

# Innovation Case Study: Strengthening the Mental Health and Psychosocial Support Response for Disaster-Affected areas of Mexico

Country	Mexico
Objective	To strengthen the MHPSS response for populations affected by the September 2017 Earthquakes in Mexico
Innovation	The programme aims to improve the local capacity response to meet the MHPSS needs of Mexico's disaster-affected populations
Project Type	Programme

## SUMMARY

On September 7 and 19, 2017, Mexico was struck by two earthquakes of 8.2 and 7.1 magnitudes, respectively; following with a series of powerful aftershocks. The earthquakes damaged an estimated 184,000 households, 175 health facilities and 16,000 schools. Almost 400 people died in the two quakes, and many more were injured. Out of the main affected areas, Oaxaca state experienced the greatest need for support of affected populations<sup>1</sup>.

During an initial rapid assessment and subsequent meetings, the Mexican Ministry of Health Officials identified the need for mental health services in the aftermath of the earthquakes. To address some of the gaps identified by the Ministry of Health, Pan American Health Organization (PAHO) and other agencies, International Medical Corps identified potential partners working in Oaxaca in the area of mental health and psychosocial support (MHPSS) and partnered with Fundacion Origen (FO). Using the findings and recommendations of the International Medical Corps Mexico MHPSS assessment, the program was designed to help address some of the gaps in mental health and psychosocial support best practices and services in coordination with the Ministry of Health, the Pan American Health Organization (PAHO) and other agencies. The goal of this work is to ensure that affected populations have access to health-related services as they recover and rebuild their lives.

The MHPSS programme had three key objectives:

1. Increase the skills capacity of Fundacion Origen's psychologists to provide psychological and psychosocial support to earthquake survivors and train local key actors in psychological first response after the crisis.
2. Improve early intervention strategies within the identified communities by training key actors in psychological first aid (PFA) and global mental health best practices<sup>3</sup>.
3. To reduce emotional distress among community members (adults and children) in addition to improving their coping skills and mechanisms.

## IMPACT SUMMARY

By October 2018, International Medical Corps achieved the following activities as part of their programme:

1. Completed an MHPSS assessment<sup>2</sup> and disseminated a report with key recommendations for action to be undertaken by key local and international actors in order to improve the response
2. Conducted Psychological First Aid training sessions for 62 community leaders as well as a training-of-trainers (ToT) initiative
3. Improved coordination approaches and strengthening the existing referral pathway systems for MHPSS services to be more readily accessible by affected populations
4. Promoted mental health service implementation, awareness sessions and anti-stigma messaging
5. Implementation of the Youth Empowerment Program to strengthen selected local key actors skills in providing basic emotional support to affected children, to improve psychosocial well-being in youth and children as well as promote a sense of community connectedness among participants (older persons, adult key actors, adolescents and children).

"Before, no one had come to see me. Now I have the tools and how to be good and help others to feel good, to give correct information, to give importance to children for example" *Trained key actor from Niltepec*

## PART 2: INNOVATION

### INNOVATION DETAILS

Mental Health is still often not prioritized and/or integrated as an important component of emergency response interventions. For individuals who need care, seeking out mental health services is often stigmatized and many communities do not have access to support, or community members might not feel comfortable even when some support is available, such as in Oaxaca. The goal of the program is to ensure that affected populations have access to health-related services as they recover and rebuild their lives.

#### Coordination

- The September 2017 earthquakes highlighted a lack of organization and coordination within local and national response efforts, particularly in the area of mental health and especially in the State of Oaxaca: large groups of psychologists arrived from all over the country to support MHPSS response activities, but there was no systematic mechanism to coordinate the work of these actors. International Medical Corps and FO proposed to improve coordination approaches to strengthen the existing referral system so that these services could be accessible to the affected population.
- A referral pathway was established between the MHPSS program and public health institutions. Existing mental health services provided by MOH psychologists were identified in four clinics, and an agreement was signed to use referral and counter-referral forms and to offer consultation services free of charge to the persons referred by the program. So far, 47 cases were successfully referred to mental health these services.

