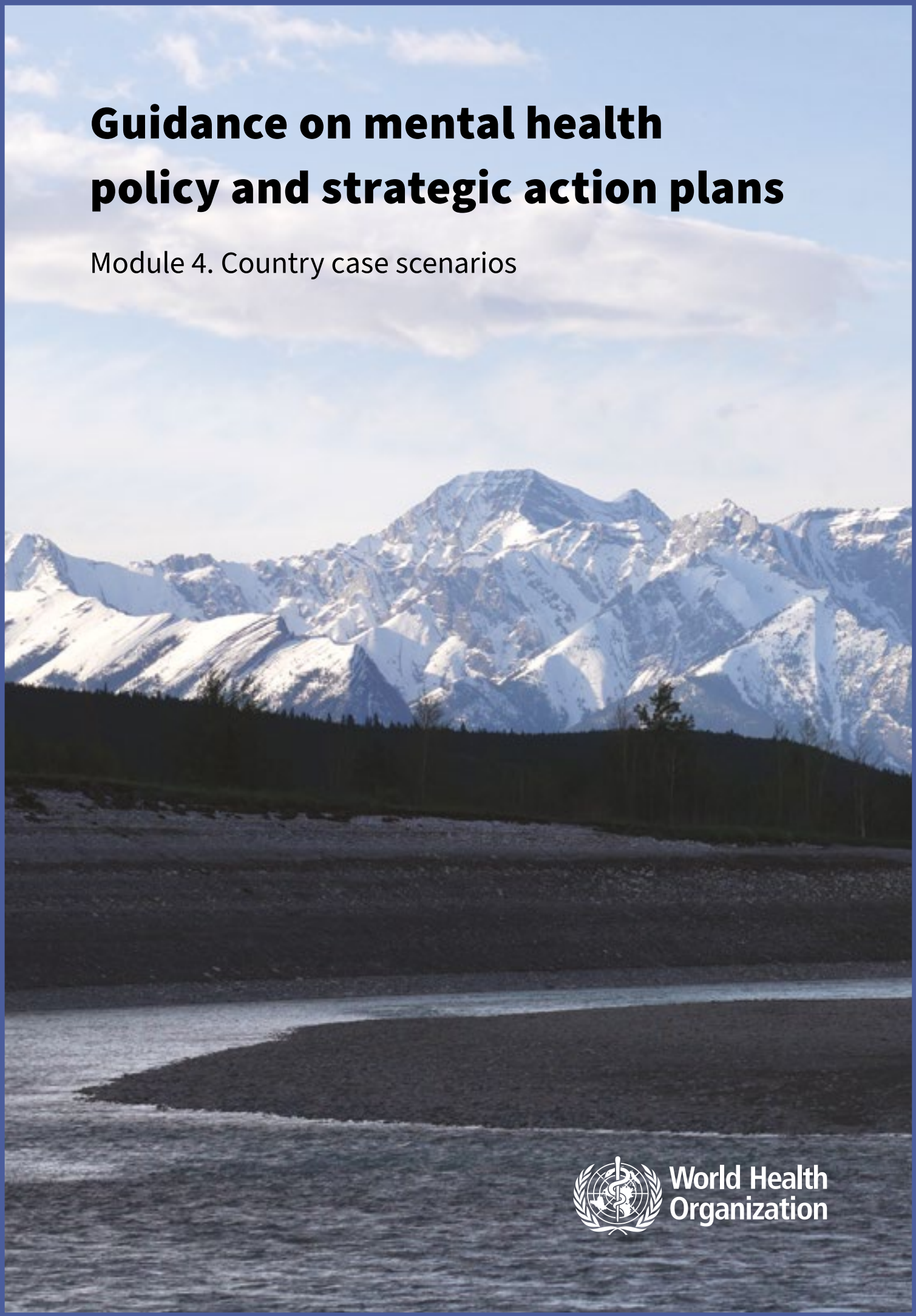
Guidance on mental health policy and strategic action plans

Module 4. Country case scenarios



World Health Organization

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Guidance on mental health policy and strategic action plans. Module 4. Country case scenarios

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Foreword

This Guidance on mental health policy and strategic action plans provides countries with a comprehensive pathway to mental health policy reform. This is in line with an increasing consensus on the importance of embracing rights-based, person-centered, and recovery-oriented approaches that emphasize autonomy and dignity, while also engaging people with lived experience in planning and decision-making.

Our collective vision is for a world where mental health is integrated into primary health care, and where services are accessible, respectful, and empowering. Mental health planning should also take into account the social and structural factors such as poverty, housing, education, and employment, as well as the negative impact of stigma, discrimination, and other systemic barriers. Addressing these interconnected issues is fundamental to achieving holistic and sustainable outcomes. Collaboration across sectors is essential to implement equitable and effective community-based services.

This publication is a testament to the invaluable contributions of people with lived experience, whose voices and insights are central to this transformative agenda. It is their stories, resilience, and advocacy that underpin the urgency of this work and inspire us towards a more inclusive and compassionate world. This Guidance is a vital resource for policymakers, practitioners, and advocates alike, providing practical and actionable strategies to accelerate progress, while helping to protect the rights and dignity of those seeking care.

Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

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Glossary

Biomedical model

The biomedical model views mental health conditions as primarily caused by neurobiological factors *(1, 2)*. With this approach the main focus of care is on diagnosis, medication, and symptom reduction, often overlooking the social and structural factors affecting mental health and individuals' needs and rights for inclusion, social protection, among others *(3)*.

Community mental health care

Community-based mental health care, including both specialized and non-specialized care, allows people to live and to receive care within their own communities, rather than in institutional settings (such as psychiatric hospitals or social care facilities), promoting equality and inclusion within society. Community mental health care involves a network of interconnected services, including: mental health services integrated into general health care; community mental health centres; outreach, providing care at home or in public spaces; and access to key social and other support services. While there is no universal model for organizing these services, every country can take steps to restructure and expand community mental health care to uphold the right to live and be included in the community *(3)*.

Deinstitutionalization

Deinstitutionalization involves relocating individuals from institutional settings back into their communities and closing institutional beds to prevent further admissions. Successful deinstitutionalization requires comprehensive community-based services, sufficient financial and structural investment, and a shift in mindsets and practices to value people's rights to community inclusion, liberty, and autonomy *(3)*.

Disability

According to the United Nations Convention on the Rights of Persons with Disabilities (CRPD), disability results from the interaction between individuals with impairments or health conditions and societal barriers that limit their full and equal participation. Article 1 of the CRPD defines "persons with disabilities" as those with long-term physical, mental, intellectual, or sensory impairments that, when combined with barriers, hinder their full and effective participation in society. This reflects the social model of disability, which highlights the role of societal barriers that give rise to disability, and the human rights model, which asserts that people with disabilities have the right to demand the removal of these barriers to ensure equality and non-discrimination *(4)*.

Groups that face discrimination

This refers to groups of people within a given culture, context and history, who face, or are at risk of, discrimination and exclusion due to unequal power relationships. These groups may face discrimination based on age, gender, sexual orientation, disability, migrant and refugee status, race and ethnicity, indigeneity, houselessness status, language, religion, political or other opinions, education or income, living in various localities, or any other status *(5)*. Discrimination on any such ground is prohibited in international human rights law.

Human rights-based approach

This is an approach grounded in international human rights law, aimed at promoting and protecting human rights. In mental health, it involves adopting legal and policy frameworks that comply with State obligations under international law. It equips both State and non-State actors to identify, analyze, and address inequalities and discrimination, and to reach those who are marginalized. It also provides avenues for redress and accountability when necessary *(6)*.

Legal capacity

The CRPD defines legal capacity as "…the capacity to be both a holder of rights and an actor under the law. Legal capacity to be a holder of rights entitles persons to full protection of their rights by the legal system. Legal capacity to act under the law recognizes the person as an agent with the power to engage in transactions, and create, modify or end legal relationships" *(7)*. Legal capacity is an inherent and inalienable right, distinct from 'mental capacity' (which refers to people's decision-making abilities) since, regardless of a person's perceived abilities to make decisions, under the CRPD they nevertheless retain their right to exercise their legal capacity on an equal basis with others.

