

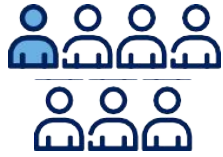
Community Mental Health Services in the WHO South-East Asia Region

Author: DR. Mushfique Mahmud
Title: Mental Health Consultant
Affiliation: World Health Organization



Mental Health needs are high

SEAR context



1 in 7

people live with a
mental disorder



> 200,000
deaths are suicides

**Stigma and
discrimination**
are widespread in the Region

75 to 95%
Treatment gap

**Climate
change and
emergencie
s**

adversely impacts
mental health

**260 million
live with a
mental
disorder**

People with severe mental
health conditions die

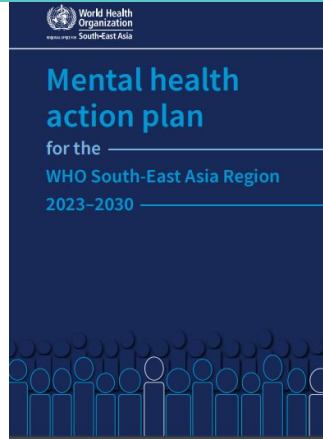
10 to 20 years

earlier than the general population

**COVID-19 and
mental health:**
rise in
depression and
anxiety

Objectives

1. Strengthen effective leadership and governance for mental health.
2. Provide comprehensive, integrated, and responsive mental health and social care services in community-based settings.
3. Implement strategies for promotion and prevention in mental health.
4. Strengthen information systems, evidence and research for mental health.

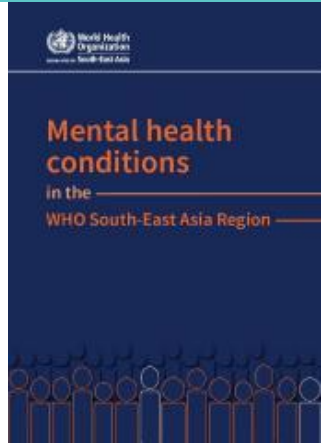


The distribution of YLDs by major disease categories in the WHO South-East Asia Region (2019)

