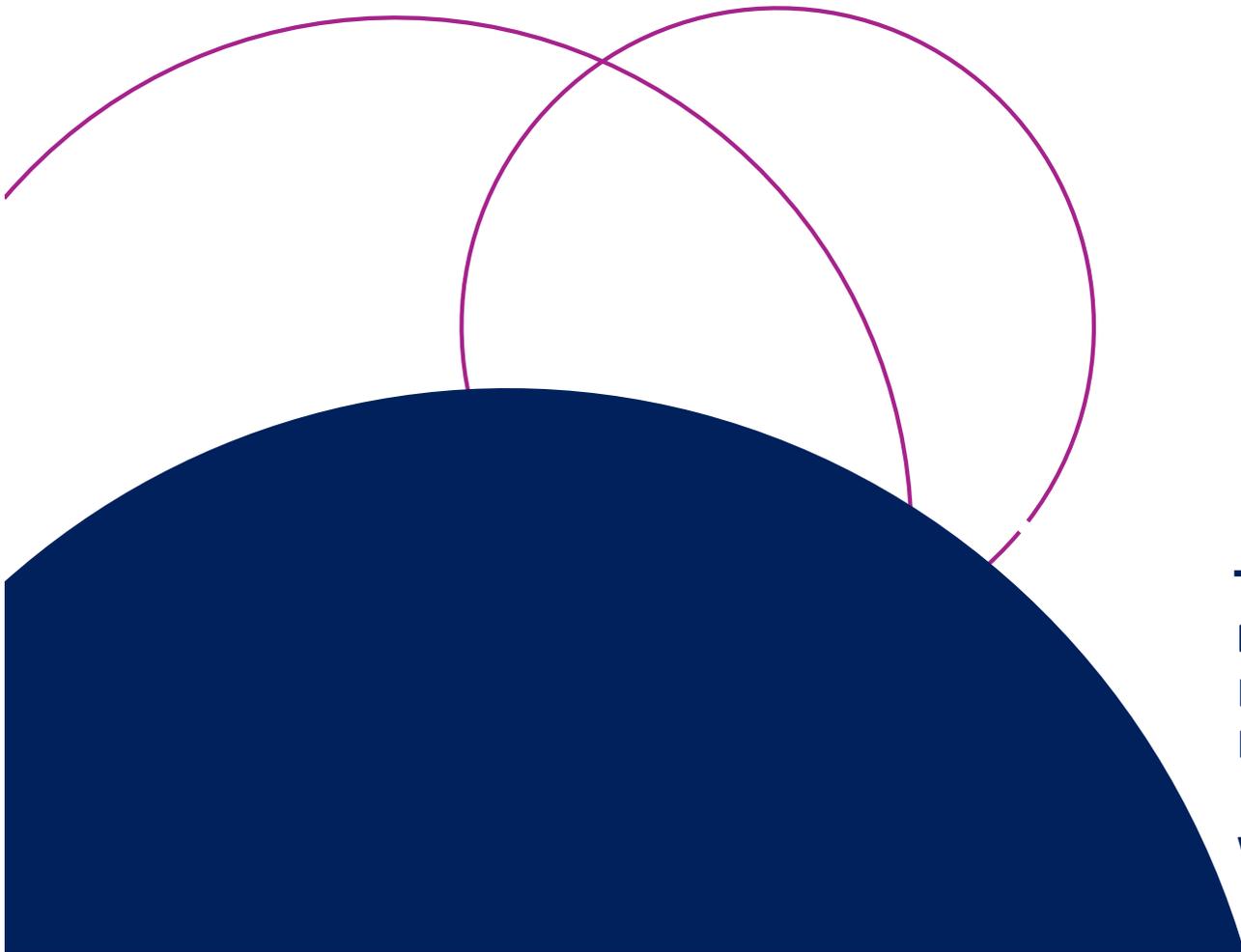


Integrating scalable interventions for mental health into the general health and care system



Dr Aiysha Malik & dr Anne de Graaff
Mental Health and Substance Use Unit
Dept. of NCDs and Mental Health

World Health Organization



Why scalable psychological interventions?

The urgency for scale



Over **1 billion**
people are affected



nearly
1 in 7
people live with a
mental disorder

There is an urgency for scaling up care



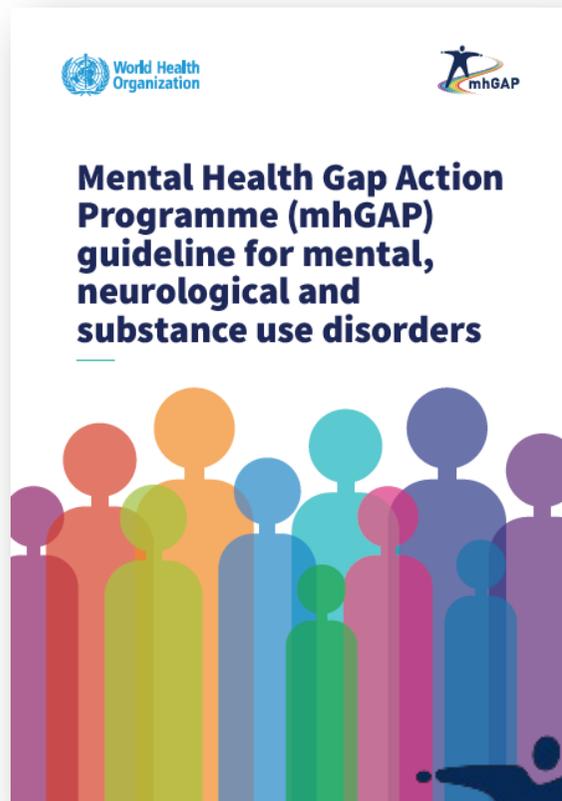
14%
of the world's
adolescents live with a
mental disorder



Worldwide, only
29%
of people with
psychosis receive
mental health services

We know what works

WHO mhGAP guidelines.



