MENTAL HEALTH GAP ACTION PROGRAMME (mhGAP)
2nd meeting of the mhGAP Forum

ANNEX E

POWERPOINT PRESENTATIONS OF THE SESSIONS
mhGAP Intervention Guide

Dr Shekhar Saxena
Director
Department of Mental Health and Substance Abuse
WHO Geneva

mhGAP: Scaling Up Care

Objectives

- To increase the commitment of governments, international organizations and other stakeholders
- To achieve significantly higher coverage with key interventions in resource-poor countries

Setting priorities

Priority conditions:

- Depression
- Suicide prevention
- Psychoses
- Child and adolescent mental disorders
- Epilepsy
- Dementia
- Disorders due to use of alcohol
- Disorders due to illicit drug use

Mental Health Services (WHO, 2003)

mhGAP Implementation
Development Process

- Collaborative process with scientists and users
- Involving more than 200 experts from developed and developing countries
- Use of the best available evidence
- Free from any commercial influence
- Transparency
Guidance on Human Rights

5. Protection of human rights
   b. Promote autonomy and independent living in the community and discourge institutionalization.
   c. Provide care in a way that respects the dignity of the person, that culturally sensitive and appropriate, and that is free from discrimination on the basis of race, color, sex, language, religion, political or other opinion, national, ethnic, indigenous or local origin, property, birth, age or other status.
   d. Ensure that the person understands the proposed treatment and provides free and informed consent to treatment.
   e. Involve children and adolescents in treatment decisions in a manner consistent with their working capacities, and give them the opportunity to discuss their concerns in private.

Translations

- Ongoing -
  - Spanish
  - French
  - Chinese
- Planned -
  - Russian
  - Arabic
  - Others, as needed (e.g. Portuguese, Indonesian)
Is the Guide Evidence Based?

Professor Graham Thornicroft

graham.thornicroft@kcl.ac.uk

World Health Organisation World Health Organisation
Collaborating Centre

Lack of evidence from LAMICs

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Trials (n=11501)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-income country</td>
<td>104 (0.9%)</td>
</tr>
<tr>
<td>Lower middle-income country</td>
<td>1104 (9.6%)</td>
</tr>
<tr>
<td>Upper middle-income country</td>
<td>311 (2.7%)</td>
</tr>
<tr>
<td>High income country or multicentre trial</td>
<td>9582 (86.8%)</td>
</tr>
</tbody>
</table>

Table 1: Trials of mental-health interventions by income level of country

Box 4. Checklist of Feasibility Issues, Values, and Preferences Considered for Each Intervention

Feasibility Issues

- Inclusion in the WHO list of essential medicines and likely availability of medication in LAMIC
- Acquisition cost
- Current treatment skills availability in LAMIC for this intervention
- Specific training requirements (comment if $>1.0$ day just for this specific intervention)
- Number of sessions, number of minutes per sessions required
- Specific laboratory requirements
- Other equipment requirements
- Continuous supply of medication (comment if sudden disruption of supply could have harmful consequences, e.g., for anti-epileptics)
- Specific supervision requirements (comment if more than one supervisory discussion is needed per 3 months)
- Any other feasibility issues

Values/Preferences

- Promotion of social inclusion
- Protection of human rights and dignity (e.g., interventions that are sometimes provided on a non-voluntary basis)
- Prevention of discrimination (and stigma)
- Prevention of medicalization of social problems
- Promotion of individual and family members' capacity and skills
- Any other values

NOTE: Many of these aspects are not absolute concepts, and their relevance may vary according to local context characteristics.
Will the mhGAP Implementation Guide be useful?

Dr Julian Eaton
Mental Health Advisor, W Africa

Implementation
- Evidence based, practical, feasible
- Holistic; including psychosocial interventions, human rights
- Culturally and contextually appropriate

Training Resource
- Task shifting
- Range of personnel
- Training materials to be locally developed

Advocacy Tool
- Political leaders / Government
- Professionals
- Service users must benefit and product must be acceptable

Now More Than Ever
World Health Report 2008
Interventions for Depression and Suicide Prevention

Prof. Jose Luis Ayuso
Departamento de Psiquiatría
Facultad de Medicina
Universidad Autónoma de Madrid

