



Ministry of Public Health
General Directorate of Preventive Medicine
Primary Health Care Directorate



MENTAL HEALTH AND SUBSTANCE ABUSE DEPARTMENT

National Strategy for Mental Health
2019-2023

Foreword

It is my pleasure to introduce this National Mental Health Strategy 2019-2023 of the Ministry of Public Health, after integration of mental health in general health care system on 2005 this is second mental health strategy launched by Ministry of Public Health.

This strategy developed after evaluation of mental health strategy 2011-2015, based on the scientific evidence and under light of international documents and conventions such as sustainable development goal, convention on the right of person with disability, regional mental health strategy 2013-2020 and within framework of national health policy, national health strategy, and mental health act.

This strategy is follow up of previous one and its main focus is on scaling up mental health in primary health care and general hospitals, improving quality of mental health in tertiary mental health hospital with strong prevention effect on ill mental health with promotion aspects.

All intervention designed for this strategy inspired from internationally binding human right documents in favour of people with mental disorder and psychosocial disability to strengthening the system.

This important document will guide Ministry of Public Health, its stakeholders including users and families and private sector to develop realistic and practical implementation plan to address need of people with mental disorder giving priority to the most vulnerable groups and far geographical areas

Ministry of Public Health consider it as an effective and less costly approach to met the mental health and psychosocial needs of Afghans including emergencies situation.

Finally, I would like to express my gratitude and appreciation for the all stakeholders as individuals and organizations for their active participation, collaboration and efforts to finalize it also, to all who participated in development process, especially the European Union (EU) that has technically supported the development of this strategy. Ones again I appreciate the strong role of mental health department to create coordinated and supportive atmosphere for development of this documents and I am sure that they will keep it during implementation phase.

Dr. Feda Mohammad "Paikan"

Deputy Minister of Service Provision

Acknowledgement:

This National Mental Health Strategy 2019-2023 of Ministry of Public Health was a continuation of National Mental Health Strategy for the years of 2011-2015 through participatory and collaborative process that involved Mental Health Directorate staff, national and international mental health stakeholders. I'd like to express my appreciation and thanks to each of them.

I would like to thanks the Mental Health Technical Coordination Committee and sub-working group members, PPHDs and provincial focal point (PHC Officers) who provided valuable inputs during the evaluation of Mental Health Strategy and review and upgrading of this strategy. The Mental Health sub-working group consisted membership from the following organizations

- ❖ GIZ/Technical Cooperation Program to the Ministry of Public Health
- ❖ HealthNet TPO
- ❖ International Psychosocial organization (IPSO)
- ❖ Medica Afghanistan (MA)
- ❖ International Assistant Mission (IAM)
- ❖ Tabish Organization
- ❖ International Medical corps (IMC).
- ❖ MoPH departments; such as RMHCAH, Gender and Human Right, Nutrition, drug demand reduction, CBHC and etc

Once again my special thanks go to all Mental Health stakeholders for their direct and indirect support and participation in the development of this document. I would like to appreciate support of H.E. Dr. Fida Mohammad Paikan, Deputy Minister for Health Service Delivery and also to European Union (EU), for their long commitment toward mental health in Afghanistan, (EPOS and GIZ and other EU funded projects), I, strongly believe that successful implementation of this strategy will help us to reach the most marginalized vulnerable groups all over the country with more focus on poor people, women, children and those living in far geographical areas, and provide them effective, accessible and human right driven interventions with high affordable potentials. Once again my thanks to all the team, whom spend their time and efforts, and designed approaches that will decline stigma and improves awareness and literacy of mental health through community initiation and community interventions.

Dr Bashir Ahmad Sarwari

Director, Mental Health, MoPH

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Abbreviations/Acronyms

AFRO	Afghanistan Future Research Organization
AIHRC	Afghanistan Independent Human Right Commission
AKDN	Agha Khan Development Network
ANDS	Afghan National Development Strategy
ARCS	Afghan Red Crescent Society
APHI	Afghan Public Health Institute
BHC	Basic Health Centre
BPHS	Basic Package of Health Services
CHC	Comprehensive Health Centre
CHS	Community Health Supervisor
CHW	Community Health Worker
CRPD	The United Nations Convention of the Rights of Persons with Disabilities
DDR	Drug Demand Reduction
DH	District Hospital
DRC	Drug Regulation Committee
DRD	Disability and Rehabilitation Department
DSM-IV	Diagnostic and Statistical Manual of Mental Disorder-IV
EMRO	Eastern Mediterranean Region
EPHS	Essential Package of Health Services
EPSC	Emergency Psycho-Social Counselling
EU	European Union
GIHS	Ghazanfar Institute for Health and Sciences
GoA	Government of Afghanistan
HF	Health Facility
HISE	Health Information System and Evaluation Department
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMIS	Health Management Information System
HN-TPO	Health-net, Trans-cultural psychiatry organization

HNSS	Health & Nutrition Sector Strategy
HP	Health Post
HR	Harm reduction
HSC	Health Social Counselling
ICD-10	International Classification of Diseases 10
IEC	Information, Education and Communication
IPSO	International Psycho-Social Organization
LRP	Learning Resources Package
MH	Mental Health
MHH	Mental Health Hospital
MHT	Mobile Health Team
MHTCC	Mental Health Technical Coordination Committee
MH & SAD	Mental Health and Substance Abuse Department
MoCN	Ministry of Counter Narcotic
MoH&RA	Ministry Hajj and Religious Affairs
MoI	Ministry of Interior
MoI& C	Ministry of Information and Culture
MoJ	Ministry of Justice
MoLSAMD	Ministry of Labour, Social Affairs, Martyrs and Disability
MoPH	Ministry of Public Health
MoUD	Ministry of Urban Development
MoWA	Ministry of Women Affairs
MoW&A	Ministry of Water and Agriculture
NGOs	Non-governmental Organizations
NMHS	National Mental Health Strategy
NSPS	National Suicide Prevention Strategy
PFA	Psychological First Aid
PH	Provincial Hospital
PHC	Primary Health Care
PHD	Prison Health Department
PPHD	Provincial Public Health Directorate

PS	Psychosocial Counselling
PTSD	Post-Traumatic Stress Disorder
RH	Regional Hospital
RMNCAH	Reproductive, Maternal, New-born, Child, and Adolescent Health
SC	Sub-Centre
SEHAT	System Enhancement of Health Action in Transition
UNAMA	United Nation Assistance Mission for Afghanistan
UNFPA	United Nation Fund for Family and Population
USAID	United State Administration for International Development
WB	Word Bank
WHO	World Health Organization

BACKGROUND

Historically, mental and substance use disorders were not a global health priority, especially when compared with communicable diseases and non-communicable diseases such as cancer or cardiovascular disease. However, some studies showed that mental disorders have a huge cost, both to individuals and to society. At any given time, approximately 10% of adults are experiencing a current mental disorder and 25% will develop one at some point during their lifetimes. Mental disorders are found in all countries, in women and men, at all stages of life, among rich and poor, and in both rural and urban settings. Mental disorders account for 13% of the global burden of disease and this figure will rise to nearly 15% by 2030. Afghanistan has gone through phases of external invasion and civil strife for more than four decades. And most of the Afghans have been exposed to these events. Studies on prevalence of mental health disorders in low income countries are quite few as compared to the developed world. However, the studies that have been conducted in both high income and low income countries indicate that war and political violence are associated with high rates of mental disorders and are associated with the risk of long-term mental health problems. Even if currently international agencies use the term of “post-conflict” to describe the actual situation in Afghanistan, the combats are still ongoing among national forces, the Taliban and other troops, which has tremendously worsened the mental health status of Afghans living in the battle areas. As a matter of fact, the persistent war has resulted in the destruction of the country’s economic, social and cultural infrastructures. It forced Afghans to live through challenging conditions, such as frequently being bereaved, having their land and properties ruined and being forcefully obliged to move internally or externally multiple times and being imprisoned and tortured in the neighbouring countries as well. Mental health, neurological and substance abuse disorders are prevalent around the world and are major contributors to morbidity and premature mortality. In 2010, 7.4% of the global burden of disease, measured in disability-adjusted life years (DALYs), is attributable to mental and substance use disorders. Also, the systematic review and meta-analysis for Mortality in Mental Disorders and Global Disease Burden Implication, 2014, estimated that 14.3 % of deaths worldwide or approximately eight million deaths each year, are attributed to mental disorders.

Currently Mental health is an integral part of health and well-being, as reflected in the definition of health in the Constitution of the World Health Organization: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Mental well-being makes up an integral part of an individual's capacity to lead a fulfilling life, including the ability to form relationships, study, and work or pursue leisure interests, as well as to make day-to-day decisions and choices. Disturbances to an individual's mental well-being, which can come about as a result of complex interaction between biological, social and psychological factors, leads not only to diminished functioning for the affected individuals but also broader losses at the household and societal level. Mental health, like other aspects of health, can be affected by a range of socioeconomic factors that need to be addressed through comprehensive strategies for promotion, prevention, treatment and recovery in a whole-of-government approach¹. Still many risk factors make people vulnerable. These risk factors include war and insecurity, gender imbalance, gender-based violence, poverty, domestic violence, out-date attitudes and costumes, untreated mental disorders, cultural changes, human rights violations, women and

¹ JAMA Psychiatry, doi:10.1001/jamapsychiatry.2014.2502, published online February 11,2015.

children rights violations and related consequences.

