

An integrated approach to strengthening mental health services in the Middle East

International Medical Corps

Executive statement

This policy brief is to urge policy makers, donors and stakeholders who are part of health systems to invest in mental health and psychosocial support (MHPSS) programming in prolonged crisis settings throughout the Middle East. Populations in humanitarian contexts are especially at risk for mental health conditions due to their exposure to violence, loss of homes, livelihoods, loved ones, instability of community or social support systems and damaged health infrastructure. Those with pre-existing and chronic mental issues are especially vulnerable in such contexts and need access to care. **Integration of mental health services into primary healthcare** will improve the availability, quality, acceptability and accessibility of mental healthcare, while reducing costs for and stigma towards service users. Mental health integration into primary healthcare is an investment for all sectors, as improving the overall well-being of communities can enhance economic development and societal welfare.¹

Key message

The need for mental health services is heightened in humanitarian contexts where populations face numerous distressing experiences and barriers to mental health care

Recommendations

1. Enhance capacity of healthcare staff, paraprofessionals and community workers through ongoing training, support and supervision
2. Build care systems based on a stepped care model* and preventative approach that mobilizes mental health specialists as trainers and referral points for severe cases, and trained non-specialists as main service providers
3. Develop and use monitoring and evaluation systems, tools, and core indicators, for measuring outcomes of mental health programming and integration

"I had the opportunity to be trained and become an outreach psychosocial worker. I wanted to help my people. There are many social and family problems, such as gender violence, couples breaking apart and young people traumatized after experiencing atrocities in Syria, including kidnapping. These people need support due to their war experiences."

Noura, 26, Syrian Refugee and International Medical Corps Psychosocial Worker– Iraq

Context

According to the World Health Organization (WHO), 1 in 5 people are affected by mental health problems², and between 76% and 85% of people with mental disorders in low-and-middle-income countries, receive no treatment for their disorder³; these numbers are exacerbated in humanitarian emergencies. Ongoing conflicts throughout the Middle East have caused massive displacement and an increasing need for mental health care. Continued heavy fighting between the Syrian army and various opposition forces and prolonged increases in sectarian violence in Iraq have resulted in an estimated 25 million people currently in need of humanitarian assistance.^{4,5} Affected populations are at increased risk for developing mental health problems such as anxiety, depression or other conditions that can debilitate and impair the ability of those affected to care for themselves or their families. Furthermore, people with pre-existing mental health conditions are especially vulnerable during humanitarian crises and may not have access to appropriate care and life-saving interventions, and are at higher risk for violence and separation from caregivers or family members. Decreased funding for the response⁶ coupled with weak national mental health systems have led to overburdened governments and organizations.⁷ To improve the overall

*the most effective, least resource intensive system to first deliver treatment to patients, and then step up to specialized care as clinically required

WHO (2007). Integrating mental health services into primary healthcare. Geneva. http://www.who.int/mental_health/policy/services/en/index.html

¹ WHO (2013). Investing in Mental Health: Evidence for Action.

http://apps.who.int/iris/bitstream/10665/87232/1/9789241564618_eng.pdf

² The global burden of disease: 2004 update (2008) chapter Part 4: Burden of disease: DALYs

http://www.who.int/healthinfo/global_burden_disease/en/index.html

³ World Health Organization (2010). WHO Mental Health Gap Action Program. http://www.who.int/mental_health/mhgap/en/.

⁴ ReliefWeb (2015). Syrian Arab Republic Statistical Snapshot. http://reliefweb.int/sites/reliefweb.int/files/resources/syr_humsnap_a4l_november2015.pdf

⁵ Humanitarian Response Plan 2016 Overview, http://reliefweb.int/sites/reliefweb.int/files/resources/overview_iraq_2016_hrp_en_0.pdf

⁶ UNOCHA (2014). Overview of Global Humanitarian Response. Available: https://docs.unocha.org/sites/dms/CAP/Overview_of_Global_Humanitarian_Response_2014.pdf

⁷ International Medical Corps. (2015). Syria Crisis: Addressing Regional Mental Health Needs and Gaps in Context of the Syria Crisis

quality, availability and accessibility of mental health services, International Medical Corps, with the collaboration of local partners, has been integrating mental healthcare into the primary healthcare infrastructure in Syria, Lebanon, Turkey, Jordan and Iraq.

About the innovation

Goal:

To strengthen MHPSS services through integration into primary health care (PHC) and community services by building capacity of healthcare staff, paraprofessionals and expanding community and family support.

Content & Implementation:

Mental health PHC integration in humanitarian settings can be conceptualized in six incremental steps:

1. Ensure stakeholder engagement and conduct a baseline situational analysis

International Medical Corps gathers information about the context such as national policies pertaining to mental health, staff capacities in the country, current provision of care and attitudes around mental health. This is accomplished through desk reviews, semi-structured interviews, and focus group discussions with stakeholders such as service providers, people affected by mental health problems, policy makers and community members. In Jordan, International Medical Corps piloted and disseminated the WHO MHPSS 4W (“who is doing what where when”) mapping tool and has been completing annual comprehensive MHPSS mapping of current services, capacities and needs since 2011, which informs coordination of services and filling gaps.