LGBTIQ+

LGBTIQ+ is an acronym for lesbian, gay, bisexual, transgender, intersex and queer/questioning people. The plus sign represents people of diverse sexual orientation, gender identity, gender expression and sex characteristics who identify with other terms. This acronym, adopted from a Western (predominantly Anglophone) context, has become a term of convenience in the realm of public health and health research, including for some normative statements on human rights by WHO and other UN entities *(8)*. While the acronym LGBTIQ+ (or a derivation of it, such as LGB or LGBT) is widely used globally and in UN publications, it does not encompass the full diversity of terms used to describe sexual orientation, gender identity and expression, and sex characteristics.

Lived experience

This can refer to personal experience with mental health services, mental health conditions, or specific living conditions like poverty. It describes how someone has experienced and understands a particular situation, challenge, or health issue.

Mental health and psychosocial support (MHPSS)

This is a composite term for any local or external support aimed at protecting or promoting psychosocial well-being or preventing and treating mental health conditions *(9)*.

Procedural accommodation

This refers to necessary modifications and adjustments in the context of access to justice, ensuring equal participation for persons with disabilities and other groups. Unlike reasonable accommodations, procedural accommodations are not limited by the concept of disproportionate or undue burden *(10)*.

Person-centred care

This focuses on aligning care with individuals' preferences, needs, values, and strengths, and with people's unique circumstances and goals in life. It requires that people actively participate in decisions about their treatment and care, aiming to foster trusting partnerships, dignity, respect, and autonomy, while also addressing social and structural factors affecting mental health in order to provide holistic care *(11)*.

Psychiatric and social care institutions

Institutions are living environments where residents are separated from the broader community, are often isolated, and lack control over their lives and decisions affecting them. Such settings also often prioritize institutional over individuals' needs *(12)*. Institutions may include standalone psychiatric hospitals, social care homes, and other facilities where people experience these restrictions. Even small, community-based facilities can be considered institutional if they impose rigid routines, restrict autonomy, and fail to promote genuine community inclusion. This definition does not include psychiatric units or services located in the community and integrated within general hospitals, and within the broader general healthcare system, provided that autonomy and rights are respected.

Psychosocial disability

This guidance adopts the definition of disability set out in the CRPD — see above. In this context, psychosocial disability refers to the barriers (for example discrimination, stigma and exclusion) that arise from the interaction between individuals with mental health difficulties and attitudinal and environmental factors that hinder people's full and equal participation in society. This term emphasizes a social rather than a medical approach to mental and emotional experiences. While the CRPD uses the term "impairment", this Guidance avoids this term in order to respect the diverse perspectives of people with lived experience of psychosocial disability, and the dynamic nature of mental and emotional states *(3, 13, 14)*.

Reasonable accommodation

The CRPD defines reasonable accommodation as necessary and appropriate modifications that do not impose a disproportionate or undue burden, ensuring that persons with disabilities and other groups can enjoy and exercise all human rights and fundamental freedoms on an equal basis with others *(15)*.

Recovery

The recovery approach in mental health focuses on supporting people to regain or maintain control over their lives. Recovery is personal and different for each person, and can include finding meaning and purpose, living a self-directed life, strengthening self-worth, healing from trauma, and having hope for the future. Each person defines what recovery means for them and decides which areas of life to focus on as part of their recovery journey. Recovery views the person and their context as a whole, rather than aiming for the absence of symptoms or a so-called cure *(16)*.

Substitute decision-making

This refers to regimes where a person's legal capacity is removed, and a substitute decision-maker is appointed to make decisions on their behalf, often based on what is perceived as the person's best interests, rather than their own will and preferences *(17)*.

Supported decision-making

The CRPD describes supported decision-making as regimes that provide various support options enabling a person to exercise legal capacity and make decisions with support *(18)*. Supported decision-making can take many forms but does not remove or restrict legal capacity. A supporter cannot be appointed by a third party without the person's consent, and support must align with the individual's will and preferences *(19)*.

Executive summary

Mental health policy reform is urgent

Mental health has become a global priority, recognized as influencing every aspect of life — from emotional and social well-being to physical health, relationships, and community involvement. It is a vital asset that should be protected and nurtured for individuals and societies to thrive. To achieve this, governments need to establish robust policies and approaches to address the mental health needs of their populations, while continually acting to protect and promote mental well-being.

In response there is growing momentum for policies to adopt a rights-based, person-centred, and recovery-oriented approach, in line with international human rights commitments, such as the Convention on the Rights of Persons with Disabilities and the WHO *Comprehensive mental health action plan 2013–2030 (20, 21)*. These approaches emphasize addressing stigma and discrimination and ensuring people's autonomy, dignity, and rights are respected. They also stress that mental health should be integrated as a core component of Universal Health Coverage (UHC) and the universal need for equitable access to comprehensive, quality mental health services, regardless of people's socioeconomic status or geographical location.

Despite these global commitments, many countries still lack mental health policies and plans that fully align with international human rights standards or address the broader societal factors affecting mental health. All countries having endorsed WHO's *Comprehensive mental health action plan 2013–2030* are committed to developing, updating, and implementing national policies and strategies, with a global target for 80% of countries to achieve this alignment by 2030.

A comprehensive framework for reform

This Guidance on mental health policy and strategic action plans was created to support countries in reforming their mental health policies and updating strategic action plans, placing human rights and the social and structural determinants of mental health at the core of all policy reform efforts. Grounded in international human rights frameworks, particularly the UN Convention on the Rights of Persons with Disabilities (CRPD), the Guidance calls for mental health systems that promote legal capacity, non-coercive practices, participation, and community inclusion. It aims to ensure that all people are treated with dignity, respect, and on an equal basis with others. By addressing broader social and structural determinants – such as poverty, housing insecurity, unemployment, and discrimination – and emphasizing multi-sectoral collaboration, the guidance promotes a holistic approach to mental health reform, advancing equity and social justice.

This Guidance serves as a valuable resource not only for policy-makers and planners but also for a wide range of stakeholders, including individuals and organizations involved in mental health advocacy and reform. It can help these stakeholders gain a better understanding of mental health systems, policy reform processes and key issues to be addressed in the development and implementation of rights-based mental health policy and strategic actions.

Structure of the Guidance

The Guidance discusses important policy areas for reform and outlines key steps that countries should work through in developing, implementing, evaluating and monitoring their mental health policy and strategic action plan. The Guidance is divided into five modules published as separate documents.

Module 1. Introduction, purpose and use of the guidance

This module discusses the challenges related to mental health policy and the need for reform in line with the international human rights framework, highlighting essential considerations and new directions.

Module 2. Key reform areas, directives, strategies, and actions for mental health policy and strategic action plans

This module details five key policy areas for reform together with associated directives, strategies and actions that can be prioritized and adapted by policy-makers and planners according to each country's specific contexts.

Key policy areas for reform

Within each policy area, a menu of policy directives, strategies, and actions guides reform efforts, helping policy-makers and planners prioritize and tailor policies to their specific context, in line with their available resources or organizational structures. At the end of each policy area, the Guidance highlights key issues requiring special considerations for diverse groups: children and adolescents, older adults, women, men and gender-diverse persons, the LGBTIQ+ community, persons with disabilities, migrants and refugees, persons from minoritized racial and ethnic groups, Indigenous Peoples, and persons who are houseless or with unstable housing. Due to unique characteristics, life circumstances, or unmet needs, these groups may require specific support and attention beyond that of the general population.

Policy area 1. Leadership, governance, and other enablers

Policy area 1 discusses strengthening leadership and governance structures to ensure the sustainability, accountability, and effective implementation of mental policy reforms.

Policy directives

- coordination, leadership and accountability;
- financing and budget;
- information systems and research;
- people with lived experience, civil society, and communities;
- rights-based law reform.

Policy area 2. Service organization and development

Policy area 2 discusses development and implementation of comprehensive community-based mental health services and support that are rights-based, person-centred and recovery-oriented; and reorganization of mental health systems to transition from institutionalized care to services in the community.

Policy directives

- coordinated rights-based community mental health services and support at all levels of care;
- integrated mechanisms that respond to social and structural factors and take rights-based approaches in mental health;
- partnerships for community inclusion, socioeconomic development, and for protecting and promoting rights;
- deinstitutionalization.

