Background

Mental, neurological and substance use disorders are prevalent in all regions of the world and are major contributors to morbidity and premature mortality. The stigma and violations of human rights directed towards people with these disorders compound the problem. The resources that have been provided to tackle the huge burden are insufficient, inequitably distributed, and inefficiently used, which results in a large majority of people with these disorders receiving no care at all. The situation is especially serious in low and middle income countries where the gap between the needs and availability of services is the largest. In order to reduce the treatment gap and improve the services, WHO recently launched the mental health Gap Action Programme (mhGAP).

mhGAP Forum

The "mhGAP Forum" is proposed as an informal group for collaboration and coordinated action. It has no formal membership, which is different from many global health alliances which have more formal structures including financial responsibilities. WHO has invited selected Member States and number of organizations and institutions such as UN agencies, research institutes, universities, multilateral agencies, foundations, WHO Collaborating Centres and NGOs to join the Forum based on their interest and capacity to engage in improving mental health care and services. It is not a static group, but likely to evolve over time. The vision of the Forum is to provide effective and humane care for all with mental, neurological and substance use disorders. The goals are to improve service delivery, reduce the treatment gap and increase financial and human resources for mental health care.

The first meeting of the "mhGAP Forum" took place at the World Health Organization, Geneva on 1-2 October 2009. The list of participants for the first meeting of the "mhGAP Forum" is enclosed as Annex 1.

Summary of Discussion

Role of mhGAP Forum

It was proposed and agreed that mhGAP Forum will fulfil the following roles:
- To provide general direction to the WHO Secretariat
- To provide political support and step up international advocacy for improving mental health care and services
- To provide technical expertise in implementing mhGAP
- To assist in evaluation of work done within mhGAP in countries
- To assist in identifying and securing necessary financial resources for implementation of mhGAP

Scope of mhGAP

mhGAP reflects WHO's continued commitment to improve mental health care and to increase the capacity of Member States to decrease the gap for mental, neurological and substance use disorders. mhGAP makes a case for enhancing the political commitment of governments, international organizations and other stakeholders. It identifies the strategies to scale up coverage of key interventions for priority conditions in resource-constrained settings. mhGAP is envisaged as **an integrated service development programme:**
- that is sustainable
- with the objective of scaling up care
- for multiple priority disorders
- using a health system approach
- with evidence based and rights based interventions
- covering "large" populations
- with measurable impact

mhGAP provides criteria and identifies the countries for intensified support based on the largest burdens of mental, neurological and substance use disorders and the highest resource gap. The framework for country action, as described within mhGAP, however, is applicable to be used in any resource constrained setting and must be adapted before implementation. An essential criteria for intensified support is also a country's readiness for scaling up. There aren't any "hard" indicators to measure a country's readiness, but there are "soft" indicators which include request for support from the country for scaling up activities in the area of mental, neurological and substance use disorders.

mhGAP encompasses activities that are essential to scale up care for mental, neurological and substance use disorders, including situation analysis to determine country needs' in these areas, strategies to improve treatments for these disorders, development of policy and legislative frameworks, strengthening of health systems to improve delivery of intervention package etc are part of mhGAP. Activities focussed on single disease areas or priority conditions not included in mhGAP, mental health promotion, activities addressing poverty and development are important for WHO's area of work in the mental health and are complementary to the mhGAP work in countries. WHO will work closely with ministries of health to identify the scope of mhGAP within each participating country.

The approach of mhGAP is consistent with the WHO's *World Health Report 2008* which argues for a renewal and reinvigoration of primary care. In addition as demonstrated in
the WHO report "Integrating mental health into primary care - a global perspective", integrated primary care for mental health works when it is supported by other levels of care, including community based services. Integrated primary care also reduces the risk of human rights violations, stigma and discrimination.

Advocacy not only at community level but also at country, regional, national and international level is required for raising awareness and creating an atmosphere for change. Improving mental health care requires an intersectoral approach since many of the interventions need to be delivered in collaboration with other health sectors, such as social sector. Fundamental to mhGAP is the establishment of productive partnerships - reinforcing existing partners and energising new partners, accelerating partnership efforts - in order to maximise investments to reduce the burden of mental, neurological and substance use disorders. At present no single player has the expertise, funding or research and delivery capabilities to tackle the full range of issues related to mental health care on a worldwide scale.

**Implementing mhGAP**

*mhGAP* aims to provide a framework for scaling up care for mental, neurological and substance use disorders. The framework takes into account some of the constraints which might exist in different countries. However, the programme is only intended as a guide for action. *mhGAP* is not "one size fits all", and is flexible and adaptable enough to be implemented according to the situation in different countries.

The framework described in *mhGAP* has been designed to be consultative and participatory, taking into account national needs and resources, and to build on existing programmes and services. A mixture of "top down" and "bottom up" approaches would be required for implementation of *mhGAP*. Before the implementation, the *mhGAP* framework would need to be adapted according to national policies, needs and resources. The adaptation process is a key element in national preparations for implementing *mhGAP*. It is a mechanism for developing consensus on technical issues, mobilizing expertise within and outside ministries of health, and contributing to the common effort of developing national guidelines to improve the quality of mental health care. The entry point for *mhGAP* into countries could be various and many. Some of the existing programmes and services to which linkages can be created and synergies can be explored for *mhGAP* include HIV programmes, and maternal and child programmes.

Success in implementing the programme rests on achieving political commitment and bringing together various stakeholders. Without strengthening human resources and adequate financial resources, not much can be achieved. WHO has an important role to play in coordinating the activities of various stakeholders at national as well as international level. User involvement needs to be a key element when planning implementation of *mhGAP* since they have different but equally important perspectives about their illness and care and user involvement encourages greater social inclusion.

Development of an evaluative framework and appropriate indicators for monitoring and evaluation are essential prerequisites. Tools and methods for measurement of indicators
also need to be identified. Integrating research (including capacity building in research) and evaluation into the scale-up process facilitates large-scale impact. It is important that there is agreement among stakeholders concerning the purpose of research and that research is not isolated from the programme context and is operational research.
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