Psychological interventions recommended as first-line treatment of mental disorders

- Strong recommendation for structured psychological interventions to treat depression, e.g. cognitive behavioral therapy, interpersonal therapy, etc.
- Task-sharing is effective and safe



We know what works, but...

Many countries face huge scarcities.

RESOURCES GAP



- Many countries face huge scarcities in **trained specialists**
- Few **general health care providers** are trained to recognize and treat people with mental health conditions in primary care

SERVICES GAP



- Only 25% of countries report **integrating** mental health into primary care.
- Most people with mental health conditions go **untreated**.

WHO & psychological interventions

WHO aims to support bringing psychological interventions to scale.



Area high on research agendas

WHO has worked to add to the last 20 years of work by prominent academics.



Interventions accompanied by implementation guides

Including adaptation, training and supervision materials.



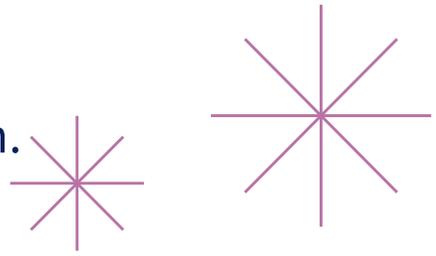
conditions that may bring these interventions to scale

Publish interventions open access for free dissemination.



Advocate for open access

Advocate with journals and funders for open access publication.

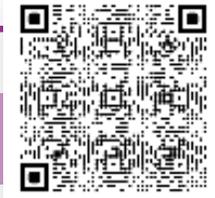


What makes interventions scalable?

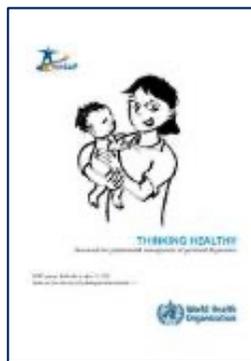
An ingredients list.

1. Designed for delivery by **non-specialists**
2. **Open access** (freely available on WHO website)
3. **Digital** and **in-person** interventions/**group** and **individual** interventions
4. No reliance on diagnosis for entry (**indicated/targeted prevention**)
5. Designed for **adaptability** to different populations and cultural contexts
6. The intervention and training are **shorter in length** than specialist approaches

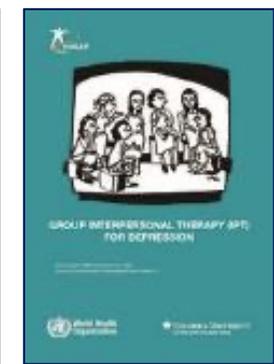
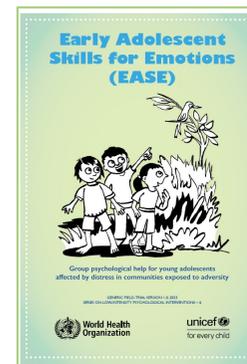
WHO's psychological interventions



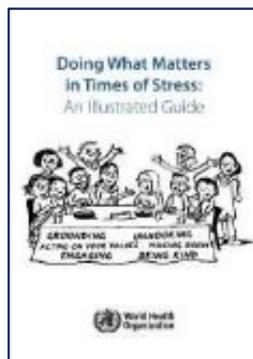
Multisession individual psychological interventions



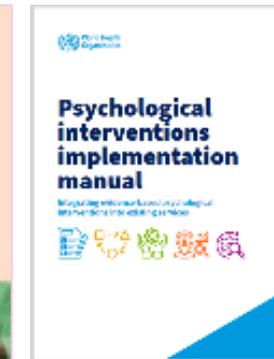
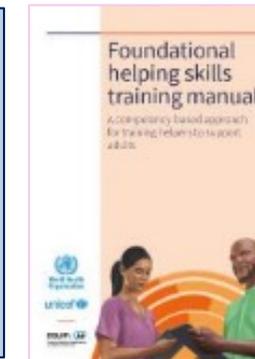
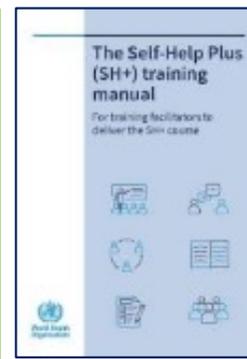
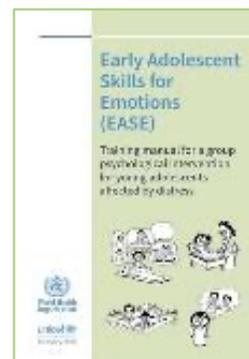
Group psychological interventions



