WFMH WORLD MENTAL HEALTH DAY 2021

Regional Position Statements

WORLD FEDERATION FOR MENTAL HEALTH

wfmh.global • info@wfmh.global

TABLE OF CONTENTS

Urgent action needed to scale-up mental health services in an unequal world

DR WAFAA EL SAWY

Technical officer. Mental Health and Substance Use Programme. Department of Noncommunicable Diseases and Mental Health. World Health Organization Regional Office for the Eastern Mediterranean. elsawyw@who.int

DR. SUHAILA GHULOUM

Mental Health Services. Hamad Medical Corporation. Weill Cornell Medicine. sghuloum@hamad.qa

DR. UNAIZA NIAZ

Adjunct Professor of Behavioral Sciences & Psychiatry, University of Health Sciences, Lahore, Pakistan. Faculty of Psychiatry, Dow University of Health Sciences, Karachi, Pakistan, WFMH Director at large 2021—2023. drunaiza@gmail.com

JASMEEN UL-HAQUE

Assistant Executive Director of Corporate Communications. Hamad bin Khalifa Medical City. Hamad Medical Corporation. julhaque@hamad.qa

MS NISREEN ABDEL LATIF

Communications Lead. Department of Noncommunicable Diseases and Mental Health. World Health Organization Regional Office for the Eastern Mediterranean. abdellatifn@who.int

DR. NASSER LOZA

President-Elect World Federation for Mental Health (WFMH). nasser.loza@wfmh.global

DR KHALID SAEED

Regional Adviser. Mental Health and Substance Use Programme. Department of Noncommunicable Diseases and Mental Health. World Health Organization Regional Office for the Eastern Mediterranean. saeedk@who.int

Equity is at the heart of the 2030 Agenda for Sustainable Development, with a particular aim to “promote physical and mental health and well-being, and to extend life expectancy for all, by

achieving universal health coverage and access to quality health care [so] no one [is] left behind" (WHO SDGs, paragraph 26 of the 2030 Agenda)[1]. However, action on achieving both universal health care and promotion of mental health and well-being remains patchy and uneven in the Eastern Mediterranean Region (EMRO) of WHO and globally.

The burden of mental disorders continues to grow with a significant impact on nation states, developmental and security trajectories and their ability to deliver on their commitments to promote and protect the rights of their citizens. This includes impacting on their right to enjoy the highest attainable standards of health, and to achieve their true potential as individuals contributing to their families and communities.

The EMRO has the highest rates of mental disorders among the WHO regions. This is primarily accounted for by prevailing protracted humanitarian emergencies in several countries in the region, which on one hand increases the need and demand for mental health services, while on the other results in attrition of the capacities of health and social care systems to deliver the needed care. The mental health care systems continue to suffer from neglect and apathy with the inadequate allocation of human, structural, institutional, and financial resources. The situation is further compounded by the stigma, discrimination, and human rights abuses to which people with mental disorders are exposed (United Nations, 2020)[2].

This Position Statement aims to outline the risks and challenges relating to mental health in an unequal world; providing practical and inclusive recommendations designed to correct the apathy and neglect of the past decades to support bringing mental health into the mainstream of public health.

Background

The Eastern Mediterranean Region stretches from Morocco in the West to Pakistan in the East and consists of 21 WHO Member States and the Occupied Palestinian territories (West Bank and Gaza Strip). It is home to 731 million people characterized by marked disparities between and within countries, complex, protracted humanitarian emergencies, and a growing youth population with large-scale internal displacement and migration. While some countries have experienced growth and development, others have witnessed extreme adversity with subsequent deterioration in health parameters in general and mental health in particular. Furthermore, the social, religious, and cultural norms are also amongst the important determinants of mental health in the Region. While contributing to the high levels of social cohesion and support for people with mental health problems, they also contribute to some damaging beliefs and practices that lead to stigmatization of and discrimination against people with mental health disorders. All these issues can have serious consequences on accessibility, availability, affordability, and acceptability of health and social care services for persons with mental health disorders.

