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Addressing mental health through primary care and community engagement in the WHO South-East Asia Region

Twenty years after WHO published its landmark *World Health Report 2001: Mental Health – new understanding, new hope*,[1] the recommendations made then remain valid today. Many advances have been made since but there is still a long way to go. The recently launched *World Mental Health Report 2022: Transforming Mental Health for all*[2] argues for a transformation that is possible and required to ensure better mental health for all, with the underlying premise that 'there is no health without mental health'.

The Sixty-sixth World Health Assembly adopted the WHO Comprehensive Mental Health Action Plan 2013−2020 in May 2013. In 2019, the Action Plan was extended until 2030 by the Seventy-second World Health Assembly.[3] To achieve the Action Plan's objectives, we need to transform our attitudes, actions and approaches to promote and protect mental health and ensure that services reach all those in need, closer to where they live and without incurring financial hardship. Improving mental health of populations leads to increased economic productivity and greater social development.

Currently there are almost 1 billion people living with different mental health disorders around the world. In the South-East Asia Region, 13.2% of the population live with mental health conditions.[4] Yet, treatment gaps continue to be very high. Key challenges include lack of investment, scarcity of human resources, stigma, inadequate prevention and promotion programmes, paucity of data and lack of mental health services in primary care settings.

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[1] World Health Organization. The World health report: 2001 : Mental health : New understanding, new hope. Geneva: World Health Organization 2001 ISBN 92 4 156201 3. https://apps.who.int/iris/bitstream/handle/10665/42390/WHR_2001.pdf?sequence=1&isAllowed=y - accessed 2 Aug 2022.

[2] World Health Organization. World mental health report: Transforming mental health for all. Geneva: World Health Organization 2022. https://apps.who.int/iris/rest/bitstreams/1433523/retrieve - accessed 2 Aug 2022.

[3] World Health Organization. Comprehensive mental health action plan 2013-2030. Geneva: World Health Organization 2021. https://www.who.int/publications/i/item/9789240031029 - accessed 2 Aug 2022.

[4] World Health Organization. World mental health report: Transforming mental health for all. Geneva: World Health Organization 2022. https://apps.who.int/iris/rest/btstreams/1433523/retrieve - accessed 2 Aug 2022.

There have been many Executive Board and World Health Assembly Decisions and resolutions on mental health during the last two decades. A list of these and the texts are available in the WHO MiNDbank[5] database. There have been several important resolutions promulgated by the WHO Regional Committee for SE Asia related to mental health. Among these are SEA/RC59/R8 on alcohol consumption control – Policy options; SEA/RC65/R5 on noncommunicable diseases, mental health and neurological disorders; SEA/RC65/R8 on comprehensive and coordinated efforts for the management of autism spectrum disorders (ASD) and developmental disabilities; and SEA Regional Action Plan to implement the Global Strategy to reduce harmful use of alcohol (2014–2025) (SEA/RC67/R4).

WHO has also published various technical and policy documents and action plans on this issue. These include the *Mental Health Atlas 2020*, mhGAP Guidelines, LIVE LIFE, Quality Rights and EQUIP to help Member States transform mental health policies and services, in line with the principle of universal health coverage to strengthen acceptable, accessible and equitable primary mental health-care services.

The paths to transformation specified in the *World Mental Health Report 2022* include the required shifts to drive the agenda of mental health forward, including a focus on primary care, renewed community engagement, more priority for prevention and promotion, adoption of whole-of-society and whole-of-government approaches, multistakeholder initiatives, and a shift from a biomedical to a holistic bio−psycho−social approach to services along with greater utilization of non-specialized workers.

The UN Convention on the Rights of Persons with Disabilities (UNCRPD), adopted in 2006 and having come into force in 2008, has been ratified by all Member States of the SEA Region.[6] It identifies the rights and freedoms of persons with disabilities and binds countries to promote, protect and ensure those rights.

This Working Paper was presented to the High-Level Preparatory Meeting for its review and deliberation. The HLP Meeting reviewed the paper and made the following recommendations.

Actions by Member States

(1) Integrate mental health into primary health care as a key strategy to reduce the treatment gap in countries.

(2) Ensure that MHPSS is a key component of the emergency response.

(3) Increase mental health budgets and orient funds towards community-based mental health networks and integration of mental health into PHC.

