L'approccio dell'Organizzazione Mondiale della Sanità ai modelli di salute mentale nei sistemi di cure primarie

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European Region

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COMUNITÀ DI PRATICHE DEL FRIULI VENEZIA GIULIA

Salute mentale e cooperazione internazionale:

nuove prospettive per un approccio integrato

Esperienze, sfide e sinergie nella costruzione di comunità resilienti

21 novembre 2025, online

Outline

1. **L’approccio dell’OMS alla salute mentale nelle cure primarie**

2. **Accenni su salute mentale e PSS nelle emergenze e negli interventi umanitari**

3. **Riflessioni da un’esperienza di cooperazione internazionale della Regione FVG**

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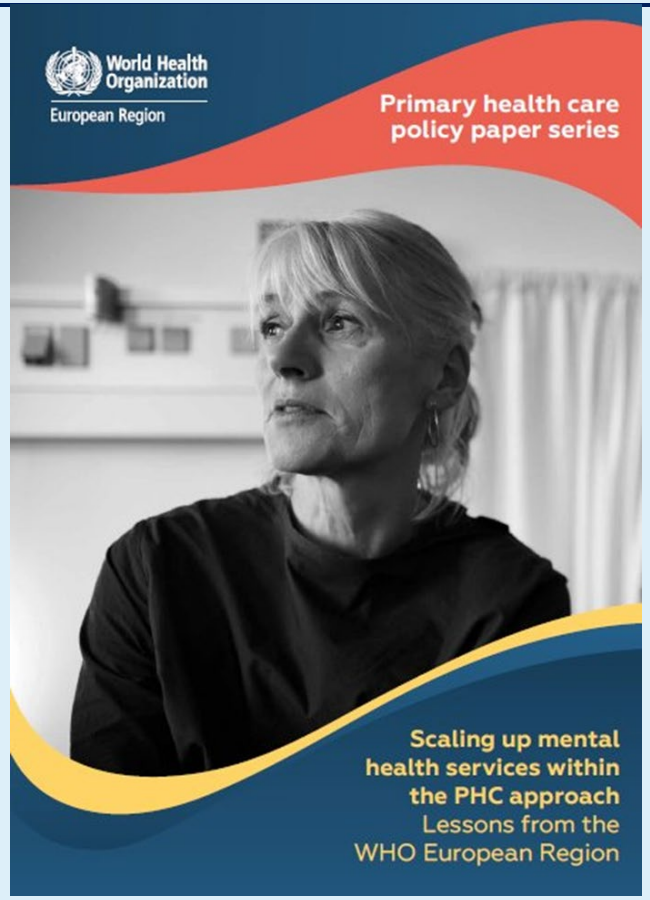
Policy Paper:

How to scale up mental health services within the primary health care approach? Lessons from the WHO European Region.



https://www.who.int/europe/publications/i/item/WHO-EURO-2025-11303-51075-77740

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to make a big push **to close vast coverage gaps** in mental health services.

Smartly building on the successes of the **mental health transformers** to de-institutionalize mental health services.

Joining forces of **primary health care practitioners and supporters** seeking to provide more holistic approach to well-being.

Harnessing **community engagement** in setting priorities and designing services.

WHY? Mental health needs are high

1 in 7 — In WHO European Region, 1 in 7 people lived with a mental health condition

1 in 4 — In WHO European Region, 1 in 4 people with psychosis does not receive treatment

