Questions to collect data 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**

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.

**1.1 Do you have a national emergency preparedness plans?**  Yes No

**1.2 If yes, please state the Year of plans:** *(latest revision)* **\_\_ \_\_ \_\_ \_\_**

**1.3 Are plans for mental health and psychosocial support integrated into the national emergency preparedness plans?**

 Yes No

**1.4 Please state the current status of your country’s plan for mental health and psychosocial support in an emergency** *(Select one response only)*

Not developed / not available □

Available but not implemented □

Available and partially implemented □

Available and fully implemented □

**1.5 Please complete the following checklist in order to assess the strength of the mental health and psychosocial support plans**

|  |  |  |
| --- | --- | --- |
| 1.5.1 The current plan for mental health and psychosocial support in an emergency includes prioritised interventions | YES □ | NO □ |
| 1.5.2 The current plan for mental health and psychosocial support in an emergency includes timelines | YES □ | NO □ |
| 1.5.3 The current plan for mental health and psychosocial support in an emergency include estimates of human or financial resource requirements to implement it | YES □ | NO □ |
| 1.5.3.1 If YES, have resources been allocated in line with resources needed to implement the plans? | YES □ | NO □ |
| 1.5.3.2 If NO, has a separate assessment of resource needs been undertaken to enable implementation of the plans | YES □ | NO □ |
| 1.5.4 Does the plan for mental health and psychosocial support in an emergency contain specified indicators or targets against which its implementation can be monitored? | YES □ | NO □ |

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

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. **Please complete the table below indicating the percentage of the population is covered by public, private and social health insurance/reimbursement schemes?**

|  |
| --- |
| Financial coverage for priority mental health conditions |
| Type of health insurance/reimbursement scheme | Percentage of total population covered by each type of health insurance/reimbursement scheme*(Tick one box for each type of health insurance/reimbursement that best represents percentage of population covered)* |
|  | None (0%) | Few(1-20%) | Some(21-50%)  | Majority (51-80%) | All or almost all(81-100%)  | Unknown | Not applicable |
| 2.1.1. Government |  |  |  |  |  |  |  |
| 2.1.2. Non-governmental organizations |  |  |  |  |  |  |  |
| 2.1.3. Employers |  |  |  |  |  |  |  |

* 1. **Please complete the table below indicating which priority mental health conditions are included in the basic packages of health care of the public health insurance/reimbursement scheme**

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).

|  |  |
| --- | --- |
| Priority mental health condition | *Tick box to confirm that the condition is covered, either explicitly or by default in the public health insurance scheme that is operating for the majority of patients in your country* |
| 2.2.1 Depression |  | □ |  |
| 2.2.2 Psychosis |  | □ |  |
| 2.2.3 Bipolar Disorders |  | □ |  |
| 2.2.4 Epilepsy |  | □ |  |
| 2.2.5 Developmental and behavioural disorders in children and adolescents |  | □ |  |
| 2.2.6 Dementia |  | □ |  |
| 2.2.7 Alcohol use disorders |  | □ |  |
| 2.2.8 Drug use disorders |  | □ |  |
| 2.2.9 Self-harm/suicide |  | □ |  |
| 2.2.10 Conditions specifically related to stress |  | □ |  |
| 2.2.11 Other significant emotional or medically unexplained complaints |  | □ |  |

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

Components of the mental health plan 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).

**3.1 Please complete the table below describing the budgetary allocations for addressing the agreed upon national mental health service delivery targets in your country**

Please list the agreed upon national mental health service delivery targets in the first column. For each target tick one box to indicate the status of its budgetary allocation.

|  |  |
| --- | --- |
| List of national mental health service delivery targets | *Tick one box for each target to indicate the status of its budgetary allocation*  |
| Not costed | Costed but financing not fully identified | Costed and financing fully identified |
| 1) | □ | □ | □ |
| 2) | □ | □ | □ |
| 3) | □ | □ | □ |
| 4) | □ | □ | □ |
| 5) | □ | □ | □ |
| 6) | □ | □ | □ |
| 7) | □ | □ | □ |
| 8) | □ | □ | □ |
| 9) | □ | □ | □ |
| 10) | □ | □ | □ |

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

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).