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[5] World Health Organization. WHO MiNDbank: More inclusiveness needed in disability and development. https://www.mindbank.info/collection/type/resolutions_and_declarations_on_mental_health?page=1 – accessed 2 Aug 2022.
[6] United Nations. Convention for the rights of persons with disabilities (CRPD). https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html – accessed 2 Aug 2022.

Actions by WHO

(1) Support countries in strengthening the delivery of mental health services in non-specialized settings through task-sharing, capacity-building and technical support.

(2) Provide technical support to strengthen MHPSS to address psychosocial needs during emergencies.

(3) Engage with relevant stakeholders to identify modalities of financing for mental health.

This Working Paper and the HLP Meeting recommendations are submitted to the Seventy-fifth Session of the WHO Regional Committee for South-East Asia for its consideration and decision, if any.

Introduction

1.   WHO defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community"[7].

2.   Increased attention is being paid to mental health globally and within the South-East Asia Region in recent years, and this has been further accelerated during the pandemic. There is now a tangible realization that mental health is intrinsic to health and social well-being and the holistic development of individuals allowing them to thrive to their potential and connect meaningfully with others. It is pivotal for the complete development of individuals and societies – there is no health without mental health.

3.   With an estimated prevalence of 12.5% globally, 980 million people are believed to be living with mental health conditions as of 2022.[8] In the WHO South-East Asia Region, the estimated prevalence is 13.2%, which is equivalent to 260 million people living with some form of mental health condition. Mental health conditions contribute the most to years of healthy life lost to disability,[9] with depression being the largest contributor,[10] and schizophrenia the single-most disabling condition. Suicide accounts for 1 in 100 deaths globally.[11] People with severe mental disorders die 10 to 20 years earlier than the average age of death for the general population.[12]

4.   The four most important determinants of noncommunicable diseases – tobacco use, alcohol use, unhealthy diet and physical inactivity − are all linked to mental health conditions.[13] Mental health conditions coexist in persons living with other physical ailments including noncommunicable diseases such as cardiovascular disease, diabetes, hypertension and cancer, as well as communicable diseases such as HIV/AIDS[14] and TB[15]. The loss of productivity across the life course attributed to mental health conditions is estimated to cost the global economy US$ 6 trillion annually by 2030.[16]

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[7] World Health Organization. Mental health: strengthening our response. (2022) https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response - accessed 2 Aug 2022.

[8] Global Health Data Exchange: Mental disorders; prevalence; 2019. Seattle: Institute for Health Metrics and Evaluations; 2021 as indicated in the WHO World Mental Health Report 2022.

[9] World Health Organization. World mental health report: transforming mental health for all. Geneva: World Health Organization 2022. https://apps.who.int/iris/rest/bitstreams/1433523/retrieve - accessed 2 Aug 2022.

[10] Global Health Estimates 2019: disease burden by cause, age, sex, by country and by region, 2000-2019. Geneva, World Health Organization; 2020. as indicated in the WHO World Mental Health Report 2022.

[10] Global Health Estimates 2019: disease burden by cause, age, sex, by country and by region, 2000-2019. Geneva, World Health Organization.

[11] Management of physical health conditions in adults with severe mental disorders: WHO guidelines. Geneva: World Health Organization, 2018 https://apps.who.int/iris/handle/10665/275718 - accessed 2 Aug 2022.

[12] Chesney E, Goodwin GM, Fazel S. Risks of all-cause and suicide mortality in mental disorders: a meta-review. World Psychiatry.2014;13(2):153–160. doi:10.1002/wps.20128. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4102288/ - accessed 2 Aug 2022.

[13] Stein DJ, Benjet C, Gureje O, Lund C, Scott KM, Poznyak V, et al. Integrating mental health with other non-communicable diseases. BMJ. 2019;364:l295. doi:10.1136/bmj.l295.

[14] Integration of mental health and HIV interventions: key considerations. Geneva: UNAIDS and World Health Organization; 2022 as indicated in the WHO World Mental Health Report 2022.

[15] Fujiwara PI. The links between tuberculosis and mental health: evidence and best practice incorporating guidance to USAID. Washington DC: USAID; 2022 https://www.usaid.gov/sites/default/files/documents/TB_and_Mental_Health_USAID_REPORT_FINALTRACKED_EDITS_AG_508c_1.pdf -accessed 2 Aug 2022.

