

**Translation and Adaptation of Mental Health Gap
Action Program (mhGAP) Humanitarian Intervention
Guide (HIG) for use in Nepal**

Technical Report

Part of Payment Deliverable: TPO 2

Transcultural Psychosocial Organization (TPO Nepal)

November 2015

LIST OF ACRONYMS

CIDT	Community Informant Detection Tool
DFID	Department for International Development (UK Aid)
DHO	district health office
DoHS	Department of Health Services
DPHO	district public health office
FCHV	Female Community Health Volunteer
GoN	Government of Nepal
GPC	General Principal of Care
mhGAP HIG	Mental Health GAP Humanitarian Intervention Guide
MHPSS	Mental Health and Psychosocial Support
MoHP	Ministry of Health and Population
NGO	Non-government organisation
NHSP-2	Second Nepal Health Sector Programme (2010–2015)
NHSSP	Nepal Health Sector Support Programme
PRIME	Program for Improving Mental Health Care
PTSD	Post Traumatic Stress Disorder
TPO	Transcultural Psychosocial Organization

1.0 TRANSLATION OF mhGAP-HIG

The mental health GAP human intervention guide (mhGAP-HIG) was translated by TPO Nepal's experienced translators and consultant psychiatrist under close supervision of an expatriate psychiatrist who can speak and write Nepali and English Language. As the program for improving mental health care (PRIME) has already translated the normal version of mhGAP, some of the translation (which was consistent with normal version) was used from PRIME. The translation was again reviewed by psychologists and psychosocial counsellors.

2.0 ADAPTION OF mhGAP-HIG FOR USE IN NEPAL

Fifteen Nepali psychiatrists, 1 expatriate psychiatrist, 3 TPO Nepali psychosocial staff (including a psychiatric nurse, a counsellor/public health worker, and a research officer), and two expatriate graduate students were involved in the adaptation process.

The following are the major areas of adaptation:

1. LANGUAGE – The Nepali version of the mhGAP-HIG was developed for use with health assistants (HAs) and other health care workers. The English version could be used with MBBS doctors, but ultimately, a Nepali version was highly recommended. The TPO Nepal/PRIME mhGAP-IG was used as a foundation for some of the translation. A consistent **GLOSSARY** of MHPSS terms in Nepali was developed. Some materials are absolutely necessary in Nepali, in particular the PSYCHOEDUCATION MATERIALS.
2. RATIONALE – Why integrate mental health (MH) into primary care and why do it in the context of a humanitarian disaster? Based on psychiatrists' experiences working with primary care workers in Nepal, more information was gathered regarding the rationale for this endeavour. Case vignettes that resonate with Nepali primary care workers were developed. In addition, prevalence rates of undiagnosed mental health problems in primary care in Nepal were included (e.g., undiagnosed depression and diabetes in Nepal; undiagnosed hypertension and depression in Nepal).
3. PSYCHOEDUCATION – For each of the key disorders, we need Nepali language psychoeducation materials so that health workers can consistently explain the conditions using the same terminology and concepts. Therefore, the technical team developed the relevant materials for the psycho education used for health workers.
4. GENERAL PRINCIPLES OF CARE (GPC) – An introductory module of mhGAP-HIG is GPC. It was modified to address (1) the role of the family in Nepali culture and in healthcare interactions, (2) management of confidentiality in the context of Nepali clinics and with families, and (3) other culturally appropriate common factors.
5. MODULES
 - a. CONVERSION DISORDER – Conversion disorder is not adequately addressed in the current mhGAP-HIG. A section has been included in Epilepsy module, including a table on distinguishing seizures and non-epileptic episodes.

- b. **SOMATIC COMPLAINTS** – The somatic complaints section is very brief in the OTH section, and it risks being dismissive and discouraging use of psychological and other care. It also risks missing organic pathologies in psychiatric patients. This section has been adapted for Nepal to assure the best quality of care.
 - c. **GRIEF** – More information on culturally appropriate bereavement has been added.
 - d. **ANXIETY** – There is no module on generalized anxiety. The psychiatrists were concerned because this is a common complaint and requires different psycho-education from depression. Moreover, in Nepal, there is epidemiological evidence for different life courses of anxiety and depression that would support treating them differently. In addition, with anxiety, panic attacks mentioned because this is a frequent presenting complaint in Nepal, especially in the context of palpitations and psychogenic cardiac complaints.
 - e. **PTSD** – Given the lack of fluoxetine on the free drug list, most clinicians will only have access to amitriptyline. Given that amitriptyline does not have evidence supporting use in PTSD, and in fact has a higher treatment drop-out rate than placebo, similarly, given that alprazolam is the only free drug available for prescription by health assistants, the risks of alprazolam and other drugs in treating PTSD and other disorders were considered while contextualizing the module.
6. **COMMON PRIMARY CARE PRESENTING COMPLAINTS** – Participants identified seven common presenting complaints in primary care that are related to mental health needs. Technical team of TPO Nepal together with NHSSP advisor worked to develop the flow chart for health workers to better understand common mental health problems.
7. **USE OF CIDT AND REFERRAL PROCESSES** – Trainees need to be taught how CIDT is being used in communities, how to receive referrals, how to provide feedback to female community health volunteers, and how to make referrals for psychosocial, psychological, and social services, as well as psychiatric specialty services. Therefore, CIDT tools which has been used in PRIME and other project district of Nepal has been reviewed and processing for the re-printing.

3.0 PREPARATION OF TRAINING MATERIALS AND READING MATERIALS

Psychiatrists in TPO Nepal reviewed all the materials used in previous projects of TPO Nepal. Some of the learning from the previous training was also incorporated and the entire training slides, reading materials and hand outS were reviewed and prepared in Nepali.

4.0 PLANS VS ACHIEVEMENTS

Planned	Achieved
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Translation of mhGAP HIG into Nepali	Done
Take technical support from WHO to contextualize mhGAP HIG in Nepal	Done
Consultation with Nepali mental health experts to contextualize assessment, diagnosis and management criteria	Done
Finalize mhGAP HIG for use in Nepal	Done
Preparation of training materials and reading materials	Done
Insert Nepali sub-titles in mhGAP HIG videos	In progress

5.0 LIST OF REFERENCES

Inter-Agency Standing Committee. (2007). *Guidelines for Mental Health and Psychosocial Support in Emergency Settings*, Geneva.

Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings. (2015). *Nepal Earthquakes 2015: Desk Review of Existing Information with Relevance to Mental Health and Psychosocial Support*. Kathmandu, Nepal.