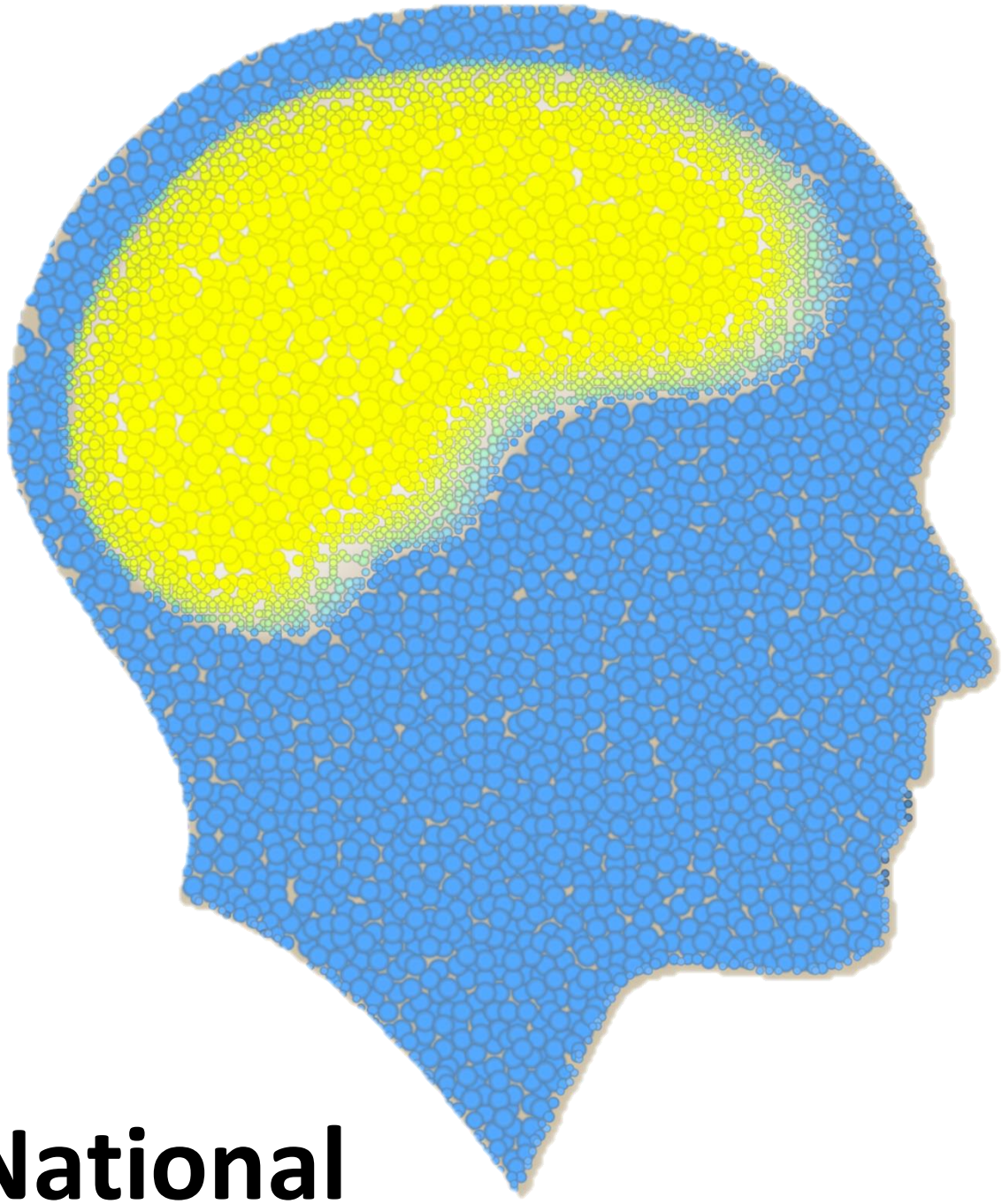

National Mental HealthStrategy 2020-2025

(2013-2017 EFY)

MinistrofHealth
Addis Ababa, Ethiopia

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MINISTRY OF HEALTH-ETHIOPIA
የዜጎች ጤና ለሃገር ብልጽግና!
HEALTHIER CITIZENS FOR PROSPEROUS NATION!

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Foreword

Individuals affected by mental, neurological and substance use conditions frequently experience enormous sufferings, disabilities, co morbidities with other chronic diseases, and reduced life expectancy. The social, economic consequence of mental, neurological and substance use conditions for individuals, communities and societies are significant. People with these conditions also face stigmatization and discrimination, with systematic denial of their basic human rights, ranging from limited opportunities for education and employment to abuse and denial of freedom.

Ethiopia's health policy and sectoral plans have long identified MNS (Mental Neurological Substance Use) and psychosocial disabilities as one of the priorities and strategic areas. Consequently, the first national mental health strategy 2012-2016 was developed. During the life span of the national mental health strategy, for example the number of institutions providing mental health training has increased leading to a steady rise in the mix and number of mental health professionals and increase in the number of health service facilities providing mental health services. However, there is a long way to go to adequately meet the prevailing mental health needs.

In the process of developing the second National Mental Health Strategic Plan,evidence searching to understanding the local burden and impact borne by Mental, Neurological and Substance Use (MNS) problems were done. Desk review was done to determine the performance of the HSTP-I and NMHSP-I against the global and local indicators. WHOs mental health actions plans and recommendations, WHO-AIMS , NCDI report, and reports from leading local mental health institutions were consulted in the development of this Strategic plan. Extensive analysis of the strengths, limitations, opportunities and threats to the existing mental health system were carried out. The six-health system building blocks framework was employed to collate the problems and set corresponding priority areas, objectives,strategic initiatives and key interventions to achieve them. This second National Mental Health Strategic Action Plan 2020-2025 is well aligned with the recommendations of the WHO Global Comprehensive Mental Health Action Plan 2013-2020, the Sustainable Development Goals (SDGs) and UNCRPD .

MOH will work with all stakeholders and play its leading role in strengthening mental health leadership and governance; accelerating the development of competent and adequate mix of human resources for mental health; ensuring a sustainable supply of pharmaceutical and technological supplies; securing adequate financial resource ; making treatment, care, support and rehabilitation services accessible, affordable and equitable and above all strengthening the research, information, monitoring and evaluation systems for mental health. As the determinants of mental health are diverse and mostly lie outside the health sector and act at different stage of life; multisectoral and lifelong approaches will be the ways forward.

Finally, I would like to call up on all national and international stakeholders to join hands with the MOH for the effective roll out of our second National Mental Health Strategy and reap the reward together.

Dereje Duguma (MD, MIH)
State Minister of Health
Federal Democratic Republic of Ethiopia

Executive Summary

The National Mental Health Strategy 2020-2025, is the second strategic plan developed by the MOH with the aim to strengthen efforts to meet the prevailing mental health needs and address the Mental Neurological Substance Use and psychosocial disabilities in the country. This strategic document is well aligned with the national Health Sector Strategic Plan (HSTP II) and other relevant national and global guidance and recommendations. The Second National Mental Health strategy provides framework for interventions to secure optimally responsive mental health systems in Ethiopia and is structured based on the World Health Organization recommended six health system building blocks. This Strategic document is organized in seven chapters :

The first chapters deal with the introduction with background information about mental health: understanding mental health, mental disorders and their determinants, including social inequalities and substance use; socio demographic factors and mental health; mental illness and the family; the global and national burden of mental health, neurological and substance use problems. It also provides brief description of the country context.

Chapter two deals with the Policy and Programming Environment of the Mental Health Strategy with description on: the global and national context and commitments on mental health strategies and principles; the current national mental health services organization and service delivery; the challenges and gaps in service provision.

Chapter three is focused on the vision, goal, guiding principles and approaches and the Objectives of the strategic plan:
The vision of the strategic plan is to see Ethiopia in which mental health is valued, promoted, people are protected and prevented from risk factors and persons with mental health conditions and psychosocial disability can exercise the full range of human rights and access high quality, culturally-appropriate health and social care in a timely way.
The Goal of the strategic plan is to promote mental well-being, prevent mental disorders, provide care, enhance recovery and integration, promote the human rights and reduce the mortality, morbidity and disability for persons with mental health conditions and psychosocial disability.
Chapter four outlines the major strategic priority areas, and strategic objectives, strategic initiatives and interventions and outputs under each of the priority areas.The strategic Priority Areas are structured based on the World Health Organization recommended six health system building blocks.
The Strategic Plan has five major Objectives:
Objective 1: To strengthen effective leadership and governance for mental health
Objective 2: To empower individuals, families and population at large to promote their mental health, help protect themselves from risk factors and create enabling conditions (legislative, regulatory, policy and taxation) that would facilitate target audiences to advance their mental health.
Objective 3: To enhance the quality and accessibility of mental health service delivery through meeting mental health human resource standard
Objective 4: To detect mental health conditions at an early stage in order to be able to initiate prompt treatment, care, and rehabilitative and integration in to the community through ensuring optimal infrastructure and sustainable supply of materials such as equipment, medications and technologies.
Objective 5: To establish and strengthen information systems, evidence and research for the mental health sector.

Chapter Five describes the Implementation arrangements of the National Strategic Plan for Mental Health and Psychosocial Disability as well as the roles and responsibilities of the different actors. The NSP is proposed to be implemented in two prongs: the multi-sectoral responses and the health sector response. The roles and responsibilities of the different actors are elaborated.
Chapter Six describes the details of NMHSP – Program Implementation & lists the detail Activities planned to be implemented in the coming five years.**The log frame for program implementation has the detail activities, with timeframe, responsible person and indicator with means of verification and data sources.**
Chapter seven describes the details of Costing, Budget and Financing of the NMHSP. The total programmatic costs of the NMHSP over the 5-year period is estimated at ETB 402.97 million.

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Figures

Acknowledgements

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- Dr Solomon Teferra. AA University, College of Health Science Department of Psychiatry
- Hiwote Solomon. Director; Disease Prevention and Control directorate

List of Abbreviations

AAU	Addis Ababa University
ARRA	Administration for Refugee and Returnee Affairs
BID	Body integrity dysphoria
CBHI	Community Based Health Insurance
CBO	Community based organisations
CHAI	Clinton Health Access Initiatives
CHIS	Community Health Information System
CSO	Civil Society Organisations
DALY	Disability-Adjusted Life Year
DFID	Department for International Development
DHIS	District Health Information System
DHS	Demographic and Health Surveys
DPCD	Depart. of Planning and Community Development
DV	Domestic Violence
EBA	Ethiopian Bar Association
ECT	Electro Convulsive Therapy
EDHS	Ethiopian Demographic Health Survey
EEG	Electro Encephalography
FMHACA	Food, Medicine, Health Care Authority
EFY	Ethiopian Financial Year
EHIA	Ethiopian Health Insurance Agency
EPHCG	Ethiopian Primary Health Care Clinical Guidelines
EPHI	Ethiopian Public Health Institution
ETB	Ethiopian Birr
FBO	Faith Based Organisation
FDRE	Federal Democratic Republic of Ethiopia
MOH	Federal Ministry of Health
GAMMH	Global Alliance Maternal Mental Health
GAO	General Attorney Office
GFY	Government Fiscal Year
GoE	Government of Ethiopia
HAD	Health Development Army
HEP	Health Extension Program
HERQA	Higher Education Relevance and Quality Agency
HEW	Health Extension Workers
HMIS	Health Management Information System
HP	Health Post
HR	Human Resources
HRH	Human Resource for Health
HSTP	Health Sector Transformation Plan
HW	Health Workers
IDP	Internally Displaced Persons
IHME	Institute for Health Metrics and Evaluation
INLA	International Narcotic and Law Affair
IPV	Intimate Partner Violence
LMIC	Low and Middle Income Countries
M&E	Monitoring and Evaluation
MCH	Mother and Child Health
MDG	Millennium Development Goals
mhGAP	Mental Health Global Action Program
MHIS	Mental Health Information System
MNS	Mental Neurological Substance Use
MoE	Ministry of Education
MoFED	Ministry of Finance and Economic Develop.
MoH	Ministry of Health
MOLSA	Ministry of Labour and Social Affairs
MOYS	Ministry of Youth and Sports
MSD	Medical Service Directorate
MUPH	Ministry of Urban Planning and Housing
MWCA	Ministry of Woman & Children Affair Minister
NCD	Non-communicable Disease
NCDI	Non- communicable Disease and Injury
NGO	Non-Government Organisations
NHMS	National Mental Health Strategy
NIMH	National Institute of Mental Health
NMHSP	National Mental Health Strategic Plan
NTD	Neglected Tropical Diseases
NTWG	National Technical Working Group
PFA	Psychological First Aid
PFSA	Pharmaceutical Fund and Supply Agency
PH	Public Health
PHC	Primary Health Care
PHCU	Primary Health Care Unit
PMED	Pharmaceutical and Medical Equipment
PPD	Policy and Planning Directorate
PTSD	Post-Trauma Stress Disorder
RHB	Regional Health Bureau
SAPs	Service Availability and Preparedness Survey
SARA	Service Availability Readiness Assessment Survey
SBCC	Social and Behaviour Change Communication
SBGV	Sexual and Gender Based Violence
SDG	Sustainable Development Goal
SUD	Substance Use Disorder
TBL	Tuberculosis and Leprosy
UN	United Nation
UNCRPD	UNC for the Right of Peoples with Disability
UNHCR	United Nations High Commissioner for Refugees
WB	World Bank
WHO	World Health Organization
YLD	Years Lived with disability

National Mental Health Strategy 2020-2025

(2013-2017 EFY)

Chapter One: Introduction

1.1 Background

“Mental health and well-being are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living, and enjoy life. They directly underpin the core human and social values of independency of thought and action, happiness, friendship and solidarity. On this basis, the promotion, protection, and restoration of mental health can be regarded as vital concerns of individuals, communities, and societies throughout the world.” (WHOa, 2013)’

Mental health is a fundamental component of WHO’s definition of health and is defined as “a state of well-being whereby individuals recognise and realise their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities” (WHO 2001a).With regards to children, the comprehensive mental health action plan 2013-2020 emphasis on the presence of a positive sense of identity, the ability to manage thoughts, emotions, as well as to build social relationships, and the aptitude to learn and to acquire an education, ultimately enabling their full active participation in society.

On the other hand, upset to a person’s mental well-being compromises the capacity and the choices made, leading not only to diminished functioning at the individual level, but also to broader problems of well-being for the household and society.The phrase mental illness, mental disorders or psychiatric disorders are usually used exchangeable and are defined by WHO as “a behavioural or psychological syndrome or pattern associated with distress (e.g. a painful symptom), or with a significantly increased risk of suffering, death, pain, inability, or an important loss of freedom” (WHO). These include disorders such as depression, bipolar affective disorder, schizophrenia, anxiety disorders, dementia, substance use disorders, intellectual disabilities, and developmental and behavioural disorders with onset usually occurring in childhood and adolescence, including autism. Suicide, epilepsy and psychosocial disabilities are also included in this strategy.

1.1.1 Mental health and social inequalities

Risk factors for many common mental disorders are heavily associated with social inequalities (WHO, 2001). One of these socioeconomic determinants of mental health problems is poverty. Mental disorders frequently lead individuals and their families into poverty as the income or contribution they make for their family is affected. Conversely, poverty may lead to mental illness because of stressful living arising from a multiplicity of the unmet needs (WHO, 2017). In Ethiopia, households of people with severe mental disorders were twice as likely to experience severe food insecurity (Tirfessa el al, 2017).

Additionally, individuals with mental health problems are commonly subject to stigma, discrimination and victimisation and are vulnerable to violation of their rights in many ways, including the right to be employed, promoted, and elected.

1.1.2. Mental health and Adolescent and youth

In Ethiopia, mental illness is the leading non-communicable disorder in terms of burden. At prevalence of 12-25% childhood mental illnesses make the highest burden of mental illnesses in thehealth sector. Through implementing the national mental health strategy, the MOH has made significant strides in expanding mental health care

integrated in the mainstream primary health care system. However, limited access to these services remains an important challenge to effectively combat mental health concerns of adolescents and youth.

1.1.3 Mental health and substance use

Substance use is one of the biological determinants for the occurrence of various mental health problems (Lund et al., 2011) and substance use disorders and mental illness sometimes occur together, resulting in co-morbid disorders. In Ethiopia, khat/chat chewing is emerging as a widespread substance use problem. Khat use seems to be a gateway to the use of many psychoactive substances of abuse. Evidence from studies conducted in countries where khat/chatuse was part of a cultural norm indicates that khat/chat use is related with a variety of physical health, mental health, social, and economic problems (Molla et al, 2015).

1.1.4 Mental health and chronic medical illness

The occurrence of mental health problems increases many fold in those with chronic medical illness (Ann et al., 2012). Mental disorders also impose a range of consequences on the course and outcome of co-morbid chronic conditions, such as cancer, heart disease, diabetes, HIV and tuberculosis. Numerous studies have demonstrated that patients with untreated mental disorders are at heightened risk for poor health behaviour, non-compliance with prescribed medical regimens, diminished immune functioning, and unfavourable disease outcomes.

Conversely, people with mental health problems have greater risk of developing the above communicable and non-communicable diseases, indicating the need for an integrated approach in managing these chronic physical health conditions and mental health problems (Hertetal, 2011; WHO, 2018). In Ethiopia, co-morbid depression in people with tuberculosis is rarely detected and treated but is associated with increased mortality and defaulting from care (AmbawFetal,2018).Excess mortality is seen in people with psychoses and depression in the Ethiopian context, largely resulting from under-nutrition and infectious disease [Fekadu A et al,2015).

1.2. Country context

1.2.1 Geographic

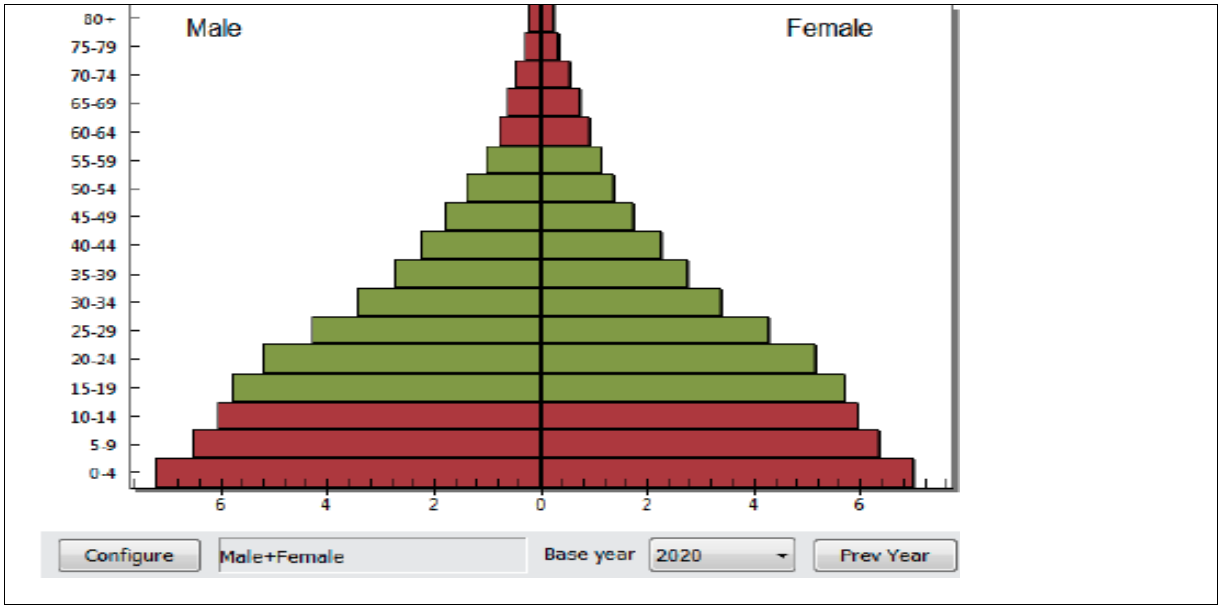
Located in the horn of Africa, Ethiopia is the second most populous country in the region. Ethiopia borders six countries - Eritrea to the north; Djibouti to the east; the Republic of the Sudan and South Sudan to the west; Kenya to the south; and Somalia to the Southeast. The country covers an area of 1.1 million square Kilometres with altitude ranging from as high as 4,620m above sea level to 110m below sea level at the Danakil depression in the northeast.

1.2.2 Socio-Demography

With an estimated population of close to 109 million, Ethiopia is characterized by young population of 67% younger than 30 years of age. While the male to female sex ratio is almost one, women of reproductive age group constitute around 26% of the total population **(**Figure 1; CSA, 2012).

This high proportion of young population and an emerging elderly population puts the country in a bi-modal burden of mental health conditions. Exposure to adversity at a young age is an established preventable risk factor for mental and substance use disorders. Poor mental health is found to have a significant association with female gender and age greater than 51 years old, among other factors identified(VajiheArmanmehretal, 2016 and Manuela Silva etal, 2016).

Figure 1: Population pyramid of Ethiopia, 2020.