[16] Bloom DE, Cafiero ET, Jane-Llopis E, et al. The global economic burden of non-communicable diseases. World Economic Forum and Harvard School of Public Health. Geneva. September, 2011. https://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf - accessed 2 Aug 2022.

5.   Besides economic costs, there are also social costs – people with mental health conditions suffer stigma and discrimination, and experience a lack of educational and employment opportunities, impoverishment and social exclusion. The conventional systems of care for mental health patients within specialized settings not only pose barriers to access but have also significantly contributed to stigma and isolation of people with such conditions. There is thus an urgent need for reorienting mental health care into compassionate, patient-centred, accessible and affordable forms of care.

6.   At the population level, factors that shape the social, cultural and economic environment also impact mental health. Poverty, socioeconomic and gender inequalities, discrimination, and lack of services or access impacts mental health negatively. At the individual level, mental health is adversely impacted by factors such as poor education, alcohol and substance use, job loss or unemployment, exposure to different forms of violence and bullying, and pre-existing chronic diseases.[17]

7.   The term "eco-anxiety" has gained traction in recent years. From post-disaster traumas to anxiety about the future, people around the world are grappling with the impacts of climate change on mental health – either from direct experience of psychologically living through a disaster brought on by climate change such as frequent extreme weather conditions, or indirectly after watching or reading about a disaster or viewing an audiovisual about it.

8.   Research on climate change and mental health is a new but rapidly growing field. As with most emergencies and their aftermath, children, young people, elderly, women and the poor bear the major brunt of the adverse impacts, including on mental health, of emergencies and disasters. Climate change and resultant floods, famines, loss of homes and livelihoods,[18] disasters and humanitarian emergencies,[19] and economic downturns[20] have been observed throughout the WHO South-East Asia Region.

9.   The COVID-19 pandemic exposed the vulnerabilities, aggravated by neglect of mental health over the years, and has underscored the critical importance of mental health for healthy lives and well-being. An estimated 25% rise in cases of anxiety and depressive disorders was reported in the first year of the pandemic alone.[21] Coupled with severe disruptions in mental health services, the pandemic in a way is a clarion call to act now or regret forever. The long-term mental health effects of the economic fallout of the pandemic are yet to be seen or estimated.[22]

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[17] World Health Organization. World mental health report: transforming mental health for all. Geneva: World Health Organization 2022. https://apps.who.int/iris/rest/bitstreams/1433523/retrieve - accessed 2 Aug 2022.

[18] World Health Organization. Mental health and climate change: Policy brief. Geneva: World Health Organization 2022. https://apps.who.int/iris/rest/bitstreams/1422925/retrieve - accessed 2 Aug 2022.

[19] World Health Organization Mental health in emergencies. Fact sheet, World Health Organization 2022. https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies - accessed 2 Aug 2022.

[20] World Health Organization. Impact of economic crises on mental health. World Health Organization. Regional Office for Europe 2011. https://www.euro.who.int/__data/assets/pdf_file/0008/134999/e94837.pdf - accessed 2 Aug 2022.

[21] World Health Organization. Covid -19 pandemic triggers 25% increase in prevalence of anxiety and depression worldwide 2022. https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide - accessed 2 Aug 2022.

[22] World Health Organization. Mental health and COVID-19: Early evidence of the pandemic's impact. Scientific brief . World Health Organization 2022. https://apps.who.int/iris/rest/bitstreams/1412184/retrieve - accessed 2 Aug 2022.

Current situation, response and challenges

10.   The Region has a high burden of mental health conditions across all Member States as reported in recently published data across many countries. In Bangladesh the prevalence of mental disorders among adults was 18.7% (National Mental Health Survey, NMHS, 2019).[23] India reported an overall weighted prevalence of current mental morbidity at 10.6% and 13.7% for the lifetime (NMHS 2015).[24] In Indonesia, the reported prevalence of depression was 6.1% among adults, and 7 million households had at least one member living with psychosis.[25] In Nepal, the lifetime prevalence of mental disorders among adults was 10% (NMHS 2020).[26]

