

mhGAP Newsletter

Mental Health Gap Action Programme



June 2011



The mhGAP Intervention Guide in French and the mhGAP Intervention Guide in Spanish

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News from WHO's Mental Health Gap Action Programme (mhGAP)

• The mhGAP Intervention Guide (mhGAP-IG) is now available in French and Spanish with Arabic, Chinese and Russian versions to follow. Translations of the Guide into Greek, Indonesian, Japanese, Portuguese and Thai are under way.

"The Intervention Guide needs to be available in the language that health care providers use in various regions. WHO is making all attempts to reach this objective."

Dr Shekhar Saxena, Director, Department of Mental Health and Substance Abuse

• As a companion to mhGAP-IG, WHO is developing training materials. Aimed at doctors and nurses, these tools will provide the details on how to use the mhGAP-IG in assessing and managing people with mental, neurological and substance use disorders. Prior to their use, these training materials will need to be adapted to local settings.

• The upcoming mhGAP Programme Guide will provide guidance for strategic planning at national level as well as service delivery at local level. The aim is to assist managers at sub-national level in planning and managing the delivery of mental health services.

• mhGAP implementation is currently taking place in Ethiopia, Jordan, Nigeria, and Panama. Many other countries such as India, Sierra Leone, and Thailand have shown interest in the programme.

Dr Ala Alwan, Assistant Director-General commented:

"The response from countries on the mhGAP-IG has been very positive and this reinforces WHO commitment to implement the mhGAP as widely as possible."



European Commission funding enables scaling up of mental health services in Ethiopia and Nigeria

The European Commission (EC) is partnering with the World Health Organization, Universidad Autónoma de Madrid, Spain and the Ministries of Health of Ethiopia and Nigeria to support mhGAP implementation in the two countries. EC recognizes that very few initiatives have been directed at mental health conditions in developing countries.

Mr. Xavier Marchal, Ambassador to the European Union to Ethiopia, said:

"I am happy that the European Union Delegation in Ethiopia has the possibility to support the WHO in rolling out mhGAP in two countries, one of which is Ethiopia..."

The mhGAP project, which is co-funded by multiple donors, will run for three years starting from 2011 to 2013.



mhGAP Ethiopia stakeholder consultation
October 20 – 21 2010

Ethiopian Government commits to mhGAP implementation

“mhGAP will support the delivery of quality mental health services to the people of Ethiopia, through integrating mental health into public health care, while focusing on priority disorders and vulnerable groups.”

Dr Kesete Berhan Admasu, the State Minister, Federal Ministry of Health, Government of Ethiopia

Ethiopia is a country with 85 million people and 36 psychiatrists. Recognizing the need to scale up mental health services, the

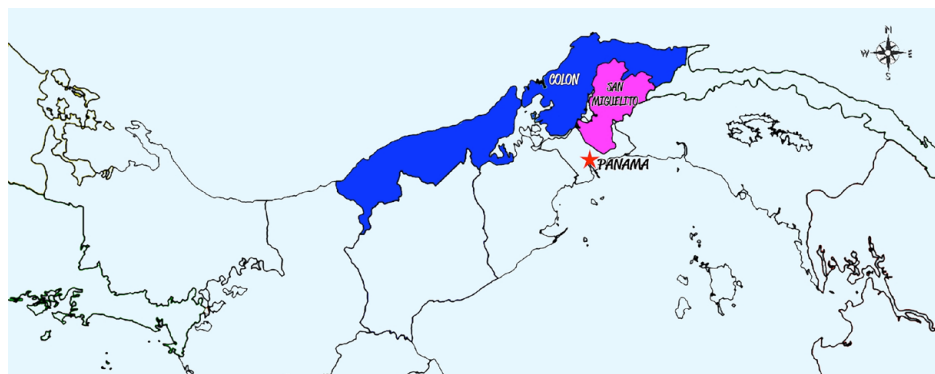
Ethiopian Government has shown political commitment to the successful implementation of the mhGAP programme supported by Fondation d’Harcourt and the EC.

Work has already begun on adaptation of mhGAP-IG for the local situation and on developing the training material.

It is also proposed that mhGAP will become part of the undergraduate medical training across universities in Ethiopia. Key stakeholders recently identified the following goals in their consensus statement:

- 1) Advocate for mental health training in medical schools across Ethiopia.
- 2) Create a network to include representatives from all Ethiopian medical schools, to enable sharing of experience and resources.
- 3) Establish a working group to propose (i) a standardized, core curriculum for medical student training in mental health in Ethiopia, (ii) core competencies to be attained, and (iii) recommendations for examinations in mental health.

Panama mhGAP project launched



Provinces implementing mhGAP pilot projects in Panama

The Ministry of Health in Panama has embraced mhGAP with the recent launch of the pilot project in two districts; San Miguelito (in Panama province) and Colon (in Colon province).

To begin with, primary health care doctors and nurses will be trained in the area of epilepsy and depression. Dr Yarida Boyd (Director, National Institute of Mental Health, Panama) said:

“We have chosen these (epilepsy and depression) conditions since they are the commonest mental and neurological problems seen in primary care settings in the country ... We also need to learn from the pilot activities – what are the resources and time required to implement the project.”

The Ministry of Health appointed a national committee and organized the first mhGAP meeting in October 2010 to prepare and plan for pilot projects. Recently in May, the second meeting was held to adapt the mhGAP-IG to local context, so that this can be built-in the training programmes in Panama.

