Introduction

mhGAP training of health-care providers
Training manual

World Health Organization

Module: Introduction to mhGAP

Overview

Learning objectives

- Understand the mental health treatment gap in low-, middle- and high-income countries.
- Understand the principles and aims of the Mental Health Gap Action Programme.
- Acquire an introduction to mhGAP Intervention Guide (mhGAP-IG).
- Learn about mhGAP ToHP training methodology and what to expect from mhGAP ToHP training.
- Prepare group training ground rules.
- Know the common presentations of mental, neurological and substance abuse (MNS) conditions.

Key messages

- The burden of mental, neurological and substance abuse (MNS) disorders is large with a wide treatment gap.
- Between 75–90% of people with MNS conditions do not get the treatment they require.
- The aim of the mhGAP is to enhance access to non-specialized treatment for people with MNS conditions.
- mhGAP Intervention Guide is an evidence-based technical tool aimed at supporting non-specialized health-care providers to redistribute clinical tasks previously reserved for mental health specialists.
- mhGAP ToHP training is an interactive training designed to build clinical skills and introduce participants to ways to assess, manage and follow-up people with MNS conditions.
- mhGAP ToHP training does not end in the training room but skills building will continue through ongoing supervision.

Session	Learning objectives	⊕ Duration	Training activities
1. Welcome	Welcome participants Administer mhGAP ToHP pre-test	10 minutes 15 minutes	**Activity 1: Icebreaker** Run an icebreaker to welcome participants to the training and introduce participants to one another **Activity 2: ToHP pre-test** Administer mhGAP ToHP MCQ pre-test
2. Introduction to mhGAP Action Programme and training	Understand the mental health treatment gap in low-, middle- and high-income countries Introduction to mhGAP Intervention Guide (mhGAP-IG) Introduction to mhGAP ToHP training methodology and what to expect from mhGAP ToHP training Collectively agree on the group training ground rules	30 minutes 15 minutes	Presentation on mhGAP Introduction to structure of mhGAP ToHP training **Activity 3: mhGAP ToHP training ground rules** Set ground rules for the mhGAP ToHP training
3. Introduction to common MNS conditions	Introduction to common MNS presentations	30 minutes	**Activity 4: Using the mhGAP-IG master chart** Familiarize participants with the common MNS presentations described in the mhGAP-IG master chart
4. Review	Give participants a chance to ask questions and answer any concerns	5 minutes	**Brief discussion**
Total duration (without breaks) = 1 hours 45 minutes			

Step-by-step facilitator's guide

Session 1.
Welcome

🕐 25 minutes

Activity 1: Icebreaker

Choose whatever icebreaker you like, but make it interactive. Here are two examples you can use.

Icebreaker option 1
Duration: Five minutes for partner discussion. Depending on group size, 7–10 minutes for group introductions.
Purpose: To begin the process of becoming familiar with other individuals completing this training course.

Instructions:
• Provide each participant with a name tag.
• Have each person introduce themselves to the person seated next to them with the four pieces of information in the slide. Each person should then introduce their partner to the group.

Icebreaker option 2
Duration: Five minutes to discuss with groups, approximately two minutes per presentation for each group.
Purpose: Helps team members develop an understanding of shared objectives and understand, in a non-confrontational way, how their views differ from others in the group.

Instructions:
• Divide the group into teams of three or four and give them a large sheet of paper.
• Give each person a different coloured marker.
• Have each person draw a large oval such that each oval overlaps with the other ovals in the centre of the paper.
• Give the group(s) a question that pertains to the meeting objectives (e.g. what do you hope to learn over the course of this training? What do you think may be taught during this course?).
• Instruct people that they are to write down at least five answers to the question in the overlapping and non-overlapping areas of their ovals.
• Give them five minutes to talk about the similarities and differences and write them in their ovals.
• Compare results between groups and identify common themes in both parts of the diagram (e.g. what do these similarities and differences mean for the group when considering the purpose of the meeting?).