11.   Paucity of data precludes estimation of the full magnitude of the disease burden and the treatment gaps, both expected to be large in the Region as exemplified in the national mental health surveys done in some countries. Bangladesh has reported a treatment gap of 91% across mental health conditions (NMHS 2019) and India a gap of 70−95% (NMHS 2015). In Nepal only 23% of adults with mental health disorders sought treatment (NMHS 2020). The age-standardized rate of suicide has not reduced in the Region since 2005.[27]

12.   The increased focus on mental health in recent years, in tandem with the impetus provided by the emerging mental health needs during the pandemic, has increased the demand for strengthening mental health services in countries. The policy landscape and mental health laws have been improved and bolstered in the Region. Five countries have evidence-based mental health policies (Bhutan 1997, India 2014, Maldives 2015, Nepal 2020, Sri Lanka 2020) and three countries have strategic plans for mental health (Myanmar 2021, Nepal 2020, Timor-Leste 2018) in place. For the protection of human rights of the people living with mental health conditions, three countries have recently promulgated updated mental health laws (Bangladesh 2018, India 2017, Indonesia 2016,) and three (Maldives, Myanmar, Sri Lanka) are in the process of updating or developing new mental health laws.

13.   Decentralized mental health services are available in India, Indonesia, Sri Lanka and Thailand. Maldives recently established a mental health unit within the Health Protection Agency of the Ministry of Health. Multisectoral involvement and engagement for mental health is supported in policies and plans in several countries. Myanmar and Sri Lanka have established official mechanisms to enable multisectoral engagement in planning and implementation of mental health programmes.

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[23] National Institute of Mental Health. Bangladesh. National Mental Health Survey 2019. National Institute of Mental Health, Bangladesh https://nimh.gov.bd/wp-content/uploads/2021/11/Mental-Health-Survey-Report.pdf - accessed 2 Aug 2022.

[24] National Institute of Mental Health and Neuro Sciences. National Mental Health Survey of India, 2015-16: Prevalence, pattern and outcomes. National Institute of Mental Health and Neuro Sciences, India 2016. http://indianmhs.nimhans.ac.in/Docs/Report2.pdf -accessed 2 Aug 2022.

[25] Agency of Health Research. Basic Health Research Report 2018. Agency of Health Research, Indonesia

[26] Nepal Health Research Council. National Mental Health Survey of Nepal 2020 Fact Sheet https://nepalindata.com/resource/NATIONAL-MENTAL-HEALTH-SURVEY--NEPAL---2020-FACTSHEET--ADULTS/ - accessed 2 Aug 2022.

[27] World Health Organization. Suicide worldwide in 2019: global health estimates. Geneva: World Health Organization 2021. https://apps.who.int/iris/rest/bitstreams/1350975/retrieve - accessed 2 Aug 2022.

14.   Most countries have tertiary care centres for mental health in select urban centres. However, there is a conscious effort to move mental health services closer to the community through the primary and secondary care systems. Bhutan, India, Indonesia, Maldives, Myanmar, Sri Lanka and Thailand have prioritized providing PHC-oriented mental health services through specific policies and programmes. Efforts are ongoing in Bangladesh and Nepal to strengthen mental health services through PHC in pilot districts supported by the WHO Special Initiative for Mental Health.

15.   Having a cadre of well-trained human resources in adequate numbers for mental health is a major challenge throughout the Region. As reported in the *WHO Mental Health Atlas 2021*, the number of psychiatrists per 100 000 population ranged from 0.2 to 0.6 in Bangladesh, Bhutan, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand. The ratio for psychiatric nurses ranged from 0.4 to 2.9 and psychologists ranged from 0 to 1.3 per 100 000 population in these countries. There is a similar shortage of occupational therapists and mental health social workers.

16.   Data collected for the *WHO Mental Health Atlas 2020*[28] show that investment in mental health remains very low across the Region and is below US$ 1 per capita in several countries.

17.   While there are significant data gaps for mental health, more information is available now than before. Three countries have completed national mental health surveys during the last five years (Bangladesh in 2019, India in 2015 and Nepal in 2020). Maldives has initiated the survey. Indonesia has acquired national-level data through the national survey for the *Basic Health Research Report 2018.*[29] Mental health data reporting through the routine national health information systems is available in Bhutan, Thailand and Sri Lanka. Nepal is in the process of including selected indicators in the routine national health information system.