#### Capacity Building

- To build mental health capacity of the local partner a training of trainers (TOT) was designed (after the curriculum was adapted based on completion of capacity needs assessment questionnaires), and implemented with **FO team (including 4 psychologists)**.
- The training was meant to provide them with the skills they required as they delivered the MHPSS program activities in the selected municipalities.
  - These involved training and supervising selected local key actors (teachers, authorities, nurses, psychologists, or from civil society association from the five targeted communities) on delivering PFA, identifying and referring persons with special needs to specialized services and implementing psychosocial activities within their own communities, including psychosocial support approaches for adults (Circle of Word) and children (Youth Empowerment Program)
- The ToT focused on sensitizing and training the FO team of mental health providers on strengthening the natural support systems of the affected communities they were serving (prevention strategies, community mobilization, resilience and coping mechanisms) following international standards and guidelines as a common and efficient framework for MHPSS intervention.

#### Early Intervention Strategies

- The PFA training to local key actors occurred simultaneously in March in three communities: Ixtepec, Niltepec, San Dionisio del Mar, led by three FO psychologists and supervised by a team consisting of an Emotional Health Coordinator, Regional Director and Youth Coordinator from FO as well as an IMC MHPSS Coordinator.
- Additionally, in August 2018, the PFA workshops were completed in two more communities: Union Hidalgo and Chicapa de Castro. Sessions were based on practice and participation through skill-based learning methods with demonstrations, case studies, role-playing and learning activities.

#### Improving community mental health

- Despite the presence of local mental health services, their potential impact was limited by the lack of a formal coordination mechanism and limited awareness of communities on how to access these services. Moreover, misunderstanding and negative stigma within the communities on the role of a psychologist was a significant barrier to care

- FO psychologists conducted awareness sessions within communities to highlight resilience mechanisms and the availability of MHPSS-related services to affected people and their families
  - Awareness-raising activities with communities disseminated key messages about the importance of psychological and emotional health in the context of natural disasters. These messages have been designed between International Medical Corps and the FO MHPSS team and adjusted through the implementation of the activity
  - Facilitators use participatory methods to engage with members through an emphasis on the experiences, prejudices and opinions of the participants
- As part of the objectives to strengthen community response and preparedness and in accordance with a sustainable approach, the MHPSS team has developed a capacity-building strategy during the second phase of the program.
  - This aims to transfer knowledge and skills to local resources (key actors) on the two interventions currently used for psychosocial support: awareness-raising and psychosocial support (called Circles of Word). It mainly consisted in 1-week training, followed by 2 months of supervised practice on the field.

### **Youth Empowerment Program**

The aim of the Youth Empowerment Program in Mexico is to strengthen the skills of selected local key actors in providing basic emotional support to affected children, to improve psychosocial well-being in youth and children as well as promote a sense of community connectedness among participants (older persons, adult key actors, adolescents and children).

#### **Aims and Objectives:**

- Supporting adult stakeholders to better understand children's needs and how to support them adequately in emergency situations
- Equipping young people with the knowledge and skills required to become co-educators with children and therefore, support their meaningful participation in the YEP program
- The training program 'Psychosocial care of children in emergencies' aims to provide three selected key actors by the municipality with an understanding of children in disaster situations, as well as building capacity in facilitating psychosocial activities and providing basic emotional support and specific objectives include:
  - Empowering 5 young people through 2 days of capacity-building to provide the skills to co-facilitate YEP sessions with the help of FO team and trained key actors
  - To meet the psychosocial needs of vulnerable populations of children through 14 YEP sessions
  - To strengthen the social fabric of the communities, especially between youth and older persons

## **IMPLEMENTATION**

### **KEY DRIVERS**

#### **Effective coverage across five municipalities**

- Coverage was achieved, particularly for the PFA training, with at least 10 key actors per municipality having completed the training.