Session outline
In this session we will discuss:
• pre-test
• introduction to the Mental Health Gap Action programme (mhGAP)
• Ground rules
• introduction to MNS conditions
• review
3

Briefly describe the topics that will be discussed during this introduction module.

Activity 2: Pre-test

Activity 2: Pre-test
Take five minutes to complete the pre-test multiple choice questions.
4

Give the participants the pre- and post-test MCQs (see the ToHP training forms).

This test is designed to establish participants' baseline knowledge and understanding of mhGAP-IG general principles and MNS conditions.

Give participants at least five minutes to complete the test.

Participants will be asked to repeat this test on the last day of the mhGAP ToHP training in order to measure knowledge gain.

Session 2.

Introduction to Mental Health Gap Action Programme (mhGAP) and training

🕐 45 minutes

What is mental health gap?

- Mental, neurological and substance use (MNS) conditions account for 13% of the global burden of disease.
- Yet between 75–90% of individuals with MNS conditions do not receive the treatment they require although effective treatment exists.
- This represents the **mental health treatment gap.**

5

Explain that worldwide, MNS conditions are major contributors to the global burden of disease accounting for 13% disability adjusted life years and rising, especially in low- and middle-income countries (LMIC).

MNS conditions commonly co-occur with other chronic health conditions (e.g. HIV/ AIDS, diabetes, cardiovascular disease), and, if untreated, worsen the outcome of these conditions. People with MNS conditions and their families are also challenged by stigma that further worsens their quality of life, affects social inclusion, employability and interferes with help-seeking.

This public health concern is compounded by the fact that many individuals with MNS conditions remain untreated although effective treatment exists. This is called a treatment gap.

Currently between 75–90% of people with MNS conditions do not receive treatment. This represents the **mental health treatment gap**.

Why is there a mental health gap?

HUMAN RESOURCES
Only 1% of the global health workforce works in mental health

1%
of those 1%:
43% NURSES
6% PSYCHIATRISTS
7% PSYCHOLOGISTS
33% OTHER

100 000 PEOPLE

45%
45% of the world's population live in a country with less than one psychiatrist for 100 000 people

6

Explain that one reason for a large treatment gap is a lack of investment in human resources for mental health care.

Explain the statistics in the infographic.

Why is thre a mental health gap?

FINANCIAL RESOURCES
Median public expenditure on mental health per person

PROMOTION & PREVENTION
Global percentage of mental health prevention and promotion programme types

US$2   US$ 50

55%   2%   11%   4%   5%   9%   8%

0
1/3

7

Explain that another reason for such a significant treatment gap is that financial resources for developing and maintaining MNS services in LMIC are extremely low.

The level of public expenditure on mental health is less than US$ 2 per capita in LMIC compared with US$ 50 per person in high-income countries (HIC).

Explain that globally there is very little financial investment in mental health promotion and prevention programmes.

Talk through the statistics on the slide. Emphasize that globally approximately 800 000 people a year die from suicide yet no LMIC countries have a national suicide prevention strategy.

Source: WHO, 2015.

Mental Health Gap (mhGAP) Action Programme

mhGAP is a WHO programme, launched in 2008, to scale up care for MNS disorders.

The programme asserts that, with proper care, psychosocial assistance and medication, tens of millions of people could be treated for depression, psychoses and epilepsy, prevented from suicide and begin to lead normal lives – even where resources are scarce.

Its focus is to increase non-specialist care, including non-specialized health care, to address the unmet needs of people with priority MNS conditions.

Play the video.

8

Preparation note:
In case there is no high-speed internet connection in the workshop room, the video needs to be downloaded before the training. https://www.youtube.com/watch?v=TqlafjsOaoM&feature=youtu.be%29

Explain that to close the mental health treatment gap, WHO launched the Mental Health Gap Action Programme (mhGAP) for LMIC in 2008. The aim of mhGAP is to enhance access to non-specialized care for people with MNS conditions by training health-care providers in how to assess, manage and follow-up individuals with MNS conditions.

