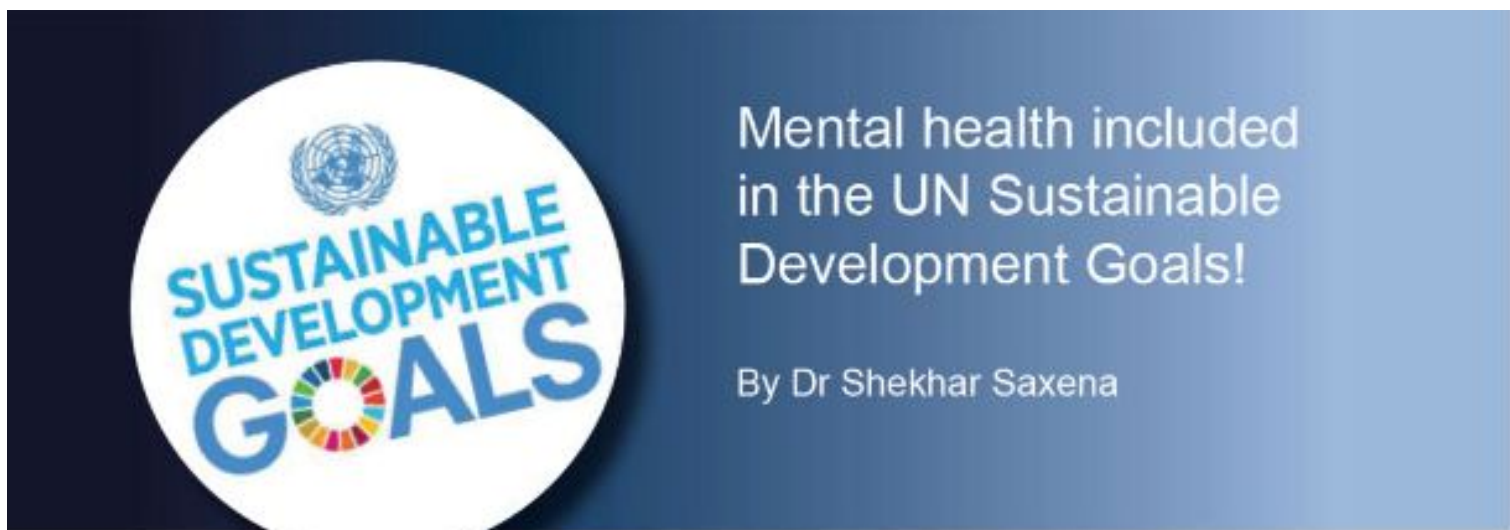


# mhGAP Newsletter

Mental Health Gap Action Programme



JANUARY 2016



Promoting mental health and well-being, and the prevention and treatment of substance abuse, are integral parts of the Sustainable Development Agenda to transform our world by 2030 adopted by the United Nations General Assembly on 25 September 2015. This is a belated but fitting recognition of the importance of these areas of health within global development and health priorities, as well as a significant departure from the Millennium Development Goals established in 2000. [Read more](#)

---

## mhGAP: supporting Ebola survivors in Guinea

Ebola virus disease can have a long lasting psychosocial impact on survivors and other members of the communities in which they live. The 2014–2015 epidemic amplified the level of general psychosocial vulnerability in Ebola-affected communities and the increased need for psychological support. Through its mhGAP programme, WHO trained over 300 health professionals in Guinea’s most affected areas, helping people like Mamadou deal with the death of his wife and the stigma of being an Ebola survivor. [Read more](#)



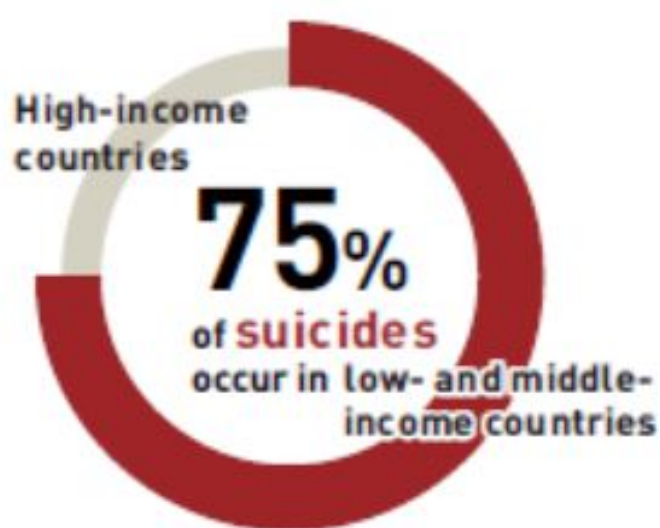
## WHO updates its guidelines on mental, neurological and substance use disorders