The country has been plagued for decades by violent conflict and political instability. From the Soviet invasion in 1979, to the civil war in the 1990s, to the rise of the Taliban and their fall from power in 2001, Afghans have been subjected to harsh rule and massive human rights violations. After 2001, the situation in the country seemed to stabilize, but in recent years violence has once again increased. Displacement has put additional strains on the country: more than five million refugees have returned to Afghanistan since 2002, increasing the population by more than 20%. In 2011, three million Afghan refugees were still residing in neighbouring countries, while 350 000 were internally displaced within the country.

Nationwide study of the mental health situation in Afghanistan, indicate consistently high levels of mental distress (26 % with impairment and 46 % without impairment, GIA and consulsanti 2018)

The WHO-AIMS report for Afghanistan in 2006 showed a huge gap in mental health services and a lack of human resources, with expertise in prevention and treatment of mental disorders, in the country. However, the Ministry of Public Health (MoPH) upgraded mental health from a second tier priority to a first in 2005, pushing mental health among the Ministry's top five priorities. Mental health now is one of the components in the existing framework of the Basic Package of Health Services (BPHS). Inclusion of mental health and psychosocial care into BPHS by the government of Afghanistan was an important step for ensuring that psychosocial problems and mental disorders are recognized and managed by primary health care personnel (a new category of health staff by the name of 'Psychosocial counsellors' have been created and 750 of them has been trained so far (CHCs and CHC+).

Almost all Health facilities in BPHS and EPHS are providing mental health psychosocial services and the update number of health facilities are as follows:

19000 health posts /38000 CHWs providing awareness, referral and identification of mental health cases.

198 Mobile health team and 807 sub centres providing basic intervention

830 Basic health centres are providing basic counselling and medical treatment of mental disorders/problem

430 comprehensive health centres are providing advanced counselling with medical treatment of mental disorder

83 district hospital are providing bio psychosocial treatment of mental disorder

27 provincial hospitals ae providing medical and psychosocial treatment with short stay hospitalization

5 regional mental health wards are providing in patient and out patients specialized serviced for people and referral from BPHS and EPHS including residency program for psychiatrists

Almost 5 community mental health and psychosocial project are exist in country to provide prevention and promotion for mental disorder and mental health respectively e.g. Herat, Kabul Balkh, Nangarhar, Bamiyan and etc

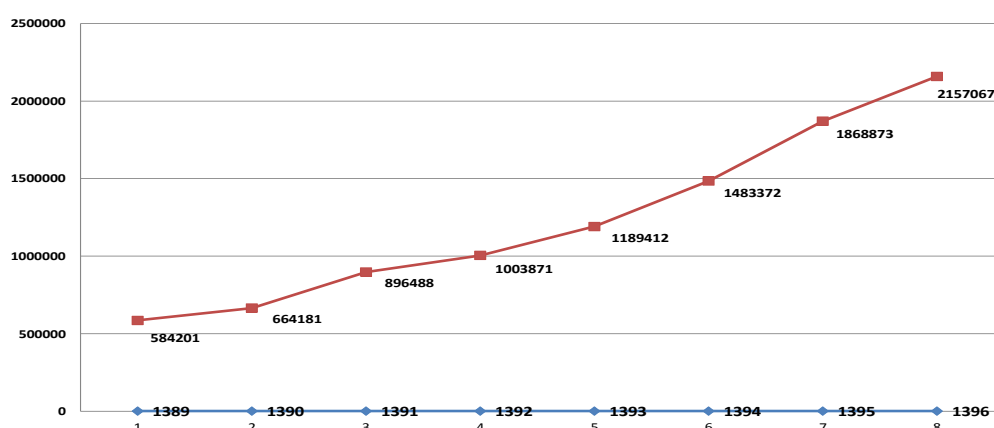
a National Mental Health Strategy (NMHS), 2011-2015, was developed. This was in line with the Health and Nutrition Sector Strategy (HNSS), 2008, and the Afghan National Development Strategy, (ANDS) 2008. This was a general strategy for improving and

upgrading mental health services at different levels. It contains a vision and national policy for the mental health sector, which had an impact on the legal framework for mental health service delivery.

The National Mental Health Strategy (NMHS) (2011-2015) has been in operation for five years. The NMHS is an expression of the recognition of the importance of mental health of the population by the Government of Afghanistan. The NMHS is a comprehensive document with clear a vision, mission, principles, strategic goals, objectives, and targets for all the strategic goals.

The NMHS was designed to build a comprehensive mental health system to contribute to key areas of prevention, identification and referral, care and treatment if required, plus the creation of a robust functioning support system, including legislation and regulations, oversight, and resource availability, including human resources.

Number of people accessing mental health services



In 2015, an opportunity arose to review progress and to identify the future directions for the NMHS. The Technical Cooperation Programme of the Ministry of Public Health, Afghanistan, supported the evaluation process, which was conducted during the months of November - December 2015.

The key findings and observations of the evaluation are as follow:

- The NMHS has been a comprehensive strategy that has guided the implementation of the mental health programmes of the Government and the NGOs;
- The NMHS (2011-2015) had limited emphasis on gender based mental health, children's mental health, women's mental health, collaboration with the private sector and research institutions;
- Mental health is included in the Basic Package of Health Services (BPHS) and in Essential Package of Hospital Services (EPHS), indicating first tier priority for mental health interventions;
- The Mental health act was revised, upgraded and a code of practice was developed accordingly. A National Suicide Prevention Strategy was also developed and approved;

- The MoPH started implementation of the WHO mhGAP intervention in three provinces (Parwan, Panjshir and Kapisa) on 2014. The WHO Quality Right Toolkit was also adapted, translated and implemented in Kabul Psychiatric hospital on 2014;
- Surveys, and information received from hospitals and clinics, showed a lack of adequate supplies (essential drugs, educational materials etc.) along with regular/continuous periodic support and supervision to help the community level personnel to provide mental health care;
- The need for strengthening the established Provincial Mental Health Committees, and the need for more support to the appointed Mental Health focal points was reported as an urgent need for the provinces to develop province specific plans and implement them with adequate monitoring of the programme;
- The updated undergraduate and postgraduate curricula in all of the medical colleges and the postgraduate training facilities is not implemented;
- The weakest aspect of the current mental health programme is the lack of sustained public mental health education to increase awareness and acceptance of mental health care;
- Overall the established and functioning Mental Health Department, MoPH and the Technical Committee have played a very important role in the many positive developments such as the development of mental health legislation, the suicide prevention strategy, the guidelines for human rights in psychiatric institutions, the development of curriculum for UG and PG training in psychiatry, prison mental health care and improvement of the psychiatric hospital in Kabul.

The review and evaluation of the NMHS, which was conducted in 2015, has provided an understanding of the progress of the mental health programme in Afghanistan, as well as the problems encountered in its implementation. Specifically, it is now possible to recast the NMHS for the next five years, bearing in mind the areas that need strengthening and the new areas to be included in the mental health programme of the future.

The National Mental Health Strategy (NMHS) will be upgraded based on observations and experiences to date within the Afghanistan health sector. These include the input of clinical specialists, working groups, taskforces, conferences, mental health project outcomes, plus consideration of international research, strategic approaches and suggested guidelines, past draft documents along with the influence of donor priorities and medium-term funding restrictions. The resulting data, statements, comments, recommendations, restrictions, and technical advice will be fully considered in this revised strategy and will inform the various strategic components and areas of intervention.

In the light of widespread human rights violations and discrimination experienced by people with mental disorders, a human rights perspective is essential in responding to the global burden of mental disorders. The strategy will emphasize the need for services, plans and programmes to protect, promote and respect the rights of persons with mental disorders in line with the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights, (ICESCR) the

Convention on the Rights of Persons with Disabilities², (CRPD) the Convention on the Rights of the Child (CRC) and other relevant international human rights instruments.

Hence the development of this strategy, will be guided, directed, and in line with the MoPH, National Health Policy 2015–2020³. National Health Strategy 2016-2020⁴, considering the framework of the relevant sustainable development goals (SDGs) and other important elements influencing and providing the context for the upgrading the strategy.



Figure 1: Factors affecting the upgrading of the National Mental Health Strategy

Also, the new strategy will be in line with the objectives of the WHO Mental Health Global Action Plan⁵, which focuses on the following objectives:

1. to strengthen effective leadership and governance for mental health;
2. to provide comprehensive, integrated and responsive mental health and social care services in community-based settings;
3. to implement strategies for promotion and prevention in mental health;
4. to strengthen information systems, evidence and research for mental health.

Accordingly, there will be an opportunity, during implementation of this strategy, to create strong links with other departments within MOPH (e.g. policy & planning, gender and human rights, reproductive and maternal health and child & adolescent health (RMHCAH), Drug demand reduction (DDR), Disability and rehabilitation (DRD), etc.)

²The United Nations Convention of the Rights of Persons with Disabilities (CRPD), 2006

³Ministry of Public Health, National Health Policy, December 2015

⁴Ministry of Public Health, National Health Strategy 2016-2020

⁵WHO Global Mental Health Action Plan (2013-2020), P10

and other sector ministries (MoWA, MoLSA, MoCN, MoE, MoHE, Judicial system, MoI, etc.).

POLICY AND TARGETS

GOVERNMENT PRIORITY AND COMMITMENT FOR MENTAL

HEALTH IN AFGHANISTAN

The Government of Afghanistan (GoA) has recognized mental health as a priority public health issue, In the National Health Strategy (2016-2020):

Result 3: “Reduced preventable death, illness, and disability through provision of cost-effective, high impact, evidence-based public health interventions”.

