Metadata for 11 additional indicators for the regional framework to scale up action on mental health in the Eastern Mediterranean Region

1. **INTEGRATION OF MENTAL HEALTH INTO EMERGENCY PREPAREDNESS PLANS**

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| INDICATOR | **Mental health and psychosocial support provision is integrated in the national emergency preparedness plans** |
| ASSOCIATED ACTION PLAN / REGIONAL FRAMEWORK OBJECTIVE | This indicator monitors the regional strategic intervention to “Embed mental health and psychosocial support in national emergency preparedness and recovery plans”, which contributes to the Comprehensive Mental Health Action Plan Objective 1: “To strengthen effective leadership and governance for mental health”. |
| RATIONALE | A mental health and psychosocial support plan for emergency preparedness provides clear guidance to all relevant stakeholders regarding the (a) priorities for strategies, (b) timelines and (c) resource requirements. |
| TYPE OF MEASURE | *Checklist* to determine the integration of mental health and psychosocial support provision into the national emergency preparedness plans. The mental health and psychological support provision plans include: (a) priorities for strategies, (b) timelines and (c) resource requirements. |
| DATA SOURCE & MEANS OF VERIFICATION | Physical availability of the national emergency preparedness plans policy or plan, including year of the latest update, and ascertainment through a checklist of the extent to which mental health and psychosocial support provision is integrated. |
| NOTES & DEFINITIONS | The national emergency preparedness plans are a detailed scheme for preparing for action in the context of a disaster/emergency, including priorities for strategies, timelines and resource requirements. Plans for mental health and psychosocial support provision may form part of the mental health plan, the health plan, a disaster plan, or may be a separate document.  |

1. **FINANCIAL COVERAGE FOR PRIORITY MENTAL HEALTH CONDITIONS**

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| INDICATOR | **Inclusion of priority mental health conditions in basic packages of health care of public insurance/reimbursement schemes** |
| ASSOCIATED ACTION PLAN / REGIONAL FRAMEWORK OBJECTIVE | This indicator monitors the regional strategic intervention to “Integrate priority mental conditions in the basic health delivery package of the government and social/private insurance reimbursement schemes”, which contributes to resource planning and Comprehensive Mental Health Action Plan Objective 1: “To strengthen effective leadership and governance for mental health”. |
| RATIONALE | “Resource-constrained countries can aim to ensure that priority interventions and services for persons with severe or highly-disabling mental disorders are included within national or social insurance schemes; wealthier nations can aim for comprehensive financial coverage” (Chisholm, 2015). |
| TYPE OF MEASURE | Inclusion of priority mental health conditions in basic packages of health care of public and private insurance/reimbursement schemes:Proportionate.Numerator: Number of priority mental health conditions in basic packages of health care of public insurance/reimbursement schemesDenominator: Total number of priority mental health conditions |
| DATA SOURCE & MEANS OF VERIFICATION | Review of policies of basic packages of health care of public and private insurance/reimbursement schemes. |
| NOTES & DEFINITIONS | Priority mental health conditions identified in mhGAP include: depression, psychosis, bipolar disorders, epilepsy, developmental and behavioural disorders in children and adolescents, dementia, alcohol use disorders, drug use disorders, self-harm/suicide, conditions specifically related to stress, and other significant emotional or medically unexplained complaints (WHO mhGAP, 2011 & 13).Public and private insurance/reimbursement schemes are sources of funding for mental health care. In social health insurance schemes, entitlement to health care is linked to a contribution made by, or on behalf of, specific individuals in the population. Social health insurance typically refers to schemes set up for salaried workers (in the public or private sector), who have their insurance premia deducted from their wage packets (which is what makes these schemes viable). They are typically NOT well directed at the poor, who are often working in the informal economy. Social health insurance differs from ‘tax based financing’ which entitles all citizens to services thereby giving universal coverage. Government schemes include both national and sub-national public health insurance / reimbursement schemes.Non-governmental organizations may provide schemes that are for profit or not for profit.Employers may provide social health insurance schemes. |

