



RAWALPINDI MEDICAL UNIVERSITY

MENTAL HEALTH DIPLOMA

Curriculum 2023

**Institute of Psychiatry
Rawalpindi Medical University**

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Foreword

Rawalpindi Medical University (RMU) is a renowned institution in Pakistan dedicated to medical education and healthcare. It has played a pivotal role in the provision of comprehensive medical services, training, and research for the betterment of the community and the nation as a whole.

Mental health is an integral component of overall well-being, and RMU has recognized that a holistic approach to healthcare must include mental health services. In response to the increasing prevalence of mental health challenges and the stigmatization associated with them, RMU has taken significant steps to ensure that mental health services and training are integrated into its curriculum and healthcare facilities. In addition to clinical services, RMU is actively involved in training the next generation of mental health professionals. The university is already offering MD specialization program in Psychiatry. As the university continues to evolve and adapt to the changing healthcare landscape, its role in supporting mental health and well-being remains a cornerstone of its mission. RMU's commitment to fostering mental health awareness extends beyond its campus, contributing to service provision at grass-root level through its mental health diploma program.

Mental health is not only a public health issue, but also a concern to national and international development and security. In low- and middle-income countries (LMICs), a large majority of persons with mental and substance use disorders lack access to decent services and effective interventions, the so-called “treatment gap” which is estimated to be more than 75-86% in LMICs. The main reasons for this glaring treatment gap are stigma and discrimination associated with mental disorders, institutional models of care prevalent in most LMICs, and irrational use of scarce human and financial resources. In order to bridge this treatment gap the Mental Health Gap Action Program or mhGAP was launched by WHO in 2008. It aims at scaling up care for priority mental, neurological and substance use conditions particularly in poorly resourced settings, by delivering integrated packages of evidence-based interventions through primary health care services. Key strategies for delivery of mental health interventions identified include stepped care, task sharing with appropriately trained and supervised non-specialist workers, and collaborative care.

The 66th World Health Assembly adopted the comprehensive Mental Health Action Plan 2013–2020 to set out a vision and roadmap for mental health for countries of the world to achieve by 2020. It identifies specific actions for Member States and for international and national partners with agreed

targets and indicators. In order to operationalize the vision and roadmap set out in the plan, a regional framework for scaling up action on mental health has been adopted by member states of the Eastern Mediterranean region in the 62nd meeting of the Regional committee in 2015. The regional framework identifies key strategic interventions across the domains of governance, health services, promotion and prevention, and surveillance, monitoring and research. It also provides a set of indicators to monitor progress in implementing these interventions.

One of the key interventions identified in the regional framework is to enhance the capacities of family physicians and general practitioners to recognize and manage priority MNS disorders identified in mhGAP to scale up mental health care in countries of the region. In light of the experience of implementing this strategic intervention, a number of challenges have been identified including the lack of regular supportive supervision and referral support. This particular challenge is not only due to shortage of specialist manpower, paucity of financial resources, logistics and administrative difficulties but increasingly due to security concerns in a number of countries in the region.

In order to address these challenges RMU is proposing to develop a cadre of family physicians and general practitioners who are trained to provide not only mental health care within PHC settings but also to provide supervisory and referral support to their peers and act as a middle layer of between specialists and health care workers to bridge the gap, and provide quality mental health care to the people.

MHD Faculty

1.	Prof. Asad Tamizuddin Nizami	Professor and Head of Department, IOP
2.	Dr. Muhammad Kashif	Associate Professor IOP
3.	Dr. Mahmood Ali Jafri	Assistant Professor IOP
4.	Dr. Qurratulain Hamdan	Assistant Professor IOP
5.	Dr. Sadia Yasir	Assistant Professor IOP
6.	Dr. Muhammad Azeem Khan	Assistant Professor IOP
7.	Dr. Zarnain Umar	Senior Registrar IOP
8.	Dr. Zona Tahir	Senior Registrar IOP
9.	Dr. Sara Afzal	Senior Registrar IOP
10.	Dr. Aamna Shakil	Consultant IOP
11.	Dr. Abdul Ghafoor	Consultant IOP
12.	Dr. Mehboob Ali Shah	Consultant IOP
13.	Ms. Ghulam Fatima	Principal Clinical Psychologist RTH
14.	Ms. Amna Liaqat	Senior Clinical Psychologist RTH
15.	Ms. Warisha Zafar	Clinical Psychologist IOP

