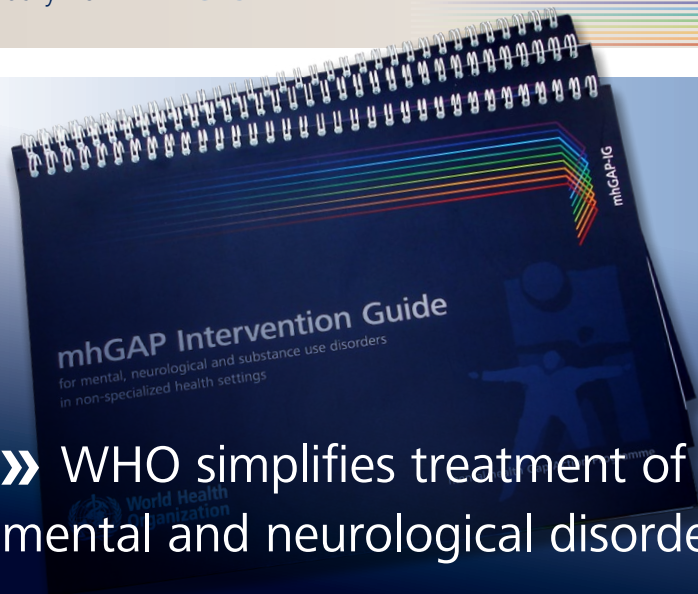


mhGAP Newsletter

Mental Health Gap Action Programme



January 2011 ENGLISH



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» WHO simplifies treatment of mental and neurological disorders

On 7 October 2010, WHO launched the mhGAP Intervention Guide to help identify and manage a number of priority mental health conditions

In 2008, WHO developed the mental health Gap Action Programme (mhGAP) calling for an urgent scaling up of services for mental, neurological, and substance use disorders, especially in the developing world. The Programme focuses on the gap between what is needed to treat priority mental health disorders and what is actually available worldwide. The statistics on mental health underline the challenges and the scale of the burden.

WHO estimates that:

- » More than 150 million people worldwide suffer from depression.
- » Some 125 million people are affected by alcohol-use disorders.
- » More than 40 million people suffer from epilepsy and 24 million from Alzheimer's disease.
- » Mental, neurological, and substance use disorders account for 14 % of the global burden of disease worldwide.

Since its launch in 2008, the mhGAP Programme has gathered momentum and support. WHO has launched numerous initiatives worldwide to close the gap and integrate mental health care into local community services. Future issues will highlight some of these success stories in countries such as Ethiopia, Jordan and Nigeria.



UN Secretary-General Ban Ki-Moon

In his address on the World Mental Health Day 2010, the UN Secretary-General Ban Ki-Moon, described mhGAP as "the global response to the high demand for these (mental) health services". He urged countries to "embrace and fulfill the objectives of this programme". He underlined, "We must break down the barriers that continue to exclude those with mental or psychological disabilities. There is no place in our world for discrimination against those with mental illness. There can be no health without mental health".



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» The Intervention Guide will help scale-up care for mental, neurological and substance use disorders

The mhGAP Intervention Guide (mhGAP-IG) is a simple tool to help detect, diagnose and manage the most common mental, neurological, and substance use disorders and is aimed at helping a range of people from doctors and nurses to assistants in any resource settings.

The mhGAP-IG includes evidence-based recommendations to manage priority conditions including depression, epilepsy, psychosis, bipolar disorders, developmental and behavioural disorders in children and adolescents, dementia, alcohol use disorders, drug use disorders and self-harm/ suicide and other significant emotional or medically unexplained complaints. The

Guide emphasizes the importance of psychosocial interventions in managing these conditions. It also provides advice on medicines, when to use them or not, and covers interventions in a basic approach with easy to follow flowcharts.

More than 150 experts, international organizations and associations contributed to this 100 page clinical guide, which provides practical advice. In collaboration with its partners, WHO will provide technical support to countries to implement the guidelines and has already initiated the Programme for scaling-up care in several countries. The Guide is being translated into all WHO official and many other languages.

