

New WHO Guideline on Mental Health Care After Trauma

Megan Brooks

Aug 08, 2013

The World Health Organization (WHO) has issued new clinical protocols and guidelines for addressing the mental health consequences of trauma and loss.

In 2008, the WHO's Mental Health Global Action Programme (mhGAP) was developed to scale up care for mental, neurologic, and substance use disorders with simple treatment protocols that can be offered by primary healthcare doctors and nurses, the [agency explained](#) in a statement.

The agency has now extended this program to include care for posttraumatic stress disorder (PTSD), acute stress, and bereavement.

The new guidelines and protocol [were published](#) August 7 in *JAMA*, in a theme issue on violence and human rights.

"We have received numerous requests for guidance for mental health care after trauma and loss," Oleg Chestnov, MD, WHO assistant director-general for noncommunicable diseases and mental health, said in a statement.

"Primary health care providers will now be able to offer basic support consistent with the best available evidence. They will also learn when to refer to more advanced treatment," Dr. Chestnov said.

Traumatic Events Common

Traumatic events and loss are common. An estimated 3.6% of the world population has suffered from PTSD in the previous year, the WHO said.

Using the new protocol, which is copublished with the United Nations High Commissioner for Refugees (UNHCR), primary healthcare workers can offer basic psychosocial support to refugees as well as people exposed to trauma or loss in other situations, the agency said.

"PTSD needs to be managed along with other common mental disorders," Mark van Ommeren, PhD, scientist in the WHO Department of Mental Health and Substance Abuse and an author of the *JAMA* article, said in a statement.

"This new, simple WHO-UNHCR treatment protocol will guide health workers around the world to help adults and children who suffer from conditions specifically related to stress," he added.

Types of support offered may include psychological first aid, stress management, and helping affected people to identify and strengthen positive coping methods and social supports.

In addition, referral for advanced treatments such as cognitive-behavioral therapy (CBT) or a new technique called eye movement desensitization and reprocessing (EMDR) "should be considered for people suffering from PTSD," the WHO said. "These techniques help people reduce vivid, unwanted,

repeated recollections of traumatic events. More training and supervision is recommended to make these techniques more widely available."

The WHO said benzodiazepines should not be offered to reduce acute traumatic stress symptoms or sleep problems in the first month after a potentially traumatic event.

"There is no evidence on the benefits of benzodiazepines, a common anti-anxiety drug, on symptoms of traumatic stress after a recent potentially traumatic event. Benzodiazepines may slow down the time to recover from potentially traumatic events," the agency said in a statement.

"Key concerns about the use of benzodiazepines are that many people develop tolerance to their effects, gain little therapeutic benefit from chronic consumption, become dependent on them and suffer a withdrawal syndrome when they stop taking them," the statement reads.

Both the mhGAP clinical protocol on Assessment and Management of Conditions Specifically Related to Stress as well as the WHO guidelines underpinning the module are available on the WHO's [Web site](#).

JAMA. 2013;310:477-478. [Abstract](#)

Medscape Medical News © 2013 WebMD, LLC

Send comments and news tips to news@medscape.net.

Cite this article: New WHO Guideline on Mental Health Care After Trauma. *Medscape*. Aug 08, 2013.