Introduction

Mental, neurological and substance use (MNS) disorders account for 10.4% of total disease burden as measured by Disability Adjusted Life Years (DALYs), peaking in early adulthood (20-30 years of age). Individuals with MNS disorders often die prematurely - an average of 15-20 years earlier than the normal population, partly due to the fact that two-thirds of persons with MNS disorders also have a co-morbid chronic condition. In people living with MNS disorders, 80% of premature deaths are due to coronary heart disease, stroke, type-II diabetes, respiratory diseases, and some cancers that are missed due to diagnostic overshadowing. Furthermore, the rates of major modifiable risk factors for chronic disease (smoking, poor diet, physical inactivity, alcohol and substance use, obesity and metabolic disturbances) among people living with MNS disorders are two to three times that of the general population. When left unaddressed, MNS disorders contribute to over 50% of deaths due to suicide worldwide.

Disease burden for MNS disorders is highest in countries of the North Africa and the Middle East primarily due to high rates of major depression and anxiety wholly accounted for by the ongoing humanitarian emergencies in the region. A study undertaken by the World Economic Forum estimated that the cumulative global effect of mental disorders in terms of lost economic output could amount to 16 trillion USD by 2030. The overwhelming majority of the costs — roughly two-thirds — are indirect costs associated with the loss of productivity and income due to disability or death caused by untreated mental disorders.

The proposed Mental Health Diploma (MHD) is aimed at providing systematic training for family physicians and general practitioners in order to develop the knowledge, skills, and attitudes relevant to providing mental health care in primary health care (PHC) settings and to supervise their peers and provide referral support. This training will be based on the WHO mhGAP guidelines (mhGAP-Intervention Guide and mhGAP-Humanitarian Intervention Guide). We also feel that this curriculum can provide the template for review and strengthening of the mental health component in the existing training programmes for family physicians and undergraduates.

Curriculum for the MHD

The *Mental Health Diploma* (MHD) was developed at the World Health Organization Eastern Mediterranean Regional Office (WHO EMRO) in collaboration with WONCA (World Organization of Family Doctors) and health education, public health and mental health professionals to address the specific challenge of providing regular supervision and referral support to family physicians and general practitioners trained on mhGAP-IG and HIG to ensure that they acquire the skills and confidence needed for recognition and management of priority MNS disorders in primary health care settings.

The purpose of the curriculum is therefore two-fold; firstly, to enhance the knowledge, skills and attitudes of family physicians and GPs working in PHC and general health care settings to properly recognize, treat and prevent priority MNS conditions. Secondly, this diploma is meant to equip them to provide in supervision and referral support to their peers within PHC and general health care settings. The four competencies to be achieved by MHD are:

Program Competencies

- Understand the significance of the public health dimension of mental health including the prevention of mental illness and the promotion of mental health in PHC
- Demonstrate working knowledge of the common presentations of and assessment strategies for priority MNS disorders
- Provide diagnostic, curative, preventative and promotive services for patients with MNS disorders in PHC within a multidisciplinary work environment
- Provide supportive supervision to peers in PHC and general healthcare settings as well as upstream and downstream referral support and coordination

General Information

The course will involve regular, supervised full-time placement within mental health teaching and training facilities having the provisions for outpatient, inpatient, community outreach and emergency mental health services. This allows for experiences in different settings as well as exposure to a different range of patients and ethnic populations.

Eligibility

- Family physicians
- General practitioners
- Specialized physicians in fields other than psychiatry & neurology

The candidate should preferably have one year of full-time work experience (in the case of medical doctors, after the house job) in either the private sector or the public sector.

Student Recruitment and Admissions

Rawalpindi Medical University abides by its strict merit-based criteria with absolute transparency to select its students for the MHD program.

Age Limit

There is no age-limit restrictions for admission in this program.

Academic & Clinical Faculty

Faculty will be a multi-disciplinary team of competent health professionals including psychiatrists, clinical psychologists, as well as specialists in family medicine who have experience in mental health training affiliated with institutions equipped to provide full-time supervised training and certification.

MHD Admissions

RMU has its own Admissions Committee, comprising of Program Coordinator, the Registrar, a Senior Faculty Member, and one nominated alumnus/alumna. The Admissions Committee has the responsibility for the selection of applicants to be admitted to the Program. It establishes procedures for the timely review of applications to the Program. Deferrals of admission are at the discretion of the Admissions Committee. The selected candidates from the Admissions Committee will be exempted from any test or interview.

