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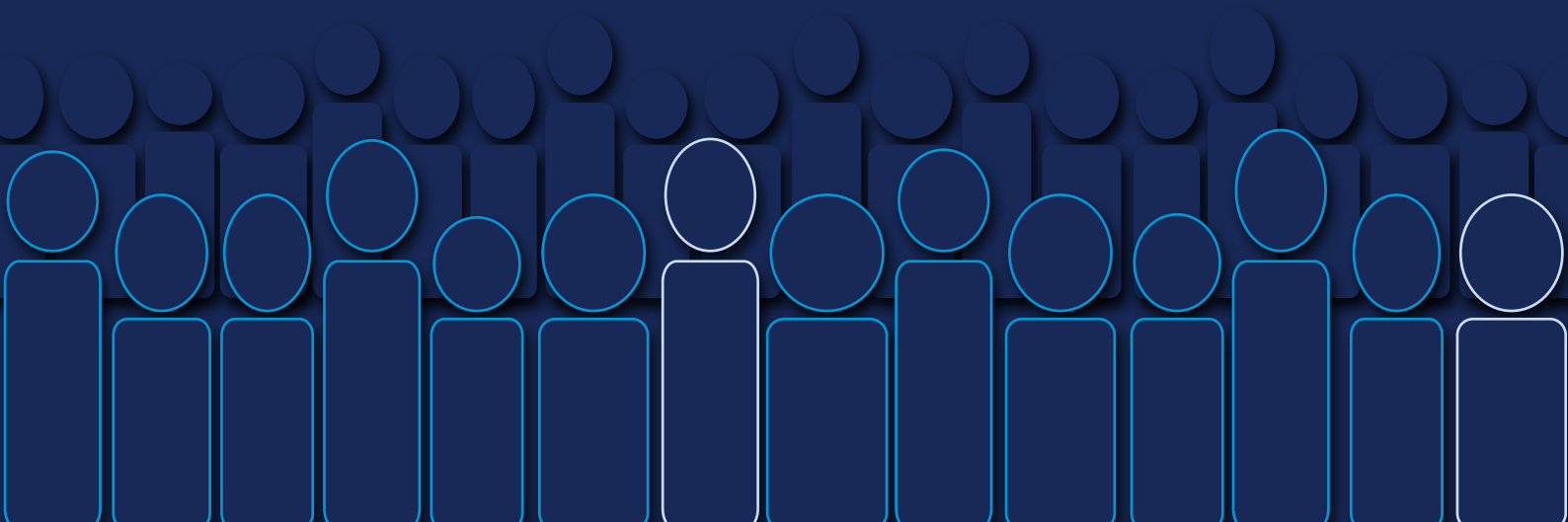
South-East Asia

# Mental health action plan

for the

WHO South-East Asia Region

2023–2030







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Mental health action plan for the WHO South-East Asia Region 2023–2030

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# 1. Context

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The WHO *World mental health report – transforming mental health for all (2022)* estimates that globally there are nearly 1 billion people, meaning 1 in 8, who live with a mental disorder. It is estimated that the loss of productivity across the life-course attributed to mental health conditions will cost the global economy US\$ 6 trillion by 2030 (1).

In the South-East Asia Region, about 13.2% of the population, meaning 1 in 7 (approximately 260 million people), live with a mental health condition (2).

Treatment gaps for mental health conditions in many Member States of the Region are as high as 90%. Services are mainly concentrated in urban areas and mental health institutions. Data from both the government and private sectors are still inadequate. Therefore, the quantum of the true burden and treatment gaps are unknown in most countries of the Region. In many countries, out-of-pocket expenditure for mental health care is high. Mental health needs to be further prioritized in national health plans. Myths and associated stigma and discrimination are widespread, and a high proportion of people seek help outside the health sector (3). Climate change-related factors, disasters and other humanitarian emergencies also impact mental health (2).

The expansion of mental health services to the primary health care and community level is an urgent priority (4; 5). The main mental health challenges in the Region include: the lack of trained professionals, lack of financial resources, stigma and discrimination, lack of prevention and promotion interventions (3). Many interventions aimed at the improvement of mental health of populations require implementation by sectors other than health, underlining the need for strong and coordinated multisectoral approaches with clear strategic directions. During the COVID-19 response, some countries have strengthened the integration of mental health into primary health care, through task-shifting and training of non-specialist health workers to detect, diagnose and treat priority mental health conditions as well as scaled-up mental health and psychosocial support (MHPSS) and established hotlines and provided digital support (3).