Introduction

Mental, neurological, and substance use disorders (MNS) affect 1 in 10 persons around the world at any given time (Mental Health Atlas, 2017)[3]. The Lancet Commission on Global Mental Health (2018) reported a rise in mental disorders in every country in the world over the last three decades, which is expected to cost the global economy $16 trillion by 2030. The economic cost is attributed to lost productivity due to mental illness based on an estimated 12 billion working days predicted to be lost every year. The report showed that poor mental health not only has an impact on the individual level but also on the social, cultural, and economic level that could result in inequality in matters such as education, income, nutrition, housing, and social support (Policy Brief, 2018)[4].

In the past couple of decades, Eastern mediterranen Region countries have experienced rapid social, political, and economic change that has resulted in widespread civil unrest and violence and exposed the majority of the population to stress. These factors have especially adversely impacted vulnerable groups such as women, children, the elderly, migrants, and persons with MNS disorders (Eaton et al., 2020)[5]. This has contributed to the gradual rise in the rates of MNS disorders in countries of the Eastern Mediterranean Region, from 7% in 2000 to 9.8% in 2019 (WHO, 2021)[6].

The rise in rates of MNS disorders has not been matched with a commensurate increase in the traditionally low allocations for mental health in countries of the Region. This translates into a paucity of the mental health workforce, with 7.5 mental health professionals per 100 000 people on average for the Region (compared with the world average of 24·3 per 100 000) and 5.2 inpatient beds per 100 000 people in short-stay facilities; as well as a lack of treatment options and services (Eaton et al., 2020). This not only reduces availability and access to treatment but also results in an unfair distribution of resources as mental health services become concentrated in capital cities and available for those who could afford them, leading to the yawning treatment gap. Among the vulnerable population groups, children, women, older adults, refugees, people with disabilities, and those in institutions such as prisoners are particularly adversely affected. (IASC, 2020)[7]. For the purpose of this document, we are focusing on four of these vulnerable groups: women, children, older adults and refugees.

Given that 75% of mental disorders occur before the age of 25, the lack of investment in young people's mental health further exacerbates the burden on the individual and communities due to loss in productivity (Eaton et al., 2020).

With the onset of the global COVID-19 pandemic, countries of the Eastern Mediterranean Region like elsewhere have seen an intensification of mental health crises fueled by a widespread sense of uncertainty, financial stress, social isolation and bereavement. The resulting increase in rates of mental illness is exacerbated by decreased access to treatment, alongside the challenges of particular health consequences of COVID-19 (Dong & Bouey, 2020; Torales et al., 2020; Eaton et al., 2020)[8, 9, 5].

The COVID-19 pandemic will have significant long-term consequences that need to be tackled by governments, communities and individuals. However, it has also brought to the fore the urgency to

have mental health at the front and center of the policies that address poverty, access to health, employment, and inequities in education (Eaton et al., 2020).

The challenges and the need

More than two-thirds of the world's total Refugees (17.5 million) (including Palestinians) are from the Region, of which almost 67.0% (11.7 million) remain in the Region (UNESCWA, 2019)[10].

Despite the high burden of mental, neurological, and substance use disorders, support for mental health and well-being remains one of the most neglected areas of public health. This is evidenced by the low level of public investment made in mental health, with a median spending of 3% of the health budget on mental health. It is important to contextualize that the EMRO is a low investor in health care compared to other regions.

Most countries spent under 5% of GDP on health care and all countries spend below the world average for expenditure on health care. Additionally, despite the fact that currently 59% of the EMR countries have a national policy/plan for mental health in line with international human rights instruments (IHRI), only 7 (32%) of the EMR countries have implemented this (50% of high-income countries versus only 17% of countries in fragile and conflict settings).

The situation is compounded by inefficiencies in the allocation of these meagre resources, which is reflected in the relative paucity of community-based services and patchy integration of mental health components in primary health care settings with limited service coverage (only 5 regional countries reported that they meet the criteria for integration of mental health in primary health care) (Table 1).