The applicant's acceptance is contingent upon the receipt of all required documents including official transcripts. The Admissions Committee is responsible for identifying those students with missing documents and/or credentials which do not meet eligibility standards.

Participant fee

Rs.60, 000/-

Course Duration & Scheme

Total duration of the training is 01 year (1800 hours/60 ECTs) consisting of theoretical teaching, clinical training, and supervision components.

- The theoretical component of the training will be aimed at providing the **Knowledge** needed for achieving the identified competencies listed above.
- The clinical training component will involve the trainee attending to patients in supervised mental health specialist inpatient and outpatient settings, community health centers, and emergency rooms to acquire the **Skills & Attitude** components needed in achieving identified program competencies.
- In order to receive the diploma, the trainee must also demonstrate capabilities to provide supportive supervision and coordinate referrals between specialists and primary health care workers.

Program Structure

Mental Health Diploma				
Duration = 01 year				
Modules	Direct Contact	SDL	Total Learning Hours	Credits
Introduction to Public Health Aspects of Mental Health	12	348	360	12
Clinical Techniques for Assessment of Priority MNS Disorders	278	148	420	14
Establishing Diagnosis & Initiating Management of Priority MNS Disorders	380	160	540	18
Providing Supervision & Referral Support	32	448	480	16

Contact Hours: 702

Self-Directed: 1098

Total: 1800

Methodology of Teaching and Learning

This diploma will follow a blended in-person and online training approach augmented by intensive reading to prepare for in-person lectures and clinical training. Reading materials will be posted online, comprising the majority of hours of self-directed learning (see **Recommended Readings**). Students will rotate in teaching hospitals and clinics to assess and manage patients under the supervision of the academic and hospital staff. The following methods of theoretical teaching and clinical learning for the program are envisaged:

Theoretical Teaching

Lectures

Morning and/or afternoon interactive lecture sessions to introduce the individual topics of the modules. **Trainees are expected to share their perspectives during the lectures and discussions in order to receive in-class participation credit.**

Case studies & discussion

Case studies will be provided to the trainees about the topics under discussion to review and discuss as small groups. The case studies will include specific examples of country programmes demonstrating the integration of mental health in PHC, prevention of MNS disorders and the promotion of mental health programs, will be provided to the trainees to review in small groups and identify the common elements, which can help them in setting up similar programs. **Each trainee is expected to have reviewed at least 10 country programmes with an accompanying written case study assignment for each country programme during the course of the training.**

Journal club/seminars

Journal seminars will be designed to explore and present topical issues covered in the modules and the respective reading assignments in order to expose trainees to the critical evaluation of a research article. The supervisor will assign trainees a recent journal article in advance, or a list of articles may be disseminated at the start of the course. The article should be critically evaluated and discussed with the full group in the form of a presentation by one student. **Each trainee is expected to have reviewed at least 04 presentations during the course of the training.** The presentation will focus on review of literature on the topic, synthesis of critical issues and key conclusions, which can be drawn from the available evidence.

Topics to be chosen for the seminar should be those that supplement the formal teaching programme, provide an opportunity for critical review, or cover recent advances in a particular area. The seminar is to allow trainees to acquire good presentation skills, critically evaluate the literature and draw conclusions, all of which can ultimately guide the clinical practice. **Each trainee is expected to have conducted at least 02 seminar presentation during the course of the training.**

Reading assignments

Trainees will be assigned essential and recommended readings to complete before and after their lectures to provide the background and context. Weekly readings will be assigned from the Recommended Readings list depending on the being module covered during that week. **Trainees are expected to share their perspectives during the lectures and discussions.**

Online discussions

Based on the resources and technologies available, online discussions can be set up for peer discussion before in-person training sessions.

Clinical Training

In order to acquire clinical skills in early recognition, management of priority MNS disorders, principles of supportive supervision and managing referrals the following methodologies will be used:

Individual Structured Supervision

Faculty will provide structured, individual supervision to the trainees on a regular basis focusing on specific gaps in knowledge, skills in clinical practice and attitudes to help improve clinical skills and reinforce the strong areas of the trainees **at least once a month.**

The desired outcome is for the trainee to move from Observer status to Apprentice and to a Supervised Provider who can then become an Independent Provider in clinical practice (Figure 1).



