

mhGAP HIG roll-out in refugee settings

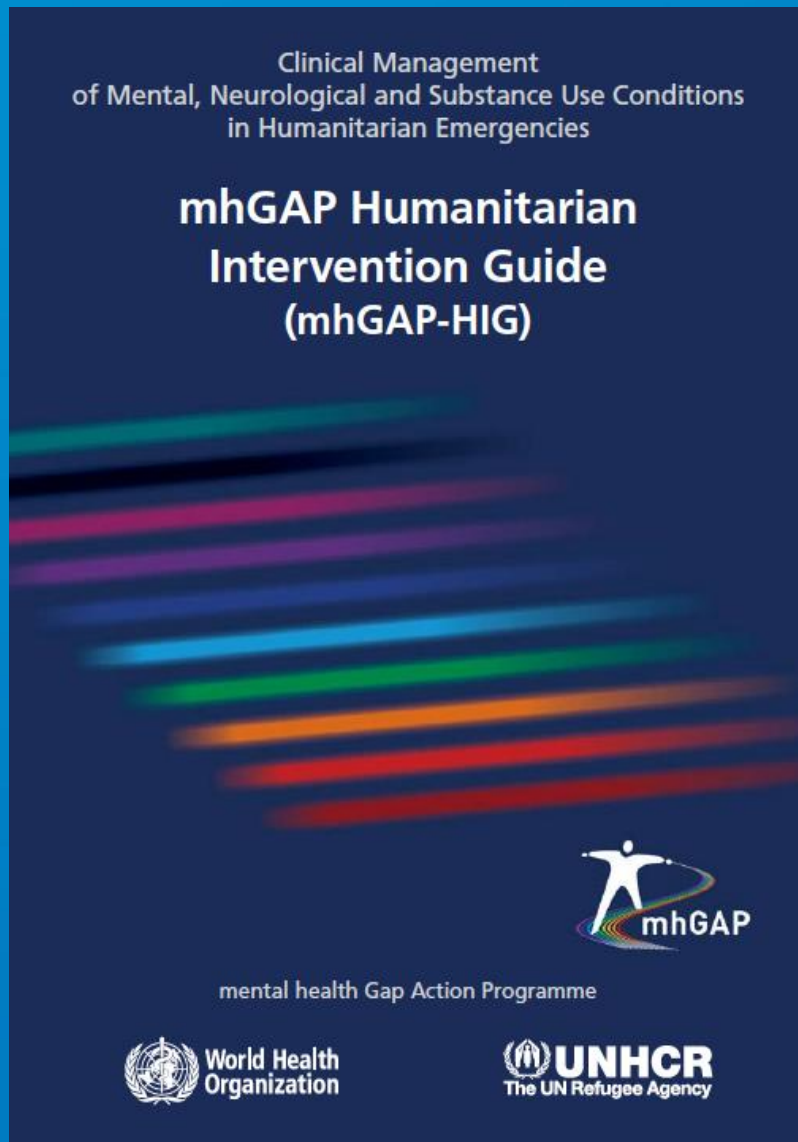


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mhGAP (UNHCR/WHO, 2015)



- Basic evidence-based interventions for the identification and management of mental disorders in humanitarian settings
- Can be delivered by non-specialized health workers

What does mhGAP-HIG cover?

Guide covers:

- Advice for clinic managers
- General principles of care

Brief modules on 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)

Training model; Basic training

Two parallel trainings (4 days)

Group 1: Facility based health workers (doctors, clinical officers, nurses)

Group 2: Community-based workers (refugee health workers, refugee volunteers in protection, protection staff).

→Adapted manual made for this group\

PLUS : Day 5 Joint workshop for all participants on cooperation, referral, coordination and supervision.

mhGAP HIG Trainings in SubSaharan Refugee Settings (2015/16)

Country	Basic training 4-5 days	Refresher/ToT (5 days)
<i>Completed</i>		
Cameroon	99	24
Chad	108	23
Ethiopia	126	20
DRC	50	
Tanzania	101	
Kenya	82	
Uganda	103	12
South Sudan	82	
TOTAL	751	79
Planned Republique du Congo	100	
Planned: Algeria (Sahrawi)	50	

Lessons learned

- Valuable tool in low-resource settings, leading to increased competency in trainees
- mhGAP-HIG trainings can be an accelerator of MHPSS services in refugee settings
- Preparation of trainers is important (where possible in-country trainers)
- Using 'local idioms' and context-specific examples in the training is very helpful
- Community health workers need their own materials (War Trauma prepared a pragmatic draft incorporating the non-medication based interventions + lots of protection elements)

External valuation of mhGAP HIG training Tanzania (Echeverri)

- **Strengthening of the staff's capacities in mental health**
- **Improved service delivery**
- **Enhanced collaboration between the different levels of care / coordination amongst stakeholders**

- **Analysis of HIS data is in progress**

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