

Summary report on the

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Expert consultation for identifying core mental health interventions for integration in maternal, child and adolescent health service delivery platforms

Cairo, Egypt
12–13 December 2016



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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Contents

1.	Introduction.....	1
2.	Summary of discussions	3
3.	Action points.....	10

1. Introduction

The World Health Organization (WHO) Regional Office for the Eastern Mediterranean, in coordination with United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF), held an expert consultation from 12 to 13 December 2016 in Cairo, Egypt, to review core mental health components for integration in maternal, child and adolescent health service delivery platforms. The consultation was attended by global and regional experts, as well as staff from the Regional Office and WHO headquarters.

The objectives of the expert consultation were to:

- identify the essential mental health interventions to be integrated within maternal, child and adolescent health packages;
- establish integration mechanisms for the maternal, child and adolescent health/mental health package, as well as delivery channels within the health care platforms;
- identify the potential entry points for implementation of the integrated package;
- develop an implementation/monitoring and evaluation plan for piloting/delivering the integrated package in two countries in the Region (Egypt and Jordan).

Dr Jaouad Mahjour, Director of Programme Management, delivered a statement on behalf of Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. He noted that the Region has the highest prevalence of mental disorders – specifically depressive illness and anxiety disorders – of all WHO regions, almost wholly accounted for by the complex emergency situations prevailing across many countries. It is imperative that mental health interventions are delivered in an integrated manner to ensure that the most vulnerable population groups – mothers, children and adolescents – are able to benefit. Such interventions will also

help to fulfil multiple global and regional agendas including the Sustainable Development Goals (SDGs), the Global Strategy for women's, children's and adolescents' health (2016–2030), the global Mental health action plan (2013–2010) and the Regional framework to scale-up action on mental health.

Maternal, child and adolescent health and mental health are inextricably linked. Studies indicate that rates of perinatal depression are 10–15% in high-income countries, while rates are almost twice as high in the Eastern Mediterranean Region (conforming to studies in low- and middle-income countries in other regions). Postnatal depression persists for 1 year postpartum in 56% of women in the Region compared to rates of 30% in high-income countries. Among women who die in the perinatal period, 10–16% committed suicide; psychiatric disorders are antecedent in two thirds of cases.

There is compelling evidence that maternal mental health problems are associated with an increased risk of worse reproductive and child health outcomes, which can extend well into adulthood. Early recognition and management of mothers with depression can have a positive impact on their health outcomes as well as that of their children. Globally, an estimated 10–20% of children and adolescents are affected by mental health problems, 90% of whom live in low- and middle-income countries. Evidence suggests that approximately 50% of all adult mental disorders have an age of onset before 14 years. Children exposed to conflict and naturally occurring humanitarian emergencies have even higher rates of mental health problems, as well as specific needs for interventions.

Effective interventions are available for the prevention and management of mental disorders and promotion of maternal, child and adolescent mental health. The Disease Control Priorities (DCP3)

project has identified the most cost-effective interventions, including early childhood development interventions (such as responsive and stimulating parenting), training for caregivers/parents of children with developmental disorders, universal social and emotional learning interventions in primary and post-primary schools, and maternal mental health interventions. These interventions, when delivered by non-specialists in an integrated fashion in community, school and health care settings, offer both short-term and long-term benefits – not only through prevention of mental health problems, but also through promotion of coping skills and resilience.

Over the past few years, WHO has been developing packages that can be delivered through maternal, child and adolescent health service delivery platforms including: the Thinking Healthy Programme for maternal mental health and perinatal depression, *Care for child development* (combined with nutrition advice), parenting skills training for developmental disorders, the child and adolescent mental health module of the *WHO Mental Health Gap Action Programme (mhGAP) intervention guide – version 2.0*, and mental health and life-skills education programmes for schools.

2. Summary of discussions

Issues and challenges

There is robust evidence from low- and middle-income countries regarding the efficacy and effectiveness of interventions to promote early childhood development, recognise developmental disabilities/disorders, and improve maternal and adolescent mental health. However, the implementation science still has some way to go towards development of an integrated package of mental health interventions that can be delivered through maternal, child and adolescent health programmes. The fact that these interventions can be

delivered universally, selectively and targeted to different settings and scenarios highlights the need for collaboration across a range of delivery platforms and channels i.e. utilizing community- and population-level platforms besides health care services. There is a need to adopt a delivery system in line with the guiding principles of the global agenda for sustainable development: “leaving no one behind” is hence paramount for delivery of integrated packages at scale. Challenges stem not only from the fragmented health care systems in most countries of the Region, but also from a lack of operational mechanisms to promote collaboration/coordination between sectors to ensure services are delivered in a seamless manner across the continuum of care.