2nd — Depression is the second cause of disability in 2021

1 in 100 — In WHO European Region deaths are due to suicide

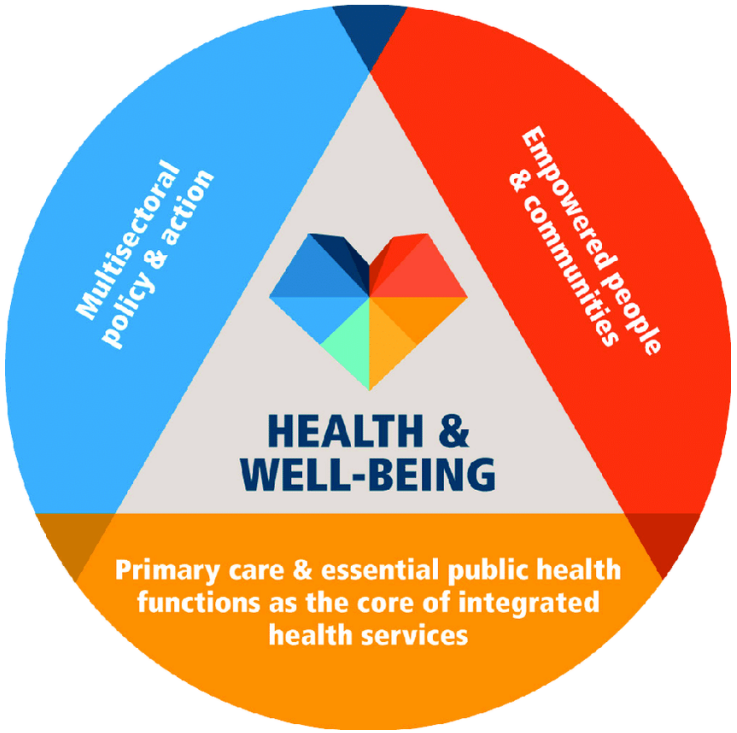
Widespread

Undertreated

Under-resourced

WHAT? Scaling up mental health care within primary care and the broader PHC approach

- Deinstitutionalization of mental health care is much more than primary care and other health care
- A network of both health and non-health providers
- Alignment with the PHC approach
- Primary care is an important but only one facet of community mental health care!



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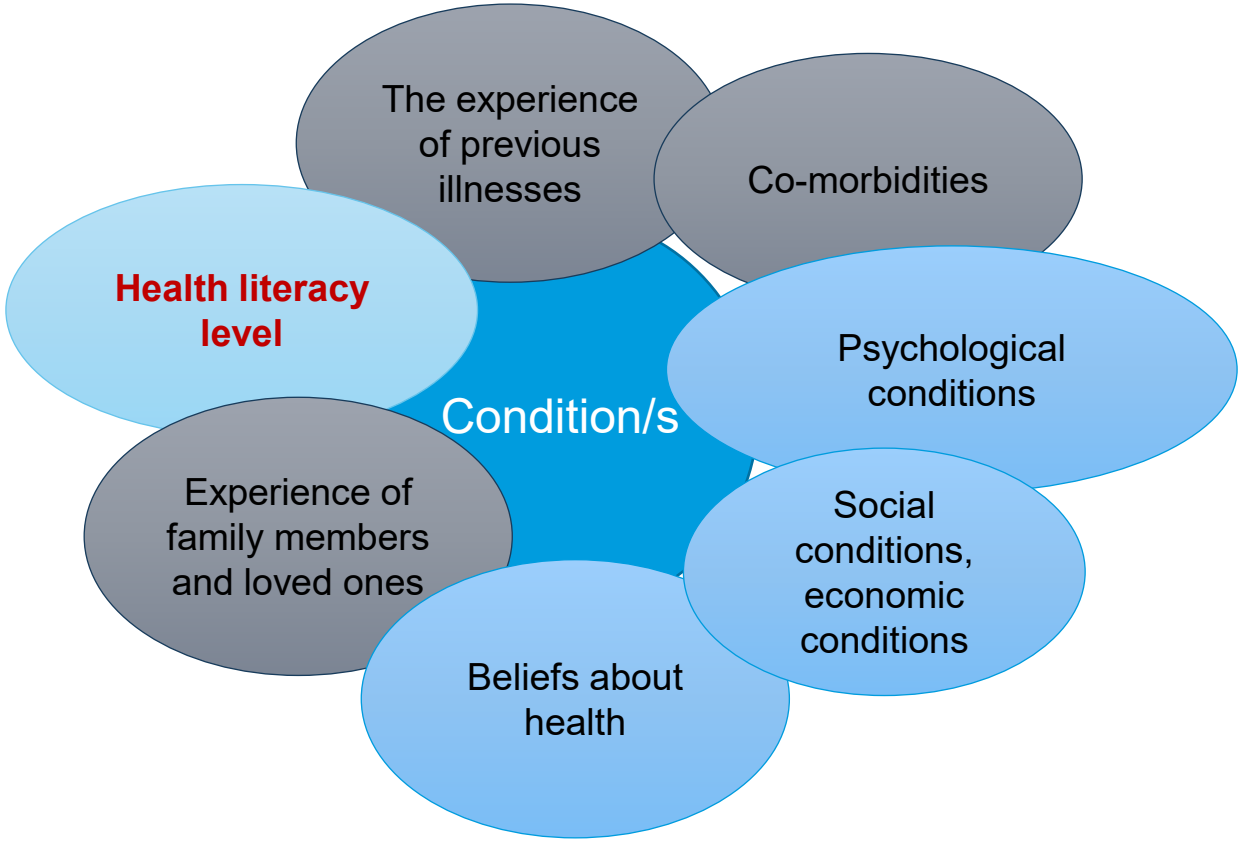
Paradigm shifts in the model of care:

From disease-centred to person-centered approach

The diagnosis is still predominantly disease-oriented, with biomedical approach: priority is given to the conditions/diagnoses and specialization, development of medical technology and growing role of specialistic care and vertical disease management programs

Model of Care with a system vision: defines the way health services are delivered addressing fragmentation of services.

The importance of individual factors for person-centred approach



Clarifying the basics

There is no universally accepted list of what PHC services are or are not. Using various lenses helps identify gaps

LENS 1: CONTINUUM OF SERVICES

- **Promotion**
- **Prevention**
- **Early detection**
- Condition management
- Acute illness
- Rehabilitation
- Long-term care
- Palliative care

LENS 2: THE FIVE C's

- First **C**ontact
- **C**ontinuity/longitudinality
- **C**omprehensiveness
- **Coordination**
- Person-**C**enteredness

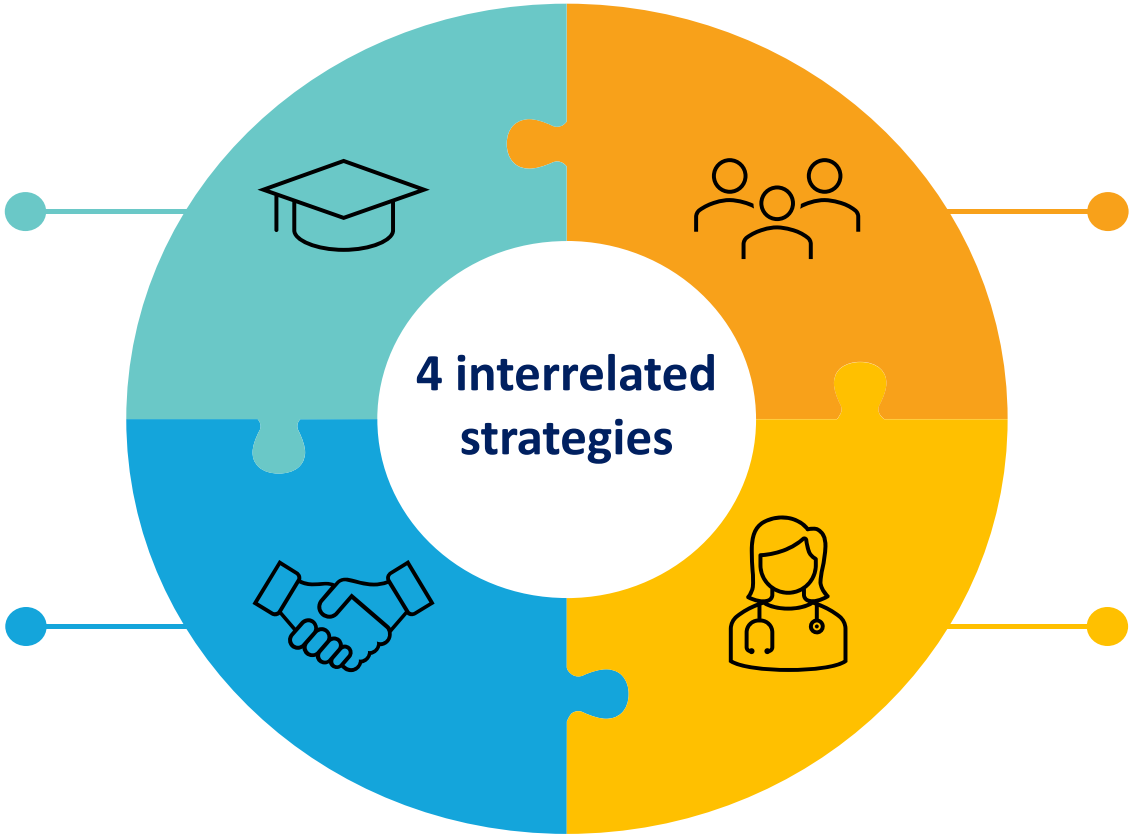
How to improve access to mental health services?