1.2.3 Socio-economic and human development

Ethiopia is a low-income country, which is heavily reliant on the agriculture sector. The country has undergone major economic reforms to achieve annual economic growth averaged of 10.5% over the past 15 years, when Gross Domestic Product (GDP) per capita increased from US$125 in 2000 to US$862 in 2016/7. This has resulted in reduction in poverty incidence from 46% in 2000 to 24% in 2016. The observed economic improvements were associated with human and social sector development (2016 poverty interim report pp14; UNDP 2018 Ethiopia progress towards eradicating poverty, MOH, WHO, World Bank, EDHS 2016). However, such progresses are not equitable. It has marked differences between population in urban and rural areas and across regional administrations, and socioeconomic strata.[1]

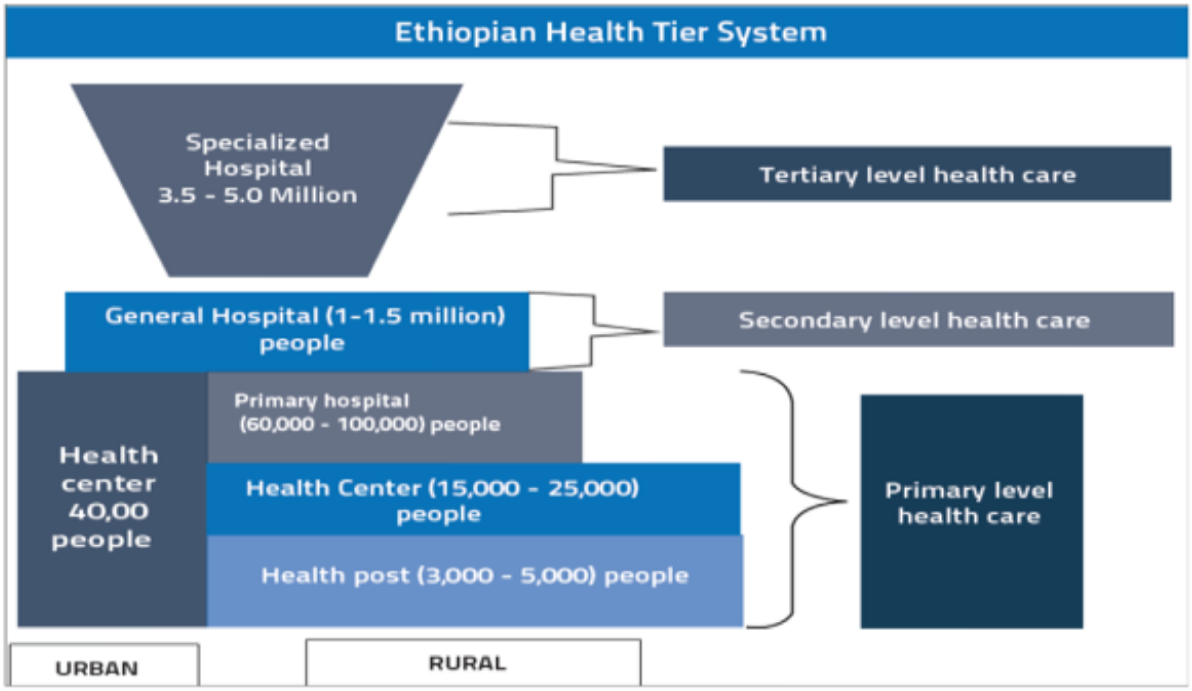
The literacy rate stands at a national average of 50%. Ethiopia is one of the least urbanized countries in the world with close to 79% of the population residing in rural areas, though the country is experiencing rapid urbanization increase and rural-urban influx. Rural-urban migration, pressured urbanization as well as internal displacements due to conflicts and disasters are also some of the factors that may contribute to mental health challenges(Srivastava K, 2009; MorinaNetal , 2018).

Ethiopia is in epidemiologic transition and a triple burden of disease is already emerging with the mix of persistent infectious diseases, increasing non-communicable diseases and injuries. Country Profiles 2018 Report by the World Health Organization indicated there were a total of 700,000 deaths in Ethiopia in 2016. Among these deaths 39 % was attributed to non-communicable diseases (NCDs), 12% to Injuries and 49% to Communicable, maternal, perinatal and nutritional (CMNN) conditions.

1.2.4 Health sector policy and strategies

The health sector policy of Ethiopia prioritizes health promotion and disease prevention and delivery of package of essential health services through primary health care approach. The national Essential Health Service Package (EHSP) provides guidance on priority areas to achieving the goals of universal health coverage (UHC). The health policy is implemented through a series of five years health sector transformation plan (HSTP).

[1]Assefa Y, Damme WV, Williams OD, *et al*. Successes and challenges of the millennium development goals in Ethiopia: lessons for the sustainable development goals. BMJ Glob Health 2017;2:e000318. doi:10.1136/bmjgh-2017-000318.



HSTP-I has been implemented from 2016-2020; and the country has developed HSTP II for 2020/21-2024/25 and will be implemented as of July 2020.

1.2.5 Health governanceand service delivery system

Health service delivery is governed by the Federal Ministry of Health (MOH) and regional health bureaus (RHBs), which are autonomous and accountable to their regional counsel. The governance structure follows the political administrative structure and extends down up to the Woreda. The national Mental Health program is placed under the Disease prevention control directorate in the MoH and similar structure is expected at the RHBs with focal persons up to the woreda (district) health offices.

The public health service delivery system of Ethiopia is organized in three tiers: Primary, Secondary, and Tertiary levels care. The primary care unit, the smallest primary care unit, comprises of five satellite health posts, and referral health centre and primary hospital in rural areas and a health centre in urban settings. A primary hospital, with an inpatient capacity of 25-50 beds provides inpatient and ambulatory care to around 100,000 population. General hospitals serve as referral centre for primary hospitals and expected to serve around 1.5 million people. General hospitals also serve as training centres for health officers and nurses. Specialized tertiary referral and teaching hospitals have potential to serve 3-5 million population.

Figure 2:- The Ethiopian Health Tier System

The national mid-term review of the HSTP I highlights limited coordinated referral system at different service delivery levels and suboptimal public-private partnership as challenges for public health facilities. The private sector provides outpatient, inpatient, laboratory and imaging services and pharmaceuticals to significant proportion of the population in

the country. There are more than 12,000 private health facilities which include primary, medium, and specialty clinics and centres; hospitals, and drug outlets.

1.3 Burden of mental health, neurological and substance use problems

1.3.1 Global context

Mental, neurological and substance use disorders are major contributors to a significant proportion of the global burden of diseases (Harvey & Whitefordet al, 2015). These conditions affect 25% of all people at some point in their life time and account for 10.5% of DALYs and 25% of YLD (WHO, 2001 and Vos T et al, 2012).It is also estimated that the cumulative global impact of mental disorder in terms of lost economic output would amount to $16 trillion over the coming 20 years (Bloom DE et al,2011).

The most prevalent psychiatric conditions are depressive disorders and anxiety disorders globally. In 2015, the total number of people living with depression in the world was estimated to be 322 million. There were also notable links between specific types of mental health disorders and suicide showing a pooled relative risk of suicide across a range of mental health and substance use disorders as shown in the table 1 below (Ferrari et al, (2015). In 2015, suicide is estimated to take the life of over 800,000 people per year globally.

Table 2: Global pool relative risk between suicide and other MNS disorders, 2015

Disorder	Pooled relative risk (95% UI)
Major depressive disorder	19.9 (9.5-41.7)
Anxiety disorder	2.7 (1.7-4.3)
Schizophrenia	12.6 (11.0-14.5)
Bipolar disorder	5.7 (2.6-12.4)
Anorexia nervosa	7.6 (2.2-25.6)
Alcohol dependence	9.8 (9.0-10.7)
Opioid dependence	6.9 (4.5-10.5)
Psychostimulant dependence	8.2 (3.9-16.9)

1: The global pooled relative risk between suicide and other MNS disorders, 2015
Source:https://ourworldindata.org/mental-health#link-between-mental-health-and-suicide(2016)

When it comes to substance use, 1.8% of the worldwide disease burden is attributable to substance use disorders (1.2% to alcohol use disorders and 0.6% to drug use disorders).Harmful use of alcohol is among the top five risk factors contributing to the global burden of disease. Alcohol-attributable disease burden, which includes but is not limited to, alcohol use disorders, amounts to 5.1% of the global burden of disease and injury. Additionally, illicit drug use continues to constitute a serious threat to public health and to people's safety and well-being, particularly that of children, young people, and their families (WHO, 2015).

1.3.2 Burden of MNS disorders and Psychosocial disabilities in Ethiopia

According to a large community based study conducted in a predominantly rural area of Ethiopia, mental illness was found to comprise 11% of the total burden of disease, with schizophrenia and depression included in the top ten most burdensome conditions, out-ranking HIV/AIDS (Abdulahi, 2001).A systematic review and meta-analysis also indicated the prevalence of common mental illness to be 21.58% and 36.43% in the general population and among patients with co-morbid conditions respectively (Getachew M et al, 2020).

The crude suicide rates in Ethiopia are reported to have increased from 7.9 to 8.4 per 100,000 population from 2005 to 2015 (WHOb, 2017). However, the actual suicide rate is likely to be substantially higher because the stigma and taboos associated with suicide lead to under-reporting. Accurate estimates of suicide in Ethiopia are not available.

Hence, there needs to be a priority for action by the Ministry of Health so that we can report against agreed suicide targets in the WHO mental health action plan.

Based on NCD STEPS Survey conducted by EPHI, current alcohol, and khat/chat use is found to be 40.7% and 15.8% respectively (both of which were higher in males than females) but mental, neurological and substance use disorders were not assessed. Mental, neurological and substance use disorders contributing significantly to the national burden of diseases as shown in the table below.

Table 3 Prevalence of Priority MNS conditions in Ethiopia, 2017

Group	Mental Illness	Prevalence	Years and Sources
Common Mental Disorders	Depression, Anxiety and Psychological distress	21.56%-27.9%[10]	2018 (GetachewMetal, 2020)
Severe Mental Disorders	Schizophrenia	0.5%	2012-2016 (ENMHS)
	Bipolar disorder	0.63%	2017 (IMHE and WHO data)
	Major Depression	6.80%	2018(NCDI C report)
Substance Use Disorders	Alcohol Use Disorders	1.86%	2017 (IMHE and WHO data)
	Khat Use Disorder	5%[8]	2017(Michael O. et al)
	Drug Use (includes Opioids, Cannabis)	0.50%	2017 (IMHE and WHO data)
Childhood and Adolescent Mental Disorders	ADHD, Oppositional Defiant Disorders/Conduct Disorders, Anxiety Disorders, Mood Disorders, Elimination Disorders, Autism spectrum disorders	12 – 25% (1.5%, 1.5%,1.6%,1%, 0.8%) [4]and 0.63%[6]	2020(WHO)
Neurologic disorders	Epilepsy	1.0 %[9]	1997
	Headache(Primary)	44.9% in the preceding year[5]	2016
	Dementia	2.4%[7]	2012

IMHE & WHO data - cited:https://ourworldindata.org/mental-health 2016 - published 2020 – IHME.[4] Prevalence of mental andbehaviouraldisordersinEthiopianchildren:https://www.researchgate.net/publication/11369085_Prevalence_of_mental_and_behavioral_disorders_in_Ethiopian_children [accessed Jun 29 2020].[5]Mehila Z etal, (2016).[6] WHO, (4th April 2017).[7]Rhiannon Genet al (2012).[8] Michael O. etal,(2017)Khat use and related addiction, mental health and Physical disorders: the need to address a growing risk. EMHJ Vol. 23 No. 3 ,2017.TekleHaimanot R etal, 1997. "Incidence of epilepsy in rural central Ethiopia."Epilepsia**38**: 541-546.[10]Fekadu Aetal 2004; Getachew Metal, 2020

ChapterTwo: Policy and Programming Environment of Mental Health

2.1 Global Reorientation

The 1993 World Development Report by the World Bank was instrumental in reorienting the global attention from giving too much emphasis for mortality to greater understanding of the economic consequences of morbidities including mental illness. This has been a key in emphasising the importance of addressing mental health problems and substance use disorders for the sake of ensuring social economic progress. Hence, since 2001 WHO has taken the leading role in bringing mental health issues to the attention of the public, government officials and public health communities, and subsequently was able to get the pledge from member states for an unreserved commitment to mental health.

2.2National Response on Mental Health

The health policy of the country has long made it clear that mental health is one of its priority and strategic issues (FDRE, 1993).As a result Mental Health issues was included in the Health Sector Development Programme (HSDP) as one of the priority areas and this led to the development of the 2012-2016 National Mental Health Strategy. Around the same time, the Mental Health program was established under the NCD case team of the Disease Prevention and Control Directorate. Central to the previous National Mental Health Strategy was making mental health services accessible by integrating mental health with the Primary Health Care Unit (PHCU) through scaling up implementation of WHOs mental health Gap Action Programme (mhGAP).Since 2019, the mental health program is separated from NCD case team and scaledup to mental health case team.

2.2.1 National Mental Health Strategy 2012-2016

The Federal Ministry of Health's (MOH) developed the first National Mental Health Strategy marking an important milestone towards the delivery of a comprehensive and integrated program to address the mental health needs of Ethiopians. The National Mental Health Strategy 2012-2026 mandated that mental health be integrated into the primary health care system. The strategy promoted a decentralized approach in which mental health services are available at local hospitals, district and regional health centres and tertiary facilities. It also aimed to ensure that those who require services have access to treatment as close to their home as possible and in the least restrictive environment.

Following the great success in expansion of health services through rapid expansion of infrastructure, increased availability of skilled human resources and increased budgetary allocation, improvement in Quality of health services, including mental, has been the priority.

Public Mental Health services

Hospital level

Health service facilities providing mental health service are evidencing a gradual increasing in number albeit far from being adequate to the need on the ground. There is one dedicated psychiatric hospital in Addis Ababa with 268 beds, namely St Amanuel Specialized Mental Hospital. Kotebe general hospital is the second big hospital with 150 psychiatric beds. According to the mapping finding obtained through interviewing the regional mental health focal points, the number of hospitals providing mental health service nationally at outpatient level are estimated to constitute 25% {11 in Addis Ababa (Tikur Anbessa, Amanuel, St Paul's ,Alert, St Petros, Zewditu, Tirunesh Beijing, Ras Desta, Yekatit 12,Minilik the II ,Police, Armed Force, Prison administration) and 100 regional hospital(primary, secondary and tertiary care Hospitals)} of all hospitals nationally. And the 2020 annual report by all regions, indicated that 26 percent of health facilities to have integrated mental health service into their general service (1040 facilities /3650 functional health centers+ 400 hospitals).

But in terms of adult in patient care (adult inpatient care indicators include mental hospital, forensic inpatient units, psychiatric wards, community residential facilities) 6 in Addis Ababa (Amanuel =268 beds, Armed Forces = 50 beds, YekaKotebe= 150 ,St Peter= 13, St Paulos= 30, Kality Prison = 36, Police Referral Hospital = 5 beds) and at least 8 in regional towns (Jimma = 26 beds ,Ayder= 9 beds, University of Gondar = 21,Metu Karl Hospital = 4 , HiwotFana =12, dilchora=7, Adama Hospital=12) will add up to 843 (including Gefersa Rehabilitation center) bed capacity to give estimate reflective of the rate of bed for inpatient mental health care in LMIC as reported by WHO atlas ,2017

Child and adolescent mental health units are available into two hospitals only. Both of them are located in Addis Ababa(St Paul's and Yekatit 12 Hospitals). None of these facilities have in patient service for children and adolescents. Forensic psychiatric service is being rendered in St Ammanuel Hospital with eleven bed capacity. Regarding substance use treatment centers there are 5 out-patient facilities in Addis Ababa (St Amanuel, St Paul's, Zewuditu and Ayder and Gefersa Rehabilitation center) and 4 in-patient facilities (St Amanuel = 16 beds, St Paul's = 5 beds, Zewuditu Hospital= 4; Ayder) making the total bed capacity of 30 only. There is no long stay rehabilitation center nationally except the Gefersa Rehab center which is serving peoples with chronic mental illness with a total bed capacity of 200.

Health Centre and Health Post level

According a 2016 report from Amanuel Specialized Mental Hospital twenty four health centres are providing mental health services being led by psychiatric nurse. Twenty one of these are in Addis Ababa. In 2014 the mhGAP program a total of 244 health centres were involved though their functional status is not well known. In 2020 the mhGAP version 2.0 is adapted and 80 health centres are involved in the cascade training. Based on reported by regional mental health focal person6% of the the functional health centres are providing mental health services. And 743 health centres are reported to have implemented PHCG.However, at the health post level there is no evidence that mental health services are being provided.

Private Mental Health Facilities

Over the past few years, the number of private facilities providing mental health care has apparently increased. The exact number and the capacity of these centres are not studied but around five of them are functioning in Addis Ababa and the rest in the regions. Most of them are owned and run by mental health specialists

In the past few years, the number of private mental health facilities providing mental health care is on the rise. However, number and the capacity of these centresare not studied but around five of them

are functioning in Addis Ababa and the rest in the regions. Most of them are owned and run by mental health specialists and refer cases to hospitals

Other Non-Governmental Mental Health Facilities

Full picture of the agencies working on mental health nationally is lacking. These include NGOs, CSOs CBOs (Mekedonia, Gergeson and others), FBOs, traditional healers and others working on mental health conditions. Due consideration needs to be given in terms of building their capacity and linkage with the formal sector. The completion of a national mental health mapping study (4W's – Who is where, when and doing what) should be undertaken to understand what types of mental health services are provided and how collaboration and partnership can be undertaken to strengthen and deliver quality services. On the humanitarian side however MHPSS is well mapped out (UNICEF,2020)

2.2.3 Human resource for mental Health

Ethiopia's mental health workforce per 100,000 of the population is reflective of that of LMIC (less than 2%) as reported by WHO atlas 2017 and it is far below what is recommended by WHO (WHO atlas,2017 and Bruckner et al, 2011). This can be easily visualized from the summary table below.

Table 3WHO recommendation and Mental health human resource rates of Ethiopia, 2018.

Ethiopia	Psychiatrist	M.Sc.	B.Sc.	Psych Nurse	Clinical Psych	Social Worker	Therapist
	0.1088	0.58			0.045	0.009	0
WHO	Psychiatrist	Nurses			Psychosocial workers		
	0.898	8.34*			7.85*		

*WHO assessment and recommendation used categories for Nurses included general nursing staff providing mental health services and psychiatric nurses; psychosocial workers included psychologists, social workers and occupational therapists (Bruckner et al, 2011).

According to MoH National Health Work Update 2019 mental health professionals constitute 0.26% of the national health workforce. There are 111 practicing general psychiatrists; 46 Clinical Psychologist-[MSc]; 10 social workers; 165 Mental Health –MSc; 320 Psychiatry professional-BSc and 111 Psychiatry professional-advance Diploma nationally. Subspecialty wise there are one Forensic, one Addiction and two child and adolescent psychiatrists.

Mental Health Training

Historically the Psychiatric Nurse training program, which was started in 1983, has enabled the country to fill some of the voids created by the lack of high-level mental health professionals. In 2003, Addis Ababa University started a three-year Psychiatry residence programme in collaboration with the University of Toronto through TAAP (Toronto Addis Ababa Psychiatry Collaboration). Few years back the same program was initiated in St Pauls Millennium Medical College and Jimma University. To date, 111 psychiatrists have graduated from the residency programmes. A PhD in Mental Health Epidemiology was started in 2011, and 6 have graduated, and 20 are currently in the program.MSc in clinical Psychology is being provided in Addis Ababa University and University of Gondar.

There are two universities providing MSc in Psychiatry training. Ten universities are also offering BSc in Psychiatry. In 2020, around 5,000 urban HEWs were involved in the integrated refresher training which has mental health and non-communicable diseases portions and the rural version is also being pilot tested.

2.2.4. Health Products and Technologies

One of the prominent challenges in mental health service provision is the lack of sustainable availability of psychopharmacologic agents in almost all settings. Additionally, affordability of these drugs is another challenge. Availing safe, effective, cheap and generic medications that can treat a broader range of mental health issues whilst establishing a mechanism for fast tracking of procured drugs is a priority. EEG and ECT availability is also limited in few mental health service settings.

2.3. Policy and implementation gaps of the NSP 2012/13 - 2015/16.

When it comes to Mental Health Care only 26% of the facilities are reported to integrate mental health service in their general service facilities. According to the mapping exercise conducted by mental health program in 2018-2019 only 25% of the hospitals

There seems to be scarcity of data regarding the quality of mental health services in facilities providing it. Yet there is no national quality standard for mental health service at all levels. The national mental health service Quality Right assessment conducted in 2012 in Selected Hospitals showed:

- The right to an adequate standard of living (Article 28 of the CRPD) – 100 % of the facilities providing in patient care achieved partially
- The right to enjoyment of the highest attainable standard of physical and mental health (Article 25 of the CRPD) 93 % achieved partially
- The right to exercise legal capacity and the right to personal liberty and security of person (Articles 12 and 14 of the CRPD) 25% evidenced minimal initiatives and the rest 50 % achieved partially
- Freedom from torture or cruel, inhuman or degrading treatment or punishment and from exploitation, violence and abuse (Articles 15 and 16 of the CRPD) 25% evidenced minimal initiatives and the rest 75 % achieved partially
- The right to live independently and be included in the community (Article 19 of the CRPD) 38%2evidenced minimal initiative (A/I)

Table 4Performance of National Mental Health Strategy I 2012-2016

SWOTAnalysisofMentalHealth

Analysis of strengths, weaknesses, opportunities and threats (SWOT) is a crucial step to understand potential gaps and strengths in the delivery and provision of mental health services and to be well informed in the development process of this strategy.