There is a lack of evidence-informed policy to provide a supportive framework for integration of mental health interventions. Policies and interventions often develop along independent tracks, rather than synergistically to support development of coherent social and health system responses. This is particularly evident in emergency situations, where external funding often promotes a fragmented and siloed approach to provision of services. Limited human resources and their capacity to deliver are often compounded by reliance on community health workers to be the ultimate agency in delivery of interventions. There is a lack of institutionalization of core intervention packages; lack of ongoing support and supervision by higher levels of the health care system; and lack of opportunities or incentives for professional development. Additional challenges include high staff turnover rates; multiplicity of interventions and non-adaption to local cultures; and paucity of dedicated financial resources and mechanisms to routinely collect, collate and report data from existing services, compounded by a lack of research culture and capacity in countries of the Region.

Identifying core interventions

Participants agreed that appropriate interventions need to address problems that are synergistic with routine reproductive, maternal, newborn, child and adolescent health services; be evidence-based; and be amenable to improvement in a short- to medium-term time frame. The interventions below were considered as fulfilling the criteria.

Early child development activities (combined with nutrition interventions): early childhood development interventions help parents to build stronger relationships with their children and solve problems in caring for them at home. *Care for child development* recommends play and communication activities for families to stimulate children's learning, and teach adults how to be sensitive to children's needs and the appropriate responses to meet them. These basic care-giving skills contribute to young children's survival, as well as their healthy growth and development. *Integrating early childhood development (ECD) activities into nutrition programmes in emergencies: why, what and how* explains why nutrition programmes need to include early childhood development activities, and provides concrete suggestions of what activities to integrate and how to create integrated programmes in situations of famine or food insecurity.

http://www.who.int/maternal_child_adolescent/documents/care_child_development/en/

http://www.who.int/mental_health/emergencies/eecd_note.pdf

Thinking Healthy Programme: *Thinking Healthy: a manual for psychological management of perinatal depression* outlines how community health workers can reduce perinatal depression through evidence-based cognitive-behavioural techniques recommended by WHO mhGAP.

http://www.who.int/mental_health/maternal-child/thinking_healthy/en/

Life skills education for children and adolescents in schools: *Life skills education for children and adolescents in schools* is designed to give learners knowledge, skills, values and attitudes to help them make healthy lifestyle choices and become constructive members of society. The core set of life skills identified include problem-solving, decision-making, goal-setting, critical thinking, communication skills, assertiveness, self-awareness and coping with stress. The Regional Office has developed a Life Skills Education Toolkit for young adolescents (aged 12–15 years). The Toolkit includes a facilitator’s training manual, teacher’s workbook, teacher’s guide and adolescent workbook.

Suicide prevention for adolescents:

http://www.who.int/mental_health/resources/preventingsuicide/en/

Parenting skills training: the child and adolescent mental and behavioural disorders module of the WHO mhGAP intervention guide recommends parent skills training for management of developmental disorders. The primary target population is parents or other caregivers of children with developmental delay/disorders. However, the programme can be offered to all parents/caregivers of children aged 2–9 years experiencing concern about their child’s development or having difficulty managing their child’s behaviour, or when risk factors for developmental delay/disorders are identified. The programme can be delivered at health facility level, community level, and in schools or homes, in the context of child development monitoring or other maternal and child care.

http://www.who.int/mental_health/mhgap/mhGAP_intervention_guide_02/en/

Mechanisms for integration and delivery of interventions

It is important to balance supply-side issues (such as developing policies and strategies, workforce capacity, and guidance and tools) with demand-side issues (such as empowering families, and customizing advocacy and communication plans). It is prudent to start small, based on assessment of needs and available resources, and to employ both top-down and bottom-up approaches. To develop a competent workforce, it is recommended to build on existing competencies and skills through task sharing/shifting, supported by customized trainings and supervisory support using standardized tools and methodologies; for example, the AFFIRM trial in Khayelitsha, South Africa assessed the cost-effectiveness of a task-sharing intervention using community health workers to provide counselling for perinatal depression. The institutionalization of service delivery goals is also important to ensure opportunities for continuous professional development and career progression, while anticipating staff turnover and new priorities. Social and technological innovations can also offer important benefits; for example, the Family Networks project for children with developmental delays in Pakistan identifies family members as “champions”, trains them to deliver complex interventions, and monitors and supervises them using a phone/tablet-based application. Likewise, community workers in the Chibanda project in Zimbabwe use smart phones to access decision-support tools for screening, patient education, management and follow-up.