18.   Success stories from the Region include community-level mental health care models in Indonesia and Thailand; primary and secondary care integration and training and development of human resources in Sri Lanka; district-level programme implementation in India and Indonesia; primary care access to services and response to suicide in Bhutan; use of telemedicine in Bangladesh; improved epilepsy treatment in Myanmar; mental health services in emergencies in Bangladesh and Nepal; and the establishment of multisectoral mechanisms to support implementation of mental health programmes in Myanmar and Sri Lanka.

Challenges

19.   Stigma and lack of mental health literacy are major issues cited for not seeking help, compounded by social isolation of those suffering or in need of services. Cultural beliefs and practices play a significant role in understanding, interpreting and responding to people with mental health conditions and these also influence care-seeking. In the absence of acceptable health services closer to where people live and lack of mental health literacy, many with mental health conditions seek help from traditional and faith healers. Although there are no specific studies done in the Region on the impact of such practices, this needs to be considered when planning, implementing and scaling up mental health services.

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[28] World Health Organization. Mental health atlas 2020. Geneva: World Health Organization, 2021. https://www.who.int/publications/i/item/9789240036703. − accessed 2 Aug 2022.
[29] Agency of Health Research. Basic Health Research Report 2018. Agency of Health Research, Indonesia.

20.   Despite multiple studies affirming high returns on investments made on mental health[30], there is a mismatch between current investment for prevention and promotion of mental health and services and the magnitude of social and economic consequences of untreated mental health conditions. Investments when made are largely for tertiary care or institution-based mental health care. There is widespread lack of accessible and acceptable mental health services at the primary and secondary levels of care that seriously limits scaling up coverage of services to those who need them the most.

21.   In most countries the primary care systems are already overstretched due to lack of resources and capacity, burnout among primary health care workers, shortages of essential medicines and diagnostics, etc. These need to be addressed on priority. There is a shortage of well-trained human resources for mental health at the primary health care level as well as for supervision, capacity-building, programme planning and implementation.

22.   Most of the determinants of mental health lie outside the health sector. The economic, social, educational, development and justice sectors as well as civil society have a pivotal role to play in addressing mental health of populations as well as in supporting those with mental health conditions during and following treatment. The challenge to the health sector is spearheading a comprehensive, coordinated and sustained response in collaboration and coordination with relevant sectors.

23.   Lack of national-level representative data on the burden of mental health conditions as well as timely data and information through routine HMIS impedes informed decision-making for policy and planning. The complexity and the costs of conducting a technically sound national-level mental health surveys adds to the barriers to data availability. There is also dearth of local research to inform programme planning and implementation tailored to specific contexts at national and subnational levels.

24.   Prevalence of self-harm and use of alcohol and drugs in the Region show concerning trends. Mental disorders are also becoming significant among young people.

25.   Factors such as the ongoing pandemic, eco-anxiety due to consequences of climate change, natural and human-made disasters, migration, economic distress, and civil and political unrest in many parts of the world and the Region have further compounded mental health issues.

The way forward

26.   Transformative changes are required to address the current gaps in mental health prevention, promotion and services. The *World Mental Health Report 2022* urges action through deepening value and commitment, reshaping environments for better mental health and strengthening mental health care.

27.   The following strategic shifts and innovations are required in the SE Asia Region:

- Primary care focus with a shift from a dominantly bio-medical approach to bio-psycho-social approach and from specialist to non-specialist workers.
- Expansion, reorientation and targeted investments for mental health.
- Community engagement.
- Higher priority for prevention and promotion.
- Whole-of-society and whole-of-government approach in responses to challenges.
- Multistakeholder engagement including engagement of those with lived experience.
- Inclusion of mental health in UHC packages and financial protection.

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[30] Chisholm D. et al Scaling-up treatment of depression and anxiety: a global return on investment analysis. Lancet Psychiatry 2016; 3: 415–24. https://www.thelancet.com/action/showPdf?pii=S2215-0366%2816%2930024-4 - accessed 2 Aug 2022.

28.   Actions needed for ensuring this change are:

A. Updating policy and practice

Existing polices and laws should be strengthened, and new laws and policies enacted as needed to ensure rights-based equitable mental health services that are available, accessible and affordable for all in need. Mental health also needs to be included in all policies to address social and structural determinants of mental health such as poverty, lack of education, stigma, discrimination, exclusion and current and emerging challenges such as climate change, migration and economic downturns.