Figure 1. Stages of Clinical Learning

Participation in clinical rounds

Trainees are expected to join the consultants/ faculty in clinical rounds in order to understand the presentation of severe MNS disorders necessitating admissions, join the discussions to formulate the management plans and follow-up on the patients in out patient and community settings over the course of their training attachment to understand the principles of recovery and natural history of the disorders.

Case work

Trainees will either individually or in a group of 3-5 peers be assigned cases in community, outpatient and inpatient settings to assess, diagnose and manage over the period of training initially under supervision and latter independently. It is expected that each trainee will have managed and followed up with **at least 08-10 cases of each of the priority disorders** independently during the course of the training.

Role plays and peer feedback

Peer group supervision is an approach in which trainees (up to 6) share dual roles, serving as both the supervisor and supervisee. This includes role plays of clinical cases and supervisor-training scenarios with feedback. This is particularly useful for trainees to practice supervisory skills for when they become supervisors in the field. This will involve practice giving and receiving structured and supportive feedback through use of materials developed for mhGAP programme.

Case conferences

Facility supervisors will identify a case for presentation by the individual trainees to the group on a weekly basis from amongst the cases assigned for case work. The focus of the case conference may be diagnostic problems, atypical presentations, or management problems including feedback by peers well as supervisors. At the beginning of the course, it is recommended that more prototypic cases are presented so that the trainee may become familiar with priority MNS disorder presentations. **It is expected that all the trainees will present at least 12 cases each over the course of the training**

Log book

The trainee should maintain a work diary and record his/her participation throughout the course. The log book should be reviewed by the supervisor at the end of each module.

Video-based supervisions

Depending on available resources, trainees may be videotaped during clinical encounters with real patients or standardized patients to help trainees reach their maximum potential and increase their skill level. Constructive, video-based feedback will be provided by supervising faculty.

Assessment

Throughout the period of training, performance assessments will be conducted by the supervising faculty, In addition to performance in clinical postings attendance and participation in formal teaching must be assessed. The assessment will be made by the supervisor, in discussion with the trainee, to provide feedback of the trainee’s strengths and weaknesses and to provide suggestions for improvement which will include:

Formative Assessment (40%)

Trainees will be required to complete assignments and keep logs of their progress throughout the course in order to receive **ongoing feedback** from faculty using the following methods:

- Feedback on all theoretical components completed during the modules (50%), including the completion of:
 - 10 case study written assignments
 - 04 journal club presentation and 02 seminar presentation
 - Work up and Follow-up with 8-10 cases of each priority MNS disorder
 - 10 role play assignments: 05 as supervisor and 05 as supervisee
 - 12 case conference presentations
 - Daily training records in log book
- Individual supervision on work performance and professionalism in the workplace by the supervisor once a month throughout the training (20%)
- Summative assessments at the end of each module, which will include written tests in the form of multiple-choice questions (MCQs) and short-answer responses (30%)

Assessment	Activity	Number	Grade	Total
Online	Assignments	4	30	70
	Chart Audit	10	10	
	Logbook	1	10	

	Quizzes	42	20	
Attendance	Online Chat	16	10	30
	Live Review	4	20	

Log Book Trainees are required to keep a log book of the cases that they manage in their own practice over the period of the course.

- This should show the documentation of at least 8 visits per day with their respective ICD-11 diagnosis.
- Logbook entries can be made on Moodle or on a regular excel sheet.
- They can be discussed online or during the day release activities.

Chart Audit

- A total of 20 charts/medical records will be reviewed by trainers during the course duration for documentation and continuity of care according to a pre-defined checklist.
- These will include: 4 charts for diabetics, 4 for hypertensive, 4 children under 5 and 4 elderly patients above 65 and 4 women charts (between 20 and 50 years).
- The purpose of this audit is to introduce the concept of audits and checklists to the GPs and ascertain the importance of medical record documentation.

Online Discussions

These will be conducted on weekly basis with a tutor to discuss any issues from the power point presentations and review log book and chart audits.

- Using Moodle, the teacher will post hours when s/he is available online to “chat” with students.

Faculty Evaluation

At the end of every module, trainees will be providing a written feedback regarding their course components and instructor’s teaching methods. This will help to identify strengths and weaknesses of the relevant course and faculty members to ascertain areas for further improvement.