Policy area 3. Human resource and workforce development

Policy area 3 discusses building a diverse, competent and resilient workforce capable of delivering person-centred, rights-based, and recovery-oriented mental health services and support.

Policy directives

- a multidisciplinary workforce with task sharing, training and support;
- recruitment, retention and staff well-being;
- competency-based curricula for mental health.

Policy area 4. Person-centred, recovery-oriented and rights-based assessment, interventions and support

Policy area 4 discusses providing assessment, interventions and sup•port that is comprehensive, offers choice, is responsive to individual support needs and is rights-based, person-centred and recovery-oriented.

Policy directives

- assessment of mental health and support needs by multidisciplinary teams;
- physical health and lifestyle, psychological, social and economic interventions;
- psychotropic drug interventions.

Policy area 5. Mental health sector contributions to addressing social and structural determinants and society-wide issues impacting mental health and well-being

Policy area 5 discusses expanding the mental health sector's role to address the social and structural determinants that shape mental health outcomes, promoting equity, human rights and inclusiveness.

Policy directives

- improved literacy and transformed mindsets to promote mental health and well-being and combat stigma, discrimination, and exclusion;
- joint actions on social and structural determinants and society-wide issues.

Module 3. Process for developing, implementing, and evaluating mental health policy and strategic action plans

This module outlines key principles and nine discrete and non-linear steps.

1. **Conduct high-level policy dialogue**. Bring together high-level stakeholders from key sectors and civil society to establish commitment and engagement for mental health reform.

2. **Establish a multistakeholder advisory committee**. This committee is important to oversee development and implementation of the policy and strategic action plan with input from all relevant sectors and stakeholders, including people with lived experience.

3. **Build understanding and new mindsets**. It is key to address stigma and discrimination and resistance to rights-based approaches from the outset of policy development.

4. **Review international human rights obligations and commitments**. Understanding key international human rights frameworks, including the UN Convention on the Rights of Persons with Disabilities (CRPD) is essential to inform policy development.

5. **Undertake situational analysis**. Assess the current mental health context, identifying gaps, priorities, and challenges to inform policy and strategic action plan development.

6. **Draft the mental health policy**. Develop the mental health policy, including key areas for action and policy directives based on a situational analysis, incorporating input from all relevant stakeholders.

7. **Draft the mental health strategic action plan**. Develop a strategic action plan with defined strategies including timeframes, targets, indicators, specific actions, outputs, and costs to effectively implement the policy.

8. **Implement the policy and strategic action plan**. Well-planned and sustainable implementation requires awareness-raising, dissemination, and communication; incremental and scaled up implementation processes; fundraising; and a realistic programme of work.

9. **Monitor and evaluate**. Set up mechanisms to continuously track progress, identify challenges, and adjust for successful implementation.

Checklists are also included to help planners assess and evaluate both pre-existing and newly drafted policies and strategic action plans.

Module 4. Country case scenarios (this document)

This module provides three country case scenarios to illustrate the varied approaches countries can take when reforming their mental health policy, including how policy directives, strategies, and actions can be tailored to fit specific local contexts.

Module 5. Comprehensive directory of policy areas, directives, strategies and actions for mental health

This module provides a quick access directory to material discussed in Module 2, enabling easy navigation.

A pathway to action

This Guidance offers a comprehensive blueprint and framework for developing national mental health policies and strategic action plans and aligning them with international human rights standards. It outlines key policy areas for reform, including policy directives, associated strategies and actions that are adaptable and can be selected and prioritized in line with country-specific contexts. It also advocates a rights-based, person-centred, and recovery-oriented approach while addressing the social and structural determinants of mental health. By promoting multi-sectoral collaboration, the guidance provides a pathway to building equitable, inclusive mental health systems that respect autonomy and dignity.

Countries are urged to implement this guidance to reform their mental health policies, so that these deliver lasting, evidence-based and rights-driven solutions for all.

Introduction

This module provides three country case scenarios to illustrate the varied approaches countries can take when reforming their mental health policy. These approaches should be informed through a comprehensive prioritization process including situational analysis and stakeholder consultations. The scenarios further highlight how policy directives, strategies, and actions can be tailored to fit specific local contexts.

This document is Module 4 of WHO's Guidance on mental health policy and strategic action plans. Module 1 underscores the need to reform mental health policy, focusing on an integrated human rights-based approach that addresses the social and structural determinants of mental health. It also covers the development of an associated strategic action plan to strengthen and guide implementation Module 2 explores the five key policy areas often in need of reform, offering a comprehensive menu of policy directives, strategies and actions. Module 3 details the process for developing, implementing, and evaluating mental health policy and strategic action plans. Module 5 is an at-a-glance visual directory of the policy measures detailed in Module 2.

Country Case Scenarios

Country case scenario 1. Prioritized elements of a national mental health policy and strategic action plan for a low-income country

In this hypothetical example the country is in the early stages of developing its mental health system and services and has limited resources (see Box 1 for a summary situational analysis).

Strategies and actions are adapted to fit the country's specific circumstances, context, and identified needs. For example, in Policy directive 3.3 on competency-based curricula for mental health, Strategy 3.3.2 has been adjusted from the original version to develop a core competency-based curriculum for nurses and medical doctors, rather than for other professions. The situational analysis identified this as a priority.

Box 1. Summary situational analysis for a low-income country

Context and main findings:

- mental healthcare is mostly provided in public psychiatric hospitals;
- low numbers of community mental health centres are available;
- no peer support services are available;
- there is considerable stigma around mental health;
- mental health is not yet integrated into primary care services or specialized services;
- limited funding is available for mental health;
- low numbers of general health and mental health professionals are available; and
- there are geographical challenges (many rural, secluded areas, and small islands).

Example of prioritized policy areas and directives for a national mental health policy and strategic action plan for a low-income country

Policy area 1. Leadership, governance and other enablers

Policy directive 1.1 Coordination, leadership and accountability

Policy directive 1.2 Financing and budget

Policy area 2. Service organization and development

Policy directive 2.1 Coordinated rights-based community mental health services and support at all levels of care

Policy area 3. Human resource and workforce development

Policy directive 3.1 A multidisciplinary workforce with task sharing, training and support

Policy directive 3.3 Competency-based curricula for mental health

Policy area 4. Person-centred, recovery-oriented and rights-based assessment, interventions and support

Policy directive 4.2 Physical health and lifestyle, psychological, social and economic interventions

Policy directive 4.3 Psychotropic drug interventions

Policy area 5. Mental health sector contributions to addressing social and structural determinants and society-wide issues impacting mental health and well-being

Policy directive 5.1 Improved literacy and transformed mindsets to promote mental health and well-being and combat stigma, discrimination and exclusion

1 **Country case scenario 1.** Prioritized elements of a national mental health policy and strategic action plan for a low-income country

1 **Policy area 1.** Leadership, governance and other enablers

Directive

Strategy and Targets

Actions

Policy directive 1.1 Coordination, leadership and accountability

Strategy 1.1.1 Establish coordination structures and mechanisms within the mental health sector and across sectors to strengthen leadership and governance for mental health.

Target(s) National mental health department set up as well as focal points set up in 5/10 regions; quarterly meetings on regional level.

Actions

Create a mental health department or smaller organizational unit within the ministry and/or strengthen its authority, clarify lines of responsibility, and improve communication channels from community level mental health staff to a central government unit or department.

Hold regular coordination meetings along the chain of responsibility linking the national mental health department and regional, district, and community-level units or focal staff.

Policy directive 1.2 Financing and budget

Strategy 1.2.1 Build a sustainable funding base for mental health, including within Universal Health Coverage.

Target(s) Total budget and funding for policy implementation as well as annual budgets formulated with adjustments made as required on annual basis for 5 years; 3 funding opportunities pursued.

Actions

Analyze, formulate and report the budget and multi-year expenditure plan for mental health.

Explore all opportunities to secure the funding base for mental health.

2 **Policy area 2.** Service organization and development

Directive

Strategy and Targets

Actions

Policy directive 2.1 Coordinated rights-based community mental health services and support at all levels of care

Strategy 2.1.3 Create and expand rights-based community mental health centres and outreach services.

