

WHO
SPECIAL
INITIATIVE
FOR
MENTAL
HEALTH



CROSS-COUNTRY
MONITORING AND
EVALUATION:
BASELINE SUMMARY
REPORT

INTRODUCTION

WHO's Special Initiative for Mental Health seeks to achieve significantly scaled-up access to / coverage of quality services for people living with mental, neurological or substance use (MNS) conditions across a diverse range of countries. This Initiative is aiming to ensure universal health coverage involving access to quality and affordable care for mental health conditions in 12 countries to 100 million more people. As for now, there are 8 countries that gradually joined the Special Initiative for Mental Health and are in different stages of implementation: Bangladesh, Ghana, Jordan, Nepal, Paraguay, the Philippines, Ukraine, and Zimbabwe. To capture and demonstrate these changes over time, each country has developed and will work towards its own unique set of objectives, outcomes and measures of progress, but will also contribute towards a common set of cross-country goals and indicators for the Initiative as a whole. The selected core cross-country indicators are: 1) service access; 2) treatment coverage; 3) awareness of the human right to mental health. Definitions for these and related concepts or constructs are provided.

This cross-country Monitoring and Evaluation (M&E) baseline analysis and report provides an overview and comparative assessment of core indicators selected and being used to track subsequent progress with respect to WHO's Special Initiative for Mental Health. It serves as a benchmark against which implementation efforts can be assessed, although it should be noted that in most of the participating countries much of the implementation will be focused on sub-regions or localities rather than the whole country.

CROSS-COUNTRY INDICATORS

1

Service access

NUMERATOR:

Cases of MNS disorder(s) in defined population / area with access to services

DENOMINATOR:

Total cases of specified MNS disorder(s) in the defined population / area

2

Treatment coverage

NUMERATOR:

Cases of MNS disorder(s) in defined population / area in receipt of treatment

DENOMINATOR:

Total cases of specified MNS disorder(s) in the defined population / area

3

Awareness of human right to mental health

NUMERATOR:

Number of people in a surveyed population scoring or assessed above / below a pre-defined threshold of literacy on mental health (e.g. WHO QualityRights e-training)

DENOMINATOR:

Total number of people in surveyed population

OTHER TERMS / CONSTRUCTS

Coverage

According to Tanahashi framework (WHO Bulletin, 1978), there are several distinct concepts:

- a) Availability coverage: % of population in need for whom service is available
- b) Accessibility coverage: % of population in need who can use service
- c) Acceptability coverage: % of population in need who are willing to use service
- d) Contact coverage: % of population in need who use service
- e) Effective coverage: % of population in need who receive effective care.

Special Initiative for Mental Health core indicator #1 corresponds to b) accessibility coverage; and core indicator #2 refers to d) contact coverage

There is also the concept of Universal Health Coverage (UHC), which captures both service coverage and financial coverage; Special Initiative for Mental Health core indicators 1 and 2 relate to service coverage.

Services

Health care facilities run by government or non-governmental ' (profit or not-for-profit) providers

Facilities

Specialised inpatient and outpatient services, plus Primary Health Care and other non-specialised services which are capacitated and able to provide care and treatment for Mental, Neurological and Substance Use (MNS) conditions

Treatment

Evidence-based psychosocial, psychological or pharmacological interventions for the management or prevention of MNS conditions

1 SERVICE ACCESS AND AVAILABILITY

One of the core cross-country indicators for the WHO Special Initiative on Mental Health relates to service access and availability. Ideally, we would want to know what proportion of those people estimated to have a MNS condition can access services when they need them. However, this is complicated to estimate accurately because an individual's or household's access to services is determined by so many factors, including their nearness or remoteness from service provider facilities (geographical access), their ability to get to and pay for services (financial access), and their willingness to seek help in the face of local customs and attitudes relating to mental health (acceptability). Participating Special Initiative for Mental Health countries will consider measurement of these different dimensions of access as potential country-specific indicators. Instead, the agreed core cross-country indicator is service availability, for which ample national data exist and are regularly documented as part of government reports or global surveys such as WHO's mental health Atlas project.

TABLE 1 provides summary estimates of the total number of people in each country (expressed in millions) for a range of mental health care services. Across the 8 countries included in this joint analysis, for example, there are between 1.2 million and 3.5 million people per general inpatient care facility, and between 0.1 million and 3.8 million people per mental health outpatient care facility. For primary care (not shown), only two of the

countries were able to estimate the number of facilities where mental health has been integrated and therefore available to local populations, indicating 0.1-0.3 million population per facility.

