use in non-specialized health settings. • Identify, plan for and respond to the needs of different socio-demographic groups in the community and also vulnerable groups such as the homeless, people in prisons and persons caught up in emergency situations. • Cultivate person-centred, recovery-oriented care and support via multisectoral training and awareness-building opportunities for health and social service workers. • Foster the empowerment and involvement of persons with mental disorders, their families and caregivers in mental health-care. • Support the establishment of community mental health services run by non-governmental organizations, faith-based organizations and other community groups, including self-help and family support groups. • Procure and distribute essential psychotropic medicines at all health system levels and enable non-specialist health workers to prescribe medicines. • Develop and implement tools or strategies for self-help and care for persons with mental disorders, including use of electronic or mobile technologies.
Mental health in emergencies: Include mental health and psychosocial support needs in emergency preparedness, and enable access to safe and supportive services for persons with (pre-existing as well as emergency-induced) mental disorders or social problems during and following emergencies.	• Promote the application of the IASC guidelines on MHPSS in emergency settings in humanitarian and recovery coordination of partners, and integrate in subsequent planning mechanisms for all types of emergencies.
Human resource development: Build and sustain human resource capacity to deliver mental health and social care services in non-specialized care settings.	• Develop and implement a strategy for building and retaining human resource capacity to deliver mental health and social care services in non-specialized health settings. • Collaborate with universities, colleges and other relevant educational entities to incorporate a mental health component in undergraduate and postgraduate curricula.
Scaled-up coverage: Reduce existing gaps in treatment by increasing coverage of evidence-based interventions for priority conditions in non-specialized health settings using available technical material, including the mhGAP Intervention Guide and training package from WHO.	• Use the WHO mhGAP Intervention Guide for mental, neurological and substance use disorders to identify disorders and evidence-based interventions for prioritized scale-up. • Include mental health services and essential psychotropic medicines in health insurance schemes and offer financial protection for socioeconomically disadvantaged groups. • Roll out agreed mental health plans across provinces and districts.

Objective 3*: **To implement strategies for mental health promotion and protection including actions to prevent mental disorders and suicides***

Actions	Potential implementation options
Mental health promotion and protection: Promote and protect mental health and well-being across the lifespan via implementation of population-wide and also targeted interventions, including awareness and anti-discrimination campaigns, school-based and workplace programmes, early detection and treatment of recognisable mental health problems, and other actions to enhance protective factors and address risk factors at the community, family and individual levels.	- Increase public knowledge and understanding about mental health through mass-media awareness and anti-stigma campaigns and responsible media reporting. - Develop policies and measures for the protection of vulnerable populations during financial and economic crisis. - Reduce exposure to the harmful use of alcohol (via implementation of measures included in the Global Strategy to Reduce the Harmful Use of Alcohol). - Include emotional and mental health as part of home- and health facility-based ante-natal and post-natal care for new mothers and babies, including parenting skills training. - Develop school-based promotion and prevention, including life skills programmes, raised awareness of the benefits of a healthy lifestyle and the risks of substance use, and early intervention for children and adolescents exhibiting emotional or behavioural problems. - Promote safe and supportive working conditions, and encourage the wider provision of stress management courses and workplace wellness programmes. - Enhance social support and community participation opportunities for older people.
Suicide prevention: Develop suicide prevention programmes, with special attention to young people.	- Increase public, political and media awareness of the magnitude of the problem, and the availability of effective prevention strategies. - Restrict access to the means of self-harm and suicide (e.g. firearms, pesticides). - Promote workplace initiatives for suicide prevention. - Improve health system responses to self-harm and suicide.

<u>*Objective 4*</u>: *To strengthen information systems, evidence and research for mental health*

Actions	Potential implementation options
Information systems: Identify, collate, routinely report on and use core mental health indicators (including completed and attempted suicides)	• Establish an active surveillance system for mental health and suicide monitoring, ensuring that records are disaggregated by facility, sex, age and other relevant variables. • Embed mental health information needs and indicators, including risk factors and disabilities, within national population-based surveys and national health information systems.
Evidence and research: Improve research capacity and academic collaboration to address national priorities for research in mental health, particularly operational research with direct relevance to service development and implementation	• Develop a priority national research agenda in the area of mental health, based on consultation with all stakeholders. • Improve research capacity to assess needs, and to evaluate services and programmes and mental health outcomes. • Enable strengthened cooperation between universities/institutes and health services in the field of mental health research. • Strengthen collaboration between national, regional and international research centres.

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