WHO’s Mental Health Action Plan

ADOPTED

On 27 May 2013, the Sixty-sixth World Health Assembly adopted the Comprehensive Mental Health Action Plan 2013–2020. In adopting the action plan, WHO’s 194 Member States have formally recognized the importance of mental health and committed to take specific actions to improve it.

The action plan sets important new directions for mental health, highlighting the importance of protecting and promoting human rights, and includes a central role for providing community-based care and support. It also addresses income-generation and education opportunities, housing and social services, and other social determinants of mental health. It emphasises the need to develop a strong civil society and to empower people with mental disabilities. The action plan will build upon, but not duplicate, the work of WHO’s Mental Health Gap Action Programme (mhGAP).

The action plan proposes specific and time-bound actions, targets and indicators. For instance, Member States committed themselves to a 20% increase in service coverage for severe mental disorders and a 10% reduction of suicide rates by 2020.

Implementation of the action plan will require the concerted efforts of Member States, partners and the WHO Secretariat to achieve the objectives.

Comprehensive Mental Health Action Plan 2013-2020:
http://www.who.int/mental_health/action_plan_2013/en/

Meeting of the World Health Assembly

Depression: fighting the stigma – a story of recovery

“I had felt low and sad for as long I can remember, even to the point of contemplating suicide. Then I came across the WHO video “I had a black dog: his name was depression.”

“After watching the video, it dawned on me that I am not “weird” as some people had told me, but just a person who needed help. The video encouraged me to get medical help, and I was diagnosed with having unipolar disorder. My treatment has made me feel more positive about myself and about life in general, and I am slowly gaining confidence. Thank you for saving my life and giving hope to ordinary people like me.”


WHO Black Dog video:
http://youtu.be/XiCniLQGYc
mhGAP: Scaling up mental health services in the Eastern Mediterranean Region

Globally, the need for mental health services is far more than what can be delivered by available mental health specialists. The situation is no different in the WHO Eastern Mediterranean Region where mental, neurological and substance use disorders affect about one in every 10 people. Primary care doctors and nurses are often the ones tasked with treating mental health illnesses, especially in low- and middle-income countries.

To assist these health professionals, WHO in 2010 developed the mhGAP Intervention Guide (mhGAP-IG) for mental, neurological and substance use disorders for non-specialist health settings, along with a training package. In the Eastern Mediterranean Region, a number of countries are in various stages of implementation of the mhGAP-IG.

Iraq has conducted planning and adaptation workshops for mhGAP, and mhGAP-IG training is planned for September 2013. mhGAP training for treating Syrian refugees in the Kurdistan region was conducted in April 2013. Pakistan and Egypt have also developed plans for mhGAP implementation during 2013.

Afghanistan conducted a planning workshop for mhGAP in June 2013. Once the mhGAP-IG and the training package are adapted and translated, a “Training of Trainers” workshop will be held.

In Jordan, many multidisciplinary teams have been trained on mhGAP-IG and are now providing care at community health-care facilities in Amman and in the Irbid region. Last year, Libya initiated mhGAP and is developing a pool of master trainers to roll out training and build up capacities of non-specialists. Based on mhGAP-IG, it is also creating a six-month diploma programme for primary mental health care officers.

In Somalia, a “Training of Trainers” workshop based on mhGAP-IG training material was conducted in 2012. These trainers are currently conducting training for primary health-care workers in the country. Somalia has also paved the way for the training of future medical graduates (see attached box).

Across the Eastern Mediterranean Region, mental health resources are scarce, inequitably distributed and inefficiently used. The mhGAP Intervention Guide is an essential tool to achieve the second objective of the recently adopted Comprehensive Mental Health Action Plan 2013–2020: to provide comprehensive, integrated and responsive mental health and social care services in community-based settings.

Mental health training: planting the seed early could make a difference

mhGAP-IG training workshops with health professionals have been successfully piloted in several countries. In 2012 Somalia chose a different strategy.

In addition to training existing health professionals (in-service training), Somalia decided to train future health professionals (pre-service training). It integrated the mhGAP-IG and its training into the medical undergraduate curriculum of the universities of Hargeisa and Amoud in the northern part of the country.

Pre-service training has the advantage of reaching many future health professionals every year and is cost-effective because it is integrated into the existing structure and programme. The training in Somalia was primarily used to explain the management of conditions and familiarize students with mhGAP-IG. The Somalia experience marks the first time that the mhGAP-IG and its training package have been taught in a medical undergraduate programme. It was based on the hope that “planting the seed early” may be easier than achieving behaviour changes later.
Over the past few years, Albania has lowered the rates of maternal and child mortality and improved vaccination coverage and infrastructure, both impressive health developments. As part of its move towards integration with the European Union, it also wanted to show progress in improving drug epidemiology and treatment. It was, therefore, an ideal candidate for the joint WHO and United Nations Office on Drugs and Crime (UNODC) programme to support the development of drug-dependence treatment and care.

WHO and UNODC first brought together the ministries of health, security, the interior, police, education, social welfare and finance to create a drug treatment and care strategy and, from this, an action plan. They then assisted the Albanian Institute of Public Health to examine data on injecting drug users and evaluate existing drug treatment services.