Table 1: Mental health component integrated into primary health care (Mental Health Atlas, 2020)

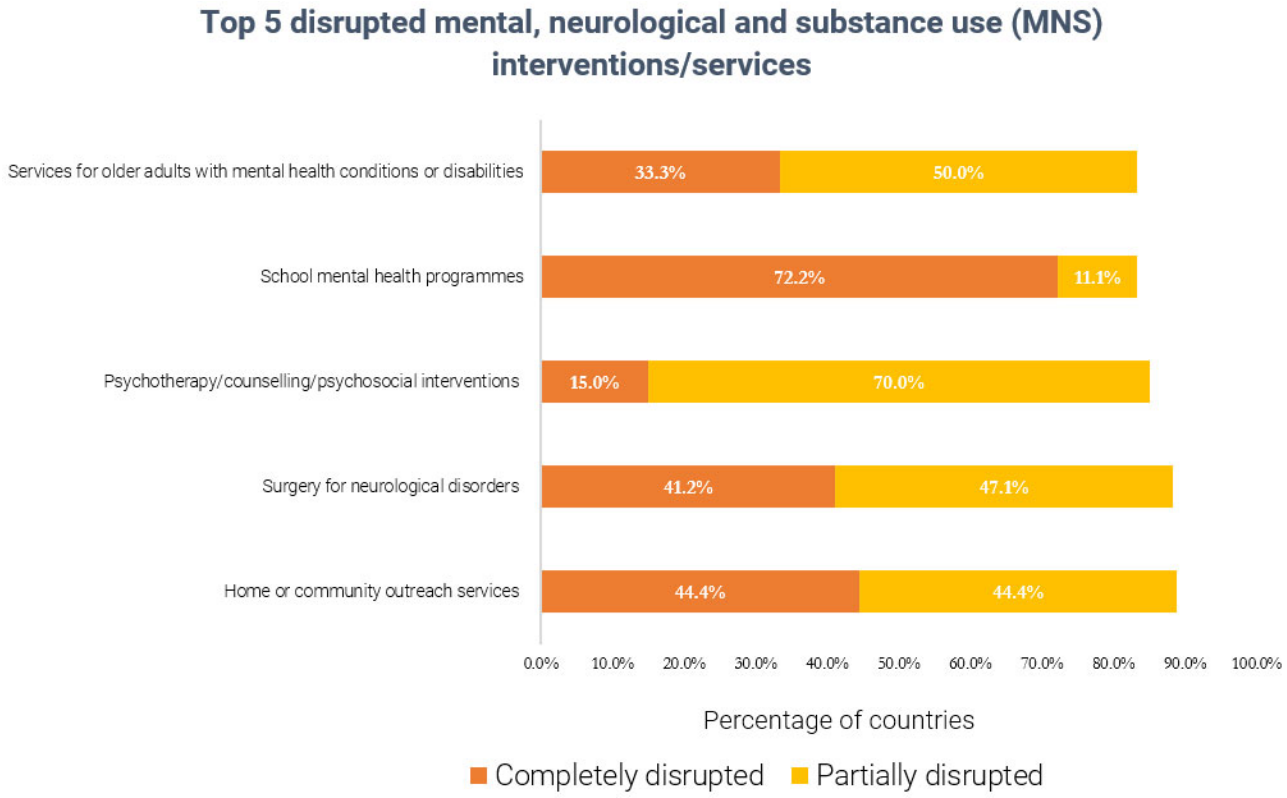
	Guide-lines	Phar-ma-col-ogy	Psy-cho-so-cial	Training	Su-per-vi-sion	Total Score	Score 4 or 5
Eastern Mediterranean Region (N=22)	86%	29%	11%	82%	71%	2.8	**23%**
Rest of the World (N=172)	62%	33%	19%	75%	70%	3.0	**26%**
EMRO Country Group 1 (N=6)	100%	23%	9%	100%	68%	3.5	**50%**
EMRO Country Group 2 (N=10)	100%	25%	11%	90%	70%	2.9	**20%**
EMRO Country Group 3 (N=5)	60%	0%	0%	60%	60%	1.8	**0%**

The issue of scant human resources available for mental health is compounded by the fact that the majority of professionals are deployed in large institutions mostly located in major urban centers

and therefore accessible to only a fraction of the population who need them. The result is high treatment gaps for mental, neurological and substance use disorders differentially affecting the most vulnerable groups of the population.