The preliminary findings of the 2016 Atlas: child, adolescent and maternal mental health resources in the Eastern Mediterranean Region show that government budgets and out-of-pocket expenditure provide for a significant proportion of interventions. Therefore, it is important to ensure funding stability to safeguard the sustainability of projects. This means not only choosing cost-effective intervention packages for

integrated delivery, but also being aware of the costs of scaling up when developing a case for investing in child, adolescent and maternal mental health. For example, the 2016 *Lancet* series “Advancing early childhood development: from science to scale” estimates that it would cost an additional US\$ 0.20 per capita/year to scale up early child development packages and an additional 10% to reproductive, maternal, newborn and child health services. The costs of inaction, however, could range from 3.0–12.7% of national gross domestic product in south Asian and sub-Saharan African countries over the next 30 years. The discussion highlighted the need to look for innovative solutions to mobilize resources beyond the traditional government and humanitarian aid sources – through tapping into social protection programmes, using microfinancing initiatives for income generation (e.g. setting up community early childhood development centres managed by families of children affected by developmental disabilities) and using social franchise models to help scale up delivery.

Preliminary findings of the 2016 Atlas further show that epidemiological data and reporting systems for maternal, child and adolescent mental health disorders are not available for three quarters of countries in the Eastern Mediterranean Region. It was stressed that reliable monitoring and evaluation systems form the bedrock for developing evidence-informed policies and quality services. However, it is also important to use existing data creatively and to be meticulous about collection and management of additional data items. To ensure that monitoring and evaluation is not considered an add-on but an essential part of integrated service delivery, a concise and sensitive set of indicators is required to measure the structural metrics of integration and processes/outcomes of maternal, child and adolescent health and mental health programmes simultaneously. It was agreed that a mix of quantitative and qualitative mental health indicators could be used, which could be integrated into existing national

maternal and child health information systems, and technology should be harnessed to this end.

Identifying entry points for implementation of an integrated package

Participants agreed on the importance of building on existing maternal, child and adolescent programme activities (e.g. postnatal and newborn care at home, highlighting potential benefits of breastfeeding and birth spacing for mental health of mothers and children, and strengthening the Integrated Management of Newborn and Childhood Illnesses counselling module on mother's own health). Potential entry points were identified, with stress on adopting a continuum-of-care and life-course approach. The entry points were grouped according to platform – population-based, community-based and health care-based – using the delivery channels in each platform. Policy and legislative changes need to be enacted to support the process of integration while enhancing mental health literacy, and universal and targeted advocacy activities are needed to create and sustain the demand for child, adolescent and maternal mental health services. Early child development interventions (combined with nutrition interventions) and the Thinking Healthy Programme for maternal mental health can be integrated in antenatal and postnatal services, well-baby clinics and vaccination programmes, while schools would be the best delivery channel for life-skills education for children and adolescents. Suicide prevention programmes for adolescents will need multiple platforms and delivery channels.

Working groups focused on reviewing maternal, child and adolescent health and mental health integration frameworks from two countries in the Region (Egypt and Jordan). Proposed strategies were presented and discussed by participants. Limited available funding was identified as a key challenge; however, it was noted that emergencies can provide an

opportunity to mainstream mental health interventions not only in primary health care settings but also through other delivery channels such as reproductive, child and adolescent health care. Participants emphasized their commitment to continue advocating and continuously mobilizing political commitment in order to ensure sustainability.

3. Action points

A number of action points were agreed upon to support countries in scaling up integrated maternal, child and adolescent health and mental health care services.

For Egypt and Jordan

- Finalize the project proposal for integrated delivery of maternal, child and adolescent mental health in a defined catchment area.
- Optimize opportunities for implementation through collaboration with stakeholders within the health sector and across other sectors such as education and civil society.
- Ensure robust monitoring and evaluation of the first phase of project implementation, using a set of agreed indicators.

For WHO

- Engage with UN agencies (such as UNICEF and UNFPA) to develop a common approach towards integration of mental health interventions in reproductive, maternal, child and adolescent health programmes at policy and implementation level.
- Advocate jointly with policy-makers and national programme managers for integration of mental health interventions in reproductive, maternal, child and adolescent health programmes.

- Incorporate mental health and psychosocial support into the shared WHO-UNICEF-UNFPA agenda for women and children in emergencies.
- Develop integrated training modules and build technical capacity of health staff to deliver the interventions at health facility and community level, and in schools or homes in the context of child development monitoring or other maternal/child care visits.
- Develop core and expanded indicators in line with the SDGs and global/regional action plans for mental health and women's, children's and adolescents' health.
- Continue to support development of projects in Jordan and Egypt with engagement of experts and consultants, and identify sources of funding to move forward with in-country integration.
- Support generation and utilization of regionally specific evidence, especially on return on investment, to convince policy-makers on integrated delivery of interventions.
- Strengthen collaboration with civil society organizations working in maternal, child and adolescent health and mental health to enhance acceptability as well as coverage of interventions.
- Set up a virtual network of regional and global experts to provide continuing technical support for integration of mental health interventions in reproductive, maternal, child and adolescent health programmes.



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