

Mental Health and Psychosocial Support

Inter-Agency Standing Committee Reference Group on
Mental Health and Psychosocial Support in Emergency Settings

KEY MESSAGE: Mental Health and Psychosocial Support (MHPSS) should be integrated into all humanitarian responses

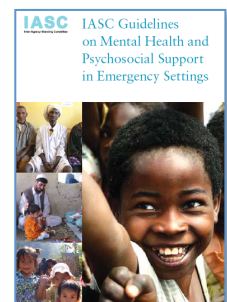
SUB MESSAGE: All people affected by disasters, conflict and chronic adversities should have access to appropriate mental health and psychosocial support to restore day-to-day functioning and recovery.

WHY MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT?

People affected by crises are often exposed to very distressing experiences such as loss of loved ones, loss of home, loss of livelihoods, loss of dignity, sexual and gender-based violence, war atrocities, or torture. The majority of people will experience psychological stress following such events. They may experience feelings of anxiety, hopelessness, the lack of support, or a loss of control. It is estimated that in emergencies, the number of people with common mental disorders increases to 15-20 %. People with severe and chronic mental and neurological conditions (e.g. psychotic disorders) are especially vulnerable in humanitarian emergencies and need access to appropriate care and support.

In addition to directly causing psychological suffering, acute and chronic emergencies often also damage or destroy the social supports and material resources that affected people need for coping and recovery, extending the effects beyond the individual to the social environment. Affected individuals need to recover in order to rebuild society in fragile and disorganized settings. Lack of empowerment, resilience, collective efficacy, cohesion and social capital affects health.¹

The integration of Mental Health and Psychosocial Support within all areas of humanitarian response, aimed at individual and collective recovery², is critical to restoring day-to-day functioning on all levels, supporting resilience after an emergency, and helping those affected access life-saving services. It should be a high priority in humanitarian action. Although there is now increased awareness of the mental health and psychosocial needs of affected populations, MHPSS interventions provided by diverse local and international actors do not always follow best practices or evidence-based principles. Interventions should be implemented according to the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings in order to protect and improve people's mental health and psychosocial well-being. (Please see Annex 1 for the Framework)



“It was November 1986; War was raging in South Lebanon. Bombs falling near our house. We had to flee. I still recall very clearly how fast my parents took crucial decisions to get us to safety and how much energy they needed in the first few months to make sure that we ate and had a warm place to sleep. Being able to take proper decisions, to adapt to changing situations and to provide for yourself and your children is of utmost importance for survival in emergencies. Mental Health can be a matter of life and death.”

Dr Rabih El Chammay, Head of the National Mental Health Programme, Ministry of Public Health Lebanon

¹ Jordans, et al, 2013; Luitel, et al, 2013; Wind & Komproe, 2012; Jordans, et al, 2009

² Studies emphasize that social cohesion and strong local networks to health benefits: indirect (eg, Baum, 1999; Dorzdek, 2014) and direct (eg Wind, Fordham and Komproe, 2011; Wind & Komproe, 2012).

WHAT DO WE RECOMMEND FOR THE NEW AGENDA FOR HUMANITARIAN ACTION?

1. Humanitarian effectiveness

1.1. Ensure inclusion of Mental Health and Psychosocial Support to increase effectiveness of all aspects of the response

Mental Health and Psychosocial Support should be systematically mainstreamed into the work of clusters and sectors to increase efficiency, capacity, predictability, accountability and partnership at the global and field levels. Including Mental Health and Psychosocial Support considerations and interventions can have an added value for all aspects of the humanitarian response. Addressing maternal distress and depression for example can positively impact the health of both children and their mothers through improved feeding and care practices, and increased adherence to medication. Building positive classroom environments and ensuring support for children with behavioural or emotional issues improves learning and educational outcomes.

“During our work with malnutrition in Sahel areas of Chad we increasingly realize the importance of psychological and behavioral health. Integration of mental health aspects in our work is an essential part in our fight against malnutrition, but unfortunately it remains difficult to get these components funded. In ecologically fragile chronic emergencies it really is critical to include mental health and care practices because these interventions can be live saving.”