#### **Positive feedback through training evaluations**

- 100% of trainees of the ToT reported that the information was clear, accurate and easy to understand and that the methods helped to easily retain the skills
- 89% of people who participated in the PFA training expressed feeling able to apply the theories learned to practice
- The PFA trainees received additional training on leading awareness and psychosocial support sessions. The sharing of key messaging on mental health improved the preparedness of communities

## Successful stakeholder engagement

- Engagement of both governmental and non-governmental actors increased the reach and impact of the program.
- Creation of a referral pathway between 4 clinics offering mental health public services of the area and the selected communities
- Development of an alliance between FO and WHO and integration of FO in the committee of implementation within the 'National Plan of MHPSS care in critical situation and disasters'. The program (region of Istmo, Oaxaca State) will be part of the pilot test to implement the plan

## Supervision

- During the first phase of the programme, activities were led by FO psychologists who progressively passed from an implementation role to a supervisory role during the second phase of the program

## CHALLENGES

### Political Tension

- Oaxaca is known as one of the Mexican States with the highest political unrest and social tension, resulting in regular demonstrations by groups (teachers and community groups), road blockades and strikes within public services. This unrest acted as a barrier when implementing training sessions and services within particularly affected areas

### Lack of MHPSS coordination

- During the post-crisis situation, there was no MHPSS technical coordination group in the area and there had been no MHPSS official mapping to rely on
- Multiple local and international organizations were independently conducting MHPSS activities, although they were not coordinated by MOH. There was limited official documentation on the types of activities being conducted as well as the geographical locations that were receiving support

### Lack of qualified mental health care providers

- In the remote areas as Niltepec and San Dionisio del Mar there is both a lack of qualified mental health care providers and lack of financial resources. Even if on rare occasions, mental health professionals are positioned in remote areas, these are often trainees who have just graduated and are generally not willing to receive difficult cases (especially related to violence), they are appointed to their posts temporarily (only 1 year) and as a result face difficulties in building trust with local communities
- Furthermore, the scarcity of economic resources in Oaxaca State impacts the access but also the provision of MH care such as the supply of medicines, the development of training and supervision, and the integration of mental health into primary health centres

## CONTINUATION

- The International Medical Corps' program will finish by the end of 2018, but our partner, FO is part of the committee for the implementation of the newly released 'National plan of mental health and psychosocial care in critical situation and disasters' created by WHO and the National Institute of Psychiatry
- A workshop to present this plan to local key actors (from the program but also from MoH and Civil Protection) took place September 2018 in Oaxaca
- Next steps on the implementation of the action plan will be defined between FO, WHO and the National Institute of Psychiatry

## PARTNERS

Fundacion Origen – <http://www.origenac.org/>

## PART 3: IMPACT

### EVALUATION METHODS

International Medical Corps evaluated all the 4 training workshops (the ToT, the PFA, the YEP and the awareness-raising and psychosocial support trainings). A total of seven different monitoring tools to evaluate the impact and quality of the activities have been used:

1. Pre- and post-test at beginning and end of each training. These questionnaires asked open ended and multiple-choice questions to assess mastery of training content
2. Trainee satisfaction evaluation form at the end of each training. Participants were asked to respond to 13 questions, in the form of Likert-scale questions in which they were asked to rate their level of agreement with learning statements and 3 free-text questions in which they were asked to specify what they found most useful, the least useful and any suggestions that would improve the training process
3. Perceived emotional distress scale at the beginning and end of a circle of word (composed by 4 sessions)
4. Evaluation form for the supervised practice on the field by trained key actors, completed by FO psychologists at the end of each session (awareness-raising and circles of word)
5. Pre and post form for children at the beginning and the end of the YEP sessions to assess the impact of the program on their perceived emotions, especially on fear/anxiety
6. Perceived community cohesion and coping scale for key actors and youth at the beginning and the end of the YEP program to monitor the impact of the YEP program on the perceived social connection and community strengths
7. Evaluation form for key actors and youth at the end of each session led as co-facilitator to facilitate dialogue between them and the FO youth coordinator, allow them space for auto-evaluation, feedbacks but also to monitor their performance as co-facilitator