To improve access to the country’s only specialist addiction clinic, WHO and UNODC supported its move to the main hospital in Tirana. It now provides round-the-clock consultation services there. WHO conducted a “Training of Trainers” who in turn trained 125 clinical staff to address the need for more specialized staff.

The small size of the market for medications for addiction, the high cost of medication obtained from local suppliers, and interruptions to their supply have made it difficult to ensure consistent treatment of more than 500 persons living with various addictions who are being treated with methadone. As a short-term solution, WHO supported the purchase of methadone and is now currently helping Albanian authorities to examine their options for supplying treatment facilities with good quality and affordable medications.

After two years of supporting Albania to provide drug treatment and care to 5000 injecting drug users and thousands of other drug users, WHO’s priority is now to ensure a smooth transition to a locally funded and sustainable national drug treatment and care system in the country so that all who need the treatment can receive it.

Every year, 2.5 million people worldwide die, and many more become ill and injured, from the harmful use of alcohol. In December 2012, innovative web-based portals on alcohol and health were launched in Belarus, Brazil, India and Mexico in an effort to help reduce the number of deaths, illnesses and injuries due to the harmful use of alcohol.

The portals not only offer helpful information on the harmful use of alcohol for policymakers, health professionals and everyone, but also include features such as a self-screening tool for hazardous and harmful use of alcohol and a fully computerized self-help programme for people who wish to reduce alcohol consumption or stop drinking.

By May 2013, more than 10 000 people had visited these portals and more than 1000 of them had registered for the online self-help programme. The numbers are growing. This is not surprising, and online self-help programmes for different health conditions and risk factors are emerging as effective tools because of their many advantages. They are user-friendly, available anytime, do not require waiting or travel time, are anonymous, and free of cost.

The self-help programme and the portals are culturally adapted versions of a WHO generic portal on alcohol and health. The generic portal will be offered to other interested countries for translation and local adaptation.

WHO and UNODC team up to focus on treatment and care for drug addiction in Albania

FACT BOX

– Every year, 2.5 million people worldwide die from the harmful use of alcohol
– 320 000 of them are aged 15-29
– 2.7 billion people (almost 40% of the global population) are online (source: ITU 2013)

FACT BOX

– Albania with a population of 2.8 million people has approximately 5000 injecting drug users
– 500 people are being treated with methadone

Could going online reduce harmful use of alcohol?

Many who otherwise may not seek advice on how to reduce alcohol consumption or stop drinking are now doing so through online self-help programmes.

Visit the WHO website to access the portals: http://www.who.int/substance_abuse/activities/ehealth/en/index.html.

This is a collaboration between WHO, the Trimbos Institute and an institute based in each of the countries, with support from the Government of the Netherlands.

The journey from assistance to sustainability of drug treatment in Albania includes improving access to facilities, capacity-building and supply of medication.

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Investing in the early years makes more sense

In its early years, a child can face both great opportunities for growth and development but also many threats. Promoting and investing in a child’s early years makes sense: when all children have the best first chance in life, they can grow up to create healthy communities, thriving economic workforces and more equitable societies.

Investing in these early years requires collaboration between the health, social, nutrition, education and environment sectors to ensure a holistic package of care and continuity of support. Within this framework of collaboration, the health sector has an important role to play. It is responsible for the effective integration of early child development interventions with existing health and nutrition services.

In January 2013 WHO organized a consultation with stakeholders to develop a roadmap of action for early child development as the world leaders prepare the post-2015 development agenda. Experts recommended that the time is right to recognise the fact that investment in early child development is essential not only for good health but also for sustainable development.

To advance the early child development agenda, WHO is taking the “total asset” approach, a collaboration across many areas such as maternal and child health, mental health, social determinants, nutrition, violence and injury prevention, environmental health, and noncommunicable diseases.

Read Director-General Dr Margaret Chan’s commentary in The Lancet:
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60944-7/fulltext

Autism: getting global attention

In May 2013 the Executive Board of the World Health Organization adopted during its 133rd session a resolution to increase commitment of Member States to improve services and resources for persons with autism spectrum disorders (ASD). This followed initiatives undertaken over the past five years by governments, civil society and the United Nations.

This is good news for the one in 160 children who have ASD but also for their families from low-, middle- or high-income countries, who live with inadequate access to care and steep costs, as well as having to cope with stigma.

Autism spectrum disorders comprise a range of developmental disorders characterized by the impairment in functions related to the central nervous system’s maturation. This umbrella term covers conditions such as autism, childhood disintegrative disorder and Asperger syndrome.

It is clear that the health sector has a critical role to play towards the optimal health, well-being and developmental outcomes of persons affected by ASD and other developmental disorders.

INTERNATIONAL FORUM ON INNOVATION IN MENTAL HEALTH
3-4 October 2013, Lisbon, Portugal

In October 2013, the Calouste Gulbenkian Foundation will host an international event to discuss three main topics: the links between mental disorders and non-communicable diseases; innovations in mental health care; and the links between social determinants and mental illness.

For more information and to register:
http://www.gulbenkianmhplatform.com/information/news?id_news=43