Clement Cazaubon, Country Director Action conte La Faim, Chad

We recommend

- ➔ Systematic inclusion of Mental Health and Psychosocial Support as part of cross-sectoral coordination, information sharing and dissemination of best practices in response to a crisis
- ➔ Strengthen capacity of local Mental Health and Psychosocial Support coordination mechanisms to provide technical guidance in line with the IASC Guidelines
- ➔ Establishment of surge capacity on Mental Health and Psychosocial Support leadership to facilitate coordination from the early onset of a disaster
- ➔ Provide support to staff and volunteers by enabling them to recognize, deal and cope with stress and the psychosocial consequences deriving from the specific humanitarian context

1.2. Engage local actors and build their capacity for sustained Mental Health and Psychosocial Support systems and supports

The number of people affected by humanitarian crisis continues to increase, with many chronic emergencies continuing facing reduced or limited funding. The social, political, linguistic and cultural complexities of affected populations also call for carefully tailored support that builds local capacity in the longer term. The planning and implementation of effective Mental Health and Psychosocial Support interventions needs to be built on local capacities. This means assessing not only problems but also existing resources, which include formally trained staff and social and health care systems as well as community coping mechanisms. Involving affected populations actively in defining their needs and strengths and building their capacity over time through active engagement, training and mentoring makes responses more effective and sustainable. While local actors have a crucial role in providing humanitarian aid, they often have no or limited access to the cluster system or international coordination platforms.

We recommend

- ➔ Assessing MHPSS needs as well as local capacities and resources when planning programming
- ➔ Identifying, supporting and including local best practices to address mental health and psychosocial support
- ➔ Engagement of local actors to coordination platforms and the cluster system

- Engagement of affected populations, families and communities, women and men, older persons, children and young people, and people with disabilities, in promotion of psychosocial well-being and self-care
- Support capacity development of local agencies and organizations, including government and professional associations, responding to mental health and psychosocial support needs among the affected population

2. Reducing vulnerability and managing risk

2.1. Ensure inclusion of Mental Health and Psychosocial Support in preparing for and responding to crises

Health and social service systems as well as community support structures play a critical role in preparing for and responding to crises. Mental Health and Psychosocial Support should be a key aspect of emergency response and preparedness activities. Even in situations of extreme adversity, many people show considerable resilience and ability to cope when their basic needs are met and they receive emotional and social support from their families and communities. Mental Health and Psychosocial Support services can not only improve functioning and promote resilience in individuals, families and communities, but also facilitate their participation in relief and reconstruction efforts.

We recommend

- Broad support through integration of Mental Health and Psychosocial Support considerations into actions for relief and reconstruction, including *meaningful* participation of affected people, can promote resilience and recovery in individuals, families and communities and improve their functioning
- Build Mental Health and Psychosocial Support capacities as part of general health care and social services and Community Based Organizations (CBOs)
- Facilitate the inclusion of a mental health plan for emergencies as part of the national mental health plan in order to ensure cohesiveness between the emergency plan and the country's mental health system

3. Transformation through innovation

3.1. Supporting documentation and research of cost effective, scalable and quality Mental Health and Psychosocial Support interventions and innovations

The Mental Health and Psychosocial Support needs in humanitarian crises routinely greatly exceed the response capacity of national and international actors, which leaves the majority of people in need without access to appropriate support or care. Increasing coverage and scaling up informed practices remains one of the largest challenges in humanitarian crisis. Global IASC Mental Health and Psychosocial Support Guidelines and recommended interventions exist. However, more research is needed on the effectiveness of different Mental Health and Psychosocial Support interventions in Humanitarian Settings. Investment in these interventions ensures a more cost-effective use of resources

We recommend

- Allocate funding to adapt, document and test evidence-based Mental Health and Psychosocial Support practices and interventions for low-income and humanitarian settings; especially those practices and interventions that can produce impact at scale
- Support partnerships between humanitarian actors and academics to facilitate innovation within the area of mental health in humanitarian settings, both in the adaptation or formulation of intervention approaches as well as for their implementation in diverse and complex field settings
- Development of innovative approaches for strengthening the support capacity that exists within local communities and of Low and Middle Income Governments, especially in advance of major emergencies

4. Serving the needs of people in conflict

4.1. Include Mental Health and Psychosocial Support approaches to prevent and/or reduce conflict

Armed conflicts across the world continue to cause widespread human suffering and very often force people to flee their homes. Refugees and internally displaced persons – as well as other people affected by conflict – experience loss, grief, disruption of everyday life and violence in different ways. These experiences may affect the psychosocial well-being of affected people, can increase their vulnerability towards harmful coping strategies (such as alcohol and substance abuse) and increase the risk for the development of mental disorders and complex psychosocial problems.