There have been several important South-East (SE) Asia Regional Committee resolutions related to mental health. Among these are SEA/RC59/R8 on Alcohol consumption control – Policy options; SEA/RC65/R5 on Noncommunicable diseases, mental health and neurological disorders; SEA/RC65/R8 on Comprehensive and coordinated efforts for the management of autism spectrum disorders (ASD) and developmental disabilities; and SEA Action Plan to implement the Global Strategy to reduce harmful use of alcohol (2014–2025) (SEA/RC67/R4). Regional strategies to address alcohol use, suicide and neurodevelopmental disorders have been developed.

To promote and address mental health in the Region, Member States of the WHO South-East Asia Region adopted the Paro Declaration on Universal access to people-centred mental health care and services on 6 September 2022, during the Seventy-fifth Regional Committee held in Bhutan. Through

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this Declaration, Member States committed to expand community-based mental health services, develop and implement multisectoral policies across the life-course, address mental health risks and reduce treatment gaps exacerbated by the COVID-19 pandemic to ensure that mental health services reach all those in need, close to where they live, without financial hardship (5).

In February 2022, the Regional Office established the WHO South-East Asia Regional Expert Group on Mental Health (REG-MH). The REG-MH meeting on 28–29 November 2022 in New Delhi, India, identified key actions to move forward the mental health agenda in the Region (6) and to expand community mental health services according to the Paro Declaration.

The WHO *World mental health report* represents a landmark document to guide renewed efforts in mental health, address the needs and bridge the gaps. It identifies transformations necessary in policies, prevention and promotion and services necessary to address the current gaps (2). It also recognizes strengthening community-based mental health care as a key priority. Community-based mental health care is care that is provided outside of a psychiatric hospital and includes the provision of mental health services through primary health care, specific health programmes (e.g. child and maternal care), district or regional general hospitals as well as through the social services sector. This requires a range of community mental health services that can be established, including community mental health centres and teams, psychosocial rehabilitation programmes and small-scale residential facilities, among others. These required transformations and services need to be implemented at health system and ground levels to address the challenges of mental health in the Region.

The WHO *Comprehensive mental action plan 2023–2030* identifies responses under four main pillars, which are policies and laws, strengthening services, prevention and promotion, and surveillance and research and include options for action to obtain the necessary response (7).

This regional action plan is aligned to the comprehensive mental health action plan with an emphasis on implementing the Paro Declaration.



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## 2. Vision, goal and guiding principles

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### Vision

A Region where mental health is valued, promoted and protected, where mental health conditions are prevented and where everyone can exercise their full range of human rights and access the high quality, timely and culturally appropriate health and social care they need and has the chance to achieve the highest possible level of health and participate fully in society free from stigma and discrimination.

### Goal

To promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders in the Region.

### Guiding principles

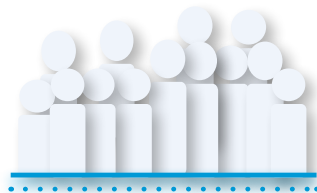
- **Life-course approach** with emphasis on early childhood development, adolescent, adult, maternal and elderly mental health.
- **Community engagement and involvement of persons with lived experience** (PWLE) in policy development, implementation, service delivery evaluation and setting research agendas.
- **Human rights** approach and gender equity for planning and implementation of mental health programmes and service delivery.
- **Universal health coverage (UHC)** to ensure that no one is left behind.
- **Multisectoral action** and whole-of-society approach.
- **Prioritizing community care** through shift of services to primary and secondary care and community-based settings.
- **Evidence-based actions** to ensure optimum use of resources.

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## 3. Objectives of the regional action plan

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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.



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## 4. Targets, indicators and actions

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### OBJECTIVE 1: STRENGTHEN EFFECTIVE LEADERSHIP AND GOVERNANCE FOR MENTAL HEALTH

#### Description

Member States of the Region have initiated processes to strengthen leadership and governance for mental health. Several countries have developed and implemented mental health plans, strategies and legislations. Direct spending on mental health needs to be increased throughout the Region through the health sector as well as other relevant sectors. The political will to address mental health issues was clearly seen at the Ministerial Roundtable (MRT) on mental health at the Seventy-fifth Regional Committee in September 2022, which concluded by adopting the Paro Declaration on Universal access to people-centred mental health care and services (5).