Primary care well positioned to deliver preventive and treatment-based mental health interventions:

- ❑ Mental health conditions manifesting in childhood and adolescence
- ❑ In adulthood, mental health conditions congregate in vulnerable groups
- ❑ Comorbidities with NCDs
- ➢ Significant proportion of mental health problems encountered in primary care
- ➢ However, primary care can't do this alone

HOW. The key strategies

(1) Enhancing the **mental health capacities** of primary care workers



(2) **Expanding primary care teams** through the integration of dedicated health workers with competencies in mental health

(4) Promoting **linkages** of mental health services between health and **other sectors**

(3) Improving the **linkages** between primary care and **specialist mental health services**

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A ‘stepped’ approach: the individual should receive the most suitable and effective treatment tailored to their unique circumstances

1 Enhancing mental health roles and tasks of primary care professionals

Foster competencies in mental health services for PHC professionals

Short training around clinical decision and interventions

Integrating mental health into the full training cycle

Guidelines & decision aids

World Health Organization

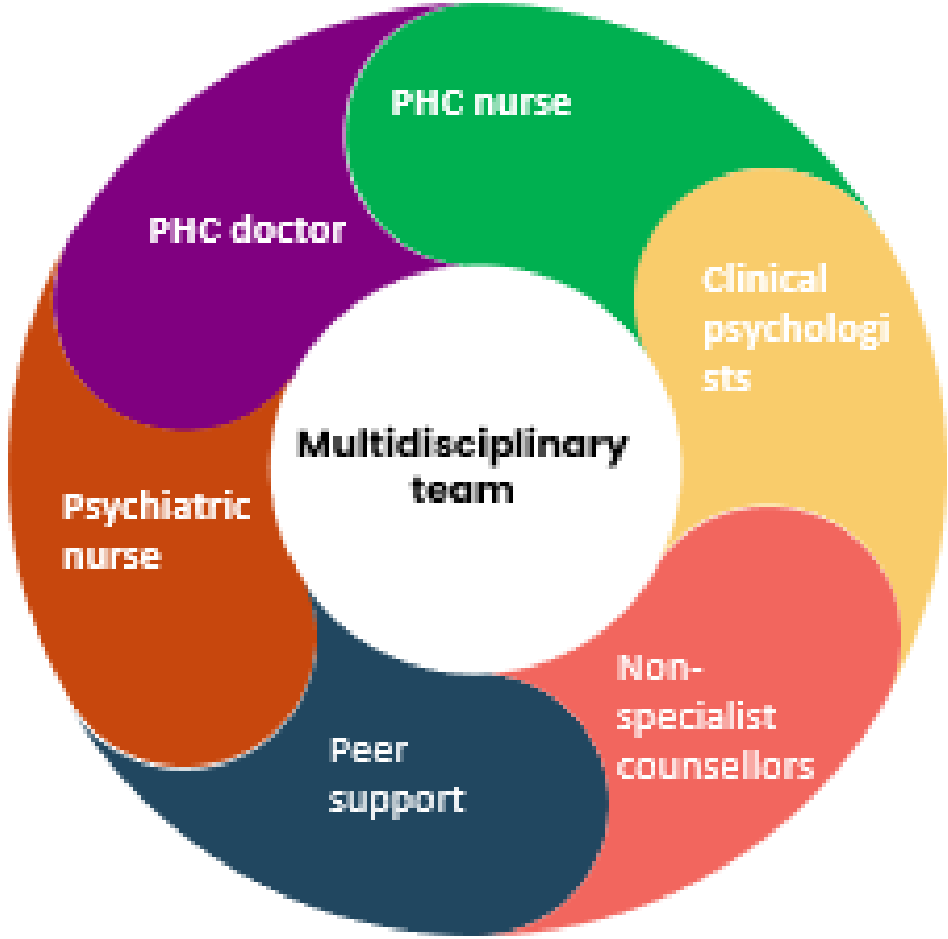
mhGAP

https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme

- Mental health assessments
- Initial psychological support
- Foundational interventions
- Self-care and resources

2 Expanding primary care teams through the integration of trained mental health staff

- Inclusion of specialized mental health professionals to PHC teams
- Inclusion of PHC providers to mental health team (reversed shared care)
- Resource sharing within provider networks
- Prioritize not only clinical but also non-clinical skills of teamwork
- More complex organizational requiring culture change and organizational development



3 Improving the linkages between primary care and specialist mental health settings

Consultation-liaison

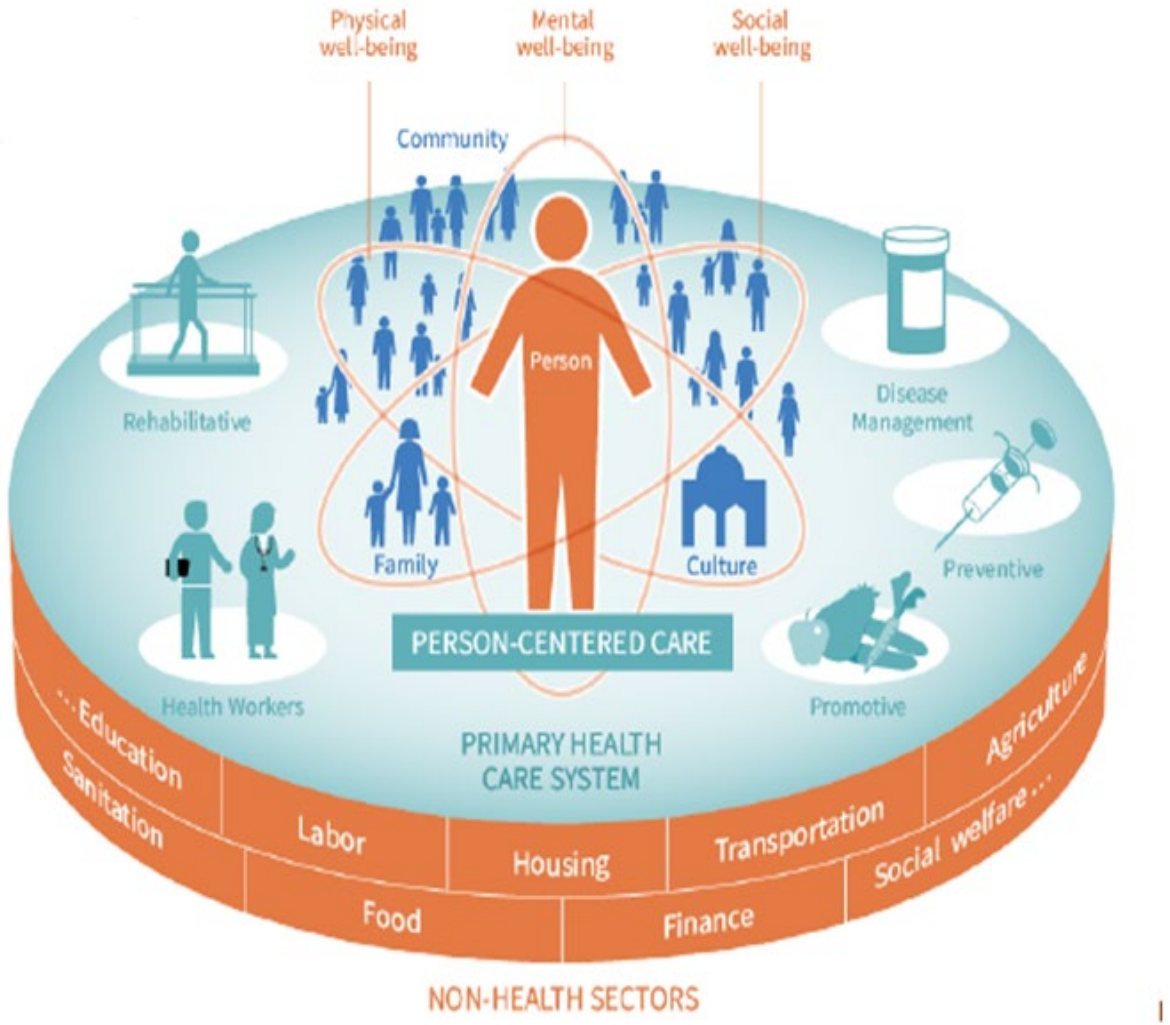
PHC professionals maintain a primary role in coordinating patient care