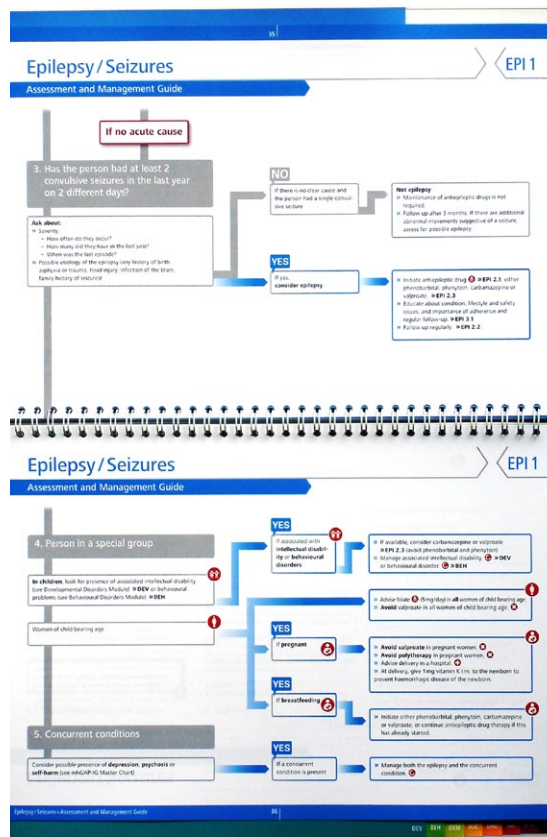
Dr Shekhar Saxena, Director of the Department of Mental Health and Substance Abuse at WHO explained how the mhGAP Intervention Guide will help different countries by leading to “nurses in Ethiopia recognizing people suffering with depression in their day to day work ... similarly doctors in Jordan and medical assistants in Nigeria will be able to treat children with epilepsy”.



» Download the mhGAP Intervention Guide

| COMMON PRESENTATION | CONDITION TO BE ASSESSED | GO TO |
|---|-----------------------------|-------|
| <ul style="list-style-type: none"> Low energy, fatigue, sleep or appetite problems Persistent sad or anxious mood, irritability Low interest or pleasure in activities that used to be interesting or enjoyable Multiple symptoms with no clear physical cause (e.g. aches and pains, palpitations, numbness) Difficulties in carrying out usual work, school, domestic or social activities | Depression ** DEP | 10 |
| <ul style="list-style-type: none"> Abnormal or disorganized behaviour (e.g. incoherent or irrelevant speech, unusual appearance) Self-neglect, unmet appointment Delusions (i.e. false firmly held belief or suspicion) Hallucinations (hearing voices or seeing things that are not there) Impaired social responsiveness (e.g. to work, school, domestic or social activities) Mutic symptoms (several days of being abnormally floppy, too energetic, too talkative, very irritable, not sleeping, reckless behaviour) | Psychosis * PSY | 18 |
| <ul style="list-style-type: none"> Concussive movement or fits/seizures During the convulsion: <ul style="list-style-type: none"> Loss of consciousness or impaired consciousness Stiffness, rigidity Tongue bite, injury, incontinence of urine or faeces After the convulsion: fatigue, drowsiness, dizziness, confusion, abnormal behaviour, headache, muscle aches, or weakness on one side of the body | Epilepsy / Seizures EPI | 32 |
| <ul style="list-style-type: none"> Delayed development, much slower learning than other children of same age in activities such as: smiling, sitting, standing, crawling, talking, communicating and other areas of development, such as reading and writing Abnormalities in communication, restricted, repetitive behaviour Difficulties in carrying out everyday activities normal for that age | Developmental Disorders DEV | 40 |
| * Children and adolescents | | |
| <ul style="list-style-type: none"> Excessive nutrition and abnormally slow, repeatedly stopping tasks before completion and vomiting to suffer activities Excessive oral activity: excessive running around, extreme difficulties remaining seated, excessive talking or fidgeting Excessive impulsivity: frequently doing things without thought Repeated and controlled behaviour that disturbs others (e.g. unusually frequent and severe temper tantrums, cruel behaviour, persistent and severe disobedience, stealing) Sudden changes in behaviour or peer relations, including withdrawal and anger | Behavioural Disorders BEH | 44 |
| * Children and adolescents | | |
| <ul style="list-style-type: none"> Decline or problems with memory (events, forgetfulness and orientation) (anxiety of time, place and person) Mood or behavioural problems such as apathy (appearing uninterested) or irritability Loss of emotional control – easily upset, irritable or tearful Difficulties in carrying out usual work, domestic or social activities | Dementia DEM | 50 |
| * Older people | | |
| <ul style="list-style-type: none"> Appearing to be under the influence of alcohol (e.g. smell of alcohol, look intoxicated, slurred speech) Presenting with an injury Somatic symptoms associated with alcohol use (e.g. anorexia, fatigue, anorexia, nausea, vomiting, insomnia, diarrhoea, headache) Difficulties in carrying out usual work, school, domestic or social activities | Alcohol Use Disorders ALC | 58 |
| <ul style="list-style-type: none"> Appearing drug-affected (e.g. low energy, agitated, slurred speech) Signs of drug use (injection marks, skin infection, unmet appointment) Acquiring prescriptions for sedative medication (sleeping tablets, opioids) Financial difficulties or crime-related legal problems Difficulties in carrying out usual work, domestic or social activities | Drug Use Disorders DRU | 66 |
| <ul style="list-style-type: none"> Current thoughts, plan or act of self-harm or suicide History of thoughts, plan or act of self-harm or suicide | Self-harm / Suicide SUI | 74 |