In overall terms, it is evident that levels of service availability for key elements of a community-based mental health service are either not currently well-measured (in particular, primary health care facilities with mental health care capacity) or in short supply (such as outpatient facilities, for which there are less than two per million population in four of the eight countries). Accordingly, to achieve the objectives of the Special Initiative for Mental Health, plans have been made to transform availability and access to quality mental health care in participating countries via scaled-up service capacitation at the sub-national level.

2 TREATMENT COVERAGE

The proportion of people with MNS conditions who are in contact with or in receipt of services is a further central measure of a mental health system, as well as of Universal Health Coverage. Estimates of service coverage can be derived from national surveys or routine monitoring databases. **TABLE 2** below provides best available estimates of national-level coverage for different MNS conditions for 6 out of 8 participating Special Initiative for Mental Health countries. These estimates reveal two main findings:

TABLE 1.
Service availability for MNS conditions (population per facility, in millions)

	Bangladesh	Ghana	Jordan	Nepal	Paraguay	Philippines	Ukraine	Zimbabwe
Inpatient care facilities (specialised)	82.4	10.3	2.0	4.8	0.8	27.3	0.6	3.7
Inpatient care facilities (general hospitals)	2.9	3.1	3.3	1.2	3.5	2.4	0.9	2.1
Community residential facilities	2.3	3.1						
Outpatient facilities	2.5	0.1	0.1	0.7	0.1	3.8	0.1	3.7

- 1) There is considerable variability in service coverage across MNS conditions, with psychosis generally having the highest degree of estimated service contact (e.g., between a third and a half of cases in Ghana, Zimbabwe and Paraguay). For other MNS conditions, the rates are generally much lower, sometimes reaching just a tiny fraction (< 5%) of the population in need, including for people living with depression and substance use conditions;
- 2) There is also considerable variability in service coverage between Special Initiative for Mental Health countries. For example, treatment coverage for psychosis ranges from 19% in Bangladesh to 71% in Philippines; and for alcohol use disorders, rates are 2% or less in Ghana, Paraguay and Zimbabwe, compared to 20% in Ukraine.

Data are currently unavailable for Jordan and Nepal, despite considerable efforts having been made to collect local information from health provider facilities (where data are only available on total visits and admissions, as opposed to the total number of people treated). Renewed efforts will be made to establish estimated numbers of people in contact with services in the localities or regions where implementation efforts are being focussed.

The overall picture for the Special Initiative on Mental Health is one of enormous unmet need; out of the 28 million people estimated to have one of the assessed MNS conditions in participating countries, only about 10% are currently estimated to be in contact with services. This means that the overall treatment gap being addressed by the Initiative

is at least 90%. To address this unmet need and treatment gap, it will be necessary to significantly increase service availability and uptake at the community level, both for currently under-served conditions such as depression and substance use disorders, as well as for people with psychosis and bipolar disorder.

3 AWARENESS OF THE HUMAN RIGHT TO MENTAL HEALTH

A further core cross-country indicator concerns mental health and human rights. The specific mechanism that is being employed to assess and track awareness of the human right to mental health is the WHO QualityRights online (or face-to-face) training programme (pre-post training assessments will enable determination of changes in attitudes). These trainings build knowledge and capacity in rights-based approaches to mental health care. All participating countries have included this QualityRights training in their workplans and in some - notably Ghana, but also Philippines and Zimbabwe - the e-training programme has already started being implemented. The target population for the training is principally health and social care workers already employed in mental health services, including psychiatric hospitals and social care institutions. Service users are another key group who will participate in QualityRights training and support local efforts to increase rights-based, person centred and recovery oriented mental health and psychosocial approaches in Special Initiative for Mental Health countries.

TABLE 2.

Estimated treatment coverage of MNS conditions, by Special Initiative for Mental Health country (%) *

	Bangladesh	Ghana	Paraguay	Philippines	Ukraine	Zimbabwe
Psychosis	19%	33%	50%	71.3%	9.4%	45.3%
Bipolar disorder	34%	2%	3%	11.9%		2.1%
Depression	5%	1%	8%	2.6%		0.5%
Epilepsy		14%	22%	5.3%	38%	9.3%
Alcohol use disorders		2%	1%		21%	0.3%
Drug use disorders		2%	11%		35%	5.7%
Substance use disorders		2%	1%	1.3%	21%	0.3%

* Baseline treatment coverage data unavailable at national level in Jordan and Nepal.