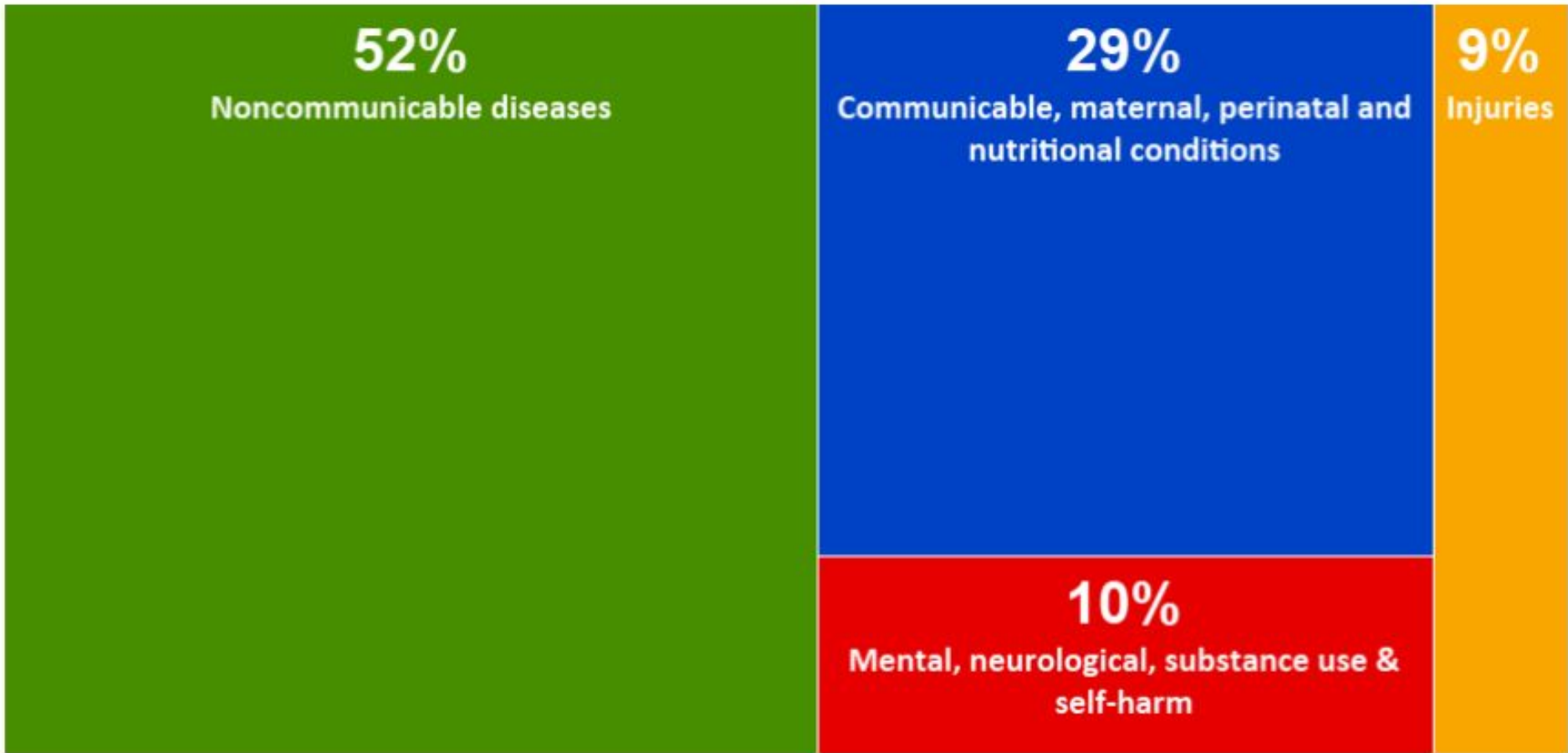


Source: WHO Global Health Estimates (GHE), 2019

<https://iris.who.int/bitstream/handle/10665/372954/9789290210788-eng.pdf.jpg?sequence=4>