Increasing the number of health-care providers who can assess, manage and follow-up people with MNS conditions will reduce the mental health treatment gap.

mhGAP uses an evidence-based technical tool called the mhGAP Intervention Guide (mhGAP-IG).

It has been developed to facilitate the delivery of interventions in non-specialized health-care settings by health-care providers such as yourselves.

Play the following seven-minute video:
- **Overview of the video:** In LMIC, 75% of people do not get the mental health services they need. With costs as low as US$ 2 per person per year, and with proper care, assistance and medication, millions can be treated.
- A person with epilepsy reflects on changes brought about by an epilepsy treatment programme in China: "When I first got the illness, everyone thought I was a wicked person or possessed by evil spirits. I could not get work because people didn't know what to do if I had a seizure. In 2001 I started to take this medicine and started feeling better. I started my own business and now sell these woollen carpets. Life is now good."
- As well as the epilepsy programme in China, the video features a project for children with intellectual disabilities in South Africa; a project on services for persons with psychoses; and a suicide prevention project in India.

Who is the target audience of mhGAP-IG?

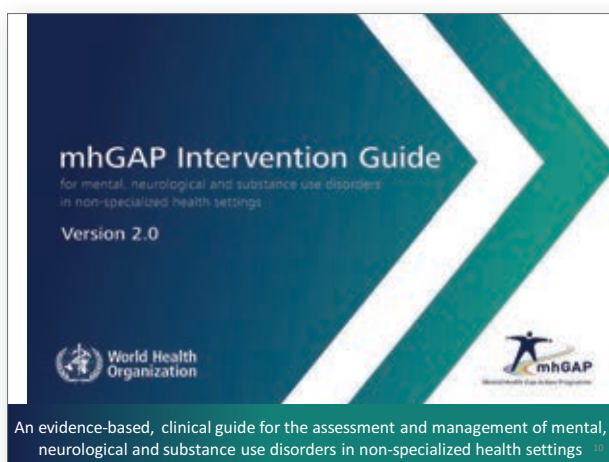Staff not specialized in mental health or neurology:

- General physicians, family physicians, nurses.
- First points of contact and outpatient care.
- First level referral centres.
- Community health workers.

9

Explain that this guide and training is aimed at non-specialized health-care providers.

The emphasis of the mhGAP-IG is to redistribute clinical tasks previously reserved for mental health specialists (psychiatrists, psychologists and psychiatric nurses) to non- specialized health-care providers. This is usually referred to as task-shifting or task-sharing.

Non-specialized health-care providers (people such as yourself) will be trained in basic mental health competencies to identify and assess MNS conditions, provide basic care and refer complex cases to specialist services. Mental health specialists will be equipped to work collaboratively with non-specialist health-care providers, and offer supervision and support.

An evidence-based, clinical guide for the assessment and management of mental, neurological and substance use disorders in non-specialized health settings

Introduce participants to Version 2.0 of the mhGAP-IG

This is the second version (2016) of the mhGAP Intervention Guide (mhGAP-IG) for mental, neurological and substance use (MNS) disorders in non-specialist health settings. It is for use by doctors, nurses, other health workers, as well as health planners and managers.

It presents the integrated management of priority MNS conditions using algorithms for clinical decision-making that are aimed to aid health-care providers to assess, manage and follow-up individuals with priority MNS conditions.