Mental Health and Psychosocial Support play an important role in building resilience and healthy coping strategies, recovering after conflict on an individual and community level, and in rebuilding positive social relationships. However, provision of services to persons and communities affected by conflict, especially those living with the threat of violence, can be complex and challenging for both local and international actors – with implications for effectiveness and impact. Working in conflict contexts can also be extremely stressful (and dangerous) for staff, especially local colleagues who live within divided communities.

We recommend

- Mental health and psychosocial activities should be integrated into response to promote resilience and healthy coping strategies
- Mental health and psychosocial considerations and activities should be part of strategies and activities of conflict resolution, peace building, violence reduction, transitional justice, and social justice
- Consolidation of knowledge on conflict-sensitive approaches to Mental Health and Psychosocial Support intervention, including intervention design, operational and service delivery issues and staff-care

“In the summer of 2004, Ahmed was discovered half naked, incoherent, and chained to a tree on the outer edges of a camp for Darfur refugees in Chad, exposed to the blistering sun without shelter, and surrounded by a thorn fence to keep the cattle away. When the family members fled from the militias, he refused to go with them, so they bound him to bring him with them. At the camp, tents were allocated one for each family, not to individuals; therefore, the family had no solution but to chain Ahmed outside and provide food and water, which he often refused. Ahmed was diagnosed as having a paranoid psychosis and was treated with antipsychotic medication. The general practitioner from Chad, running the primary health-care service in the camp, the family, and one of the traditional healers received on-site teaching as part of a continuing mental health training programme to understand Ahmed’s illness and how to treat him. Furthermore, one agency was persuaded to provide an appropriate individual shelter for him near his family. Within a week, Ahmed was calmer and able to communicate intelligibly with his family and health workers. Within a month, he was unchained and continued to be supported by the primary health-care team.”

Lynne Jones, Joseph B Asare, Mustafa El Masri, Andrew Mohanraj, Hassen Sherief, Mark van Ommeren; Severe mental disorders in complex emergencies www.thelancet.com Vol. 374 August 22, 2009

ANNEX

GLOBAL FRAMEWORK

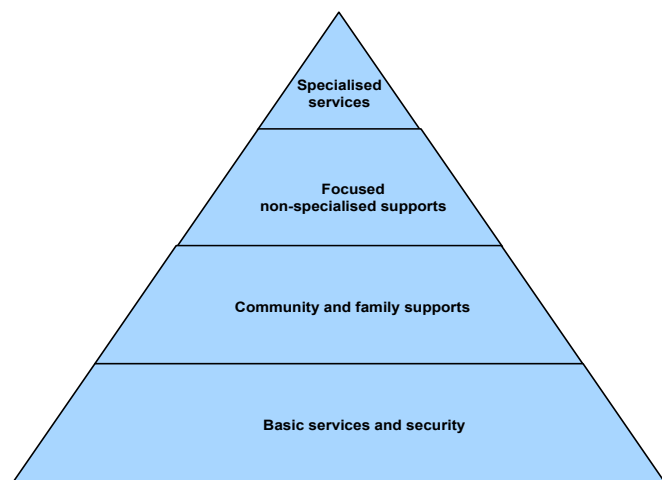
The Inter-Agency Standing Committee (IASC, 2007) Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings provide an overall framework for Mental Health and Psychosocial Support integration, activities and services in humanitarian settings across different sectors such as health, protection and education. The guidelines call for Mental Health and Psychosocial Support services and activities to be implemented in a way that is coordinated, evidence-based, participatory, integrated, avoids harm and builds on existing resources and capacities, and to organizing a multi-layered system of complementary supports that meets the needs of different groups.

Basic services and security: The well-being of *all* people should be protected through the (re) establishment of security, adequate governance and services that address basic physical needs

Community and family supports: A smaller amount of people will be able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports

Focused non-specialized supports: An even smaller group of people requires more focused individual, family or group interventions by trained and supervised workers (who may not have had years of training in specialized care)

Specialized services: The top of the pyramid represents people, who are suffering despite the supports already mentioned in the first levels of the pyramid require special assistance, such as psychological and psychiatric care



Intervention Pyramid for mental health and psychosocial support in emergencies

WHO ARE WE?

The Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings supports and advocates for the implementation of the above-mentioned Guidelines. The Group consists of more than 30 members, and fosters a unique collaboration between NGOs, UN and International Agencies and academics, promoting best practices in Mental Health and Psychosocial Support. The reference group also helps ensure interagency coordination and activities for Mental Health and Psychosocial Support at global, regional and national levels in all types of emergencies settings.