2. Build capacity of primary healthcare staff to provide mental health care

Depending on findings from the situational analysis, feedback, and experiences, International Medical Corps adapts the World Health Organization Mental Health Gap Action Program (mhGAP)³ training materials to the local context. Where available, local specialists and psychiatrists are identified, involved in policy efforts for building local capacity to scale up training and integration, and receive a training of trainers (TOT) on conducting mhGAP training for PHC staff, and longer term support and supervision. International Medical Corps was included in WHO’s mhGAP TOT in Lebanon, Syria, Jordan, and Iraq for local psychiatrists and psychologists who were mobilized through International Medical Corps and national efforts to scale up training and supervision on mhGAP. International Medical Corps trains a range of personnel including PHC staff (doctors and nurses), paraprofessionals (counsellors and social workers) and active community members (psychosocial outreach workers, volunteers, and community health workers (CHW)) to provide comprehensive mental health care. This comprehensive approach includes non-specialized, capable staff, who are often the first line of contact, able to dedicate more time to patients, and directly manage cases that do not require more specialized interventions—for which there is a referral mechanism in place. In Lebanon, our team found that existing social workers were a valuable resource in PHC integration in Ministry of Social Affairs clinics.



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3. Provide clinical and community level interventions for people with mental illness

Facility level interventions provided by trained PHC staff consist of assessment, diagnosis and management of mental health disorders, psycho-education for patients and family members, and psychotropic medication- if needed. Interventions that take place in facility and community levels include: psychological first aid, basic psychosocial support and counselling, peer to peer support activities, and linking to other mental health, psychosocial, health, protection and other services as needed.

International Medical Corps supports the provision of mental health services through trained staff at targeted health facilities and facilitates psychosocial community level interventions such as activities for youth and caregivers, educational and recreational psychosocial activities for children, and awareness/educational messaging for individuals, families and wider communities. This gives rise to the importance of training active community staff, members and volunteers, as they may have developed networks, greater buy-in and insight regarding the needs of the community.

This was demonstrated in the program in Turkey, where our psychologists, social workers and community volunteers provided community-based psychosocial support through educational and recreational activities for children and adolescents, pregnant and lactating mothers, single parent families with small children and older persons to promote social cohesion and community revitalization among Syrian and other refugee populations.

4. Ensure holistic integration by strengthening referral mechanisms, adherence to treatments and medication supply

International Medical Corps has conducted workshops with different services providers (NGO partners, government staff, community care providers, community leaders) to improve the functioning of integrated mental health services through standardized forms, care and referral pathways, appropriate space for services and psychotropic medication supply.

Referral systems can be strengthened through mapping and workshops to ensure PHC staff are able to provide comprehensive care to people with mental illness and their families, and are supported by specialists, non-specialist community supports, and other agencies who meet diverse patient needs. In Syria, International Medical Corps is the co-chair of a national MHPSS technical reference group and has supported efforts for developing inter-agency referral pathways between different levels of mental health and psychosocial support. Patient follow up is ensured through: psycho-education around importance of continued treatment, tracking patients through

clinic registration and home visits by CHWs & volunteers, text messaging and phone calls, and linking with community leaders and traditional healers to encourage continued treatment. International Medical Corps also collaborates with government officials and local WHO mental health departments to ensure availability of essential psychotropic medications at the PHC level. In Lebanon, International Medical Corps works to supplement existing medications provided through the Ministry of Health, and works in line with the ministry's essential drug list.

5. *Engage in networking, coordination and advocacy*

Networking, coordination and advocacy occur at the national, regional, and community levels through policy development, educational/awareness activities and workshops. Partnerships at various levels enabled effective coordinating mechanisms that promote transparency and regular flows of information and referral between stakeholders, and meeting the basic mental health needs of the population⁸. International Medical Corps is co-leading MHPSS national level coordination groups in Syria, Jordan, and Lebanon. In Jordan, International Medical Corps partnered with Jordan Red Crescent Society — a large, well established organization with an impressive history of providing health care to populations in need, to integrate mental health care into their clinics. International Medical Corps conducts significant outreach and advocacy through mobile teams in Syria, Jordan, Iraq, Lebanon & Turkey with trained health staff and social workers to reach populations in hard to reach areas.

6. *Support sustainability of mental health services integrated into PHC*

In line with International Medical Corps' global approach, we work in partnership with relevant ministries and WHO, to develop country specific mental health programming based on an assessment of existing health systems and strategy. From the start, International Medical Corps works to maximize the use of existing government health care infrastructure and resources that are consistent with national capacities and strategies. This is to promote sustainability and a smooth transition from emergency to long term development. Continuous policy dialogue with government and key stakeholders is necessary to solve issues such as the supply of medicine, supervision, and annual planning.

International Medical Corps understands that integration is most successful when mental health is incorporated into health policy and legislative frameworks that are accompanied by adequate resources. In Lebanon, we have supported the Ministry of Health in the development and implementation of their national mental health strategy. International Medical Corps is expanding integration of mental health services within ministry clinics serving refugee and host populations, improving communication and consultation among trained PHC staff and mental health specialists by strengthening referral networks, and supporting longer term supervision efforts and strategies to transition over to the ministry or local organizations, that can sustain the units following International Medical Corps support.

