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PLAN OF ACTION ON MENTAL HEALTH: FINAL REPORT

Background

1. This final report presents progress achieved in implementing the Plan of Action on Mental Health (Document CD53/8, Rev. 1) (1), adopted by the 53rd Directing Council of the Pan American Health Organization (PAHO) in 2014 through Resolution CD53.R7 (2). The Plan of Action, which is aligned with the World Health Organization (WHO) Comprehensive Mental Health Action Plan 2013-2020 (3), seeks to address the high burden of morbidity and mortality due to mental, neurological, and substance use (MNS) disorders and suicide in the Region of the Americas (4). It aims to “promote mental well-being, prevent mental and substance-related disorders, offer care, enhance rehabilitation, emphasize recovery, promote the human rights of persons with mental and substance-related disorders, to reduce morbidity, disability, and mortality.” The Plan of Action includes nine indicators to be met by 2020.

Analysis of Progress Achieved

2. The implementation of the Plan of Action on Mental Health has been fairly successful, although not all of the objectives have been achieved. Six of nine indicator targets have been exceeded, two targets have been partially achieved, and one has not been achieved. Notable progress has been made in the areas of mental health policy and legislation, reducing the role of psychiatric hospitals, integrating mental health into primary health care, and developing mental health promotion and prevention programs. Areas of slower progress include outpatient mental health services, mental health data collection and reporting, and, especially, suicide reduction, as those indicators have not been fully achieved.

3. As of early 2021, the Region of the Americas is at the epicenter of the COVID-19 pandemic, accounting for 45% of all new COVID-19 cases globally and 48% of all new deaths attributable to the disease (5). The pandemic is having a profound impact on the mental health and well-being of many people across the Region, contributing to the burden of new mental health conditions and the exacerbation of preexisting illness. Furthermore,

a 2020 WHO survey, Rapid Assessment of Service Delivery for Mental, Neurological and Substance Use Disorders during the COVID-19 Pandemic (6), completed by 29 countries in the Region, revealed significant disruptions to mental health services during the pandemic.

4. PAHO provided technical cooperation to Member States on implementing the Plan of Action's objectives and key strategies. Since the onset of the COVID-19 pandemic in the Region, PAHO has further supported Member States in strengthening mental health systems and scaling up mental health and psychosocial support (MHPSS) services to meet the increased need. Key areas of technical cooperation include coordination, capacity building in MHPSS, the delivery of remote interventions, and communications for the general population as well as specific at-risk groups.

5. The following paragraphs report on the progress in the implementation of the Plan by strategic lines of actions. The assessment of the indicators follows the criteria for rating Outcome and Output Indicators at Regional Level as presented in Annex B of Addendum I to the Report of the End-of-biennium Assessment of the PAHO Program and Budget 2018-2019/Final Report on the Implementation of the PAHO Strategic Plan 2014-2019 (Document CD58/5, Add. I) (7).

Strategic Line of Action 1: Develop and implement policies, plans, and laws in the field of mental health and mental health promotion, to achieve appropriate and effective governance

6. Countries have advanced significantly in this area, with the majority having stand-alone mental health policies, plans, and laws. However, challenges exist in assessing the degree to which these plans, policies, and legislation align with regional and global plans and human rights instruments, as well as how fully they are being implemented.

Objective 1.1: Develop and implement national policies or plans for mental health and mental health promotion that are aligned with regional and global mental health plans	
Indicator, baseline, and target	Status
1.1.1 Number of countries that have a national mental health policy or plan in line with regional and global mental health plans Baseline (2013): 22 Target (2020): 30	This target has been exceeded, as 31 countries report having a national mental health policy or plan (8, 9).

Objective 1.2: Draft and implement national mental health laws consistent with international human rights instruments	
Indicator, baseline, and target	Status
1.2.1 Number of countries that have national mental health laws consistent with international human rights instruments Baseline (2013): 8 Target (2020): 18	This target has been exceeded, as 23 countries report having a stand-alone law on mental health (8, 9).

Strategic Line of Action 2: Improve the response capacity of systems and services for mental health and for the care of psychoactive substance-related disorders, to provide comprehensive, quality care in community-based settings

7. While outpatient service coverage has increased in the Region, the rate of progress has been slow, and this target has not been fully achieved. A key challenge in evaluating country progress is the lack of recent data, a situation exacerbated by the changed priorities due to the COVID-19 pandemic. The WHO Mental Health Atlas is the primary source of data used to monitor and evaluate the Plan of Action on Mental Health 2015-2020. However, fewer countries provided complete data to the Atlas in 2020 than in 2017, the year in which the Atlas was previously updated.