Table 5Summary table of analysis of strengths, weaknesses, opportunities and threats

Summary of NMHSAP-I Performance against national and global targets						
Indicators	Type of I	Base line	Target	Achievement in 2020		Remark
Mental health as global burden of diseases (DALY/1000)	Impact	2131	1719	NA		No survey conducted
Proportion of persons with severe mental disorder who are using services [%). –WHO	Out put	N/A	Increase by 20%			
Proportion of persons with Psychosis who are using services	Out put	2%	30%	10% (Fekadu A and Thornicroft G,2014 Global mental health)		Base line and targets from HSTP-I
Proportion of persons with Bipolar Disorder who are using services	Out put	2%	30%			
Proportion of persons with Depressive Disorder who are using services	Out put	1%	20%	5% (Shekhar Sanxina 2018)		
Proportion of persons with Nicotine dependence who are using services	Out put	0%	15%	1%		
Proportion of persons with Alcohol dependence who are using services	Out put	1%	15%	1%		
Prevalence of Khat Use 15+	Outcome	7.7%	35% reduction	20%		
Proportion of eligible population who received mental health service (psychosis, depression, bipolar disorder and epilepsy)	Outcome	N/A	50%(NMHS-I)	5-10%		
Health facilities with stock out for tracer psychotropic medication	Input	35%	0	***		
Number of suicide deaths per year per 100000 population(WHO)	Outcome	8.4/100000	6.72/100000	11.38%		
Mental health professional to population ratio by category	Out put	0.65/100,000	3/100,000	<1/100000		
Proportion of health facilities providing integrated mental health services	Out put	10%	50%	26%		
Beds allocated for mental health clients per 1 million population	Input	5	25	Less than 10		

Strengths	Weaknesses/Limitations

- There is political will in the leadership - HSTP address mental health - National mental health strategy - Mental Health focal persons being assigned - Recent expansion in the number and mix of mental health professional trainings - Increase in public and private mental health services - Increased integration of mental health services in health centres and hospitals - Mental Health and HIV integration is being piloted - Level IV Health extension workers trained to deliver mental health package - District and Community Based Health Information Systems being implemented - Adolescents Mental health is recognized at the national AYH strategy - Banning alcohol advertisement through government and private media	- Low level of awareness by political leaders, the public and health professionals about mental health problems - Inadequate and inequitable resource allocation - Limited accessibility and poor quality of mental health services at all levels - Low HR deployment and weak training systems - Lack of Mental Health service delivery standards at different Levels. - In availability and unaffordability of medications and diagnostics - Very limited PSS and other biological interventions. - Almost no HMIS indicators for mental health - Weak Monitoring and evaluation of mental health programmes - No standardised or established referral system - Limited focus on childhood developmental disorders - HEWs not required to report mental health activities or supervised in mental health - Limited rehabilitation and social safety net provisions for the mentally ill. - Limited policy-relevant researches on mental health - Limited commitment to involving patients and family members in planning and providing services - Poor interdisciplinary work among mental health professionals
Opportunities	Threats
- Economic growth, improved transport and communication - Expansion of health facilities nationally - Improved access to education - Mental Health and Substance use problems are targets of Sustainable Development Goals (SDG) - The New Ethiopian Primary Health Clinical Guidelines roll out will facilitate horizontal mental health care integration into HCs - Availability of national drug manufacturing - Roll out of community-based health insurance (which includes mental health conditions) - Expansion of community-based health insurance - Establishment of mental service users association - Existing mass media interest on mental health	- Weak enforcement of legislations on harmful substances like khat/chat, alcohol, drugs - Poor donor interest on funding mental health programs - Poor multi-sectoral collaboration (Police, Revenue and Customs, Education, Women, Children and Youth Ministry, Judiciary…) - High levels of stigma against people with mental health problems - Competing health priorities with high mortality and short-term high impact intervention. No legislation that can address the special needs of mentally ill persons

2.3.2StakeholdersAnalysis

Achievement of the mission and the objectives of the National Mental Health Strategy will be largely dependent on the collective efforts and roles played by the different stakeholders. A list and analysis of current national and international stakeholders is indicated in Annex V.Stakeholder listing and corresponding analysis will be conducted periodically.

Chapter Three: National Mental Health Strategic Vision, Goals and Objectives

3.1 Vision

To see a healthy, productive and prosperous society in Ethiopiawhere in mental health is valued, promoted, people are protected and prevented from risk factors and persons with mental health conditions get quality right based health and social care in a timely way.

3.2 Goal

To promote mental well-being, prevent mental disorders, provide care and enhance recovery of persons with mental health conditions and psychosocial disability.

3.3 Principles and Approaches

Alignment with the national health policy and health sector plan policy Environment and Health Sector Strategy: - The national mental Health Strategy runs in line with the National Health Policy of 1993, and Health Sector Transformation Plan (HSTP). The policy environment is highly motivated by strong Government commitment. Thus, the existence of strong commitment of the government paves a way for smooth running of the planned activities and encourages active involvement and engagement of all stakeholders in the execution of the planned activities.

The 2nd edition of the National Essential Health Services package, which was prepared in 2019, outlines list of mental health service intervention to be implemented at the different levels of the health system. The five years HSTP for 2020/21-2024/25 (HSTP II) was developed and will be implemented as of July 2020. Mental health is identified as one of the top priorities in this HSTP II. Mental health promotion, prevention and management of common mental health problems such as depression, bipolar disorder, and psychiatric disorders are given a due attention. The HSTP II outlined the major interventions that will be implemented including advocacy, social mobilization, behavioural change communication, strengthening social support, capacity building, and expansion of access to medication, psychosocial interventions and rehabilitation.

Universal health coverage: Persons with mental health conditions should have affordable access to essential health and social services that enable them to achieve recovery and the highest attainable standard of health.

Primary Health Care: Services at the primary health care level are generally the most accessible, affordable and acceptable for communities. Where mental health is integrated as part of these services, access is improved, mental disorders are more likely to be identified and treated, and comorbid physical and mental health problems managed in a seamless way.

Evidence-based practice: The strategy will be based on scientific evidence and/or best practice, taking into account cultural and contextual considerations.

Life-course approach: The strategy will take account of health and social needs at all stages of the life course, including infancy, childhood, adolescence, adulthood and older age.

Accessibility and equity: Mental health services should be accessible and available to all, regardless of their geographical location, age, sex, socioeconomic status, race, religion, ethnicity or sexual orientation.

Multi-sectoral approach: The strategy emphasises engagement of multiple sectors such as health, education, labour and social affairs, civil service and human resources, justice, housing, social and other relevant sectors as well as the private and non-governmental sector, as appropriate to the country situation.

Empowerment of persons with mental health conditions and psychosocial disabilities: Persons with mental health conditions and psychosocial disabilities will be empowered and involved in mental health advocacy, policy, planning, legislation, training, service provision, research, monitory and evaluation.

Recovery oriented mental health practice: acknowledges that each individual is an expert on their own life and that **recovery** involves working in partnership with individuals and their carers to provide support in a way that makes sense to them.

Inclusion in the community: every person (irrespective of age, disability, gender, religion, sexual preference or nationality) who wishes to can access and participate fully in all aspects of an activity or service in the same way as any other member of the **community**

Right based approach

People with mental health conditions face a wide range of human right violations within the community, traditional treatments and in the health care context. They are often denied their basic human rights; discriminated against in terms of employment, promotion, education and housing, and some are denied the opportunity to vote, get married and have a family. As a result, people with mental health conditions are left to poverty, lack of access to appropriate care, marginalised existence and a protracted course of recovery and lower quality of life in general. As a signatory of the UN Convention on the Rights of Persons with Disability (CRPD), the government of Ethiopia will ensure the right of people with mental health conditions are observed through awareness raising, advocacy for changes and development of mental health policies and laws that facilitate access to care where needed and protect the right of people with mental health conditions.

3.4 Objectives

Objective 1: To strengthen effective leadership and governance for mental health

Objective 2: To enhance the quality and accessibility of mental health service delivery through meeting mental health human resource standard

Objective 3: To empower individuals, families and population at large to promote their mental health, help protect themselves from risk factors and create enabling conditions (legislative, regulatory, policy and taxation) that would facilitate target audiences to advance their mental health.

Objective 4: To enhance detection of mental health conditions at an early stage in order to be able to initiate prompt treatment, care, and rehabilitative and integration in to the communitythrough ensuring optimal infrastructure and sustainable supply of materials such as equipment, medications and technologies.

Objective 5: To establish and strengthen information systems, evidence and research for the mental health sector.

3.5 Targets of the national strategic action plan

The WHO mental health action plan 2013 - 2020, outlines six targets (see **Annex 4**) for the prevention and control of mental health and psychosocial disability by the year 2020.The current national mental health strategic plan clearly defines targets for prevention and control mental health and psychosocial disability in the Ethiopian context as has been included partly in the HSTP2 (2020/21-2024/25).

Table 6Core National Mental Health Indicators and targets 2020-2025

Indicators	Base line(Reference)	2025
Proportion of Health facilities meeting the HR Standard	-	70%
Proportion of health facilities providing mental health services disaggregated by level of care	26% National report 2019)	70%(Health Centres) and 100%(Hospitals)
Treatment coverage for Depressive disorders	5% (Shekhar Sanxina, 2010)	30%
Treatment coverage for Psychotic disorders	10% (Fekadu A and Thornicroft G,2014)	50%
Treatment coverage for Bipolar disorders	10% (NMHS 2012-16)	50%
Treatment coverage for Epilepsy	20% (WHO(2010), C.Espinosa-Jovelet al,2018)	60%
Treatment coverage for SUD	2% Atlas of SUD, 2010	20%
Prevalence of alcohol use disorders	1.86%	1.6%(20% reduction)
Prevalence of Khat Use disorders	5%	4%(20% reduction)
Prevalence of Ciggarete smoking	4.9%	3.4%(30% reduction)
Treatment coverage for Dementia	1%()	20%

Treatment coverage for Child and adolescent MH problems	1%()	20%
Decrease the suicide death per 100,000	11.38	10.57
Decrease the prevalence of suicide attempt	3.20%	2.88%
Number of i indicators in DHIS-2	1	5

Based on recommendation by WHO and the Ethiopia NCDI Commission and stipulation by the national technical working group for mental health the NMHSP is organized by priority area, consisting of fiver targeted areas of intervention that will guide the implementation of mental health and psychosocial disability activities.

The priority areas are:

- **Priority Area One**: GOVERNANCE, LEADERSHIP, COORDINATION,COLLABOARATION AND PARTMENT
- **Priority Area Two:** DEVELOPMENT OF ADEQUATE AND COMPETENT HUMAN RESOURCE FOR MENTAL HEALTH (after pa 4)
- **Priority Area Three**: PROMOTION AND PREVENTION IN MENTAL HEALTH
- **Priority Area Four**: COMPREHENSIVE AND INTEGRATED CLINICAL INTERVENTIONS FOR MENTAL NEUROLOGICAL AND SUBSTANCE USE AND PSYCHOLOGICAL DISAILITY
- **Priority Area Five**: RESEARCH, SURVEILLANCE, MONITORING AND EVALUATION

The objectives, Strategic initiatives and key interventions of each priority areas are described in the subsequent sections of this document

Chapter Four:Strategic Priority Areas, Objectives, Strategic Initiatives and Key interventions.

Priority Area 1. Governance, leadership, coordination, collaboration and partnership.

Objective 1: To strengthen effective leadership and governance for mental health care

Governance is not just about government but extends to its relationship with nongovernmental organizations and civil society. MOH will facilitate the creation of a multi-sectoral coordination mechanism with other sectors such as Ministry of Education, Ministry of Labour and Social Affairs, Ministry of Justice, the Government Housing Agency and others in support of mental health initiatives at all levels of the administrative structure.

Key Targets:

- All RHBs have mental health case teams and Zones and Woredas have a Mental Health Focal Person by the end of 2025
- National Mental Health Institute established by the year 2025
- National mental health multi-sectoral body established and functional by the year 2023.

Strategicinitiatives 1: Develop, strengthen and implement national policies, strategies, guidelines, programs, and mental health act and laws

Description:- MOH and RHBs will have the lead responsibility to put in place appropriate institutional, legal, financing and service arrangements to ensure that the needs of people with mental health conditions are met and mental health is promoted for the whole population. Khat/chat use, alcohol consumptions and tobacco smoking will be addressed through appropriate national policies and regulatory measures. In Ethiopia, tobacco smoking, and harmful alcohol use and Khat/chat consumption need policy level intervention. Development and implementation of Mental Health Legislation and amendments of the Ethiopian law with a purpose of aligning it with CRPD principles are also neededto ensure the right of service users are respected.

Objectives:- The objective of this strategic initiative is to address the challenges posed by mental neurological and substance use conditions and psychosocial disabilities through policy and legal level interventions.

Key interventions:-

- Design specific policies, regulations and legislation to safeguard and address the mental health need of the peoples.
- Ensure public participation in designing and implementation of mental health interventions (prevention and care) policies.
- Use the multisectoral mechanism to advocate for amendment of laws of the country to enable implementation of CRPD
- Develop, update and roll out strategies to promote mental health and prevent/protect the public from the risk of developing mental health conditions, neurological and substance use problems and increase access to quality and equitable mental health services
- Develop and update guidelines, standards and Job aids on Promotion, Prevention, Care, Treatment, and rehabilitation of persons with mental, neurological and substance-use disorders regularly.

Key Outputs: National Mental Health Strategy of Ethiopia launched
Developed mental health legislation

Strategic initiatives 2: Strengthen Program Coordination, Collaboration, and Partnership

Description: - It is impossible to curb all the problems posed by MNS conditions and psychosocial disabilities through the work of one sector. Effective response requires the coordination of many government sectors and non-state actors. Hence it is required that program coordination at all level be strengthened and multi-sectoral coordination mechanism established among relevant ministries.

Objectives: - This strategic initiative is to create an organized response to the high burden and multifaceted challenge of mental health conditions and psychosocial disabilities. An effective, proactive and evidence informed mental health governance should be established at all levels to address the paramount challenges the country is facing as aresult of mental health conditions and psychosocial disabilities.

Key interventions:-

- Establish Mental Health Directorate at federal, Mental Health Case Teams at regional and focal persons at zonal and woreda levels and facilities level.
- Set up a national and sub national Mental Health Advisory group and technical taskforce.
- Mobilize adequate resources for Mental Health programs at all levels.
- Liaise withgovernmental and nongovernmental stakeholders in mental health to engage them in the development and implementation of policies, plans, laws and services relating to mental health, through a formalised structure.
- Conduct periodic stakeholder mapping exercises and analysis at all levels so that a joint plan of action be prepared, resources mobilised, performance review conducted and further decisions are enabled.
- Strengthen intra-sectoral collaborations at all level of the health administration with the Agencies (Ethiopian Public Health Institute, EFDA, EPSA and EHIA);Health service institutions (St Ammanuel Specialized Mental Hospital, Gefersa Rehabilitation Centre and Eka Kotebe General Hospital etc), Directorates(General Medical Services, Health Extension and Primary Health Care, Maternal and Child Health, Women child and Youth Affairs, Pharmaceutical and Medical Equipments ,Policy Planing Monitory and Evaluation etc.) and Programs (HIV,TB,NCD, NTD, School Health etc.) and corresponding will be strengthened.

Key Outputs

Mental health case team established in most of RHBs
National mental health advisory group

Strategic initiatives **3:- Establish Multisectoral Coordination Mechanism**

Description:- multisectoral mechanism brings all relevant sectors and stakeholders together to plan and discharge their role and responsibilities for effective promotion and prevention in mental health. This collective action will be realized through the Woreda Transformation Platform (WTP) which is composed of the WTP Steering Committee and the WTP Technical Working group at all levels.

Objective:- strengthen multisectoral response at all levels involving all relevant sectors and stakeholders for promotion and preventions in mental health and psychosocial wellbeing.

Key interventions

- Establish a functioning multi-sectoral coordinating body …… with a multi-sectoral accountability framework
- Ensure Integration of prevention and control of Mental health and their risk factors in the multisectoral Woreda Transformation Platform.
- Coordinate the development of the Multisectoral Action Plan (MSAP)
- Monitor implementation of the Joint Action Plan and
- Mobilize financial and technical resources for prevention and control of Mental health conditions.
- Ensure incorporation of mental health policies into other sectors policies

Key Outputs: Incorporated mental health policies into other sectors
Establish inter sectoral taskforce and meet regularly to address issues of mental health
Periodic stakeholder listing and analysis

Conduct mapping of stakeholders
Integration of mental health within other disease specific programs like HIV, Tuberculosis/Leprosy, NTDs, NCDs and others and social protection schemes

Strategic initiatives 4: Empowerment of people with mental disorders and consumer and family associations

Description:- A strong civil society, particularly organizations of people with mental disorders and psychosocial disabilities and families and carers, can help to create more effective and accountable policies, laws and services for mental health in a manner consistent with international and regional human rights instruments

Objective:- Empowerment of people with mental health conditions and their families/caregivers

Key interventions

- Involve them the identification of community needs, goals and objectives; the identification of appropriate interventions; advocate for change of laws which are not in alignment with CRPD, the identification of innovative approaches to address those needs and the allocation of budgets for community needs based on priority.
- Enable consumers/service users associations to take meaningful role in fighting against stigmatization of people with mental disorders and psychosocial disabilities; lobbying stakeholders for better availability of essential drugs and psychosocial interventions for treating MNS and psychosocial disabilities; to play active role in research activities starting from priority setting up to monitoring and evaluation of research outputs; provide inputs for mental health legislations .

Key Outputs: Conduct advocacy meetings, empower people with mental health conditions and psychosocial disabilities and their organisations

Collaboration with Support associations of mentally affected, families and other advocating for mentally affected ones

Strategic initiative 5: Ensuring adequate, fair and sustainable mental health care

Description: - Effective leadership entails planning, organising and financing health systems by involving multiple stakeholders at different administrative levels
Objective: to ensure mobilization and availability of financial resource for mental health action

Key Interventions:-

- Mobilise financial resources through different means i.e. advocacy for more resource allocation for mental health from the government and external donors .
- Ensure allocation of adequate budget across all relevant sectors that is sufficient for implementation of the agreed-upon evidence-based mental health plans and actions. This includes the following actions:
    - Dedicated budgets for mental health care will be specified at each level of the health system: woreda, zone, regional and federal levels and utilization will be regularly reported to the MoH.
    - Financial planning for MNS and psychosocial disabilities will be based on the evidence-based and contextualised. One Health planning tool as much as possible.
- Include mental health in Financing for Universal Health Coverage.

- Prioritize Mental health service provision for people with severe and enduring mental health conditions and psychosocial disabilities for free treatment, to avoid the catastrophic health care costs associated with a chronic or recurrent condition.
- Ensure inclusion of WHO recommended packages of care for people with mental health, neurological and substance use disorders within Community-Based Health Insurance and Social Health Insurance initiatives.
- Ensure inclusion of people with enduring mental health problems (psychosis, bipolar disorder, severe depression) in the poverty safety net programme.
- Advocate for part of the planned taxes on substances (alcohol, khat/chat and tobacco) ("Sin" taxes) be used to fund services for people with mental, neurological and substance use disorders.

Key Outputs: Leverage resources from other health programmes where mental health is a key component of holistic care
Advocate for more funding for mental health nationally and in regions- program management/budget and line item in domestic/regional health budget
Link with external donors to expand financial support for neglected areas of mental health

Strategy6: Establishing a National Institute of Mental Health

Description:-The NIMH will serve as a coordinating body for research, training, and as needed for service provision and creation of centre of excellence in mental health.

Objective:- to transform the understanding and promotion, prevention and care in mental health through basic and clinical research

Key Intervention

- Work closely withlegal affair directorate to finalize of the proclamation for establishment of NIMH
- Work closely with legal affair directorate to develop mental health institute establishment regulation
- Work closely with legal affair directorate to develop directive following enactment of the the legislation

Key Outputs: Hold consultative meetings with different stakeholders and carry outtheground work for the establishment of the NIMH

Priority Area 2. Promotion and Prevention in Mental Health.

Objective2: To empower individuals, families and population at large to promote their mental health, protect themselves from risk factors and create enabling conditions (legislative, regulatory, policy and taxation) that would facilitate advance in mental health of the people

MNS conditions evolve throughout the life cycle and their determinants are multifactorial. For that reason, mental health promotive and protectiveand MNS preventive interventions will encompass all stages of life. The overall mental health services for promotion and prevention will be coordinated under one specified leadership within the multi-sectoral setup .

Key Targets:

- 70% of health facilities (health centres, hospitals) provide promotive and preventive services for MNS by 2025.
- 100% of health posts provide promotive and preventive services for MNS by 2025.
- 100% of schools provide promotive and preventive services for MNS by 2025.

Strategic initiative 1: Increase public awareness on promotion and prevention in mental healthand the right of peoples with MNS conditions and bring positive change on stigmatizing attitudes on individuals with MNS conditions and psychosocial disabilities

Description- It is vital to meet not only the needs of persons with defined mental disorders, but also to protect and promote the mental well-being of all citizens. Mental health evolves throughout the life-cycle. Therefore, governments have an important role in using information on risk and protective factors for mental health to put in place actions to protect and promote mental health and prevent mental disorders and psychosocial disabilities at all stages of life.

Objective:-to enlighten the community about mental health conditions;bring about behavioural changes in relation to protective factors for mental health and risk factors for mental health conditions and psychosocial disabilities and the right and dignity of individuals with mental health conditions are respected and integrated in their community

Key Interventions

- Collaborate with medias(electronic and print medias) for awareness raising ,information campaigns that redress the stigmatization and human rights violations all too commonly associated with mental disorders; through media spot messages, mobile texts, newspaper articles, media panels and special day events
- Utilize the multisectoral mechanism to amend the law of the country and enforce adherence to CRPD; for promotion of the rights, opportunities and care of individuals with mental disorders; and raise awareness of the public ,leaders, administrators and professionals on the right of peoples with MNS conditions and psychosocial disabilities
- Collaborate with mental health service users association toengage people with mental illness and their families, caregivers etc in awareness creation activities.
- Use mental health days and International health days that celebrate mental health related themes to disseminate mental health messages

- Use community conversations, local information exchange traditions (like Dagua in Afar), other informal community organisations like Edir, Mahber, Senbete, Ekub and other local informal community organization plate forms.