Target(s) A community mental health centre established in 5/10 regions.

Actions

Establish functions and operational protocols for community mental health centres.

Recruit and/or deploy trained multidisciplinary staff to work in rights-based community mental health centre(s).

Policy directive 2.1 Coordinated rights-based community mental health services and support at all levels of care

Strategy 2.1.4 Create and expand rights-based peer support services.

Target (s) 1 one-to-one peer support service for people with lived experience operating in 3/10 regions; 1 peer support service for family members and other caregivers operating in 3/10 regions.

Actions

Create or expand one-to-one peer support for people with lived experience.

Create or expand one-to-one peer support for family members and caregivers.

Policy directive 2.1 Coordinated rights-based community mental health services and support at all levels of care

Strategy 2.1.5 Integrate rights-based mental health approaches into primary care and other health services.

Target(s) Mental health functions integrated into primary care centres in 5/10 regions.

Actions

Integrate mental health care into primary care settings.

Define tasks, roles and training of staff so that primary care can provide rights-based mental health interventions.

3

Policy area 3. Human resource and workforce development

Directive

Strategy and Targets

Actions

Policy directive 3.1 A multidisciplinary workforce with task sharing, training and support

Strategy 3.1.2 Implement staff training initiatives across and within services.

Target(s) Staff of the community mental health centres and the primary care centres trained in 5/10 regions as well as all staff of the existing mental health units across all ten regions.

Actions

Identify (re)training requirements for services.

Schedule in-person and online training and assemble a diverse training team.

Set-up a training mechanism within each service.

Policy directive 3.3 Competency-based curricula for mental health

Strategy 3.3.1 Develop or adapt core competency-based curricula for mental health for nurses and medical doctors.

Target(s) Curricula for nurses and medical doctors developed.

Actions

Establish working groups responsible for developing or adapting curricula based on core and specialist competencies in mental health that should be achieved by nurses and medical doctors.

Create a framework for assessing nursing and medical doctor trainees.

Evaluate, update, or develop curricula for mental health for nurses and medical doctors in terms of both content and teaching methods.

Regularly convene the committee and the working groups to review progress.

Policy directive 3.3 Competency-based curricula for mental health

Strategy 3.3.2 Implement competency-based curricula for mental health for nurses and medical doctors.

Target(s) Curriculum implemented in all regional nursing and medical colleges.

Actions

Establish an action plan with milestones and time frames for implementing new curricula for mental health.

Train staff from each academic institution in the new curricula.

Hold an official launch of all the new curricula for mental health well before the academic year in which they will be implemented.

4

Policy area 4. Person-centred, recovery-oriented and rights-based assessment, interventions and support

Directive

Strategy and Targets

Actions

Policy directive 4.2 Physical health and lifestyle, psychological, social and economic interventions

Strategy 4.2.1 Identify the physical health and lifestyle, psychological, social and economic interventions for inclusion in UHC and community initiatives and programmes.

Target(s) Interventions to be integrated into UHC package for mental health identified including online, tele- and video interventions.

Actions

Identify the physical health and lifestyle, psychological, social and economic interventions for integration into all levels of the health and social care system and community initiatives.

Policy directive 4.2 Physical health and lifestyle, psychological, social and economic interventions

Strategy 4.2.2 Implement and scale up physical health and lifestyle, psychological, social and economic interventions across all levels of the health system and through community initiatives and programmes.

Target(s) Training package is prepared and delivered to staff of the community mental health centres and the primary care centres in 5/10 regions as well as all staff of the existing mental health units across all ten regions.

Actions

Prepare and deliver training programmes for the physical health and lifestyle, psychological, social and economic interventions in a phased approach using online and face-to-face modalities.

4

Policy area 4. Person-centred, recovery-oriented and rights-based assessment, interventions and support *continued*

Directive	**Policy directive 4.3** Psychotropic drug interventions	**Policy directive 4.3** Psychotropic drug interventions
Strategy and Targets	**Strategy 4.3.1** Identify psychotropic drug interventions and develop guidelines for their safe prescribing, use and discontinuation, including managing adverse effects and withdrawal. **Target(s)** Psychotropic drug interventions to be integrated into UHC package for mental health identified.	**Strategy 4.3.2** Implement guidelines for safe prescribing, use and discontinuation of psychotropic drugs. **Target(s)** Staff authorized to prescribe psychotropic drugs through community mental health centres and primary care centres in 5/10 regions, as well as all authorized staff of the existing mental health units across all ten regions, are trained in safe prescribing practices.
Actions	**Actions** **Identify** psychotropic drug interventions to be integrated into care across all levels of the health and social care system.	**Actions** **Develop** and implement training programmes on safe prescribing, use and discontinuation of psychotropic drugs, including managing adverse effects and withdrawal.

5

Policy area 5. Mental health sector contributions to addressing social and structural determinants and society-wide issues impacting mental health and well-being

Directive

Policy directive 5.1 Improved literacy and transformed mindsets to promote mental health and well-being and combat stigma, discrimination and exclusion

Strategy / Targets

Strategy 5.1.1 Implement awareness strategies for staff of all government sectors to transform mindsets, improve understanding on mental health, and to combat stigma and discrimination.

Target(s) 30% of government employees trained.

Actions

Actions

Establish commitment to raising awareness and combating stigma and discrimination by convening senior staff to discuss the benefits.

Support each sector to implement a training programme for all government employees to improve understanding of mental health and combat stigma and discrimination.

Country case scenario 2. Prioritized elements of a regional mental health policy and strategic action plan for a high-income country

This hypothetical case scenario outlines prioritized policy areas, directives, and strategies for a regional mental health policy and strategic action plan in a high-resource country (see Box 2 for a brief summary of the situational analysis).

Throughout the scenario, various strategies and actions are tailored to fit the region's specific circumstances, context, and needs. For example, Strategy 2.1.1 on community mental health services has been adjusted to include only the expansion of rights-based community outreach services in general hospitals, as short-term inpatient and outpatient units are already widely established across the region. While basic mental health services are integrated into primary care, they have yet to be incorporated into specialized services, such as HIV/AIDS care, child and maternal care, and elder care. Therefore, Strategy 2.1.5 on integrating mental health services into other settings is modified to focus on these areas.

Box 2. Summary situational analysis for a high-income country

Context and main findings

- mental healthcare is provided in various settings including hospital-based services (general hospitals and psychiatric hospitals), in a range of community-based services, and as widely available outpatient psychotherapy;
- the region has one large psychiatric institution, for which deinstitutionalization has been agreed, but is not yet fully planned;
- health insurance covers a wide range of mental health services and supports;
- rights-based approaches are not yet systematically integrated into services and curricula for mental health;
- basic mental health services are already integrated into primary care, but mainly as diagnosis and medication;
- a multidisciplinary workforce is available;
- secure digital infrastructure for mental health service delivery is available;
- collaborations with other government sectors on mental health are in progress but need strengthening, particularly in the interior, education and employment sectors; and
- a functioning health information system is in place.

Example of prioritized policy areas and directives for a regional mental health policy and strategic action plan for a high-income country

Policy area 1. Leadership, governance and other enablers

Policy directive 1.1 Coordination, leadership and accountability

Policy directive 1.2 Financing and budget

Policy area 2. Service organization and development

Policy directive 2.1 Coordinated rights-based community mental health services and support at all levels of care

Policy directive 2.2 Integrated mechanisms that respond to social and structural factors and incorporate rights-based approaches in mental health

Policy directive 2.3 Partnerships for community inclusion, socioeconomic development, and for protecting and promoting rights

Policy directive 2.4 Deinstitutionalization

Policy area 3. Human resource and workforce development

Policy directive 3.2 Recruitment, retention and staff well-being

Policy directive 3.3 Competency-based curricula for mental health

Policy area 4. Person-centred, recovery-oriented and rights-based assessment, interventions and support

Policy directive 4.1 Assessment of mental health and support needs by multidisciplinary teams

Policy area 5. Mental health sector contributions to addressing social and structural determinants and society-wide issues impacting mental health and well-being

Policy directive 5.1 Improved literacy and transformed mindsets to promote mental health and well-being and combat stigma, discrimination and exclusion

Policy directive 5.2 Joint actions on social and structural determinants and society-wide issues

2 **Country case scenario 2.** Prioritized elements of a regional mental health policy and strategic action plan for a high-income country

1 **Policy area 1.** Leadership, governance and other enablers

Directive

Strategy and Targets

Actions

Policy directive 1.1 Coordination, leadership and accountability

Strategy 1.1.1 Establish coordination structures and mechanisms within the mental health sector and across sectors to strengthen leadership and governance for mental health.

