WHO mhGAP Guideline Update

Update of the Mental Health Gap Action Programme (mhGAP) Guideline for Mental, Neurological and Substance use Disorders

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Table of contents

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Executive summary

Background and objectives

Mental, neurological, and substance use (MNS) disorders are prevalent in all regions of the world and are major contributors to morbidity and premature mortality. In 2008, the World Health Organization (WHO) developed the Mental Health Gap Action Programme (mhGAP), to facilitate scaling up of care for MNS disorders. A key part of mhGAP is the evidence-based guideline, published in 2010 and available through the mhGAP Evidence Resource Centre (http://www.who.int/mental_health/mhgap/evidence/en/). The objectives of the guideline are:

- To provide up-to-date WHO guidance to facilitate delivery of interventions by non-specialist health care providers in low- and middle-income countries (LAMICs);
- To assist with the scale up of care for MNS disorders identified as conditions of high priority in LAMICs, specifically: depression, psychosis (including schizophrenia and bipolar disorders), epilepsy, child mental disorders, dementia, alcohol use disorders, drug use disorders and self-harm/suicide;
- To provide up-to-date WHO guidance that will facilitate the implementation of the WHO *Comprehensive Mental Health Action Plan 2013-2020* by health care planners and programme managers in LAMICs.

As evidence-based guidelines are designed to reflect current research, regular update is of paramount relevance.[1] Out-of-date recommendations could be one determinant of inadequate patient care: therefore, conducting regular evaluations and performing updates when appropriate should ensure the validity of recommendations. More than four years have passed since the mhGAP recommendations have been issued. Since then, regular monitoring of the background evidence has been performed by the WHO Collaborating Centre assisting with the mhGAP guideline process in order to highlight areas where update is appropriate. Furthermore, feedback from technical experts and health care providers has been collected, together with feedback from several implementation activities. All of these activities prompted WHO to consider that, in order to maintain the validity of the mhGAP guideline, an update is warranted.

Target audience

The primary audience for the mhGAP guideline are non-specialized health-care providers working at first- and second-level health-care facilities. These include physicians who are not mental health specialists, family physicians, nurses and clinical officers or other cadres of health workers. The secondary audience includes health care managers including national, regional and district level programme managers responsible for primary or non-mental health secondary health care services and specialists (in mental health, neurology and substance use) involved in training of trainers and supervision.

Guideline update methodology

The Guideline Development Group (GDG) members, the technical experts (to assist with evidence review and synthesis), and the peer reviewers were selected from an international panel of experts with

[1] Lyratzopoulos G, Barnes S, Stegenga H, Peden S, Campbell B., International Journal of Technology Assessment in Health Care. 2012;28(1): 29–35. doi: 10.1017/S0266462311000675.

multidisciplinary expertise. The evidence review and synthesis process as well as the recommendations were developed in accordance with the procedures outlined in the WHO Handbook for Guideline Development.

Methods for evidence synthesis

The key questions from the current mhGAP guideline were reviewed and areas where update was appropriate were identified based on the feedback from implementation activities, health care providers and regular monitoring of evidence. New key questions were identified based on the feedback received from users of the mhGAP guideline in the countries. There were 29 key questions used to update the guideline. These were formulated using the PICO framework (Population, Intervention, Comparator, Outcome). The review and synthesis of evidence was carried out through systematic searches. For each of the key questions included in the update process, an evidence profile was constructed using WHO guideline development procedures. Evidence profiles summarise the evidence retrieved, provide the assessment of the quality of evidence wherever possible using Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology, and present discussion of values, preferences, benefits, harms and feasibility.

Translating evidence into recommendations

Within the evidence profile, the section entitled “evidence to recommendations” presents a synopsis of the evidence (benefits and harms of the intervention) and the quality of evidence according to the GRADE approach, and it discusses values and preferences and the feasibility of the intervention under consideration. Based on the evaluation of the above criteria, the GDG proposed the strength of each recommendation as either strong or conditional.

A “strong” recommendation suggests that the GDG agreed that the quality of the evidence combined with certainty about the values and preferences and the feasibility of the recommendation meant it should be followed in all or almost all circumstances. A “conditional” recommendation suggests less certainty about the quality of evidence and variation values and preferences and feasibility, leading to circumstances in which the recommendation may not apply.

Summary of recommendations

The following table summarizes the recommendations for the mhGAP Guideline Update 2015. They should be read together with their corresponding remarks reported later in this document. Definition and description of interventions, together with the evidence retrieved and analysis of values and preferences and feasibility issues leading to these recommendations can be found in individual evidence profiles.

mhGAP	Recommendation