Summative Assessment (60%)

Summative assessment tools will assess knowledge, skills, and attitudes with a combination of written examinations, clinical examinations and continuous assessments as follows:

- Knowledge
 - 3-hour final written assessment with multiple-choice and short answer questions (30%)
- Skills
 - Clinical skill assessment and integration of knowledge into practice using OSCE exam format (35%)
 - Demonstrate clinical skill for assessment, diagnosis and management of priority MNS disorder (see Figure 2) using the long and short clinical case presentations (35%)

In order to pass the course, the student must receive a minimum passing score of

50% in each component of the summative assessment (written and clinical) besides the formative assessment part.



Figure 2. Stages of Clinical Learning Case Assessment Model

Table of Specifications

MODULE	TOPICS	COMPETENCIES	LEARNING HOURS	
			Direct Contact	Self-Directed Learning
INTRODUCTION TO PUBLIC HEALTH ASPECTS OF MENTAL HEALTH	1. What is Public Mental Health?	<p>Knowledge of:</p> <ul style="list-style-type: none"> the public health significance of mental health the interplay between mental health and physical health priorities 	12hrs	348hrs
	2. Psychiatric Epidemiology	<ul style="list-style-type: none"> the importance of mental health in the national and international health development agendas the epidemiological burden of priority MNS disorders 		
	2. The Mental Health Treatment Gap	<ul style="list-style-type: none"> basic principles of mental health promotion and prevention of MNS disorders the models for integrating mental health across health and social sector platforms aimed at early recognition and management of priority MNS disorders 		
	3. Integration of Mental Health Practice in PHC	<ul style="list-style-type: none"> international human right covenants and standards, national policy and legislative frameworks related to the rights of persons with mental health problems legal and human rights frameworks of country and guidelines for medical practice coordination of mental health & psychosocial support (MHPSS) response 		
	4. Human Rights & Mental Health Legislation	<ul style="list-style-type: none"> available guidelines for integrated delivery of priority MNS disorders in non-specialist settings including in complex emergencies E.G; mhGAP-IG, IASC guidelines, Sphere standards, assessment tools for MHPSS capacities mental health resources toolkit for humanitarian settings, and mhGAP-HIG 		
5. MHPSS in Complex				

	Emergencies	<p>Skills to:</p> <ul style="list-style-type: none"> • set up public mental health literacy campaigns • set up programmes for promotion of mental health and prevention of MNS disorders • develop partnerships and alliances for setting up integrated mental health services and protect the rights of persons with MNS disorders • advocate for the rights of persons with mental health problems including minimizing stigma and discrimination • form alliances and partnerships across public and civil society sectors to promote mental health and prevent MNS disorders <p>Attitudes of:</p> <ul style="list-style-type: none"> • promoting the rights and perspectives of persons with MNS disorders and their families 		
CLINICAL TECHNIQUES FOR ASSESSMENT OF PRIORITY MNS DISORDERS*	<p>1. History Taking & Mental State Examinations (MSE)</p> <p>2. General Physical Examination & Neurological Investigations</p> <p>3. Psychiatric Rating Scales and screening tools</p>	<p>Knowledge of:</p> <ul style="list-style-type: none"> • accurate and comprehensive history-taking from a variety of sources • assessment strategies to elicit signs and symptoms of MNS disorders including basic screening, assessment and diagnostic instruments • various investigative procedures including physical and neurological examinations • the commonly used screening tools including rating scales • mhGAP-IG and mhGAP-HIG • side effects of medication on cognitive functions • appropriate and effective counseling techniques • principles of therapeutic counseling and communication <p>Skills to:</p> <ul style="list-style-type: none"> • generate accurate and comprehensive patient history illustrating biological, 	278hrs	148hrs

		<p>psychological and social issues</p> <ul style="list-style-type: none"> • elicit signs and symptoms of priority MNS disorders • accurately interpret of test results • perform a thorough general physical examination • perform a satisfactory neurological examination • perform a thorough mental status examination • select and request for appropriate investigative procedures including use of rating scales & screening tools • create an environment that facilitates open and therapeutic communication • provide basic psychoeducation to patients and families • accurately assess for suicide risk • apply clinical assessment strategies in a variety of clinical settings including, community, emergency, outpatient and inpatient settings • differentiate distress from disorder <p>Attitudes of:</p> <ul style="list-style-type: none"> • listening attentively and sympathetically without judgment • professionalism in all interactions with affected persons, their families, and team members • valuing the disclosure of private and distressing information • respecting the rights of persons with MNS disorders and their families 		
	1. Diagnosing Priority MNS	<p>Knowledge of:</p> <ul style="list-style-type: none"> • common presentations of priority MNS disorders at various stages of the lifespan and within age-and gender-specific populations 	380hrs	160hrs