1. **BUDGETARY ALLOCATIONS FOR SERVICE DELIVERY TARGETS**

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| INDICATOR | **Enhanced budgetary allocations are in place for addressing the agreed upon national mental health service delivery targets** |
| ASSOCIATED ACTION PLAN / REGIONAL FRAMEWORK OBJECTIVE | This indicator monitors the implementation of effective resource planning and contributes to Comprehensive Mental Health Action Plan Objective 1: “To strengthen effective leadership and governance for mental health”. |
| RATIONALE | Components of the mental health plan will need sustainable financing, including the service infrastructure, equipment and technology, and the delivery, training and remuneration of the workforce. Each delivery target should be costed, and the method of financing identified (e.g. state funding, social insurance, donors, private insurance, out-of-pocket payments). |
| TYPE OF MEASURE | Proportionate.Numerator: Number of agreed upon national mental health service delivery targets with enhanced budgetary allocations in placeDenominator: Total number of agreed upon national mental health service delivery targets |
| DATA SOURCE & MEANS OF VERIFICATION | Review of National Mental Health Policy and Plans to enumerate the agreed upon national mental health service delivery targets.Identify whether enhanced budgetary allocations in place for each national mental health service delivery target from Policy/Plans and National Health Accounts.Potential sources of information include:* National Mental Health Department at Ministry of Health
* Ministry of Health Planning Department/Unit
* Ministry of Health Financial department
* Check your country section on Mind Bank website
* Check your country profile in Mental health atlas 2011
* Identify and Consult with local team of experts
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| NOTES & DEFINITIONS |  |

1. **GENERAL HOSPITALS WITH MENTAL HEALTH UNITS**

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| INDICATOR | **Proportion of general hospitals which have mental health units, including inpatient and outpatient units** |
| ASSOCIATED ACTION PLAN / REGIONAL FRAMEWORK OBJECTIVE | This indicator monitors the regional strategic intervention to “establish mental health services in general hospitals for outpatient and short-stay inpatient care”, which contributes to integrated and responsive care, and Comprehensive Mental Health Action Plan Objective 2: “To provide comprehensive, integrated and responsive mental health and social care services in community-based settings”. |
| RATIONALE | “General hospital settings provide an accessible and acceptable location for 24-hour medical care and supervision of people with acute exacerbations of mental disorders, in the same way that these facilities manage acute exacerbations of physical health disorders” (Saraceno, 2015) |
| TYPE OF MEASURE | Proportionate.Numerator: Number of general hospitals which have mental health units, including inpatient and outpatient unitsDenominator: Number of general hospitals |
| DATA SOURCE & MEANS OF VERIFICATION | Potential sources of information include:* District and national databases of health facilities.
* Hospital administrative reporting system
* Hospital Department in Ministry of Health
* Community Care Department in Ministry of Health
* National Mental Health Department at Ministry of Health
* Mental Health Services
* Private and Public Mental Health Providers
* National Institute of Statistics

Cross check data in previous version of your country MH Atlas and WHO AIMS Report. If data is not readily available, consider collecting the data at facility and district level and from Districts/Regions or private facilities. |
| NOTES & DEFINITIONS | Disaggregate by inpatient and outpatient units |

1. **AVAILABILITY OF NON-PHARMACOLOICAL INTERVENTIONS**

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| INDICATOR | **Proportion of primary health care facilities with at least one staff trained to deliver non-pharmacological interventions** |
| ASSOCIATED ACTION PLAN / REGIONAL FRAMEWORK OBJECTIVE | This indicator is a measure of the integration of mental health care within primary care, and the availability of mental health care in primary care settings. It monitors the regional strategic interventions to integrate delivery of cost-effective, feasible and affordable evidence-based interventions for mental conditions in primary health care, and to provide people with mental health conditions and their families with access to community-based interventions. This is an aspect of service reorganization and expanded coverage, and contributes to Comprehensive Mental Health Action Plan Objective 2: To provide comprehensive, integrated and responsive mental health and social care services in community-based settings. |
| RATIONALE | A well-functioning health system ensures equitable access to the full range of cost-effective treatments. |
| TYPE OF MEASURE | Proportionate.Numerator: Number of primary health care facilities with at least one staff trained to deliver non-pharmacological interventionsDenominator: Number of primary health care facilities |
| DATA SOURCE & MEANS OF VERIFICATION | Primary Care administrative reporting systemsHealth facility assessments Special surveys may be required where this information is not routinely recorded. |
| NOTES & DEFINITIONS | To be ‘trained’ requires use of standardised training packages for psychosocial interventions. |