On top of the deficiency in several mental health professionals, specialised training for addressing the mental health needs of children, women, older adults and the institutionalized, such as prison inmates, is even more deficient.

Since March 2020, the COVID-19 pandemic has exacerbated the already fraught situation. A rapid assessment of the impact of COVID-19 carried out by WHO in June 2020 shows high levels of disruption of essential mental, neurological, and substance use services in countries of the Region (Figure 1). (WHO, 2020)[11]



However, the analysis also highlights the fact that emergencies often provide opportunities in that multiple innovative interventions and approaches were instituted to overcome service disruptions. The extraordinary situation helped galvanize many countries to provide mental health and psychosocial support (MHPSS) through establishing helplines for MHPSS (85%), resorting to telemedicine and teletherapy to replace in-person consultations (80%) and setting up self-help or digital psychological interventions (65%).

3.1 Vulnerable group: Women

The most prevalent mental health conditions, such as depression and anxiety disorders, are more common in women who suffer disproportionately at the prime of their lives. Perinatal mental health conditions, especially depression, are common around the world, yet likely to be missed with limitations in specialised resources in the Eastern Mediterranean Region. The effects on the un-born child and families are well documented in the literature.

In the first study to quantify the burden of mental disorders in the Region 1990-2019, the Global Burden of Diseases, Injuries, and Risk Factors Study (GBD), the Institute for Health Metrics and Evaluation (IHME) showed how women suffer a higher mental health burden across the Region. Women lost 3.3 million total DALYs to depression, compared to men's nearly 2.1 million DALYs, in 2019. Similarly, women in the Region lost more than 1.9 million DALYs due to anxiety, compared to 1.3 million DALYs in men. (GBD, 2021)[12]

3.2 Vulnerable group: Children

The Region is also home to a growing youth population with 50% of the population being under the age of 25 years. This is significant given that 75% of all mental conditions commence before the age of 25.

While specialized services for children and adolescents are gradually increasing in the Region, these remain insufficient to meet the demand. Only 6 countries of the 22 in the Region have child and adolescent mental health beds and only 12 have some form of outpatient facilities for this group. Staff working in these facilities are considerably fewer than the global median. Limited efforts exist towards education and prevention of mental illness that target the younger population, specifically children and adolescents.

3.3 Vulnerable group: Older Adults

Overall, older adults are highly revered in the Region and they are typically looked after by members of their family within their household. However, older people are also susceptible to MNS disorders. Depression is the most common mental illness in this age group. In those with pre-existing mental illness, chronicity will have its toll on their cognition, functioning and physical health. Loneliness, perceived loss of role and frailty are all factors contributing to mental health disorders in this population. More education for healthcare professionals and research is needed to address the issue of paucity of service availability and data on the extent of the problem for this section of the population.

In 2020, a regional survey assessing the status of implementation of the global action plan on the public health response to dementia showed that the majority (71%) of EMR countries do not have a dementia-specific national policy, strategy, plan or framework. Community-based services providing health and social care for people with dementia existed in around two-thirds (65%) of countries

in the EMR; these services were most prevalent in countries with high-income and abundant resources (83.3%) (GDO, 2021)[13].

3.4 Vulnerable group: Refugees

Many countries in the Region are experiencing civil unrest, political turmoil and natural or man-made disasters. Ten of the 22 countries in the Region are designated as fragile and conflict-affected states and levels of conflict in the Region have increased since 2010. 419 million (57%) people lived in nine countries with graded emergencies (Afghanistan, Iraq, Libya, Pakistan, Palestine, Somalia, Sudan, Syria and Yemen). Internally displaced persons (IDPs) in the Region have been growing steadily during the past decades rising to 19.5 million (2020), 45.0% of the world's total number.