<b>Regional Target 1.1</b>	Eleven countries have developed or updated their policy and/or plan for mental health in line with international human rights instruments that prioritize a shift of services to community care, including primary and secondary care, by 2030.
<b>Indicator</b>	Number of countries that have developed or updated their policy and/or plan for mental health in line with international human rights instruments that prioritize a shift of services to community care, including primary and secondary care, by 2030.
<b>Means of verification</b>	Adopted policies and/or plans available.
<b>Regional Target 1.2</b>	Eleven countries have legislation covering mental health in line with international human rights instruments, by 2030.
<b>Indicator</b>	Number of countries with legislation covering mental health in line with international human rights instruments.
<b>Means of verification</b>	Adopted national mental health laws available.
<b>Regional Target 1.3</b>	Eleven countries increased the government expenditure on mental health per capita (local currency) by 50%, by 2030.
<b>Indicator</b>	Number of countries that have increased the government expenditure on mental health per capita (local currency) by 50%, by 2030.
<b>Means of verification</b>	<i>WHO Mental Health Atlas.</i> Governmental reports.

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## Options for implementation

### **Key areas for action:**

- A. Policies, laws and coordination mechanisms
- B. Resource planning
- C. Stakeholder collaboration
- D. Engagement of people with lived experience and their families.

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### **A. Policies, laws and coordination mechanisms**

#### **Member States:**

- Develop and implement comprehensive mental health policies and plans, in line with international human rights instruments, with allocated human and financial resources and monitored against country-specific indicators or targets.
- Establish multisectoral coordination mechanisms within and beyond the health sector to enable planning, collaboration and service evaluation for mental health across the life-course.
- Improve literacy on mental health policies and legislations and make language accessible and well understood.
- Include early childhood interventions in relevant policies and programmes.
- Decriminalize suicide, suicide attempts and other acts of self-harm.
- Review legislations that perpetuate stigmatization and discrimination against people with mental disorders and psychosocial disabilities and align them to the UN Convention on the Rights of People with Disabilities (CRPD).
- Integrate mental health into policies and programmes, including maternal and child health.

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#### **Secretariat:**

- Compile and disseminate knowledge and best practices for the development and evaluation of policies, plans and laws and their multisectoral implementation.
  - Strengthen capacity of policy-makers and programme planners on mental health and human rights issues through the preparation of policy briefs and scientific publications and the provision of leadership courses and other learning and knowledge exchange opportunities in mental health.
  - Provide technical support to Member States:
    - to strengthen national and subnational mental health policies and laws to protect the rights of those with mental disorders and ensure a shift of services to primary care and communities;
    - to develop relevant metrics to assess progress in implementation of policies and programmes;
    - to promote and support intercountry collaboration for implementing and sharing best practices.
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## B. Resource planning

### Member States:

- Include mental health programmes in the operational plans of the ministries of health and other relevant bodies.
- Ensure sustainability for mental health programmes through adequate national funding.
- Expand the specialized and non-specialized mental health workforce through identification of new professional categories of health-care personnel who are trained, equipped and competently skilled for the delivery of mental health services.
- Implement strategies with stakeholders beyond the health sector to effectively advocate for increased resource allocations for mental health.
- Conduct technically sound costing of mental health policies, strategies and programmes.
- Include mental health as an integral component of public health insurance schemes.
- Set up mechanisms for tracking expenditures for different types of mental health services in health and other relevant sectors such as education, employment, criminal justice and social services.

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### Secretariat:

- Ensure that mental health is a key component of policies and programmes for achieving UHC.
- Provide technical support for resource mobilization, planning, budgeting and expenditure tracking in mental health.
- Develop a methodology to cost essential mental health services, returns on investments and estimate other resource requirements.

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## C. Stakeholder collaboration

### Member States:

- Integrate community involvement in all aspects of mental health to strengthen development and implementation of policies, plans and interventions.
- Support relevant nongovernmental sector agencies to implement national and subnational strategies and programmes.
- Establish mechanisms to systematically map experiences of nongovernmental agencies and findings from the academia to guide formulation of policies.
- Engage with the Intergovernmental Negotiating Body in negotiating for a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response.

