

# 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

## **WHO Library Cataloguing-in-Publication Data**

mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: mental health Gap Action Programme (mhGAP) – version 2.0.

1.Mental Disorders - prevention and control. 2.Nervous System Diseases. 3.Psychotic Disorders. 4.Substance-Related Disorders. 5.Guideline. I.World Health Organization.

ISBN 978 92 4 154979 0 (NLM classification: WM 140)

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Printed in Italy

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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.*

**Shekhar Saxena**

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Valuable material, help and advice was received from technical staff at WHO headquarters, staff from WHO regional and country offices and many international experts. These contributions have been vital to the update of mhGAP Guidelines and/or development of the mhGAP-IG Version 2.0.

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Jordan; Raul Ayala, Mexico; Namsenmoh Aymar, Central African Republic; Madhur Basnet, Nepal; Gertrude Bayona, Uganda; Rose Beaugrand, Sierra Leone; Tadu Bezu, Ethiopia; Gaurav Bhattarai, Nepal; Jihane Bou Sleiman, Lebanon; Brian Byekwaso, Uganda; Jules Claude Casumba, South Sudan; Alice Clement, Nigeria; Gretel Acevedo de Pinzon, Panama; Barkon Dwah, Liberia; Mufumba Emmanuel, Uganda; Olivia Gabula, Uganda; Kamal Gautam, Nepal; Renee Gerritzen, Nepal; Shree Ram Ghimire, Nepal; Sudip Ghimre, Nepal; Ijeh Ter Godwin, Nigeria; Kebeh Selma Gorpudolo, Liberia; Teen K. Grace, Nigeria; Georgina Grundy-Campbell, UK and Turkey; Esubalew Haile, South Sudan; Tayseer Hassoon, Syria; Mahmoud Hegazy, Turkey; Zeinab Hijazi, Lebanon; Fred Kangawo, Uganda; Sylvester Katontoka, Zambia; Fred Kiyuba, Uganda; Humphrey Kofie, Ghana; Moussa Kolie, Guinea; Samer Laila, Turkey; Richard Luvaluka, Uganda; Paul Lwevola, Uganda; Scovia Makoma, Uganda; João Marçal-Grilo, UK; Soo Cecilia Mbaidoo, Nigeria; Colette McInerney, Laos; Saeed Nadia, UK; Ruth Nakachwa, Uganda; Juliet Namuganza, Uganda; Emily Namulondo, Uganda; Margaret Namusoby, Uganda; Amada N. Ndorbor, Liberia; Sheila Ndyababangi, Uganda; Joel Ngbede, Nigeria; Fred Nkotami, Uganda; Zacharia Nongo, Nigeria; Emeka Nwefoh, Nigeria; Philip Ode, Nigeria; Mary Ogezi, Nigeria; Martha Okpoto, Nigeria; Sagun Ballav Pant, Nepal; Monica Peverga, Nigeria; Mapa H Puloka, Kingdom of Tonga; Muhannad Ramadan, Jordan; Nick Rose, UK; Brigid Ryan, Australia; Joseph s. Quoi, Liberia; Nidhal Saadoon, Turkey; Latifa Saleh, Kingdom of Saudi Arabia; Dawda Samba, Gambia; Nseizere Mitala Shem, Uganda; Michel Soufia, Lebanon; Shadrach J. Suborzu II, Liberia; Wafika Tafran, Syria; Angie Tarr Nyankoon, Liberia; Lilas Taqi, Turkey; Yanibo Terhemmen C., Nigeria; Nongo Terseer, Nigeria; Samnieng Thammavong, Laos; Manivone Thikeyo, Laos; Joshua Tusaba, Uganda; Chanthala Vinthasai, Laos; Anna Walder, Sierra Leone; Abdulwas Yusufi, Ethiopia.

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## Financial support

*The following organizations contributed financially to the development and production of the Intervention Guide:*

Autism Speaks, USA; CBM; Fountain House Inc.; Government of Japan; Government of the Republic of Korea; Government of Switzerland; National Institute of Mental Health, USA; Syngenta.

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