

# Introduction to mhGAP

# Activity 1: Welcome

- Find an individual you have not met before and partner with them.
- Find out the following and introduce your partner to the whole group:
  - name
  - profession
  - current posting
  - interest and experience in mental health.

# Session outline

In this session we will discuss:

- pre-test
- introduction to the Mental Health Gap Action programme (mhGAP)
- Ground rules
- introduction to MNS conditions
- review

# Activity 2: Pre-test

Take five minutes to complete the pre-test multiple choice questions.

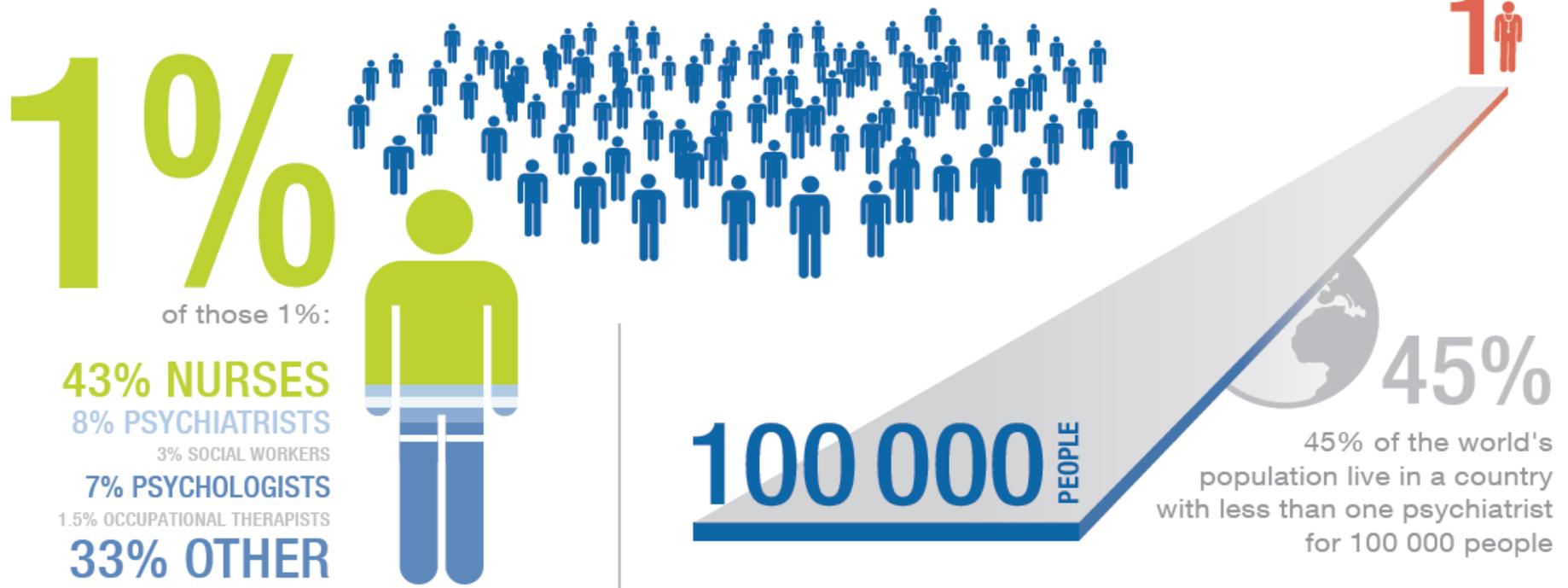
# What is mental health gap?

- Mental, neurological and substance use (MNS) conditions account for 13% of the global burden of disease.
- Yet between 75–90% of individuals with MNS conditions do not receive the treatment they require although effective treatment exists.
- This represents the **mental health treatment gap**.

# Why is there a mental health gap?

## HUMAN RESOURCES

Only 1% of the global health workforce works in mental health



# Why is there a mental health gap?

## FINANCIAL RESOURCES

Median public expenditure on mental health per person



## PROMOTION & PREVENTION

Global percentage of mental health prevention and promotion programme types



MENTAL HEALTH AWARENESS / ANTI-STIGMA

55%



MATERNAL MENTAL HEALTH PROMOTION

2%



SCHOOL-BASED MENTAL HEALTH PROMOTION

11%



PARENTAL / FAMILY MENTAL HEALTH PROMOTION

4%



VIOLENCE PREVENTION (WOMEN, CHILD ABUSE)

5%



WORKPLACE MENTAL HEALTH PROMOTION

9%



SUICIDE PREVENTION

8%

COUNTRIES WITH NATIONAL SUICIDE PREVENTION STRATEGY

0

LOW-INCOME COUNTRIES

VS

1/3

OF HIGH-INCOME COUNTRIES

# Mental Health Gap (mhGAP) Action Programme

mhGAP is a WHO programme, launched in 2008, to scale up care for MNS disorders.

The programme asserts that, with proper care, psychosocial assistance and medication, tens of millions of people could be treated for depression, psychoses and epilepsy, prevented from suicide and begin to lead normal lives – even where resources are scarce.