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### Secretariat:

- Provide best practices and mechanisms to strengthen collaboration at international, regional and national levels for mental health.
  - Advocate for the inclusion of mental health and psychosocial support (MHPSS) as a key element of health emergencies and climate change action.
  - Support countries to systematically map experiences of nongovernmental agencies and findings from the academia to guide formulation of policies.
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## D. Engagement of people with lived experience and their families

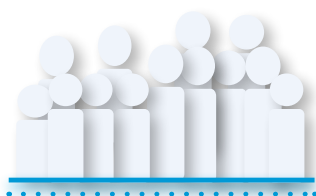
### Member States:

- Ensure active and meaningful participation of people with lived experience and families in policy development, implementation and evaluation, and capacity-building of policy-makers, health-care providers and other relevant professionals within and beyond the health sector.
- Mainstream a human-rights approach to mental health in all relevant sectoral policies, laws and strategies.
- Combat stigma and discrimination against people with mental health conditions, family members and caregivers through advocacy, community empowerment and active engagement of people with lived experience.
- Promote and support the establishment of independent national and local organizations of people with mental disorders.

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### Secretariat:

- Engage and support organizations of people with mental disorders and psychosocial disabilities in policy-making at international, regional and national levels.
  - Promote experience-sharing and collaboration among associations of persons with lived experience.
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## OBJECTIVE 2: PROVIDE COMPREHENSIVE, INTEGRATED AND RESPONSIVE MENTAL HEALTH AND SOCIAL CARE SERVICES IN COMMUNITY-BASED SETTINGS

### Description

Most countries in the WHO South-East Asia Region are making progress in this respect, with important policy shifts towards prioritizing community and primary care services (33), for which sustained support is required.

A clear mandate for the reorientation and expansion of mental health services of high standards in the Region is provided by the Paro Declaration on universal access to people-centred mental health care and services. The Declaration commits to ensure an effective and comprehensive response to mental health needs by establishing evidence-based and rights-oriented community mental health networks, and to systematically plan the process of deinstitutionalization of care for people with severe mental disorders (5).

<b>Regional Target 2.1</b>	Government service coverage for mental health conditions will have increased at least by 50%, by 2030.
<b>Indicator</b>	Number of persons with <b>psychosis</b> who used services over the past 12 months ( <i>number/100 000</i> ).
<b>Means of verification</b>	Health management information system (HMIS) data, reports and studies, where available.
<b>Indicator</b>	Number of persons with <b>depression</b> who used services over the past 12 months ( <i>number/100 000</i> ).
<b>Means of verification</b>	HMIS data, reports and studies, where available.
<b>Indicator</b>	Number of persons with <b>epilepsy</b> who used services over the past 12 months ( <i>number/100 000</i> ).
<b>Means of verification</b>	HMIS data, reports and studies, where available.
<b>Regional Target 2.2</b>	Eleven countries have increased the number of community-based mental health centres by 50%, by 2030.
<b>Indicator</b>	Number of community-based mental health centres.
<b>Means of verification</b>	Description: community mental health centres provide care and support options for people with mental health conditions and psychosocial disabilities in the community (including day-care centres, rehabilitation centres). These centres are intended to provide support outside of an institutional setting and in proximity to people's homes. The range of support options provided in these centres varies, depending on size, context and links to the overall health system in a country. In the context of this indicator, primary health care (PHC) centres are not included.

<b>Regional Target 2.3</b>	Eleven countries have established a mental health unit in at least 80% of general hospitals, by 2030.
<b>Indicator</b>	Proportion of general hospitals with mental health units ( <i>Number of general hospitals with mental health units/number of general hospitals</i> ).
<b>Means of verification</b>	Description: general hospitals are non-specialized hospitals that offer multispecialty services, including medicine, surgery, etc. In several countries, general hospitals include provincial and district hospitals. In the context of this plan, general hospitals fall under the secondary level of care.
<b>Regional Target 2.4</b>	Eleven countries have integrated services for three or more priority conditions in at least 80% of PHC facilities.
<b>Indicator</b>	Number of countries that have integrated services for three or more priority mental health conditions in at least 80% of PHC facilities.
<b>Means of verification</b>	Country reports.
<b>Regional Target 2.5</b>	Beds in specialized psychiatric hospitals reduced by 30%, by 2030.
<b>Indicator</b>	Number of beds in specialized psychiatric hospitals.
<b>Means of verification</b>	WHO Mental Health Atlas.
<b>Regional Target 2.6</b>	Eleven countries have increased the number of supported living facilities by 50%, by 2030.
<b>Indicator</b>	Number of supported living facilities.
<b>Means of verification</b>	Government reports.



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## Options for implementation

### **Key areas for action:**

- A. Service reorganization and expanded coverage
- B. Training.