Burden

- By 2030
  - the world's most burdensome disease
  - the second most burdensome disease in middle-income countries
  - the third most burdensome disease in low-income countries

Traditional depression identification (which leads to many cases missed)

1. Two screening questions
   - “During the past 2 weeks have you often been bothered by feeling down, depressed or hopeless?”
   - “During the past 2 weeks have you often been bothered by having little interest or pleasure in doing things?”
2. If positive, check all depression symptom criteria

mhGAP innovation

1. Check for common presentation
   - 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)
2. If positive, check all depression symptom criteria
Management

• Traditional approach: biopsychosocial for all depression
• mhGAP innovation: biopsychosocial for moderate and severe depression, psychosocial approach for mild depression

Self-harm/Suicide

• Self-harm/suicide: Assessment and Management Guide
• Intervention details
  – Care for the person with self-harm
  – Offer and activate psychosocial support
  – Pesticide intoxication management
  – Maintain regular contact

Self-harm/Suicide Prevention of suicide

Actions to be taken by district-level health officers and healthcare providers

• Restrict access to means of self-harm (such as pesticides, firearms, high places).
• Develop policies to reduce harmful alcohol use
• Encourage and assist the media to follow responsible reporting practices in suicide cases
Epilepsy: The Burden

- 250,000,000 one seizure in a lifetime
- 50,000,000 people with active epilepsy
- 42,500,000 pwe in developing countries
- 2,500,000 new cases each year
- 70% pwe seizure free with treatment
- 80% not properly diagnosed/treated

Experiences Demonstration Projects

ILAE/IBE/WHO Global Campaign Against Epilepsy

Model of epilepsy care
- Convulsive epilepsy
- Treatment with first-line AEDs
- Training of non-medical and medical professionals
- Public education (incl. education patients and public)
- Legislation

Demonstration Project China

- Reduction treatment gap: 13%
- After completion Project: Government extended Programme – inclusion epilepsy care in primary health care rural areas
Interventions for Epilepsy

Interventions for Epilepsy

mhGAP Intervention Guide: Important recommendations

1. Convulsive epilepsy (70% of all epilepsies, greater stigma, higher morbidity + mortality)
2. Diagnosis of epilepsy by primary care providers
3. Treatment with first line AED's (included in essential medicine list) costs: US$ 5,- per year
4. Focus on education of people with epilepsy and their families
Interventions for Alcohol Use Disorders

Dr Vladimir Poznyak
Department of Mental Health and Substance Abuse
WHO, Geneva

Assessment and management of alcohol use and alcohol use disorders

Addresses emergency cases, such as
- Acute alcohol intoxication
- Alcohol withdrawal syndrome/state
- Alcohol-withdrawal delirium and acute Wernicke’s encephalopathy
  as well as
- Alcohol dependence
- Hazardous and harmful use of alcohol

Hazardous and harmful use of alcohol

- Guidance on assessment of a pattern of alcohol consumption
  - Assessing quantity and frequency, including heavy episodic (binge) drinking
  - How to ask questions about alcohol consumption and other drug use
- Guidance on provision of brief interventions for hazardous and harmful use of alcohol
- Guidance on assessment of substance use in
  - Adolescents
  - Pregnant and breastfeeding women
  - Recommendation to avoid alcohol completely

Management of alcohol withdrawal and alcohol-withdrawal delirium

- Alcohol withdrawal
  - Diazepam administration with individual adjustment of the dose and titration
    - At the initial dose of up to 40 mg daily
  - Thiamine administration
    - 100 mg/day orally for 5 days or longer if required
  - Ensure care support and guidance on setting for withdrawal
- Alcohol-withdrawal delirium
  - Managing underlying alcohol withdrawal with diazepam
  - Use antipsychotic medication, if necessary, for the duration of psychotic symptoms only (e.g. haloperidol 2.5-5 mg orally tds)
  - Avoid restraining the person

Alcohol Dependence

- Guidance on a detailed alcohol use history and diagnosis of alcohol dependence
- Guidance on individual management
  - Advising complete cessation of alcohol use and providing support for that
    - Detoxification
    - Assess and treat any medical or psychiatric co-morbidity
    - Consider referral to a self-help group
    - If available, provide psychosocial interventions
    - Relapse prevention medications
    - Consider referral to a specialized treatment facility
- Supporting families and carers
Some of the recommendations are included within other priority conditions. There are two specific modules:

**Developmental disorders**
- Includes intellectual disabilities and autism spectrum disorders.
- Assessment probes for delays in development and also oddities in communication and behaviour.
- Interventions start with general interventions applicable to all conditions: Family psycho-education, parent skills training, school interventions and CBR etc.
- If not effective, referral to specialized services.
- Discourages institutionalization.

