



Scaling-up mental health services for internally displaced and vulnerable host populations in Central African Republic; using WHO “mental health Global Action Program - Humanitarian Intervention Guide (mhGAP-HIG)”.

Ministry of Health, supported by the WHO and the Government of Japan, is implementing the mental health Gap Action Programme to ensure the clinical Management of Mental, Neurological and Substance Use (MNS) Conditions in the Humanitarian Emergency.

Since August 2016 and in collaboration with relevant stakeholders, an advisory committee for planning and implementation has been established. Based on a situational analysis, an action plan has been developed targeting 4 Districts (Bangui, Sibut, Bouar, Bimbo) out of the 8 mentioned in the Project.

The mhGAP materials and tools for capacity building and implementation of MNS services have been adapted and validated at National level for the 6 identified priority conditions: Acute Stress, Post Traumatic Stress Disorder, Depression, Psychosis, Epilepsy, Harmful use of Alcohol and Drugs.

A training module for the identification and referral of people with mental disorders as well as a Support and Supervision Guide were also developed and validated.



Advisory committee for planning and implementation.

4 mhGAP training workshops were held and 48 non-specialist health care providers including 9 General Practitioners, 28 General Nurses and 11 other health care providers were trained for the clinical management of the 6 priority conditions. 226 non-specialist health care providers were trained for the identification and referral of people with mental disorders.



mhGAP training workshop in Bangui.

As of 31st of March, 24 health facilities are using mhGAP-HIG to assess and manage person with MNS disorders (4 Hospitals, 20 Health Centers) and all facilities have a reporting and information system for tracking care inputs and caseloads.

Antipsychotic and anticholinergic drugs have been donated but no health facilities have an uninterrupted supply of essential psychotropic medicines. The content of 2 mental health kits, for health facilities implementing mhGAP and for the Psychiatric Unit, has been developed.



Consultation at Castor Health Centre, Bangui.

29 support and supervision visits to the health facilities implementing mhGAP have been done.

380 people with MNS disorders have been seen in those facilities (184 Acute Stress, 55 Post Traumatic Stress Disorder, 20 Depression, 21 Psychosis, 25 Epilepsy, 75 Harmful use of Alcohol and Drugs).



Rehabilitation of water point

In order to ensure the implementation of the program and to ensure the functioning of the Psychiatric Unit at the Central Hospital, two general practitioners have joined the team.



Rehabilitation of isolation room into kitchen

Based on the WHO checklist for site visits at institutions in humanitarian setting and to ensure care for people hospitalized at the Psychiatric Unit, rehabilitation is under process.

Perspective:

A community mobilization component, to increase referral from the community, will be included in the program. On-going individual and group supervision is needed to ensure appropriate clinical management of people with mental disorder, as well as an uninterrupted supply of psychotropic drugs. Two localities need to be included in the program (Kaga-Bandoro and Bambari) and the Psychiatric Unit needs continued support.

This humanitarian emergency is not solely a tragedy, but also an enormous opportunity to build a mental health system to support people. The revision of the Mental Health Policy and the development of a National Mental health Plan need to be initiated for building long-term, basic, sustainable mental health services in the country.