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#### **A. Service reorganization and expanded coverage**

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##### **Member States:**

- Enable a gradual shift of financial resources and staff towards community-based care that incorporates mental health in general health care, community mental health services and mental health beyond the health sector.
- Build up interdisciplinary community-based mental health services across the life-course, for instance, through schools, outreach services, home care and support, primary health care, emergency care, community-based rehabilitation and supported housing.
- Strengthen secondary care to ensure effectiveness of community and primary care service delivery and develop a comprehensive referral and back-referral system.
- Develop and implement plans to reduce institutional care in parallel with strengthening community care.
- Ensure the availability of basic psychotropic medicines for mental disorders included in the WHO Model List of Essential Medicines at all levels of the health system.
- Strengthen detection and referral through services such as antenatal and postnatal care, child and adolescent health, TB and HIV, noncommunicable disease (NCD) clinics and others.
- Pilot and scale up successful models and innovative interventions towards UHC.
- Establish systems to provide peer support as an essential component of community services.
- Leverage on digital technologies to improve literacy, build capacity, deliver services remotely, promote self-care and facilitate access to services.
- Implement guidelines for the management of physical health in persons with mental health conditions.
- Provide early interventions for children and adolescents with mental health conditions through family-centred and child- and adolescent-responsive health care.
- Ensure dedicated services for children and adolescents in the health, education, justice, social and other sectors.
- Provide home-based and other community-support services for carers of persons with mental disabilities, including carer skills training and other multidisciplinary services

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##### **Secretariat:**

- Provide technical support for strengthening the capacity of Member States in mental health, with a special focus on building capacity of PHC and reorienting mental health services.
- Document good practices in community mental health in the Region and disseminate them among Member States.
- Technically support Member States to simplify screening tools and protocols for implementation in communities.
- Develop tools for expanding community-based mental health services.
- Provide support for the development of tailored essential mental health packages for common and severe mental health conditions.
- Hold periodic meetings to promote intercountry collaboration and cooperation.

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## B. Training

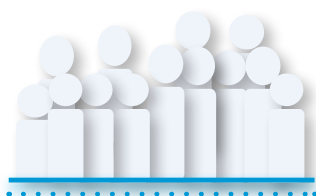
### Member States:

- Develop and implement plans for building capacity and retaining human resources to deliver mental health and social care services.
- Ensure supportive supervision, mentoring, assessment of competencies and follow up to maintain motivation and improve the quality of care following training.
- Build in-service capacity of health workers on WHO mental health Global Action Programme (mhGAP) for the identification, management and follow up of mental, neurological and substance use disorders in non-specialized settings.
- Integrate mhGAP into the pre-service curricula of relevant health professionals.
- Ensure cultural adaptation of technical tools, including the WHO mhGAP, to enhance cultural sensitivity and understanding.
- Prioritize the use of interactive training methodologies, including role-plays, dramas, stories and methodologies, including Ensuring Quality in Psychological Support (EQUIP).

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### Secretariat:

- Establish a training hub in the Region to carry out capacity-building and promote task-shifting.
  - Support countries in prioritizing the use of interactive training methodologies, including role-plays, dramas, stories and methodologies, including EQUIP.
  - Support countries in the formulation of human resource plans for mental health, including the identification of gaps, specification of needs, training requirements and core competencies for health workers in the field.
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## OBJECTIVE 3: IMPLEMENT STRATEGIES FOR PROMOTION AND PREVENTION IN MENTAL HEALTH

### Description

Prevention and promotion strategies are crucial for improving the quality of life of populations and reducing requirements for service delivery, and largely rely on sectors beyond health. Ensuring a life-course approach (e.g. early childhood) in different settings (e.g. workplaces) has the potential for successful implementation of promotion and prevention strategies.

<b>Regional Target 3.1</b>	Eleven countries have two or more functioning national, multisectoral mental health promotion and prevention programmes, by 2030.
<b>Indicator</b>	Number of countries with two or more functioning national, multisectoral mental health promotion and prevention programmes, by 2030.
<b>Means of verification</b>	Reports of stand-alone and/or integrated programmes.
<b>Regional Target 3.2</b>	The rate of suicide will be reduced by 15%, by 2030.
<b>Indicator</b>	Suicide mortality rate (per 100 000 population).
<b>Means of verification</b>	National data.
<b>Regional Target 3.3</b>	Eleven countries have included a mental health and psychosocial preparedness component in their emergency and/or disaster preparedness plans by 2030.
<b>Indicator</b>	Number of countries that have included a mental health and psychosocial preparedness component in their emergency and/or disaster preparedness plans by 2030.
<b>Means of verification</b>	Emergency and/or disaster preparedness plans and implementation reports.