mhGAP Intervention Guide Master Chart



Sample flowcharts of the new mhGAP Intervention Guide

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» Partners commit to mhGAP at the Forum meeting

7 October 2010

The second meeting of the mhGAP Forum was held at WHO Headquarters in Geneva and attended by 22 Member States, 11 ambassadors, WHO Collaborating Centres and other international organizations. It provided an opportunity for WHO and its partners to celebrate the mhGAP Intervention Guide's launch and give strategic guidance to the WHO on raising the priority given to mental health.

The participants applauded the mhGAP Programme for its guidance, emphasis on human rights and efforts to scale-up services.

The Forum participants emphasized the need to expand the Programme.

“Ethiopia will be integrating mental health care in a number of pilot districts in the coming years. If successful, the Programme will be scaled-up to cover a maximum area of the country”

said the Ethiopian Chargé d'affaires a.i., Mr M. Petros Tetemke.

In her address, the Nigerian Chargé d'affaires, Mrs Cecilia O Yahaya, underlined a number of pressing needs:

“There is a need to get more financial resources ... the need to educate the populace ... to ensure the availability of effective treatment ... the challenge of adequate mental health training ...”

One of the biggest challenges in the near future will be to find the resources for implementation and research capacity building. Italian ambassador, H.E. Ms Laura Mirachian, stated that

“mental health deserves more attention and more financial resources than the 1% of the budget received so far”.

A number of other important factors in assuring the Programme's ongoing success were highlighted at the Forum such as the participation of patients and their families, the NGO's strong engagement and developing a training programme. The Forum recommended:

- » The need for countries to develop policies involving relevant government departments as well as civil society.
- » Providing mental health care in the context of health system strengthening with a focus on primary health care.
- » Mobilizing resources for technical support.



» Worldwide praise for the Intervention Guide



The Intervention Guide's launch generated positive interest and praise from international journals, newspapers and many others. The Economist welcomed the arrival of the Guide in a world where

“more than three-quarters of people with brain disorders in the developing world are not being treated”.

An editorial in the world's leading general medical journal, The Lancet, commended WHO's

“renewed attention to mental health”.

The Lancet editorial acknowledged the importance of such a Guide

“in view of the scarcity of psychiatrists in poor countries”

and underlined its inclusion of psychosocial therapy as first-line treatment.

The Intervention Guide was acclaimed as a significant breakthrough for the field of mental health. It was widely praised as a practical, evidence-based and affordable guide.

“The WHO mhGAP Intervention Guide will open door the door to more opportunities for the management of disorders that contribute to suffering among individuals and their families worldwide”

said Thomas Insel, Director, National Institute of Mental Health, USA.

K. Sujatha Rao, Secretary, Health & Family Welfare, Government of India, applauded the development of the Intervention Guide by WHO and said

“the Guide will help us extend care to all persons with mental illness ... in the country”.

The Brazilian ambassador, H.E. Mrs Maria Nazareth Farani Azevêdo, described the guide as

“an important tool to improve links between communities and the health system by facilitating a preliminary diagnosis ...”

Allen Foster, President CBM, an organization helping people with disabilities obtain care and services described the Guide as

“an excellent, practical manual for non-specialist health providers ... at the primary and secondary levels of health care, in government as well as non-government led systems”.