

WHO's Mental Health Action Plan 2013-2020: what can psychiatrists do to facilitate its implementation?

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Adoption of the Comprehensive Mental Health Action Plan 2013-2020 by the World Health Assembly in May 2013 provides the clearest example to date of the increasing commitment by governments to enhance the priority given to mental health within their health and public policy.

The fact that all countries – large and small, rich and poor, and from all regions of the world – have agreed on a common vision for mental health along with objectives to reach defined targets within a specified time period, gives ample testimony to the strength of current political commitment for mental health across the world.

This paper briefly introduces World Health Organization (WHO)'s Mental Health Action Plan 2013-2020 (the Plan) (1) and proposes some activities by psychiatrists that can facilitate its implementation.

THE PROCESS OF DEVELOPING THE PLAN

The Plan was developed as a direct consequence of a discussion by the World Health Assembly in May 2012 on global burden of mental disorders and the need for a comprehensive, co-ordinated response from health and social sectors at the country level.

The Assembly requested WHO to develop the Plan in collaboration with international, regional and national non-governmental organizations. WHO consulted a very large number of diverse stakeholders to develop the draft Plan; the WPA as well as a number of national psychiatric associations played an active role in providing inputs to the various drafts of the Plan. This not only ensured that the Plan covered all the areas considered important by various stakeholders but also increased their commitment to contribute to the implementation of the Plan.

A background technical paper on vulnerabilities and risks for mental health (2) was published to facilitate the drafting of the Plan. The World Health Assembly considered the draft Plan and adopted it in May 2013. This being the first formal Action Plan dedicated to mental health in the entire history of WHO, it can be considered a landmark.

THE CONTENTS OF THE PLAN

The Plan is organized around a vision, a goal, cross-

cutting principles, objectives and actions, followed by a set of indicators and targets to be achieved in 8 years (1).

The vision of the Plan is ambitious: a world in which mental health is valued and promoted, mental disorders are prevented and in which persons affected by these disorders are able to access high quality, culturally appropriate health and social care in a timely way to promote recovery and exercise the full range of human rights to attain the highest possible level of health and participate fully in society free from stigma and discrimination.

The Plan relies on a number of cross-cutting principles: universal access and coverage, human rights, evidence-based practice, life course approach, multisectoral approach and empowerment of persons with mental disorders and psychosocial disabilities.

The Plan focuses on four key objectives: to strengthen effective leadership and governance for mental health; to provide comprehensive, integrated and responsive mental health and social care services in community-based settings; to implement strategies for promotion and prevention in mental health, and to strengthen information systems, evidence and research for mental health.

Each of these objectives is supported by a number of specific actions by member states, WHO and international and national partners. For example, objective 2 on services involves five actions: service reorganization and expanded coverage, integrated and responsive care, mental health in humanitarian emergencies, human resource development and addressing disparities. In addition to the broad actions, a number of options for implementation are given to suit countries in very diverse situations in terms of their health systems and resource availability.

The Plan includes a set of six targets to measure global progress in its implementation. Examples of targets include 20% increase in service coverage for severe mental disorders and decrease in rate of suicide by 10%. Countries are expected to develop their own national targets to contribute to the achievement of global targets.

WHO is collecting data in 2014 from each of the 194 member states on the core set of indicators and will publish these as the Mental Health Atlas 2014. Having already published similar atlases in 2001, 2005 and 2011 (3), as well as more than 80 country profiles based on WHO-AIMS (4), some comparisons across time will be possible on global, regional and national levels.

WHAT CAN PSYCHIATRISTS DO TO FACILITATE THE IMPLEMENTATION OF THE PLAN?

As members of professional associations

The WPA, representing more than 200,000 psychiatrists from all across the world, can facilitate the implementation of the Plan in a substantial way. The objectives of WPA include the improvement of care for the mentally ill, the prevention of mental disorders, the promotion of mental health and the preservation of the rights of mentally ill persons (5). These are very clearly aligned to the goal and objectives of the Plan. WPA had also worked closely with WHO in the preparation of the Plan. A strong support by WPA and its 135 member associations in the implementation of the Plan will go a long way in ensuring quick progress within countries.

Specific actions for international and national partners have been identified in the Plan; these can provide a template to build further collaboration between WPA, its member associations, governments and WHO. Support from professional associations such as WPA is especially needed in development of progressive national policies and legislations, mental health service reorganization including task sharing with non-specialized care providers and protecting human rights of persons with mental disorders in conformity with international and regional human rights instruments. Special attention should be paid to the needs of low and middle income countries, where the technical and financial resources are particularly scarce.

As leaders of mental health in their countries

Psychiatrists are often in prominent positions within the ministries of health or in academic centres. They often are the leaders and champions for mental health within countries. If they are better informed on the Mental Health Action Plan and the commitments that the government has made internationally, they can be more effective in their advocacy and leadership role. This may include, as appropriate, developing a national plan, raising resources and developing a multidisciplinary coalition for mental health.

As service providers

The Plan has clear directions on essential elements of health and social service provision as well as suggestions on utilization of the available human resources to deliver these services in an efficient manner. As essential members of service delivery teams, psychiatrists can facilitate efficient utilization of the available resources, especially those of relatively less specialized health care providers, including general doctors, nurses and health care workers. This involves task sharing and support and supervision by psychiatrists. This

can facilitate enhancing service coverage while still maintaining a satisfactory quality of care.

As teachers and trainers

Psychiatrists are involved in education and training of doctors, nurses and mental health professionals, including psychiatrists. These training curricula often are antiquated and do not correspond well to the current state of evidence. The Plan, along with accompanying WHO clinical guidelines (6), can provide suitable training material. Elements of policy and service organization should also form a more substantial component of the training, since these skills are essential for the public health role that many psychiatrists will need to play.

As researchers

Mental health research output from most low and middle income countries is far too low (7), given the need for evidence-based practice and policy. The Plan envisages the collection of essential information, the evaluation of programmes and the conduct of research, especially on mental health services within countries. Psychiatrists can conduct and coordinate these activities to facilitate implementation of national plans and achievement of their objectives in line with the global Plan.

CONCLUSIONS

The Comprehensive Mental Health Action Plan 2013-2020 has paved the way for a new approach in mental health emphasizing community based care, a recovery approach and full respect of the human rights of people with mental and psychosocial disabilities.

Political commitment to this approach has been endorsed at the highest level by Ministers of Health, but is in stark contrast to the reality on the ground. Psychiatrists, as key leaders of mental health in their country, have a major role and responsibility to change the current situation through re-alignment with the goals, principles and objectives of the Plan.

The ambitious 2020 targets for mental health are possible but will require psychiatrists to embrace this new approach, working collaboratively with other mental health professionals, academia and civil society groups.

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