Strategic result 3.6: “Reduced prevalence of mental health disorders, with a particular focus on poor, under-served, disadvantaged, and vulnerable populations”.

With these expected outputs:

1. Evidence and rights-based quality mental health services are integrated into primary, secondary, and tertiary healthcare.
2. Minimized stigma and discrimination, which is attached to mental health disorders.
3. Strengthened regulations, guidelines, and overall advocacy of mental health issues.

Also, the MoPH, National Health Strategy provided some examples of interventions:

1. Develop/update the mental health strategy, standards, and guidelines for all levels of the health system.
2. Improve mental health data collection, monitoring, and analysis through establishing a reliable monitoring and recording system.
3. Orient/educate non-health gatekeepers on mental health disorders to better support affected populations in a humane manner.
4. Raise the awareness level of communities on de-stigmatization of mental health illness⁶.

Ministry of Public Health vision on health 2015-2020

The vision of the MoPH stated in the Afghanistan National Health Policy 2015-2020 is that “All citizens reach their full potential in health contributing to peace, stability and sustainable development in Afghanistan”⁷.

The MoPH will achieve significant progress in preventing ill health and promoting healthy

⁶Ministry of Public Health National Health Strategy 2016-2020, Page 39

⁷Ministry of Public Health, National Health Policy, December 2015.

life styles with significant reductions in mortality in line with national targets and the Sustainable Development Goals. The Ministry will aim to become an ‘institution of excellence’ focused on improving access and utilization of quality, equitable and sustainable health and nutrition services and public health for all at a cost the country can afford. All improvements in the health sector will be undertaken within the framework of strong leadership, sustained political will and commitment, good governance, institutional development, effective and efficient management, enhanced coordination and inter-ministerial, inter-sectoral working.

This national health vision will be reached by focusing on five development areas:

- Governance
- Institutional development
- Public health
- Health services
- Human resource management

Mental Health Policy Statement

The policy of the Ministry of Public Health on mental health is to have the majority of work on mental health done in and with the community. The Ministry recognizes the important progress that has occurred in meeting mental health needs through pilot programmes and other work (Health policy 2017-2021). However, there is still much that needs to be undertaken to extend the mental health services to the whole population. During the first year or so of this policy period the Ministry will therefore have some brain storming sessions with all the stakeholders. The intention will be to identify additional approaches, priorities, the availability of resources etc. This will contribute to a reformed agenda for mental health⁸.

Vision

The mental health strategy envisions that all people in Afghanistan have access to a community-based, comprehensive and coordinated system of mental health care supports, access to treatment, and follow up of mental illness and related conditions. It will promote a system of recovery and mental health wellbeing of the people of Afghanistan that is integrated with the other healthcare service provisions by the year 2022.

Mission

The mission is to provide high quality mental health and psychosocial care and services, for all citizens with a focus on the mental health needs of the poor, underserved, disadvantaged and vulnerable among the population. These services will be evidence-based and will be community focused, with strong preventive, promotive activities and will be delivered at all levels of care by well-trained, skilled, and motivated personnel.

⁸National Health Policy (NHP)2015-2020 December 2015, p.32

Aim

The main aims of the National Mental Health Strategy are:

- To increase access through providing quality, integrated, evidence and rights based care for individuals suffering from mental disorders at all levels of health system;
- To prevent mental health disorders where possible and promote mental well being through qualified mental health professionals and resources at all levels and through inter-sectoral collaboration.
- To improve quality of mental health care at different levels of the health service including child and forensic psychiatry services with functional referral systems;
- To decrease stigma and discrimination against people with mental disorders;
- To respond to the mental health needs of people before, during and after emergency/crises/disasters;
- To improve/expand community approaches (schools, jails, shelters, universities, juvenile, prison, workplaces etc.);
- To create strong links between suicide prevention activities with other programmes to provide comprehensive and coordinated interventions;
- To improve human rights and prevent violation of rights of people with mental disorders;
- To minimize mental health suffering of people, specially vulnerable groups;
- To reduce the negative impact of mental disorders on individuals, families, and the community;
- To support interventions and programmes of other relevant departments such as Gender, RMNCAH, DRD, DDR etc.

Values and Principles

The following values and principles shall guide the development and the implementation of the National Mental Health Strategy:

1. Provide high quality, safe, effective, evidence-based, acceptable and professional mental health care delivered at a standard set by the MoPH.
2. Increase equity and accessibility through integration of mental health with existing community-based primary and secondary health care services.
3. Ensure sensitivity to socio-culture-religious, gender issues and to promote dignity of the Afghan societies.
4. Prevent mistreatment, abuse and reduce the stigma associated with mental health in the society through information, education and communication (IEC) activities, as well as increased community involvement and ownership to promote the concept of health of the people, by the people, and for the people.
5. Facilitate the empowerment of individuals, families and communities for enjoyment of their human rights.
6. Be responsive to the needs of the underserved and vulnerable populations (e.g. children

and adolescents, women, the disabled, internally displaced persons, returnees, the elderly etc.).

7. Respect for diversities (tribes, clans, nationality, languages, believes and geographical area).
8. Promote and enhance integrated, coordinated and multi-sectorial approaches.
9. Acknowledge every one's role and involvement in mental health services/activities.
10. Promote positive mental health and aim to reduce the negative mental health impact on Afghan's.
11. Decentralise mental health governance through empowering provincial authorities.

Strategic Goals

The following best describes the two key strategic goals of both service and support on which this National Mental Health Strategy is based:

- To develop, introduce, and monitor a broad range of mental health initiatives to support individuals and families across the range of preventive interventions, primary and secondary service provision, referral and rehabilitation, with special focus on immediate delivery of the most essential services to those with the greatest needs
- To strengthen legislation, regulation, organizational, and operational activities to support the delivery of interventions and services within the public and private health sectors plus related interventions within other sectors.

Strategic goals:

The strategic objectives of the MoPH will reinforce and enhance all service provision for persons with mental disorders including those in need of psychosocial services and will inspire the fulfilment of the following objectives:

1. Improving governance and effective leadership.
2. Increasing access to BPHS and EPHS, including quality mental health and psychosocial services.
3. Human resource development and strengthening institutional training capacities.
4. Strengthening mental health promotion and capacity around prevention of mental disorders and suicide.
5. Strengthening emergency mental health interventions and psychological first aid (PFA) support.

Objectives:

The objectives required to achieve the stated strategic goals are:

➤ Service Strengthening

- Strengthen and support for the expansion of preventive, community, and maintenance initiatives (monitoring, school health, workplace mental health, mental health promotion, psychological first aid, working with community organizations, and non-health gatekeeper organizations such as police and other social services)
- Emergency Psycho Social Support priority to vulnerable provinces /districts/sub districts/villages
- Accessible and strengthened provision of primary care interventions and services (assessment, Psycho Social counseling, first line treatment, chronic care, referral, and rehabilitation)
- Expand mental health services in secondary health care and improve quality of mental care in Mental health hospital and establishing sub-specialties such as child psychiatry and forensic psychiatry units etc.

➤ Service support and quality

- Strengthen national strategic interventions, oversight of the national strategy, Intersectoral collaboration, monitoring of strategy indicators and targets, providing direction and support for strategic implementation, development of standards and quality improvement strategies, project monitoring, research and needs identification, legislation and regulation, update of meaningful terms of reference (ToR) for the Mental Health Department, and working according to these agreed ToR.
- Improve the provincial governance to develop and implement strategic plans consistent with the NMHS.
- Strengthen provincial support by oversight of coordination, implementation, including service delivery, monitoring and quality improvement, participatory Intersectoral strategic planning and collaboration (including with police, prisons, education, private sector, and other stakeholders), and monitoring compliance with regulations.
- Strengthen preventive and service delivery resources and infrastructure (e.g., human resource planning, pre-service and in-service training and coaching, specialist training, training of Intersectoral staff, supervision of service and intervention staff, infrastructure development).

Targets to be achieved by end of the strategic period:

- Increase access to BPHS-based mental health services from 3 % to 10% up to 2019 and to 20 % by 2023. This involves continuous training of health care staff, adding new staff such as more psychosocial counsellors (PSCs), ensuring availability of supervision, a functioning referral system, and the availability of essential psychiatric drugs all of which should lead to a measurable improvement in access

- Functional multi-disciplinary Mental Health units in all provincial hospitals by 2020.
- Training on Mental health legislation and code of practice for health staff, in 100 % of mental health units and hospital by 2020.
- Training on Mental health legislation and code of practice, in 50% of the judicial system and other relevant organizations by 2019.
- Establishing at least one family and user association by 2019.
- Ensure the availability of two psychosocial counsellors (female and male) in 100% of Comprehensive Health Clinics (CHC) facilities under BPHS by 2022
- Develop and promote a coordinated joint plan with RMNCAH for maternal mental health by 2019.
- Develop and promote a coordinated joint programme for mental health support of survivors of gender-based violence by 2019.
- Ensure that all midwives at Basic Health Clinics (BHC) level are trained on basic and emergency counselling.
- 50 % of community health worker/gatekeepers trained on PFA by 2021.
- Motivational interview package developed for drug users and staff of drug treatment centres.
- Functioning monitoring system for mental health in place by 2021.