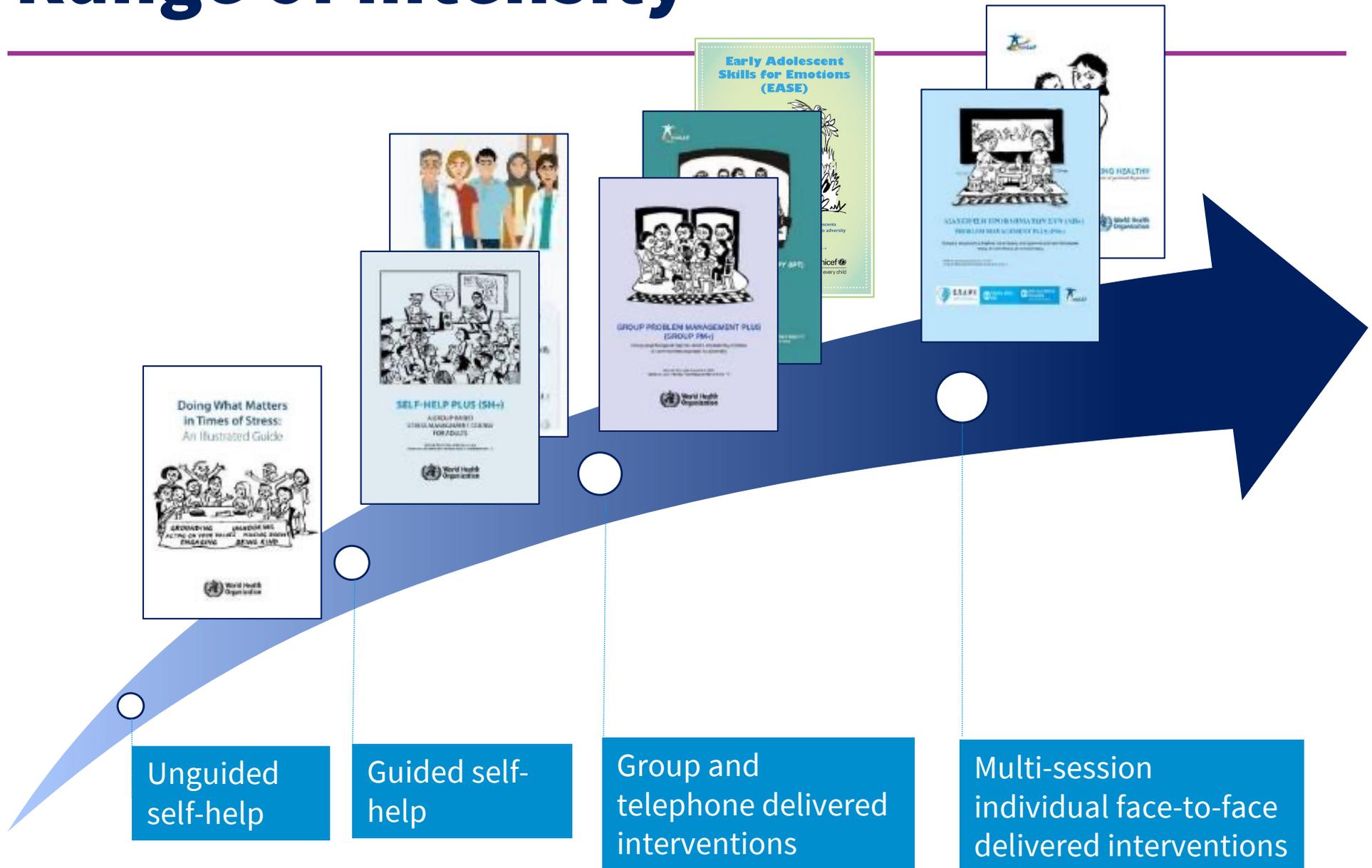
Guided/unguided self-help



Training materials and implementation guidance

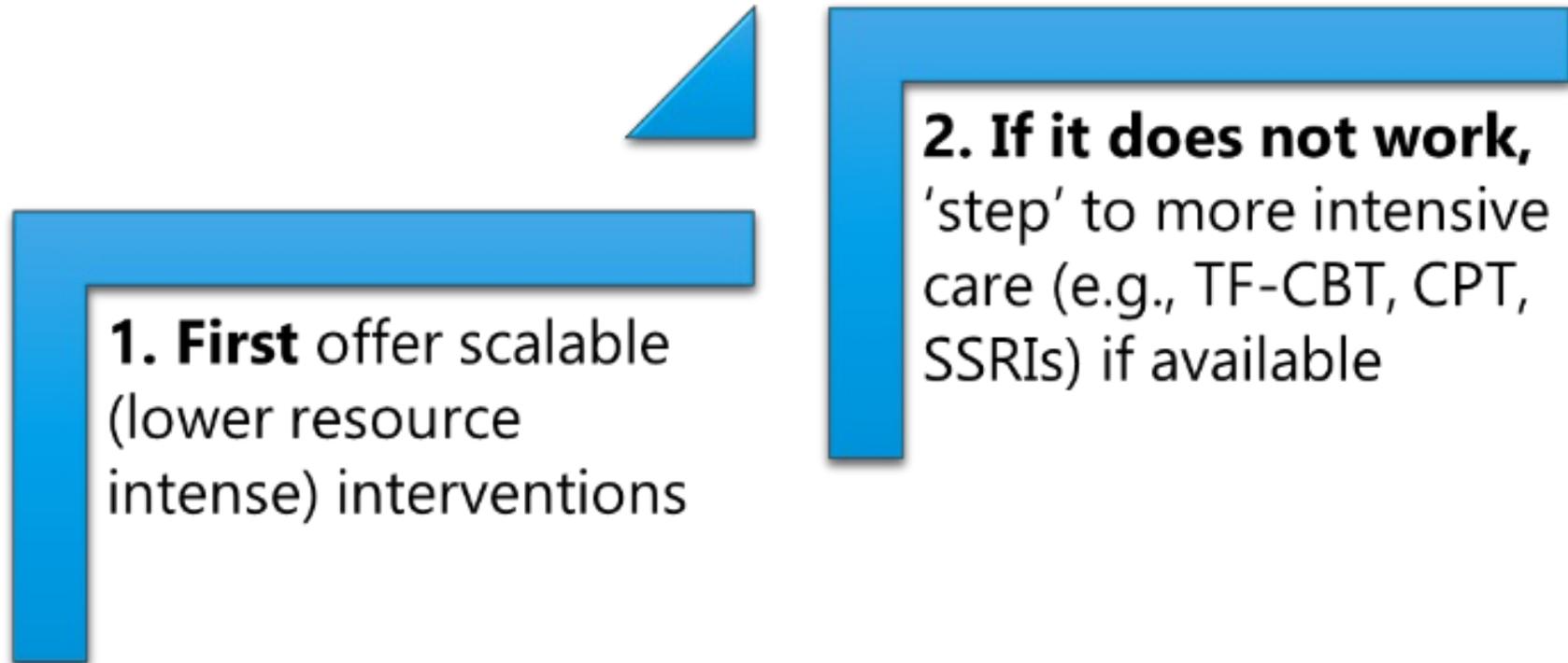


Range of intensity



Are these interventions enough?

No! Stepped care.



Paradox: Introducing scalable psychological interventions does not reduce need for specialists

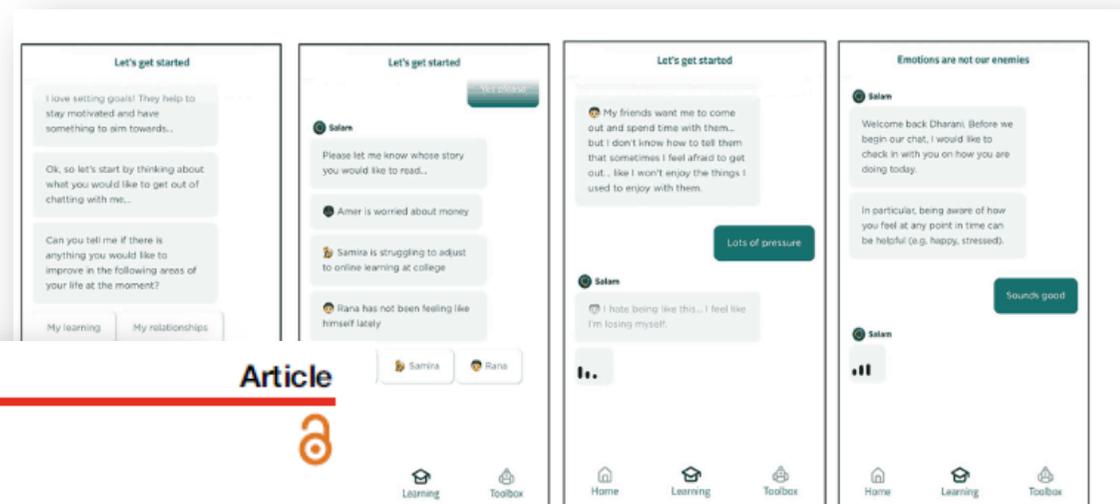
It produces more referrals

Better use of specialist resources (e.g. for complex cases)

It enhances status of mental health in health systems

Chatbot intervention for youth

Scalable Technology for adolescents and Youth to Reduce Stress (STARS)



npj | digital medicine

Published in partnership with Seoul National University Bundang Hospital

Article



<https://doi.org/10.1038/s41746-025-02142-8>

A guided chatbot-based psychological intervention for psychologically distressed older adolescents and young adults: a randomised clinical trial in Jordan

Check for updates

Richard A. Bryant^{1,2,3}✉, Anne M. de Graaff⁴, Rand Habashneh⁵, Sarah Fanatseh⁶, Dharani Keyan¹, Aemal Akhtar^{4,6}, Adnan Abualhaija⁷, Muhannad Faroun⁸, Ibrahim Said Aqel⁵, Latefa Darda⁷, Haadeel Alfar⁹, Chiara Servili⁴, Dusan Hadzi-Pavlovic⁹, Mark van Ommeren⁴ & Kenneth Carswell⁴

Beyond trialing interventions...

