

# mhGAP Intervention Guide

for mental, neurological and substance use disorders  
in non-specialized health settings



**World Health  
Organization**

Mental Health Gap Action Programme

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Version 1.0



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*Health systems around the world face enormous challenges in delivering care and protecting the human rights of people with mental, neurological and substance use disorders. The resources available are insufficient, inequitably distributed and inefficiently used. As a result, a large majority of people with these disorders receive no care at all.*

In 2008, WHO launched the Mental Health Gap Action Programme (mhGAP) to address the lack of care, especially in low- and middle-income countries, for people suffering from mental, neurological, and substance use disorders. Fourteen per cent of the global burden of disease is attributable to these disorders and almost three quarters of this burden occurs in low- and middle-income countries. The resources available in countries are insufficient – the vast majority of countries allocate less than 2% of their health budgets to mental health leading to a treatment gap of more than 75% in many low- and middle-income countries.

Taking action makes good economic sense. Mental, neurological and substance use 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. Taking action is also a pro-poor strategy. These disorders are risk factors for, or consequences of, many other health problems, and are too often associated with poverty, marginalization and social disadvantage.

There is a widely shared but mistaken idea that improvements in mental health require sophisticated and expensive technologies and highly specialized staff. The reality is that most of the mental, neurological and substance use conditions that result in high morbidity and mortality can be managed by non-specialist health-care providers. What is required is increasing the capacity of the primary health care system for delivery of an integrated package of care by training, support and supervision.

It is against this background that I am pleased to present “mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings” as a technical tool for implementation of the mhGAP Programme. The Intervention Guide has been developed through a systematic review of evidence, followed by an international consultative and participatory process. It provides the full range of recommendations to facilitate high quality care at first- and second-level facilities by the non-specialist health-care providers in resource-poor settings. It presents integrated management of priority conditions using protocols for clinical decision-making.

I hope that the guide will be helpful for health-care providers, decision-makers, and programme managers in meeting the needs of people with mental, neurological and substance use disorders.

We have the knowledge. Our major challenge now is to translate this into action and to reach those people who are most in need.

A handwritten signature in blue ink, reading 'M. Chan', with a small dot below the 'n'.

Dr Margaret Chan

Director-General  
World Health Organization

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