COUNTRY-SPECIFIC INDICATORS

Alongside consideration of core cross-country data requirements, each country has also identified a set of country-specific indicators relating to major objectives, outcomes and areas of planned work (as set out in their log-frame design documents). An overview of selected indicators, grouped by mental health system function or component, is shown below. Further details are contained within each country's baseline M&E report.

TABLE 3.
Proposed country-specific indicators summarised by domain

Domain	Proposed country-specific indicators
Mental health system governance and partnerships	<ul style="list-style-type: none"> Updated mental health law and policy available (yes /no) Strategic partnerships with community service organisations promoting inclusion
Mental health financing	<ul style="list-style-type: none"> Mental health reform budget approved / allocated (yes /no) Mental health expenditure (US\$) - total per capita % of total health expenditure People with Mental, Neurological and Substance Use (MNS) conditions receiving financial protection
Human resources for mental health	<ul style="list-style-type: none"> Mental health professionals available - total per 100k population Mental health professionals meeting competency standards
Mental health service standards and quality	<ul style="list-style-type: none"> Regions with community- and rights-based service standards % mental hospital admissions that are involuntary Service user (and caregiver) satisfaction
Mental health service receipt	<ul style="list-style-type: none"> Clients receiving care and support by community mental health teams Ambulatory consultations by people with MNS conditions
Mental health promotion	<ul style="list-style-type: none"> Community mental health awareness campaigns per year
Mental health information systems and research	<ul style="list-style-type: none"> Mental health indicators incorporated into regular health information systems and reporting Development / implementation of a national mental health research agenda

DISCUSSION

This summary provides a brief overview of what indicators have been identified for monitoring progress with the implementation of WHO's Special Initiative for Mental Health, both across and within participating countries. It also summarises baseline data for cross-country indicators at the national level.

A number of **important lessons** and **insights** have been learned during the process of M&E development that has taken place over the last year:

LESSON / INSIGHT

There is a significant and worrying lack of reliable and up-to-date data on many aspects of mental health service preparedness and provision in the participating countries, which risks undermining the ability to set credible baseline figures and monitor change over time in an accurate manner.

There is a lack of confidence or familiarity in some countries with respect to M&E concepts, awareness, data requirements and analysis.

There is a potential disconnect between the national-level focus of baseline assessments and the sub-national focus of follow-up assessments (related to local implementation)

RESPONSE / PROPOSED SOLUTION

Ensure the inclusion of mental health information system strengthening in the workplan and implementation phase. WHO's Special Initiative for Mental Health offers an important opportunity to instigate, evaluate and mainstream changes to mental health system monitoring / surveillance.

Offer learning opportunities, mentorship and/or strengthened technical support in M&E to country teams

Carry out supplementary baseline data collection and analysis in local catchment areas / districts where services are being introduced or enhanced (e.g., integration of mental health into primary health care)

In conclusion, much effort has gone into establishing an M&E framework and set of cross-country indicators, but there remain challenges in adequately recording baseline values for some core measures of programmatic impact and performance, in particular service coverage. Renewed effort will be required to build capacity and associated infrastructure if such essential mental health service indicators are to be successfully introduced and mainstreamed within routine health information systems in the participating countries of the WHO Special Initiative on Mental Health.

WHO SPECIAL INITIATIVE FOR MENTAL HEALTH

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National teams and partners:

Bangladesh: Sadhana Bhagwat (WCO)

Ghana: Joana Ansong, Leveana Gyimah (WCO)

Jordan: Hadeel Alfar, Luma Samawi, (WCO); Ayman Mansour (University of Jordan)

Nepal: Kedar Marahatta (WCO), Sajeeva Ranaweera (SEARO)

Paraguay: Matias Irarrazaval (PAHO)

Philippines: Jasmine Vergara (WCO); Paula Melizza Valera (Alliance for Improving Health Outcomes, Inc.); Frances Prescilla Cuevas (Department of Health)

Ukraine: Alisa Ladyk-Bryzghalova (WCO); Peter Winkler, Karolína Mladá (National Institute of Mental Health, Czechia); Oleksii Sukhovii (Ministry of Health)

Zimbabwe: Debra Machando (WCO); Stanzia Moyo, M Mhloyi, A Milanzi (University of Zimbabwe)

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