Strategy Components

The NMHS is designed to build a human rights driven comprehensive mental health system that will contribute to key areas of prevention, identification and referral, care and treatment, if required, plus the creation of a robust functioning support system, including legislation and regulations, oversight, and resource availability, including human resources.

This national mental health programme is presented in the following components and strategic approaches:

- **COMPONENT 1: Provision of preventive, gatekeeper, and maintenance systems.**

Strategic approaches/interventions:

- ⇒ Strategic approach 1.1 Child and adolescent mental health and well-being

Children and adolescents are a majority in the country. 47% of the population are below 15 years. Strengthening their mental health and well being would be a big asset as they are the future citizens of the country. This could be achieved through child focused programmes to promote mental health, prevent mental disorders and early recognition and treatment of

childhood mental disorders as a priority⁹. Stigma and myths about mental health which come from culture and family can be reduced through awareness and counselling. Special consideration will be given to exploring the mental health needs of married adolescents and post-natal depression. Interventions within schools for early detection and lifestyle development will include teacher skills, curriculum, support systems, peer-to-peer, support and promotion opportunities.

Key actions:

- Increase understanding about the substances misuse and risk;
- Encourage avoidance of smoke, both tobacco and domestic, and discourage smoking;
- Develop strategies to deal with bullying
- Developing risk reduction counselling for prevention of sexually transmitted infections (STI) and treatment of STI;
- Develop risk reduction counselling for mental disorders. and psychosocial problems.
- Collaborate with the Ministry of Education (MOE) (School Health Programme) and Ministry of Higher Education (MOHE) to adjust the school curricula for:
 - Awareness about mental disorders and psychosocial problems;
 - Mental Health and psychosocial education on sexuality and risks of early marriage;
 - Prevention of tobacco use; such as smoking tobacco (cigarette, water-pipe) and non-smoking tobacco;
 - Prevention of accidents;
 - Prevention of bullying in schools.
 - Prevention of substances abuse and use of illicit drugs;
- Collaborate with the Ministry of Culture and Information, to ensure that health information is disseminated to the community through various mass media such as newspapers, magazines, radio and television.
- Availability of Psychologists or PSCs in schools.
- Training of teachers on PFA and life skill education

⇒ Strategic approach 1.2 Mental health for pregnant and post-partum women and survivors of gender-based violence

The The National Mental Health Strategy will complement the aim of the National Reproductive, Maternal, Newborn, Child, & Adolescent Health Strategy 2017–2021 (RMNCAH), to prevent and manage the common mental disorder and psychosocial problems associated with pregnancy, GBV, post-natal depression and post-conflict situations by integrating cost-effective interventions into existing services¹⁰. This will be achieved in close

⁹National Reproductive, Maternal, Newborn, Child, & Adolescent Strategy 2017–2021

¹⁰National Reproductive, Maternal, Newborn, Child, & Adolescent Strategy 2017–2021(page 51)

collaboration with the Reproductive, Maternal, Newborn, Child, & Adolescent Health, Gender and Human Rights Departments.

Key actions:

- Develop and promote a programme for Maternal Mental Health:
 - Collaborate with relevant departments to include maternal mental health screening and psychosocial support in the pre- and in-service training curricula of health workers (obstetricians, physicians, midwives, and community midwives).
 - Ensure development of guidelines, standards, protocols, and job aids in maternal and child mental health screening and psychosocial support for service providers in clinical and community-based settings.
 - Train health workers in provision of maternal and child mental health screening and psychosocial support, including supportive supervision.
- Develop and promote a programme for mental health support of survivors of gender-based violence:
 - Support the implementation of the standard GBV-PSSC package, which has been developed.
 - Ensure the development of effective provincial plans for the coordination of mental health resources to be available to assist survivors of GBV and their families.
 - Improve mental health services in the female Hospitals, such as stress management, burn out and implement trauma sensitive approaches.

⇒ Strategic approach 1.3 Community based mental health of vulnerable groups
(Children and Adolescents, nomads, prisoners, shelters for the disabled, etc.)

Key actions:

- Expansion of MH Services: (Prisons, Shelters, Women Protection Centres (WPCs), Nomads, ARCS, Family Protection Centres (FPCs), Internally Displaced People (IDP), Schools Juvenile Rehabilitation Centres (JRC), people with HIV/AIDS, Drug users
- Develop a joint system for supervising and monitoring the quality of the psycho-social support of Gender Based Violence
- Strengthening M&E system, to track vulnerable groups.

⇒ Strategic approach 1.4 Community based mental health

The community based mental health care is the most effective method to reach the people who need mental health care, to address the challenges of stigma about seeking treatment for mental disorders, to address the problems of access that limits people who need care to reach central psychiatric care facilities/professionals, and to ensure affordability and acceptability of services. (WHO report about the importance of community based health services), especially in the field of mental health and treatment of drug addiction stated: "Not only are community mental health and drug addiction services more accessible to people living with severe mental disabilities, these are also more effective in taking care of their needs compared to mental hospitals. Community mental health and drug addiction services are also

likely to have less possibility for neglect and violations of human rights, which are too often encountered in mental hospitals".

The goal of the National Mental Health Strategy is a mentally healthy Afghanistan. Health starts in the home. Activities will include interventions both to strengthen health workers and formal systems and address community and family issues, including unhealthy attitudes and practices that may otherwise compromise shared responsibility between the community and the health system.

Implementing this approach could include providing life skills and resiliency education in schools, mental well-being and mental health public awareness campaigns, establishment of family and mental health services and the setting up of consumer groups/associations such as 'half way' homes, supervised /unsupervised hostels in communities, supervised rehabilitation services in communities along with strengthening the traditional support structures in the communities.

Key actions:

- Raising the awareness level of communities on 'Right to health' of people suffering from mental illnesses.
- Raising the awareness level of communities on de-stigmatization of mental health illness.
- Establishment of family and mental health services consumer groups/ associations.
- Re-integration of ARCS shelter (mentally ill patient) to their community and families.
- Setting up community based services such as half-way homes, supervised /unsupervised hostels in communities.
- Ensuring awareness, providing education, and ensuring referral and PSC for vulnerable groups in Women Protection Centres, Juvenile Centres, Drug Treatment Centres and etc

⇒ *Strategic approach 1.5 School mental health and life skill program*

Key actions:

- Raising the awareness level of communities on children mental health problems.
- Expanding the school mental health program in collaboration with MOE.
- Strengthening expanding Herat experience on training in schools to other provinces.

⇒ **Strategic approach 1.6 Workplace Mental Health**

The World Mental Health Day theme for 2017 was workplace mental health. A MOPH brief study on workplace stress and mental health problems showed high levels of psychosocial problems among government, NGO, office employees, clinical staff and those working in detention centres such as DTCs and WPCs. An initial plan is needed to reduce the impact stress-related problems have on staff performance in the workplace.

Key actions:

- Raising the awareness level of communities on 'Right to health of people suffering from mental illnesses' especially in the workplace.
- Assessing needs for workplace mental health with MoLSAMD.
- Provide guidance to MOLSA and related organizations to review the labour law.
- Prioritize needs for workplace interventions.
- Draft a workplace mental health plan with MOLSA.
- Provide coaching support to health and other staff to prevent them from burn out and other side effects of stressful workplaces

➤ COMPONENT 2: Scaling up of primary care interventions and services

⇒ Strategic approach 2.1 Community Mental Health

Community-mental health is the first level of intervention within the health system. This is a relatively new endeavour within the Afghanistan health sector as community-health workers are still being introduced and their roles are being more clearly defined. Support for health workers with mental health responsibilities will include development of appropriate training plus appropriate supervision and support. The Primary Health Care (PHC) health workers will be trained to address the most common morbidities, such as suicide? Post-traumatic stress? drug use? psychotic illnesses? The common task for Community Health Workers include mental health awareness, case identification, referral and follow up. Community Health Workers can be trained on delivery of psychological first aid in emergencies,

Key actions:

- Revising curricula of CHWs/CHSs
- Ensure training of community health workers (CHWs) and community health supervisors(CHS) in mental health
- Supportive supervision of CHW through community health supervisors in the field of mental health
- Strengthening of team work and of a referral system between the health facilities and the community based health workers

⇒ Strategic Approach 2.2 Scaling up quality of MH services and Psycho-social counselling in Primary Health Care.

Primary Mental Health Care: This level of the mental health program covers the fixed clinics plus mobile health teams plus the linkages between first line intervention and secondary care through a referral system. It is essential that those presenting for services are appropriately triaged. The PHC level of intervention was developed according to international standards

and best practice as defined by WHO¹¹. The level of psychiatric care and treatment at the PHC is clearly defined and provided by trained health workers with adequate clinical supervision and support. To ensure adequate integration of mental health care into mainstream health services will require support and advocacy at the provincial level.

Key Actions:

- Scaling up mental health integration into primary health care.
- Evaluating and upgrading existing BPHS training packages.
- Training of primary health care staff (BPHS), follow-up of mentally ill patients and referral to higher levels.
- Reviewing/implementing quality standards for primary mental health care services following WHO standards.
- Strengthening supportive clinical supervision and monitoring by MHD, specialist mental health professionals of Provincial Health Directorate and responsible NGOs such as (BPHS or EPHS implementers and Vertical programs).
- Ensuring the availability of essential psychotropic medicines in all primary centres.
- Coordination among other available sectors at the community level.
- Lobby to add one more PSC (a female) in CHCs.