Its focus is to increase non-specialist care, including non-specialized health care, to address the unmet needs of people with priority MNS conditions.

Play the [video](#).

# Who is the target audience of mhGAP-IG?

Staff not specialized in mental health or neurology:

- General physicians, family physicians, nurses.
- First points of contact and outpatient care.
- First level referral centres.
- Community health workers.

# mhGAP Intervention Guide

for mental, neurological and substance use disorders  
in non-specialized health settings

Version 2.0



World Health  
Organization



Mental Health Gap Action Programme

An evidence-based, clinical guide for the assessment and management of mental, neurological and substance use disorders in non-specialized health settings 10

# mhGAP-IG Version 2.0 modules

1. Essential care and practice
2. Depression
3. Psychoses
4. Epilepsy
5. Child and adolescent mental and behavioural disorders
6. Dementia
7. Disorders due to substance use
8. Self-harm/suicide
9. Other significant mental health complaints

# Mental health and non-specialized health care

- Five-minute group discussion.
- What is your current role and responsibility relating to the management of people with MNS disorders?
- What are the benefits of integrating MNS care into non-specialized health care?

# Seven good reasons for integrating mental health into non-specialized health care

1. The burden of mental disorders is great.
2. Mental and physical health problems are interwoven.
3. The treatment gap for mental disorders is enormous.
4. Enhance access to mental health care.
5. Promote respect of human rights.
6. It is affordable and cost-effective.
7. Generates good health outcomes.

# How we learn to use the mhGAP-IG

## **mhGAP-IG training of health-care provider (ToHP) (46 hours).**

- ToHP teaches **12 core competencies** relevant to assessing, managing and following-up people with MNS conditions.
- Training is interactive and enables participants to practise using the mhGAP-IG in the safety of the training room through:
  - role plays
  - large/small group discussions
  - interactive activities
  - familiarization with the mhGAP-IG.

## **Supervision support starts after training and is ongoing.**

- Supervisors will offer support and specialist consultations to all trainees as they use the mhGAP-IG in their non-specialized health setting.

# Activity 3: mhGAP ToHP training ground rules

- How would you like to be treated during this training? And would they like to treat others?
- How would you like to work together as a group?

# Activity 4: Using the mhGAP-IG master chart

- Write down descriptions of people that you have seen in your work that you believe were living with an MNS disorder.
- Ensure that the descriptions are anonymous.
- Write down the symptoms and how they would present to you.

## ! EMERGENCY Presentations of Priority MNS Conditions

EMERGENCY PRESENTATION	CONDITION TO CONSIDER	GO TO
<ul style="list-style-type: none"> <li>» Act of self-harm with signs of poisoning or intoxication, bleeding from self-inflicted wound, loss of consciousness and/or extreme lethargy</li> <li>» Current thoughts, plan, or act of self-harm or suicide, or history of thoughts, plan, or act of self-harm or suicide in a person who is now extremely agitated, violent, distressed or lacks communication</li> </ul>	<p><b>MEDICALLY SERIOUS ACT OF SELF-HARM</b></p> <p><b>IMMINENT RISK OF SELF-HARM/SUICIDE</b></p>	<b>SUI</b>
<ul style="list-style-type: none"> <li>» Acute convulsion with loss of consciousness or impaired consciousness</li> <li>» Continuous convulsions</li> </ul>	<p><b>EPILEPSY</b></p> <p><b>STATUS EPILEPTICUS</b></p> <p><b>ALCOHOL OR OTHER SEDATIVE WITHDRAWAL</b></p>	<b>EPI, SUB</b>
<ul style="list-style-type: none"> <li>» Agitated and/or aggressive behaviour</li> </ul>		<b>DEM, PSY, SUB</b>
<ul style="list-style-type: none"> <li>» Smell of alcohol on the breath, slurred speech, uninhibited behaviour; disturbance in the level of consciousness, cognition, perception, affect or behaviour</li> <li>» Tremor in hands, sweating, vomiting, increased pulse and blood pressure, agitation, headache, nausea, anxiety; seizure and confusion in severe cases</li> <li>» Unresponsive or minimally responsive, slow respiratory rate, pinpoint pupils</li> <li>» Dilated pupils, excited, racing thoughts, disordered thinking, strange behaviour, recent use of cocaine or other stimulants, increased pulse and blood pressure, aggressive, erratic or violent behaviour</li> </ul>	<p><b>ACUTE ALCOHOL INTOXICATION</b></p> <p><b>ALCOHOL WITHDRAWAL</b></p> <p><b>ALCOHOL WITHDRAWAL DELIRIUM</b></p> <p><b>SEDATIVE OVERDOSE OR INTOXICATION</b></p> <p><b>ACUTE STIMULANT INTOXICATION OR OVERDOSE</b></p>	<b>SUB</b>

# Review

- The mhGAP-IG is a technical tool for non-specialized health-care providers to assess, manage and follow-up people with MNS conditions.
- mhGAP-IG training of non-specialized health-care providers aims to integrate mental health care into non-specialized health settings.
- This training will build the skills and confidence required to use the mhGAP-IG in clinical workplaces.