

**REGIONAL STRATEGIC DIRECTION AND ACTIONS FOR
MATERNAL, CHILD AND ADOLESCENT MENTAL HEALTH CARE
IN THE EASTERN MEDITERRANEAN REGION**

Paper presented by:

Dr Ayesha Sammour

Dyaa Saymah

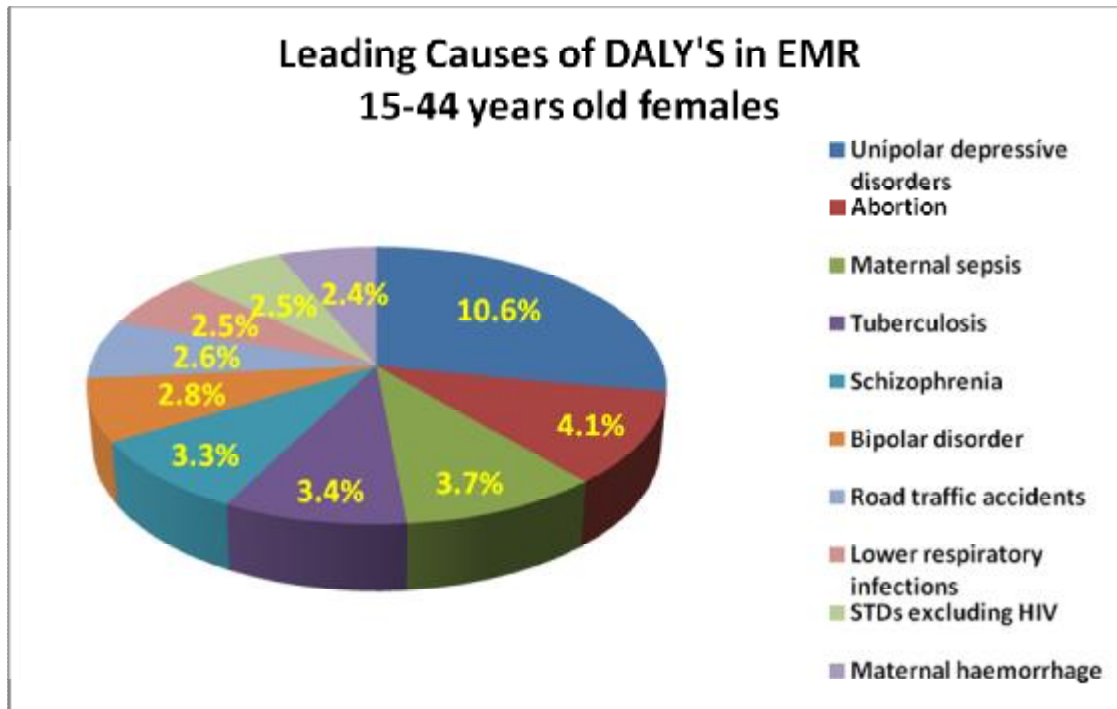
Maternal and Child Mental Health Study Day

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Regional Situation Review:

- § The Eastern Mediterranean Region (EMR) comprising of 22 member states
- § The population of the EMR is young, with approximately 60% of its population 19 years of age or younger
- § In Eastern Mediterranean countries MNS disorders account for 11.2% of the total burden of disease
- § Prevalence rates for perinatal mental health problems is more than twice as high as in high income countries (10-50%)
- § Perinatal mental health problems in mothers is associated with increased risk of under nutrition, low birth weight , stunting among children
- § Symptoms of postnatal depression persist for at least one year in about 30% of women
- § Post natal depression is associated with increased risk of poor growth outcomes for the infants and reduced uptake of child health promotion and disease prevention interventions often targeting the mothers
- § Perinatal mental disorders are associated with increased risk of worse reproductive health outcomes, including dyspareunia, dysmenorrhea, obstetric complications, preterm labor and increased mortality

Perinatal Mental Disorders	Reproductive Health Outcomes	Child Health Outcomes
Depression	<ul style="list-style-type: none"> • More Obstetric complications • More visits to physicians and hospital admissions • More need for pain relief during labor • Increased maternal mortality through Suicide • Less uptake of Contraceptives <p>Negative experience of child birth and development with consequent less stimulation/play with the child</p>	<p><i>Higher risk of</i></p> <ul style="list-style-type: none"> • Stunting • Underweight • Diarrheal episodes • Non compliance to immunization schedule • Difficult Temperament <p>Poor cognitive, emotional and behavioural development</p>
Anxiety	<ul style="list-style-type: none"> • Pre term labor • More visits to physicians and hospital admissions <p>More need for analgesia during labor</p>	<p><i>Higher risk of:</i></p> <ul style="list-style-type: none"> • Difficult temperament • Impaired cognitive, intellectual and motor development • Hyperactivity and inattention <p>Delayed physical growth Gastrointestinal infections</p>
Psychosis	Increased rates of hospitalization	Increased infant mortality