⇒ Strategic approach 2.3 Psychological first aid

Due to recurrent emergency events in the country, there is an urgent need to strengthen the community response to emergencies and disasters, and to train volunteers on psychological first aid especially in vulnerable provinces and districts /sub-districts.

Key Actions:

- Review of the psychological first aid package.
- Plan for training of volunteers on MH first aid and its cascading.
- Integration of PFA intervention in curricula of CHWs

⇒ Strategic Approach 2.4 Monitoring of Private Mental Health Service Providers

The stewardship role of the MOPH, both centrally and provincially, will be extended to mental health services privately provided. This oversight and compliance responsibility will be jointly developed by the MOPH and the private sector within the period of this strategy implementation to ensure that primary mental health service provision (counselling and care) by the private sector adheres to acceptable standards with a focus on the hygiene, training,

¹¹the2008report:WHOand Wonca, Integrationofmentalhealthinto primaryhealthcare, Aglobalperspective.Geneva: World HealthOrganization, Geneva,2008.

health, and safety of patients and members of the public.

Key Actions:

- Establishment of committees at the central and the provincial level to oversee the monitoring of private mental health services; these oversight committees will consist of MoPH staff, NGOs and private sector members., user/patient associations, if available.
- Developing regulation and job descriptions for private mental health workers
- Development of a monitoring checklist and a guideline in order to monitor private mental health services.
- Upgrading the standards for private mental health services.
- Upgrading the registration and reporting system of private mental health services.
- Increasing the ability of the Health Law and Monitoring Directorate for monitoring private sector and related mental health practices.

➤ **COMPONENT 3: Provision of Referred Secondary,Tertiary and Forensic Psychiatry Services**

⇒ Strategic approach 3.1. Secondary mental health care

To ensure a seamless continuum of mental health care, the linkages between primary and secondary services will be strengthened. The referral system will be strengthened across all provinces for psychiatric and psychological care. Minimum standards will be developed consistent with WHO standards. Secondary hospitals will be monitored for these standards and will be supported to develop systems and protocols to treat patients. Specific secondary care centres in all provincial and regional hospitals will be established.

Key Actions:

- Strengthen linkage and referral system/back referral between primary and secondary care.
- Implementation of mental health standards for different mental health unit staff of secondary care hospitals.
- Revision of EPHS Package according to ToR of EPHS and needs of the PFA patients.
- Developing training manuals/guideline, procedures, pathways, checklists etc. for all health staff working in EPHS.
- Development of treatment protocols for secondary care hospitals.
- Establishment of mental health care units at the District Level.
- Capacity building of mental health care unit staff (Doctors, nurses, psychologists).
- Capacity building of psychosocial counsellors.
- Availability of psychotherapeutic medicines in all secondary care hospitals.
- Development of a registration and reporting system.

- Development of monitoring tools for mental health services in secondary level.
- Establishment of a functional monitoring and supervision system.
- Establishment of liaison psychiatry services in the secondary care.

⇒ Strategic approach 3.2. Tertiary mental health care

Access to appropriate higher level mental health care referred from the secondary system will be strengthened through secondary care centres. Appropriate standards of care provision plus sound processes, practice, and quality checking will be established for the treatment and management of very severe and complicated cases of mental illness. Development of existing tertiary mental health facilities and services, particularly in the Kabul Mental Health Hospital, which is being upgraded, and provision of the needed equipment for the treatment and management of very severe and complicated cases of mental illness.

Key Actions:

- Strengthen the linkage and referral system between PHC, secondary and tertiary care.
- Ensure the implementation of mental health standards for different mental health services of tertiary care hospital.
- Ensure the implementation of monitoring tools for mental health services in tertiary care.
- Strengthen the registration and the reporting system (including data use/analysis).
- Review the residency program in psychiatry, psychiatric nursing and clinical psychology.
- Establishment of liaison psychiatry.
- Availability of modified electro convulsive therapy (ECT).
- Implementation of WHO Quality Rights Tool Kit.
- Establishment of child and adolescent psychiatry unit.
- Upgrade the infrastructure and equip tertiary care hospitals.
- Establishment of a mental health training centre under the MH Department of MoPH.

⇒ Strategic approach 3.3. Chronic care and rehabilitation

An assessment will be undertaken in larger urban centres to establish the need for chronic care centres to compliment acute care. Where an established need exists, centres will be supported in establishing chronic care services.

Key Actions:

- Assessment of the need in urban cities for development of chronic care and rehabilitation centres.
- Establishment of chronic care and rehabilitation centres.
- Capacity building of chronic care and rehabilitation centres' staff.

- Development of quality standards for these centres.
- Establishment of day care centres; half way houses and other services in these centres.
- Development of treatment protocols and guidelines.
- Availability of mental health nursing care services.
- Development of registration and reporting systems.
- Monitoring and supervision of these centres on a regular basis.

⇒ Strategic approach 3.4. Forensic psychiatry

There needs to be a capacity for forensic psychiatric services to provide assessment and other services for the judicial system. Given the current constraints, the provision of forensic psychiatric services is considered a low priority. However, the provision of services and supporting legislation will be actioned when appropriate.

Key Actions:

- Establishment/strengthening of forensic psychiatry units in all tertiary and secondary care hospitals.
- Development of forensic psychiatry guidelines.
- Capacity building of mental health staff on forensic psychiatry.
- Registration and reporting system for activities related to forensic psychiatry.

⇒ Strategic approach 3.5: Services for prisons

Services shall be available to prisoners and staff working in the high stress environment of the prison service.

Key Actions:

- Ensure implementation of the Mental Health component of the prison health package.
- Training of prison health clinics' staff on mental health services and PSC.
- Availability of mental health services for prisoners and reformatories.
- Availability of bio-psychosocial interventions and of psychotherapeutic medicines.
- Establishment of a referral system among the prison health centre and higher health care units.
- Establishment of registration and reporting systems.
- Joint monitoring activities of prison's MH services.
- Prison staff training on stress, human rights, stigma, and burn out.

➤ COMPONENT 4: Strengthen national strategic interventions

(MH support, oversight of national strategy, intersectoral collaboration, monitoring against

strategic indicators and targets, provision of direction and support for strategic implementation, developing standards and quality improvement, project monitoring, research and needs identification, legislation and regulation).

⇒ Strategic approach 4.1. Development and support of Mental Health and Substance Abuse Department (MoPH)

The Mental Health and substance abuse Department (MH&SA) will be staffed at approved levels. The MH&SA department will provide oversight for the development, implementation, and quality of the mental health system.

Key Actions:

- Upgrade the organization chart of the department.
- Recruitment of more staff for the MH&SAD.
- Continue capacity building for the staff of MH&SAD.

⇒ Strategic approach 4.2. Oversight of the national strategy

The Mental Health Technical Coordination Committee (MHTCC), which consists of key stakeholders and is chaired by the MH&SAD, will advise the MOPH on policy and strategic matters, including the monitoring of implementation of the NMHS.

Key Actions:

- Upgrade the ToR of the Mental Health Technical Coordination Committee.
- Develop a joint monitoring plan with MHTCC.
- Add indicators in M&E Check list.
- Strengthening reporting/feedback systems between provinces and MH&SAD.

⇒ Strategic approach 4.3 Inter-Ministerial collaboration (national level)

Mental health is a cross cutting multi-sectorial health priority. The MH&SAD will establish and support a process for intersectoral collaboration for the development, implementation, and quality improvement of the mental health services. At the higher policy level, all mental health policies will be presented to the Inter-Ministerial Council to ensure top level ownership and endorsement of policy direction. Such collaboration is particularly important for substance abuse prevention and the need for collaboration with the Ministry of Counter Narcotics.

For strategic and technical matters, forums for collaboration will include the Mental Health Technical Coordination Committee, national working groups, standing and ad hoc committees.

Key Actions:

- Establishment of an intersectoral collaboration council to support a process for intersectoral collaboration for the development, implementation, and quality improvement of the NMHS.

- Development of ToR for this council.

⇒ Strategic approach 4.4 Inter-departmental collaboration (Ministry level)

A number of MoPH health strategies, including school and prison health and HIV/AIDS, refer to mental health. To ensure an appropriate level of planning and service delivery, the MOPH will ensure that the MH&SAD contributes to the development of inter-ministry mental health interventions and provide oversight and support to sustain adequate mental health interventions.

Key Actions:

- Involvement of prison health and HIV/AIDS, DDR, RMNCAHD, DRD, Nutrition departments and other relevant departments into the different coordination meetings of mental health.
- Support of prison health and HIV/AIDS, DDR, DRD and RMNCAHD programs by the mental health department.

⇒ Strategic approach 4.5 Direction and support for provinces

The MH&SAD will ensure the NMHS activities are included in provincial strategic and operational plans.

Key Actions:

- Bilateral involvement of MH&SAD and PPHD in planning mental health at national and provincial level.
- Support to PPHDs in developing of provincial mental health work plans.
- Support to PPHDs in implementation of mental health activities in BPHS, EPHS and the private sector.

⇒ Strategic approach 4.6 Mental health funding

NMHS funding has various sources including GOA, donors, BPHS and EPHS contracts, and specific and ad-hoc project funding. The MH&SAD will maximize funding opportunities for the support and implementation of the NMHS and distribute available funds on the basis of local need.

Key Actions:

- Advocacy for fund raising for mental health activities in donor communities and GoA.

⇒ Strategic approach 4.7 Monitoring and Evaluation

Interventions will be monitored against agreed indicators. Monitoring and evaluation will include both public and private services.