**4.1 Please complete the following table in order to assess the availability of Mental Health Units in General Hospitals in your country**

|  |
| --- |
| PERCENTAGE of general hospitals which have mental health units, including inpatient and outpatient units |
|  | **Total number of facilities** | **Number of facilities with a mental health unit** | **Percentage of facilities with a mental health unit** |
| General Hospitals |  |  | % |
| Mental Health Inpatient Units in General Hospitals *(populate from 7.1.2.1[[1]](#footnote-1))* |  |  | % |
| Mental Health Outpatient Units in General Hospitals |  |  | % |

[UN= data are unknown]

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

A well-functioning health system ensures equitable access to the full range of cost-effective treatments, including non-pharmacological interventions that can be delivered by appropriately trained and supported staff in primary care.

* 1. **Please complete the following table in order to assess the proportion of primary health care facilities with at least one staff trained to deliver non-pharmacological interventions. To be ‘trained’ requires the use of standardised training packages for psychosocial interventions.**

|  |
| --- |
| Proportion of primary health care facilities with at least one staff trained to deliver non-pharmacological interventions |
|  |  |
|
| Number of primary health care facilities with at least one staff trained to deliver non-pharmacological interventions (using of standardised training packages for psychosocial interventions) |  |
| Total number of primary health care facilities |  |
| Percentage of primary health care facilities with at least one staff trained to deliver non-pharmacological interventions | % |

[UN= data are unknown]

* 1. **Please complete the following table by first listing the types of non-pharmacological interventions delivered in primary healthcare facilities (in column 1), then indicate the percentage of primary health care facilities with at least one staff trained to deliver each type of non-pharmacological intervention by ticking one box in each row.**

|  |
| --- |
| types of non-pharmacological interventions in which primary health care staff are trained |
| Type of non-pharmacological intervention | Percentage primary health care facilities with at least one staff trained to deliver each type of non-pharmacological intervention*(Tick one box for each type non-pharmacological intervention that best represents percentage of population covered)* |
| None (0%) | Few(1-20%) | Some(21-50%)  | Majority (51-80%) | All or almost all(81-100%)  | Unknown |
| 5.2.1. |  |  |  |  |  |  |
| 5.2.2. |  |  |  |  |  |  |
| 5.2.3. |  |  |  |  |  |  |
| 5.2.4. |  |  |  |  |  |  |
| 5.2.5. |  |  |  |  |  |  |

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

Appropriate training and update is necessary to ensure that mental health services and community psychosocial supports are widely available in response to a humanitarian emergency.

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)

**6.1 Please complete the following table in order to assess the proportion of health care workers trained or received refresher course(s) in recognition and management of priority mental conditions during emergencies in your country in the last two years**

|  |
| --- |
| Proportion of health care workers trained or received refresher course(s) in recognition and management of priority mental conditions during emergencies |
|  | **Number of health care workers** | **Number of health care workers trained or received refresher course(s) in recognition and management of priority mental conditions during emergencies in the last two years** | **% trained** |
|  |  | *New / initial in-service training* | *Refresher / specific in-service training* |  |
| Physicians |  |  |  | **%** |
| Nurses |  |  |  | **%** |
| Midwives |  |  |  | **%** |
| Mother and child healthcare workers |  |  |  | **%** |
| Pharmacists |  |  |  | **%** |
| Dentists |  |  |  | **%** |

[UN= data are unknown]

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

This indicator assesses whether evidence-based and appropriate immediate community psychosocial supports (psychological first aid) is widely available in response to a humanitarian emergency.

* 1. **Please complete the following table in order to assess the extent to which psychological first aid (PFA ) training is incorporated in emergency responder training at national level in your country**

|  |
| --- |
| Psychological first aid (PFA ) training in emergency responder training |
| NAME OF TRAINING INSTITUTION/ENTITY | **Does the training curriculum include Psychological First Aid training? (Y/N)** | **How many emergency responder training courses have been delivered in the past year?****(Number)** | **How many persons have received emergency responder training in the past year?****(Number)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

[UN= data are unknown]

1. **SCHOOLS IMPLEMENTING LIFE SKILLS TRAINING**

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. This may be carried out through a whole school approach, which involves teachers, family, children and community; everyone that is involved in the school.