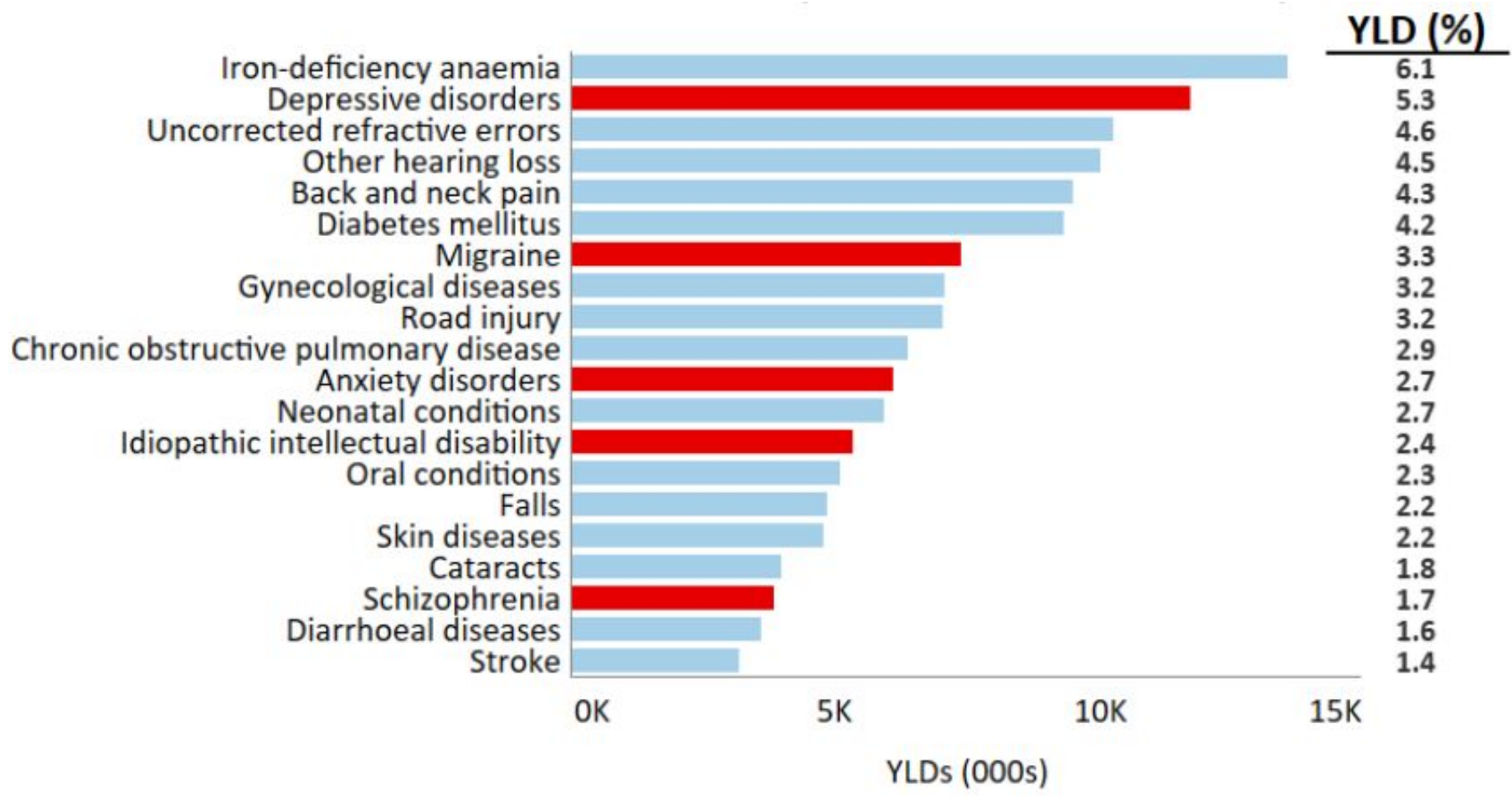


The distribution (%) the disability-adjusted life years (DALYs) by major disease categories, in the South-East Asia Region



Source: WHO Global Health Estimates (GHE), 2019

Top 20 causes of Years Lived with Disability (YLDs) in the South-East Region



Source: WHO Global Health Estimates (GHE), 2019

*Paro Declaration by the
Health Ministers of Member States
at the Seventy-fifth Session of
the WHO Regional Committee for South-East Asia
on
universal access to people-centred
mental health care and services*



6 September 2022
Paro, Bhutan

WE, THE HEALTH MINISTERS OF MEMBER STATES OF THE WHO SOUTH-EAST ASIA REGION, participating in the Seventy-fifth Session of the WHO Regional Committee for South-East Asia,

RECOGNIZING the negative impacts of the COVID-19 pandemic on mental health of the population and of health-care workers, on economic growth and the fiscal space for health, wherein health systems recovery and universal health coverage (UHC) requires continued investment,

FURTHER RECOGNIZING the importance of mental health as a determinant of social and economic development and the fundamental role it plays for individuals, families and communities to function optimally, work productively and contribute to their families and societies,

TAKING COGNIZANCE OF the active engagement by the Member States of the Region at the Second Special Session of the World Health Assembly in November–December 2021 that passed the Decision “WHA52(S)2: The World Together: Establishment of an intergovernmental negotiating body to strengthen pandemic prevention, preparedness and response”

UNDERSTANDING the high prevalence of mental disorders across the world, which represents one of the leading causes of disease burden globally,

WHILE ACKNOWLEDGING that their extensive prevalence and negative impacts will be further exacerbated by public health and humanitarian emergencies, climate change and economic downturns that contribute to poverty, stigmatization and discrimination and cause renewed or extend existing health disparities,

APPLAUDING the actions thus far by Member States to strengthen policies, plans, laws and services and efforts to address challenges in improving mental health of populations,

CONCERNED by the current burden of mental disorders including high prevalence of suicide and self-harm in the Region and its negative impact on health, societies and economies, all of which is further exacerbated by the COVID-19 pandemic, as well as rapidly changing patterns of alcohol and drug use, and the continued negative outcomes from consumption of harmful digital entertainment,