8. The target to reduce the number of beds in psychiatric hospitals in 10 countries was achieved. More work, however, is required to achieve this outcome in all countries. The restructuring of mental health services leading to deinstitutionalization remains a priority, so that services currently concentrated in psychiatric hospitals, which receive the majority of public mental health funding, are instead placed within communities.

9. Importantly, nearly all countries in the Region have integrated mental health into primary care through the training of health workers. This has been identified as a key strategy to reduce the mental health treatment gap in the Region. However, while training primary health care providers in mental health is an essential component of integrating mental health into primary care, this indicator does not necessarily measure integration. Furthermore, it is challenging to assess the reach of this training and the extent to which providers are applying the knowledge and skills gained. Scaling up existing training and providing refresher courses and supervision are important next steps for countries. Additionally, it would be necessary to evaluate the impact of this training at the country level.

10. The COVID-19 pandemic has led to significant disruptions in mental health services. Outpatient services in mental hospitals were reported as being partially closed in more than 48% of countries in the Region, while outpatient services in general hospitals were partially closed in half of the countries (6). Community-based services for MNS disorders in primary health care were partially or fully closed in nearly 45% of respondent countries (6).

Objective 2.1: Increase outpatient service coverage for mental health	
Indicator, baseline, and target	Status
<p>2.1.1. Number of countries that have increased the rate of persons seen in outpatient mental health facilities above the regional average (975/100,000 population)</p> <p>Baseline (2013): 19 Target (2020): 30</p>	<p>This target has been partially achieved, with 24 countries reporting annual rates of consultations in outpatient mental health facilities above 975/100,000 population (8, 9).</p>
Objective 2.2: Reduce role of psychiatric hospitals	
Indicator, baseline, and target	Status
<p>2.2.1 Number of countries where psychiatric hospitals have reduced the number of beds by at least 15%</p> <p>Baseline (2013): 0 Target (2020): 10</p>	<p>This target has been exceeded, with 15 countries reporting reductions of at least 15% in the number of psychiatric hospital beds (8, 9, 10).</p>
Objective 2.3: Integrate mental health component into primary care	
Indicator, baseline, and target	Status
<p>2.3.1 Number of countries that have integrated a mental health component into primary care</p> <p>Baseline (2013): 15 Target (2020): 25</p>	<p>This target has been exceeded, with 32 countries reporting that health workers at the primary care level receive training in the management of mental health conditions (8, 9).</p>

Strategic Line of Action 3: Prepare and implement programs for promotion and prevention in the area of systems and services for mental health and for the care of alcohol- and substance-related disorders, with particular attention to the life course

11. Mental health promotion and prevention programs can include a focus on awareness and tackling stigma; early child development; school-based mental health promotion and prevention; work-related promotion and prevention; or mental health and psychosocial components of disaster preparedness and disaster risk reduction, among others. Countries have made progress in this area. The majority of countries (93%) reported that mental health and psychosocial support was integrated into their COVID-19 response plans (6).

12. Suicide remains a public health issue of critical importance in the Region. The Plan of Action aimed to measure improvements in this area through a reduction in the average regional suicide rate and the development of national suicide reduction strategies. Available data from 34 countries indicate that the average annual suicide rate has actually increased (11). While national suicide prevention strategies have advanced since 2013, the scope of these strategies and their degree of implementation vary widely.

Objective 3.1: Implement mental health promotion and prevention programs	
Indicator, baseline, and target	Status
3.1.1. Number of countries with operational multisectoral mental health promotion and prevention programs Baseline (2013): 20 Target (2020): 25	This target has been exceeded, with 29 countries reporting operational multisectoral mental health promotion and prevention programs (8, 9).
Objective 3.2: Implement suicide prevention programs	
Indicator, baseline, and target	Status
3.2.1 Annual number of suicide deaths per 100,000 population. No increase in the regional suicide rate by 2020 compared to 2013. Baseline (2013): 7.3/100,00 population Target (2020): ≤ 7.3/100,00 population	This target has not been achieved. The average regional suicide rate was 9.2 per 100,000 population according to available data for 2016. Nineteen countries reported an annual suicide rate below this regional rate (11).
3.2.2 Number of countries that develop and implement national suicide prevention programs Baseline (2013): 6 Target (2020): 20	This target has been exceeded, as 22 countries report having national suicide prevention strategies (8, 9).

Strategic Line of Action 4: Strengthen information systems, scientific evidence, and research

13. Mental health information systems are essential for monitoring and improving the effectiveness and efficiency of mental health services. Progress in this area has been slow. While the majority of countries are compiling and reporting mental health data, differences exist in whether the data cover the public and/or private sectors and in how the data are reported. Of note, more than half (51.7%) of ministries of health report collecting or collating data on MNS disorders or manifestations in people with COVID-19 (6).