Key Outputs: Develop communication strategy and health education modules on mental health and mental illness
Information, education and communication (IEC)/ Social and behavior change communication (SBCC) through print and electronic media

Strategic initiative 2:- Promote physical exercise and healthy lifestyles

Description:- Exercise promotes physical and mental well-being in individuals with depression . Similarly, relaxation techniques and music therapy effectively reduce depressive symptoms.

Objective:-Create awareness on the benefits of physical activity and to create conducive environment for physical exercise.

Key Interventions

- Creating public awareness on the health benefits of physical activity for promotive, preventive andcare aspect of mental health
- Collaborate with mass medias to create awareness on the health benefits of physical activity for promotive, preventive and care aspect of mental health
- Liaise with the Ministry of Youth and Sports to develop/adopt a strategic implementation plan to enforce the national sport policy.
- Liaise with the Ministry of Education for the promotion of all-inclusive physical activity in schools.
- Engage the Ministry of Housing and Construction and the Ministry of Transport to create an enabling environment for physical activity including playgrounds, walkways, and cycling lanes.
- Promote mass sport including competitive sport events in collaboration with stakeholders.
- Promoting physical activity in the community, private and public institutions, workplaces and health facilities.
- Integrate mental health in the Car free roads days initiative implementation in all urban areas.

Key Outputs: Develop/adopted strategic implementation plan
Mental health messages disseminated in car free roads initiative events.

Strategic initiative 3: Strengthen health facility; Health Extension and WDA based Mental Health Promotion and Preventive Services

Description: Primary care unit, general hospitals and specialised hospitalsare one of the platforms to deliver promotive and preventive services for mental health. The MOH underlines the importance of provision of promotion and prevention services at all levels of the health service tiers

Objectives:- The objective of this strategic initiative is to enhance knowledge of patients, caregivers families and community memebers so as to bring behavioural changes in relation to protective factors for mental health and risk factors for mental health conditions and psychosocial disabilities.

Key Initiatives:-

- Conduct Advocacy on promotion and prevention in mental health to increase the awareness and commitment of policy makers, health managers and health care workers

- Develop mental health communication strategy ,health education modules, guidelines, protocols, job aids on mental health
- Integrate Communication Packages on promotion and prevention in mental health with PHEM response, School Health, Health Extension, Communicable and noncommunicable disease programs.
- Conduct seminars and standardised trainings in order to reach health workers in much depth.
- Integrate messages for promotion and prevention in mental health into the routine health education program of health facilities

Key Outputs: Prepare health education materials and messages for health workers
Print and distribution of the health education materials
Health education by health workers in all health facilities including at the primary health care setting on Mental Health and mental illness
Revise the health education materials and messages for the HEWs
Sensitisation workshops to HEWs
Training to HEWs
Print and distribution of the health education materials
Health education using HEWs and WDAs at a household level
Review HEW pocket guide
Develop the health education materials and messages for the MARPs and WDAs
Training to WDAs
Print and distribution of the health education materials
Health education using HDAs at a household level

Strategic initiative 5: Strengthen Promotion and Preventive Mental Health Services at community levels (Schools, Workplace, Religious and Traditional treatment settings) and family level

Description:-Workplace attributes related to organizational culture, employment status, exposure to workplace trauma, and job dissatisfaction can contribute to psychosocial risk factors for mood disorders. Schools are a good platform for increasing community awareness about mental health. Increasing mental health awareness among school children also increased awareness among parents and neighbours. Family interventions through support groups or formal family therapies promote understanding of mental disorders among family members and support positive family environments by reducing overinvolvement and excessive criticism of affected members within families. Community Based Organisations, Faith Based Organisations (FBO), CSO are of paramount importance in establishing and sustaining programs under this initiative.

Objective:- promote health and prevent illness in settings such as workplaces and schools, as well as within families and other community networks

Key Intervention

- Liaise with the Ministry of Education to include mental health in school curriculums and awareness creation activities.
- Collaborate with school health program to strengthen school base promotion and prevention in mental health through training HEW and the school community
- Utilize the intersectoral plate form to initiate promotive and preventive mental health programes
- Partner with CBOs and CSO for promotion and prevention and care in mental health
- Collaborate with Ethiopian religion councils and association of traditional medical practitioners to identify religious and traditional treatment settings and services they provide. and devise an inclusive and collaborative approach to find a culturally sensitive means of increasing awareness and encouraging access to mental health services

- Liaise Primary Health Care Directorate to create a link between HEW and community base structures

Key Outputs: Prepare health education materials and messages for the HEWs and school teachers
Print and distribution of the health education materials
Awareness raising and education activities about mental health and mental illnesses in school
Mapping, identification and selection of sectoral ministries for an inter-sectoral task force
Consensus building workshops among sectoral ministries
Establish inter-ministerial taskforce on mental health
Sensitisation workshops to stakeholders
Print and distribution of the mental health education materials
Awareness raising and education activities about mental health and mental illnesses in workplaces
Mapping and identification of societal and traditional settings
Consensus building workshops among MOH and societal and traditional institutions
Prepare health education materials and messages for societal and traditional institutions
Sensitisation workshops to stakeholders
Print and distribution of the health education materials
Awareness raising and education activities about mental health and mental illnesses in societal and traditional settings

Strategic initiative 6: Substance Use Preventive Services to Promote Mental Health

Description: - Use of habit forming substance like khat, alcohol, and tobacco and drugs leads to substance related disorders and other neuropsychiatric problems

Objective: - toincrease public awareness on the mental health risks of Khat/chat,alcohol , drug uses and cigarette,protect children and adolescents and strengthen the implementation of legislations and directives on tobacco and tobacco products and foster the full implementation of legislations and polices on production, sale and use of alcohol.

Key Interventions

- Creating public awareness on the health, social, security and economic harms of khat/chat,alcohol and tobacco use.
- Support provision of medical, legal and psychological services at all levels, including rehabilitation for those (focusing on Adolescent and Youth) exposed to drug and substance abuse (in collaboration with MOLSA)
- Encourage and Facilitate job opportunity and re-admission into school after rehabilitation
- Promote skills to counter pressures to experiment with tobacco, alcohol and drugs
- Promote supportive and safe environments among families and institutions such as schools, TVETs, teen clubs in order to counter pressures to experiment with tobacco, alcohol and drugs
- Implement and enforce EFDA Proclamation 1112/2019 on prohibition of advertising, promotion andsponsorship of alcoholic beverages, and mandatory labelling of alcoholic beverages at the National and Regional levels.
- Liaise with Ministry of Finance, Ministry of trade and industry and other relevant sectors to regulate alcohol production, sale, use and taxation.
- Enforce the implementation of articles on tobacco control in the EFDA proclamation 1112/2019 in accordance with the WHO framework convention for the control of tobacco (FCTC).
- Promote gradual substitution of tobacco farms with other income generating agricultural products.

- Liaise with national Multisectoral Committee to develop legislations and regulation on domestic production, sale and use of khat/chat
- Liaise with the Ministry of Education and other sectors for developing Khat/chataccess restrictive measures aimed at children and young people including in schools and higher education institutions.
- Promote gradual substitution of khat/chat farms with other income generating agricultural products.
- Strengthen mental health promotive, substance use preventive; care and rehabilitation services in collaborate with COLOMBO Plan Drug Advisory Program and others.
- Promote highest priority interventions recommended by NCDI commission in the multisectoral plateform.
- Develop strategy on substance abuse prevention, treatment and rehabilitation.

Key Outputs: Multi-sectoral committee on Substance use prevention formed
Regulations drafted on Substances(Alcohol, khat/chat, and other drugs)

Strategic Initiative 7: Suicide and Self-Harm preventive services

Description:-Suicide prevention is an important priority. Many people who attempt suicide come fromvulnerable and marginalized groups. As there are many risk factors associated with suicide beyond mental disorder, actions to prevent suicide must not only come from the health sector, but also from other sectors simultaneously..

Objective:-Prevent occurrence of suicide and self-harm.

Key Interventions

- Conduct a national survey on suicide
- Develop a suicide prevention strategy through a multi-sectoral mechanism
- Collaborate with MWC, MOLSA and other relevant to design/adapt suicide prevention program on adolescents and old age group
- Collaborate with Ministry of Peace to minimise ease of access to weapons.
- Collaborate with Ministry of Agriculture, Ministry of trade and industry, Ministry of road and transport and other relevant Ministries to regulate access topesticides, poisonous gases, pharmacological agents, and places that could be used (buildings, bridges, railroads) for suicide
- Strengthenearly identification and management of mental disorder and of suicidal behaviours
- Collaborate with and strengthen hot line service to service those in crises
- Ensure inclusion of mental health care for suicide in health insurance
- Promote peer-to-peer support programs and community engagement activities to prevent suicide
- Improving coping and problem solving skills through evidence-based interventions
- Identify and support people at risk with programs like the gatekeeper training, crisis intervention, treatment for people at risk of suicide, treatment to prevent reattempt
- Lessen harm and prevent future risks through post intervention, effective referral pathway and mass media awareness promotion
- Collaborate with mass media agencies to develop responsible media reporting

Key Outputs: Include suicide as a cause of death in death registration/verbal autopsy system (or via DHS in the meantime) – UN requirement

Strategic Initiative 8:Promotion and prevention during infancy, child and adolescent mental health

Description:-During the early childhood years children need nurturing care, which is responsive and the everyday interaction between the children and primary caregivers influences their holistic development throughout childhood. Hence maternal mental health problems are not only detrimental to a woman's health; they have also been linked to reduced sensitivity and responsiveness in caregiving. The early stages of life present a particularly important opportunity to promote mental health and prevent mental disorders, as up to 50% of mental disorders in adults begin before the age of 14 years.

Objective:-to createfavourable maternal , social, economic and environmental conditions for mental health of infants, children and adolescents

Key Interventions

- Collaborate with relevant bodies to integrate mental health in ANC, Delivery, PNC, and immunization follow up and sexual and reproductive health unit to
- screening for maternal depression;
- Counseling for common maternal mental illness (Anxiety, depression and distress) ,
- Identification and referral of high risk mothers for severe form of mental illness
- Screening and managing of domestic violence,
- Nutritional supplementations (Folic acid) for brain development
- promote safe and secured environment for women, children and adolescent ensure a means to respond for domestic violence and maltreatment;
- Ensuring accessibility to quality mental health care for (pregnant) mothers;
- Provide (community-based) support for families with young children (including support for fathers) as those first months/ years can be stressful and life changing; Capacity building of primary health care providers in key mental health issues to facilitate the implementation
- Strengthen the existing
    - Folic acid supplementation during pregnancy for brain development
    - Counseling on safe and stimulating environment for learning
    - Facility delivery
    - Immunizations
    - Development assessment and monitoring
    - Nutrition intervention during in the 1st 1000 days for brain development
- Collaborate with Ministry of Peace, and other relevant agencies and ministries to meet mental health needs of children and adolescents who are exposed to natural disasters or civil conflict and unrest, including those who have been associated with armed forces or armed groups
- Collaborate with MWC and other relevant to nurture core individual attributes in the formative stages of life (such as early childhood programmes, life skills and sexuality education, programmes to support the development of safe, stable and nurturing relationships between children, their parents and carers);and early intervention through identification, prevention and treatment of emotional or behavioural problems, especially in childhood and adolescence;
- Liaise with MoE and Higher Education Commission to include relevant training that nurture core individual attributes of adolescents and youth and promotes mental health and prevent mental neurological and substance use disorders.
- Work with AGoE, Human right commission and other relevant to ensure interventions respect the rights of children in line with the United Nations Convention on the Rights of the Child and other international and regional human rights instruments.
- Collaborate with protection programmes or community protection networks that tackle child abuse as well as other violence at domestic and community levels and social protection for the poor.

Strategic Initiative 9: Promotion , Protection and Prevention in mental health of vulnerable peoples

Description:- These vulnerable groups include members of households living in poverty, people with Chronic health conditions, pregnant and lactating women, infants and children exposed to maltreatment

and neglect, adolescents first exposed to substance use, minority groups, older people, people experiencing discrimination and human rights violations, prisoners, and people exposed to conflict, natural disasters or other humanitarian emergencies

Objective: - Promote and protect mental health and prevent mental health condition and psychosocial disabilities support, provide and link them to service points

Key intervention

- Collaborate with relevant government ministry to involve issue of mental health in the national m antipoverty strategy
- Collaborate with domestic and international partners working on victims of violence and will make sure those preventive measures and necessary care and support are being provided to the victim/survivor.
- Collaborate with domestic, and international partners to make sure that maternal mental health is integrated into general health care including women's health, maternal and child health care, and other relevant servicesand that it is being delivered by specialists, trained non-specialist health providers and health extension workers (HEWs).
- Collaborate with EPHI/PHEM,ARRA and UNHCR to address issues of IDP, Refugees and Returnees,
- Collaborate with HAI, MOLSAand others relevant tomake sure that a comprehensive response to the needs of the elderly is launched
- Liaise with National program including MCH, HEP, School health program, international program, CSO, NGO, CBO, FBOs and others working on children and adolescents are integrating promotion, prevention, clinical care and de-stigmatisation aspects of mental health care in their programmatic areas.
- Collaborate with partners working on victims of torture to make sure that preventive measures and necessary care and support are being provided to the victim/survivor.
- Collaborate with the Ministry of Justice to identify critical information to be collected regarding the prevalence and the type of mental illnesses and psychosocial problems among incarcerated persons, and identify the role of MOH and other relevant with regard to the mental health assessment and meet treatment of needs of those persons going through the court system, and those who are awaiting a hearing and those who already serving time in the jail
- Enhance the role of the mental health court in handling of mentally ill individuals held criminally responsible.
- Collaborate with relevant government bodies (AGoE,MoP etc) to strengthen and expand Forensic Psychiatric service nationally

Key output: Maternal mental health included in national MCH strategy
IDPs identified to have psychosocial disabilities and MNS condition
School children with MNs conditions identified
Prisoners being offered mental health interventions
Cases diverted to mental health court

Priority Area 3. Development of Adequate and Competent Human Resource for Mental Health.

Objective 3: To enhance the accessibility and qualityof mental health service delivery through meeting mental health human resource standard at all levels.
Key Targets:

- Increase the proportion of hospitals meeting the minimum mental health human resource standard from baseline - to 50% by the year 2025.
- Increase proportion of health centres meeting minimum mental health human resource standard from base line- to 70% by the year 2025.
- Increase proportion of level IV HEWs engaged in mental health care from - to 100% by the year 2025.
- Mental health focal person will be capacitated in mental health program management (to HR)

Strategic Initiative 1: Developing and assigning the right mix of Human Resources for Mental Health

Description:- Education and training of mental health workers should aim to serve the mental health needs of the society by producing a workforce competent to deliver care in a manner consistent with the goals of the human resources policy and planning. This requires coordination and the development of consistent policies between the mental health delivery sector and the training sector. Training should be closely linked to the service levels outlined in the WHO service organization pyramid countries need to develop a workforce capable of providing evidence-based interventions for mental health promotion, prevention, treatment and rehabilitation;

Objective: - to ensure facilities meet the minimum mental human standards set by EFDA

Key Interventions

- Ensure that regions exhibit readiness to absorb the mental health workforce available in the market by working to expand the mental health service
- Liaise with health and health related directorates to make provision of mental health service compulsory at all levels of the health system tier and regularly determine the proportion of facilities which met minimum human source standard
- Collaborate with RHB and civil service and human resource commission on revision of health centre civil service standard to include BSc psychiatry nurses and Primary hospitals to have MSc level trained psychiatry professionals.
- Ensure RHBs compliance to civil services and human resource commission standards
- Liaise with academic institutions and Ministry of Education for increase intake and expansion of mental health speciality trainings and raise the percentage of hours devoted for mental health trainings in all levels of medical and health science trainings
- Collaborate with EFDA to make provision of mental health service role and responsibility of medical and health science graduates

Table 7Minimum Staffing for Government Health Facilities (Modified EFDAStaffing Standard 2019)

Occupational Category		Health Post	Health Centre	Primary Hospital	General Hospital	Specialised Comprehensive Hospital
General Psychiatrist		0	0	0	2	4
Child and Adolescent Psychiatrist		0	0	0	0	1*
Addiction Psychiatrist		0	0	0	0	1
Mental Health MSc		0	0	1*	1	0
Clinical Psychology		0	0	0	1	2
Psychiatry Professional BSc		0	1	1	4*	8*
Social Worker		0	0	1	1	3
Speech and Language Pathologist		0	0	0		1*
Old age Psychiatrist		0	0	0	0	2*
Neuropsychiatrist		0	0	0	0	1*
CL Psychiatry		0	0	0	0	1*
Forensic Psychiatrist		0	0	0	0	1*
Health Extension Workers	Rural	2	0	0	0	0
	Urban	2	0	0	0	0
	Pastoralist	2*	0	0	0	0
Occupational therapist		0	0	0	0	2*

*Suggestions for future changes as advised by the mental health technical working group and stalk holders.

Key Outputs: Advocate for meeting MH human resource standards at all health facilities
Advocate for the expansion of MH specialist trainings and initiation of sub-specialty trainings
Advocate for implementation of the mental health role specified for level IV HEWs and engagement of informal sector
Mapping of mental health care within health facilities and health specialties
Mental health training into the pre-service training for all health workers

Strategic initiatives2: Providing Mental Health training for all health professionals

Description:- Provision of in service training for all general health workers, i.e. general practitioners, health officers, clinical nurses, midwives, Health Extension Workers and others, so that they can provide mental health information, screen and identify mental health conditions, provide basic mental health care, offer referral service, , follow ups and support.

Objectives:- to increase the capacity of the general health care workers in screening, diagnosing, managing , following up and referring cases when more speciality care is warranted

Key interventions

- Continue implementing the World Health Organization Mental Health Gap Action Programme (mhGAP) which supports a task-sharing model of mental health care.
- Use lessons learned from the first phase national scale up of mhGAP in Ethiopia for successful implementation of mhGAP programme and evidences generated from local successful

demonstration projects of mhGAP and refugee settings (Fekadu, A 2015, Echeverri C et al,2018;WHO, 2015).

- Enhance the mental health training component of the Ethiopian Primary Healthcare Clinical Guidelines through mhGAP training and initiation of mental health service by mental health professionals

Key Outputs: Adoption and adaption of training materials
Training of trainers and supervisors and cascade of the trainings
Printing of materials and supportive documents for health care facilities

Strategic initiative 3: Offering program management training for mental health program managers and mentorship for mental health and general health care providers offering mental health services

Description:- Mental health program managers will be provided trainings focused on program management and general health care workers providing mental health care service will be regularly supervised/mentored by mental health professionals with speciality level training.
Objective:- to strengthen program management and support health workers to be confident and competent to deliver mental health care and to ensure that safe and quality care is being delivered.

Key Interventions

- Develop mental health program management training materials and train mental health Program Managers.
- Adapt WHO mentorship training materials to train mental health professionals for mentoring general health care
- Expand the role of mental health specialists located in primary, general and specialised hospitals to include supervision of primary healthcare workers
- Integrate mental health into existing monthly supervision structures for facility-based general health workers and health extension workers
- Develop and implement a supervision checklist for mental health, for health facility-based health workers and health extension workers

Key outputs: Mental health mainstreamed within existing supervision frameworks
Supervision checklists for mental health

Strategic initiative 4: Developing standards for mental health professional training and ensure revision and delineation of roles and responsibilities

Description: - Education and training of mental health workers should aim to serve the mental health needs of the society by producing a workforce competent to deliver care in a manner consistent with the goals of the human resources policy and planning.

Objective:-ensure trainings are standardized and well regulated and roles and responsibilities are updated and well delineated between categories of professionals

Key interventions

- Collaborate with the Ministry of Education, Universities, HERQA, EFDA and Professional associations to standardise the curriculum of all levels of mental health trainings
- Liaise with HERQA to initiate and make sure regular revision of old mental health curricula is taking place in academic institutions providing mental health training.

- Collaborate with EFDA to ensure role and responsibilities of mental health professionals, as well as scope of practice for differing cadres, are well delineated, regularly revised and updated
- Liaise with EFDA to ensure roles and responsibilities of mental health professionals go beyond the direct delivery of mental health care and include (1) planning and management of mental health services, (2) providing training and supervision for general health workers and (3) monitoring, evaluating and improving the quality of mental health care

Key Outputs: Standardising mental health training curriculum and curriculum revisions to support a task-shared model of mental health care in primary care
Auditing of University curriculums providing MH training
Develop standard job descriptions for MH professionals

Strategic Initiative 5:-Refresher training for mental health professionals with speciality trainings

Describe:- Continuing education and training (CET) benefits health workers and the quality of mental health services. For continuing education and training to function effectively, every mental health service needs to develop a sound policy and effective method for health worker development

Objective: CET helps ensure that care remains up-to-date and evidence-based. For health workers, it helps improve job satisfaction and career-long professional development.