NOTING the necessity of addressing stigma, discrimination and inequities, and the crucial role of primary health care, with full engagement of communities and community health workers, in the prevention and promotion of mental health and management of mental disorders, including promotion of resilience at the individual, family and community levels as an integral component of universal health coverage,

ALSO NOTING WITH CONCERN, the scarcity of data on the prevalence of mental disorders, widespread stigma related to mental disorders and the paucity of services and trained health workforce that together contribute to the large treatment gaps in many countries of the Region,

RECOGNIZING the need for whole-of-government, multisectoral and whole-of-society approaches for effective public health as well as societal, educational and economic responses across the life-course, and at the community, family and individual level, to address the burden of mental disorders, and involvement by those with lived experience and their families, in order to ensure people-centred, comprehensive and effective response,

EMPHASIZING the importance of networking at regional and global levels to exchange information, ensure access to technical support, and share successful experiences as well as challenges, especially in relation to community-level prevention, treatment and re-integration efforts,

UNDERSCORING the urgent need for investment in health workforce for mental health, especially at the primary health care level, and the adequate supply of affordable, effective, quality-assured and safe medical products, and to building resilient mental health systems in consonance with the principles of UHC,

APPRECIATING regional initiatives such as the South-East Asia Regional Experts Group on Mental Health for generating regional and global public goods to respond to the Member States’ challenges for universal access to mental health services and other social supports,

RECALLING previous commitments towards strengthening initiatives for mental health, including: resolution SEA/RC59/R8: Alcohol consumption control – Policy options; resolution SEA/RC65/R5: Noncommunicable Diseases, Mental Health and Neurological Disorders; resolution SEA/RC65/R8: Comprehensive and coordinated efforts for the management of autism spectrum disorders (ASD) and developmental disabilities; and resolution SEA/RC67/R4: SEA Regional Action Plan to implement the Global Strategy to reduce harmful use of alcohol (2014–2025),

DO HEREBY CONCUR AND RESOLVE TO ACCOMPLISH the following:

- ENGAGE fully in the Intergovernmental Negotiating Body in negotiating for a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response, and safeguarding the world from future pandemics and catastrophic impacts, including those for mental health;
- REORIENT mental health services by strengthening the capacity of the primary health care system as the foundation for provision of mental health services and progress towards UHC, the health-related Sustainable Development Goals and the targets of WHO Comprehensive Mental Health Action Plan 2013–2030;
- COMMIT to ensure an effective and comprehensive response to the mental health needs by establishing evidence-based and rights-oriented, community mental health networks, and systematically plan the process of deinstitutionalization of care for people with severe mental disorders;
- PRIORITIZE fiscal space for health and universal health coverage, secure adequate investment for mental health services at the primary and secondary level, and mobilize required additional resources in partnership with local and international stakeholders;
- EXPAND the specialized and non-specialized mental health workforce through identification of new cadres of health-care personnel who are especially trained, equipped and competently skilled for the delivery of mental

health services at the primary care level, and strengthen the role of multidisciplinary teams through planning and sustained investment and by establishing training and quality standards and enhancing the capacity of mental health units of the ministries of health of Member States;

- COMBAT stigma and discrimination against people with mental disorders, family members and caregivers through community empowerment and active engagement of people with lived experience;
- STRENGTHEN national and subnational level prevention and promotion programmes to achieve well-being of all by addressing suicide and self-harm, substance use, consumption of harmful digital entertainment, bullying and parenting issues;
- ENSURE allocation of resources for continuous supply of medicines and rehabilitation, including occupational therapy for people with mental disorders;
- STRENGTHEN data gathering and reporting, implementation research and performance monitoring, to ensure context-sensitive improvement of mental health systems;
- PILOT and SCALE UP successful models and innovative interventions, harness digital technologies and telemedicine to improve access to services and counselling, including e-learning in support of health-care workers at the primary health care level, and data analysis for programme improvement;
- LEAD the multisectoral mental health response by guiding and harmonizing the social, education, development and economic sectors to address determinants of mental health including poverty, lack of education, social isolation, emergencies and impact of climate change, in order to mainstream mental health in policy planning, implementation and evaluation;
- ESTABLISH culturally relevant, integrated systems of medicine to improve the overall mental health response;
- DEVELOP country-specific targets to achieve universal primary care-oriented mental health services; and