Protracted emergencies and vulnerabilities to natural disasters with their attendant destruction and disruption of socio-cultural, political and economic institutions and activities, can leave people – particularly the most vulnerable people – susceptible to poverty, destitution, violence, social exclusion, internal displacement and migration; all of which lead directly to poor and unequal mental health.

According to the WHO estimates, at least 1 in 5 people living in areas affected by conflict is likely to have a mental health disorder and these rates are likely to go up further in the long run (Charlson et al., 2019) [14]. The United Nations High Commissioner for Refugees (UNHCR), states that "Wom-

en and girls make up around 50% of any refugee — internally displaced or stateless — population and those who are unaccompanied, pregnant, heads of household, disabled or elderly are especially vulnerable". The promotion of mental health and well-being was recognized as a health priority for the first time by world leaders through the Sustainable Development Goal 2, Target 3.4. Specifically, paragraphs four and 23 provide a strong basis for inclusion by calling upon nations to leave no one behind, including refugees, internally displaced persons, and migrants. (United Nations, 2015)[15]

The New York Declaration for Refugees and Migrants, adopted in 2016, commits to refugee children and outlines plans for working on those commitments. Points 26, 29 and 32 stress the importance of addressing the needs of refugee children who have been exposed to physical or psychological abuse and focusing on their psychosocial development. To this date, mental health professionals in countries receiving refugees are struggling to deal with the issues related to refugee and asylum-seeking children.

Capitalizing on Opportunities

The adoption of the Global Mental Health Action Plan 2013–2020 by the World Health Assembly represents a paradigm shift from institutional to an integrated, person-centered, community-based model of mental health care. In 2021 this Plan was endorsed for an extension until 2030 to ensure its alignment with the 2030 Agenda for Sustainable Development. This is in line with the provisions of the UN Convention on the Rights of Persons with Disabilities [16] which calls for active involve-

ment of people with mental health problems in all policy dialogues, development of services and their delivery as well as all decisions about their own.

One of the watershed developments at the global level has been the inclusion of mental health-related targets and indicators as part of the health-related Sustainable Development Goals, which has broadened the remit from 'No health without mental health" articulated in the global action plan to "No sustainable development without mental health".

Universal health coverage is identified as the overarching target for the health goal of the UN 2030 Agenda for Sustainable Development, which has led to a reinvigoration of the "health for all" commitment first made during the Alma-Ata Declaration (1978). Thus, the inclusion of specific indicators related to mental well-being and substance use disorders provides an opportunity to integrate mental health across all populations, communities and health platforms. The Disease Control Priorities (third edition), Department of Global Health © 2018 also identifies the most cost-effective interventions to be included in the universal health coverage benefit packages, with the goal of influencing program design and resource allocation at country level to address the MNS disorders equitably.

The other key developments include the Sendai Framework for Disaster Risk Reduction 2015 – 2030, which outlines four priorities for action to prevent new and reduce existing disaster risks: (i) Understanding disaster risk; (ii) Strengthening disaster risk governance to manage disaster risk; (iii) Investing in disaster reduction for resilience and; (iv) Enhancing disaster preparedness for effective response, and to "Build Back Better" in recovery, rehabilitation and reconstruction. The Sendai Framework's fourth priority explicitly urges countries to provide for MHPSS services for all people in need to promote resilience and building back better. It highlights the need to empower "women and persons with disabilities to publicly lead and promote gender equitable and universally accessible response, recovery, rehabilitation and reconstruction approaches".[17] That has been backed up at the World Humanitarian Summit in 2016, where Member States, UN organizations, non-governmental organizations and other relevant actors committed to advancing the Agenda for Humanity centralizing the "Leaving No One Behind" approach.