Promoting psychological interventions at the global level.

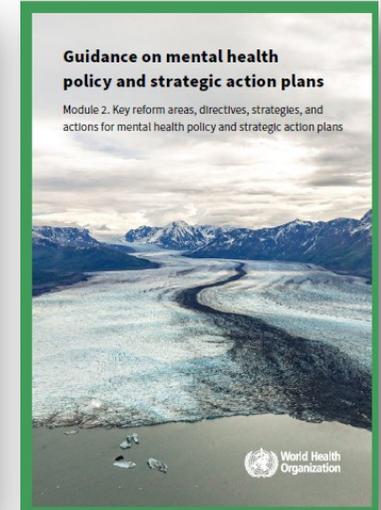
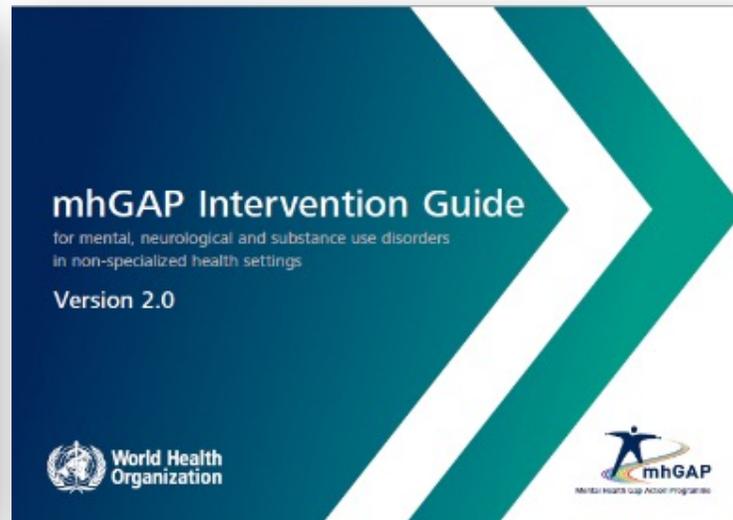
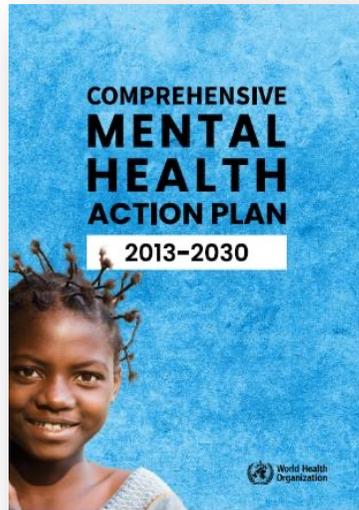
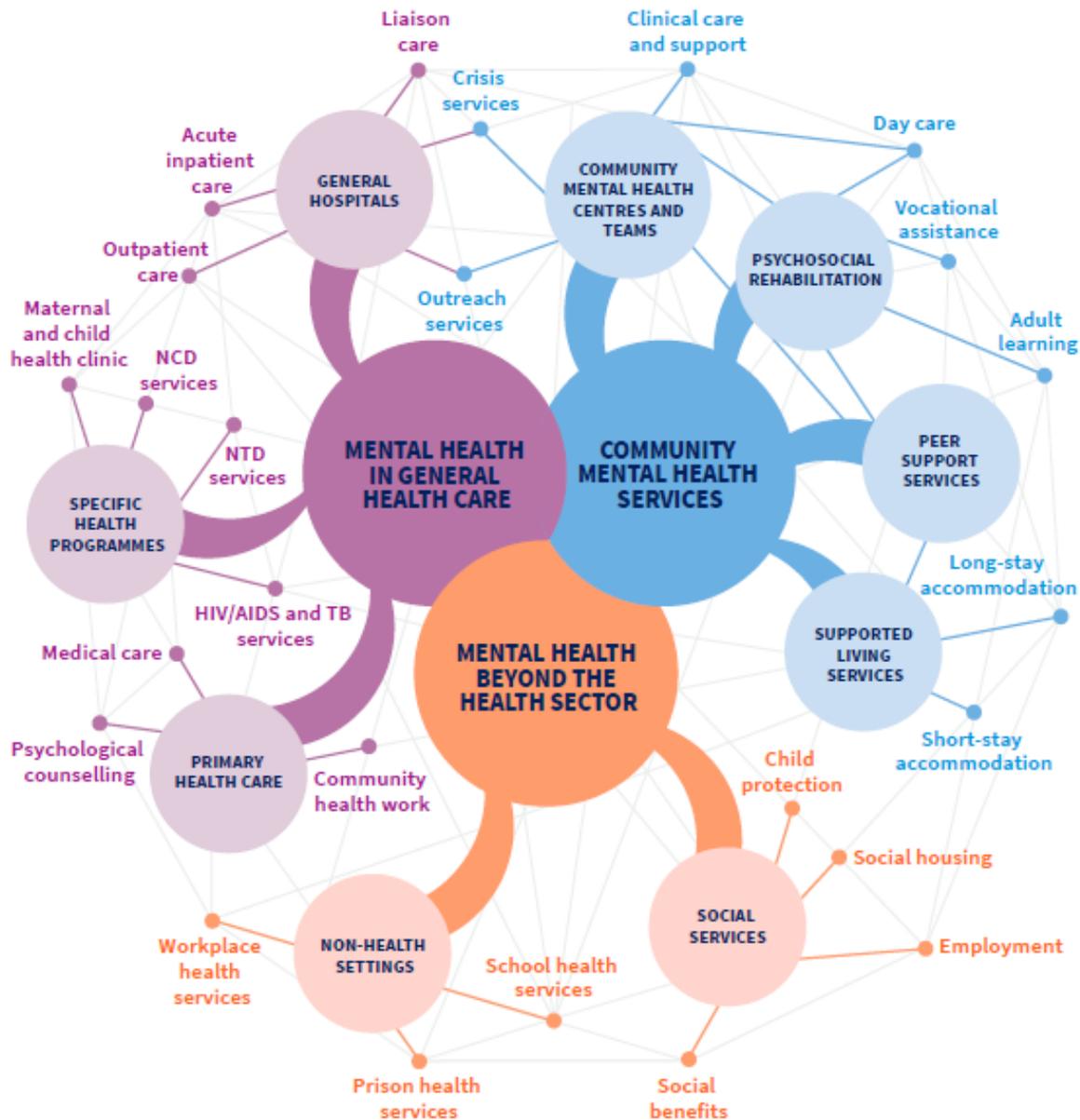




