Comprehensive mental health action plan 2013–2020
(resolution WHA66.8)

During the WHA 66 in May 2013, the comprehensive mental health action plan 2013–2020 was adopted. During the WHA 68 (May 2015), a follow up of the actions and the projects undertaken to reach the goals of the action plan. There are also other action plans on mental health, but they are more specific (for example, there is one for low-resource settings).

**Background**

In the action plan, mental health is considered as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community. With respect to children, an emphasis is placed on the developmental aspects, for instance, having a positive sense of identity, the ability to manage thoughts, emotions, and to build social relationships, as well as the aptitude to learn and acquire an education, ultimately enabling their full active participation in society.”

Even if the plan deals with psychiatric and neurological disorders and diseases, there is also the attention on the determinants of mental health. The vulnerable groups are identified, such as social and economical conditions which could affect mental health or worsen the prior condition. The increased risk of mental discomfort is due to discrimination, poverty, lack of resources, denial of human rights, low expectancy of improvement because of unemployment and economical crisis, conflict, natural disasters or other humanitarian emergencies.

Besides, as it is true that poverty and lack of rights facilitate the development of mental disorders, it is also a fact that mental disorders can easily lead to poverty and denial of human rights.

People with mental disorders experience disproportionately higher rates of disability and mortality, not only due to the high risk of suicide. They are less likely to have the correct treatment for diseases and more likely to develop illness strictly connected with lifestyle, such as diabetes. Physical health problems that are often left unattended and access to primary health care is low. There is a huge lack of trained personnel, especially in Low and Middle Income Countries (L&MIC) to correctly cure mental diseases (both with pharmacological treatment and without it).

The action plan also underlines that civil society movements for mental health in L&MIC are not well developed.

**Vision, goals, objectives**

The **vision** of the action plan is a world in which mental health is valued and promoted, mental disorders are prevented and persons affected by these disorders are able to exercise the full range of human rights and to access high-quality, culturally-appropriate health and social care in a timely way to promote recovery, all in order to attain the highest possible level of health and participate fully in society and at work free from stigmatization and discrimination.

The **goal** is to promote mental well-being, prevent mental disorders, provide care, enhance recovery, promote human rights and reduce the mortality, morbidity and disability for persons with mental disorders.

The **objectives** are:

1. to strengthen effective leadership and governance for mental health
2. to provide comprehensive, integrated and responsive mental health and social care services in community-based settings
3. to implement strategies for promotion and prevention in mental health
4. to strengthen information systems, evidence and research for mental health.

**Indicators for measuring process towards the targets**

N.b.: “Given that targets are voluntary and global, each Member State is not necessarily expected to achieve all these specific targets but can contribute to a varying extent towards jointly reaching them.”

1. **to strengthen effective leadership and governance for mental health**  
   **Target:** 80% of countries will have developed or updated their policy/plan for mental health in line with international and regional human rights instruments  
   **Indicator:** Existence of a national policy and/or plan for mental health that is in line with international human rights instruments (yes/no)  

   **Target:** 50% of countries will have developed or updated their law for mental health in line with international and regional human rights instruments  
   **Indicator:** Existence of a national law covering mental health that is in line with international human rights instruments (yes/no)

2. **to provide comprehensive, integrated and responsive mental health and social care services in community-based settings**  
   **Target:** Service coverage for severe mental disorders will have increased by 20%  
   **Indicator:** Proportion of persons with a severe mental disorder (psychosis; bipolar affective disorder; moderate-severe depression) who are using services.  
   **Mean of verification:** 
   \[ \frac{\text{Cases of severe mental disorder in receipt of services}}{\text{Total cases of severe mental disorder in the sampled population}} \]

3. **to implement strategies for promotion and prevention in mental health**  
   **Target:** 80% of countries will have at least two functioning national, multisectoral mental health promotion and prevention programmes (yes/no)  
   **Indicator:** Functioning programmes of multisectoral mental health promotion and prevention in existence  

   **Target:** The rate of suicide in countries will be reduced by 10%  
   **Indicator:** Indicator Number of completed suicides per year per 100 000 population.

4. **to strengthen information systems, evidence and research for mental health.**  
   **Target:** 80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national health and social information systems  
   **Indicator:** Core set of identified and agreed mental health indicators routinely collected and reported every two years (yes/no)
## Report and comments

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Strengthen effective leadership and governance for mental health</th>
<th>Provide comprehensive, integrated and responsive mental health and social care services in community-based settings</th>
<th>Implement strategies for promotion and prevention in mental health</th>
<th>Strengthen information systems, evidence and research for mental health.</th>
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<tbody>
<tr>
<td><strong>Targets by 2020</strong></td>
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<td>service coverage for severe mental disorders will have increased by 20%</td>
<td>15% full and 39% partial participation of persons with mental and psychosocial disabilities in policy, legislation and service development; &gt;50% with at least two functioning promotion/prevention programmes for mental health</td>
<td>22% have in place a national suicide prevention strategy</td>
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<tr>
<td><strong>February 2015</strong></td>
<td>Data unavailable</td>
<td>13% full and 35 % partial participation</td>
<td>Data unavailable</td>
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<td><strong>Situation among the 173 Member States who submitted the report (89% of Member States)</strong></td>
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<td>19.6%</td>
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<td>76% having stand-alone mental health policies</td>
<td>57% having mental health laws or relevant legislation</td>
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<td><strong>February 2015</strong></td>
<td><strong>Situation among all Member States</strong></td>
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<td>68%</td>
<td>51%</td>
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