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Sphere Handbook, Health Action chapter, Draft1, April 2017

2.5. Essential Health Services - Mental Health

Mental health and psychosocial problems occur in all humanitarian settings. The horrors, losses, uncertainties and numerous other stressors associated with conflict and other disasters place people at increased risk of diverse social, behavioural, psychological and psychiatric problems. Mental health and psychosocial support involves multi-sectoral supports (see the ‘intervention pyramid’ diagram below). These supports require coordinated implementation for example, through a cross-cluster or cross-sectoral working group. The mental health standard below focuses on actions by health actors. Readers should also consult CHS and Protection Principles.

Essential health services - Mental Health Standard 1: Mental health	
<i>People have access to health services that reduce mental health problems and associated impaired functioning.</i>	
Outcome Indicators	
<i>Percentage of health centres and community health programmes that have trained and supervised staff and systems for the management of mental health problems.</i>	
Key Action 1:	Develop programmes on the basis of identified needs and resources and taking into account sociocultural context. <ul style="list-style-type: none">● Explore a range of needs and resources (especially staff competencies) and be pragmatic (for example, integrated in other assessments, using rapid participatory approaches) and not limit to one clinical issue (mental health problems may be emergency-induced, pre-existing or both).● As rates of mental disorders are substantial in any emergency, prevalence studies of mental disorders are not essential to initiate services.
Key Action 2:	Enable community members including marginalised people to strengthen community self-help and social support. <ul style="list-style-type: none">● The health sector should contribute to building multi-sectoral

supports (see diagram).

- Health agencies can engage community workers, leaders, and volunteers who can enable community members, including marginalised people, to increase self-help and social support. Examples of such activities include safe spaces, recreational community activities and community centres.

Key Action 3: Orient staff and volunteers to offer psychological first aid.

- Manage acute stress after exposure to extreme stressors (for example, potentially traumatic events) following the principles of psychological first aid.
- Psychological first aid is a basic, humane and supportive response to those who are suffering and need support. It focuses on listening carefully; assessing and ensuring basic needs; encouraging social support; and protecting from further harm. It is a non-intrusive technique, which does not press people to talk about their distress
- Psychological first aid is not a clinical intervention. First responders across sectors (volunteers and staff delivering humanitarian assistance, including health staff) can deliver it after a brief (half or one day) orientation.

Key Action 4: Ensure the availability of basic clinical mental health care for priority conditions at every health centre.

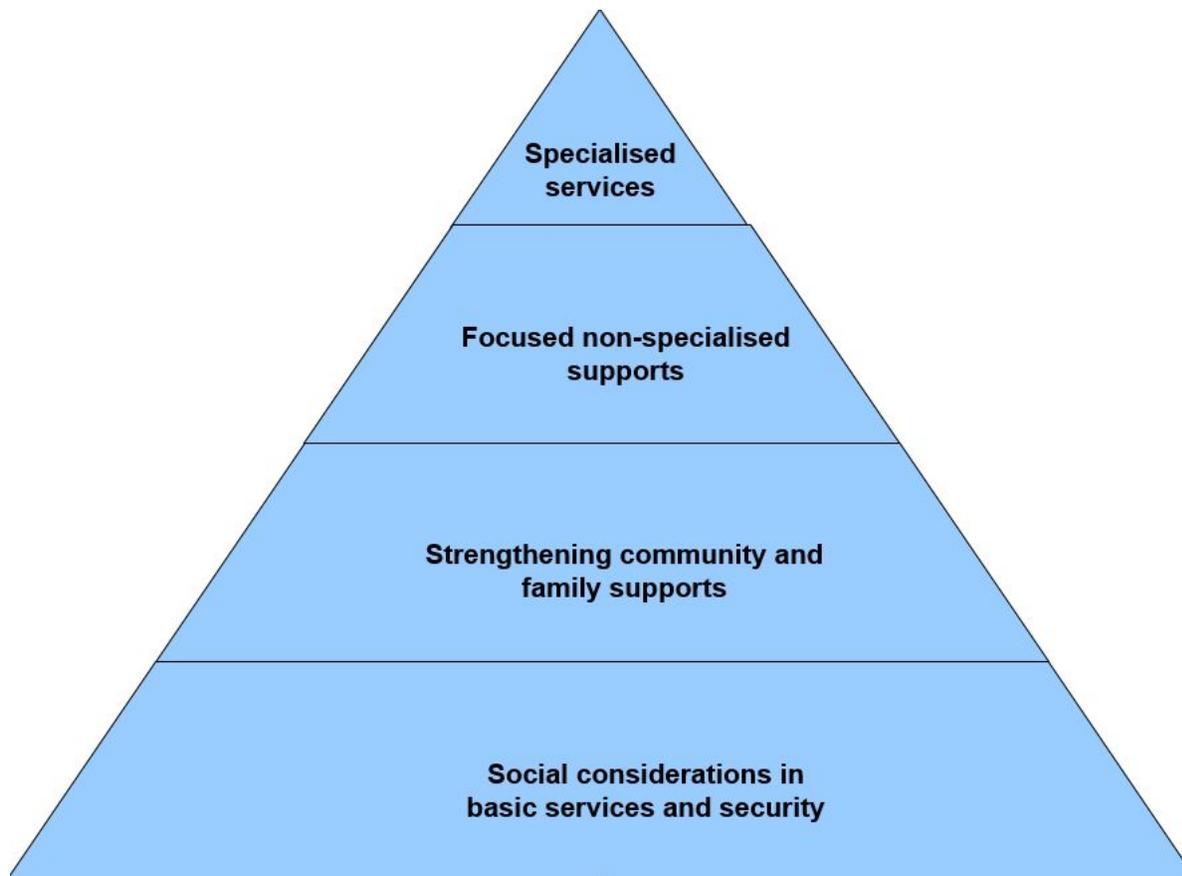
- The conditions most frequently presented to mental health services in emergencies are psychosis, depression and epilepsy.
- Providing basic clinical mental healthcare usually involves:
 - Either a) organising brief training and supervision of general health staff in assessment and management according to evidence-based protocols for example, the mhGAP Humanitarian Intervention Guide. and/or b) adding a mental health professional, such as a psychiatric nurse, to general health (facilities).
 - Arranging a private space for consultations.
 - Orienting all health staff and volunteers about available mental health care.
 - Integrating mental health categories into the health