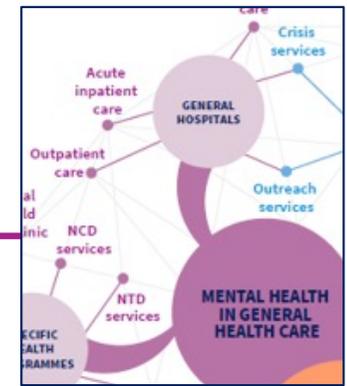
Photo: Adobe Stock / Art_Photo

Where to integrate interventions?

Where to integrate interventions?



Non-specialists in routine mental health care



Psychological counselling programmes for depression and anxiety

NON-SPECIALIST COUNSELLORS

- Community workers
- Volunteers
- Peers

Training & Supervision

SETTINGS

- Primary care facilities
- Mental health facilities
- Other community-based settings
- Stand-alone services



Pakistan

PM+ added to routine care in mental health facility

Delivered by non-specialist counsellors



Improved outcomes for people with **depression and anxiety**

Non-specialist – social enterprise

Social enterprise StrongMinds training non-specialists to scale up care.

Interpersonal therapy

- Delivered by lay workers and volunteers
- To treat depression in women and adolescents
- Psychoeducation and outreach to identify clients



**Uganda and Zambia
2013–2022**

Culturally adapted interpersonal therapy

Groups of 12 participants
meet for 8 or more sessions

Immediate and long-term
preventive impact



80%

people treated
recover

100K

people treated

Results are
sustained

6 months

after treatment

HICs and non-specialist care

Improving Access to Psychological Therapies (IAPT) in the United Kingdom.

2008 IAPT launched as national programme of evidence-based psychological treatments for anxiety and depression. Launched for adults, since expanded for children and adolescents.

2022 World's largest publicly funded and systematically implemented programme of evidence-based psychological treatment

1.25 million
referrals
received each
year

60
studies review found
large improvements
in depression and
anxiety



Stepped care

GUIDED SELF-HELP

1 Low-intensity guided self-help, delivered by non-specialists over the phone using computerized CBT to groups or individually

THERAPY

2 High-intensity psychological therapies from qualified therapists

Add staff to primary care

Collaborative care is effective in managing depression.

Collaborative care

Add a care manager to general medical teams, who screens people for common mental health conditions and delivers brief psychological interventions; whilst ensuring care is coordinated with the general medical team (such as for people with co-morbid infectious diseases or NCDs and mental health conditions)

Collaborative care is
**even more
effective**
than routine integration



Photo: Adobe Stock / icsnaps

Scaling in countries

Scaling in countries

Scaling of SH+ in Ukraine

- Nationwide training across all oblasts (districts) in Ukraine
- Ministry of Social policy
- Police and other emergency responders
- Teachers and educators
- Business initiative group
- National rail service
- 100+ NGOs trained in SH+ in Ukraine

Scaling of PM+ in Iraq

GEOGRAPHICAL DISTRIBUTION OF AVAILABLE HR RESOURCES AND LEVEL OF EXPERIENCE IN PM+



Remote PM+ scaling in China





Original



Thailand



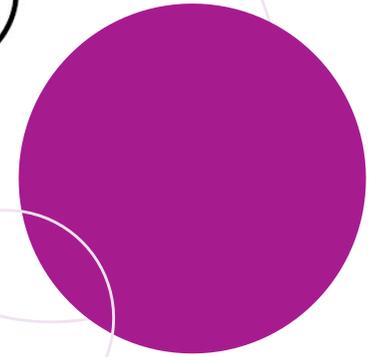
Thailand adapts WHO's Step-by-Step programme as part of national digital mental health platform

20 May 2025 | Reading time: 2 min (474 words)

As part of Thailand's first-ever National Mind Month hosted by Prime Minister Paetongtarn Shinawatra on 6 May 2025, the Department of Mental Health, in collaboration with the Thai Health Promotion Foundation, Prasrimahabodhi Psychiatric Hospital, Boromarajonani College of Nursing, and the World Health Organization, officially launched the "Tor-Tuem-Jai" Platform. This digital mental health self-care programme aims to strengthen emotional resilience across the population.