Collaborative care

Mental health specialists take the leading role in patient care

4 Promoting the linkages across sectors to deliver mental health services

- PHC part of ecosystem of mental health providers
- Mapping of this ecosystem is the foundation
- Powerful complementarities
- Joint assessment of needs widens definitions of vulnerability



Infographics: PHCPI

Address health system bottlenecks

CATALYZING CHANGE

01

REDEFINE REGULATORY FRAMEWORK

Strategies, policies, regulatory framework
Multistakeholder collaboration
Literacy and stigma reduction

02

CHANGE FINANCING

To invest, redefine benefit package, and orient fund flows to people not to facilities

03

INVEST IN WORKFORCE

To balance workload, create and value time, increase numbers, improve mix, competencies

04

IMPROVE PHYSICAL CONDITIONS

Invest in purpose-built facilities, team and community space, digital tools, and data

2.Salute mentale e PSS nelle emergenze e negli interventi umanitari

Mental health and psychosocial support is a composite term that covers the following two aspects:

- **protecting or promoting psychosocial well-being**

and/or

- **preventing or treating mental health conditions**

Key facts

https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies

•Almost all people affected by emergencies experience psychological distress, which typically improves over time.

•One in five people (22%) who have experienced war or conflict in the previous 10 years has depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia.

•Emergencies significantly disrupt mental health services and reduce the availability of quality care.

•People with severe mental health conditions are especially vulnerable during emergencies and need access to mental health care and other basic needs.

Introducing Mental Health and Psychosocial Support (MHPSS) in emergencies

https://openwho.org/emergencymgmt/536361/Mental+health+and+psychosocial+support+in+emergencies

Principi guida negli interventi di MHPSS in emergenze umanitarie

Both emergency response and resilience – interventi di risposta immediata e interventi di lungo termine (*resilience is not survival*)

Context oriented approach - No interventi standard – efficacia e sostenibilita'

Culturally sensitive – appropriatezza sociale e culturale

Disruption of services: pre-existing services may have collapsed - Accessibilita'

Pre-exisiting problems and emergency-induced problems

Problems

Social problems

•**pre-existing** including poverty and discrimination against marginalized groups;
•**emergency-induced** including family separation, lack of safety, loss of livelihoods, disrupted social networks, low trust and reduced resources; and
•**humanitarian response-induced** including overcrowding, lack of privacy and undermining of community support.