1. **TRAINING IN PRIORITY MENTAL CONDITIONS DURING EMERGENCIES**

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| INDICATOR | **Proportion of health care workers trained or attended refresher courses in recognition and management of priority mental conditions during emergencies** |
| ASSOCIATED ACTION PLAN / REGIONAL FRAMEWORK OBJECTIVE | This indicator monitors the regional strategic intervention to “Implement best practices for mental health and psychosocial support in emergencies”, which contributes to Comprehensive Mental Health Action Plan Objective 2: To provide comprehensive, integrated and responsive mental health and social care services in community-based settings. |
| RATIONALE | To ensure that mental health services and community psychosocial supports are widely available in response to a humanitarian emergency. |
| TYPE OF MEASURE | Proportion of health care workers trained or attending refresher courses in recognition and management of priority mental conditions during emergencies in the last 2 yearsNumerator: Number of health care workers who have received training or attended refresher courses in the recognition and management of priority mental conditions during emergencies during the past yearDenominator: Total number of health care workers |
| DATA SOURCE & MEANS OF VERIFICATION | Routine administrative records (training registers) from individual training institutions.District Reporting System“The total number of health care workers is ideally assessed through routine administrative records on numbers of active health workers compiled, updated and submitted regularly (e.g. quarterly) by district health officers, payroll registrars, individual health facilities (both public and private) and/or health professional regulatory bodies, and collated into a centralized HRIS or database maintained by the Ministry of Health or other mandated agency” (Framework for health information systems and core indicators, WHO EMRO, 2014). |
| NOTES & DEFINITIONS | Priority mental conditions during emergencies include: acute stress, grief, moderate-severe depressive disorder, post-traumatic stress disorder, psychosis, epilepsy/seizures, intellectual disability, harmful use of alcohol and drugs, suicide, and other significant mental health complaints (WHO mhGAP Humanitarian Intervention Guide, WHO & UNHCR 2015)Disaggregated new/initial and refresher/specific trainingDisaggregated by type of health worker: physicians, nurses, midwives, mother and child healthcare workers, pharmacists, dentists. |

1. **PSYCHOLOGICAL FIRST AID TRAINING INCORPORATED IN EMERGENCY RESPONDER TRAINING**

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| INDICATOR | **Psychological first aid (PFA ) training is incorporated in all emergency responder trainings at national level** |
| ASSOCIATED ACTION PLAN / REGIONAL FRAMEWORK OBJECTIVE | This indicator monitors the regional strategic intervention to “Train emergency responders to provide psychological first aid”, which contributes to Comprehensive Mental Health Action Plan Objective 3: “To implement strategies for promotion and prevention in mental health”. |
| RATIONALE | To ensure that evidence-based and appropriate immediate community psychosocial supports are widely available in response to a humanitarian emergency. |
| TYPE OF MEASURE | Percentage of emergency responder trainings at national level that incorporate a designated psychological first aid (PFA) training sessionNumerator: Number of training curricula that incorporate a designated psychological first aid (PFA) training session Denominator: Total number of training curricula for emergency responder training |
| DATA SOURCE & MEANS OF VERIFICATION | Review of curricula from individual training institutions providing emergency responder training.Administrative records/registers of training institutions providing emergency responder training |
| NOTES & DEFINITIONS | Disaggregate by individual training institutionsPsychological First Aid; Guide for field workers, WHO 2011 |

1. **SCHOOLS IMPLEMENTING THE WHOLE-SCHOOL APPROACH TO PROMOTE LIFE SKILLS**

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| INDICATOR | **Proportion of schools implementing the whole-school approach to promote life skills** |
| ASSOCIATED ACTION PLAN / REGIONAL FRAMEWORK OBJECTIVE | This indicator monitors and aspect of the regional strategic intervention to “Provide cost-effective, feasible and affordable preventive interventions through community and population-based platforms”, which contributes to Comprehensive Mental Health Action Plan Objective 3: “To implement strategies for promotion and prevention in mental health”. |
| RATIONALE | The Comprehensive Mental Health Action Plan highlights the importance of nurturing core individual attributes in the formative stages of life. |
| TYPE OF MEASURE | Proportion of schools that are currently implementing the whole-school approach to promote life skills. Numerator: Number of schools that are implementing the whole-school approach to promote life skillsDenominator: Total number of schools |
| DATA SOURCE & MEANS OF VERIFICATION | Ministry of Education.School Health Programme in Ministry of Health.Health Promoting School Networks. |
| NOTES & DEFINITIONS | By definition, the whole school approach involves teachers, family, children and community; everyone that is involved in the school.Promotion and prevention activities include all organized activities aimed at promoting mental health and/or preventing the occurrence as well as the progression of mental disorders. Life skills include interpersonal and communication skills, critical thinking and decision making, coping and self-management. Examples of activities include those aimed at improving: (a) social skills, (b) emotional communication, (c) stress management, and (d) skills for coping with adversity. Disaggregation by primary and secondary schools  |