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## Options for implementation

### **Key areas for action:**

- A. Prevention and promotion for mental health
- B. Suicide prevention
- C. Mental Health and Psychosocial Support (MHPSS).

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#### **A. Prevention and promotion for mental health**

##### **Member States:**

- Prioritize young people’s mental health in promotion and prevention efforts, including through the implementation of early childhood programmes that address cognitive, sensory–motor and psychosocial development and relationships.
- Address stigma as a key priority to ensure social integration of those with mental disorders and for increasing uptake of available services.
- Implement evidence-based measures to reduce the harms from alcohol and substance use.
- Address technology-use related factors that negatively impact on mental well-being and enhance the use of digital media for promotion and prevention.
- Promote safe, supportive and decent working conditions for all, including informal workers.
- Develop school-based promotion and prevention strategies, including programmes to counter bullying and violence, and stigmatization.
- Establish programmes for early detection and intervention for children and adolescents with emotional or behavioural problems or neurodevelopmental disorders.
- Engage with people with lived experience when developing and implementing prevention and promotion programmes.
- Increase public knowledge and understanding about mental health and service access.
- Include mental health care and support as part of home- and health facility-based antenatal and postnatal care for parents and/or carers.
- Implement programmes to prevent and address domestic violence.
- Address the needs of children with parents with chronic mental disorders.
- Strengthen capacities of health-care providers in integrated care for older people (ICOPE) and early detection of depression, dementia and Alzheimer, among other conditions.
- Develop policies and measures to be implemented by relevant sectors (including, finance, labour and social welfare) for the protection of vulnerable populations during financial and economic crises.
- Explore synergies with traditional and indigenous practices in promotion and prevention programmes.

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##### **Secretariat:**

- Engage all stakeholders in advocacy on the availability of effective intervention strategies for promotion and prevention.
  - Advocate for the rights of persons with mental disorders and psychosocial disabilities to receive governmental benefits, access to housing and livelihood programmes.
  - Promote research on promotion and prevention interventions.
  - Disseminate good practices in prevention and promotion.
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## B. Suicide prevention

### Member States:

- Develop, implement and evaluate national suicide prevention strategies.
- Ban highly hazardous pesticides and restrict access to other means of self-harm and suicide.
- Promote responsible media reporting in relation to cases of suicide by training media professionals and others producing content for screen or stage on how to cover suicide.
- Improve responses in the health system and other sectors to self-harm and suicide, including training of staff of different sectors in the assessment, management and follow up of self-harm and suicide.
- Increase public, political and media awareness on available and effective suicide prevention strategies.
- Foster socioemotional life skills in adolescents to strengthen suicide prevention strategies.
- Engage communities in suicide prevention and develop community plans.
- Strengthen psychosocial interventions for people affected by suicide and self-harm at community level and leverage on community resources.
- Ensure adequate financing for suicide prevention.

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### Secretariat:

- Conduct a situation analysis to inform the planning of suicide prevention and prioritize actions.
- Share experiences and success stories on suicide prevention among Member States.
- Provide technical support to countries:
  - to strengthen suicide prevention programmes;
  - to conduct situational analyses and develop suicide registries;
  - to limit access to and discontinue use of highly hazardous pesticides and limit access to other lethal means;
  - Improve the capacity of health staff and staff of other sectors to prevent self-harm, detect those at risk, and treat and manage those attempting self-harm.

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## C. Mental health and psychosocial support (MHPSS)

### Member States:

- Work across sectors with national and subnational actors on integrating MHPSS in all national and local emergency preparedness and response policies, plans, procedures and actions.
- Prepare for emergencies by training health and community workers in basic psychosocial support, such as psychological first aid (PFA) and strengthening community resilience.
- Include MHPSS as a cross-cutting element of climate change and pandemic preparedness action.
- Build capacity on MHPSS, emergencies and climate change.