<p>ESTABLISHING DIAGNOSIS & INITIATING MANAGEMENT & OF PRIORITY MNS DISORDERS*</p>	<p>Disorders</p> <p>2. Managing Priority MNS Disorders</p> <p>3. Treating Priority MNS Disorders</p> <p>4. Psychosocial Interventions</p> <p>5. Psycho-pharmacology</p>	<ul style="list-style-type: none"> • the biopsychosocial determinants of MNS disorders including risk factors and etiologies • the diagnosis of priority MNS disorders based on international diagnostic systems i.e. ICD-10 • basic principles of management of priority MNS disorders • appropriate management practices for psychiatric emergencies involving disruptive, aggressive, psychotic and suicidal patients • evidence-based methods of treating MNS disorders including the use of psychotropic medicines and psychosocial interventions • basic principles of psychosocial interventions and rehabilitation for priority MNS disorders including Problem Management Plus and Behavioral Activation techniques • the essential medications for priority MNS disorders and basic principles of pharmacotherapy including, dosages & timing, different regimen options, clinical indicators, drug interactions, side effects, signs of overdose and withdrawal effects related to specific age- and gender-groups <p>Skills to:</p> <ul style="list-style-type: none"> • formulate differential diagnosis of priority MNS disorders using a biopsychosocial approach • generate, evaluate and synthesize data necessary to apply basic principles in treatment planning • develop bio-psycho-social management and treatment plans while considering safety, cost and complications to the patient • manage MNS disorders in children, adolescents, women in reproductive age, elderly patients and persons with co-occurring physical disorders • determine appropriate psychosocial intervention tailored to specific needs of the patient 		
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		<ul style="list-style-type: none"> • provide short and long-term psychosocial interventions in specific age- and gender-groups including Problem Management Plus and Behavioral Activation techniques • monitor pharmacological treatment for proper drug use during regular follow-up to prevent adverse reactions • discuss risks, benefits and side effects with patients and their families • schedule follow-up appointments with individuals at appropriate intervals monitoring new developments and/or concerns • refer patients according to standard referral criteria • administer Psychological First Aid (PFA) in emergency settings <p>Attitudes of:</p> <ul style="list-style-type: none"> • listening attentively and sympathetically without judgment • professionalism in all interactions with affected persons, their families, and team members • valuing the disclosure of private and distressing information • respecting the rights of persons with MNS disorders and their families 		
PROVIDING SUPERVISION & REFERRAL SUPPORT	<p>1. Working among a Multi-Disciplinary Team</p> <p>2. Supervising Mental Health Practice in PHC</p>	<p>Knowledge of:</p> <ul style="list-style-type: none"> • principles of supervising multi-disciplinary teams in primary health care settings • the various roles and responsibilities of multi-disciplinary team in the management of priority MNS disorders • tools and instruments in providing supervision and support for performance of assigned duties • referral guidelines <p>Skills to:</p>	32hrs	

		<ul style="list-style-type: none"> • support peers in PHC by providing routine supervision and constructive feedback • delegate roles and supervise health care team based on the different responsibilities of each individual team member • coordinate upstream and downstream referral in accordance with local policy and legal frameworks of practice • collaborate with professionals from other disciplines within and outside the health sector to ensure holistic care • recognize when it is necessary to refer patients to a specialist • foster integration and teamwork • communicate in a credible and effective way • ensure the effective use of resources • engage communities in supporting those living with MNS disorder to promote reintegration <p>Attitudes of:</p> <ul style="list-style-type: none"> • respect and understanding of other team members • shared leadership including a common purpose and shared values • adaptability to change in working environment • inviting feedback and constructive criticism as a leader 		
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***Priority MNS Disorders include:**

Depressive Disorders & Suicide

Bipolar and Other Mood Disorders

Epilepsy & Seizure Disorders

Developmental and Behavioral Disorders in Children/Adolescents

Dementia & Delirium

Alcohol & Drug Use Disorders

Anxiety, Stress-Related Disorders & Other Medically Unexplained Complaints

Additionally, conditions which do not fulfill the criteria in discrete MNS disorders but cause distress such as:

- Conditions from mhGAP-HIG
- Grief, etc.