**Behavioural disorders**
- Includes Hyperkinetic disorder (ADHD) and other behaviour disorders.
- Assessment probes for indications of inattention and hyperkinesis and meticulous to rule out other conditions and prevent over-inclusions.
- Interventions for both groups start with family psycho-education, parent skills training, school and other psychosocial interventions.
- For ADHD, if not effective, consult specialist to start methylphenidate. Provides details and precautions on side effects and how to stop the medicine.
- Discourages use of psychotropic medicines otherwise.
Policy and legislative guidance

Dr Michelle Funk
Department of Mental Health and Substance Abuse
WHO, Geneva

Role of mental health policy & legislation

**Policy/plan essential to:**
- Define vision, improve understanding and commitment
- Improve access to mental health services
- Specify requirements for quality mental health services and human resources
- Delineate a procedure for the scaling up of services

**Legislation essential to:**
- Legally enforce policy objectives including services in the community
- Stop violations and discrimination
- Promote human rights
- Encourage autonomy and liberty
- Promote access to legal mechanisms

Key principles for policy and law reform

- Access to mental health care in the community
- Autonomy and recovery
- Participation

WHO Guidance materials and tools

- WHO Mental Health Policy and Service Guidance Package
  - Mental Health Context
  - Mental Health Policy, Plans and Programmes
  - Organization of Services for Mental Health
  - Mental Health Financing
  - Mental Health Information Systems
  - Advocacy for Mental Health
  - Quality Improvement for Mental Health
  - Planning and Budgeting to Deliver Services for Mental Health
  - Improving Access and Use of Psychotropic Medicines
  - Human Resources and Training for Mental Health
  - Child and Adolescent Mental Health
  - Research and Evaluation of Mental Health Policy and Services
  - Workplace Mental Health Policies and Programmes

- WHO report on Integrating mental health into Primary care – A global perspective
- WHO Resource Book on Mental Health, Human Rights & Legislation
Use of the Intervention Guide in countries

Dr Tarun Dua
Department of Mental Health and Substance Abuse
WHO, Geneva

mhGAP Intervention Guide –
Target audience

- Non-specialist health personnel within first and second
care
  – Health care centres serving as first point of contact
    providing outpatient care
  – Health services/hospitals at first referral level responsible
    for a district
- Under supervision and support of specialists (mental
  health professionals, neurologists, paediatricians)

mhGAP-IG: A Model Guide

- Needs adaptation to national and local health needs and
  resources, e.g.,
  – Which conditions should be covered?
  – Which interventions should be included?
  – Roles and tasks of different cadre of health care providers
- Includes language translation
- Adaptation process
  – An opportunity to develop consensus on technical issues
  – Helps to ensure that the interventions are acceptable in
    sociocultural context

Use of mhGAP-Intervention Guide

- To be used by countries within the overall mhGAP scaling up
  programme
  – Should be used integrated into the existing health system
  – With involvement of key stakeholders
  – As a source for systematic capacity building
- But also a free-standing technical tool from WHO
  – Can be used by individual clinicians
  – To be used in any other public health programme/action (e.g. HIV)
  – After proper training

mhGAP-IG: How to use it?

- Training tailored to the needs and capacities of different health
  care providers
  – Training of "trainers"
  – Curricula and resource materials
  – Methodology (lecture, group discussion, role play, on-site training)
  – Evaluation of training and trainees
- Supervision and support by specialists
- With raising awareness about available care and services
- Ongoing system of monitoring and evaluation
Do Basic Health Intervention Packages Work?

There is evidence from global health initiatives that specific health packages can and do work e.g. EPI, OCP/APOC, MDT for Leprosy etc however there are certain requirements.