Target(s) 30% lived experience representation on the advisory group; quarterly meetings held; website created and functioning.

Actions

Expand the regional advisory board for mental health and convene working groups to advise on policy, legislation, strategy and evaluation.

Hold regular coordination meetings along the chain of responsibility linking the national mental health department and regional, district, and community-level units or focal staff.

Create an accessible regional information source for navigating services, support and treatments.

Policy directive 1.1 Coordination, leadership and accountability

Strategy 1.1.3 Monitor service quality and rights protection, including via an independent monitoring committee and complaints mechanism.

Target(s) Regional monitoring body established.

Actions

Create an independent committee or mechanism within the region for monitoring service quality and human rights protections.

Establish a regional service monitoring framework with a centralized reporting mechanism linked to the appropriate accrediting organization.

Define and implement an independent complaints mechanism.

1 **Policy area 1.** Leadership, governance and other enablers *continued*

Directive

Strategy and Targets

Actions

Policy directive 1.2 Financing and budget

Strategy 1.2.1 Build a sustainable funding base for mental health, including within Universal Health Coverage.

Target(s) All general hospitals include a budget line to track expenditure on mental health; total budget and funding for policy implementation as well as annual budgets formulated with adjustments made as required on an annual basis for 5 years.

Actions

Analyze, formulate and report the budget and multi-year expenditure plan for mental health.

Explore all opportunities to secure the funding base for mental health.

Make the investment case for mental health, highlighting both short- and long-term returns to the sector and wider society.

Create budget lines for mental health interventions and support within the health sector.

Policy directive 1.2 Financing and budget

Strategy 1.2.3 Allocate sectoral budgets and financing to protect and promote mental health according to both joint and sector-specific responsibilities.

Target(s) Ring-fenced funds allocated to address reforms for mental health in the interior sector.

Actions

Make sector-specific cases for investing in rights-based mental health interventions, estimating costs of inaction and potential benefits.

Dialogue with government sectors at local, regional, and national levels to discuss budget allocations for mental health, and advocate for more resources.

Establish intersectoral funding mechanisms, including joint budgets, to facilitate collaboration.

Policy directive 1.4 People with lived experience, civil society, and communities

Strategy 1.4.2 Implement standards so that people with lived experience can participate meaningfully in policy, law, service delivery, training and research

Target(s) Guidelines established; a person with lived experience is employed at managerial level in community mental health centres in 5/10 districts; a person with lived experience is employed in the regional mental health department.

Actions

Draft standards collaboratively with organizations and individuals with lived experience to broaden their representation and participation.

Incentivize increased representation for people with lived experience within policy development, service delivery, training initiatives, and research.

2 **Policy area 2.** Service organization and development

Directive

Strategy and Targets

Actions

Policy directive 2.1 Coordinated rights-based community mental health services and support at all levels of care

Strategy 2.1.1. Expand rights-based community home outreach services in general hospitals.

Target(s) Create community home outreach services in 5/10 general hospitals.

Actions

Establish operational protocols for the community home outreach services including for rights-based assessment, treatment and support and determine a comprehensive package of services provided.

Recruit and/or deploy trained multidisciplinary staff to work in the community outreach services.

Consult with hospital authorities and stakeholders about creating new community home outreach services.

Policy directive 2.1 Coordinated rights-based community mental health services and support at all levels of care

Strategy 2.1.3 Create and expand rights-based community mental health centres.

Target(s) One additional community mental health center established in 5/10 districts.

Actions

Establish functions and operational protocols for community mental health centres.

Recruit and/or deploy trained multidisciplinary staff to work in the new rights-based community mental health centre.

Policy directive 2.1 Coordinated rights-based community mental health services and support at all levels of care

Strategy 2.1.2 Expand rights-based crisis response services.

Target(s) Accident and emergency units in 5/10 general hospitals provide rights-based responses.

Actions

Establish a mental health-friendly environment and rights-based responses to mental health crisis in accident and emergency units of general hospitals.

Policy directive 2.1 Coordinated rights-based community mental health services and support at all levels of care

Strategy 2.1.4 Create and expand rights-based peer support services.

Target(s) 1 One-to-one peer support provided in 5/10 hospitals; 1 additional peer support group for family members/caregivers established in 5/10 districts.

Actions

Create one-to-one peer support options for people using hospital-based services and while transitioning to the community.

Expand rights-based peer support groups for family members and caregivers

2 **Policy area 2.** Service organization and development *continued*

Directive

Strategy and Targets

Actions

Policy directive 2.1 Coordinated rights-based community mental health services and support at all levels of care

Strategy 2.1.5 Integrate rights-based mental health approaches into primary care and other health services, focusing on HIV/AIDS, child and maternal health care and care for older adults.

Target(s) Mental health approaches integrated into HIV/AIDS, child and maternal health and older adult care units in 5/10 districts.

Actions

Identify and integrate appropriate mental health functions into HIV/AIDS, child and maternal health units as well as older adult care units.

Define tasks, roles and training of staff of HIV/AIDS, child and maternal health units as well as older adult care units so they can provide rights-based mental health interventions.

Policy directive 2.2 Integrated mechanisms that respond to social and structural factors and incorporate rights-based approaches in mental health

Strategy 2.2.1 Operationalize mechanisms within services to address the social and structural determinants of mental health.

Target(s) 50% of staff of hospitals and primary care services trained across the 10 districts on social and structural determinants of mental health; assessment, treatment and support protocol updated to include social and structural determinants; all service users with needs are supported to access available social and economic interventions; menu of options presented to staff; and they are facilitated to promote a green and sustainable service that reduces emissions.

Actions

Educate and train staff of hospitals and primary care on addressing the social and structural determinants of mental health (hospitals, primary care services).

Maintain good knowledge of, and collaboration with, local community and support services.

Ensure that assessment, treatment and support in services directly address individuals' experiences of social and structural determinants.

Build environmentally-friendly and sustainable services that help mitigate climate change and address climate hazards.

Task staff of services with supporting individuals to access social and economic interventions, including disability and social protection benefits.

Include nature-based interventions in service delivery.

2 **Policy area 2.** Service organization and development *continued*

Directive

Policy directive 2.2 Integrated mechanisms that respond to social and structural factors and incorporate rights-based approaches in mental health

Strategy and Targets

Strategy 2.2.2 Uphold human rights, eliminate coercion, and promote recovery while continuously improving service quality.

Target(s) 50% of staff of hospitals and primary care services trained across the 10 districts in rights-based approaches to mental health; 50% of staff trained in communication and de-escalation techniques; recovery plans and advance directives introduced in mental health units in general hospitals and community mental health centres in 5/10 districts; anonymous complaint mechanisms introduced in mental health units in general hospitals in 10/10 districts.

Actions

Actions

Train service staff on understanding human rights, disability and recovery in mental health.

Introduce holistic recovery plans for people using services.

Introduce advance directives/plans to promote the right to legal capacity within the service.

Train staff on communication and de-escalation procedures.

Develop an anonymous complaints mechanism that feeds into improvement/transformation plans.

Policy directive 2.3 Partnerships for community inclusion, socioeconomic development, and for protecting and promoting rights

Strategy 2.3.4 Develop tailored services for people with long-term needs and support requirements.

Target(s) All people who have been part of the deinstitutionalization process have a home to live in with appropriate level of support; all people who have been part of the deinstitutionalization process are supported to access employment and income generation programmes/30% are earning an income.

Actions

Link to, or create, diverse housing options for varying support needs.

Link to, or create, supported programmes and services for work and income generation.

