

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

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mhGAP-IG 2.0 » Preface

Mental, neurological and substance use (MNS) disorders are highly prevalent, accounting for a large burden of disease and disability globally. There remains a wide gap between available health systems capacity and resources, what is urgently needed, and what is available to reduce the burden. Nearly 1 in 10 people have a mental health disorder, but only 1% of the global health workforce provides mental health care. MNS disorders interfere, in substantial ways, with the ability of children to learn and the ability of adults to function in families, at work, and in society at large.

Recognizing the imperative to provide services for people with MNS disorders and their carers, and to bridge the gap between available resources and the large need for these services, the WHO Department of Mental Health and Substance Abuse launched the Mental Health Gap Action Programme (mhGAP) in 2008. The key objectives of mhGAP are to reinforce the commitment of governments, international organizations and other stakeholders to increase the allocation of financial and human resources for care of MNS disorders and to achieve much higher coverage with key interventions in low- and middle-income countries. Through these objectives, mhGAP provides evidence-based guidance and tools to advance toward achieving the targets of the Comprehensive Mental Health Action Plan 2013-2020.

In 2010, the mhGAP Intervention Guide (mhGAP-IG) for MNS disorders for non-specialized health settings was developed to assist in implementation of mhGAP. A simple technical tool based on the mhGAP guidelines, mhGAP-IG presents integrated management of priority MNS conditions using protocols for clinical decision-making. There is a widely shared but false notion that all mental health interventions are complex and can only be delivered by highly specialized staff. Research in recent years has demonstrated the feasibility of delivery of pharmacological and psychosocial

interventions in non-specialized health-care settings. Since its release in 2010, mhGAP-IG has been widely used by a range of stakeholders including ministries of health, academic institutions, NGOs and other philanthropic foundations and researchers to scale-up mental health services. mhGAP-IG Version 1.0 is being used in more than 90 countries in all WHO regions and mhGAP materials were translated into more than 20 languages, including the six UN official languages.

Five years after the initial launch of the guide, updates to the mhGAP guidelines based on emerging literature was performed and revised mhGAP guidelines were published in 2015. We are now pleased to present mhGAP-IG Version 2.0 which not only reflects these updates but also extensive feedback from the field to enhance the guide in its clarity and usability.

It is our hope that this guide will continue to be a key technical tool to deliver care for people with MNS disorders around the world and lead us closer to achieving the goal of Universal Health Coverage.

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