WHO Special Initiative for Mental Health

Frequently Asked Questions

01 What countries is WHO’s Special Initiative for Mental Health working in and how were they selected?

WHO’s Special Initiative for Mental Health is being implemented in Argentina, Bangladesh, Ghana, Jordan, Nepal, Paraguay, the Philippines, Ukraine, and Zimbabwe. Each government’s Ministry of Health formally requested to be part of the programme. WHO also prioritised regional representation.

02 Will there be additional countries added to the Special Initiative for Mental Health when the 5 years are over? Can more countries be part of the WHO Special Initiative for Mental Health?

Countries were onboarded for the Special Initiative for Mental Health at different times, as funding gradually became available. There will not be a firm date or clearly defined conclusion for existing Special Initiative countries; however, we will encourage them to move towards self-determination in their progress towards mental health systems transformation. While some countries phase down, we will encourage other member states to assess their mental health needs and consider how the Special Initiative for Mental Health might facilitate improvements in their systems and services. It is important to acknowledge that, as new countries join, it is unlikely that similar levels of funding will be available. Nonetheless, catalytic funding may be possible and encourage countries to engage their own investors. Financial resources allowing, WHO seeks to extend its WHO Special Initiative for Mental Health to a second phase (“SIMH-2”) to end of 2028, aligning with WHO’s 14th General Programme of Work.

03 Are there common themes of your work across the 9 countries?

Each WHO Special Initiative for Mental Health country established a unique 5-year plan, based on national priorities. Yet, common themes emerged, including: increasing availability of mental health services, the mental health workforce, financing for mental health, mental health information and data, access to medicines and other evidence-based mental health interventions, and government leadership for mental health. These approaches align with recommendations of Chapter 7 in the World Mental Health Report.

04 What role has civil society played in the WHO Special Initiative for Mental Health?

All countries included civil society in the design and development process of their 5-year plans. Civil society and service users were strong advocates for deinstitutionalisation, and the joint consultations enabled decision-makers, such as government officials, to hear their views about actions to be prioritised. Throughout implementation, WHO countries have continued working with civil society organisations, as collaborators and implementers, for workforce training activities, revisions of strategies, policies and laws, and quality monitoring of newly created services.

05 How is increasing access defined?

Each Special Initiative for Mental Health country is monitoring the increased access (i.e., availability) of mental health services based on the number of individuals in the catchment areas who are served.

06 Are you assessing treatment coverage?

Accurate monitoring and assessment of treatment coverage for mental disorders requires complex and specific figures (e.g., population prevalence of disorders and other epidemiological data), as well as the detailed recording of support provided to service users. Unfortunately, most countries struggle to collect this data. Therefore, WHO Special Initiative for Mental Health countries are monitoring estimated treatment coverage from selected facilities where new mental health services are being provided. For this reason, the Initiative says “at least” X number of individuals have received treatment for a mental health condition, because this is based only on the limited number of facilities where this data is tracked.
07 What are your other indicators for success for the Special Initiative for Mental Health?

- Across countries, WHO is monitoring access (i.e., availability) to mental health and psychosocial support services, treatment coverage based on selected facilities, individuals trained, number of organisations with whom WHO is engaged with for implementation of activities, and number of individuals who complete QualityRights training.
- At individual country levels, unique indicators are also monitored, based on each country’s 5-year plan. This is where additional qualitative indicators in areas such as mental health policies or laws are tracked.
- Throughout 2024, WHO is exploring service user outcomes in selected countries and health facilities where new mental health services have been made available. To be published in early-mid 2025, this will show whether service users are attending follow-up appointments and if treatment(s) has supported improved functioning / symptoms.

08 An important strategy is to bring mental healthcare closer to the community by the promotion of community-based services. Could you elaborate on what your understanding is of such services?

The Special Initiative for Mental Health aligns its understanding of “community-based mental health care” with the definition provided in the World Mental Health Report (Chapter 7, p. 189): “any mental health care that is provided outside of a psychiatric hospital. This includes services available through primary health care, specific health programs (for example HIV clinics), district or regional general hospitals as well as relevant social services. It also includes a range of community mental health services, including community mental health centres and teams, psychosocial rehabilitation programmes and small-scale residential facilities, among others”. WHO views this approach to mental health services as being “more accessible and acceptable than institutional care [because it], helps prevent human rights violations, and delivers better recovery outcomes for people with mental health conditions” (p. 188).