The term "Tor-Tuem-Jai" (ตอ-เตม-ใจ) means "connecting and restoring the heart." Each part of the name carries a specific meaning:

- **Tor (ตอ)** – "to build on" or "to extend" — focuses on expanding knowledge and skills in basic stress management and self-care using the "Doing What Matters" publication of WHO.
- **Tuem (เตม)** – "to fill" or "to recharge" — aims to restore energy and hope for people with depressive symptoms through the adaptation of the WHO Step by Step (SBS) application to the Thai context, supported by WHO HQ and SEARO experts
- **Jai (ใจ)** – "heart" or "mind" — emphasizes mental wellbeing and the importance of caring for our inner world

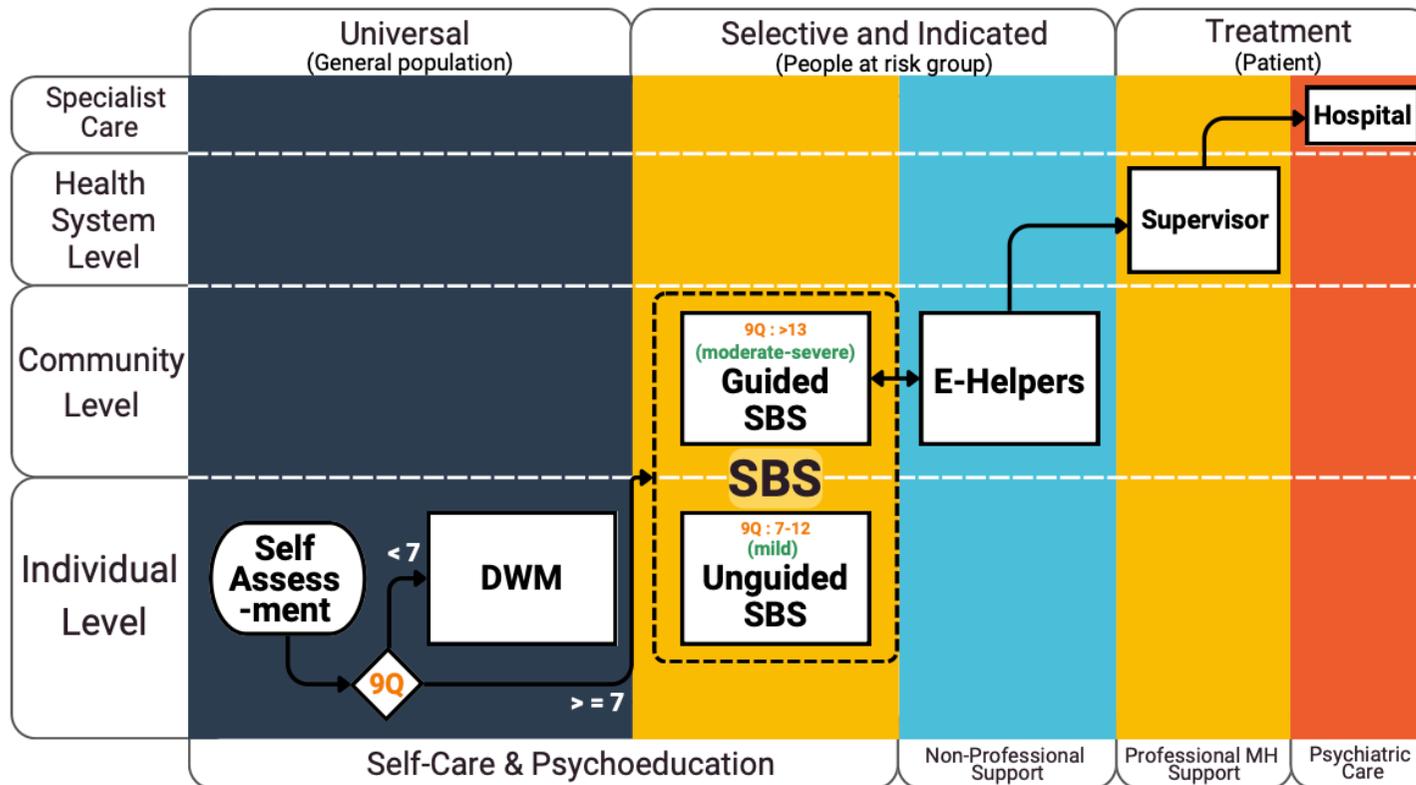


Scaling digital interventions

Implementing TOR-TERM-JAI in Thailand.