Key interventions

- Collaborate with MoH human resource directorate to integrate mental health training in CPD platforms
- Collaborate with mental health professional association to identify training needs and offer refresher trainings for various category of mental health professionals

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Strategic Initiative 6: Start sub-specialty trainings in the field of mental health

Description: - Addiction Psychiatry, Child and Adolescent Psychiatry, Old Age Psychiatry ,Consultation Liaison Psychiatry, Neuropsychiatry, Forensic Psychiatry, Social and Occupational Psychiatry, Speech Therapist, Occupational therapy and Other psychosocial fields

Objective:- ensuring continuity of care and availing high level of care for complex cases which need further evaluation and management bya professional who have speciality and subspecialty trainings.
Key Interventions:-

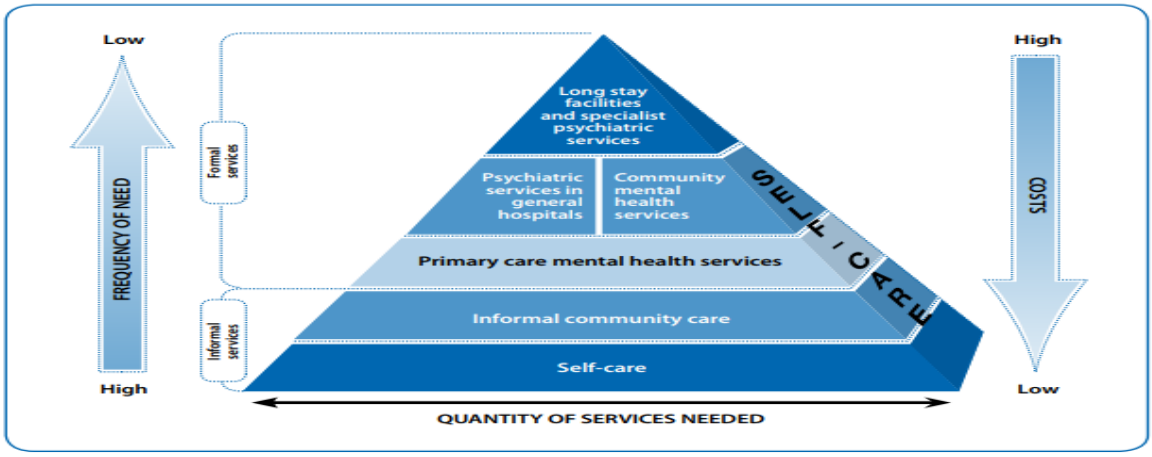
- MoH will collaborate with MoE and academic institution to initiation sub-speciality trainings in mental health fields

Key Outputs: Collaboration for increased sub-specialty training programmes with MoE

Priority Area 4. Comprehensive and integrated clinical interventions for mental, neurological and substance use disorders and psychosocial disability

The WHO model of Optimal Mix of Mental Health Services which is further elaborated by WHO and the World Organization of Family Doctors (Wonca) is envisioned in the organization of mental health service in Ethiopia. Continued procurement of the best possible mix of services from all levels of the pyramid and regularly evaluation of what is availed, with the aim of gradually improving the range of available services, will be ensured. Self-care is reflected at the bottom of the pyramid, and at this level refers to care without individual professional input. At all levels of the system, self-care is essential and occurs simultaneously with other services. At each higher level of the pyramid, individuals become more engaged with professional assistance.

Figure 3WHO Service Organization Pyramid for an Optimal Mix of Services for Mental Health



Refer to annex III for the corresponding mental health services envisioned to be delivered at each level in Ethiopia. Types of mental health services, human resource requirements, general resources and supplies required and cost-effective interventions across the health system tier are included.Scaling up of mental health services at hospitals and centres level will be guided by the National Speciality and Subspecialty Service Scale up Road Map 2020-2029

Objective 4: To detect mental health conditions at an early stage in order to be able to initiate prompt treatment, care, and rehabilitative and integration in to the community through ensuring optimalinfrastructure and sustainable supply of materials such as equipment, medications and technologies.

Key Targets:

- Increase treatment coverage of Severe Mental illness(Psychosis and Bipolar Disorders) from 10% to 50%,Depression from 4% to 30%,Substance use disorder from 1% to 20% and Epilepsy from 20% to 50% by the year 2025.
- 70% of Health Centres provide basic and integrated mental health and psychosocial services by the year 2025.

- 100% of hospitals provide comprehensive and integrated mental health and psychosocial services by the year 2025.
- Base line:- 26 percent of the facilities have integrated mental health service in their general health service(National report,2019)

Strategic initiative1:Initiate and strengthen comprehensive and integrated mental and psychosocial services at all levels of the system

Description:- The WHO model of service organ is based on the principle that no single service setting can meet all population mental health needs. Support, supervision, collaboration, information-sharing and education across the different levels of care are essential to any system.Services will be provided at all levels starting from the community, in health centres, primary hospitals, general hospitals and referral hospitals.

Objectives:- The objective of this strategic initiative is to strengthen the health system for effective and integrated mental health and psychosocial service provision.

Key interventions

- Liaise with Health and Health related directorate tomake mental health service provision compulsory at all level of the health system tier.

- Collaborate with medical service directorates, health extension and primary health care directorates,RHB and external stakeholders to expand and strengthen mental health services. Regions are expected to scale up mental health service at health centre and hospital level per the annual quotas assigned to them. Refer on annex IV
- Collaborate with health and health related directorate ,RHBs and others relevant to ensure that targeted health facilities will provide an adequate and safe space for providing regular and emergency mental health care (in all settings) and the services expected for that level of facility (Table 3, page 16 and Table 7 page 36). This includes ensuring that facilities are staffed to the standard, commodities to treat MNS are available and services are provided twenty four hours throughout the weeks
- Facilitiesproviding mental health services will meet the compulsory standards set on the Ethiopian facility reform/transformation guidelines.
- Establish and strengthen rehabilitation service for people with mental health conditions (mental, neurological and substance use conditions) through integration with rehabilitation services established in facilities and centres.
- Support development of MNS and psychosocial disability guidelines, protocols and checklists needed to provide high-quality services. This will also include additional provider support and client education materials.
- Strengthen partnership between public, private and other providing mental health service
- Continue decentralizing and integrating mental health services into the primary health care through task shifting, task sharing and improved referral networks.
- Prioritizedmental health conditions in the scale up:
  - Depression
  - Acute and Chronic Psychosis
  - Bipolar disorders
  - Suicide and self-harm
  - Substance use disorders, including alcohol, khat/chat and other substances
  - Epilepsy
  - Dementia

- Child and adolescent developmental, behavioural and other mental health problems

- The intervention packages per priority disorders are outlined below
    - **Depression**-Treatment with older or newer antidepressants by trained primary health-care professionals, referral and supervisory support by specialists.
    - **Psychoses** (Psychosis and Bipolar Disorders)-Treatment with older antipsychotics,referral and supervisory support by specialists.
    - **Suicide and self-harm**- Restriction of access to common methods of suicide, prevention and treatment of depression, and alcohol and drug dependence.
    - **Epilepsy**-Treatment with first-line antiepileptic medicines by trained primary health-care professionals, referral and supervisory support by specialists.
    - **Dementia**- Basic education about dementia and specific training on management of problem behaviours.
    - **AUD**-Screening and brief interventions by trained primary healthcare professionals, early identification and treatment of alcohol use disorders in primary health care and referral and supervisory support by specialists.
    - **Mental disorders in children and Adolescents**-Identification and initial care in primary health-care settings, referral and supervisory support by specialists

- **Define Scope of mental health services across the health service tier and community level**

Primary Hospitals, healthcentresand health posts(refer table for details on Annex III)

- Primary/district hospitals will provide additional services through their inpatient setting and health centres will deliver outpatient services. However, both are expected to play a greater role in provision of support to people with mental disorders while living in the community through networking with the HEWs
- Major mental health disorders and conditions to be targeted in this setup include psychosis, major depression, substance use disorders (alcohol, khat/chat), bi-polar disorder, developmental and behavioural disorders and epilepsy are some.
- Mental health services will be provided for those with selected disease and/or health services that include but not limited to women's health services, HIV/ AIDS, diabetes, cancers and chronic heart conditions.
- The Ethiopian Primary Health Care Clinical Guideline can complement and be enhanced by the provision of mental health services in these facilities and mhGAP trainings.
- HEW will provide screening for mental health disorders; making referrals; treatment adherence support recovery and rehabilitative services; support integration of people with mental health disorders into families, communities and work with the community to support the human rights of people with mental health disorders are recognized and respected

General Hospitals(refer table for details on Annex III)

- The service delivery approach for general hospitals will be the same as that of the PHCU which is integration. That means integration of mental health into the general health service of the hospital as well as, disease-specific mental health services integration such as those on women's health, covid-19, HIV/ AIDS, tuberculosis, diabetes, cancers and chronic heart conditions.
- Services to be offered at this level are adults' psychiatric inpatient wards, psychiatric emergency departments and outpatient clinics, outpatient services to pregnant women, children and adolescents outpatient.

Referral/Specialized hospitals(refer table for details on Annex III)

- Refer to the last referral level hospitals, tertiary level hospital. Will provide comprehensive and highly specialized mental health services. In addition to providing, mental health services to the mental disorders mentioned above for general hospitals, tertiary hospitals are required to provide the following additional services. These include outpatient and inpatient services for adult and children and adolescents, psychiatric emergencies, forensic services, substance related disorders services and the like

Community-based Mental Health Services and self-care(refer table for details on Annex III)

- A formal community mental health service includes community-based rehabilitation services (like Gefersa Rehabilitation Centre), substance use rehabilitation centres or community-based services for special populations such as trauma victims, children, and adolescents.
- Informal community based mental health services are those provided by local community members other than general health professionals or dedicated mental health professionals.

- Ensure positive working relationship is created between the formal mental health service delivery system and informal mental health service through mapping exercises and identifying areas of collaboration and linking with HEWs

Key Outputs: Mental health service expansion in the regions
Develop guideline for MNS implementation plan
Print MNS implementation plan
Develop MNS screening, diagnosis and management guideline/protocols
Prepare provider support tools
Prepare client education materials and printing
Conduct service initiation visits at each facility providing MNS services.
Develop guideline for PPP
Ensure availability of staff able to deliver brief psychological interventions

Strategic initiative 2:- Ensure Quality, Human Rights and Equity in Mental Health Services

Description: - Good-quality services help to build people's confidence in mental health treatment, so that they are more likely to seek the care that they need. People's access to services of good quality should be based on need. Equity means that all segments of the population are able to access services.

Objective:- ensure that resources are used properly and that the latest scientific knowledge is incorporated into treatment and greater equality in mental health outcomes or status among individuals, regardless of their income group or geographic region

Key Initiatives

- Utilize the multisectoral mechanism to strengthen advocacy work for effecting changes in laws of the country that enable implementation of CRPD in mental health service settings.
- Liaise with Quality directorates for development of mental Health service quality standards for each level of the health service
- Introduce the World Health Organization Quality Rights Toolkit in Quality assurance measures, to assess hospital-based mental health care, so that persons with mental illness get the best possible care.
- Liaise with professional organizations to strengthen their roles so that clinicians involved in the delivery of mental health care who are not fit to practice are identified and given training and supervision, monitored or barred from practicing.
- Ensure implementation of mental health legislation, availability of standards and protocols for the administration of ECT.
- Ensure equity is embedded in the mental health strategy and planning at all levels..
- Expand the evidence-base for equity issues in mental health through collection of socio-demographic health data, knowledge exchange and new knowledge creation
- Ensure engagement of the people with mental health problem and experience of marginalization at the policy, planning and service delivery levels
- Ensure service users are informed and supported to access complaint

Key Outputs:

Quality standard developed for mental health services
Quality right introduced in quality standards

-

Strategic initiative 3: Improve infrastructure and ensuring a dependable and affordable supply of essential medicines and diagnostic technologies for mental health

Description: - The physical structure of mental health facilities should be conducive enough for the recovery of people who need mental health services. In this regard significant gap is observed uniformly across the nation. Essential psychotropic medicinesshould be available within the context of a well-functioning mental health system, at all times, in adequate amountsand at a price the individual and the community can afford. Beside laboratory and technological inputs required for diagnosis and management of mental health condition should be made sustainably available and functional

Objectives:-avail the appropriate infrastructure standards, establish diagnosis, achieve control of symptoms, resume functionality, prevent disability and relapses

Key Initiatives

- Liaise with Health and Health related directorate, Health infrastructure directorates environmental health directorate, general medical service and etc. to improve the physical,sanitary,hygiene and safety standards for mental health care settings
- Liaise with EFDA, PMED, EPSA and RHBs to ensure uninterrupted supply of essential medicines, laboratory reagents and technological inputs (EEG, ECT etc) for diagnosis and management of mental health conditions
- Revise the Essential Medicines List for MNS disorders, revise STGs for facilities and harmonize with list of medicines for health facility EPHCG and mhGAPIG.

Key Outputs:

Quantification of pharmaceuticals and diagnostics
Ensure continuous and sustainable availability of essential medicines for MNS
Ensure continuous and sustainable availability and functionality of essential medical instruments

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Strategic initiative 4: Ensuring access to the WHO recommended packages of psychosocial care at community level

Descriptions: - The MOH recognises the contribution private, community-based and non-government organisations can make to delivering services and improving mental well-being, and hence will support the development and evaluation of contextually acceptable and feasible psychosocial interventions. This includes the development of guidelines adapted to the Ethiopian context based on the WHO recommended packages of care for community-based care, educational materials and the holding of community sensitisation workshops to support the use of psychosocial interventions at the community level

Objectives: avail options of treatment for mental health and psychosocial conditions

Key interventions

- Collaborate with local and international organisations to support programs what are aimed at improving mental health of the community, including used established and new psychological interventions such as Problem Management Plus (PM+), Friendship benches and other psychosocial support models and approaches.
- Align the above plan with the existing health system of the country.

Key Outputs: Map and identify community mental health services
Develop guideline/protocol for community MNS services

Adapt forthcoming WHO community toolkit for Ethiopia'
Develop training material for community MNS service providers
Develop provider support tools on community MNS
Develop mentoring guide and tools for community MNS services
Develop supportive supervision checklist for community MNS services
Develop recording and reporting tools for community MNS services
Support and strengthen existing community mental health services
Establish new community mental health services
Sensitisation workshops and training for community MNS service providers
Adapt new WHO Community Toolkit for Ethiopia

Priority Area 5. Research, Surveillance, Monitoring and Evaluation

Objective 5: To strengthen information system, evidence and research for mental health.

Key Targets:

- 100% of facilities providing mental health services utilise standard mental health monitoring and evaluation tools by 2025
- Mental health information will be integrated into the routine health information system and identify, collate, routinely report and use core mental health data disaggregated by sex and age (including completed and attempted suicides) to improve mental health service delivery, promotion and prevention.

Strategic initiatives 1: Incorporate key indicators of mental health into the national health information Management System (HMIS)

Description: - Key mental health indicators need to be integrated in the existing Health information system for collecting, processing, analysing, disseminating, and utilizing information about mental health service and themental health needs of the population.

Objective: -availtimely and relevant information or surveillance frameworks to enable implemented actions to be monitored and improvements in service provision to be detected.

Key Interventions

- Additional mental health indicators will be identified and included in the general health management information and reporting system(HMIS ,DHIS 2 and other platforms)
- Develop monitoring and evaluation tools for mental health services
- Integrate Mental health into all health care review meetings at every level in the system
- Promote culture of information use for mental health service development, through capacity development activities addressing the various stages of collection, processing, analysing, dissemination and use of mental health information.
- Publish an annual status report (part of annual health sector performance report) covering all mental health data for national and regional levels each year and use for planning and service improvement
- Establish an active surveillance system for mental health and suicide monitoring ensure that records are disaggregated by facility, sex, age and other relevant variables
- Embed mental health information needs and indicators, including risk factors and disabilities within national population-based surveys and health management information systems
- Collect detailed data from secondary and tertiary services in addition to routine data collected through the national health management information system

- Integrate mental health service indicators in SAP, SARA (Service availability and readiness assessments), National Joint Supportive supervision and other national assessments should involve mental health services and mental health governance
- Supervision of mental health services at the community and facility level to ensuring quality and mainstream into existing supervision frameworks
- Develop a framework for the routine periodic evaluation of availability and quality of mental health services, and use for on-going planning and service delivery by all provinces.
- Checklists to be used for supportive supervision will be part of this framework.
- Conduct mental health service review meeting bi-annually at national level and quarterly at regional levels to track progress against key indicators.
- Conduct annual review of role out of the strategic plan

Key Outputs: De integrate Mental Health indicators in the HMIS or DHIS2 Information Systems
Hold National & Regional Annual Review meetings on implementation of NMHSP

Strategic Initiative 2: Build the evidence and research base for mental health

Description: - Most of the researches are conducted in and by high-income countries. Hence, low-income and middle-income countries need to invest in research so that culturally appropriate and cost-effective strategies are designed to respond to localmental health needs and priorities.

The objective:-The generation of new knowledge for actions based on evidence and best practice

Key interventions

- Liaise with EPHI to include mental health in Stepwise Survey on mental healthand risk factors (2020 and 2025)
- Prioritised national research agenda in the area of mental health based on consultation with all stakeholders
- Create capacity in conducting operational research, assessing needs and evaluating services and programmes in collaboration with stakeholders and partners
- Strengthen Cooperation between universities, institutes and health services in the field of mental health research
- Conduct research in different cultural contexts, on local understandings and expressions of mental distress, harmful (for instance, human rights violations and discrimination) or protective (for instance, social supports and traditional customs) practices, as well as the efficacy of different interventions for treatment and recovery, prevention and promotion including low intensity, scalable psychological interventions will be conducted.
- Promote high ethical standards in mental health research ensuring that:
    - researchers do not receive any privileges, compensation or remuneration in exchange for encouraging or recruiting people to participate in the research;
    - research is not undertaken if it is potentially harmful or dangerous;
    - all research is approved by an independent ethics committee functioning according to national and international norms and standards.

Key Outputs: Develop a prioritised national research agenda in the area of mental health, based on consultation with all stakeholders
Enable strengthened cooperation between universities, institutes and health services in the field of mental health research
Produce relevant research publications that can inform the mental health progress according to the prioritized agenda

Chapter Five:Implementation of the National Strategic Plan for Mental Health and Psychosocial Disability

Determinants of MNS conditions and psychosocial disabilities are very diverse and multifactorial and at large beyond the reach of the health sector alone. Besides, MNS conditions and psychosocial disabilities evolve throughout the life cycle and hence interventions shall encompass all stages of life. Cognizant of this; the response requires involvement of both governmental and nongovernmental stakeholders. Thus, the prevention and control in MENTAL HEALTHs requires a multi-sectoral collaboration and response. Besides, the response requires prompt and isolated actions of the health sector too, where the health sector is primarily responsible to ensure availability and delivery of quality health services through the primary health care to ensure universal health coverage. Therefore, the implementation of the MNS conditions and psychosocial disabilitiesNMHSP will be two pronged.

5.1 Prong one: The Multisectoral Responsefor Mental, Neurological and Substance Use and Psychosocial Disability

The multisectoral responseon MNS conditions and psychosocial disabilities focuses on interventions that require policy level actions. Actors include both governmental and nongovernmental agencies. Ministry of Health (MOH), Ministry of Trade and Industry, Ministry of Education (MOE), Ministry of Agriculture (MOA), Ministry of Finance, the Federal Attorney General's Office (FAGO), Ministry of Women, Children and Youth Affairs (MWCYA), Ministry of Culture and Tourism, Ministry of Housing and Urban Development (MHUD), , Ministry of Labour and Social Affairs (MOLSA), Sport's Commission, Ministry of Peace , Human right commission, Environmental Protection Agency, Ethiopian Broadcasting Authority(EBA), and Federal and Regional Government Medias. Nongovernmental actors include International and Local NGOs, UN Agencies, Faith Based Organizations, Civic Society Organizations (CSOs), Professional Associations, Patients' Associations, Community Based Organizations and the Private Media.

The multi-sectoral platform will generate evidence based, cost effective promotive/preventive bio psychosocial, economic and environmental interventions that helps to reduce risk factors for poor mental health and enhance protective factors for mental health. The multi-sectoral body will initiate studies or initiate evaluation of existing evidence to identify and recommend cost effective interventions to be implemented at population, community or health care platforms.