Mental health problems

•**pre-existing** including mental health conditions such as depression, schizophrenia or harmful use of alcohol and other substances;
•**emergency-induced** including grief, acute stress reactions, harmful use of substances, depression, anxiety and post-traumatic stress disorder; and
•**humanitarian response-induced** including anxiety from a lack of information about how to get food or access basic services.

Problems in obtaining mental health services

•**pre-existing** including limited access to quality, affordable mental health care;
•**emergency-induced** including damage to facilities, staff shortages, disrupted medicine supply chains, and surges in demand that overwhelm existing infrastructure; and
•**humanitarian response-induced** including lack of coordination and insufficient training for emergency responders.

https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies

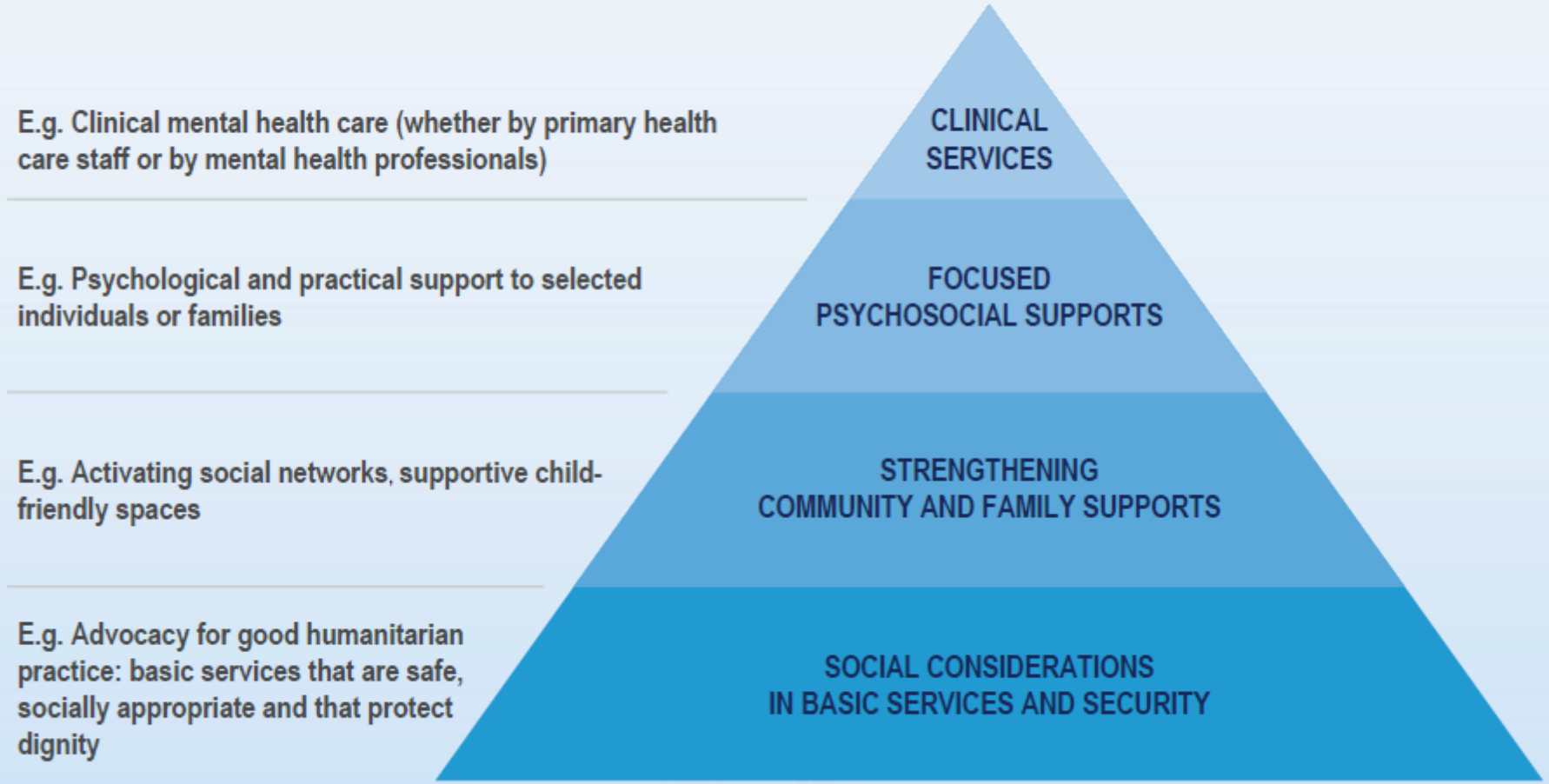
Adapting psychological interventions

Intervention packages need to be adapted for the local context (e.g. health system, human resources, transportation and technology infrastructure) and for the local culture (e.g. language, idioms of distress, belief systems and explanatory models, gender and age-based norms)

Understandable	Are the components and terminology of the intervention understood by users?
Acceptable	Is the intervention received with approval and acceptance, meaning that it respects the local context, and is something that people will use?
Relevant	Is the intervention needed, relevant and applicable to the environment and context?

https://openwho.org/emergencymgmt/536361/Mental+health+and+psychosocial+support+in+emergencies

Intervention pyramid
(Reference: Adapted from IASC MHPSS Guidelines -2007)



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3. Riflessioni da un'esperienza di cooperazione internazionale della Regione FVG

Il progetto di cooperazione internazionale "Diamo un futuro agli Yazidi!" (2017-2019) aveva l'obiettivo di rispondere ai bisogni primari della comunità yazida, attraverso attività che potessero rafforzare il benessere psico-sociale e l'identità culturale della comunità stessa, come parte di un processo di resilienza e recupero per una ripresa dello sviluppo economico e sociale della popolazione in gran parte sfollata nel nord dell'Iraq.