Key Actions:

- Development of a standard system for monitoring and supervision

- Development of monitoring and evaluation tools for EPHS and BPHS.
- Development of monitoring checklists for different mental health program.
- Development of performance indicators.
- Development of monitoring and supervision guidelines.
- Development a training manual on supervision skills.
- Ensure the availability of qualified staff for supervision and M&E.
- Establishment of a monitoring and evaluation unit in MH&SAD.
- Revision of HMIS/EHIS for mental health.
- Evaluation of MH/BPH and EPHS
- Evaluation of vertical MH programs
- Support 3rd party evaluation of MH programs

⇒ Strategic approach 4.8 Research and needs identification

To strengthen evidence based decision making, research programs will be supported to identify current issues and future needs. The research will be undertaken collaboratively with relevant MOPH research departments, the Afghan Public Health Institute (APHI) and EHIS and external researchers and technical partners. Areas of research may include:

- Traditional mental health treatment
- Use of internet and social media
- Family systems models
- Community care models
- Effective interventions for substance abuse
- Diagnosis and cultural norms
- Suicide prevalence /intervention for prevention
- Public attitude towards people with mental disorders
- Difficulties to access publicly funded mental health care by rural, communities
- Difficulties in provision of training in MH
- Constraints on MH service delivery in rural areas/ barriers to the provision of MH treatment
- Attitude of users and providers towards psychosocial care in PHC

Key Actions:

- Strengthen coordination/relation with APHI,EHIS WHO, NGOs and external researchers in prioritized mental health areas.
- Capacity building of MH&SAD staff in the field of research.
- Designing and implementation of mental health studies in collaboration with different researchers according to country needs.
- Data analysis and culture in policy and practices.

⇒ Strategic approach 4.9 Legislation and regulation Strategic approach

The Mental Health act was revised and upgraded in 2015 and a code of practice was developed. The GOA will develop legislation to protect the rights and safety of those receiving or affected by publicly or privately provided mental health services. Areas for legislation and regulation could include:

- Regulation of service provision by non-government providers.
- Regulation regarding education and training for staff involved in the provision of mental health services.
- Regulation and setting standards for mental health treatment.
- Supply of pharmaceuticals.
- Prescription and administration of pharmaceuticals.
- Rights and management of individuals with mental illness detained or in detention by police.
- Defence of prisoners claiming mental illness and management of individuals with mental illness.
- Rights of mentally ill people to the least restrictive forms of treatment.

Key Actions:

- Training of mental health staff and other relevant staff on the mental health act and the code of practice.
- Training of non-mental health staff and other relevant staff on the mental health legal framework.
- MH&SAD will ensure the mental health act and code of practice implementation.
- Establishing review mechanisms.
- Establishing a human rights monitoring system.

⇒ Strategic approach 4.10 Documentation and Data management (HMIS)

Documentation in mental health hospitals and psychiatric wards are insufficient. Although some data are stored through the HMIS report, there is no channel for recording and reporting other data on mental health.

Key Actions:

- Revision of mental health documentation in psychiatric wards.
- Upgrading the guidelines for case documentation and reporting.
- Establish a central data base for mental health activities in MH&SAD.
- Identify the source of information for the data base.
- Strengthen HMIS/EHIS reporting for mental health

➤ COMPONENT 5: Strengthen provincial strategy oversight and implementation

(Service delivery monitoring and quality improvement, participatory inter-sectoral strategic planning and collaboration (police, prisons, education, private sector, others), monitoring compliance with regulation)

⇒ Strategic approach 5.1 Service delivery monitoring and quality improvement

The province is the implementation level of the national health system. Mental health interventions will be preventive (intersectoral) and responsive with psychological first aid for people exposed to highly traumatic events and emergencies. Although the majority of mental health services will be delivered within the BPHS and EPHS under contract, the Provincial Public Health Directorate (PPHD) will adopt a stewardship role, including intersectoral collaboration. A mental health focal point in PPHD, in each province was appointed to monitor and follow up the mental health services.

Key Actions:

- Strengthening the mental health unit in provincial and regional hospital which will provide oversight to mental health services in BPHS and EPHS.
- Continue capacity building for mental health focal points in PPHDs and at NGO level.
- Capacity building for mental health focal points in PPHO/NGOs.
- Regular supervision and monitoring of mental health PPHO by MH&SAD.

⇒ Strategic approach 5.2 Provincial strategic implementation planning

Planning process to be established at central and provisional levels. The MH&SAD will ensure that negotiations with participating PPHDs include NHMS appropriate technical and clinical advice and known or potential sources of funding. Individual PPHD strategic plans will be consolidated at the national level to form the Consolidated Strategic Mental Health Plan for the department and the MOPH (decentralized mental health governance and leadership).

Key Actions:

- Adapt the national mental health strategic plan to the provinces
- Integrate the provincial mental health plan into the provincial health plan
- Support PPHDs to monitor mental health services at the provincial level
- MH&SAD will conduct monitoring and supervision visits to the provinces to follow up the implementation of the plan.

Strategic approach 5.3 Intersectoral collaboration

Collaboration is required at all levels to effectively deliver the NMHS. Collaboration with the Ministry of Counter Narcotics has commenced and the Ministry of Woman's Affairs is

seen as another key stakeholder. Collaboration with the Ministry of Higher Education will focus on undergraduate and postgraduate training in addition to the providing mental health education to university students. Collaboration at the provincial level is important to implement the national strategies. The PPHD will take the lead at the provincial level to establish appropriate mechanisms across sectors to plan, implement, and monitor interventions that will contribute to the implementation of the national strategy. The PPHD will report its activities quarterly to the MH&DR department.

Key Actions:

- Upgrade the ToR for the Mental Health Technical Coordination Committees at the provinces.
- Ensure that PPHDs will send quarterly reports to the mental health department, MoPH.
- Improve quality of MHTCC, feedback and data utilization

⇒ Strategic approach 5.4 Regulation compliance (Public and private sector)

As the regulatory framework for mental health is developed, the PPHD will have responsibility for assigning responsibilities to relevant officers to ensure that services within the public and private sectors are functioning according to the legislation and regulations. This stewardship role will be undertaken in a constructive manner to ensure positive and productive outcomes.

Key Actions:

- Development of a provincial mental health framework based on the Mental Health act for public and private health providers.
- PPHD and Mental health PPHO will ensure a mental health framework in the provinces.

⇒ Strategic approach 5.5 Provision of essential psychotropic medicine

Key Actions:

- Revision of the essential psychotropic medicine (EPM) list.
- Adapt the BPHS and EPHS essential psychotropic medicine list according to the revised list.
- Organize a workshop to assess EPM supply problems in PHC.
- Develop/establish easy/smooth mechanisms for regular supply of essential psychotropic medicine.

⇒ Strategic approach 5.6 Strengthening provincial MH service coordination

Key Actions:

- Mobilize/motivate provincial PHCC coordination meetings for MH.
- Upgrade the TOR of the PHCC officer for MH according to revised BPHS.
- Improve MH supervision and monitoring at provincial level.
- Organize annual regional MH coordination meetings.

➤ COMPONENT 6: Strengthen preventive intervention and service delivery resources and infrastructure institutional approaches

(Human resource planning, pre-service and in-service training and coaching, specialist training, training of intersectoral staff, supervision of service and intervention staff, infrastructure development)

⇒ Strategic approach 6.1 Human resource planning

Mental health services are included in the BPHS. However, the BPHS constitutes a limited range of service interventions provided mostly from fixed health facilities. As mental health services expand and community expectations increase, the health system will experience significant pressure to provide skilled staff. One of the highest priorities for the national strategy is to develop a medium-term plan to ensure adequate numbers of skilled mental health workers are available to deliver services at all levels of service. Staff will include social workers, psycho-social counsellors, psychiatric nurses, and psychiatrists plus mental health administrators. A National Mental Health Training Institute linked to the mental health hospital in Kabul will be established.

Key Actions:

- Update the needs assessment for MH human resources.
- Develop a framework plan for the implementation of the training.

⇒ Strategic approach 6.2 Pre-service and in-service training, coaching, and mentoring

The MH&SAD will work through the intersectoral forums, including the Ministries and Departments of Education, Police and Corrective Services, and later with specially convened working groups, to ensure a continued supply of appropriately trained mental health workers is available to provide all levels of service. The integration of mental health into curricula of medical faculties, nursing schools and faculty of psychology/education will be ensured through revision of curriculum and practical sessions. These activities will be undertaken in conjunction with the MOPH Human Resources Directorate and fall within the National Human Resources Strategy and Work Plan.

Key Actions:

- Establishment of an intersectoral forum constituted by MH&SAD, Human resource department of MoPH, Ministries, department of education, police, and corrective services (This group will ensure that the appropriate mental health workers are available to provide all levels of health services)
- Integrating activities of above named forum in national human resources strategy and work plan.
- Integration and upgrading of mental health component into the curriculum of medical faculties, nursing schools, and faculty of psychology/education social workers.
- Adjusting curriculum of Psychology and clinical psychology to the health market

⇒ Strategic approach 6.3 Specialist training

Specialist training: The MH&SAD will work with the Ministry of Higher Education to identify training, education and development needs. This includes residency programmes in psychiatry and post-graduate training in clinical psychology, psychiatric nursing, psychosocial counselling and psychiatric social work. The MH&SAD will work with the Ministry of Higher Education to capitalize on within Afghanistan and overseas, which will add value to service provision.