1. **TRAINING OF PERSONNEL WORKING IN MOTHER AND CHILD HEALTH CARE IN PARENTING SKILLS**

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| INDICATOR | **Proportion of personnel working in mother and child health care trained in providing early childhood care and development and parenting skills to mothers and families** |
| ASSOCIATED ACTION PLAN / REGIONAL FRAMEWORK OBJECTIVE | This indicator monitors an aspect of the regional strategic intervention to “Provide cost-effective, feasible and affordable preventive interventions through community and population-based platforms”, which contributes to Comprehensive Mental Health Action Plan Objective 3: “To implement strategies for promotion and prevention in mental health”. |
| RATIONALE | Parenting skills can help to prevent adverse childhood experiences (including violence) that could negatively affect the mental health status of individuals or communities. |
| TYPE OF MEASURE | Proportion of personnel working in mother and child health care that have been trained in providing early childhood care and development and parenting skills to mothers and familiesNumerator: Number of personnel working in mother and child health care that have been trained in providing early childhood care and development and parenting skills to mothers and families in the last two yearsDenominator: Total number of personnel working in mother and child health care |
| DATA SOURCE & MEANS OF VERIFICATION | Routine administrative records (training registers) from individual training institutions.District Reporting System Special surveys will be required where this information is not routinely recorded. |
| NOTES & DEFINITIONS | Disaggregate by new/initial in-service training and refresher/specific in-service training |

1. **TRAINING (OR REFRESHER COURSES) OF PERSONNEL WORKING IN MOTHER AND CHILD HEALTH CARE IN RECOGNITIONS AND MANAGEMENT OF MATERNAL DEPRESSION**

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| INDICATOR | **Proportion of personnel working in mother and child health care personnel that have been trained or attended refresher course(s) in early recognition and management of maternal depression** |
| ASSOCIATED ACTION PLAN / REGIONAL FRAMEWORK OBJECTIVE | This indicator monitors an aspect of the regional strategic intervention to “Provide cost-effective, feasible and affordable preventive interventions through community and population-based platforms”, which contributes to Comprehensive Mental Health Action Plan Objective 3: “To implement strategies for promotion and prevention in mental health”. |
| RATIONALE | Mental health problems affect 15–20% of mothers. Effective treatments exist but few mothers have access to such treatments. The most appropriate platform for integration of interventions to prevent or manage many such problems are community-based maternal and child health services. |
| TYPE OF MEASURE | Proportion of personnel working in mother and child health care who have received training or attended refresher course(s) in early recognition and management of maternal depression in the past two years Numerator: Number of personnel working in mother and child health care who have received training or attended refresher courses in early recognition and management of maternal depression in the past two yearsDenominator: Total number of personnel working in mother and child health care  |
| DATA SOURCE & MEANS OF VERIFICATION | Routine administrative records (training registers) from individual training institutions.District Reporting System Special surveys will be required where this information is not routinely recorded. |
| NOTES & DEFINITIONS | Disaggregate by new/initial in-service training and refresher/specific in-service training |

1. **NATIONAL CAMPAIGNS TO IMPROVE MENTAL HEALTH LITERACY AND REDUCE STIGMA**

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| INDICATOR | **Regular national campaigns to improve mental health literacy and reduce stigma using multiple delivery channels** |
| ASSOCIATED ACTION PLAN / REGIONAL FRAMEWORK OBJECTIVE | This indicator monitors an aspect of the regional strategic intervention to “Provide cost-effective, feasible and affordable preventive interventions through community and population-based platforms”, which contributes to Comprehensive Mental Health Action Plan Objective 3: “To implement strategies for promotion and prevention in mental health”. |
| RATIONALE | To assess the provision of evidence-based, cost-effective programmes for promoting mental health, preventing mental disorders, and reducing stigmatization and discrimination. |
| TYPE OF MEASURE | List and count of campaigns.Checklist of media utilised, frequency and duration. |
| DATA SOURCE & MEANS OF VERIFICATION | Prevention Department in Ministry of HealthNational Mental Health Department at Ministry of Health Ministry of EducationMinistry of LabourMinistry of Social Welfare Mental Health Services |
| NOTES & DEFINITIONS | Include campaigns to improve mental health literacy and/or reduce stigma that are ***national*** in scale and utilise ***multiple delivery channels***. |