



mhGAP

Mental Health Gap Action Programme

Scaling up care for mental, neurological, and substance use disorders

What results are expected?

- A comprehensive and result-oriented programme for mental health implemented in targeted countries.
- Greater investment in care for mental, neurological, and substance use disorders.
- Increase in the proportion of expenditure on community-based services.
- Increase in the proportion of primary health facilities that have trained health professionals for diagnosis and treatment of mental, neurological, and substance use disorders.
- Enhanced implementation of human rights standards in care facilities for mental, neurological, and substance use disorders.
- Greater coverage with essential interventions for people with mental, neurological, and substance use disorders.

The way forward

The essence of mhGAP is to establish productive partnerships; to reinforce commitments with existing partners; and to attract and energize new partners. Successful scaling up not only calls for involvement of government ministries, health professionals, nongovernmental organizations and donors in the international community but also civil society, communities, and families.

The goal of WHO is to ensure that mental health is integrated into health care systems across the globe. An urgent commitment is needed from all partners and the time to act is now!

For further information on the mhGAP initiative, please contact:

Department of Mental Health and Substance Abuse
World Health Organization
CH-1211 Geneva 27, Switzerland
Email: mnh@who.int

Vision

Effective and humane care for all with mental, neurological, and substance use disorders

Goal

Closing the *GAP* between what is urgently needed and what is currently available to reduce the burden of mental, neurological, and substance use disorders worldwide by:

- Reinforcing the commitment of stakeholders to increase the allocation of financial and human resources; and
- Achieving higher coverage of key interventions especially in countries with low and lower middle incomes.

The Programme

- *Tackle priority conditions:* depression, schizophrenia and other psychotic disorders, suicide, epilepsy, dementia, disorders due to use of alcohol and illicit drugs and mental disorders in children.
- Develop and implement an *essential mental health package* to improve service delivery and reduce inequity.
- *Target countries for intensified support* i.e. low- and lower middle-income countries with the maximum burden and a large resource gap.
- Identify and roll out a strategy to scale up care.

Facts

- Mental, neurological, and substance use disorders are common in all regions of the world, affecting every community and age group across all income categories.
- 14% of the global burden of disease is attributable to mental, neurological, and substance use disorders.
- Depression is the fourth leading cause of disease burden globally and is projected to be the second leading cause in 2030.
- Epilepsy affects about 50 million people worldwide – 80% of whom live in low-income countries.
- Worldwide, suicide is the third leading cause of death in young people.
- Harmful use of alcohol is the fifth leading risk factor for premature death and disability in the world.
- More than 75% of patients with mental, neurological, and substance use disorders in many low-income countries do not have access to treatment.
- The associated stigma and violations of human rights hasten the decline into poverty and hinder care and rehabilitation.
- Economic costs as well as non-economic criteria, such as equitable access to health care, human rights protection, and poverty reduction need to guide the process of setting priorities in mental health.
- Most countries allocate a small fraction of the resources that are needed to be able to adequately respond to mental, neurological, and substance use disorders. One in three countries does not have a specific budget for mental health.

Treatment is feasible

- Non-specialist health providers and low-cost technologies and strategies can deliver mental health interventions.
- In low-income countries, scaling up a package of essential interventions for three mental disorders – schizophrenia, bipolar disorder and depression – and for one risk factor – hazardous alcohol use – requires an additional investment as low as \$0.20 per person per year.

Providing effective and affordable treatments through primary care

- Depression can be treated effectively in all countries with low-cost antidepressants and psychological interventions.
- It is effective and feasible to treat people with epilepsy using inexpensive antiepileptic medicines at primary care level.
- Community-based models of care together with first-generation antipsychotic drugs for schizophrenia are effective, locally feasible, and affordable.
- Brief interventions delivered by primary care professionals are effective in reducing hazardous alcohol use.
- Community-based rehabilitation provides low-cost, integrative care of children and adults with chronic mental disabilities.
- Mental health interventions and psychosocial support need to be available during and after emergencies.

Scaling up strategy for country action