Analogy – the delivery of a package by the postal system

The Package

1. The package must fulfil a perceived need – there needs to be the component of choice – health packages cannot be forced on communities.
2. The package must be effective to meet the need, based on sound research and evidence, and particularly in low income countries, the package needs to be affordable.
3. The package needs to complete and usable, with all the essential components including clear instructions on how to use the package.
4. Lastly the package needs to be “nice”, adapted to local cultural norms which make the package acceptable to recipients / clients.

The Delivery System

1. Without a delivery system the package will sit in a central location – ministry of health, university etc.
2. The delivery system has to reach those who need the health package – often marginalised and /or rural communities.
3. The delivery system should be reliable, trustworthy and client orientated. There has to be the understanding of meeting peoples’ rights.

Summary

1. Without health packages, health delivery systems serve no purpose.
2. Without a delivery system the health package, no matter how good, will not reach its intended recipients.
3. Need orientated, cost-effective, culturally adapted, delivered with clear instructions, health packages like the mhGAP package, can meets the needs of at risk and marginalised communities and also be used to strengthen national and community level health delivery systems.
The Role of Research

“Conducting research, translating it into the development of new health tools, and delivering products to patients in need of them are core functions of an effective global health system”

Szlezák et al. 2010; doi: 10.1371/journal.pmed.1000183.g001

Environment for Global Mental Health Research Capacity-Building

- Not recognized as a valid career path in some institutions
- Few mentors
- Clinical responsibilities curtail time for research
- Few resources for research training
- Limited funding for research
- Challenges of developing collaboration
- Overworked collaborators in less resourced settings
- Migration of health workers

“Research is enlightened social change.”

Julio Frenk

“Resources for mental health are scarce and inequitably distributed between countries, between regions, and within local communities.” (Saxena et al., 2007)
National Institute of Mental Health

- One of 27 Institutes/Centers at the National Institutes of Health
- Funds research by scientists across the country and around the world as well as in the internal research program
- The Office of the NIMH Director and 7 Divisions accomplish the work of supporting research grants and conducting research

Individual Funding Opportunities along the Career Path to Research Independence

Global Research Training Opportunities

Global Mental Health Research Training Path
Opportunity #4: Encouraging a greater focus on global health
Key messages from session 3

- Inclusive collaboration
- Investing in local expertise
- Identifying and overcoming barriers

Theme 1: Health system issues: health system building blocks with sample questions

- Stewardship: Eg To what extent will the mhGAP programme need to focus on policy change and leadership?
- Service delivery: Eg Can overloaded PHC staff absorb more / new responsibilities?
- Human resources for health: Eg How can time-intensive psychosocial interventions (eg CBT) be integrated in non-specialized care? How to ensure that specialists support non-specialized care in envisioned ways? (eg consultation, training, supervision).
- Health systems financing: Eg How to achieve parity for mental health (e.g. in social insurance schemes, in allocation off funds to mental health)? How to utilize available funds better?
- Medical Products: Eg How to overcome (or cope with) issues related to the availability of essential psychotropics?
- Evidence and information: Eg What lessons can be learned from efforts to monitor routine delivery of mental health care in PHC?

Theme 2: Role of NGOs, including family & user organizations, CBOs and INGOs

- What will be the contribution of NGOs in implementing mhGAP?
- What are the comparative advantages of NGOs as partners in scaling up?
- Are there any limits to the roles of NGOs?
- With respect to mhGAP, how can WHO be a better partner to NGOs and how can NGOs be a better partner to WHO and MoH?
### Theme 3: Resource mobilization

- What are the key lessons learned in recent years?
- What are feasible ways to increase government budgets?
- What are feasible ways to increase international donor budgets?
- Are we using effective and consistent messages?
- How can the above be applied to mhGAP?

### The Way forward

- Translation of the Guide in official WHO languages- WHO
- Translation of the Guide in other languages- MoH, partners
- Adaptation of the Guide in countries. WHO, MoH, partners
- Communication- mhGAP newsletter, website content
- Review of fresh evidence leading to revisions- WHO
- Developing training and other resource materials- WHO, MoH, partners
- Running pilot projects (training, supervision, support)- WHO, MoH, partners (including user groups)
- Evaluation- WHO, WHO CCs
- Research- WHO, Academic Institutions
- Generating finances- All

### What do we need from you?

- Ideas- now
- Your experience of continuing work in countries
- Advocacy efforts
- Specific suggestions for collaboration- 6 weeks
- Working together
- Participate in mhGAP Forum next year