REQUEST the WHO Regional Director for South-East Asia to:

- Provide technical support in strengthening capacity of the Member States in mental health, with a special focus on reorienting primary health care for mental health services;
- Raise awareness on mental health and provide support in mobilizing financial resources to bridge the mental health treatment gap and move towards UHC;
- Establish a regional knowledge and training hub to coordinate the process of generating evidence in mental public health, prioritize areas of research, facilitate exchange of experiences and build capacity according to identified needs;
- Provide technical cooperation in the area of mental health and psychosocial support (MHPS) to strengthen the response of Member States to address mental health impacts consequent of climate change and humanitarian crises; and
- Report on the progress of the implementation of this Para Declaration on universal access to people-centred mental health care and services to the WHO Regional Committee for South-East Asia at an interval of two years until 2030.

Adopted on the Sixth day of September, Two Thousand and Twenty-Two.

Government of the People's
Republic of Bangladesh

Royal Government
of Bhutan

Government of the Democratic
People's Republic of Korea

Government of India

Government of the
Republic of Indonesia

Government of the
Republic of Maldives

Government of the Federal
Democratic Republic of Nepal

Government of the Democratic
Socialist Republic of Sri Lanka

Royal Thai Government

Government of the Democratic
Republic of Timor-Leste

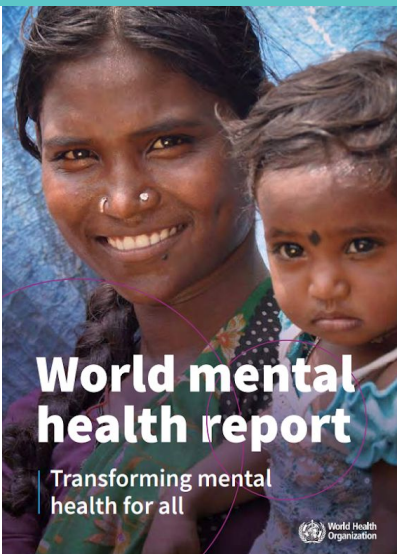
Regional Director
WHO South-East Asia Region

Director-General
World Health Organization

Deinstitutionalization

Lessons learned from experience

- Support at the highest and broadest levels
- Careful planning and implementation
- Engagement and empowerment of residents
- Community-based services
- Temporary additional financial resources
- A committed health workforce
- Stigma reduction
- Consent from residents and involvement from families
- Attention to both mental health and physical health
- Monitoring and evaluation