Building on these developments, the Regional Framework for scaling up action on mental health was adopted in 2015 by the member states at the regional committee to align the regional agenda with the global Mental Health Agenda for improving the mental health and wellbeing of whole populations. The framework provides countries of the Region with a roadmap of specific, evidence-based strategic interventions and indicators to monitor progress. The measures included in the framework are high-impact, evidence-based, cost-effective, and affordable, and can be implemented by all countries irrespective of income. The framework consists of 13 strategic interventions for countries to implement and 19 progress indicators to monitor implementation (WHO, 2021) [18].

The framework, together with other documents, tools and technical packages, will help countries to bridge the treatment gap through not only increasing the resources for mental health care but,

more importantly, utilizing the available human and material resources efficiently to deliver integrated, community-centered care in an equitable fashion.

Proposed region-specific actions

The last decade has witnessed some increase in investment in mental health and expansion of services, with a focus on community outreach programs. Such expansions are a major step towards service improvements, though they remain insufficient to meet the demands.

Mental health should be an essential component of universal health coverage benefit packages to ensure sustainable investment and prioritized financing.

Emergencies often result in increased focus and commitment for MHPSS which needs to be leveraged to ensure building back better of the mental health systems and services. This can be done by incorporating mental health and psychosocial support as an essential part of emergency preparedness, response and recovery plans.

Targeted health-related research remains an important area for development. While regional research output has increased five-fold in the decade from 2004–2013, however, the regional share of global research production remains small and progress is not distributed evenly with a few countries claiming a high share of publications (WHO, 2019)[19].

Proposed country-specific actions

Mental health should be reflected in the national development agendas and policies as well as health policies, where mental health should be formulated as a universal right and appropriately resourced for achieving the 2030 Agenda for Sustainable Development.

A concerted effort has to be made to integrate mental health across the national emergency preparedness, response and recovery plans to ensure the availability of multi-layered multi-dimensional MHPSS to the population(s) in need, including the most vulnerable population groups such as women, children and adolescents, older adults, persons with disabilities, migrants and refugees.

Mental health-related policies and legislations should be reviewed and reformed to be aligned with existing international human rights covenants/tools, such as the UN Convention on the Rights of Persons with Disabilities.

Strengthening workforce capacity must be undertaken across health, social and educational sectors for a collaborative multi-sectoral approach to promote mental health, prevent mental, neurological and substance use disorders, provide care and promote recovery.

Build mental healthcare capacity by expanding a qualified mental health and social care workforce to provide MHPSS interventions to the population in a timely manner using the emerging technologies to deliver evidence-informed interventions across the spectrum of care and needs.

Investing in strengthening programs for mental health promotion and prevention of mental disorders, such as adopting a life-course approach with a special focus on early child development, parenting skills, life skills education for children and adolescents (Life Skills Education School Handbook, WHO 2020)[20]. Promoting maternal mental health, suicide prevention and workplace interventions are equally important, including support for health care workers and for caregivers of persons with dementia.

Promoting mental health literacy to counter stigma and discrimination is essential and requires national and community-based efforts to develop and implement targeted programs.

Urgent investment is needed to explore and develop the rational and prudent use of technology to build and deliver mental health psychosocial support services; building on the experience gained over the years in different settings, especially during the current COVID-19 pandemic, which has seen the rapid deployment of technology to support healthcare delivery.

Countries must strengthen their health information systems to generate real-time data by ensuring that mental health indicators are present in national health information systems. In addition, mental health indicators must be included in national systems to monitor key developmental and humanitarian targets.

More targeted investment is needed to generate and use new evidence to help guide policy and legislative review and the resulting development of services responsive to the needs of the population.

Empower mental health service users and carers through the involvement of people with lived experience in the design and monitoring of policies on a national level and service delivery in communities. Governments and policy makers should consider involving the individual in policy making, service delivery and mental health promotion/awareness activities, etc.

Allocate resources to encourage the gradual shift away from institutional to a more integrated community-based model of care delivery. This should include psychological interventions as a major tool to help people in need in less rich countries.

Inpatient mental health facilities should be designed in a manner that clearly separates between long-stay and short-stay wards to overcome the blockage of facilities by long-term patients.