B. Expanding financing and re-orienting investments

Increasing investments on mental health at the national and subnational levels, especially for human resource development to expand the base of non-specialist workers and for programmes identified as effective at the population level and in select settings such as schools, workplaces and communities.

C. Enhancing community engagement and empowerment

Community engagement in preventive and promotive programme planning, implementation and follow-up is vital to increase the relevance, acceptance and effectiveness of programmes. Community-based mental health and psychosocial support is critical for addressing stigma; improving mental health literacy; identifying those in need, including ones at risk of suicide; supporting rehabilitation and re-integration and follow-up; addressing alcohol and drug use, violence and bullying; and responding to and mitigating effects of climate change and different types of disasters.

D. Prioritizing prevention and promotion

Effective interventions at population level for vulnerable groups as well as for those at risk of developing mental disorders, and interventions necessary at different settings such as schools, workplaces and communities, should be prioritized and invested in. In the context of the SE Asia Region, these should include programmes to address stigma, self-harm, drug and alcohol use, bullying, parental issues and other preventable factors that contribute significantly to poor mental health and impair well-being. The impact of use of unregulated digital media on mental health of young people is a concern for Member States. Gaming disorder is already listed in the International Classification of Diseases 11th Edition (ICD-11).[31] The detrimental effects of excessive digital media usage are currently causing widespread concern.[32]

E. Strengthening services with focus on primary care

For primary care to become the cornerstone of mental health services, it is necessary to train non-specialist workers to deliver mental health programmes and services. Priority for psychosocial interventions should be ensured to improve acceptability of services and compliance, and address issues such as social and economic isolation of individuals and families seeking care and support. To ensure success, mechanisms to improve technical capacity for training, supervision, reporting and improving quality of care within the primary care system should be strengthened. Establishing competency-based training standards, accreditation systems for different levels of mental health workers, and quality standards for mental health services are some of the necessary components.

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[31] World Health Organization. International Classification of Diseases. 11th Edition. https://icd.who.int/en - accessed 2 Aug 2022.
[32] World Health Organization. Public health implications of excessive use of the Internet and other communication and gaming platforms (2018) https://www.who.int/news/item/13-09-2018-public-health-implications-of-excessive-use-of-the-internet-and-other-communication-and-gaming-platforms - accessed 2 Aug 2022.

Opportunistic screening for mental health through primary care services provided for other programmes will help address a huge unmet need. Linkages with other sectors for rehabilitation and re-integration should be established at the primary care level.

F. Enhancing networking and upscaling successes

Small-scale successes and innovations in primary care and community engagement should be supported to foster innovations and upscale context-sensitive initiatives. Networking should be promoted for exchanging knowledge, disseminating successes and failures as well as to identify technical and financial capacity-building opportunities for strengthening mental health services through primary care and community engagement.

G. Addressing data and research gaps

Planning and investments are needed throughout the Region to address the significant data gaps within the health, social and judicial (e.g. the police) sectors to facilitate obtaining timely and accurate data. Improving technical capacity and funding for national and subnational research on mental health services is required to ensure that the services provided are effective and acceptable.

Conclusions

29.   While multiple determinants need to be addressed to improve mental health and well-being, the "what", "how", "when" and "where" is now clear. A whole-of-government, whole-of-society approach involving multiple stakeholders can address the determinants and barriers to prevention, promotion and service delivery. The COVID-19 pandemic has provided a renewed impetus for populations and governments to understand the need to address mental health as a priority to ensure social well-being and economic development.

30.   Transitioning from the disease-centred to the "well-being" model, from biomedical to the biopsychosocial model, tertiary care to community care and specialist cadres to non-specialist ones are the major shifts needed to transform mental health care and services to achieve the goals of UHC, SDG as well as the WHO Comprehensive Mental Health Action Plan 2013–2030.

31.   The Regional Office in collaboration with Member States will continue to assess, guide and provide technical support to Member States to work towards the transformations required for addressing mental health through primary care and community engagement following the principles of UHC and in accordance with the provisions of UNCRPD, and WHO and UN resolutions and guidelines, and SDG targets.