

**Table 1 Proposed mental health indicators for the Eastern Mediterranean Region**

| Periodic survey   | Routine national HMIS   | Routine national information system other than HMIS  |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Country has an operational multisectoral national mental health policy/plan in line with international/regional human rights instruments.</li> <li>• Country has an updated national mental health legislation in line with international/regional human rights instruments.</li> <li>• Inclusion of specific priority to mental health conditions in basic packages of health care, of public and private insurance/reimbursement schemes.</li> <li>• Mental health and psychosocial support provision is integrated into the national emergency preparedness plans.</li> <li>• A proportion of mental health facilities are monitored annually to ensure protection of human rights of persons with mental conditions using quality and rights standards.</li> <li>• Functioning programmes of multisectoral mental health promotion and prevention in existence.</li> </ul> | <ul style="list-style-type: none"> <li>• Routine data and reports at national level available on a core set of mental health indicators.</li> <li>• Proportion of persons with mental health conditions utilizing health services (disaggregated by age, sex, diagnosis and setting).</li> <li>• Proportion of general hospitals which have mental health units including inpatient and outpatient units.</li> <li>• Proportion of PHC facilities having regular availability of essential psychotropic medicines.</li> <li>• Proportion of PHC facilities with at least one staff member trained to deliver non-pharmacological interventions.</li> <li>• Proportion of health-care workers trained in recognition and management of priority mental conditions during emergencies.</li> <li>• Proportion of community workers trained in early recognition and management of maternal depression and to provide early childhood care and development and parenting skills to mothers and families.</li> </ul> | <ul style="list-style-type: none"> <li>• Proportion of schools implementing the whole-school approach to promote life skills.</li> <li>• Annual reporting of national data on numbers of deaths by suicide.</li> </ul> |
| <ul style="list-style-type: none"> <li>• Financial resources: government health expenditure on mental health</li> <li>• Stakeholder involvement: participation of associations of persons with mental disorders and family members in service planning and development.</li> </ul>  | <ul style="list-style-type: none"> <li>• Human resources: number of mental health workers.</li> <li>• Capacity building: number and proportion of primary care staff trained in mental health.</li> <li>• Service availability: number of mental health care facilities at different levels of service delivery.</li> <li>• Inpatient care: number and proportion of admissions for severe mental disorders to inpatient mental health facilities that a) exceed one year and b) are involuntary</li> <li>• Service continuity: number of persons with a severe mental disorder discharged from a mental or general hospital in the last year who were followed up within one month by community-based health services.</li> </ul>  | <ul style="list-style-type: none"> <li>• Social support: number of persons with a severe mental disorder who receive disability payments or income support.</li> </ul>   |

*Based on the World Health Organization Comprehensive Mental Health Action Plan (1) and the Eastern Mediterranean Region Regional Framework (2); and additional mental health service development indicators identified by the WHO Secretariat.*

*PHC = primary health care; HMIS = health management information system.*