

Mental Health Situation in South-East Asia: Challenges and the Way Forward

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Background

Mental health is essential for everyone. It is integrated in overall health which is defined as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity¹. The World Health Organization's (WHO) Comprehensive Mental Health Action Plan 2013–2030 has been developed to increase global, regional, and governments' resolve to achieve universal health coverage for mental health services². The Seventy-Fifth Regional Committee meeting for WHO South-East Asia in September, 2022, in Bhutan has added a new paradigm to mental health in the region with the Paro Declaration by health ministers of member states on universal access to people-centred mental health care and services.³

Home to over a quarter of the world's population, the WHO South-East Asia Region has nearly 260 million people living with mental health conditions. The prevalence of mental disorders is 13.2 percent in the region.⁴ More than 200,000 people die from suicides each year and, for every death, there are more than 20 suicide attempts.⁵ The mental health treatment gap remains significant, ranging between 75 and 95 percent. Stigma is a major challenge and hinders service access and reintegration, resulting in social and economic exclusion. The Covid-19 pandemic has exacerbated the burden of mental health conditions with the prevalence of anxiety and depression increasing by 25 percent.⁶

¹ World Health Organisation. Basic documents: forty-ninth edition (including amendments adopted up to 31 May 2019). Geneva: World Health Organisation; 2020. Licence: CC BY-NC-SA 3.0 IGO.

² World Health Organization. Comprehensive mental health action plan 2013–2030 [Internet]. 2021. 1–20 p. Available from: <https://www.who.int/publications/i/item/97892400310029>

³ WHO-South-East Asia Regional Office. Seventy-fifth Session of the WHO Regional Committee for South-East Asia Paro, Bhutan, 5–9 September 2022 RC 75 Working Documents. 2022; Available from: www.whosearo.int

⁴ Osborn TL, Wasanga CM, Ndeti DM. Transforming mental health for all. The BMJ. 2022.

⁵ World Health Organization. Suicide worldwide in 2019: global health estimates [Internet]. World Health Organization, Geneva. 2021. Licence: CC BY-NC-SA 3.0 IGO. Available from: <https://apps.who.int/iris/rest/bitstreams/1350975/retrieve>

⁶ WHO-South-East Asia Regional Office. Mental Health in the WHO-South-East Asian Region: Overview [Internet]. 2022. Available from: www.whosearo.int

Poverty, unemployment, substance abuse, impact of climate change, and humanitarian emergencies increase the mental health needs in populations, as seen in the member states of the region. The interplay between communicable and noncommunicable diseases is recognised to influence mental health conditions of the people; for example, the outcomes of tuberculosis, diabetes, and hypertension being adversely affected by mental conditions and vice versa.

Progress and Challenges

The regional commitment to accelerate actions on mental health is built on the adoption of the Paro Declaration on Mental Health with a focus on integration of mental health service in primary health care. The declaration outlines seven cross-cutting principles:

1. Life-course approach with emphasis on early childhood development, adolescent, maternal, and elderly mental health;
2. Community engagement and involvement of persons with lived experience (PWLE) in policy development, implementation, service delivery evaluation and setting research agendas;
3. Human rights approach and gender equity for planning and implementation of mental health programmes and service delivery;
4. Universal health coverage (UHC) to ensure that no one is left behind;
5. Multisectoral action and whole-of-society approach;
6. Prioritising community care through shift of services to primary and secondary care and community-based settings; and
7. Ensuring evidence-based approaches. It stresses the critical importance of taking a people-centred approach that prioritises community ownership, action and engagement – an approach that is integral to the regional work on mental health.

The Mental Health Action Plan for the South-East Asia Region 2023-2030 emphasises the need to expand community-based mental health networks and the development of decentralised human resources⁷. WHO is currently engaged in an exercise to map existing mental health services and programmes at the community level and in the development of a toolkit to

⁷ WHO South-East Asia Regional Office. Mental health action plan for the WHO South-East Asia Region 2023-2030 (DRAFT)

support member states in expanding their mental health networks. Specific indicators are presented in the draft plan to monitor the expansion of community mental health centres and units in general hospitals. Member states are moving forward in addressing the mental health needs of their populations through the development and implementation of mental health policies, plans, legislation, and programmes, and through the integration of mental health into primary health care.

Evidence-based interventions and their implementation is well-documented. These interventions not only help individuals and families but also result in high returns on investments. Ensuring success in mental health efforts would require interventions being cascaded and scaled up through targeted investments. The approach needs to be re-framed through task-shifting with focus on training of non-specialist health workers to detect, diagnose, and treat priority mental health conditions, from a health sector only to a multi-stakeholder whole-of-society approach, and advocate for models such as the Gross National Happiness Index to measure development. WHO has a key mandate to support countries to improve the mental health and well-being of populations and strengthen services through a primary care system and community engagement.

While steady progress is noted, the member states in the region are facing challenges in the acceleration of mental health actions. The mental health policies and laws that cater to the evolving mental health needs of the population need to be strengthened. There is a need to augment the work force dedicated for delivery of mental health care services. The treatment gap calls for the urgent investment in human resources for health, particularly in relation to mental health. The national oversight for mental health prevention and promotion programmes including suicides require strengthening with a focus on multi-sectoral engagement and community involvement. The data is collected through the Health Management and Information System and there remains a challenge in its use to inform and influence policy decisions and programmatic interventions.

Way Forward

Mental health actions would require focus on building resilient health systems and multisectoral actions. Key actions:

1. **Expand community-based mental health networks** - The network should include mental health units in general hospitals, day-centres, halfway houses and rehabilitation centres. Functional community networks will rely heavily on multi-disciplinary teams that collaboratively deliver services and care by fostering community's support and engagements.
2. **De-institutionalisation** - implies moving away from long-stay in mental health institutions. In this sense, the plan proposes a specific indicator to monitor the de-institutionalisation process and reduce long-stay bed occupation in health facilities.
3. **Increase investment in mental health** - Increased investment of domestic health budget towards mental health especially directed to primary care, mental health prevention and promotion, community-based services, with functional referral and back-referral pathways to secondary care is urgently needed.
4. **Strengthen health systems** - Ensure effective integration of mental health into primary health care that addresses treatment gaps, promote mental health and prioritises prevention efforts. Task-shifting involves leveraging on non-specialised health workers. Capacity building and supportive supervision are essential components in the integration of mental health into Primary Health Care. Data should be available to inform context-based policy decisions and interventions.