Conceptual Framework : TOR-TERM-JAI (SBS+DWM)

Application of the Psychological Interventions Implementation Model (PIIM) and Stepped Care Model



TOR-TERM-JAI

Thailand's Blueprint for Digital Mental Well-being



Reach & Profile

- Total assessed: 1,196 users
 - Gender: 78% Female | 22% Male
- 
- Age group: Peak at 20–29 yrs (33%)

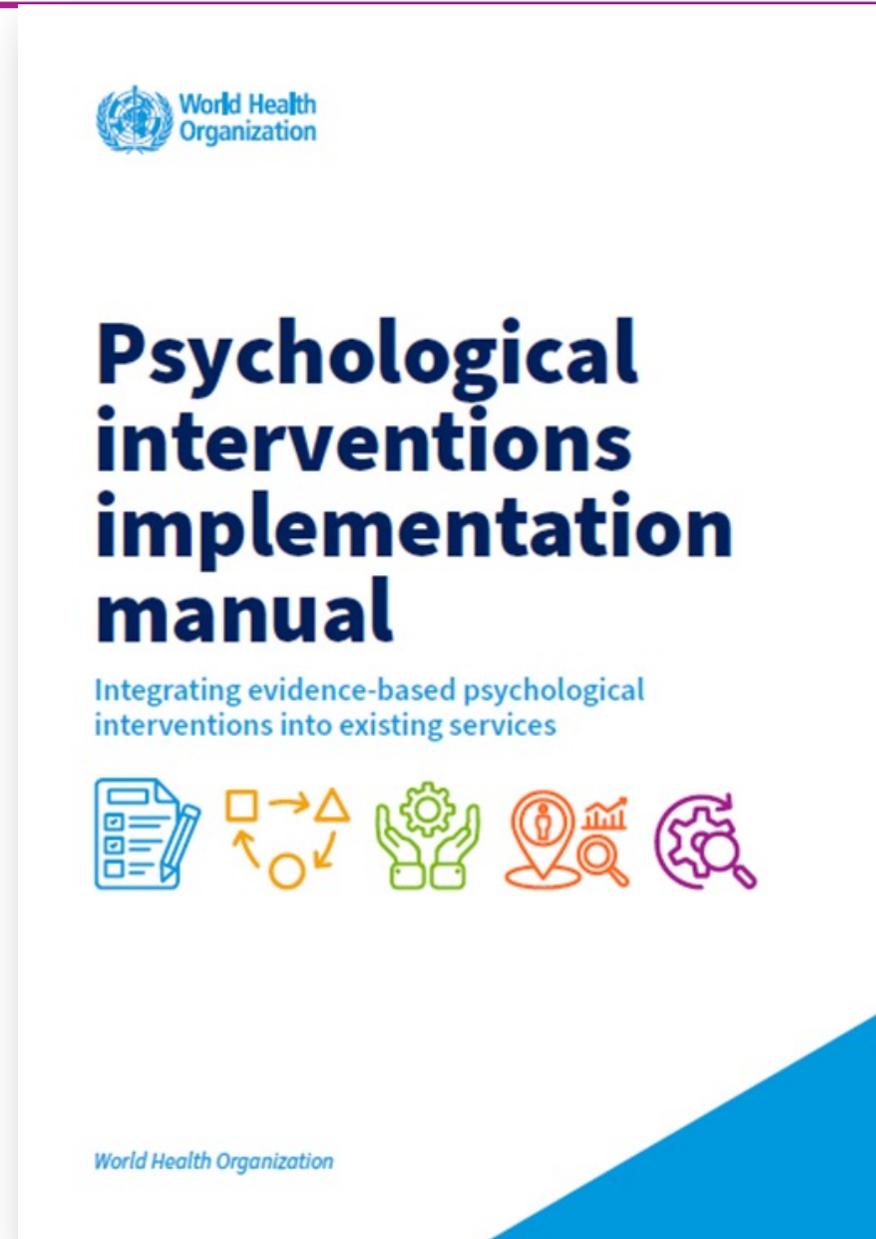
(as of Sept 8, 2025)

Photo: Adobe Stock / dundanim

**What lessons
have we learned?**



Reflected in this manual



The steps



PLANNING

Choose one or more psychological interventions for a specific setting and plan how to deliver them to a target population.



ADAPTATION

Adapt the psychological interventions for use in a specific context, including **translating** them into local languages.



WORKFORCE

Prepare and sustain a **competent workforce** to deliver the psychological interventions by selecting, training, assessing and supervising providers.



IDENTIFICATION, ASSESSMENT & DELIVERY

Identify **potential beneficiaries** of the psychological interventions and ensure they are directed to the **right source of support**.



MONITORING & EVALUATION

Monitor and evaluate the **outcomes and impacts** of the service with integrated psychological interventions.



Barriers, and what next



PLANNING

Contexts may not be aware of what psychological interventions are



ADAPTATION

Many organizations do not have/include time or resources for this stage



WORKFORCE

Non-specialist workforce can be difficult to integrate into a health system: salary, recognition; specialists to supervise them are already over-burdened



IDENTIFICATION, ASSESSMENT & DELIVERY

Confusion on 'entry to intervention without diagnosis' in medical systems. Getting people to the 'right care' means getting them to the 'only care option available'



MONITORING & EVALUATION

HIS for mental health are not well developed (yet)



To conclude

- Keep innovating. Needs are high – resources are low.
- Focus on improving how we get these interventions to consistently scale to reach populations.



Thank you

malika@who.int / degraaffa@who.int