Directive

Strategy and Targets

Actions

Policy directive 2.4 Deinstitutionalization

Strategy 2.4.2 Establish a deinstitutionalization management committee in each institution to develop and implement the deinstitutionalization process.

Target(s) Detailed plan and training completed in the first year.

Actions

Establish a deinstitutionalization management committee in each institution to develop and implement the deinstitutionalization process.

Train staff working in institutions on rights-based and recovery approaches in mental health.

Develop and implement a deinstitutionalization plan for each institution.

Identify community-based mental health services to which staff can apply for work and be deployed as part of deinstitutionalization transitioning.

Train staff to develop individualized plans for people leaving institutions.

Policy directive 2.4 Deinstitutionalization

Strategy 2.4.3 Create individualized support plans for each resident transitioning to the community.

Target(s) All 300 residents supported to transition and live in the community by the end of 5 years.

Actions

Assess each person's need for support.

Assign everyone leaving institutions a focal point person to assist them through the transition process.

Provide individuals with accessible and understandable information on all aspects of the deinstitutionalization process.

Develop an individualized plan for each person based on their active participation, support needs and choices.

Identify, secure and document each person's living arrangements and personalized support needs.

(Re)establish and support contact with families, caregivers and general social networks if residents leaving institutions want this.

Conduct formal discussions with each individual and their service providers about their care plan before transitioning to the community.

3

Policy area 3. Human resource and workforce development

Directive

Strategy and Targets

Actions

Policy directive 3.2 Recruitment, retention and staff well-being

Strategy 3.2.3 Foster a positive and inclusive work environment, with equitable pay and conditions, and measures to promote staff mental health and well-being.

Target(s) Charter for staff mental health and well-being created; complaint mechanisms for staff created on regional level.

Actions

Create and implement a charter outlining the working conditions and support that staff can expect.

Establish transparent and equitable pay scales as well as career progression pathways for all staff.

Establish transparent and fair complaints mechanisms to deal with workplace harassment and disputes.

Policy directive 3.3 Competency-based curricula for mental health

Strategy 3.3.1 Develop core competency-based curricula for psychiatrists.

Target(s) Curricula for psychiatrists developed.

Actions

Establish working groups responsible for developing curricula based on core and specialized competencies that should be achieved by psychiatrists.

Develop curricula for psychiatrists based on the common and specialist competencies required.

Create a framework for assessing students and trainees in psychiatry in a regular and standardized way.

Regularly convene the working groups to review progress.

Policy directive 3.3 Competency-based curricula for mental health

Strategy 3.3.2 Implement competency-based curricula for mental health.

Target(s) Curricula implemented in all training institutions for psychiatrists.

Actions

Establish an action plan with milestones and time frames for implementing new curricula for mental health.

Train staff from each academic institution in the new curricula.

Hold an official launch of the new mental health curricula well before the academic year in which they will be implemented.

Identify and solve problems in the rollout and implementation.

4

Policy area 4. Person-centred, recovery-oriented and rights-based assessment, interventions and support

Directive

Strategy and Targets

Actions

Policy directive 4.1 Assessment of mental health and support needs by multidisciplinary teams

Strategy 4.1.1 Develop a person-centred, recovery-oriented and rights-based framework and guidelines for assessing mental health and support needs.

Target(s) Assessment guideline developed.

Actions

Re-evaluate and broaden the approach to assessment of mental health.

Identify the areas and items to assess, and draft the guidelines.

Consult with all stakeholder groups and conduct pilot studies to finalize the assessment framework and guidelines.

Policy directive 4.1 Assessment of mental health and support needs by multidisciplinary teams

Strategy 4.1.2 Implement a person-centered, recovery-oriented and rights-based framework and guidelines for assessing mental health and support needs.

Target(s) Assessment guidelines implemented in health and mental health services in 5/10 districts.

Actions

Develop multidisciplinary training on the new assessment framework and guidelines for all health and social care service staff.

Train staff to use the new assessment framework and guidelines in a phased approach across the health and social care system.

Policy directive 4.2. Physical health and lifestyle, psychological, social and economic interventions

Strategy 4.2.1 Identify a comprehensive selection of physical health and lifestyle, psychological, social and economic interventions to offer through UHC and community initiatives and programmes.

Target(s) Social and economic interventions to be integrated into UHC package identified; online, tele- and video interventions to be integrated into UHC package for mental health identified.

Actions

Identify the physical, lifestyle, psychological, social and economic interventions for inclusion in UHC and community initiatives and programmes.

Identify the delivery mode for remote, in-person, and combined delivery interventions.

4

Policy area 4. Person-centred, recovery-oriented and rights-based assessment, interventions and support *continued*

Directive

Strategy and Targets

Actions

Policy directive 4.2. Physical health and lifestyle, psychological, social and economic interventions

Strategy 4.2.2 Implement and scale up physical health and lifestyle, psychological, social and economic interventions across all levels of the health system and through community initiatives and programmes.

Target(s) Training on social and economic interventions delivered to staff of services in all districts; identified online interventions available and accessible in all districts.

Actions

Prepare and deliver training programmes for social and economic interventions that will be provided in services and through community initiatives and programmes in a phased approach using online and face to face modalities as appropriate.

Introduce online psychological and self-help interventions accessible through a dedicated website.

Policy directive 4.3 Psychotropic drug interventions

Strategy 4.3.1 Implement guidelines for safe prescribing, use and discontinuation of psychotropic drugs.

Target(s) Training on safe drug prescribing, use and discontinuation, given to staff of services responsible for prescribing in all districts; all service users provided with information sheets on potential benefits and adverse effects of drugs.

Actions

Develop and implement training programmes on safe prescribing, use and discontinuation of psychotropic drugs, including managing adverse effects and withdrawal.

Link training programmes on safe drug prescribing, use and discontinuation of psychotropic drugs, with professional bodies and professional accreditation processes.

Develop comprehensive and accessible information materials to educate service users, their families, and caregivers about psychotropic drug use, including benefits, adverse effects, and withdrawal.

5

Policy area 5. Mental health sector contributions to addressing social and structural determinants and society-wide issues impacting mental health and well-being

Directive

Strategy / Targets

Actions

Policy directive 5.1 Improved literacy and transformed mindsets to promote mental health and well-being and combat stigma, discrimination and exclusion

Strategy 5.1.1 Implement awareness strategies for staff of education, employment and interior sectors to transform mindsets, improve understanding on mental health, and to combat stigma and discrimination.

Target(s) 50% of education, employment and interior government sector employees trained.

Actions

Establish commitment to raising awareness and combating stigma and discrimination by convening senior staff to discuss the benefits.

Support education, employment and interior sectors to implement a communication strategy to tackle stigma and discrimination among government employees.

Support the education, employment and interior sectors to implement a training programme for all government employees to improve understanding of mental health and combat stigma and discrimination.

Policy directive 5.1 Improved literacy and transformed mindsets to promote mental health and well-being and combat stigma, discrimination and exclusion

Strategy 5.1.2 Implement an initiative within the education sector to improve understanding and change negative attitudes on mental health among the general population, including combating stigma and discrimination.

Target(s) One regional campaign launched with the education sector.

Actions

Collaborate with the education sector to develop and implement information campaigns in communities to improve understanding of mental health and change negative attitudes.

Policy directive 5.2 Joint actions on social and structural determinants and society-wide issues

Strategy 5.2.2 Collaborate to agree on and implement changes to government sector policies that address social and structural determinants of mental health.

Target(s) Policy reforms implemented in the interior sector to protect and promote mental health.

Actions

Organize planning meetings with the interior sector to discuss the case for change, drawing upon position papers backed by evidence and rights obligations.

Collaborate to review the interior sector policy and strategies, recommending changes that reduce harm to mental health and that promote well-being.

Negotiate, obtain consensus on, and implement new or reformed policy.

Country case scenario 3: Prioritized elements of a national child and adolescent mental health policy and strategic action plan for a middle-income country

This hypothetical case scenario shows prioritized policy areas for action, policy directives and strategies for a national child and adolescent mental health policy and strategic action plan that might be developed for a middle-income country. It addresses specific needs identified from a situational analysis (see Box 3 for a summary).