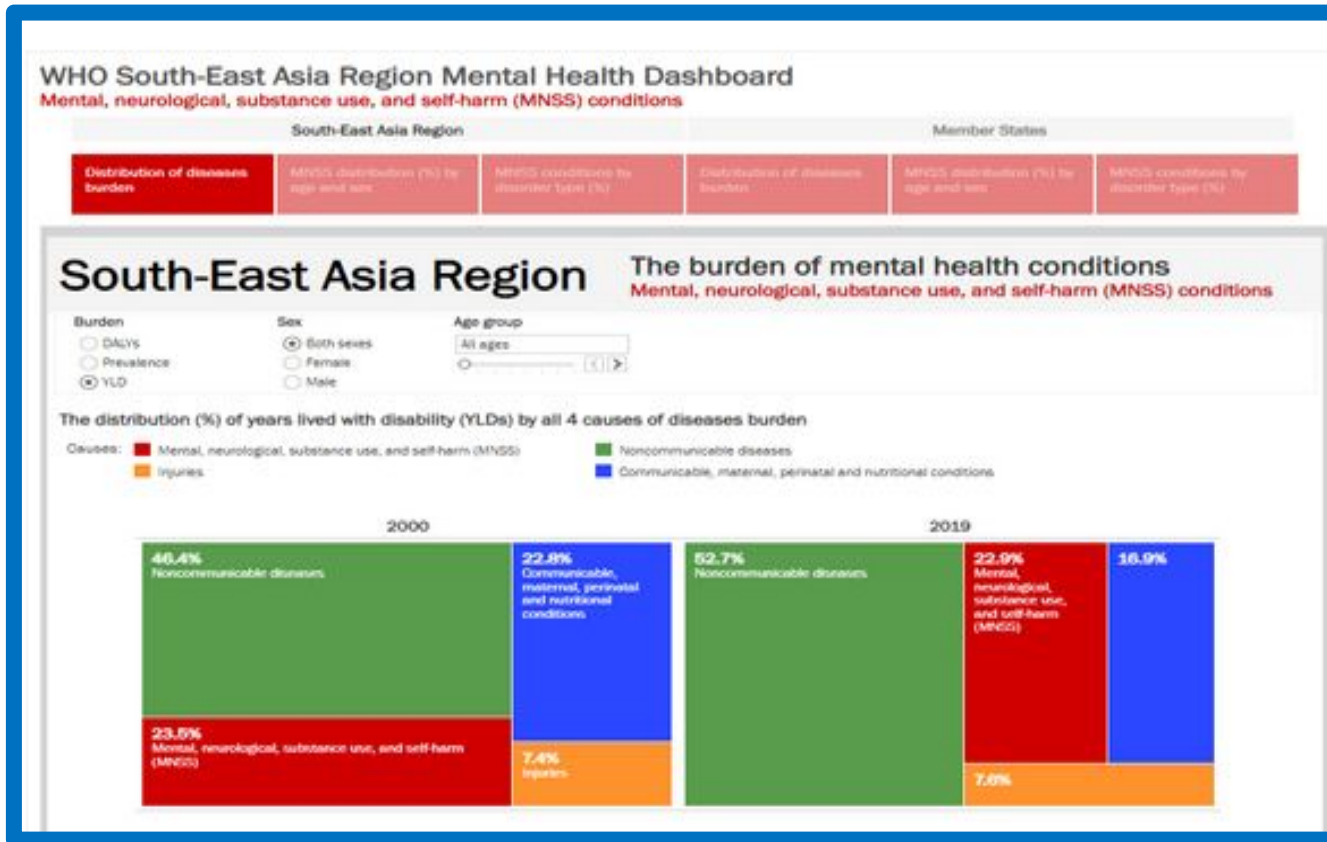
Ongoing Initiatives

- Monitoring tool for the Regional Mental Health Action Plan
- Report on deinstitutionalization of psychiatric care in the WHO South-East Asia Region

*Paro Declaration by the
Health Ministers of Member States
at the Seventy-fifth Session of
the WHO Regional Committee for South-East Asia
on
universal access to people-centred
mental health care and services*

Translating Paro Declaration into Action

Paro Declaration by the Health Ministers of Member States at the Seventy-fifth Session of the WHO Regional Committee for South-East Asia on universal access to people-centred mental health care and services



WHO South-East Asia Region Mental Health Dashboard

Translating Paro Declaration into Action in Maldives

WHO Country Office and MoH are working towards integrating selected mental health services into the PHC reorientation efforts at the Faafu Atoll Demonstration site. The plans include:

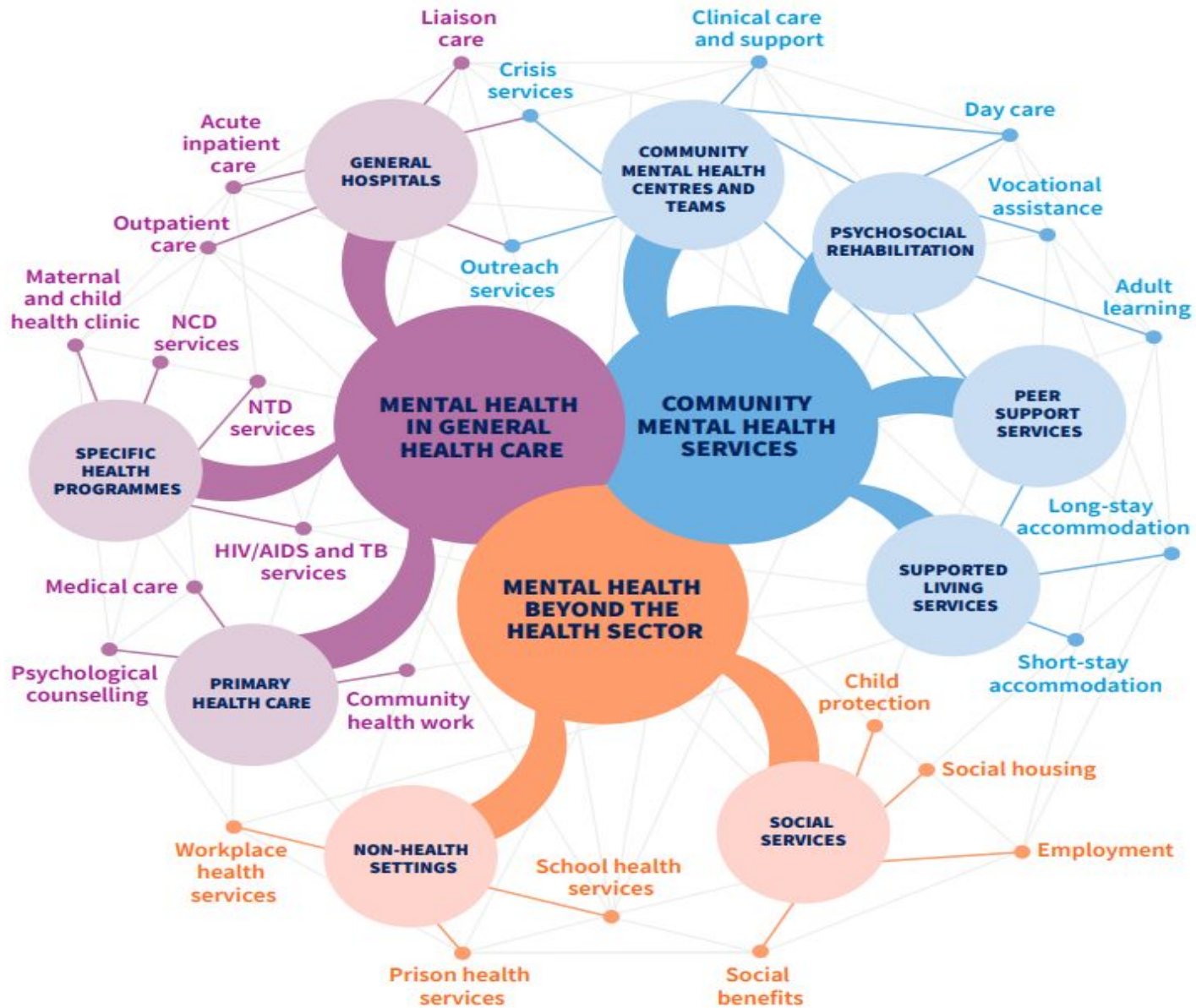
- Observing Mental health services present at the primary care facilities,
 - Implementing and integrating selected care packages into the existing PHC services.
 - Strengthening referral pathways at all levels.
 - Organizing mhGAP training programs for different health care professionals.
 - Integrating Mental Health indicators into DHIS2 information systems.
- ✓ **As part of this initiative WHO has just completed two back-to-back mhGAP trainings at Faafu Atoll consisting of 55 health care professionals including 8 medical officers and 40 nurses.**

Community-based Mental Health Care

Mental health care that is provided outside of a psychiatric hospital.
This includes:

- Primary health care
- Specific health programs
- District or regional general hospitals
- Social services
- Community MH services
 - Community mental health centers and teams
 - Psychosocial rehabilitation programs
 - Small-scale residential facilities

Model of Community-based Mental Health Care Network



Putting people first

Compared with institutional care, community-based mental health care is broadly acknowledged to:

- Increase accessibility
- Reduce stigma
- Better protect human rights
- Improve outcomes



oevaru

mental health conference
15 - 16 october 2023
changing currents ~
~ forming connections



Thank you