Mental Health and Injury Prevention

Mental health

Strategy and actions

Most mental health disorders can be treated, but they are often ignored or neglected. An estimated 100 million people in the Western Pacific Region are afflicted by mental and neurological disorders that result in immense suffering and a severe burden for their families. Responding to the global burden associated with mental health disorders, the Sixty-sixth World Health Assembly in May 2013 endorsed the Mental Health Action Plan 2013–2020. The plan calls for more effective leadership and governance for mental health; comprehensive, integrated mental health and social services in community-based settings; implementation of strategies; and strengthened information systems, evidence and research. Specific and measurable global targets and indicators were agreed upon, including a 20% increase in service coverage for severe mental disorders and a 10% reduction of suicide rates by 2020.

Results achieved

Over the past year, WHO continued to facilitate capacity-building for mental health service research in Member States through networks of experts. In Cambodia, the Lao People’s Democratic Republic and Viet Nam, a series of training sessions and ongoing mentoring are being conducted in collaboration with faculty from the University of Melbourne, the University of Oslo and the University of Rochester. This collaboration led to the inauguration in April 2014 of the Asia-Pacific International Research and Education (ASPIRE) Network. The informal network aims to create regional collaborative processes that support the design and development of evidence-based mental health services tailored to individual country needs. ASPIRE is working towards a common “umbrella protocol” with twin development goals: appropriate mental health care to address maternal health, specifically examining perinatal depression and mental health disorders and assessing their impact on mothers and their families; and a design for integrating mental health service delivery into primary care and community settings.

Each Member State has unique needs, as well as distinct resources that could be directed to improved services for the mentally ill and programmes to promote mental health and well-being. In response to those needs, the draft Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 has been developed in collaboration with stakeholders, experts, Member States and civil society. The draft Regional Agenda features a phased approach with core, expanded and comprehensive implementation options to prioritize actions for countries and areas in the Region. The document also guides WHO to coordinate regional collaboration and provide country support in priority areas. Through stakeholder consultations, bottlenecks to implementation have been identified to assist Member States in updating their national mental health policies, programmes and plans.

Future directions

The draft Regional Agenda for Implementing the Mental Health Action Plan 2013–2020 in the Western Pacific will be presented to the sixty-fifth session of the Regional Committee for the Western Pacific. WHO will continue to work with Member States to articulate and advocate for access to care as a human right, promote mental health services and programmes as a pillar of universal health care, establish and incorporate surveillance in national health information systems, and work towards placing mental health higher on the public health agenda.
Alcohol-related harm

Strategy and actions

An estimated 767,000 people in the Western Pacific Region die from the harmful use of alcohol each year making it one of the leading risk factors for the regional burden of disease. The increasing use of alcohol at younger ages — with 14% of adolescent girls and 18% of boys 13 to 15 in low- and middle-income countries now reported to be drinking — highlights a disturbing trend. Aggressive marketing that targets young people and the increasing availability and affordability of alcoholic beverages is driving this trend.

Young people are at very high risk for the harmful use of alcohol. Heavy consumption during adolescence can affect brain development, bone growth and endocrine functions. In addition, drinking at a young age is a predictor of future excessive use. Alcohol consumption among young people is strongly associated with violent behaviour, injuries, traffic crashes and high-risk sexual behaviours, especially where there is acute intoxication.

Evidence shows a strong co-occurrence of alcohol use with tobacco and illicit drugs.

Young People and Alcohol: A Resource Book has been developed and widely distributed to support action at the community and country levels.

Results achieved

In collaboration with the Department of Health of Hong Kong SAR (China), WHO organized a Regional Meeting on Addressing the Harmful Use of Alcohol by Young People in November 2013, attended by representatives from Cambodia, China, Hong Kong SAR (China), the Lao People’s Democratic Republic, Mongolia, the Republic of Korea, Samoa and Viet Nam. In other countries, such as Fiji, Japan and Tonga, reducing alcohol-related harm is a specific goal of national strategies to prevent noncommunicable diseases (NCDs).

Future directions

At the meeting progress was reported on the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol (2010) and the Regional Strategy to Reduce Alcohol-related Harm (2006). Representatives agreed that pricing and taxation, as well as controls on marketing and availability — all policy options and interventions recommended by WHO — are the best measures to protect young people.

Over the past year, progress was made in developing and updating national alcohol policies in Cambodia, Hong Kong SAR (China), the Lao People’s Democratic Republic, Mongolia, the Republic of Korea, Samoa and Viet Nam. In other countries, such as Fiji, Japan and Tonga, reducing alcohol-related harm is a specific goal of national strategies to prevent noncommunicable diseases (NCDs).
Violence and injury prevention

Strategy and actions

Violence and injuries from road traffic crashes, falls, drowning, burns and interpersonal violence are responsible for nearly a million deaths each year in the Western Pacific Region, with road traffic injuries alone accounting for 900 deaths daily. With injuries and violence the leading cause of death among people 5–49 years of age, prevention is a growing priority for Member States.

At the sixty-third session of the WHO Regional Committee for the Western Pacific in September 2012 in Hanoi, Viet Nam, resolution WPR/RC63.R3 was adopted urging Member States to prioritize actions to address the growing problem of violence and injuries.

