2013-2030



CORE OBJECTIVES

1.

Strengthen effective leadership and governance

2.

Provide comprehensive, integrated and responsive mental health and social care in community-based settings

3.

Implement strategies for promotion and prevention

4.

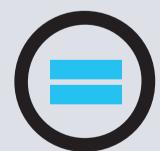
Strengthen information systems, evidence and research

KEY PRINCIPLES



Universal health coverage

People with mental disorders should be able to access, without the risk of impoverishing themselves, essential health and social services that enable them to achieve recovery and the highest attainable standard of health.



Human rights focus

Mental health strategies, actions and interventions must be compliant with the Convention on the Rights of Persons with Disabilities and other human rights instruments.



Evidence-based practice

Mental health strategies and interventions need to be based on scientific evidence and/or best practice, taking cultural considerations into account.



Life course approach

Policies, plans and services for mental health need to account for health and social needs at all stages of the life course.



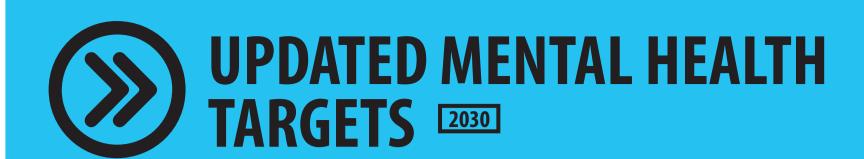
Multisectoral approach

A comprehensive and coordinated response for mental health requires partnership with multiple public sectors as well as the private sector.



Empowerment of persons at risk

People with mental disorders and psychosocial disabilities should be empowered and involved in mental health advocacy, policy, planning, legislation, service provision, monitoring, research and evaluation.



Effective leadership and governance

- 80% of countries will have developed or updated their policy or plan for mental health in line with international and regional human rights instruments.
- 80% of countries will have developed or updated their law for mental health in line with international and regional human rights instruments.

2 Comprehensive, integrated services in community-based settings

- Service coverage for mental health conditions will have increased by at least half.
- 80% of countries will have doubled number of community-based mental health facilities.
- 80% of countries will have integrated mental health into primary health care.

3 Strategies for promotion and prevention

- 80% of countries will have at least two functioning national, multisectoral mental health promotion and prevention programmes.
- The rate of suicide will be reduced by one-third.
- 80% of countries will have a system in place for mental health and psychosocial preparedness for emergencies and/or disasters.

4 Information systems, evidence and research

- 80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national health and social information systems.
- The output of global research on mental health will have doubled.

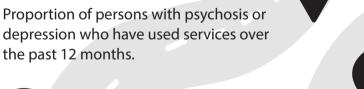


National mental health law & policy

Existence of a national policy or plan for mental health and a national law covering mental health that is being implemented and in line with international human rights instruments.



Proportion of persons with psychosis or depression who have used services over





Number of community-based mental health facilities. Existence of a system in place for integration of mental health into primary health care.



Mental health during emergencies/disasters

Existence of a system in place for mental health and psychosocial preparedness for emergencies/disasters.





Suicide prevention

Suicide mortality rate (per 100 000 population).



Functioning programmes of multisectoral mental health promotion and prevention in existence.



Research

Number of published articles on mental health research.





Information systems

Core set of identified and agreed mental health indicators routinely collected and reported every two years.



FOR MEMBER STATES

1. Effective leadership and governance

Policy and law

Develop, strengthen, keep up-to-date and implement national policies, strategies, programmes, laws and regulations relating to mental health within all relevant sectors, including codes of practice and mechanisms to monitor protection of human rights and implementation of legislation, in line with evidence, best practice, the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments.

Resource planning

Plan according to measured need and allocate a budget across all relevant sectors that is commensurate with identified human and other resources required to implement agreed-upon evidence-based mental health plans and actions.

Stakeholder collaboration

Motivate and engage stakeholders from all relevant sectors, including persons with mental disorders, carers and family members, in the development and implementation of policies, laws and services relating to mental health, through a formalized structure and/or mechanism.

Strengthening & empowerment of people with mental disorders & psychosocial disabilities

Ensure that people with mental disorders and psychosocial disabilities are given a formal role and authority to influence the process of designing, planning and implementing policies, laws and services.

2. Comprehensive, integrated services in community-based settings

Service reorganization & expanded coverage

Systematically shift the locus of care away from long-stay mental hospitals towards non-specialized health settings with increasing coverage of evidence-based interventions for priority conditions and using a network of linked community-based mental health services, including short-stay inpatient care, and outpatient care in general hospitals, primary care, comprehensive mental health centres, day care centres, support of people with mental disorders living with their families, and supported housing.

Integrated and responsive care

Integrate and coordinate holistic prevention, promotion, rehabilitation, care and support that aims at meeting both mental and physical health care needs and facilitates the recovery of persons of all ages with mental disorders within and across general health and social services (including the promotion of the right to employment, housing, and education) through service user-driven treatment and recovery plans and, where appropriate, with the inputs of families and carers.

Mental health in humanitarian emergencies

Work with national emergency committees and mental health providers in order to include mental health and psychosocial support needs in emergency preparedness and enable access to safe and supportive services, including services that address psychological trauma and promote recovery and resilience, for persons with mental disorders (pre-existing as well as emergency-induced) or psychosocial problems, including services for health and humanitarian workers, during and following emergencies, with due attention to the longer-term funding required to build or rebuild a community-based mental health system after the emergency.

Resource planning

Build the knowledge and skills of general and specialized health workers to deliver evidence-based, culturally-appropriate and human rights-oriented mental health and social care services, for children and adolescents, inter alia, by introducing mental health into undergraduate and graduate curricula; and through training and mentoring health workers in the field, particularly in non-specialized settings, in order to identify people with mental disorders and offer appropriate treatment and support as well as to refer people, as appropriate, to other levels of care.

Address disparities

Proactively identify and provide appropriate support for groups at particular risk of mental illness who have poor access to services.

Strategies for promotion and prevention

Mental health promotion and prevention

Lead and coordinate a multisectoral strategy that combines universal and targeted interventions for: promoting mental health and preventing mental disorders; reducing stigmatization, discrimination and human rights violations; and which is responsive to specific vulnerable groups across the lifespan and integrated within the national mental health and health promotion strategies.

Suicide prevention

Develop and implement comprehensive national strategies for the prevention of suicide, with special attention to groups identified as at increased risk of suicide, including lesbian, gay, bisexual and transgender persons, youth and other vulnerable groups of all ages based on local context.

4- Information systems, evidence and research

Information systems

Integrate mental health into the routine health information system and identify, collate, routinely report and use core mental health data disaggregated by sex and age (including data on completed and attempted suicides) in order to improve mental health service delivery, promotion and prevention strategies and to provide data for the Global Mental Health Observatory (as a part of WHO's Global Health Observatory).

Evidence and research

Improve research capacity and academic collaboration on national priorities for research in mental health, particularly operational research with direct relevance to service development and implementation and the exercise of human rights by persons with mental disorders, including the establishment of centres of excellence with clear standards, with the inputs of all relevant stakeholders including persons with mental disorders and psychosocial disabilities.