

Mental health is key to disaster risk reduction

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Summary

Humanitarian crises have a major impact on mental health, worsening pre-existing conditions and creating new ones. There is now a clear consensus that humanitarian assistance should include mental health care and psychosocial support. However, the impact of mental health care and psychosocial support interventions is limited where the state of the mental health system prior to a crisis is already poor. Experience during the Ebola Virus Disease crisis in West Africa demonstrates how, by investing in development programmes to strengthen mental health systems, the cost-effectiveness of emergency response can be improved. Furthermore, embedding long-term systems strengthening efforts into relatively short-term emergency response builds bridges between the development and humanitarian sectors, for greater sustainability.

Humanitarian Crisis and Mental Health

Humanitarian crises impact mental health by:

1. Producing grief and acute stress as psychological reactions to adversity and loss
2. Triggering common mental disorders such as depression and anxiety, and in some cases post-traumatic stress disorder
3. Exacerbating pre-existing chronic mental health conditions and placing people who need long term care at increased risk of neglect
4. Increasing use of alcohol and drugs, resulting in further health and social problems

Key messages and recommendations

Weak mental health systems not only fail to meet the needs of the general population; they also represent a major liability if a crisis emerges. Based on the experience of Sierra Leone during the Ebola Virus Disease outbreak, we make the following recommendations:

1. Set up cost-effective, nation-wide community mental health systems in countries at risk
2. Plan for emergency preparedness—including mental health and psychosocial support—within the health system
3. Prioritise engagement of local expertise for sustainable change

Introduction

In many countries, long-neglected mental health systems are unable to meet the needs of the general population. When a crisis hits, these systems are too weak to support an appropriate response to the increased mental health and psychosocial needs that surface in a humanitarian context.

In 2010 after a terrible civil war in Sierra Leone, people suffering from mental health conditions only had access to services at a single psychiatric hospital in very poor condition. With only one retired psychiatrist, lack of psychotropic medications and absence of services in the provinces, Sierra Leone had one of the world's most fragile mental health services. If the state of services had remained unchanged, it would have been extremely difficult to meet the needs for mental healthcare and psychosocial support created by the Ebola outbreak.

Mental health and psychosocial response to the Ebola outbreak

Communities were severely affected by the 2014-2015 Ebola Virus Disease outbreak in West Africa: many people died, were separated from their loved ones, or had to cope with quarantine or long-term physical consequences. Health care providers were overloaded and stressed. Social stigma increased towards those directly affected by the disease, worsening distress and isolation. Ultimately, whole communities experienced the fear and suffering that disease outbreaks often cause.



A home visit by Sahr, Mental Health Nurse, EAMH © Sarah Isaacs

In this context, CBM and coalition partners worked to provide psychological and social support to those affected by the Ebola in Sierra Leone, as well as preventative interventions aimed at children and their families. The intervention succeeded by scaling up and building on an existing programme in the country, which had trained 20 mental health nurses and created a strong relationship with the Ministry of Health and Sanitation, prior to the outbreak. With a network of District Mental Health Units recently put in place, this innovation efficiently decentralized services and made MHPSS support available in all areas and all sectors of the population, where they were needed the most.

“ This programme has deeply transformed mental health in Sierra Leone.”

Hon. Foday Sawi. Deputy Minister of Health and Sanitation. Government of Sierra Leone

Impact and recommendations

Integration of emergency response into existing system infrastructure led to:

- Functioning District Mental Health Units in all 14 districts of the country, run by 20 mental health nurses providing care to an average of 20 patients per month (range 6-45 patients per month)
- Provision of support to 12 Ebola Treatment Centres and 5 Survivors Clinics
- Supervision of and referral point for more than 300 health professionals trained in Psychological First Aid and 150 health professionals trained in basic mental health care provision, as well as organizations responding to the emergency and identifying mental health issues
- Mental Health Care and psychosocial support provision for: health professionals at Ebola Treatment centres, members of the burial teams, survivors, workers on the Ebola hotline, persons with EVD, relatives of persons with EVD, quarantined communities, and people with long term mental illness
- Overall, more than 2000 beneficiaries over a one-year period. Services continue throughout the districts for those still requiring support

Recommendation 1: Set up cost-effective nationwide community mental health systems

By working in partnership as much as possible with local organizations, it is possible to set up cost-effective nationwide programmes by focusing on:

- **Capacity Building:** Train local health professionals in mental health so they can provide care at community level. Focus on a very strong supervision plan and on-the-job continuous training to ensure sustainability. Ensure that trained staff placed in community settings have the resources they need to do their work well
- **Advocacy:** Create a strong voice that can support the government in moving towards a comprehensive service, backed up by a mental health policy and planning for implementation with a focus on the integration of mental health within general health services. Legislation should be reformed to protect human rights and promote social inclusion
- **Awareness Raising:** Ensure that the general population understands and makes use of the services created. Clear messages should challenge negative myths that lead to stigma, discrimination and human rights abuse

Recommendation 2: Plan for emergency preparedness within the health system

Once basic systems are in place, it is much easier to add elements of preparedness and response. Specific training can be provided and plans made to ensure adequate coverage in the case of a future emergency. This is facilitated by inclusion of a mental health voice in national emergency planning processes

Recommendation 3: Prioritise engagement of local expertise

Initial efforts to change health behaviours were ineffective during the Ebola crisis, until greater emphasis was placed on understanding local beliefs. Even more in mental health, it is local expertise that can meet people's needs most appropriately. In addition, investment in local capacity means that expertise and experience is available in the event of future emergencies, and as sustained services are developed for the long term

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- The Ministry of Health and Sanitation, and the Ministry of Social Welfare, Gender and Children's Affairs, of the Government of Sierra Leone
- World Health Organization

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