---

In 2015 WHO updated the mhGAP guidelines, first issued in 2009, for the management of mental, neurological and substance use (MNS) disorders. After regular monitoring of background evidence and feedback from technical experts and health-care providers, 23 recommendations were introduced or updated. Updating WHO guidelines is of paramount importance to ensure the validity of recommendations for adequate patient care. The mhGAP guidelines are the backbone of the mhGAP programme, which supports the integration of services on MNS disorders in the primary care settings of low- and middle-income countries. [Read more](#)

[mhGAP Evidence Resource centre](#)

---



### Addressing substance use and suicidal behaviours

Suicide is an important cause of death and disability worldwide. In 2012, substance use was estimated to be the cause of at least 175 000 out of the 800 000 suicides worldwide – at least one in five. While alcohol and drug use are modifiable risk factors for suicide, professionals who treat people with suicidal behaviours do not always consider substance use in their treatment plans. To find out more about the link between substance use and suicide. [Read more](#)

---

### WHO QualityRights Project: transforming mental health services in Jamaica



Poor quality treatment and wide-ranging human rights violations of people with psychosocial disabilities are all too common across the world. With support from WHO, the Jamaican Ministry of Health plans to tackle this situation by assessing current conditions in mental health services in the country and then improving them. [Read more](#)

---

## Scale up of mhGAP across a disaster-affected region in the Philippines



Emergencies expose people to an unusual and unexpected amount of stress – a risk factor for most mental disorders. After Typhoon Haiyan in 2013, the Philippines Department of Health supported by WHO and several partners implemented a scale up of WHO’s mhGAP programme to provide sustainable mental health care to more than four million people in the most affected region of the Philippines. [Read more](#)



## Defeating epilepsy: taking stock in Ghana’s multi-country epilepsy workshop

In 2012 Ghana launched its Fight Against Epilepsy Initiative, part of the WHO Programme on Reducing the Epilepsy Treatment Gap. Almost four years into the pilot project, more than 150 stakeholders from 17 countries convened in Accra to discuss the project’s achievements and the shared challenges that remain to improve epilepsy care across the African Region. These discussions resulted in a framework to advance care in a region where the burden of epilepsy is one of the highest worldwide. [Read more](#)

## mhGAP Forum: Mental health innovators share experiences



Under the theme “Innovation in mental health policy and practice”, leading mental health innovators from across the world attended the mhGAP Forum held on 8–9 October 2015 at WHO headquarters in Geneva. Innovators and policy-makers from Ethiopia, Haiti, India, Uganda and Zimbabwe shared

information about barriers, solutions and successes in their project work. Other participants contributed to the dialogue and shared experiences from their countries. We invite you to read more about the mental health innovations presented; to interact with innovators; and download resources by visiting: [Mental Health Innovation Network](#)

[More on the mhGAP Forum](#)

---

## Global momentum needed for increased action to reduce harmful use of alcohol

To strengthen the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol, WHO and more than 400 stakeholders convened in October 2015 under the theme “Momentum for change: research and advocacy reducing alcohol harm”. Participants discussed barriers to implementation and the need for a global strong network, and WHO urged governments to focus on implementation of the most effective and cost-effective actions to reduce harmful use of alcohol. [Read more](#)



### Farewell to Hanneke de Boer

The international epilepsy community has lost one of its greatest advocates with the death of Hanneke de Boer, whose entire professional career was dedicated to improving the lives of people with epilepsy. One of her greatest achievements was bringing together the International Bureau for Epilepsy (IBE), the International League Against Epilepsy (ILAE) and the World Health Organization (WHO) to launch the Global Campaign Against Epilepsy in 1997. This campaign is a unique worldwide initiative to raise awareness about epilepsy and to close the epilepsy treatment gap. [Read more](#)