Summary of macro preventive strategies and early intervention programmes to be observed by the multi-sectoral task force encompass, but may not be limited to:

Table 9 Macropreventive strategies and specific programs summary for multisectoral, 2020-2025

Macro preventive strategies			
Risk factors for mental Health	**Initiatives/Interventions**	**Policy category**	**Responsible**
Economic insecurity	Reduce economic securities		MOF, NGOs,CSOs
Nutritional and housing problems	Improving nutrition and housing		MOA, NGOs and MOHUP
Lack of access to education	Improve access to education		MOE,
Poor Community networks	Strengthen community network		MOSHE and MOP

Intimate Partner violence	Reduce IPV		AGoE,CSOs,EBA,
Access to lethal weapons	Reduce access to lethal weapons		MOP
Public health and other Emergencies	Preparedness and response		DPPC, EPHI, INGOs, CSOs
Migration			MOSHE
Street life	Rehabilitation		Mayor's Office

Early Intervention Programmes	
Programs	Responsible
Promoting a healthy start in life	MoH, MoE, MoWCY, MSY
Reducing child abuse and neglect;	
Enhance resilience and reducing risk behaviour in schools	
Dealing with family disruption;	MOSHE, AGoE
intervening at work	All Ministries
Supporting refugees and returnees	UNHCR,ARRA,MOSHE
Psychosocial and economic support to the elderly	MOSHE, HAI,CSOs,CBO,PVT
School-based social emotional learning programs	MoH, MoE,CSOs, NGOs
School-based life skills education programs	
Community-based parenting programs particularly during infancy and early childhood	AGoE,MoSHE,EBS and other mass medias
Training programs to help gatekeepers to identify people with mental illness.	MoH,MoP

Table 10Highest priority interventions recommended by NCDI commission (NCDI commission Report, 2018)

Risk factors/ disease	Interventions	Policy category	Responsible sectors in Ethiopia
Tobacco use	Raise taxes on tobacco	Tax and subsidies	Finance
	Enforce Bans on tobacco advertisement, promotion and sponsorship	Regulation and enforcement	EFDA, EBA
	Smoke free indoor work places and public spaces	Regulation and enforcement	EFDA, Law enforcement
	Implement plain packaging and large graphic health warnings on all tobacco packages	Health education and information (HEI)	MoH, Media, Education, EFDA
	Restrict sell of single stick Cigarette.	Regulation and enforcement	Legislators, Federal Attorney General, EFDA, Law Enforcement
	Ban sell of Cigarette for minors and also ban sale by minors	Regulation and enforcement	Legislators, Federal Attorney General, EFDA, Law Enforcement
	Raise taxes on alcoholic beverages	Tax and subsidies	Finance, Revenue and Custom Authority
	Enforce restrictions on availability and sell of retailed alcohol	Regulation and enforcement	Law Enforcement Entities

Alcohol use	Bans on alcohol advertising	Regulation and enforcement	EFDA, EBA
	Ban on sell of alcohols to minors and by minors (<21 Years Old)	Regulation and enforcement	Legislators and Law enforcement
Physical activity	Implement a population-based public health program to increase physical activity	Health Education and Information and built environment	Culture and Tourism, MoH, Education, Media, Sport Commission, Ministry of Housing and Urban Development
	Create supportive environments (build environment) for behavioural change of physical activity levels	Regulation and enforcement	Ministry of Housing and Urban Development
Khat/chat Use	Raise taxes on Khat/chat	Tax and subsidies	Finance
	Bans on commercial Khat/chat chewing places	Regulation and enforcement	EFDA, EBA
	Crop Substitution	Incentivize	Agriculture
EFDA (Ethiopian Food, and Drugs Control Authority), EBA (Ethiopia Broadcast Authority), MoLSA (Ministry of Labour and Social Affairs), EPA (Ethiopian Environmental Protection Authority), MoH (Ministry of Health), MoCT (Ministry of Culture and Tourism). *Source: Table adapted from The Ethiopia MENTAL HEALTHI Commission report 2018*			

The key steps to mitigate the impacts of MNS conditions and psychosocial disabilities is to have a proper policy framework, strategy, develop capacity and committed leadership at all levels.
The following key priority interventions are recommended:

- Raise the priority status of MNS conditions and psychosocial disabilities within the Health Sector and non-health Sector
- To ensure enforcement of the EFDA Proclamation on Tobacco and alcohol.
- Develop and enforce other regulations and directives on MNS conditions and psychosocial disabilities
- To review all relevant government policies to ensure consistency with MNS conditions and psychosocial disabilities prevention and control measures in keeping with the concept of 'Health in All Policies'
- Develop and lead a multi-sectoral national strategy to guide the multi-faced national responses to MNS conditions and psychosocial disabilities burden

The UN political declaration on MENTAL HEALTHs, including mental health, underscores a national multisectoral response lead by the Head of State/Head of Government. In Ethiopia, multisectoral responses led by National Steering Committee (NSC). The NSC will have a chairperson and secretary elected from the NSC member ministries where mainly they will be in charge of leading and oversee the general functions of the MNS conditions and psychosocial disabilities prevention and control response in the country. To facilitate its work the NSC can organize technical team comprised of technical expertise from each member sector. The NSC will be in charge of coordination, monitoring and evaluation of the different agreed upon action points of the multi-sectoral response.

Structure and objective of the national multisectoral response are proposed below, while ultimately will be decided in a consensus by the NSC. The national steering committee for MNS conditions and psychosocial disabilities:

- The national committee for MNS conditions and psychosocial disabilities shall comprise of all relevant sectoral ministries, the private sector and development partners, preferably led by the office of the prime minister or an elected chair

- The national MNS conditions and psychosocial disabilities committee will be responsible in developing one national multisectoral MNS conditions and psychosocial disabilities prevention and control strategy, with clearly stated objectives, goals, targets and monitoring framework.

- The commission will monitor and evaluate the implementation of the agreed upon interventions and deliverables

- All members of the committee shall sign a memorandum of understanding which binds all to the stated actions and obligations

- As per the guidance of the committee the following duties will be discharged tothe subcommittees whichshall be established with specific duties and responsibilities. The following four subcommittees will be established:

Promotive/Incentivize subcommittee:
This subcommittee will work on mental health promotive and mental illness preventive initiatives. The subcommittee shall comprise appropriate sectoral ministries, agencies, private sector and development partners. As per the guidance of national strategic action plan the subcommittee will develop detail action plans, implementation strategies, and monitoring framework that contributes and delivers to the overall goals and targets set above.

Inhibitive/Restrictive subcommittee:
This subcommittee will work on tobacco, alcohol,khat/chat use and suicide.
The subcommittee shall comprise appropriate sectoral ministries, agencies, private sector and development partners.

As per the guidance of national strategic action plan the subcommittee will develop detail action plans, implementation strategies, and monitoring framework such that it contributes and delivers to the overall goals and targets set above. ,
Resource Mobilization Subcommittee
This subcommittee will help mobilize resources for the implementation of the multisectoral action plan.

Monitoring and Evaluation Subcommittee
This subcommittee with the other subcommittees will develop an M&E framework, targets and indicators for monitoring the progress of the Multisectoral strategic action plan.

5.2 Prong Two: The Health Sector Responsefor Mental Health

The prevention and control of MENTAL HEALTHMENTAL HEALTHs demands a pragmatic and aggressive response from the health sector. The health sector responses for HEALTHs are diverse whereas, services are supposed to be integrated for all major MENTAL HEALTH CONDITIONS.

Required Actions for Health Systems Strengthening as the key to the mental health response

- Improve governance and structure of health administration for MENTAL HEALTHs at all levels
- Reorient the health system in keeping with the burden of MENTAL HEALTHs and risk factors.
- Deploy adequate staff at the ministry of health, regional health authorities and public health facilities to support the MENTAL HEALTH program
- Secure adequate funding to support the MENTAL HEALTH programme through the regular government budget and development partners
- Strengthen the capacity of health work force to manage and deliver high quality care for MENTAL HEALTHs in both public and private sectors Improve laboratory and diagnostic services at national, regional and institutional level in order to provide adequate capacity for diagnosis and management of MENTAL HEALTHs

- Improve pharmacy services and ensure the provision of essential medicines and technologies for the diagnosis, treatment and prevention of MENTAL HEALTHs at the primary, secondary and tertiary care levels.

The health sector response for MENTAL HEALTHs and risk factors shall be managed and coordinated at different levels of the health system: The Federal Ministry of Health (MOH), regional health bureaus, zonal health offices/departments and district health offices will play various roles and responsibilities in the prevention and control in MENTAL HEALTHs. All of them have the responsibility to ensure integration of services for MENTAL HEALTHs and risk factors into the existing health programs and services.

5.3 Roles, Responsibilities and Coordination

NATIONAL LEVEL

The MOH is responsible for setting standards, developing and revising national guidelines, preparing national action plans including target setting, mobilizing resources necessary for capacity-building, monitoring and evaluation, advocacy and operational research, and for overseeing overall national coordination of health services and programs for MENTAL HEALTHs .Within the MOH, different specialized agencies and directorates play key roles in ensuring implementation of the health services for MENTAL HEALTH. Coordination of these bodies is crucial for effective and efficient program implementation and improvement of quality of services.

At the federal level team of experts and key implementers on MENTAL HEALTHs will be organized into various technical working groups (TWGs) so as to advise the ministry on key policy formulations, provide technical guidance on evidence-based recommendations, and propose possible solutions for implementation challenges.

REGIONAL LEVEL

RHBs take the technical guidance from the MOH and adopt it per their regional context to implement interventions on the prevention and control in MENTAL HEALTHs. The RHBs therefore, are in charge of planning, coordinating, implementing, monitoring and evaluation of the health sector response for MENTAL HEALTHs in the respective regions.

At the regional level team of experts and key implementers on MENTAL HEALTH will be organized into various technical working groups (TWGs) so as to advise the regional health bureau on key evidence-based recommendations and propose solution for implementation challenges.

ETHIOPIAN PHARMACEUTICALS SUPPLY AGENCY (EPSA)

For a responsive health services to MENTAL HEALTH pragmatic supply chain procurement and delivery system is of paramount importance. The MOH in close collaboration with EPSA will do regular quantifications of necessary commodities for MENTAL HEALTHs Program service delivery. EPSA will also coordinate the quantification, procurement and distribution of the necessary commodities by integrating into existing supply chain management system. Reporting and requisition formats will be updated to incorporate commodities needed for MENTAL HEALTH.

ETHIOPIAN PUBLIC HEALTH INSTITUTE (EPHI)

EPHI with its regional reference laboratories will work to build the laboratory capacities required for mental health services at facility level. In addition, EPHI will put a mechanism for EQA by integrating into existing quality assurance mechanisms. EPHI in collaboration with MOH will conduct Epidemiological and operational research as neededand integrate mental health and psychosocial disability in surveys conducted regularly.

ETHIOPIAN FOOD AND DRUG CONTROL AUTHORITY (EFDA)

The MOH in collaboration with EFDA will take the necessary steps so as to enlist and make available these essential drugs, technologies and supplies as per the recommendation of the national guideline and will regulate the safe importation, production, use and disposal of these products in Ethiopia.

HEALTH FACILITIES

All health facilities will be in charge of delivering screening, diagnostic, treatment and care services for MENTAL HEALTH based on the national Essential Health Services Package. In collaboration with Woreda, Zone and Regional health officials health facilities will determine the type and depth of health services for their catchment populations.

HEALTH POSTS/COMMUNITY

Health Extension Workers in collaboration with the Health Development Army will help create awareness in the community on promotion, prevention and control in MENTAL HEALTH

Strengthen screening services for MENTAL HEALTHs. Help strengthen adherence to care and treatment for MENTAL HEALTH, early identification, referral and follow up and support

DEVELOPMENT PARTNERS

Provide the necessary technical and financial assistance to MOH and the RHBs in the national response to MENTAL HEALTHs. And participate in strengthening the capacity of government at all level of the health system to effectively implement programs on MENTAL HEALTHs and risk factors.

Enhance local and international resource mobilization and build technical and institutional capacities to sustain effective and efficient national response. Ensure their contributions are aligned with the national and regional responses.

PRIVATE HEALTH SECTOR:

The role of private sector in the prevention and treatment of MENTAL HEALTH will be of paramount importance. Private sectors should be proactively involved in the development and implementation of national MENTAL HEALTH guidelines and strategic documents. Private health institutions should adhere to the diagnostic and treatment standard as mentioned in the national guidelines while providing their services. In addition, the sector will also play key role in the production, procurement and distribution of essential medicine and technologies for diagnosis and management of MENTAL HEALTHs.

Table 11 NMHSP Activities and log frame for program implementation

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
Objective 1: To strengthen effective leadership and governance for mental health				
Strategicinitiatives 1: Develop, strengthen and implement national policies, strategies, guidelines, programs, and mental health act and laws.				
Activities	Indicator	Timeframe (GFY)	Responsible Body	Data Source
Design specific policies, regulations and legislation	Mental health legislation developed and implemented	2020-2025	MOH	Legislation document
Ensure public participation, establish multisectoral mechanism and develop and update guidelines, standards and Job aids	Multisectoral mechanism established	2020-2025	MOH, RHBs	Administrative report
Implement national mental health strategy of Ethiopia	National strategy implemented	2020-2025	MOH, RHBs	Disseminated mental health strategy document and assessment reports
Strategic initiatives 2: Strengthen Program Coordination, Collaboration, and Partnership				
Establish Appropriate Mental health structure from federal to facility levels. Set up a national and sub national Mental Health Advisory group and technical taskforce	National mental health advisory Group established	2020-2025	MOH and RHB	Report
Mobilize adequate resources for Mental Health at all levels.	Number of advocacy conducted	2020-20225	MOH and RHB	Report
Conduct stalk holders mapping analysis and engagement	List of relevant stakeholders engaged	2020-2025	MOH	Stakeholders master list

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
Strengthen intra-sectoral collaborations	Number of collaborative activities	2020-2025	MOH	Activity reports
Strategic initiatives **3: - Establish Multisectoral Coordination Mechanism**				
Establish inter sectoral taskforce, develop accountability framework and ensure integration of MH in Woreda Transformation Platform.	Integration of mental health in Woreda Transformation platform	2020-2025	MOH and RHB	Activity report
Coordinate the development of the Multisectoral Action Plan (MSAP), monitor implementation of the Joint Action Plan and Mobilize financial and technical resources	MSAP developed	2020-2025	MOH and RHB	MSAP document
Incorporate mental health policies into other sectors	Inclusion of MH in health policies	2020-2025	MOH and RHB	Review report of Policy documents
Strategic initiative 4: Empowerment of People with Mental Disorders and Consumer and Family Associations				
Involve and enable PLW, families and association to play different roles	Number of advocacies conducted by MHSUA	2020-2025	MOH HEALTH case Team/Mental Health Cluster	Activity reports
Strategic initiative 5: Ensuring adequate, fair and sustainable mental health care				
Advocate for more funding for mental health	Resources mobilised (% increase of funding for mental health)	2020-2025	MOH	Activity reports
Advocate for: Exemption of mental health service charges in all regions and town administrations	Regions planning and allocating finance Number of regions exempted MH services	2020-2025	MOH	Activity reports

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
Financial protection via inclusion of MNS disorders in SHI/CBHI	Inclusion of MNS in insurance coverage	2020-2025		
Sin taxes on substances and utilise the revenue to fund mental health	Planned tax imposed and fund amount allocated to MH	2020-2025		
Inclusion of WHO recommended packages of care for MNS in CBHI/SHI	WHO recommended packages for MNS included in CBHI/SHI	2020-2025		
Inclusion of mental health illness (psychosis, BID, severe depression) in social safety net	Inclusion of severe mental health conditions into safety net	2020-2025		
Strategy 6: Establishing a National Institute of Mental Health				
Collaborate with legal affair directorates to finalize the proclamation, regulation and directives NIMH	Proclamation for NIMH endorsed	2020-2025	MOH	The endorsed proclamation
Priority Area 2. Promotion and Prevention in Mental Health				
Objective 3: To empower individuals, families and population at large to promote their mental health, help protect themselves from risk factors and create enabling conditions (legislative, regulatory, policy and taxation) that would facilitate target audiences to advance their mental health.				
Strategic initiative 1: Increase public awareness on promotion and prevention in mental health and the right of peoples with MNS conditions and bring positive change on stigmatizing attitudes on individuals with MNS conditions and psychosocial disabilities				
Activities	Indicator	Timeframe (GFY)	Responsible Body	Data Source

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
Collaborate with medias	Number of messages disseminated through mass medias	2020-2025	MOH and RHB	Activity reports
Advocacy to amend the customary law and raise awareness on the right of peoples with MNS conditions	Number of advocacies conducted	2020-2025	MOH and RHB	Activity reports
Collaborate with mental health service users association	Number of collaborations	2020-2025	MOH and RHB	Activity Reports
Utilize World Mental Health Days	World Mental Health Days celebrated	2020-2025	MOH and RHB	Activity reports
Use community conversation and local information exchanges traditions	Number of community conversation conducted	2020-2025	MOH and RHB	Activity reports
Develop communication strategy and health education modules on mental health and mental illness	Communication strategy developed, health education module developed	2020-2020	MOH	Activity reports, developed strategic document/s
Information, education and communication (IEC)/ behaviour change communication (BCC) through print and electronic media	Number and type of IEC,BCC and SBCC materials and activities	2020-2025	MOH	Activity reports
Strategic initiative 2:- Promote physical exercise and healthy lifestyles				
Creating public awareness on the health benefits of physical activity	Number of awareness raising activities conducted	2020-2025	MOH and RHB	Activity Reports
Collaboration with Mass medias, Ministries	Number of collaborative activities conducted	2020-2025	MOH and RHB	Activity Reports
Liaise with relevant ministries to enforce sport policy, strengthen physical activity at schools and enabling physical environ for sport	Number of collaborative activities conducted	2020-2025	MOH and RHB	Activity Reports
Promote mass sport and competitive sports in different	Number of promotive activities conducted	2020-2025	MOH and RHB	Activity Reports

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
settings(work places, health facilities etc.				
Integrate MH in initiatives like car free road	Number of MH messages disseminated on car free road initiatives	2020-2025	MOH and RHB	Activity Reports
Strategic initiative 3: Strengthen health facility; Health Extension and WDA based Mental Health Promotion and Preventive Services				
Conduct Advocacy on promotion and prevention to policy makers, health mangers and HCWs	Number of Advocacies conducted	2020-2025	MOH	Activity reports
Develop mental health communication strategy ,health education modules, guidelines, protocols, job aids on mental health	Communication strategy developed		MOH and RHB	Communication strategy document
Integrate Communication Packages on promotion and prevention in mental health with PHEM,School Health and others	Number of programmes which integrated MH in their communication strategy	2020-2025	MOH and RHB	Review of programmes communication materials developed
Conduct seminars and standardised trainings in order to reach health workers in much depth. •	Number of seminars conducted	2020-2025	MOH and RHB	Activity reports
Integrate messages for promotion and prevention in mental health into the routine health education program of health facilities	Number of facilities which integrated MH in their health education program	2020-2025	MOH and RHB	Health education schedules/ reports
Strategic initiative 5: Strengthen Promotion and Preventive Mental Health Services at community levels (Schools, Workplace, Religious and Traditional treatment settings) and family level				
Liaising and collaboration with MH stalk holders, programmes,	number of collaboration activities	2020-2025	MOH and RHB	Reports
Strategic initiative 6: Substance Use Preventive Services to Promote Mental Health				

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
Creating public awareness on the health, social, security and economic harms of khat/chat, alcohol and tobacco use.	Number of awareness raising activities conducted	2020-2025	MOH and RHB	Activity report
Support provision of medical, legal and psychological services at all levels, including rehabilitation for those (focusing on Adolescent and Youth) exposed to drug and substance abuse (in collaboration with MOLSA) Encourage and Facilitate job opportunity and re-admission into school after rehabilitation	Number of cases who received the services	2020-2025	MOH and RHB	Reports
Promote skills to counter pressures to experiment with tobacco, alcohol and drugs	Number of skill trainings offered	2020-2025	MoH and RHB	Reports
Promote supportive and safe environments among families and institutions such as schools, TVETs, teen clubs in order to counter pressures to experiment with tobacco, alcohol and drugs	Number of promotive activities conducted	2020-2025	MOH and RHB	Report
Implement and enforce EFDA Proclamation 1112/2019 on prohibition of advertising, promotion andsponsorship of alcoholic beverages, and mandatory labelling of alcoholic beverages at the National and Regional levels.	Proclamation implemented	2020-2025	EFDA	Report

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
Liaise with Ministry of Finance, Ministry of trade and industry and other relevant sectors to regulate alcohol production, sale, use and taxation.	Number of meetings conducted	2020-2025	MOH and RHB	Report
Enforce the implementation of articles on tobacco control in the EFDA proclamation 1112/2019 in accordance with the WHO framework convention for the control of tobacco (FCTC).	Proclamation enforced	2020-2025	Intersectoral task force/EFDA	Reports
Promote gradual substitution of tobacco farms with other income generating agricultural products.	Number of farms substituted with alternative crop production	2020-2025	Intersectoral task force/EFDA	Reports
Liaise with national Multisectoral Committee to develop legislations and regulation on domestic production, sale and use of khat/chat	Legislation developed	2020-2025	Intersectoral task force/EFDA	Reports
Liaise with the Ministry of Education and other sectors for developing Khat/chat access restrictive measures aimed at children and young people including in schools and higher education institutions.	Legislation/directive developed and implemented	2020-2025	Intersectoral task force/EFDA	Reports
Promote gradual substitution of khat/chat farms with other income generating agricultural products.	Number of khat/chat farms substituted	2020-2025	Intersectoral task force/EFDA	Reports
Strengthen mental health promotive, substance use preventive; care and rehabilitation services in collaborate	Number of collaborative trainings conducted	2020-2025	Intersectoral task force/EFDA	Reports

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
with COLOMBO Plan Drug Advisory Program and others.				
Promote highest priority interventions recommended by NCDI commission in the multisectoral platform .Develop strategy on substance abuse prevention, treatment and rehabilitation	Strategy developed	2020-2025	Intersectoral task force/EFDA	Reports
Strategic Initiative 7: Suicide and Self-Harm preventive services				
Collaborate with Ministry of Woman and Children, Ministry of Labour and Social Affairs Ministry of Peace Ministry of Agriculture, Ministry of trade and industry, Ministry of road and transport and Strengthen early identification and management of mental disorder and of suicidal behaviours	Multisectoral task force established	2020-2025	MOH and Multisectoral	Reports
Conduct a national survey on suicide	Survey conducted	2020-2025	MOHEPHI and multisectoral	Published Article
Develop a suicide prevention strategy through a multi-sectoral	Strategy document developed mechanism	2020-2025	MOH and Multisectoral	The strategy document
Ensure inclusion of mental health care for suicide in health insurance	Inclusion of suicide in the health insurance schemes	2020-2025	MOH	The health insurance proclamation and regulation book