Key Actions:

- Assessment will be done to identify needs for training, education, and development for specialists in the field of mental health (the assessment will be done by the MH&SAD along with the ministry of higher education)
- Residency curriculum will be upgraded for the training of clinical psychologists/psychology, Psychiatric social workers, psychiatric nurses, psychiatrists and mental health administrators
- Post-graduate medical programmes will be established for psychiatry, social workers, clinical psychologists, and psychiatric nurses.

⇒ Strategic approach 6.4 Mental health workers' supervision (MoPH and supporting sectors)

Given the demands of delivering mental health services, ongoing support, supervision, training and education are necessary. The MH&SAD will ensure that it provides the necessary support for all staff, both public and private, providing mental health services.

Key Actions:

- Revision/upgrading the supervision tools.
- Regular supervision of public and private mental health service providers.

⇒ Strategic approach 6.5 Infrastructure development

Infrastructure development: In order to build a complete mental health program for Afghanistan, infrastructure must be developed to support care and treatment at all levels of the health system. Given constrained capacity and funding, the development of a comprehensive infrastructure will require further needs analysis and a phased-in approach.

Key Actions:

- Development of plans for improving the infrastructure of mental health services.
- Needs analysis for the MH infrastructure.

⇒ Strategic approach 6.6 Support to GIHS, Health Social Counselling (HSC)
Department

To facilitate the establishment of a Health Social Counselling (HSC) Department in GIHS, Mental Health Dept. of MOPH would provide support in revising its curriculum and developing educational materials and practical sessions for students.

Key Actions:

- Update the HSC curriculum.
- Support GIHS in developing HSC educational materials.
- Support for designing students' practical work in health facilities.
- Support practical session for HSC students.

COMPONENT 7:Emergency Mental Health intervention

Natural disasters e.g. floods, earthquakes, landslides etc. and man-made emergencies e.g. suicide attacks, mine explosions, group attacks, air bombing etc. frequently occur in the country. No programmes for emergency mental health interventions are available in Afghanistan.

Strategic approach 7.1 Strengthening Psychological First Aid (PFA) support

Psychological first aid is a valuable intervention in response to disasters by volunteers and the community until the professional interventions are available. PFA has been used for victims of flood and terrorists attacks at the community level. The expansion of PFA activities are needed all over the country.

Key Actions:

- Planning for Training of volunteers on PFA.
- PFA inclusion in Afghan Red Crescent Society (ARCS) volunteers' trainings.
- Training of volunteer women on PFA.

- Integrate PFA in community-based programs.
- Involve communities in PFA.

⇒ Strategic approach 7.2 Emergency counselling

Emergency counselling is an important intervention following first stage of relief in disasters especially people with mental disorders who have been affected by disasters. The intervention will focus on empowering the med-level health staff.

Key Actions:

- Expansion of emergency counselling in mental health through BPHS level.
- Set up of referral pathways for emergency counselling.
- Involvement of relief agencies in emergency counselling.

⇒ Strategic approach 7.3. Human resource planning for Mental Health emergencies

Considering the extent of natural disasters e.g. floods, earthquakes, landslides etc. and man-made emergencies e.g. explosions, group attacks, air bombing etc. in the country there is an urgent need for formulating emergency mental health interventions. There is a need for resources development in mental health emergencies.

Key Actions:

- Needs Assessment for human resources in emergencies
- Inclusion of psychological interventions in emergency packages
- Planning for human resource development.
- Training of essential personnel in selected provinces.
- Inclusion of Mental Health Emergencies in Mental Health Trainings.

Implementation framework

To ensure the full implementation and sustainable outcomes of the strategy, a focus on building strong foundations for the expansion of mental health services and coordination between different levels of service provision is necessary.

Guiding principles

- To ensure that persons with mental disorders and their families play an active role in the development, monitoring and evaluation of the services.
- To recognize, respect and promote the rights of persons with mental disorders, including the right to decide and give consent to health interventions.

- To respect and build understanding of diversity.
- To take into account issues related to gender to ensure non-discriminatory practices, and pay specific attention to the empowerment of women and girls.
- To promote synergies between civil society, government, education, private sector and religions institutions and organizations to promote effective inclusion of persons with mental and psychological disorders.
- To promote geographical access, physical accessibility in all MoPH health institutions and facilities, and access to clear information.

INSTITUTIONAL APPROACH

Having been recognized as a national priority, mental health has been integrated into the BPHS.

Other mental health interventions, including community and special group based services, will need to be integrated into the referral system to allow for a seamless continuum of care for mental health care consumers.

THE INSTITUTIONAL FRAMEWORK

The effective and sustainable implementation of the National Mental Health Strategy requires a framework that articulates systems, roles and responsibilities and partnerships. For mental and psycho-social services to become effectively institutionalized, they have to be fully and continuously integrated into the BPHS, which is the foundation of the Afghan health care system.

Primary health care level (BPHS)

BPHS provides the basic health services at community level. Through a network of Health Workers, promotion and prevention campaigns and few basic health interventions are being conducted and they are often the first level of entry for persons with mental disorders seeking health services.

District Level/ Secondary health care level

The district hospital is where in-patient and out-patient mental health units should be available. It is a bottle neck for mental health services. The district level is not well defined within either the government administration or MOPH. The role of the district health officer, is under review . This role in facilitating inter-sectoral collaboration in mental health service support must be considered in conjunction the role to investigate, and possibly mediate, on any issues or more formal complaints that might arise in a district health officer's geographic area of responsibility. District health officers must have sufficient capacity and terms of reference to fulfil these proposed functions.

It is at this level that interaction can be facilitated with prisons, the private sector, and emergency response services. Any activities of the district health officer in regard to the monitoring or facilitating of inter-sectoral mental health initiatives will be under the overall supervisory control of PPHD mental health and MH&SAD.

Tertiary care – provincial and regional hospitals

Mental health and psychosocial services should be provided in provincial and regional hospitals as defined in the EPHS, and mental health has been described as priority area in the revised EPHS¹². A revision on the staffing of mental health services at this level might be required to ensure sustainability.

The updating of the National Mental Health Strategy is timely as it focuses on increasing human resources, improving quality management and monitoring, and building the capacity of EPHS implementers to deliver better mental health services.

Strengthening of the focal point for mental health at the Provincial Public Health Directorate will strengthen the monitoring and supervision system. The Provincial Public Health Directorate, with the support of MH&SAD, will develop their strategic plan on how to ensure the effective provision of mental health and psychosocial services at provincial level.

National level

The General Directorate of Preventive Medicine will supervise the strategy and the MH&SAD will take the responsibility for the implementation in close coordination with partners. Through the regular meetings of the Mental Health Technical Coordination Committee, MH&SAD will ensure that the National Strategy reflects changes derived from research findings, monitoring reports, informed debates, government-wide policy changes, and advances in clinical care and treatment protocols.

The MH&SAD will ensure that information relevant to the strategic implementation is disseminated, using whatever means and modalities are available for the purpose. The MH&SAD may, from time to time, establish ad hoc working groups for specific tasks or invite other MoPH departments or organizations as necessary.

Partnerships and coordination

Coordination Mechanisms:

Coordination plays a vital role in implementation of any program especially the implementation of the National Mental Health Strategy. Coordination will help to mobilize resources from other sectors and encourage them to take proper measures to improve mental

¹² Ministry of Public Health. Essential Package of Hospital Services for Afghanistan. Revised EPHS, September 2013/Mezan 1392.

health services. The following coordination mechanisms are proposed by this strategy at different levels and for different purposes:

- Stakeholder meetings (national coordination mechanism).
- Mental Health Technical Coordination Committee (inter-sectoral collaboration).
- Sub group working sessions (intervention and best practice sessions).
- Provincial and regional inter-sectoral meetings on the implementation of the National Mental Health Strategy at the regional and provincial level.
- Annual evaluation and monitoring workshops.

Mental Health Technical Coordination Committee

The Mental Health Technical Coordination Committee was formed to ensure coordination and cooperation between the various partners involved in mental health service provision.

The objectives of the committee include ensuring that there is no duplication of efforts and waste of resources and to ensure that all partners work toward agreed goals within set policies. This committee will support NMHS implementation through exchange of information, provide oversight of consolidated mental health plans and activities, and monitor progress against objectives. It will report on activities and make recommendations to the MoPH.

The Mental Health Technical Coordination Committee is chaired by the Director of the Mental Health department, MoPH at the central level and by PPHO at the provincial level

Inter-sectoral and inter-ministerial liaison

Inter-sectoral liaison

MH&SAD will conduct regular meetings with the GCMU, the HMIS, Provincial MoPH representatives, GIHS and service provision NGOs and INGOs. Regular communications will also be made to different MoPH departments, BPHS and EPHS implementers and other stakeholders through newsletters and fact sheet distributions.

MH&SAD will also participate to MoPH departments' meetings and meet with provincial directorates when traveling or when held centrally.

Regular briefings with senior level ministry personnel regarding mental health and psychological services will be made, which can promote a better understanding of the benefits and importance of integrating MH across all BPHS and EPHS implementers and ensure adequate funding is made available. MH&SAD will also make inputs to MoPH communications activities such as media events, newsletters, quarterly and annual reports

Cross-sectoral partnerships in Ministry of Public Health

Mental Health & Substance Abuse Department

The Mental Health and substance abuse Department cooperates on the development and future delivery/support of mental health and psychosocial services for persons with mental disorders. Linkages and collaboration at the Provincial Public Health Directorate level will also be consolidated to ensure the delivery of the services and to make effective use of the resources.