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### Secretariat:

- Provide technical advice and guidance for policy and field activities undertaken by governmental, nongovernmental and intergovernmental organizations, including the building or rebuilding after an emergency of a community-based mental health system.
  - Provide technical cooperation in the area of MHPSS to strengthen the response of Member States to address mental health impacts as a consequence of climate change and humanitarian crises.
  - Support Member States in developing training tools to build the capacity of health professionals around MHPSS and climate change.
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## OBJECTIVE 4: STRENGTHEN INFORMATION SYSTEMS, EVIDENCE AND RESEARCH FOR MENTAL HEALTH

### Description

Systems for timely data collection and analysis required for policy formulation and evaluation of implementation are crucial in the development and strengthening of mental health systems. Key indicators of mental health at country level require to be further developed and implemented in health information systems and health and population surveys. Country-level research and generation of evidence is required to inform public health policies and support in addressing current gaps on mental health promotion, prevention and service delivery.

<b>Regional Target 4.1</b>	Eleven countries annually collect and report a core set of mental health indicators through their national health and social information systems.
<b>Indicator</b>	Number of countries that annually collect and report a core set of mental health indicators through their national health and social information systems.
<b>Means of verification</b>	Government reports.
<b>Regional Target 4.2</b>	Eleven countries adopt a mental health research agenda.
<b>Indicator</b>	Number of countries with a mental health research agenda as a stand-alone agenda or included in the mental health plan.
<b>Means of verification</b>	Mental health plans/research agendas approved by governments.

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## Options for implementation

### **Key areas for action:**

- A. Information systems
- B. Evidence and research.

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#### **A. Information systems**

##### **Member States:**

- Establish a core set of mental health indicators for routine reporting.
- Strengthen systems to gather and analyse data on mental disorders, including data from the private and nongovernmental sector.
- Implement standard indicators for data collection and reporting from sectors beyond health.
- Ensure reporting of mental health indicators through health programmes beyond mental health.
- Establish a surveillance system for monitoring self-harm and suicide.
- Analyse and publish data on the availability, financing and evaluation of mental health and social services and programmes.
- Embed indicators on mental health, self-harm and suicide, risk factors and disabilities, within national population-based surveys

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##### **Secretariat:**

- Provide technical support to countries to develop standard national and regional indicators for data collection through the health management information systems (HMIS).
- Develop key indicators to include in other health surveys to enable the capture of basic data on mental health.

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#### **B. Evidence and research**

##### **Member States:**

- Develop country-specific research agendas for mental health, including ethical standards, and identify the resources required.
- Make mental health data collected through HMIS available to researchers.
- Develop capacity for research on service delivery, uptake and effectiveness.
- Enable strengthened cooperation between universities, institutes, and health and social services and other relevant sectors (such as educational) for mental health research.
- Conduct research on culturally appropriate mental health interventions.
- Engage with people with mental disabilities to contribute to mental health research.
- Ensure transfer of knowledge from academia to implementation in service settings.

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##### **Secretariat:**

- Establish a regional research agenda for mental health.
  - Analyse the morbidity, mortality and burden of mental disorders in the Region.
  - Support cross-country partnerships for strengthening the research capacities of Member States.
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## 5. List of proposed country-level mental health indicators

Ref. to Regional target 4.1: Eleven countries routinely collect and report a core set of mental health indicators every year through their national health information system, by 2030.

Note that the following list includes proposed indicators on specific thematic areas.

The number of indicators that will be reported on will be determined at country level and additional indicators may be used.

No	Indicator	Area
1.	Government expenditure on mental health (US\$) per capita	Financing
2.	Government's total expenditure on mental health as % of total government health expenditure	Financing
3.	Government's total expenditure on mental hospitals as % of total government mental health expenditure	Financing
4.	Mental health workers (number per 100 000 population)	Human resources
5.	Total mental health beds (number per 100 000 population), disaggregated by type of inpatient care facility, including mental hospitals	Inpatient services
6.	Mental health outpatient visits (rate per 100 000 population)	Outpatient services
7.	Proportion of people with a severe mental disorder who are using services	Treatment gap
8.	Proportion of people with a common mental disorder who are using services	Treatment gap
9.	Proportion of discharged in-patients with severe mental disorder followed up in the community within 1 year	Service quality
10.	Suicide mortality (suicides per 100 000 population)	Suicide and self-harm
11.	Number of persons with self-harm (per 100 000 population)	Suicide and self-harm
12.	Alcohol consumption (litres of pure alcohol per capita)	Alcohol use
13.	Proportion of schools implementing school-based mental health programmes	Prevention and promotion
14.	Proportion of children under 5 years covered by early childhood and parenting intervention programmes	Early childhood



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## 6. Description of terms

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**Community mental health services (CMHS):** this term describes mental health services provided outside specialized mental health institutions. CMHS refers to services in community settings such as: community mental health centres or teams, peer support services, psychosocial rehabilitation programmes and supported living through small-scale residential facilities.