Explain mhGAP-IG
• Is a technical tool.
• Contains assessment and management clinical decision-making algorithms for eight priority conditions.
• Is a model guide developed for use by non-specialist health-care providers.
• Can be used **after adaptation** for national and local needs.
• The 2016 update is based on new evidence as well as extensive feedback and recommendations from experts in all WHO regions who have used mhGAP-IG Version 1.0. The key updates include: content updates in various sections based on new evidence; design changes for enhanced usability; a streamlined and simplified clinical assessment that includes an algorithm for follow-up; inclusion of two new modules: Essential care and practice, that includes general guidelines; Implementation, to support the proposed interventions by necessary infrastructure and resources; and revised modules for Psychoses, Child and adolescent mental and behavioural disorders, and Disorders due to substance use.

mhGAP-IG Version 2.0 modules

1. Essential care and practice
2. Depression
3. Psychoses
4. Epilepsy
5. Child and adolescent mental and behavioural disorders
6. Dementia
7. Disorders due to substance use
8. Self-harm/suicide
9. Other significant mental health complaints

The priority conditions covered in mhGAP-IG were included because they represent:
• large burden
• high economic costs
• an association with human rights violations.

Mental health and non-specialized health care

- Five-minute group discussion.

- What is your current role and responsibility relating to the management of people with MNS disorders?

- What are the benefits of integrating MNS care into non-specialized health care?

12

Plenary discussion

Duration: 5 minutes.

Process:
Ask each participant about their current role and responsibility related to the management of people with MNS disorders.

Then ask the entire group the second question about the benefits of integrating MNS care into non-specialized health care.

Encourage discussion.

Seven good reasons for integrating mental health into non-specialized health care

1. The burden of mental disorders is great.
2. Mental and physical health problems are interwoven.
3. The treatment gap for mental disorders is enormous.
4. Enhance access to mental health care.
5. Promote respect of human rights.
6. It is affordable and cost-effective.
7. Generates good health outcomes.

13

To summarize, talk through the seven good reasons for integrating mental health into non-specialized health care.

1. The burden of mental disorders is great. Mental disorders are prevalent in all societies. They create a substantial personal burden for affected individuals and their families, and they produce significant economic and social hardships that affect society as a whole.

2. Mental and physical health problems are interwoven. Many people suffer from both physical and mental health problems. Integrated non-specialized health settings help ensure that people are treated in a holistic manner, meeting the mental health needs of people with physical disorders, as well as the physical health needs of people with mental disorders.

3. The treatment gap for mental disorders is enormous as we have already seen. In all countries, there is significant gap between the prevalence of mental disorders on one hand, and the number of people receiving treatment and care, on the other. Non-specialized health settings for mental health help close this gap.

4. Non-specialized health care for mental health enhances access. When mental health is integrated into non-specialized health settings people can access mental health services closer to their homes, thus keeping their families together and maintaining their daily activities. Non-specialized health care for mental health also facilitates community outreach and mental health promotion, as well as long-term monitoring and management of affected individuals.

5. Non-specialized health care for mental health promotes respect of human rights. Mental health services delivered in non-specialized health-care settings minimize stigma and discrimination. They also remove the risk of human rights violations that can occur in psychiatric hospitals.

6. Non-specialized health care for mental health is affordable and cost effective. Non-specialized health-care services for mental health are less expensive than psychiatric hospitals, for patients, communities and governments alike. In addition, patients and families avoid indirect costs associated with seeking specialist care in distant locations. Treatment of common mental disorders is cost-effective, and investments by governments can bring important benefits.
7. Non-specialized health care for mental health generates good health outcomes. The majority of people with mental disorders treated in non-specialized health care have good outcomes, particularly when linked to a network of services at secondary level and in the community.

Source: WHO & World Family Doctors: Caring for People (Wonca) (2008).

How we learn to use the mhGAP-IG

mhGAP-IG training of health-care provider (ToHP) (46 hours).
- ToHP teaches **12 core competencies** relevant to assessing, managing and following-up people with MNS conditions.
- Training is interactive and enables participants to practise using the mhGAP-IG in the safety of the training room through:
  - role plays
  - large/small group discussions
  - interactive activities
  - familiarization with the mhGAP-IG.

Supervision support starts after training and is ongoing.
- Supervisors will offer support and specialist consultations to all trainees as they use the mhGAP-IG in their non-specialized health setting.