Con l'attacco ISIS del 2014, oltre alle numerose vittime, gran parte della popolazione ha dovuto abbandonare la propria casa e la propria terra. Si stimano

-circa 10.000 Yazidi uccisi dall'ISIS, per lo più uomini, giovani e adulti,

- circa 7.000 donne rapite, violentate e vendute come schiave; di queste non si ha notizia ancora di circa 3.000 persone.

-per quanto riguarda i bambini le fonti parlano di circa 2500 bambini rimasti orfani e circa 1500 bambini rapiti, torturati, resi schiavi e gran parte di essi diventati combattenti dell'ISIS anche attraverso tecniche di indottrinamento e lavaggio del cervello

-I dati a maggio 2019 parlano di circa 500.000 Yazidi sfollati di cui circa 400.000 vivono in Kurdistan iracheno

- in totale in Iraq ci sono circa 1.450.000 sfollati interni (IDPs Internal Displaced Persons) e solo nei Governatorati di Nineveh, Erbil e Dohuk ce ne sono circa 900.000

(fonti IOM)

https://eut.units.it/it/catalogo/diamo-un-futuro-agli-yazidi-interventi-di-cooperazione-per-nuove-prospettive/337

Sfide Concettuali e Metodologich Chiave

- Sfida concettuale: definire un intervento integrato e mutisettoriale che supporti la resilienza della comunità
- Ruolo del MHPSS nel rafforzare la resilienza comunitaria in contesti di guerra/post-conflitto
- Divario tra la progettazione tecnica degli interventi MHPSS e la percezione della popolazione dei propri bisogni; necessità adomare questo gap
- Condizioni mancanti per il ritorno nei luoghi di origine (a Sinjar) – sicurezza, alloggio, occupazione
- Transizione dall'emergenza umanitaria ad interventi di empowermen e sviluppo con mancanza di prospèttiva futura e prolungàta precarietà
- Debole coordinamento tra gli attori; difficoltà nell'identificare pratiche efficaci e culturalmente accettabili
- Bisogni di emergenza a breve termine vs, assistenza psicologica e psichiatrica a lungo termine per rispondere alle situazioni di trauma
- Costruire un approccio comunitario nei grandi campi di rifugiati e sfollàti

Thank you!

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