CMHS are further described in the *World mental health report (2)*.

In the present plan, community-based mental health centres provide dedicated mental health services that focus on meeting the needs of people living with mental health conditions and of their families, delivered by specialized professionals.

**Community mental health centres:** provide care and support options for people with mental health conditions and psychosocial disabilities in the community. These centres are intended to provide support outside of an institutional setting and in proximity to people's homes. The range of support options provided in these centres varies, depending on size, context and links to the overall health system in a country (8).

**Community resilience** can be described as the ability of a community to utilize available resources to respond to, withstand, and recover from adverse situations. Social capital is an associated concept that strengthens community resilience.

**Deinstitutionalization:** deinstitutionalization is moving away from long-stay institutions, such as psychiatric hospitals and asylums, towards the community. The process of deinstitutionalization is more complex than simply reducing mental hospital beds. It is a long-term strategy that considers not only reducing long-stay beds, but also (a) ensuring that good-quality care is available in community settings, while (b) shifting tertiary resources towards acute inpatient services and accessible secondary-level mental health services. Comprehensive social services are also needed as part of the deinstitutionalization process to support former institutional residents and their families as they reintegrate into their communities. A small number of long-stay spaces are required for those with ongoing residential needs, but these should not be located in large institutions, but rather, for example, in smaller group homes integrated in the community (9).

**Emergencies** are predicted and unpredicted situations that impact on the lives of individuals and communities. These can be weather and climate related, forced migrations and others such as earthquakes and tsunamis. Economic crises are also related, which can impact significantly on the lives of populations in the short- and long term.

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**General hospital:** refers to non-specialized hospitals that offer multispecialty services such as medicine, surgery, etc. In several countries, general hospitals include provincial and district hospitals. In the context of this plan, general hospitals fall under the secondary level of care.

**Mental disorder:** is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation or behaviour. It is usually associated with distress or impairment in important areas of functioning. There are many different types of mental disorders as described by the International Classification of Diseases – 11th Revision (ICD-11) (10).

**Mental health:** is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socioeconomic development (11).

Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes (11).

**Mental health conditions:** mental disorders may also be referred to as mental health conditions. This is a broader term covering mental disorders, psychosocial disabilities and mental states associated with significant distress, impairment in functioning, or risk of self-harm (10).

**Mental health and psychosocial support (MHPSS)** is a term used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders, in emergencies. MHPSS guidelines aim to establish and coordinate a set of minimum multisectoral responses to protect, support and improve people's mental health and psychosocial well-being in the midst of an emergency (12).

**Primary health care (PHC):** is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment (13).

PHC entails three interrelated and synergistic components, including: comprehensive integrated health services that embrace primary care as well as public health goods and functions as central pieces; multisectoral policies and actions to address the upstream and wider determinants of health; and engaging and empowering individuals, families, and communities for increased social participation and enhanced self-care and self-reliance in health (14).

**Psychological first aid (PFA):** is supportive and practical assistance to those who are exposed to serious stressors. It consists of non-intrusive, practical care and support, assessing needs and concerns, helping people to address basic needs such as food and water, listening, but not pressuring people to talk, comforting people and helping them to feel calm, helping people connect to information, services and social support, and protecting people from further harm (15).

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## 7. Development of the regional action plan

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This *Mental health action plan for the WHO South-East Asia Region 2013–2030* has been elaborated through consultations with Member States, civil society, experts and international partners.

The Plan was finalized during the period January to April 2023, in collaboration with the following:

### **Member States**

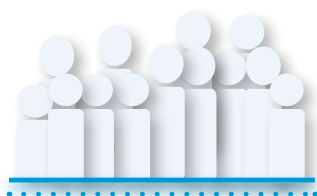
- Government representatives
- Country experts.
- Country focal points on mental health at WHO country offices.

### **Regional Experts Group on Mental Health (MH-REG), WHO Regional Office for South-East Asia**

**WHO country offices:** 11 countries.

**SE Asia Regional office:** Department on Healthier Populations and Non-communicable Diseases (HPN) and other technical departments.

**WHO headquarters:** Department of Mental Health and Substance Use.



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REGIONAL OFFICE FOR

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