Cittadinanza ONLUS, an Italian organization working in the area of mental health, is supporting mhGAP implementation in Panama.



mhGAP Adaptation Workshop in May 2011 in Panama

Nigeria integrates mental health into primary health care

Nine out of 10 persons with mental disorders in Nigeria do not receive any services.¹ The Government of Nigeria is working with WHO to scale up services for mental health care.

We (Nigeria) are a typical case of a developing nation with a population of 150 million that has few trained psychiatrists and other psychiatric medical personnel. ... primary care (is) the most efficient and effective way towards achieving mental health ...

The Chargé d'affaires, from Nigeria, on the occasion of mhGAP Forum, October 2010

The mhGAP project funded through the EC, emphasizes integration of mental health into primary health care in selected districts of Nigeria. The national stakeholders committee appointed by the Federal Ministry of Health (FMOH) has decided that the first mhGAP

demonstration project will take place in Osun state, located in southwest Nigeria. Osun state has two tertiary, 49 secondary and 627 primary health care facilities. There are nine consultant psychiatrists, 12 other medical doctors, two clinical psychologists, 52 psychiatric nurses and 10 social workers. It is planned to train the non-specialized health staff in recognizing and treating mental, neurological and substance use disorders under the supervision and support of specialists.

Professor Oye Gureje, University of Ibadan, Nigeria, applauding the commitment of FMOH said:

"Mental health conditions are on the list of prioritized disorders in the Nigerian primary health care service but only a minority of persons in need receive treatment. The WHO mhGAP Intervention Guide, provides a



A primary health care centre in Osun state, Nigeria

unique opportunity to address the huge burden of unmet need for mental health service in the country."

¹ Gureje O, Lasebikan VO. Use of mental health services in a developing country. Results from the Nigerian survey of mental health and well-being. *Soc Psychiatry Psychiatr Epidemiol.* 2006; 41: 44–9.

Jordan starts training primary care doctors and nurses using mhGAP Intervention Guide



mhGAP training workshop in February 2011 in Jordan

In February, the first training workshop on mhGAP-IG was held in Amman, Jordan, organized jointly by the Ministry of Health and the WHO Country Office. The workshop objectives were motivating health workers to become familiar with mhGAP-IG, and developing the skills needed for its adoption and use in clinical practice.

The five-day training consisted of 24 trainees (nurses and doctors) from five primary health centres in Amman. The health professionals were trained on how to recognize and treat developmental disorders, depression, self harm/suicide and other significant emotional or medically unexplained complaints according to mhGAP-IG. Training methods included explanatory flowcharts,

quiz games, self-assessment tests and role plays, which, according to the feedback of trainees: "made the training more real and useful".

One of the trainers, Dr Rabih El Chammy, remarked:

"Trainees were very excited by the idea of learning new things about mental health. They were very interested as they saw that the knowledge about assessment and management was clear and applicable."

One of the trainees commented:

"I am really glad that I took this training! I now know how to deal with those who need us."

mhGAP implementation in Jordan is within the larger context of mental health reform led by the Ministry of Health and supported by the WHO. A new National Mental Health Policy and Plan was recently launched by the Ministry of Health, demonstrating their commitment to strengthen the different levels of the mental health system.

Updates from Partners

A number of NGOs, foundations and international associations are working with WHO to implement mhGAP in countries. Many other partners are using mhGAP technical material.

- **CBM**, an international NGO, committed to improving the quality of life of persons with disabilities in low-income regions of the world, is supporting programmes in Burkina Faso, Ghana, Niger, Nigeria, Sierra Leone and Togo. Dr Julian Eaton, CBM's Mental Health Advisor for West Africa commented:

"mhGAP is offering practical solutions to improve access to care even in challenging environments. These innovative programmes combine access to medical and psychosocial care with the promotion of human rights and social inclusion to improve the quality of life of people affected by mental health problems."

- The **Fondazione St. Camille de Lellis** is a Swiss foundation dedicated to supporting people with mental disorders in West Africa. In January 2010, the foundation launched a project *Strengthening the Mental Health System in Benin* which aims at improving the capacity of the primary health care staff to diagnose and treat people with mental disorders. The experts from the foundation found the recently translated French version of mhGAP Intervention Guide to be an important tool in this project.



Workshop organized in Benin on strengthening mental health systems in Benin by Ministry of Health and Fondazione St. Camille de Lellis

- **BasicNeeds** works with people with mental disability to build an innovative approach to tackle poverty, as well as illness. Ms Shoba Raja, Director, Policy and Practice, BasicNeeds says:

"We are implementing mental health and development programmes in several remote low-resource settings and training local non-specialist health personnel – this has synergy with the scale up model advocated by WHO's mhGAP".

An example of their mental health and development programme is being carried out in the remote mountainous districts of Baglung and Myagdi in Nepal by the local partner LEADS. Sparsely populated and poorly connected, distances here are still measured in the number of days it takes to walk. In this programme, mental health clinics have been introduced at health posts in the two districts, so for the first time rural health facilities have begun to provide mental health services in these remote settings.



A primary health care clinic at Leherepipal health post, Nepal

- **Cittadinanza ONLUS** is organizing, in collaboration with WHO, an international meeting "mhGAP Implementation: Building capacity of primary health care providers for mental health" in Rimini, Italy, during 12 – 14 October 2011. The meeting will review mhGAP implementation in several countries, as well as discuss drafts of mhGAP-IG training materials and training experiences. The meeting will involve countries that are both implementing mhGAP plus some planning to do so.