Proposed actions for individuals

Develop personal skills: Health promotion supports personal and social development through providing information and education for health and enhancing life skills. It increases the options available to people to exercise more control over their own health and over their environments and to make choices conducive to health (source: WHO, 1986)[21].

Due to the continuing stigma of mental illness, engaging those with lived experience is often challenging. People with mental illness should be encouraged to participate in public mental health initiatives while efforts are made to protect them from vulnerable exposure. In the Region, family plays a very important role in the management of people with mental illness and promotion of their recovery. Families therefore must also be actively engaged in planning to ensure successful outcomes. For instance, in comparison to Western mental health laws, in several countries in the Region the family's role in the mental health law is highly emphasised, acknowledging their crucial role/participation.

Implementing change

In order to implement change and provide equal opportunities for all citizens in the EMR region, the required interventions necessitate a whole of society and whole of government approach, with active engagement and ownership from all the stakeholders across the public, private sectors, civil society and academia. The priority interventions should ensure the inclusion of evidence-based mental health interventions in the UHC-BPs of the countries across population, community and health system platforms and delivery channels, to ensure all individuals have equal access to mental health services without discrimination. It is also important to set up a well-resourced mental health department within the Ministry of Health that coordinates and oversees implementations and monitors these policies using an equity and human rights lens

Special considerations should be made to protect vulnerable groups such as women, children, refugees, prison inmates, as well as people from different ethnic and cultural groups who are more likely to experience stigma and discrimination (IASC, 2020)[6]. Such groups might have difficulty accessing mental health services due to lack of support from the community and professionals. A key implementation concern should be around strengthening capacities for MHPSS service provision through the incorporation of the MHPSS component in emergency preparedness, response and recovery plans with specified resources.

Counselling and psychotherapy are becoming increasingly more popular and accepted across the globe for many people with certain mental health conditions and should be considered by the WHO and individual countries as cost-effective and efficient options for a broad range of mental health disorders.

The American Psychological Association state that many people prefer psychotherapy to pharmacological treatments because of medication side-effects and individual differences and people tend to be more adherent if the treatment modality is preferred (Deacon & Abramowitz, 2005; Paris, 2008; Patterson, 2008; Solomon et al., 2008; Vocks et al., 2010). Research suggests that there are very high economic costs associated with high rates of antidepressant termination and non-adherence (Tournier, et al., 2009), and psychotherapy is likely to be a more cost effective intervention in the long term (Cuijpers, et al., 2010; Hollon, et al., 2005; Pyne, et al., 2005)[23].

Key to promoting mental health and well-being is strengthening mental health literacy programmes to empower persons with mental health problems and combatting stigma and discrimination. This includes focusing on universal, targeted and indicated prevention programmes with special reference to parenting skills, maternal mental health, school and workplace mental health, suicide prevention and life skills education with the active involvement of the persons and families with mental health problems.

Another key intervention is increasing and prioritizing the budget for scaling up integration of mental health in general health care especially in Primary health care. This intervention should be supported by capacity enhancement of general and family physicians and staff to provide evidence-informed mental health and psychosocial support interventions (WHO, 2016)[22] It also needs to be linked with establishing community-based mental health services, including establishing specialized mental health services in general hospitals for both outpatient and inpatient care (WHO, 2016)[18].

These interventions support establishing a stepped care model of service delivery ensuring continuity of care and increased service utilization. It will also help minimize the stigma attached to psychiatric facilities, where service users are more likely to accept services provided in 'neutral' environments, such as general hospitals and community settings (Eaton et al., 2020). This would involve reorienting the current service delivery models through allocating specified budgets for the development of such services.

Summary and Conclusion

Overall, there has been progress across the EMR, especially in areas related to policy and legislation. However, there is a need for countries in the EMR to commit afresh to deliver on existing commitments, articulated in the Regional Framework, for scaling up action of mental health. This is also crucial in realizing the World Health Organization's (WHO) ambitious 'triple billion target' (1 billion more people benefitting from UHC, 1 billion more people better protected from health emergencies and 1 billion more people enjoying better health and well-being).