In response, a regional assessment on violence and injury prevention was completed by many Member States and a Technical Consultation on Prevention, Control and Response to Injuries and Violence in the Western Pacific Region was held both in Manila, Philippines, (October 2013) and Nadi, Fiji, (November 2013). Mechanisms to support the scaling up of initiatives for the prevention of violence against women and children in Member States were also considered.

Results achieved

Twenty countries contributed to the Global Status Report on Violence Prevention to be launched late in 2014. The report will provide new information on fatal assaults; youth, sexual and intimate partner violence; and the maltreatment of children and older people. This new data will inform the scaling up of evidence-based interventions for prevention and responding to various types of violence in the Region.

WHO and partner organizations worked with national counterparts to accelerate implementation of the Bloomberg Philanthropies Global Road Safety Programme – formerly known as the Road Safety in 10 Countries Programme – in Cambodia, China and Viet Nam. The programme is now in its final year, and countries are working to enhance enforcement interventions and document the progress of interventions that impact major road safety risk factors, such as speeding, drink-driving and the use of motorcycle helmets.

In Mongolia, work has continued on the prevention of child burns, including the finalization of a small-
scale pilot project of environmental modifications in traditional homes and behavioural interventions, such as installing stove barriers, out-of-reach electrical outlets and smoke alarms. Interactive teaching and learning methodologies on the prevention of burn injuries, as well as the essentials of care and treatment, have also been developed and widely distributed.

**Future directions**

The *Third Global Status Report on Road Safety* is being compiled and will be published in 2015. Results will reflect the midpoint assessment of global progress towards achieving the objectives of the United Nations Decade of Action for Road Safety 2011–2020. Results from all status reports for road safety and violence, situational assessments, and the outcomes and recommendations from regional technical consultations will inform the objectives and priority actions of a proposed *Regional Action Plan for Violence and Injury Prevention 2016–2020*. Road safety legislation and regulations in particular will be a high priority for advocacy and engagement with transport and enforcement sectors in Member States. Workshops on moving from data to action will be an important method for using evidence to influence policy and prevent unnecessary and premature deaths from violence and injuries in the Region.

**Disability and rehabilitation**

**Strategy and actions**

Almost one third of the estimated 1 billion people worldwide who live with disabilities reside in the Western Pacific Region, where they face significant barriers to health care and rehabilitation services. Disability prevalence is higher in low-income countries in the Region. Insufficient data on disabilities at the country and regional levels hamper effective programme development and service delivery.

In response to a rising demand among Member States for support of disability programmes, WHO is helping to implement the *Global Disability Action Plan 2014–2021* which focuses on reducing barriers to health by building more disability-inclusive health services, strengthening services to enable people with disabilities to function and participate in communities, and improving disability data collection.

**Results achieved**

A capacity mapping survey and regional report are under development to gauge disability policies and service development throughout the Region. Over the past year, WHO worked with counterparts in Mongolia to facilitate a disability policy dialogue, strengthen rehabilitation sector leadership and collect disability-related data. Similar efforts, including sector analysis and training, were undertaken in Fiji and the Lao People’s Democratic Republic and resulted in the development of national disability-inclusive health and rehabilitation strategies for both countries.

WHO is participating in the new United Nations Disability Rights Initiative in Cambodia. The initiative has provided support to two government ministries to strengthen the quality and coverage of rehabilitation services and assistive devices. In the Philippines, WHO supported the development of a national health and wellness programme for people with disabilities. Training and capacity-building activities were also conducted to collect disability data and improve the provision of assistive devices.

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In Pacific island countries and areas, disabilities related to noncommunicable diseases (NCDs), such as amputations and strokes, are of increasing concern. Community-based rehabilitation (CBR) is an effective and appropriate
intervention that is strongly supported by Member States. The Pacific Islands Forum Secretariat and Pacific Disability Forum have collaborated in regional CBR efforts. WHO supported the Melanesia Subregional CBR Forum in Solomon Islands in January 2014 and the Micronesia CBR Forum in the Federated States of Micronesia in August 2014.

A CBR programme was established in Kiribati, and national CBR action plans were developed in Papua New Guinea and Samoa. CBR workshops were conducted in five provinces of Solomon Islands. Support in the Pacific included a disability data training workshop in Fiji in November 2013, and a disability data capacity development session at the regional Secretariat of the Pacific Community meeting for Heads of Statistics and Planning in New Caledonia in July 2013.

Integrating disability issues into overall health planning efforts is critical for accelerated and sustained action. WHO developed two tools specifically for Pacific island countries on NCD-related disabilities, one to be integrated into the Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Health Care in Low-resource Settings and the other for health and rehabilitation practitioners for the management of foot ulcers and amputations.

Future directions

The adoption of the Global Disability Action Plan 2014–2021 at the World Health Assembly in May 2014 presented new opportunities to strengthen, highlight and mainstream disability work through multisectoral collaboration and stakeholder mobilization. Health systems strengthening and universal health coverage can provide a platform for future policy and action to achieve disability-inclusive health services and increase the provision of rehabilitation, assistive devices and CBR, as well as improve surveillance and information systems on disabilities.