09 Is there an education or awareness-raising component before rolling out the Special Initiative services?

Each country is approaching this differently. For example, Ghana, Zimbabwe, and Nepal have undertaken extensive community awareness engagement before expanding mental health services. Other countries built mental health awareness in parallel to service creation; or by increasing mental health awareness via other health programmes (e.g., integration with noncommunicable diseases).

10 How is the Special Initiative for Mental Health addressing stigma around mental health?

Stigma and discrimination associated with people living with mental health conditions is a complex issue. It needs to be addressed at policy and legislative levels (e.g., in mental health laws) as well community levels (e.g., attitudes). It is also necessary to combat misconceptions about mental health conditions within the health or mental health workforce. Guidance on the policy-law elements is addressed in WHOs recently published Mental health, human rights and legislation: Guidance and practice (see from p. 37). The QualityRights toolkit and e-learning, shown to improve attitudes of individuals and contribute to stigma reduction, is also being implemented as part of the Initiative.

11 How does WHO support programmes for child and adolescent mental health?

The WHO has many resources about supporting child and adolescent mental health, which are being integrated as part of the Special initiative for Mental Health in various ways. Actions are based on The Guidelines on promotive and preventative mental health interventions for adolescents, and the joint WHO Helping Adolescents Thrive (HAT) initiative. This includes some countries implementing the Caregiver Skills Training (CST) for families of children with developmental delays or disabilities, Early Adolescent Skills for Emotions (EASE); and rollout of the mhGAP modules on Child and Adolescent Mental and Behavioural Disorders. Some Special Initiative for Mental Health countries are also, simultaneously, implementing activities via the UNICEF and WHO joint programme on mental health and psychosocial well-being and development of children and adolescents (called “Joint Programme” or “JP”). For more information visit the WHO webpage on child and adolescent mental health.
12 How sustainable is the Special Initiative for Mental Health; have you been able to influence budget allocation/policies from the countries of implementation?

A key advantage to WHO’s Special Initiative for Mental Health country-by-country approach is sustainability. In recent decades, many mental health initiatives have had only short-term funding and a narrow focus on specific groups, age-ranges, conditions, interventions or contexts. This limits impact and has not paved the way for sustainable scale up to reach whole populations. The premise of the Special Initiative for Mental Health is that by working over an extended time and focusing on systems-strengthening work, led by government, greater opportunities for sustainment of newly introduced policies, approaches, systems and services is feasible. The Special Initiative actively seeks to secure long-term commitments from governments for increased and sustained funding; advocating for mental health to be an integral part of national health plans and for appropriate resources to be allocated. The extent to which the Special Initiative for Mental Health has influenced these changes varies by country, but positive, even if modest gains, has been achieved in each country.

13 Are other social issues linked to mental health, such as gender, disability, child protection or other vulnerable groups included?

The integration of broader social issues is recognised in every country 5-year plan, with vulnerable groups having different priorities in each context. These are often being recognised as “cross-cutting issues”, whereby the services being created are not ‘targeting’ such individuals, but ensuring that trainings, laws, and policies are inclusive of their needs. WHO advocates that a strong and transformed mental health system, and the availability of rights-based, person-centred mental health services, is a critical starting point to ensure these groups can access mental health services. Once established, additional targeted work can be enhanced.

14 To what extent, and how, is conflict sensitivity and emergency preparedness (including pandemic preparedness) part of the Special Initiative for Mental Health?

As part of the WHO Special Initiative for Mental Health, conflict sensitivity and crisis preparedness strategies have included training healthcare workers in emergency response, strengthening emergency (and non-emergency) coordination, establishing mechanisms for rapid assessment and response, and developing guidelines to include mental health as part of overall public health and emergency response plans, including for pandemic preparedness and response (PPR). Key to crisis preparedness and response work for mental health and psychosocial support (MHPSS) in emergencies is ensuring a robust mental health system and related services. As such, the Special Initiative for Mental Health is inherently linked to all MHPSS in Emergencies and crisis preparedness, response, and recovery efforts.

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