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
Minimise ease of access to weapons, pesticides, poisonous gases, pharmacological agents through increased controls and regulations,	Regulation developed.	2020-2025	MOH, and multisectoral	The Regulation document
Hot line service is strengthened to service those in crises	Trainings for online workers	2020-2025	MOH	activity report
Promote peer-to-peer support programs and community engagement activities	Number of trainings conducted	2020-2025	MOH and multisectoral	
Improving coping and problem solving skills through evidence-based interventions	Number of trainings conducted for target groups	2020-2025	MOH and multisectoral	Activity reports
Identify and support people at risk with programs like the gatekeeper training, crisis intervention, treatment for people at risk of suicide, treatment to prevent reattempt	Number of training provided	2020-2025	MOH and multisectoral	Activity reports

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
Collaborate with mass media agencies to develop responsible media reporting	Number of training provided	2020-2025	MOH and RHB	Activity Report
Strategic Initiative 8: Promotion and prevention during infancy, child and adolescent mental health				
Collaborate with relevant bodies to integrate mental health in ANC, Delivery, PNC,ECD program and immunization follow up, sexual and reproductive health unitand other ministries, organizations and programs	Number of collaborative activities conducted	2020-2025	MOH and RHB	Reports
Strategic Initiative 9: Promotion , Protection and Prevention in mental health of vulnerable peoples				
Utilize the multisectoral mechanism to respond to the need of the vulnerable and special population	Number of collaborative activities	2020-2025	MOH and Multisectoral	Activity reports
Priority Area 3Development of Adequate and Competent Human Resource for Mental Health				
Objective 2: - To enhance the quality and accessibility of mental health service delivery through meeting mental health human resource standard				
Strategic Initiative 1: Developing and assigning the right mix of Human Resources for Mental Health				
Activities	Indicator	Timeframe (GFY)	Responsible Body	Data Source
Ensure that regions expand mental health services and have readiness to absorb the mental health workforce available	Number of new mental health professionals employed annually	2020-2025	MOH,HHRD,EFDA, H RCSC and RHBs	SARA,SPA and reports

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
Liaise with health and health related directorates to make provision of mental health service compulsory	Facility standards	2020-2025	MOH,HHRD,EFDA, H RCSC and RHBs	SARA,SPA and reports
Revision of Primary hospitals standard to include MSc level trained psychiatry professionals	Number of M.C.s level MH professionals deployed in primary Hospitals	2020-2025	MOH,RHB,HRCSC	Reports
Advocate for meeting MH human resource standard at all health facilities	Number of facilities adhering to MH HR standard	2020-2025	MOH, RHBs, MoE and Universities, Medical Schools, Nursing Schools	Activity reports
Advocate for the expansion of MH specialists trainings and initiation of sub-specialty trainings	Number of institutions providing MH trainings	2020-2025	MOH,MOE and MOSHE	Number of new subspecialty trainings initiated
Collaborate with EFDA to make provision of mental health service role and responsibility of medical and health science graduates	Revision of role and responsibilities	2020-2025	MOH,EFDA	Scope of practice document
Strategic initiatives 2: Providing Mental Health training for all health professionals				
Expand and strengthen mhGAP implementation	Number of PHCU involved in the trainings annually	2020-2025	MOH and RHB	Reports
Enhance implementation of EPHCG	Number of facilities which implemented PHCG	2020-2025	MOH and RHB	Reports
Strategic initiative 3: Offering program management training for mental health program managers and mentorship for mental health and general health care providers offering mental health services				
Develop mental health program management training materials and train mental health Program Managers	Number of trainings conducted	2020-2025	MOH and RHBs	Activity report
Adapt WHO supervisor training materials	Adapted supervision training material	2020-2015	MOH,RHBs	Adapted material available

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
Expand the role of mental health specialists located in all level of the health tier	Number of supervision conducted by mental health professionals	2020-2015	MOH,RHBs	Activity report
Integrate mental health into existing monthly supervision structures for facility-based general health workers and health extension workers	Monthly supervision structure that include mental health	2020-2015	MOH,RHBs	Available supervision structure
Develop and implement a supervision checklist for mental health, for health facility-based health workers and health extension workers	Checklist developed	2020-2015	MOH,RHBs	Checklist available
Strategic initiative 4: Developing standards for mental health professional training and ensure revision and delineation of roles and responsibilities				
Auditing of University curriculums providing MH training	Number of training institutions with updated curriculum	2020-2025	MOH,HERQA,EFDA	Activity reports
Develop a well delineated job descriptions for MH professionals	Job descriptions created	2020-2025	MOH,HERQA,EFDA	Activity reports
Ensure roles and responsibilities of mental health professionals go beyond the direct delivery of mental health care	Number of MH involved in planning, supervision and Mand E	2020-2025	MOH and RHB	Reports
Strategic Initiative 5:-Refresher training for mental health professionals with speciality trainings				
Collaborate with MoH human resource directorate to integrate mental health training in CPD platforms	Mental health integrated in CPD of all health professionals	2020-2025	MOH	

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
Collaborate with mental health professional association to identify training needs and offer refresher trainings for various category of mental health professionals	Number of refresher training conducted	2020-2025	MOH	
Strategic Initiative 6: Start sub-specialty trainings in the field of mental health				
MoH will collaborate with MoE and academic institution to initiation sub-speciality trainings in mental health fields	Number of subspecialty trainings going on	2020-2025	MOSHE, MOE and MOH	Activity reports
Priority Area 4. Comprehensive and integrated clinical interventions for mental, neurological and substance use disorders and psychosocial disability				
Objective 4: To detect mental health conditions at an early stage in order to be able to initiate prompt treatment, care, and rehabilitative and integration in to the community through ensuring optimal infrastructure and sustainable supply of materials such as equipment, medications and technologies.				
Strategic initiative 1: Initiate and strengthen comprehensive and integrated mental and psychosocial services at all levels of the system				
Activities	Indicator	Timeframe (GFY)	Responsible Body	Data Source
Liaise with Health and Health related directorate to make mental health service provision compulsory at all level of the health system tier.	Mental health service made compulsory	2020-2025	MOH/EFDA	Facility standard
Expand and strengthen mental health services.	Proportion of facilities starting mental health service	2020-2025	MOH, RHB	DHIS-II
Establish rehabilitation service	Number of mental health rehabilitation services integrated	2020-2025	MOH,MOLSA	Report
Support development of MNS and psychosocial disability guidelines,	Number of guidelines/protocols developed	2020-2025	MOH and Multisectoral	Materials developed

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
protocols and checklists needed to provide high-quality services.				
Strengthen partnership between public, private and other providing mental health service will be strengthened	Guideline developed	2020-2025	MOH and Partners	PPP guidelines
Continue decentralize and integrate mental health services and strengthen referralnetworks	Number of health facilities integrated mental health services	2020-2025	MOH and RHB	DHIS-II
Strategic initiative 2:- Ensure Quality, Human Rights and Equity in Mental Health Services				
Effecting changes in laws of the country that enable implementation of CRPD in mental health service settings.	Customary law amended	2020-2025	MOH and Multisectoral	Customary Law
Development of mental Health service quality standards for each level of the health service	MH service quality standard developed	2020-2025	MOH	MH Quality standard document
Liaise with professional organizations to strengthen their roles		2020-2025	MOH	reports
Ensure implementation of mental health legislation, availability of standards and protocols for the administration of ECT	Standards/Protocols developed	2020-2025	MOH	Protocols
Expand the evidence base for equity and ensure involvement PLW marginalization	Involvement of peoples with experience of marginalization	2020-2025	MOH and RHB	reports
Strategic initiative 3: Improve infrastructure and ensuring a dependable and affordable supply of essential medicines and diagnostic technologies for mental health				

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
Improve the physical, sanitary, hygiene and safety standards for mental health care settings	Number of mental health setting with all standards met	2020-2025	MOH and RHB	Reports
Ensure uninterrupted supply of essential medicines, laboratory reagents and technological inputs	Number of facilities with stock out for greater that 4 months	2020-2025	MOH, RHBs	Activity reports
Revise the Essential Medicines List for MNS disorders, revise STGs for facilities and harmonize with list of medicines for health facility EPHCG and mhGAP IG.	Number of documents revised	2020-2025	MOH,EFDA	Activity reports
Strategic initiative 4: Ensuring access to the WHO recommended packages of psychosocial care at community level				
Map and identify community mental health services	Services mapped	2020-2025	MOH	Activity reports
Develop guideline/protocol for community MN services Develop training material for community MNS service providers	Number and type of training/teaching materials developed	2020-2025	MOH	Activity reports
Develop provider support tools on community MNS	Materials developed	2020-2025	MOH	Activity reports
Develop mentoring guide and tools for community MNS services	Materials developed	2020-2025	MOH	Activity reports
Develop supportive supervision checklist for community MNS services	Materials developed	2020-2025	MOH	Activity reports
Develop recording and reporting tools for community MNS services	Materials developed	2020-2025	MOH	Activity reports
Support and strengthen existing community mental health services	Services established	2020-2025	MOH	Activity reports

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
Establish new community mental health services	Services established	2020-2025	MOH	Activity reports
Sensitisation workshops and training for community MNS service providers	Number of workshops and trainings	2020-2025	MOH	Activity reports
Adapt new WHO Community Toolkit for Ethiopia	Number of workshops and trainings	2020-2025	MOH and Partners	Activity reports
Priority Area 5. Research, Surveillance, Monitoring and Evaluation				
Objective 5: To establish and strengthen information systems, evidence and research for the mental health sector.				
Strategic initiatives 1: Incorporate key indicators of mental health into the national health information Management System (HMIS)				
Activities	Indicator	Timeframe (GFY)	Responsible Body	Data Source
Design and integrate		2020	MOH	Activity reports
Identify and Integrate core indicators for mental health in DHIS-II and develop M and E tools	Number of indicators included	2020-2025	MOH	DHIS-II
Integrate Mental health into all health care review meetings at every level in the system	Mental health made agenda of review meetings	2020-2025	MOH and RHB	Reports
Promote culture of information use for mental health service development, through	Number of capacity development activities	2020-2025	MOH and RHB	Reports
Publish an annual status report (part of annual health sector performance report) covering all mental health data	Number of published status reports	2020-2025	MOH and RHB	Reports

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
Establish an active surveillance system for mental health and suicide monitoring ensure that records are disaggregated by facility, sex, age and other relevant variables	Surveillance system established/MH integrated in the surveillance system	2020-2025	MOH and RHB	Reports
Embed mental health information needs and indicators, including risk factors and disabilities within national population-based surveys and health management information systems	Information need or indicators included	2020-2025	MOH and RHB	Surveys and DHIS-II
Include suicide as cause of death in death registration/verbal autopsy system (or via DHS in meantime) – UN requirement	Indicators identified	2020-2025	MOH	Reports/Official reports
Integrate mental health service indicators in SAP, SARA (Service availability and readiness assessments), National Joint Supportive supervision	Mental health integrated in SARA,SAP,JSS	2020-2025	MOH	Reports
Supervision of mental health services at the community and facility level to ensuring quality and mainstream into existing supervision frameworks	Mental health included in quality assessment and supervision tools	2020-2025	MOH and RHB	Report
Develop a framework for the routine periodic evaluation of availability and quality of mental health services, and use for on-going planning and service delivery by all provinces.	Framework developed	2020-2025	MOH and RHB	

Priority Area 1. Governance, leadership, coordination, collaboration and partnership				
Conduct mental health service review meeting bi-annually at national level and quarterly at regional levels to track progress against key indicators	Number of review meetings conducted	2020-2025	MoH and RHB	Reports
Conduct annual review of role out of the strategic plan	Review conducted	2020-2025	MoH ,RHB and Multisectoral	Reports
Strategic Initiative 2: Build the evidence and research base for mental health				
Include mental health in Stepwise Survey on mental health and Risk factors (2020 and 2025)	Mental health included in Steps survey	2020-2025	MOH and EPHI	Steps survey
prioritise national research agenda in the area of mental health, based on consultation with all stakeholders and conduct research	Number of research agendas identified	2020-2025	MOH	Activity reports
Enable strengthened cooperation between universities, institutes and health services in the field of mental health research	Number of research collaboration among universities	2020-2025	MOH	Activity reports
Promote high ethical standards in mental health research	Ethical committee established	2020-2025	MOH and RHB	Activity reports

Chapter Seven:Costing, Budget and Financing of the NMHSP

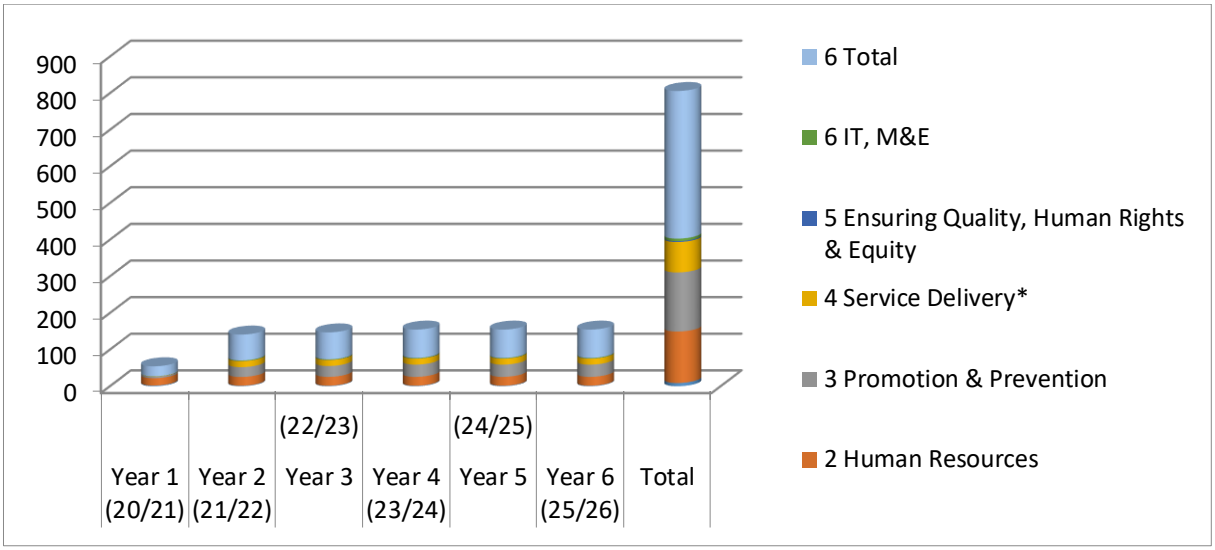
The budget and costs for implementing this strategy will carry across different Ministries of the GOE. The majority of activities will fall under the auspice of the FMOH as well as Regional Health Bureau budgets. To that effect, the costing of this strategic plan only takes into account those activities and provision of services under the responsibility of the FMOH and RHBs. The cost of beginning new training programs or the cost of training mental health professionals at the university level were not included as the budget and costs are the responsibility of the Ministry of Education. In-service trainings provided to health facility staff located at the facility are included in this costing. The required finances will be budgeted for by the respective sectors as per their annual and strategic plan.

The cost analysis estimates the cost of the NMHSP to the FMOH and includes programmatic, human resource and commodity costs. The programmatic costs of each Strategic Priority Area will be presented separately from the costs required to scale up a package of mental health services at health centres and hospitals, which includes the cost of mental health professionals at all facilities and a standard package of commodities to meet coverage goals (only captured in Strategic Priority Area 4). Costs are presented in Ethiopian Birr with unit costs of inputs collected from the FMOH. The costs reported below do not account for inflation (Annex 3 presents costs with 7.8% inflation). The costing was conducted for Gregorian calendar fiscal years 2020 through 2025 and therefore covers five years of implementation. The costing for programmatic costs was completed using Microsoft Excel. The costs the package of commodities required to treat priority MNS disorders was based on assumptions developed during the HSTP costing conducted using the One Health Tool.

NMHSP Programmatic Costs

The total programmatic costs of the NMHSP over the 5 year period is estimated at ETB 402.97M across 5 years. Programmatic costs include all costs related to implementation including program management, in-service trainings and monitoring and evaluation. They exclude the salaries of human resources for mental health and commodities costs related to the scale up of mental health service delivery at facilities. Those costs are outlined in the section below. Costs steadily increase over the first 3 years of the strategic plan and then become constant from 2023 to 2025 (GFY) indicating that planned programmatic activities are consistent year over year. At scale, the yearly programmatic cost of meeting the goals of the NMHSP is 77.4M ETB. Table 12 and Figure 4 shows the year over year breakdown by Priority Areas.

Figure 4 NMHSP Programmatic Costs, by Strategic Priority Area (2020-2025, GFY)

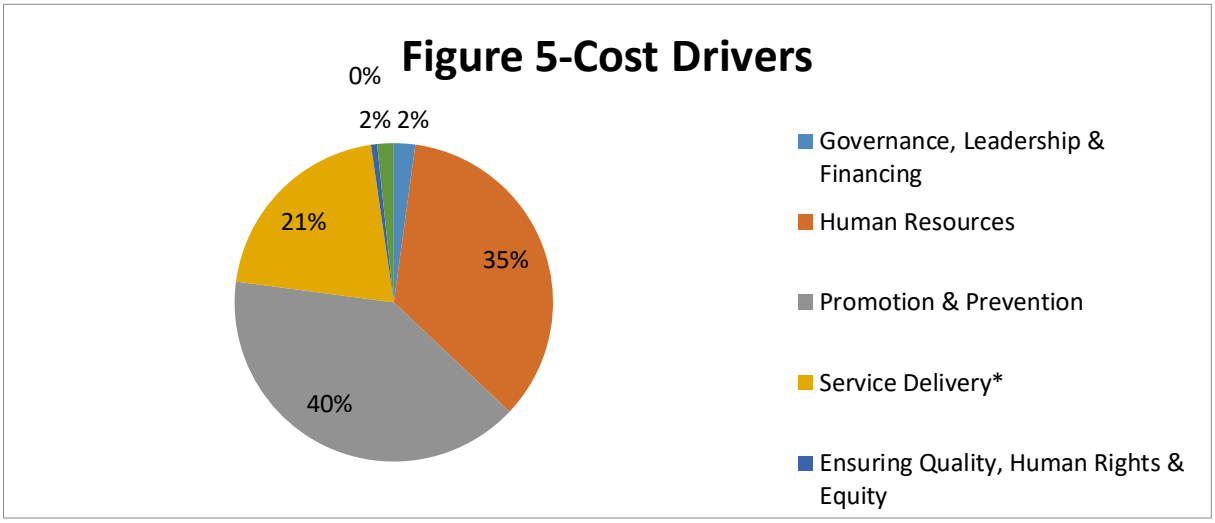


*Does not include scale up of HRH for MH or basket of drugs & supplies for MH

Table 12 NMHSP Programmatic Costs by Strategic Priority Areas (M ETB, 2019-2025 GFY)

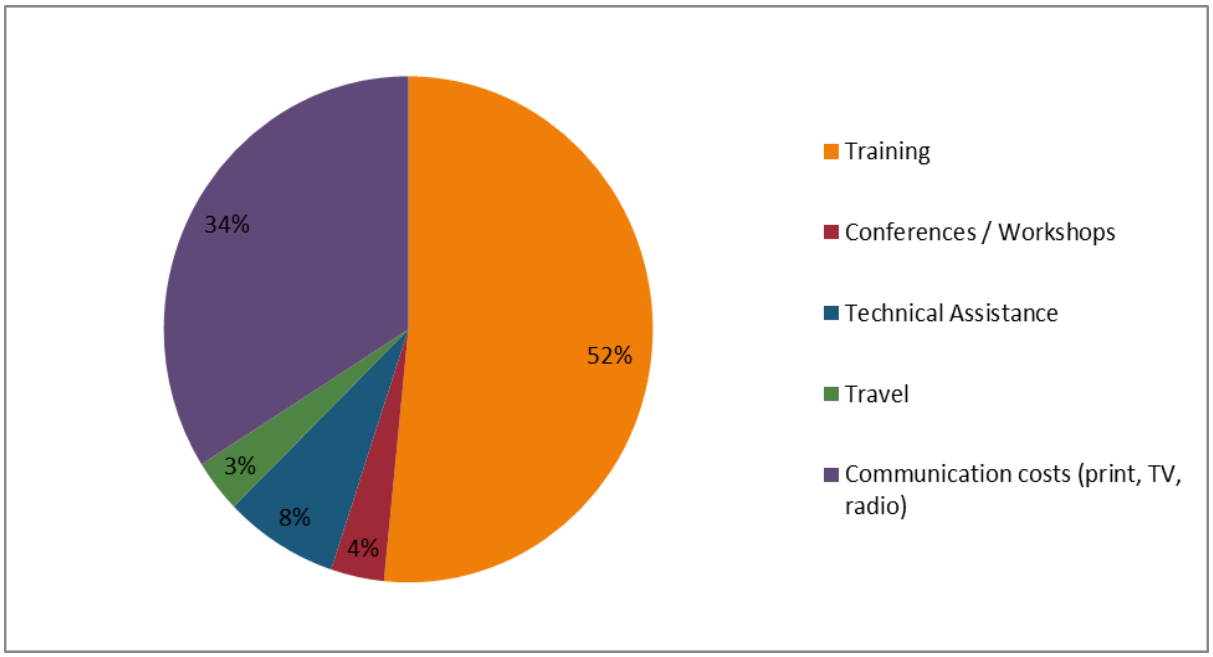
		Year 1 (20/21)	Year 2 (21/22)	Year 3 (22/23)	Year 4 (23/24)	Year 5 (24/25)	Year 6 (25/26)	Total
1	Governance, Leadership & Financing	1.88	1.37	1.37	1.37	1.37	1.37	8.73
2	Human Resources	19.97	23.86	24.18	24.18	24.18	24.18	140.55
3	Promotion & Prevention	4.47	26.83	29.63	33.46	33.46	33.46	161.31
4	Service Delivery*	0.44	16.6	16.51	16.51	16.51	16.51	83.08
5	Ensuring Quality, Human Rights & Equity	0.08	0.48	0.48	0.48	0.48	0.48	2.48
6	IT, M&E	0.36	1.37	1.26	1.26	1.26	1.26	6.77
	Total	27.21	70.51	73.44	77.27	77.27	77.27	402.97

*Does not include scale up of HRH for MH or basket of drugs & supplies for MH



Strategic Priority Area 2, Promotion and Prevention, accounts for 40% of the total programmatic costs, followed by Strategic Priority Area 3, Human Resource Development, at 35%. For both Strategic Priortiy Areas, the primary cost driver is in-service training of health workers, followed by communication costs for behavior change and educational materials. Overall, 52% of costs are for training and 34% are for communication materials and printing. Figure 3 shows the cost breakdown by category across the 5 years implementation period for all Strategic Approaches.