Several strategies and actions were modified from the options provided within the Guidance. For example, in Policy directive 3.3 on competency-based curricula for mental health, Strategy 3.3.2 has been modified from the original version to only include the development of a core competency-based curriculum for mental health for students specializing in paediatrics and those specializing in child and adolescent psychiatry and psychology. In Policy directive 5.2 on joint actions on social and structural determinants and society-wide issues, the strategies have been modified to reflect an urgent need to collaborate with the education sector with the goal of reviewing and updating policies to promote and protect mental health and well-being of children and adolescents in education settings.

Box 3. Summary situational analysis for child and adolescent mental health for a middle-income country

Context and main findings:

- few child and adolescent mental health care services available;
- functioning networks of community mental health centres, primary care centres and child and maternal health centres are available and management has strong interest in integrating child and adolescent mental health into these networks;
- a strong focus on biomedical approaches, diagnosis and symptom reduction exists, particularly in hospital-based settings;
- peer support options for children and adolescents are not readily available;
- rights-based approaches are not yet systematically integrated into services and curricula for mental health;
- around 200 children and adolescents are still living in institutionalized care, with deinstitutionalization agreed but not yet properly planned or completed;
- no up-to-date core competency-based curricula has been developed and implemented;
- mental health and education sectors do not systematically collaborate to improve mental health outcomes for children and adolescents; and
- additional funding is needed to implement all policy directives, strategies and actions related to child and adolescent mental health.

Example of prioritized policy areas and directives for a national child and adolescent mental health policy and strategic action plan for a middle-income country

Policy area 1. Leadership, governance and other enablers

Policy directive 1.2 Financing and budget

Policy area 2. Service organization and development

Policy directive 2.1 Coordinated rights-based community mental health services and support at all levels of care

Policy directive 2.2 Integrated mechanisms that respond to social and structural factors and incorporate rights-based approaches in mental health

Policy directive 2.3 Partnerships for community inclusion, socioeconomic development, and for protecting and promoting rights

Policy directive 2.4 Deinstitutionalization

Policy area 3. Human resource and workforce development

Policy directive 3.3 Competency-based curricula for mental health

Policy area 4. Person-centred, recovery-oriented and rights-based assessment, interventions and support

Policy directive 4.1 Assessment of mental health and support needs by multidisciplinary teams

Policy directive 4.2 Physical health and lifestyle, psychological, social and economic interventions

Policy directive 4.3 Psychotropic drug interventions

Policy area 5. Mental health sector contributions to addressing social and structural determinants and society-wide issues impacting mental health and well-being

Policy directive 5.2 Joint actions on social and structural determinants and society-wide issues

3

Country case scenario 3. Prioritized elements of a national child and adolescent mental health policy and strategic action plan for a middle-income country

1

Policy area 1. Leadership, governance and other enablers

Directive

Strategy and Targets

Actions

Policy directive 1.2
Financing and budget

Strategy 1.2.1 Build a sustainable funding base for mental health, including within Universal Health Coverage.

Target(s) Total budget and funding for child and adolescent mental health policy implementation as well as annual budgets formulated with adjustments made as required on annual basis for 5 years.

Actions

Analyze, formulate and report the budget and multi-year expenditure plan for mental health for child and adolescent mental health.

Explore all opportunities to secure the funding base for child and adolescent mental health.

Make the investment case for child and adolescent mental health, highlighting both short- and long-term returns to the sector and wider society.

Create budget lines for child and adolescent mental health interventions and support within the health sector.

Policy directive 1.2
Financing and budget

Strategy 1.2.3 Allocate sectoral budgets and financing to protect and promote mental health according to the education sector's responsibility.

Target(s) Ring-fenced funds allocated to address reforms for mental health in the education sector.

Actions

Make a specific case for investing in rights-based mental health interventions in the education sector, estimating costs of inaction and potential benefits.

Dialogue with the education sector at local, regional, and national levels to discuss budget allocations for mental health, and advocate for more resources.

Establish intersectoral funding mechanisms, including joint budgets, to facilitate collaboration with the education sector.

2

Policy area 2. Service organization and development

Directive

Strategy and Targets

Actions

Policy directive 2.1 Coordinated rights-based community mental health services and support at all levels of care

Strategy 2.1.3 Create and expand rights-based community mental health centres providing a range of services and supports to children and adolescents.

Target(s) 1 community mental health centre in each district specialized in providing services and supports to children and adolescents.

Actions

Establish the range of specialized services that community mental health centres will provide (for example early childhood mental health services, parenting programmes, social and organizational skills programmes amongst others) to be provided for children and adolescents within the community mental health centres.

Establish a child/adolescent-friendly physical environment in community mental health centers.

Recruit staff trained in child and adolescent mental health to work in community mental health centres.

Policy directive 2.1 Coordinated rights-based community mental health services and support at all levels of care

Strategy 2.1.5 Integrate rights-based mental health approaches into primary care and other health services.

Target(s) Mental health approaches integrated into primary care settings for children and adolescents in 5/10 districts, mental health approaches integrated into child and maternal health services in 5/10 districts.

Actions

Identify and integrate mental health functions and operational protocols for children and adolescents into primary care centres.

Define tasks, roles and training for staff of child and maternal health centres so they can provide rights-based mental health interventions and support.

2 **Policy area 2.** Service organization and development *continued*

Directive

Policy Directive 2.2 Integrated mechanisms that respond to social and structural factors and incorporate rights-based approaches in mental health

Strategy and Targets

Strategy 2.2.2 Uphold human rights, eliminate coercion (including forced medication, seclusion and restraints), and promote recovery while continuously improving service quality in child and adolescent mental health services.

Target(s) 50% of staff in primary care services trained across the 10 districts in rights-based approaches to mental health with a particular focus on child and adolescent rights and mental health; 50% of staff in community mental health centers trained in communication and de-escalation techniques; and recovery plans for children and adolescents introduced in community mental health centres in 5/10 districts.

Actions

Actions

Train service staff on understanding human rights, disability and recovery in mental health specifically as it relates to children and adolescents.

Involve people with lived experience (children, adolescents, parents and other carers) in developing and delivering the service.

Introduce holistic recovery plans for children and adolescents using services.

Train staff on communication and de-escalation procedures.

Policy directive 2.3 Partnerships for community inclusion, socioeconomic development, and for protecting and promoting rights

Strategy 2.3.1 Improve meaningful social connection for children and adolescents using mental health services.

Target(s) 1 additional group activity/social community for each age group set up and operational in each of 10 districts.

Actions

Support children and adolescents with mental health conditions and psychosocial disabilities to participate in local community life including sports, art and cultural activities.

Create and utilize support groups and social communities (both face-to-face and online) to combat loneliness and reinforce social connectedness and improve social skills and socioemotional learning among children and adolescents.

2 **Policy area 2.** Service organization and development *continued*

Directive

Policy directive 2.3 Partnerships for community inclusion, socioeconomic development, and for protecting and promoting rights

Strategy and Targets

Strategy 2.3.2 Strengthen partnerships between child and adolescent mental health services and the education sector.

Target(s) 1 primary and 1 secondary school in each of 10 districts cooperating with community mental health services to provide support and referrals.

Actions

Actions

Liaise and collaborate with partners in education settings and explore ways to formalize links and to strengthen referral pathways.

Organize joint training with education sector actors so they better understand mental health, and rights-based services, actions and support.

Policy directive 2.3 Partnerships for community inclusion, socioeconomic development, and for protecting and promoting rights

Strategy 2.3.3 Establish accessible disability and social protection benefits and schemes to support children, adolescents with mental health conditions and psychosocial disabilities and their families.

Target(s) Application process for social protection and disability schemes revised.

Actions

Collaborate with the social protection sector to simplify procedures and establish support mechanisms that help children and adolescents with mental health conditions or psychosocial disabilities and their families/carers to navigate social protection and disability schemes.

Policy directive 2.3 Partnerships for community inclusion, socioeconomic development, and for protecting and promoting rights

Strategy 2.3.5 Engage with families and other informal care providers in local communities, including religious centres, family homes, schools, and villages.

Target(s) Training programme for parents, families and other carers set up and available in each of 10 districts.