As EMR countries emerge from the pandemic, the need to foster a commitment to build back economies and systems not just better but also fairer is hugely important. This is the time and ideal opportunity to work towards ensuring that a "mental health lens" is used by national governments,

Ministries of Health, local governments, civil society, faith-based organizations and developmental agencies in their decision making processes using the best evidence-based interventions to create fairer and healthier societies. This will help to ensure the sustainable commitment of political, social, human and financial resources for developing mental health systems designed to deliver equitable, person-centered care in an inclusive, decentralized and integrated fashion.

While the pandemic has highlighted the profound challenges and hugely inequitable health impacts in every country in the Region, it has also identified significant potential for action. Putting mental health at the heart of policy action is an essential step forward towards equitable development and meeting the needs of citizens.

The opportunity to act is now, as COVID-19 has brought home to us the importance of mental health as a resource and investment which is crucial for individuals to achieve their full potential, communities to be resilient in adversity, supporting its vulnerable members, countries to build back better and nations to fulfill their compact with their own citizens and help citizens of other nations so that no one is left behind.

References and Permissions

1. https://sustainabledevelopment.un.org/index.php?page=view&type=30022&nr=192&menu=3170
2. https://unsdg.un.org/sites/default/files/2020-05/UN-Policy-Brief-COVID-19-and-mental-health.pdf
3. https://apps.who.int/iris/handle/10665/272735
4. https://www.mhinnovation.net/sites/default/files/downloads/resource/Lancet%20Commission_policy%20brief_MHIN2.v3.pdf
5. https://applications.emro.who.int/emhj/v26/10/1020-3397-2020-2610-1148-1150-eng.pdf?ua=1
6. World Health Organization. Global Health Estimates. 2021. https://www.who.int/healthinfo/global_burden_disease/en/
7. Interim briefing note addressing mental health and psychosocial aspects of COVID-19 outbreak (developed by the IASC's Reference Group on Mental Health and Psychosocial Support). Geneva: Inter-Agency Standing Committee; 2020 (https://interagencystandingcommittee.org/iasc-referencegroup-mental-health-and-psychosocial-support-emergency-settings/interim-briefing,)
8. https://pubmed.ncbi.nlm.nih.gov/32202993/
9. https://journals.sagepub.com/doi/full/10.1177/0020764020915212
10. Situation report on international migration 2019: The Global Compact for Safe, Orderly and Regular Migration in the context of the Arab region. Beirut: United Nations Economic and Social Commission for West Asia and International Organization for Migration; 2019 (https://undocs.org/pdf?symbol=en/E/ESCWA/SDD/2019/3)
11. https://applications.emro.who.int/docs/9789290223658-eng.pdf?ua=1
12. http://ghdx.healthdata.org/gbd-results-tool
13. https://www.who.int/data/gho/data/themes/theme-details/GHO/global-dementia-observatory-(gdo)
14. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30934-1/fulltext
15. https://sdgs.un.org/publications/transforming-our-world-2030-agenda-sustainable-development-17981
16. https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html
17. Sendai Framework for Disaster Risk Reduction 2015 – 2030 https://www.un-spider.org/sites/default/files/43291_sendaiframeworkfordrren.pdf
18. http://www.emro.who.int/mnh/strategies-and-interventions/index.html
19. https://vlibrary.emro.who.int/idr_records/health-and-well-being-profile-of-the-eastern-mediterranean-region-an-overview-of-the-health-situation-in-the-region-and-its-countries-in-2019/
20. https://www.who.int/publications/i/item/9789240005020
21. https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference
22. https://applications.emro.who.int/dsaf/EMROPUB_2016_EN_18700.pdf?ua=1&ua=1
23. https://www.apa.org/about/policy/resolution-psychotherapy

wfmh.global

info@wfmh.global

@WFMH_Official

@wfmhofficial

/wfmhofficial