Recommended Readings

Module 1: Introduction to Public Health Aspects of Mental Health

World Health Report 2001

- Mental Health: New Understanding, New Hope

<http://www.who.int/whr/2001/en/>

Mental Health Action Plan

- WHO (2013) Mental health action plan 2013 – 2020

http://www.who.int/mental_health/publications/action_plan/en/

WHO MiNDbank

<http://www.mindbank.info/>

WHO Mental Health Atlas

- Mental Health Atlas 2014

http://www.who.int/mental_health/evidence/atlas/mental_health_atlas_2014/en/

- Mental Health Atlas 2014 Country Profiles

http://www.who.int/mental_health/evidence/atlas/profiles-2014/en/

- Mental health atlas 2011

http://apps.who.int/iris/bitstream/10665/44697/1/9799241564359_eng.pdf

- Mental Health Atlas 2011: Resources for mental health in the Eastern Mediterranean region

http://applications.emro.who.int/dsaf/emropub_2013_1578.pdf

- WHO Mental health systems in the EMR: report based on the WHO assessment instrument for mental health systems. 2010.

<http://www.emro.who.int/dsaf/dsa1219.pdf?ua=1&ua=1>

WHO Investing in Mental Health

- WHO (2013) Investing in Mental Health –Evidence for action
http://apps.who.int/iris/bitstream/10665/87232/1/9789241564618_eng.pdf

Disease Control Priorities

- Mental, Neurological and Substance Use Disorders. Disease Control Priorities - 3rd edition (2016). Volume 4.
<http://dcp-3.org/mentalhealth>

WHO Mental Health Policy and Service Guidance Package

- WHO (2003-9) The WHO mental health policy and service guidance package
http://www.who.int/mental_health/policy/essentialpackage1/en/

Lancet Series on Global Mental Health 2007 and 2011

- No health without mental health. (2007). Prince, Martin et al. The Lancet , Volume 370 , Issue 9590 , 859 - 877.
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)61238-0/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61238-0/fulltext)
- Stigma and mental health. (2007). Sartorius, Norman. The Lancet , Volume 370 , Issue 9590 , 810 - 811.
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)61245-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61245-8/fulltext)
- Barriers to improvement of mental health services in low-income and middle-income countries. (2007). Saraceno, Benedetto et al. The Lancet, Volume 370, Issue 9593, 1164-1174.
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)61263-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61263-X/fulltext)
- Mental health and human rights. (2007). Dhanda, Amita et al. The Lancet , Volume 370 , Issue 9594 , 1197 - 1198.
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(07\)61247-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(07)61247-1/fulltext)
- A renewed agenda for global mental health. Patel, Vikram et al. The Lancet , Volume 378, Issue 9801 , 1441 - 1442.
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)61385-8/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61385-8/fulltext)

PLoS Series on Grand Challenges

- Patel V, Belkin GS, Chockalingam A, Cooper J, Saxena S & Unitzer J. Grand Challenges: Integrating Mental Health Services into Priority Health Care Platforms. *PLoS Med.* May 2013; 10(5): e1001448.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3666874/>
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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3176752/>
- The MHPSS Network is a growing global platform for connecting people, networks and organizations, for sharing resources and for building knowledge related to mental health and psychosocial support both in emergency settings and in situations of chronic hardship.

Module 4: Providing Supervision & Referral Support

Royal College of Psychiatry Training Programmes

- The Gold Guide: Reference for Postgraduate Specialty Training in the UK: Section 4-Setting Standards
<http://specialtytraining.hee.nhs.uk/files/2013/10/Gold-Guide-6th-Edition-February-2016.pdf>
- A Guide to Psychiatry in the Foundation Programme
[http://www.rcpsych.ac.uk/pdf/A Guide to Psychiatry in the Foundation Programme.pdf](http://www.rcpsych.ac.uk/pdf/A%20Guide%20to%20Psychiatry%20in%20the%20Foundation%20Programme.pdf)
- Supervision & Referral Guidance Programmes
<http://www.rcpsych.ac.uk/trainingspecialtytraining/corespecialtytraining/curricula/specialtytrainingguides.aspx>

Mental Health Innovation Network

- An online platform for mental health stakeholders to communicate, share resources, find information and develop partnerships.
<http://mhinnovation.net/>

WHO mhGAP

- mhGAP Monitoring and Evaluation toolkit