14

Explain that the full mhGAP-IG ToHP course takes approximately 46 hours. Explain to participants the length of the training and what to expect.

The mhGAP-IG training teaches 12 core competencies needed to assess, manage and follow up people with MNS conditions.

Participants will be able to practise these competencies in the training room by doing role plays, having interactive discussions and activities.

The more the participants put into the activities and engage with them, the more they will gain from the training.

Reassure participants that everyone will be learning new skills during this training and there is no need to be embarrassed.
Support and help one another in order to build skills and become more comfortable with the mhGAP-IG.

The more time spent using it, the more comfortable participants will feel with it.

Encourage participants to ask any questions that they may have and share any concerns that they may have; by the end the participants should be motivated and ready to start using the mhGAP-IG in their clinical practice.

After the training
Supervision and support is key to integrating mhGAP-IG into clinical practice and after this training explain that participants will be offered ongoing supervision with experienced/specialist mental health practitioners.

Explain to the participants the model of supervision that will be used in their settings and how it will be implemented.

Activity 3: mhGAP ToHP training ground rules

Activity 3: mhGAP ToHP training ground rules

- How would you like to be treated during this training? And would they like to treat others?

- How would you like to work together as a group?

15

Duration: 15 minutes.

Purpose:
- As a group, to set the training ground rules for the following days of training.
- To set the ground rules, ask participants: How would they like to be treated during this training? And how would they like to treat others? How would they like to work together as a group?
- Make a list of their responses.
- Once the list has been made and agreed upon by all participants make sure that it is hung somewhere visible on the wall throughout the training so that people can see it and remember to abide by the training ground rules.

Session 3. Introduction to common MNS conditions

🕐 30 minutes

Activity 4: Using the mhGAP-IG master chart

Duration: 30 minutes.

Purpose:
To familiarize participants with the common MNS presentations described in the master chart.

Purpose:
• Before you introduce participants to the master chart, ask participants to write down a case scenario of a person they have seen in their clinic whom they suspect of having an MNS condition.
• Include in the case study a description of the person's symptoms.
• Ensure that the case studies are anonymous.
• The facilitator will then collect in the case studies.
• The facilitator will divide the group into small groups and give each group a selection of case studies.
• Ask the group to look at the master chart in the mhGAP-IG and decide if the case studies correspond to the presentations described there.
• After 20 minutes of discussion bring the group back together and ask the participants to briefly summarize their discussions including:
  – Which presentations were most common?

Direct participants to page 18 of the mhGAP-IG Version 2.0. Emergency Presentations of priority MNS conditions.

Explain that people with any MNS condition can present in a state of emergency at any time.

Have participants volunteer to read out loud the different emergency presentations.

Explain that as the participants progress through the training they will look at emergency presentations in more detail. However, for now it is worth reflecting on whether participants have cared for people with emergency MNS presentations in the past.

Facilitate a brief discussion.

Session 4. Review

🕑 5 minutes

Review

- The mhGAP-IG is a technical tool for non-specialized health-care providers to assess, manage and follow-up people with MNS conditions.
- mhGAP-IG training of non-specialized health-care providers aims to integrate mental health care into non-specialized health settings.
- This training will build the skills and confidence required to use the mhGAP-IG in clinical workplaces.

18

Reiterate that the mhGAP-IG is a technical tool for non-specialized health-care providers to use when they assess, manage and follow up people with MNS conditions.

By using the mhGAP-IG in their everyday clinical practice they will be offering much needed care to people whose needs, health and mental health usually go untreated.

Explain that during this training the participants will have an opportunity to practise using and developing the skills that they need to use the mhGAP-IG. They can use this opportunity to ask questions and answer any concerns they may have about any element of caring for people with MNS conditions.

They more they put into this training the more confidence they will have when they leave to start using the mhGAP-IG and making a difference to people's lives.

Answer any questions of concerns that the participants may have.