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H. PLAN OF ACTION ON MENTAL HEALTH: MIDTERM REVIEW

Background

1. The purpose of this document is to report to the Governing Bodies of the Pan American Health Organization (PAHO) on progress in the implementation of the Plan of Action on Mental Health, approved in October 2014 (Document CD53/8 and Resolution CD53.R7) (1). The basis for the preparation of this plan and, in general, for current technical cooperation on mental health in the Region, is the Strategy and Plan of Action on Mental Health, approved by the Directing Council of the Pan American Health Organization (PAHO) in 2009, revised and aligned with the Comprehensive Mental Health Action Plan implemented by the World Health Organization (WHO) in 2013 (2, 3). This is complemented by the PAHO Strategic Plan 2014-2019 (4). Other precedents include regional resolutions, declarations, and technical documents on mental health approved by PAHO and the Member States, as well as the Mental Health Gap Action Program (mhGAP), launched by WHO in 2008, and its corresponding Intervention Guide of 2010 (5-12).

Progress update

2. Progress has been made in most of the objectives, as described in the table below. The countries of the Region are making serious efforts to shift the focus of care from services provided in traditional psychiatric hospitals to a community-based model that offers continuous comprehensive care for people with mental illness and their families. Numerous events have been held throughout the Region, and practical technical tools have been shared. The integration of mental health in primary care has been strengthened in recent years by training primary care personnel in the use of the WHO mhGAP instrument, which consists of interventions for the prevention and management of mental, neurological, and substance use disorders in nonspecialized health care settings. However, the process must be reinforced with monitoring and evaluation tools that will make it possible to understand the impact of the efforts underway.

3. The Member States periodically submit their data through survey reports, epidemiological yearbooks, the Regional Mental Health Atlas for the Americas (PAHO), and the WHO-AIMS tool on mental health systems. These instruments, together with the

reports issued by PAHO, such as *Suicide Mortality in the Americas* (2014), *Core Indicators – Health Situation in the Americas* (2016), and those from the technical missions of the Pan American Sanitary Bureau (PASB) staff in charge are the main sources used in the preparation of this report.

<i>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.</i>		
Objective	Indicator, baseline, and target	Status
1.1	1.1.1 Number of countries that have a national mental health plan or policy in line with regional and global mental health plans. Baseline: 22 in 2013 Target: 30 in 2020	In 2015, 27 countries had an independent mental health policy or plan (13, 14).
1.2	1.2.1 Number of countries that have national laws on mental health consistent with international human rights instruments. Baseline: 8 in 2013 Target: 18 in 2020	In 2015, 22 countries had an independent mental health law (13, 14). Furthermore, in seven countries, mental health legislation was part of the general health or disability laws (13).

<i>Strategic Line of Action 2: Improve the response capacity of systems and services for mental health and the care of psychoactive substance-related disorders to provide comprehensive, quality care in community-based settings.</i>		
Objective	Indicator, baseline, and target	Status
2.1	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). Baseline: 19 in 2013 Target: 30 in 2020	In 2015, 21 countries reported a number of annual consultations in outpatient mental health facilities above the regional average (13, 14).

2.2	2.2.1 Number of countries where psychiatric hospitals have reduced the number of beds by at least 15%. Baseline: 0 Target: 10 in 2020	Using the information submitted by 31 countries in 2013, a baseline regional average of 39.43 beds per 100,000 population was established; furthermore, four countries reported having no beds in their psychiatric hospitals (14). As of 2015, 16 of the 31 countries included in the baseline had reduced the number of beds in psychiatric hospitals by at least in 15% (13). The baseline will be expanded as we obtain relevant information.
2.3	2.3.1 Number of countries that have integrated a mental health component into primary care. Baseline: 15 in 2013 Target: 25 in 2020	In 2015, 23 countries submitted information on primary care workers who had received at least two days of mental health training in the past two years (13, 14).

Strategic Line of Action 3: Prepare and implement promotion and prevention programs 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.

Objective	Indicator, baseline, and target	Status
3.1	3.1.1 Number of countries with operational multisectoral mental health promotion and prevention programs. Baseline: 20 in 2013 Target: 25 in 2020	Although 14 countries reported having formal programs for mental health promotion and the prevention of mental illness in 2015, all the countries have activities with similar goals in different sectors, and these efforts have been growing (13).
3.2	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: 7.3 x 100,000 population in 2013 Target: < 7.3 x 100,000 population	The baseline established for the indicator corresponds to data from the period 2005-2009, published in 2014 (15). The average regional suicide rate was 7.96 per 100,000 population, according to the available data for 2012. Of the 34 countries with available information, 19 reported an annual suicide rate below the baseline (16). The apparent increase in the suicide rate in the short term may be related to the effort to collect better, more complete data in the Region.

	<p>3.2.2 Number of countries that develop and implement national suicide prevention programs.</p> <p>Baseline: 6 in 2013 Target: 20 in 2020</p>	<p>In 2015, 11 countries reported having formulated a national suicide prevention strategy (13).</p> <p>However, the prevention component is present in the plans and strategies of 27 countries, and the difference lies in the scope of these strategies and their degree of implementation.</p>
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Strategic Line of Action 4: Strengthen information systems, scientific evidence, and research.

Objective	Indicator, baseline, and target	Status
<p>4.1</p>	<p>4.1.1 Number of countries with a basic set of agreed upon mental health indicators, systematically compiled and reported annually.</p> <p>Baseline: 21 in 2013 Target: 30 in 2020</p>	<p>In 2015, 25 countries reported having a basic set of mental health indicators (13).</p> <p>In Central America in particular, PAHO, in collaboration with the Council of Ministers of Health of Central America (COMISCA), recently streamlined and standardized these indicators, providing assistance to the countries to implement the compendium of indicators obtained. Work is also underway to incorporate these indicators into the Subregional Suicide Observatory for Central America and the Dominican Republic so as to make it a mental health observatory.</p>

Action necessary to improve the situation

- a) Encourage efforts between the PASB and the Member States to develop the mental health systems, human resources, and treatment services necessary for bridging the gap and improving the quality of care.
- b) Strengthen information and surveillance systems, improve epidemiological information, and increase survey coverage of marginalized populations and other vulnerable groups.
- c) Promote resource allocation consistent with the needs identified and the targets set.
- d) Providing a more accurate figure for the regional suicide rate will require a complete analysis of the period 2010-2015. This report is scheduled to be published in 2018, and its results will be included in the final report on this plan of action.

Action by the Executive Committee

4. The Executive Committee is invited to take note of this report and formulate the recommendations it deems pertinent.

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