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WHO events addressing public health priorities

[1] This report is extracted from the Summary report on the Expert consultation on mental health in primary health care: finalization of the guidance package for the integration of mental health into primary health care, Cairo, Egypt, 19–20 September 2017 (http://applications.emro.who.int/docs/IC_Meet_Rep_2017_EN_20192.pdf?ua=1, accessed 21 March 2018).

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Mental, neurological, and substance use disorders are common in all regions of the world, affecting every community and age group across all income countries. While 14% of the global burden of disease is attributed to these disorders, most of the people affected – 75% in many low-income countries – do not have access to the treatment they need (1).

In response, the World Health Organization (WHO) has launched its flagship Mental Health Global Action Programme (mhGAP) to scale up care for mental, neurological and substance use disorders. The Mental Health Action Plan 2013–2020, adopted by the World Health Assembly in May 2013 (2), provides the roadmap for developing community-oriented mental health services. The Regional Framework to Scale Up Action on Mental Health in the Eastern Mediterranean Region (3) implements the provisions of the Mental Health Action Plan by identifying concrete strategic interventions through a set of intermediate indicators that can be used to monitor progress towards the targets set for 2020 (3).

One of the key strategic interventions identified in the Regional Framework is the integration of a mental health component into primary health care (3). Although this intervention has been on the agenda for over 30 years, and despite the fact that countries in the Region have pioneered the integration process, only a few countries have made tangible progress at the national level, while the majority of countries have found it difficult to transition from local, time-limited projects to scaled-up sustainable integration. Recent developments, such as the inclusion of mental health and substance use-related targets and indicators in the 2030 Agenda for Sustainable Development (4), have provided additional impetus to this effort.

The WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) has taken the lead in developing a guidance package to support countries in integrating mental health interventions into their primary health care systems, based on health system building blocks and the universal health coverage approach. In addition, in view of the crisis and emergency situations prevailing in a substantial number of countries in the Region, the package includes a special section on providing integrated mental health and psychosocial support services in countries in crisis and emergency situations. This presents an opportunity to not only set up robust mental health and psychosocial support systems during the response phase, but also to build inclusive and resilient health systems.

The expert consultation, which was held at the Regional Office in Cairo, 19–20 September 2017 (5), was jointly organized by the Regional Office departments of Noncommunicable Diseases and Mental Health (NMH) and Health Systems Development (HSD), and involved both regional and international experts in public mental health and health system development. The objectives of the expert consultation were to review the draft guidance package to facilitate countries in the Region; to introduce and/or strengthen the integration of mental health interventions in primary health care; and to identify the potential entry points for the integration of mental health interventions in primary health care in both stable and humanitarian emergency settings.

Summary of discussions

1. The guidance package needs to be structured more explicitly in accordance with the 2030 Agenda for Sustainable Development in order to achieve Sustainable Development Goal 3.8: achieve universal health coverage (6). Thus, the integration of a core package of mental health interventions into primary health care is needed.
2. Governance should be given more prominence in the package, not only as an individual health system building block underpinning the process of integration, but also within each of the other sections of the package dealing with other health system building blocks. In addition, this would allow addressing the sections on advocacy and collaborative plans within the section on governance.

3. In order to help national planners and implementers, more case examples from countries of the Region and beyond are needed, which highlight the processes and mechanisms facilitating sustainable integration of mental health interventions in primary health care, as well as the challenges encountered in the process.

4. The integration of mental health services into primary health care needs to provide a strong case for investment in integration. This would offer evidence of better health outcomes and return on investment, and information on the financial and opportunity costs of failing to do so.

5. The addition of a section on health system status and emergencies would be beneficial, not only in the module on the context of the integration of mental health services in primary health care, but also in each of the building blocks, in order to provide an overview of the regional situation.

6. The sections of the package on human resources need to address the issues of job advertising, recruitment, staff retention, and the deployment of a health workforce that has the necessary skills to deliver holistic mental health care at all levels of care, including self-care and self-help.

7. It is essential to specifically highlight the need to strengthen the mental health component of the pre-service training programmes of health personnel, the training programmes of family physicians, and in-service training and supervision, in the context of the core package of interventions to be delivered through primary health care.

Recommendations

1. Supporting Member States in adapting and tailoring the package to local systems to facilitate the process of integration of mental health interventions in primary health care.

2. Improving the navigability of the package and developing single-page policy briefs around individual themes targeting policy-makers, managers in the public and private sectors, nongovernmental organizations, consumers and families.

3. Review and modify the four modules of the package in light of the comments made during the consultation.

4. Organize a regional meeting during 2018 to secure the consensus of all countries of the Region, possibly with representation from other WHO regions and global partners.

5. Exploring the possibility of including the integration of mental health interventions in primary health care as an agenda item at the Sixty-fifth Session of the Regional Committee in 2018.

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Eastern Mediterranean Health Journal reviewers' panel, 2017

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