Figure 2 Cost drivers of NMHSP (2020-2025 GFY)



Scale-Up: Service Delivery Costs at Health Facilities

As part of Priority Area 4, the NMHSP looks to ensure the availability of services and commodities to treat priority MNS disorders at all levels of health facilities. In order to understand the full expression of demand for availability of services per the current staffing standards and treatment guidelines, this costing takes a facility-level perspective. Total costs are calculated for an average facility and include the salary cost of staffing a facility per the standard (page 37), the cost of a standard basket of drugs and supplies required to treat MNS disorders, and the cost of service initiation visits that serve as supportive supervision to new mental health staff at a facility. While it is expected that the health system will not scale-up facility by facility with the full staffing or full availability of drugs and supplies all at once, this costing provides an estimate of resources required to reach 100% of facilities at the standard level of staffing for mental health and to avail the drugs and supplies needed at specific coverage levels.

Facility-level cost of human resources for mental health

Table 13 outlines the salary cost to staff a facility with mental health professionals per the standard. Salary costs are based on the MOH average salary for a specific cadre. Duty payments and allowances are excluded.

Table 13 HRMH costs per facility

Facility Type	# of MH staff	Total HRMH Cost (ETB per year)

Health Center	2	67,464
Primary Hospital	3	122,155
General Hospital	17	851,441
Tertiary Hospital	30	2,423,476

Facility-level cost of drugs and supplies for MNS disorders

Table 14 outlines the cost of drugs and supplies required to treat MNS disorders at each level of care for an average health facility and at differing levels of coverage.

Facility Type	Avg. Catchment area	Total cost of drugs & supplies, by coverage level (ETB per year)		
		20% Coverage*	50% Coverage**	100% Coverage**
Health Center	25,000	39,203	99,722	196,016
Primary Hospital	80,000	90,247	231,382	451,235
General Hospital	1,250,000	1,442,305	4,608,461	7,211,523
Tertiary Hospital	4,250,000	3,184,233	9,031,409	15,921,164

*20% coverage is used for scale-up assumption; 1% care seeking assumed for substance abuse

**5% care seeking assumed for substance abuse

For the costing, an average health facility was assumed to have the average catchment area for that level of care and the prevalence of MNS disorders was assumed the same across all facilities. In order to derive the cost of the basket, the delivery channel and treatment inputs percentages were taken from the HSTP costing that was based on the One Health Tool. Calculations were made for varying levels of coverage from 20% to 100% of the population in need. The HSTP assumes that 20% of the population will be care seeking and therefore that is the most realistic number to use in the scale-up costing below. Adjustments were made for substance abuse disorders to indicate that a lower percent of the population would seek medical interventions for a substance disorder in each year.

Cost of scaling up the service delivery package

Table 15 shows the total cost of providing mental health services at a single facility, per year.

Table 15 Total cost of providing MNS services per facility (ETB per year)

Facility Type	Total HRMH Cost	Total cost of drugs & supplies	Total cost
Health Center	67,464	39,203	106,667
Primary Hospital	122,155	90,247	212,402
General Hospital	851,441	1,442,305	2,293,746
Tertiary Hospital	2,423,476	3,184,233	5,607,708

In order to determine the total cost of reaching proportion of facilities (indicated on Table 16) with the mental health service provision package within 5 years, a scale-up plan for facilities was assumed. Table 16 shows the assumed scale up of mental health services at facilities. It assumes a slow start at facilities initially and then rapid expansions in later years as more human resources are available from expanded and new training programs. It is assumed that General (secondary-level) Hospitals and Tertiary Hospitals already have some level of service provision in place.

Table 16 Scale-up of MNS service delivery (total facilities and % percentage)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Health Center	354	531	885	1416	2125	2833
	10%	15%	25%	40%	60%	70%
Primary Hospital	16	24	41	65	97	130
	10%	15%	25%	40%	50%	55%
General Hospital	38	46	63	84	84	84
	45%	55%	75%	100%	100%	100%
Tertiary Hospital	15	18	25	33	33	33
	45%	55%	75%	100%	100%	100%

The total resource need for a 5 year scale up of service delivery is 2.75 billion ETB. 8.18 million ETB will be required for service initiation visits over the 5 year scale up. Table16 show the resources required over the 5 year of the strategyto treat an average of 20% of the population in need.

Table 16 Total cost of scaling up MNS services (ETB per year)

Total cost of scaling up MNS service delivery package (M ETB)

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Total
Service Initiation Visits							
Health Centers	0.32	0.48	0.8	1.27	1.91	2.55	7.33
Primary Hospitals	0.01	0.02	0.04	0.06	0.09	0.12	0.34
General Hospitals	0.03	0.04	0.06	0.08	0.08	0.08	0.37
Tertiary Hospitals	0.01	0.02	0.02	0.03	0.03	0.03	0.14
Human Resources for Mental Health							
Health Centers	23.89	35.83	59.72	95.56	143.3	191.1	549.4
Primary Hospitals	1.98	2.97	4.95	7.92	11.87	15.83	45.52
General Hospitals	32.18	39.34	53.64	71.52	71.52	71.52	339.72
Tertiary Hospitals	35.99	43.99	59.98	79.97	79.97	79.97	379.87
Basket of Drugs & Supplies for MNS							
Health Centers	13.88	20.82	34.7	55.53	83.29	111.06	319.28
Primary Hospitals	1.46	2.19	3.66	5.85	8.77	11.7	33.63
General Hospitals	54.52	66.63	90.87	121.15	121.15	121.15	575.47
Tertiary Hospitals	47.29	57.79	78.81	105.08	105.08	105.08	499.13
Total Cost							
Health Centers	38.09	57.13	95.22	152.36	228.54	304.72	876.06
Primary Hospitals	3.46	5.18	8.64	13.82	20.73	27.64	79.47
General Hospitals	86.74	106.01	144.56	192.75	192.75	192.75	915.56
Tertiary Hospitals	83.29	101.8	138.81	185.08	185.08	185.08	879.14

Annexes

Annex 1: NMHSP Implementation PLAN (GanttChart)

By Priority Initiative		Indicators	Type of Indicator	Target							MOV	Reference for Base line
					2020	2021	2022	2023	2024	2025		
1	Governance, Leadership & Financing											
1.1	National Policies and legislation	Formation of national mental health advisory	Input		X	X					Administrative Report	
1.2	Collaboration, partnership											
1.3	Empowerment peoples affected by mentalillness											
1.4	Resource Mobilisation & Sustainable Financing	Proportion of Health budget allocated to MH		6%	0.19%	1.2%	1.5%	2%	3%	6%	Administrative Report	NHA
1.5	Establish of the NIMH											
2	Human Resources											
2.1	HRH resource deployment	Proportion of Health	Output	70%	10%	30%	40%	50%	60%	70%	SARA/SPA/HRIS	

2.2	Training all HRH on MNS	facilities meeting the HR Standard										
3	Promotion & Prevention	Proportion of the community with good awareness to MH	Output	60%	-	40%	45%	50%	55%	60%	Survey	
4	Service Delivery			70%								
4.1	Service delivery scale up	Proportion of health facilities providing mental health services	Output	70%	26%	35%	40%	42%	45%	70%	SARAS/HMIS	National report
4.2	Ensure medicines											
4.3	Community-based MH services											
4.4a	Scale-up: Health Centre MH services	Proportion of HCs Providing MH service	Output	70%	-	20%	35%	50%	65%	70%	SARAS	
4.4b	Scale-up: Primary hospital MH services	Proportion of Hospitals Providing MH service	Output	100%	25%	35%	40%	50%	75%	100%		
4.4c	Scale-up: General hospital MH services											

4.4d	Scale-up: Specialised hospital services											
4.5	Scaling up treatment coverage for priority mental health conditions	Depressive disorders	Output	30%	5%	10%	15%	20%	25%	30%	HMIS/DHIS2/Routine report	ShekharSanxina. 210
		Psychotic disorders	Output	50%	10%	12%	15%	25%	35%	50%	HMIS/DHIS2/Routine report	Fekadu A and Thornicroft G,2014
		Bipolar disorders	Output	50%	10%	12%	15%	25%	35%	50%	HMIS/DHIS2/Routine report	NMHS 2012-16
		Epilepsy	Output	60%	20%	30%	35%	45%	55%	60%	HMIS/DHIS2/Routine report	WHO(2010), C.Espinosa-Jovelet al,2018
		SUD	Output	20%	1%	2%	6%	13%	16%	20%	HMIS/DHIS2/Routine report	Atlas of SUD, 2010
		Dementia	Output	20%	-	2.5%	5%	10%	15%	20%		
		Child and adolescent MH problems	Output	20%	-	2.5%	5%	10%	15%	20%	HMIS/DHIS2/Routine report	
		Suicide death per 100,000	Outcome	8.4	11.38	11.08	11.0	10.9	10.8	10.57	HMIS/DHIS2/Routine report	WHO 2018
		Suicide attempt	Outcome	2.88%	3.2%	3.09	3.06	3.02	3.0	2.88	HMIS/DHIS2/Routine report	NMHS 2012-16
5	IT, M&E											
5.1	MH Information Systems	Proportion of facilities	Outcome	100%	-	50%	60%	70%	90%	100%	PPMED	

5.2	Increasing MH evidence and research	using M& E tools										

ANNEX II. Targets of global Mental health action plan 2013-2020,WHO

Global target 1.1	80% of countries will have developed or updated their policy/plan for mental health in line with international and regional human rights instruments (by the year 2020).
Global target 1.2	50% of countries will have developed or updated their law for mental health in line with international and regional human rights instruments (by the year 2020).
Global target 2	Service coverage for severe mental disorders will have increased by 20% (by the year 2020).
Global target 3.1	80% of countries will have at least two functioning national, multisectoral mental health promotion and prevention programmes (by the year 2020).
Global target 3.2	The rate of suicide In countries will be reduced by 10% (by the year 2020).
Global target 4	80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national health and social Information systems (by the year 2020)

Annex-III. Optimal mix of mental health service

23we qwq	Mental Health Service Delivery Level	Types of Mental health services	Types of care providers	Required tools
LEVEL 1	Self – Care *(Optimal Mix Objective: Promoting Self-Care)*	Learn to avoid high risk situations, manage stress, manage emotional stress, know when to seek help, adhere to medications, avoid alcohol, khat and other substances		Public education materials Electronic and mobile health technologies to disseminate user-friendly mental health information
LEVEL 2	Informal Community Care *(Optimal Objective: Building & supporting informal community care services)*	Counselling, education, rehabilitation for Substance use, victims of violence, etc.	Non-formal community providers (traditional healers, faith healers, spiritual healers, religious healers, Holy Water, community-based organisations, peer support, civil society organisations, local and international non-governmental organisations	Community mental health service provision guidelines/protocols
LEVEL 3	Community Mental Health Services *(Optimal Objective: Building community mental health services at community/ health post level)*	Awareness creation and health education Screening for mental health disorders and making referrals Treatment adherence support Recovery and rehabilitative services Support integration of people with mental health disorders into families, communities Work with the community to support the human rights of people with mental health disorders are recognised and respected Liaise between the formal and informal mental service	Health Extension Workers	Health Extension Workers Mental health service provision guideline and protocol Training materials for HEWs Mental health service provision tools Patient education materials

LEVEL 4 (PHU)	Mental Health services in the Primary Health Care Unit *(Optimal Objective: Integrating Mental Health services into Primary Health Care at Health Centre level)*	Awareness creation, health education Screening and diagnosis for mental disorders Initiation and follow up of treatment and care in the outpatient setting Inpatient services in primary hospitals Treatment and adherence support Recovery and rehabilitative services Support, supervision and mentoring of health extension workers Support integration of people with mental health conditions into families, communities Work with the community to support the human rights of people with mental disorders are recognised and respected	Mental health trained nurses, midwives, HIV/AIDS service providers, family planning providers Psychiatric nurses Health officers Medical doctors (general practitioners	Mental health diagnosis and treatment guidelines and protocols Mental Health training materials Patient education materials Job aids Training and sensitisation workshops Psychotropicdrugs Contextuallyappropriate psychosocial interventions Inpatient admission rooms, beds etc.

LEVEL 4 (GH)	Mental Health/ Psychiatric services in General Hospitals *(Optimal Objective: Develop Mental Health services in General Hospitals)*	Awareness creation, health education Screening and diagnosis for mental disorders Initiation and follow up of treatment and care in the outpatient setting Inpatient services for adults and children Services for pregnant women Treatment and adherence support, referral services Inpatient detoxification for substance use disorders Recovery and rehabilitative services Occupational therapy Support, supervision and mentoring to facilities below their tier Support integration of people with mental health disorders into families, communities	Psychiatrists Psychiatric nurses Psychologists Psychiatric social workers Medical doctors (both generalist and specialists) Health officers Mental health trained generalist nurses, midwives, HIV/AIDS service providers, family planning providers Occupational therapist Mental health treatment supporters	Mental health diagnosis and treatment guidelines and protocols MH training material Patient education materials Occupational therapy unit Job aids Training and sensitisation workshops Psychotropic drugs Psychological therapies ECT Machines EEG machine Inpatient admission rooms, beds etc.

LEVEL 5	Mental Health services in Referral/ Specialised Hospitals *(Optimal Objective: Limit the number psychiatric hospitals)*	Specialist inpatient care Outpatient services Specialised clinics for the treatment of specific disorders Specialised clinics for the treatment of specific disorders of children and adolescents Rehabilitation services for specific disorders of children and adolescents, e.g. autism and psychotic disorders Maternal mental health Occupational therapy Specialised clinics dedicated to specific disorders of the elderly, e.g. Alzheimer's disease Specialised clinics dedicated for substance use disorders and forensic services	Psychiatrists Psychiatric nurses and social workers Psychologists Medical doctors (both generalist and specialists) Health officers Mental health trained generalist nurses, midwives, HIV/AIDS service providers, family planning providers Occupational therapist Mental health treatment supporters	Mental health diagnosis and treatment guideline and protocol Patient education materials Maternal mental health unit Occupational therapy unit Job aids Training and sensitisation workshops Psychotropic drugs Psychological therapies ECT Machine EEG machine Inpatient wards Psychotherapy rooms Teaching rooms

Name of Regions	Health Facility		Baseline	2021	2022	2023	2024	2025	70%
	Type	Total							
Amhara	*Hosp*	82	20	5	6	8	9	10	57
	HC	864	18	50	150	130	133	133	604
Oromiya	*Hosp*	91	23	5	6	9	10	10	64
	HC	1415	44	150	168	168	210	250	990
Tigray	*Hosp*	40	40						Covered 100%
	HC	232	20	24	25	29	29	35	162
SNNPR	*Hosp*	50	15	7	8	9	9	10	42
	HC	565	29	40	55	90	100	107	392
Sidama	*Hosp*	18	5	1	1	2	2	2	13
	HC	137	0	10	18	20	20	20	98

Gambela	*Hosp*	4	1	1	1	-	-	-	3
	HC	30	0	3	4	4	5	5	21
Benishangule	*Hosp*	6	1	1	1	1	-	-	4
	HC	43	3	3	4	5	5	6	29
Somali	*Hosp*	13	2	1	2	2	2	2	9
	HC	410	10	30	65	85	87	100	277
Deredawa	*Hosp*	2	2						Coverd 1 00%
	HC	14	7	1	1	1	2	2	10
Harari	*Hosp*	2	2						Coverd 1 00%
	HC	8	4	1	1	1	-	-	7
Afar	*Hosp*	7	3	1	1	1-	-	-	6
	HC	98	17	10	10	10	10	13	70
A.A	*Hosp*	6	6						Covered 100%
	HC	104	20	10	10	10	10	12	72
Federal Hosp	*Hosp*	5	5						

Annex IV. Annual Mental Health Service Expansion Quota Assigned to Regions per Functional Hospitals and Health centers, 2020-2025

Annex V: Stakeholder Analysis (modified from HSTP I)

Stakeholders	Desired Behavior	Their need	Resistance Issues	Institutional response
Community	Participation, engagement, ownership and mentally healthy lifestyle	Access to mental health information, service,empowerment,quality of mental health care stewardship	Dissatisfaction, Opting For other alternatives, Underutilisation	Community mobilisation,ensure participation, engament and ownership of qualityand equitable mental health

				services and increased access to information.
Parliament, Prime minister Office, Council of ministers Regional governments	Ratification of Policies Proclamations etc. Resource Allocationand Implementation of the national strategy and programmes	Implementation of proclamations, Policies etc. Equity & quality Plans & Reports Participatory approach and owneship	Administrative measures Organisational restructuring Influence on budget allocation Lack of owneship	Put in place strong M&E systemand comprehensive capacity building measures Advocacy,Awarness raising activities and Making mental health JSC and other platforms agenda
Line Ministries (MoE,MOYS,MOF,MORCA,MOLSA, Labor, Ministry of Women'sAffairs, Ministry of Agriculture, etc.) And ARRA	Intersectoral collaboration Consider mental health in all policies and strategies	Evidence-based plans/ Reports Effective and efficient use ofresources and coordination Technical support	Dissatisfaction Considering health as low priority Fragmentation	Collaboration Transparency Advocacy
Health professional training institutes	Knowledgeable, skilled and ethical health professionals trained	Technical, policy support, Guidance	Curriculum Revision	Collaboration Policy and leadership support
International agencies(WHO, UNICEF, UNHCR and UNFPA);IFRC,ICRC,AU and IGAD), Other Development &Humanitarian (ECHO	Harmonised and aligned Participation More financing and Technical support	Financial system accountable and transparent Involved in planning, implementation and M&E	Fragmentation High transaction cost Inefficiencies	Government leadership Transparency Efficient resource use Build financial management capacity

(EC) and BPRM (USAID)Partners				
FBO,NGOs, CSOs, CBO,Professional associations and Mental Health Service Users Association)	Harmonisation &alignment Participation, resource Participate in licensingand accreditation. Promoteprofessional code of conduct, support in emergency (substitution) and post-emergency/ resilience support and strengthening	Involvement in planning, implementation & M&E Participation	Dissatisfaction Fragmentation Scale down Withdrawal	Participatory,Transparency,Engagment and collaboration,Capacity building and other Supports
Diaspora and Private forprofit entities	Quality of care; Client oriented; Knowledge and technology Transfer	Enabling environment for their engagement	Mistrust Rent seeking	Transparency Accountability Dialogue
Civil servants	Commitment, Participation	Conducive environment Transparency Incentive	Dissatisfaction Unproductive Attrition	Motivation, Involvement

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Glossary

- **Common Mental Disorders (CMD) -** are a group of distress states manifesting with anxiety, depressive and unexplained somatic symptoms typically encountered in community and primary care settings.
- **Vulnerable groups-** refer to individuals or groups of individuals who are made vulnerable by the situations and environments that they are exposed to (as opposed to any inherent weakness or lack of capacity)
- **Khat** - Leaves of the shrub Catha edulis, containing a stimulant substance. It is both a recreational drug and a drug of abuse and can create dependence.
- Mental, Neurological and Substance Use - MNS disorders are a heterogeneous range of disorders that owe their origin to a complex array of genetic, biological, psychological, and social factors.
- **Mental health** - Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stressesof life, can work productively and is able to contribute to his or her community.
- **Mental health services -** Mental health services are the means by which effective interventions for mental health are delivered. The way these servicesare organised has an
- important bearing on their effectiveness. Typically, mental health services include outpatient facilities,mental health day treatment facilities, psychiatric wards in a general hospital, community mental health teams, supportedhousing in the community, and mental hospitals.
- **Mental Illness/Mental Disorders**- refers to a wide range of clinically identifiable mental health conditions that affect one's thoughts, body, feelings, and behaviour. They exhibit ongoing symptoms and cause frequent stress, affecting your day-to-day ability to function. Mental illnesses can be severe, seriously interfering with a person's life, and even causing a person to become disabled. Mental illnesses include (but are not limited to): Clinical depression, bipolar disorder (manic-depressive illness), attention-deficit/ hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder
- **Psychosocial disability** - An internationally recognised term under the United Nations Convention on the Rights of Persons with Disabilities, used to describe the experience of people with impairments and participation restrictions related to mental health conditions.
- **Psychological first aid (PFA)** - Provision of supportive care to people in distress who have recently been exposed to a crisis event. The care involves assessing immediate needs and concerns; ensuring that immediate basic physical needs are met; providing or mobilizing social support; and protecting from further harm.
- **Self-harm** - Intentional self-inflicted poisoning or injury to oneself, which may or may not have a fatal intent or outcome.
- **Suicide** - The act of deliberately causing one's own death.

For further glossary terminology, see: www.who.int/mental_health/en/