* 1. **Please complete the table below showing the number (and proportion) of school that are implementing the whole-school approach to promote life skills**

|  |
| --- |
| NUMBER (AND PROPORTION) OF SCHOOLS THAT ARE IMPLEMENTING LIFE SKILLS TRAINING |
|  | Primary Schools | Secondary/High Schools |
| Total number of schools |  |  |
| Number of schools that are implementing life skills training |  |  |
| % of schools that are implementing life skills training | % | % |

1. **TRAINING (OR REFRESSHER COURSES) OF PERSONNEL WORKING IN MOTHER AND CHILD HEALTH CARE IN PARENTING SKILLS, and**
2. **TRAINING (OR REFRESHER COURSES) OF PERSONNEL WORKING IN MOTHER AND CHILD HEALTH CARE IN RECOGNITION AND MANAGEMENT OF MATERNAL DEPRESSION**

Parenting skills can help to prevent adverse childhood experiences (including violence) that could negatively affect the mental health status of individuals or communities.

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.

1. **Please complete the table below showing the number (and proportion) of personnel working in mother and child health care that have been trained or attended refresher courses in providing early childhood care and development and parenting skills to mothers and families, and in early recognition and management of maternal depression in the last two years**

|  |
| --- |
| MOTHER AND CHILD HEALTH CARE PERSONNEL TRAINED OR ATTENDING REFRESHER COURSES IN PROVIDING EARLY CHILDHOOD CARE AND DEVELOPMENT AND PARENTING SKILLS TO MOTHERS AND FAMILIES, AND IN EARLY RECOGNITION AND MANAGAGEMENT OF MATERNAL DEPRESSION IN THE LAST TWO YEARS |
|  | *Number* |
| 9.1 Total number of mother and child health care personnel |  |
|  | *New / initial in-service training* | *Refresher / specific in-service training* | *% trained* |
| 9.2 Number of mother and child health care personnel trained in providing early childhood care and development and parenting skills to mothers and families in the last two years |  |  |  |
| * 1. Number of mother and child health care personnel trained in early recognition and management of maternal depression in the last two years
 |  |  |  |

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

This indicator assesses the provision of evidence-based, cost-effective programmes for promoting mental health, preventing mental disorders, and reducing stigmatization and discrimination.

Include campaigns to improve mental health literacy and/or reduce stigma that are national in scale and utilise multiple delivery channels.

* 1. **Please complete the following table in order to assess the provision of national campaigns to improve mental health literacy and reduce stigma using multiple delivery channels in your country**

|  |
| --- |
| Regular national campaigns to improve mental health literacy and reduce stigma using multiple delivery channels |
| NAME OF CAMPAIGNPlease insert full name, and website (if available) | **Please tick boxes to indicate all media used to deliver campaign** | **How many times has the campaign been delivered in the past 2 years?****(Insert number of times, or write ‘continuous’ if it has been ongoing through the past 2 years)** | **How many days did the campaign run for in the past one year? (Days)** |
|  | Television □Radio □Print Publications □Internet □ Direct Mail □ | Signage □Mobile Devices □Other Media □ (please specify)  |  |  |
|  | Television □Radio □Print Publications □Internet □ Direct Mail □ | Signage □Mobile Devices □Other Media □ (please specify)  |  |  |
|  | Television □Radio □Print Publications □Internet □ Direct Mail □ | Signage □Mobile Devices □Other Media □ (please specify)  |  |  |
|  | Television □Radio □Print Publications □Internet □ Direct Mail □ | Signage □Mobile Devices □Other Media □ (please specify)  |  |  |
|  | Television □Radio □Print Publications □Internet □ Direct Mail □ | Signage □Mobile Devices □Other Media □ (please specify)  |  |  |
|  | Television □Radio □Print Publications □Internet □ Direct Mail □ | Signage □Mobile Devices □Other Media □ (please specify)  |  |  |

[UN= data are unknown]

1. The relevant information for the number of general hospitals with psychiatric units is already included in the MH Atlas 2014 question on Service Availability, 7.1.2.1. [↑](#footnote-ref-1)