Children and Adolescents

- § Approximately 50% of all the mental disorders in adults have an onset before the age of 14 years 7.
- § The more common neuropsychiatric disorders in children and adolescents include intellectual disability/mental retardation, ADHD, conduct disorders, epilepsy, depressive illness and substance abuse

Overview of service for Maternal, Child and Adolescents MH

- § According to WHO ATLAS, only 14 of the 191 countries worldwide had a clearly articulated, specific child and adolescent mental health policy
- § Globally only 3% of the mental health outpatient facilities are specifically providing care to children and adolescents

- § It is estimated that to provide a basic core package of mental health services on scale, the annual per capita expenditure on mental health should increase by \$2 -4 in low and middle income countries respectively

Overview of service for Maternal, Child and Adolescents MH

There is evidence available from the region that using community based health workers to deliver psychological intervention for perinatal depression resulted in:

- decreased rates of depression in mothers
- their infants being less likely to have a diarrhoeal episode
- more likely to have completed immunization
- improved interaction between parents and infants
- and increased uptake of contraceptives

Challenges

- § political visibility and commitment
- § Stigma and discrimination
- § The paucity of evidence on the extent of the maternal, child and adolescent mental disorders and on the effectiveness of interventions for their prevention and management
- § Lack of integration of mental health component within PHC, nutrition, IMCI and MCH services
- § Lack of the availability of specialized mental health professionals

The objectives of the proposed Regional Strategic Directions are to:

- § Promote planning and implementation of policies, strategies and programmes for maternal, child and adolescent mental health by the member states

- § Facilitate the development of maternal, child and adolescent mental health services delivered through the existing health and social services.
- § Promote coordinated intersectoral action for positive mental health and prevention of mental and substance use disorders.
- § Facilitate health systems strengthening and promote monitoring, evaluation and research

Target Audience

- § Policy makers and public health professionals in the public, private and NGOs sector
- § International, regional and national organizations involved in development/provision of services, advocacy and public education
- § International, regional and national mental health professionals and associations

Operative Period

Six-year period from 2010 to 2015. with the operative period of WHO mental health Gap Action Programme

Strategic Directions and Actions

- ❑ Enhanced visibility and political commitment;
- ❑ Promotion of mental health literacy to combat stigma and discrimination;
- ❑ Assessment of disease burden and mapping of available resources;
- ❑ Development of human resources;
- ❑ Integrated service delivery;
- ❑ Prevention of disorders and promotion of mental health;
- ❑ Strengthening research, monitoring and evaluation

Implementation Steps for the Regional Strategic Directions

- Ø Adoption of the regional strategic directions by the Regional Committee and the Member States;
- Ø Advocacy for adequate budget allocation for Member States to implement the regional strategic directions
- Ø Establishment of a regional forum for providing effective guidance and technical support in monitoring, and
- Ø Implementing the regional strategic directions and networking.

Expected results at regional and country levels

- Ø The Regional Strategic Directions and Actions for Maternal, Child and Adolescent Mental Health in the Eastern Mediterranean Region will have been adopted.
- Ø National strategies and action plans at country level will have been developed and/or updated in 08 countries.
- Ø A database for an evidence-based decision-making process regarding the maternal, child and adolescent mental health services and resources will have been created and/or updated in 08 countries
- Ø Care packages and guidelines will have been developed in at least 03 countries of the region.
- Ø Training programmes in maternal, child and adolescent mental health for health will be initiated in at least 03 countries.
- Ø Mental health care of mothers, children and adolescents will have been mainstreamed /incorporated in the PHC and MCH system in 03 countries.
- Ø Regional and national networks among agencies, organizations, academic institutions and individuals concerned with the maternal, child and adolescent mental health will have been created in 08
- Ø Inclusion of the mental health component in the teacher training curricula and life skills education in schools will be initiated in 03 countries.

- Ø A systematic awareness campaign regarding the maternal, child and adolescent mental health issues will be initiated at least on annual basis, in 08 countries.
- Ø A database on research related to various areas of maternal, child and adolescent mental health will have been created in at least 05 countries