Impact

International Medical Corps uses the following indicators to report our work and measure outcomes:

Provision of Mental Health Services

- Number of patients (new and follow up) seen through primary health centres and outreach supports
- Number of consultations provided by social workers, psychotherapists, and psychiatrists

Capacity of PHCs

- The number of service delivery points with trained staff for psychosocial activities and mental health services (Iraq- 14, Syria- 5, Turkey- 6, Lebanon- 13, Jordan- 16)

Provision of Mental Health Training and Capacity Building of Staff

- Number trained in Psychological First Aid, mhGAP, TOT, and evidence based brief therapies
- Pre & Post-tests and on the job supervision checklists measuring knowledge and competency in identification, management, and referral
- Number of supervision hours

Outcomes

- Improvement in psychosocial wellbeing and daily functioning—Of those participating in MHPSS programming, 66% of those who have completed their treatment plans developed through a comprehensive interdisciplinary case management approach, have shown an improvement in their daily functioning across Syria, Jordan, & Turkey
- Client satisfaction
- Organizational level Integration, measured using the International Medical Corps PHC Integration Checklist

⁸ International Medical Corps. (2010). Anticipating the Unexpected: Urban Refugee Programming in Jordan Available: <http://internationalmedicalcorps.org/document.doc?id=141>

Recommendations

1. Enhance capacity building of healthcare staff, paraprofessionals and community workers through ongoing training, support and supervision

To Reduce Stigma: Stigma is reduced when seeking mental health care from a primary health care provider (compared to a stand-alone specialized service), because primary health care services are not associated with any specific health conditions, making this level of care far more acceptable, and therefore accessible, for most users and families.

To Improve Human Resource Capacity for Mental Health: Integrating mental health services into primary health is essential to addressing human resource shortages to deliver mental health interventions.

To Improve Health Outcomes for People Treated in Primary Health Care: For most common mental disorders, primary health care can deliver better, more affordable and accessible care than that provided in psychiatric hospitals.

2. Build care systems based on a stepped care model and preventative approach that mobilizes mental health specialists as trainers and referral points for severe cases, and trained non-specialists as main service providers

To Protect Human Rights: Providing treatment at primary health care, supported by secondary health care and informal community care can prevent admission into psychiatric institutions often associated with human rights violations.

To Improve Access to Sustainable and Quality Mental Health Care: Strengthening communication and consultation among trained PHC staff and mental health specialists is a key step in designing a sustainable support and supervision model as part of mental health PHC integration in close collaboration with the government and key stakeholders.

3. Develop and use monitoring and evaluation systems, tools, and core indicators, for measuring outcomes of mental health programming and integration

To Demonstrate Greater Access to, and Utilization of Services: A system for monitoring and evaluation that assesses knowledge and clinical competencies among trainees, client service provision (identification, management, and referral), client satisfaction with services, client outcomes, and organizational level change, is key in identifying successes and gaps, making improvements, and ensuring training program of mental health integration is both sustainable and consistent with existing resources, structures and systems.

International Medical Corps accomplishes this through:

- Ensuring monitoring and evaluation throughout the program term despite its difficulty in emergency contexts, as it can inform future programs with greater efficiency and effectiveness.
- Strengthening the systematic approach to documentation (patient tracking, reporting, etc.) as Health Information Systems are best initiated from the start of the program.
- Developing simple tools for resource, program planning and implementation (e.g. to track core indicators for successful integration, to record clinical data and patient notes) to be used across sites with minimum adaptation.
- Addressing staff attitudes towards documentation so it is understood that it is important to record successes as well as limitations so that corrective steps can be initiated early.

Opinion Piece

“If we truly aim for development through health, we need stronger investment in effective, integrated and low cost mental health programs. Mental health is critically important to the overall health, economy and social development of whole communities and societies - not just individuals experiencing mental illness. If governments, iNGOs and other agencies work together to prioritize and integrate mental health into the development agenda, we can help people with mental illness to rejoin their families and communities to pursue jobs, education, and better health - building better lives for all. The costs of scaling up urgently needed mental health care for millions are small, when compared to the economic costs and real consequences of not systematically addressing mental health as part of development.”

—Ashley Leichner and Inka Weissbecker, *International Medical Corps*

<http://mhinnovation.net/blog/2016/feb/17/millions-around-world-living-treatable-mental-health-conditions-cannot-wait#.VvHwM-IrLIV>

Acknowledgements

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More information

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3. International Medical Corps, **Mental Health Integration into General Health Care: A Step-Wise Approach**, 2016
4. Hijazi, Weissbecker, Chammay, **The Integration of Mental Health into Primary Health Care in Lebanon**, War Trauma Foundation, 9(3), 2011
5. World Health Organization, **WHO Mental Health Gap Action Program**, 2010 http://www.who.int/mental_health/publications/mhGAP_intervention_guide/en/