#### Overall Program Monitoring

1. IMC MHPSS Coordinator conducted monthly field visits to the various program locations throughout Oaxaca to provide support and oversee the FO field teams throughout the trainings and program implementation

### IMPACT DETAILS

- Conducted 72 awareness-raising sessions with 1203 beneficiaries
- Conducted 35 Psychosocial Support Sessions (called Circle of Word) with 59 beneficiaries
- Conducted 2 psycho-education sessions with 24 parents of children at school
- Conducted 8 psycho-education sessions with teachers and other educational staff with 100 beneficiaries
- Established a referral pathway between the MHPSS program and the public health institutions making care more readily accessible to affected populations
- 61% of all beneficiaries of the program completed the psychometric scales at the initial and at the end of the MHPSS intervention
- 92% of participants reported decrease on emotional distress after participating to the psychosocial activity, Circles of Word

#### Youth Empowerment Program:

- 9 key actors trained in facilitating psychosocial activities and providing basic emotional support to children
- 9 youth trained to become 'youth facilitators' for psychosocial sessions with children
- 25 children participated in a total of 14 sessions.
- 2 murals have been painted by participants and 2 participative videos created
- 73% of children participants reported increased wellbeing between the beginning and end of the YEP
- 89% of beneficiaries (key actors and youth co-facilitators) reported improvement in coping strategies and perceived community cohesion between beginning and end of the YEP

#### Training outcomes:

- Trained 13 FO staff (including 4 psychologists) and 1 government representative through ToT sessions
- Trained 62 local key actors (17 in Ixtepec, 16 in Niltepec, 11 in San Dionisio del Mar, 13 in Union Hidalgo and 5 in Chicapa de Castro) in Psychological First Aid

- During the ToT, 64 % of trainees improved between Pre- and Post-test and there was an improvement of 32% of the knowledge among participants
- During PFA training, 70% of trainees (local key actors) improved between Pre- and Post-test and there was an improvement of 12% of knowledge among participants
- 94% of trained local key actors improved their skills during supervised practice, to perform awareness-raising activities and Circle of Word

## PART 4: ADDITIONAL RESOURCES

### TOOLS

- Mental Health Integration Toolkit in Humanitarian Settings – [\[Link\]](#)
- IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings - [\[Link\]](#)

### REPORTS

- IMC Mexico 2018 Rapid Mental Health and Psychosocial Support Assessment – Oaxaca State – Region of Istmo – [\[Link\]](#)

### MULTIMEDIA

- Aurore Brossault: Touching the Core of Humanity ([Blog](#))

## REFERENCES

1. Coneval (2016) Medición de la pobreza en México y en las Entidades Federativas 2016. Mexico City, 30 August 2017. Retrieved on January 12, 2018, from: [http://www.coneval.org.mx/Medicion/MP/Documents/Pobreza\\_16/Pobreza\\_2016\\_CONEVAL.pdf](http://www.coneval.org.mx/Medicion/MP/Documents/Pobreza_16/Pobreza_2016_CONEVAL.pdf) ; Informe de pobreza en México 2012. Mexico City 2013. Retrieved on January 12, 2018, from: [http://www.coneval.org.mx/Informes/Pobreza/Informe%20de%20Pobreza%20en%20Mexico%202012/Informe%20de%20pobreza%20en%20M%C3%A9xico%202012\\_131025.pdf](http://www.coneval.org.mx/Informes/Pobreza/Informe%20de%20Pobreza%20en%20Mexico%202012/Informe%20de%20pobreza%20en%20M%C3%A9xico%202012_131025.pdf)
2. WHO/UNHCR (2012) Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings.
3. Inter-Agency Standing Committee (2007) IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.

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