	<p>information system.</p> <ul style="list-style-type: none"> o Organising an uninterrupted supply of essential psychotropics. (See Interagency Emergency Health Kit (2017 – forthcoming). o Organising a referral chain for mental health.
Key Action 5:	<p>Initiate the integration of psychological interventions for disabling emotional problems into services.</p> <ul style="list-style-type: none"> ● Nonspecialised staff and volunteers can deliver empirically supported psychological interventions for depression, anxiety, stress and PTSD (for example, interventions based on cognitive behaviour therapy or interpersonal therapy) when well trained, supervised and supported.
Key Action 6:	<p>Protect rights of people with mental disorders in the community, hospitals and institutions.</p> <ul style="list-style-type: none"> ● During humanitarian crises, people with severe mental disorders are extremely vulnerable to human right violations such as abuse, neglect, abandonment and lack of shelter or food. ● Visit mental hospitals and residential homes for people with severe mental disorders regularly, especially early in the crisis, because the risk of severe neglect or abuse in institutions is especially high.
Key Action 7:	<p>Minimise harm related to alcohol and drugs.</p> <ul style="list-style-type: none"> ● Effective programmes to minimise harm related to alcohol and drugs usually involve 1) training and supervision of health and community staff in detection and brief interventions, 2) facilitation of harm reduction interventions, and 3) management of withdrawal and intoxication.
Key Action 8:	<p>As part of early recovery and during protracted crises, initiate actions to develop a sustainable mental health system.</p> <ul style="list-style-type: none"> ● Because humanitarian crises increase the rates of a broad range of mental disorders, initiate plans to develop the mental health system to scale up sustained mental health treatment coverage

across the affected area.

Indicators	Thresholds
<p>Number of persons participating in community self-help and social support activities.</p> <p>Number of staff and volunteers oriented in psychological first aid.</p> <p>Number of people who receive brief psychological interventions (NB disaggregate data by age and sex).</p> <p>Number of people who receive clinical management of mental disorders through health services (NB disaggregate data by age and sex but also for mental health conditions).</p> <p>Number of health staff trained and supervised in mental health care (disaggregated by type of staff)</p> <p>Number of individuals with mental disorders with improved functioning.</p> <p>Presence of a functional coordination system for Mental Health and Psychosocial Support with active involvement of actors from health and protection.</p>	

Figure 1: IASC Pyramid of multi-layered services and supports.



Find more information at:

- WHO, War Trauma Foundation and World Vision International (2011). [*Psychological First Aid: Guide for Field Workers*](#). WHO: Geneva.
- Save the Children (2013). [*Psychological First Aid Training Manual for Child Practitioners*](#). Save the Children.
- World Health Organization (2013). [*Building back better: sustainable mental health care after emergencies*](#). WHO: Geneva.
- World Health Organization (2016). [*Problem Management Plus \(PM+\): Individual psychological help for adults impaired by distress in communities exposed to adversity*](#). (Generic field-trial version 1.0). Geneva, WHO
- World Health Organization and Columbia University (2016). [*Group Interpersonal Therapy \(IPT\) for Depression*](#) (WHO generic field-trial version 1.0). Geneva, WHO.
- World Health Organization (2001). AUDIT: [*The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care*](#). Geneva, WHO.
- WHO & UNHCR (2015). [*mhGAP Humanitarian Intervention Guide*](#). WHO: Geneva.
- WHO & UNHCR (2012). [*Assessing Mental Health and Psychosocial Needs and*](#)

[Resources](#). Geneva: WHO.

- IASC (2007). Action sheet 5.2 in [IASC Guidelines for Mental Health and Psychosocial Support in Emergency Settings](#). Geneva: IASC.
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