Objective 4.1: Strengthen information systems by integrating a basic set of mental health indicators that are systematically compiled and reported annually	
Indicator, baseline, and target	Status
4.1.1 Number of countries with a basic set of agreed upon mental health indicators, systematically compiled and reported annually Baseline (2013): 21 Target (2020): 30	This target has been partially achieved, as 27 countries report having a basic set of mental health indicators (8, 9).

Lessons Learned

14. The lessons learned in implementing this regional Plan of Action over the past five years can be summarized as follows:

- a) Evidence from the Region demonstrates the immense impact of the COVID-19 pandemic on the mental health of populations and the functioning of mental health systems and services. While the long-term mental health consequences of this crisis remain to be seen, it is likely that the pandemic will contribute to lasting adverse effects on people's mental health and well-being and place prolonged strain on mental health systems in the Region. The impacts of the pandemic threaten and may even reverse country progress achieved with this Plan of Action.
- b) Investment in mental health in the Americas is insufficient to meet the needs of the regional mental health burden. Median public spending for the 14 countries that provided data on this indicator is a mere 2.6% of health budgets (9). Adequate financing for mental health is fundamental to reducing the public health and economic burdens of MNS disorders, protecting the human rights of people with mental health conditions, and creating equitable access to mental health care. WHO recommends that health spending allocation should be in proportion to the health burden and that services for mental health conditions should aim to provide care for people in community settings (4). As a result of the COVID-19 pandemic, mental health systems in the Region are facing a greater demand for services, which will require even greater financial investment in community-based care. Notably, only 7% of countries with MHPSS services integrated into their COVID-19 response plans report that they have the funding to fully implement the MHPSS component (6).
- c) Countries have achieved the targets for reducing the number of psychiatric beds and integrating mental health into primary health care, both intended to build the capacity of mental health systems to provide care in community-based settings and to enhance outpatient service coverage. However, despite some progress, outpatient service coverage in the Region has not achieved the target. This highlights the need to enhance efforts to shift mental health services to the community as well as to further integrate mental health into primary health care. Factors such as the numbers of providers and facilities providing outpatient mental health services are also likely to be key to success on this target.
- d) Mental health information systems in the Region need to be strengthened. Mental health data collection and reporting vary substantially by the type of data being collected and the sectors providing the data. It is important that countries work to systematize the collection and reporting of mental health data and incorporate indicators that address mental health determinants, needs, and system responses, as well as the impact of interventions. Enhanced data collection and reporting on the impact of COVID-19 on the mental health of general populations and groups in conditions of vulnerability, as well as on mental health services during the pandemic, is also necessary. All data collection and reporting should reflect the cross-cutting themes of equity, gender, ethnicity, and human rights.

Actions Necessary to Improve the Situation

15. On 20 January 2021, at its 148th session, the WHO Executive Board issued the decision Promoting Mental Health Preparedness and Response for Public Health Emergencies (Decision EB148[3]) (12). It recommends a series of key actions related to mental health to support recovery from the COVID-19 pandemic and strengthen preparedness, response capacity and resilience for future public health emergencies. The decision urges Member States “to develop and strengthen [...] comprehensive and integrated mental health services and psychosocial supports [...] in the context of the COVID-19 pandemic and beyond” and “to allocate adequate funding for mental health.” Natural disasters and emergencies, which are recently increasing in the Region, constitute a major obstacle to achieving regional mental health targets. This Executive Board decision can support the Region in addressing these challenges and facilitate the implementation of key mental health interventions.

16. Taking into account the outcomes and challenges described in this report, we present the following actions for consideration by the Member States:

- a) Immediate action should be taken to strengthen suicide prevention. Available data show that suicide rates in the Region are increasing. Comprehensive suicide prevention efforts must be prioritized, including evidence-based actions such as restricting access to methods used for suicide, restricting inappropriate media reporting on suicide, and establishing policies for the reduction of harmful use of alcohol and substance use, both of which are important risk factors for suicide (13). Member States are urged to review their national suicide prevention strategies and strengthen their implementation. Member States that do not currently have suicide prevention strategies need to urgently develop them.
- b) The COVID-19 pandemic presents a unique opportunity to catalyze mental health reform and strengthen mental health systems in the Region. Now more than ever, countries must increase and improve the provision of quality mental health services for all. Strengthening technology-based remote interventions is essential to meeting the demand for services when in-person services are not feasible. In order to achieve this, Member States must commit to investing in mental health to address the increasing mental health needs created by the COVID-19 pandemic, and, in the longer term, to achieve universal mental health coverage.

Action by the Executive Committee

17. The Executive Committee is invited to take note of this report and provide any comments it deems pertinent.

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