

Clinical Management
of Mental, Neurological and Substance Use Conditions
in Humanitarian Emergencies

mhGAP Humanitarian Intervention Guide (mhGAP-HIG)



mental health Gap Action Programme



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Organization



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Foreword

Today, the world is facing an unprecedented number of humanitarian emergencies arising from armed conflicts and natural disasters. The number of refugees and internally displaced persons has not been so high since the end of World War II. Tens of millions of people – especially in the Middle East, Africa and Asia – are in urgent need of assistance. This includes services that are capable of addressing the population's heightened mental health needs.

Adults and children affected by emergencies experience a substantial and diverse range of mental, substance use, and neurological problems. Grief and acute distress affect most people, and are considered to be natural, transient psychological responses to extreme adversity. However, for a minority of the population, extreme adversity triggers mental health problems such as depressive disorder, post-traumatic stress disorder, or prolonged grief disorder – all of which can severely undermine daily functioning. In addition, people with severe pre-existing conditions such as psychosis, intellectual disability, and epilepsy become even more vulnerable. This can be due to displacement, abandonment, and lack of access to health services. Finally, alcohol and drug use pose serious risks for health problems and gender-based violence. At the same time that the population's mental health needs are significantly increased, local mental health-care resources are often lacking. Within such contexts, practical and easy-to-use tools are needed more than ever.

This guide was developed with these challenges in mind. The *mhGAP Humanitarian Intervention Guide* is a simple, practical tool that aims to support general health facilities in areas affected by humanitarian emergencies in assessing and managing mental, neurological and substance use conditions. It is adapted from WHO's *mhGAP Intervention Guide (2010)*, a widely-used evidence-based manual for the management of these conditions in non-specialized health settings, and tailored for use in humanitarian emergencies.

This guide is fully consistent with the *Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings* and the *UNHCR Operational Guidance for Mental Health and Psychosocial Support in Refugee Operations*, which call for a multisectoral response to address the mental health and social consequences of humanitarian emergencies and displacement. It also helps realize a primary objective of the *WHO Comprehensive Mental Health Action Plan 2013-2020*, namely to provide comprehensive, integrated and responsive mental health and social care services in community-based settings.

We call upon all humanitarian partners in the health sector to adopt and disseminate this important guide, to help reduce suffering and increase the ability of adults and children with mental health needs to cope in humanitarian emergency settings.



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Introduction

This guide is an adaptation of the *WHO mhGAP Intervention Guide (mhGAP-IG) for Mental, Neurological and Substance Use Disorders in Non-specialized Health Settings* for use in humanitarian emergencies. Accordingly, it is called the *mhGAP Humanitarian Intervention Guide (mhGAP-HIG)*.

What is mhGAP?

The *mental health Gap Action Programme (mhGAP)* is a WHO programme that seeks to address the **lack of care** for people suffering from mental, neurological and substance use (MNS) conditions. As part of this programme, the *mhGAP Intervention Guide (mhGAP-IG)* was issued in 2010. *mhGAP-IG* is a clinical guide on mental, neurological and substance use disorders for **general health-care providers** who work in **non-specialized health-care settings**, particularly in low- and middle-income countries.

These include general physicians, nurses, midwives and clinical officers, as well as physicians specialized in areas other than psychiatry or neurology.

In addition to clinical guidance, the *mhGAP* programme provides a range of tools to support programme implementation useful for situational analysis, adaptations of clinical protocols to local contexts, programme planning, training, supervision and monitoring.¹

Why is there a need for adaptation to humanitarian emergency contexts?

Humanitarian emergencies include a **broad range of acute and chronic emergency settings** arising from armed conflicts and both natural and industrial disasters. Humanitarian emergencies often involve mass displacement of people. In these settings, the population's need for basic services overwhelms local capacity, as the local system may have been damaged by the emergency. Resources vary depending on the extent and availability of local, national and international humanitarian assistance.

Humanitarian crises pose a set of challenges as well as unique opportunities for providers of health services. Opportunities include increased political will and resources to address and improve mental health services.²

Challenges include:

- » Heightened urgency to prioritize and allocate scarce resources
- » Limited time to train health-care providers
- » Limited access to specialists (for training, supervision, mentoring, referrals or consultations)
- » Limited access to medications due to disruption of usual supply chain.

The *mhGAP Humanitarian Intervention Guide* was developed in order to address these specific challenges of humanitarian emergency settings.

Contents of this guide

The *mhGAP Humanitarian Intervention Guide* contains **first-line management recommendations** for MNS conditions for non-specialist health-care providers in humanitarian emergencies where **access to specialists and treatment options is limited**.

This guide extracts essential information from the full *mhGAP-IG* and includes additional elements specific to humanitarian emergency contexts.

This guide covers:

- » Advice for clinic managers;
- » General principles of care applicable to humanitarian emergency settings, including:
 - ♦ Provision of multi-sectoral support in accordance with the *IASC Guidelines for Mental Health and Psychosocial Support in Emergency Settings* (IASC, 2007), *Operational Guidance for Mental Health and Psychosocial Support Programming in Refugee Operations* (UNHCR, 2013) and other emergency-related tools;
 - ♦ Instructions on stress reduction;
- » Brief modules on the assessment and management of:
 - ♦ Acute stress (ACU)
 - ♦ Grief (GRI)
 - ♦ Moderate-severe depressive disorder (DEP)
 - ♦ Post-traumatic stress disorder (PTSD)
 - ♦ Psychosis (PSY)
 - ♦ Epilepsy/seizures (EPI)
 - ♦ Intellectual disability (ID)
 - ♦ Harmful use of alcohol and drugs (SUB)
 - ♦ Suicide (SUI)
 - ♦ Other significant mental health complaints (OTH).

Other changes include the following:

- » Guidance on conduct disorder was rewritten as guidance on behavioural problems in adolescents, found in the module on other significant mental health complaints (OTH).
- » The module *Assessment and Management of Conditions Specifically Related to Stress: mhGAP Intervention Guide Module* (WHO, 2013) was separated into 3 modules: acute stress (ACU), grief (GRI) and post-traumatic stress disorder (PTSD).
- » A glossary has been added. Terms marked with the asterisk symbol * are defined in Annex 2.

This guide is considerably shorter in length compared with the *mhGAP-IG*. It does not contain guidance on:

- » Alcohol and drug intoxication and dependence* (however, alcohol withdrawal and harmful alcohol and drug use are covered in this guide);
- » Attention deficit hyperactivity disorder (however, adolescent behavioural problems are covered in this guide's module on other significant mental health complaints);
- » Autism-spectrum disorders;
- » Dementia (however, support for carers of people with any MNS condition is covered in this guide's *General Principles of Care*);
- » Non-imminent risk of self-harm;
- » Second-line treatments for most MNS conditions.

Guidance on these latter topics continues to be available in the full *mhGAP-IG*.

¹ Email mhgap-info@who.int to obtain a copy of these tools.

² See World Health Organization (WHO). *Building back better: sustainable mental health care after emergencies*. WHO: Geneva, 2013.

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