Grant Contracts and Management Unit (GCMU)

The GCMU promotes and plans for the financial and managerial integration of mental health and psychosocial services information and advocacy. Close coordination with GCMU is required for monitoring and supervision of quality of mental health and psychosocial services, assessment of needs and service coverage.

Monitoring and Evaluation Department

The Monitoring and Evaluation Department assists with the development of monitoring and evaluation systems and routines in accordance with general MoPH regulations. The Mental Health Department should maintain regular coordination and exchange of information with this department, and make sure that mental health and psychosocial services is adequately reflected.

Human Resources Department

The Human Resources Department ensures MoPH recognition of the mental health and psychosocial professions and monitors the inclusion of mental health and psychosocial professions into the MoPH tashkeel and the BPHS and EPHS. Close coordination is also required to monitor the training and continuous professional education among mental health professionals.

Policy and Planning Department

The Policy and Planning department supports strategy development, ensuring that the National Mental Health Strategy is in accordance to MoPH national policy, strategies and requirements. The Policy and Planning Department also ensures that mental health and psychosocial services remain areas of priority within key MoPH policy and strategy developments

Community Based Healthcare Department

The Community Based Healthcare Department is responsible for Community Health Workers who in turn provide basic healthcare services and work with the community to improve and encourage healthy life styles of people. This department will be key for coordinating awareness and campaigns relating to preventable mental health and psychological disorders as well as for improving the access of women and children with

mental health and psychological disorders to health services.

Ghazanfar Institute of Health Sciences (GIHS)

GIHS is responsible for the curriculum development and the quality assurance of the training of social worker professionals. Regional Institutes of Health Sciences are responsible for regional training of social worker professionals. Also, the establishment of Health Social Counselling (HSC) Department in GIHS, will have an important role to play in the implementation of the strategy and therefore should develop close coordination with the MH&SAD.

Other MoPH Departments

Health Management Information Department (HMIS), Reproductive Health Department Child and Adolescent Department (RHMNCAHD), and Gender Department.

Other partnerships

European Union

The EU is committed to supporting technical assistance to the MoPH, The EU has supported mental health projects, including a national survey of mental health, which was carried out in 2017 and training of psychosocial counsellors. The EU also supports implementation of the the BPHS and EPHS (SEHAT). The EU will play a specific and targeted role in the overall assistance to the mental health sector in the country. It will support mental health strategy development aimed at strengthening the operational strategies to facilitate the implementation of MH services within the BPHS and EPHS. EU's technical assistance will support the capacity of development of the MH&SAD staff and closely collaborate with national counterparts.

World Health Organization

The World Health Organization (WHO) is providing assistance in Afghanistan to promote the implementation of the Global Mental Health Action Plan 2014-2021. WHO provides technical assistance, funding and support for awareness raising campaigns in coordination with the MH&SAD.

German Embassy

The German Embassy is involved in supporting the returnees from Europe and also provides support for other cultural projects dealing with mental health promotion and prevention.

United Nation Fund for Family and Population (UNFPA)

The UNFPA, supports the training of psychosocial counsellors to deal with gender based violence (GBV) at the family protection centres and the health system.

USAID/WB

USAID and the WB, along with the EU, support the BPHS and EPHS implementation, also, through SEHAT project, they support the improvement of quality mental health services in Kabul mental health hospital.

Implementation

Action plans

The National Strategy Mental Health 2019-2023 will be implemented according to the strategic operational plan, which will be developed with specific actions, targets and responsible actors based on the priority and availability of resources. This operational plan will be broken down in annual work plans, which will be reported on annually to the Department of Primary Health Care and the Mental Health Technical Coordination Committee. Costing of the plans will be calculated and funding sources will be identified. The MH&SAD will combine provincial plans into a consolidated national mental health plan. The MH&SAD will support PPHDs to implement national mental health priorities.

A monitoring framework will be developed also, to measure progress in implementing the strategy. Monitoring will also allow individual stakeholders to track their performance with respect to the actions they are involved in, and will be the basis for modifying actions to improve their effectiveness.

Monitoring and evaluation

In tracking progress toward the targeted strategic goals, results, and outcomes, the Ministry of Public Health Monitoring and Evaluation Policy stresses the importance and responsibility of stewardship for the oversight of public health initiatives, also, the focus will be on results based M&E, which emphasizes both implementation tracking and achievement of outcomes. The monitoring and evaluation framework of the National Mental Health Strategy will rely on sets of evidence-based initiatives. Monitoring objectives will:

- Monitor and evaluate health services and their impact on persons with mental health and psychological disorders.
- Provide the best available information on priority indicators.
- Provide relevant, high quality data and information on health system performance.
- Coordinate the design and use of monitoring and evaluation plans and systems at the MoPH (Integration of System).

The MH&SAD will develop an implementation framework, defining roles and responsibilities, timelines and budget implications. Also, a monitoring and evaluation one. The annual work plans will guide the implementation where clearly defined expected results and measurable indicators will be followed. The MH&SAD recommended the following set of indicators, which will be monitored, in collaboration with its partners and with the support of the Monitoring and Evaluation Department, who should periodically evaluate the effectiveness of the actions through analysis of reports and the development of a mid-term evaluation of the MH&SAD:

- 1- Number of People accessing health facilities for mental health services.
- 2- Percentage of patients with common mental disorders.
- 3- Percentage of mental health clients referred out.
- 4- Percentage of mental health clients referred in.
- 5- Prop of BPHS Health Workers trained in mental health in HF (or Province).
- 6- Prop of EPHS health workers trained in mental health in HF (or province).
- 7- Number of Health Facilities that provide services for Substances abuse including detoxifications.
- 8- Number of Health facility which provide awareness raising sessions on mental health.
- 9- Availability of psychosocial counselling services in the Health facilities.
- 10- Number of Mental Health Steering Committee Meetings to oversee national mental health strategy implementation.
- 11- Number of mental health researches conducted last year.
- 12- Availability of curriculum for specialized mental health training EPHS.
- 13- Number of psychiatrists trained for EPHS.
- 14- Number of NMHW staff appraised every 6 months.
- 15- Number of clients received psychosocial counselling.
- 16- Percentage of Health facility with stock out of Amitriptiline/ Fluoxetine.
- 17- Number of Health facility with IEC material.
- 18- Number of Health facilities identifying mental health cases.
- 19- Numbers of Health facilities provide treatment and follow-up (medical and psychosocial).
- 20- Number of suicide cases in ≥ 18 years males.
- 21- Number of suicide cases in ≥ 18 years Females.
- 22- Number of Hospitals has at least one psychiatrist.
- 23- Number of psychiatric unit staff received refresher trainings.

24- Number of Schools with mental health program.

Midterm and final review

This strategy will be reviewed on an annual basis through the monitoring of progress towards the indicators and identifying weaknesses and gaps. Key indicators will be developed to guide the process with the review being organized and coordinated by the MHTCC drawing on appropriate expertise for the purpose. Accordingly, the Mental Health Technical Coordination Committee will suggest re-orientation or re-prioritization of actions based on the progress where necessary. The MoPH under the guidance of the Policy and Planning Directorate will provide for an independent mid-term review after two years.

Annexes

Annex 1:

MENTAL HEALTH STAKEHOLDERS

A. Ministry of Public Health Departments

1. Policy and Planning Directorate
2. Preventive Medicine Directorate
3. Curative Care Directorate
4. Human Resource Directorate (HRD)
5. Planning Department
6. Health System Strengthening and Aid Coordination
7. Gender Department
8. Primary Health Care Department
9. Non-Communicable Diseases Department
10. Communicable Diseases Department
11. HIV Department
12. Child and Adolescent Department
13. Reproductive Health Department
14. Community base Health services Department
15. Disability and rehabilitation Department
16. Emergency response Department
17. Drug Demand Reduction Department
18. Nutrition Department
19. Mental Health Department

B. Universities/Academic Institutions

1. Kabul Medical University (KMU) (neuropsychiatry department, psychology department)
2. Psychology Association
3. Psychiatrist Association

C. UN Agencies

1. WHO
2. UNICEF
3. UNODC
4. UNMAS
5. UNFPA
6. UNWOMEN

D. International Development Partners

1. European Union
2. USAID
3. World Bank
4. German Embassy
5. GIZ International Services

E. Members of Mental Health Technical Coordination Committee:

F. NGOs and other organisations involved in provision of mental health services:

- 1- HealthNet TPO
- 2- International Psychosocial Organisation (IPSO)
- 3- Tabish Social Health Education Organization (Tabish)
- 4- International Medical Corps (IMC)
- 5- International Assistance Mission (IAM)
- 6- Medica Afghanistan
- 7- Feminine Solidarity for Justice Organisation (FSJO)
- 8- PARSA
- 9- Fekr Organisation of Psychosocial Development (FPOD) former FPRO
- 10- Akha khan Development Network (AKDN)
- 11- Youth health development organization (YHDO)

G. Civil Society Organisations Including family/consumer associations

H. Sectoral Ministries:

- 1- Ministry of Interior,
- 2- Ministry of Haj and Religion Affaires,
- 3- Ministry of Labour and Social Affairs,
- 4- Ministry of Women Affaires, Ministry of Counter narcotics,
- 5- Ministry of Education,
- 6- Ministry of Higher Education,
- 7- Ministry of Justice

I. Representatives from military hospitals