Actions

Collaborate with and train parents, families and other carers on providing support to children and adolescents in distress or with a mental health condition or psychosocial disability, on pathways to accessing parenting programmes and family support options, on improving overall literacy on mental health and human rights and to eliminate stigma and discrimination.

Directive

Strategy and Targets

Actions

Policy directive 2.4 Deinstitutionalization

Strategy 2.4.2 Develop and implement a deinstitutionalization plan for each institution that immediately improves rights and quality for all residents.

Target(s) Detailed plan and training completed in the first year.

Actions

Establish a deinstitutionalization management committee in each institution to develop and implement the deinstitutionalization process.

Train staff working in institutions on rights-based and recovery approaches in child and adolescent mental health.

Develop and implement a deinstitutionalization plan for each institution.

Identify community-based mental health services to which staff can apply for work and be deployed as part of deinstitutionalization transitioning.

Policy directive 2.4 Deinstitutionalization

Strategy 2.4.3 Create individualized support plans for each child or adolescent resident transitioning to the community.

Target(s) All 200 children and adolescents living in institutions supported to transition and live in the community by the end of 5 years.

Actions

(Re)establish and support contact with families, caregivers and general social networks if children/adolescents leaving institutions want this.

Assess each child's or adolescent's need for support including considerations on maintaining relationships with their friends and with key carers while transitioning to their immediate or extended families and/or community-based settings.

Develop an individualized plan for each child and adolescent based on their active participation, support needs and choices (for example preferences about returning to their immediate or extended families or transitioning to age-appropriate supported living in the community such as foster homes or other options that are home-like).

Provide children and adolescents with accessible and understandable information on all aspects of the deinstitutionalization process.

Assign each child/adolescent leaving institutions a focal point person to assist them through the transition process.

Conduct formal discussions with each child/adolescent and their service providers about their care plan before transitioning to the community.

3

Policy area 3. Human resource and workforce development

Directive

Strategy and Targets

Actions

Policy directive 3.3 Competency-based curricula for mental health

Strategy 3.3.2 Develop core competency-based curricula for students specializing in paediatrics well as students of clinical psychology and psychiatry specializing in child and adolescent mental health.

Target(s) Curriculum developed for paediatricians, clinical psychologists, and psychiatrists specializing in child and adolescent mental health.

Actions

Establish working groups responsible for developing or adapting curricula based on core and specialist competencies in mental health that should be achieved by students specializing in paediatrics as well as by students of clinical psychology and psychiatry specializing in child and adolescent mental health.

Develop curricula for mental health for each category of staff, based on the core and specialist competencies each will need.

Create a framework for assessing students and trainees across the relevant disciplines.

Regularly convene the committee and the working groups to review progress.

Policy directive 3.3 Competency-based curricula for mental health

Strategy 3.3.3 Implement competency-based curricula for mental health.

Target(s) Curricula implemented in all training institutions providing specializations in paediatrics, child and adolescent psychology and psychiatry.

Actions

Establish an action plan with milestones and timeframes for implementing new curricula for mental health.

Train staff from each academic institution in the new curricula.

Hold an official launch of all the new curricula for mental health well before the academic year in which they will be implemented.

Identify and solve problems in the rollout and implementation.

4

Policy area 4. Person-centred, recovery-oriented and rights-based assessment, interventions and support

Directive

Strategy and Targets

Actions

Policy directive 4.1 Assessment of mental health and support needs by multidisciplinary teams

Strategy 4.1.1 Develop a person-centred, recovery-oriented and rights-based framework and guidelines for assessing mental health and support needs of children and adolescents.

Target(s) Assessment guideline developed.

Actions

Re-evaluate and broaden the approach to assessment for child and adolescent mental health.

Identify the areas and items to assess for children and adolescents and draft the guidelines.

Consult with all stakeholder groups and conduct pilot studies to finalize the assessment framework and guidelines for children and adolescents.

Policy directive 4.1 Assessment of mental health and support needs by multidisciplinary teams

Strategy 4.1.2 Implement the newly developed framework and guidelines for assessing mental health and support needs.

Target(s) Assessment guidelines implemented in health and mental health services providing services and support to children and adolescents in 5/10 districts.

Actions

Develop multidisciplinary training on the new assessment framework and guidelines for assessing mental health and support needs of children and adolescents for all health and social care service staff.

Train staff to use the new assessment framework and guidelines in a phased approach across the health and social care system.

Policy directive 4.2 Physical health and lifestyle, psychological, social and economic interventions

Strategy 4.2.1 Identify the physical health and lifestyle, psychological, social and economic interventions for inclusion in UHC and community initiatives and programmes for children and adolescents (and parents/carers).

Target(s) Lifestyle, social and economic interventions to be integrated into UHC package identified; online, tele- and video interventions to be integrated into UHC package for mental health identified.

Actions

Identify physical health and lifestyle, psychological social and economic interventions for integration into all levels of the health and social care system and community initiatives.

Identify the delivery mode for remote, in-person, and combined delivery interventions.

4 **Policy area 4.** Person-centred, recovery-oriented and rights-based assessment, interventions and support *continued*

Directive

Strategy and Targets

Actions

Policy directive 4.2 Physical health and lifestyle, psychological, social and economic interventions

Strategy 4.2.2 Implement and scale up physical health and lifestyle, psychological, social and economic interventions across all levels of the health system and through community initiatives and programmes for children and adolescents (and parents/carers).

Target(s) Training on lifestyle, social and economic interventions delivered to staff of services in all districts; identified online interventions available and accessible in all districts.

Actions

Prepare and deliver training programmes for physical health and lifestyle, psychological, social, and economic interventions for children and adolescents (and parents/carers).

Introduce online psychological and self-help interventions accessible through a dedicated website and promote these interventions for children and adolescents (and parents/carers) though appropriate channels.

Policy directive 4.3 Psychotropic drug interventions

Strategy 4.3.2 Implement guidelines for safe prescribing, use and discontinuation of psychotropic drugs for children and adolescents.

Target(s) Training on safe drug prescribing, use and discontinuation given to staff responsible for prescribing psychotrophic drugs to children and adolescents in services in all districts; all children, adolescents, parents and carers provided with information (in child/adolescent-friendly and accessible formats) on potential benefits and adverse effects of drugs.

Actions

Update guidelines and certified training programmes to ensure the implementation of strict criteria on safe prescribing, use and discontinuation of psychotropic drugs for children and adolescents, including managing adverse effects and withdrawal.

Link training programmes on safe drug prescribing, use and discontinuation of psychotropic drugs, with professional bodies and professional accreditation processes.

Sensitize children, adolescents and their parents and other carers and develop comprehensive, age appropriate and accessible information to educate service users about psychotropic drug use, including benefits, adverse effects, and withdrawal.

5

Policy area 5. Mental health sector contributions to addressing social and structural determinants and society-wide issues impacting mental health and well-being

Directive

Policy directive 5.2 Joint actions on social and structural determinants and society-wide issues

Strategy / Targets

Strategy 5.2.2 Collaborate to agree and implement changes to education sector policies that address social and structural determinants of mental health.

Target(s) Policy reforms implemented in the education sector to protect and promote mental health.

Actions

Actions

Collaborate to review the education sector policy and strategies recommending changes that reduce harm to mental health and promote well-being in education settings.

Negotiate, obtain consensus on the policy changes, and implement new or reformed policy in the education sector.

Specific actions that the education sector could consider

Guidance on policy directives and strategic actions to promote and protect mental health and well-being across government sectors, forthcoming.

Promote access to the education system, from pre-school to higher education, for children and adolescents with mental health conditions, psychosocial disabilities, or those experiencing a short- or long-term mental health crisis or emotional distress, and others at risk of discrimination, by implementing systems to promote inclusion and accessibility and respond to inequalities.

Mandate educational institutions to develop a policy and strategy for mental health and well-being, created with the participation of children and adolescents with lived experience. This strategy should include mental health protection and promotion, as well as non-discriminatory access to high-quality, rights-based supports for all students and staff.

Establish evidence-based programmes in educational institutions addressing pressing issues in student populations, including bullying, suicide, violence, (sexual) harassment and substance use, as well as initiatives to change attitudes, mindsets, and eliminate stigma and discrimination around mental health conditions.

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