

**TOOL 9****TEMPLATE FOR DESK REVIEW OF PRE-EXISTING INFORMATION RELEVANT TO MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN THE REGION/COUNTRY<sup>21</sup>**

**Why use this tool:** For summarising mental health and psychosocial support (MHPSS) information about this region/country already known before the current humanitarian emergency (to avoid collecting more data on what is already known)

**Method:** Literature review

**Time needed:** Seven to ten days

**Human resources needed:** Two people

## Background

**The main part of this tool (part A) consists of a sample table of contents for a desk review.**

The table of contents in part A of this tool outlines the major topics for which to summarise existing information, but you need to adapt these to each context. The extent to which you can cover each topic depends on the information available. Different information will be available and important in different humanitarian crises. **Generally you can cover each line of the table of contents in one paragraph in the desk review.**

Often, it will be useful to add to the collected information by interviewing national and international experts. Example questions to ask this group are included in part B which refers to primary data that you could collect to complement data identified through the desk review. If time allows, at least two local experts should read through the review before you finalise it.

You should use the tool flexibly to avoid unnecessary repetition in the resulting report. **It is essential that the report is highly readable by people without advanced academic training so you should avoid jargon and theory.** Where possible, the report should be edited into plain language.

The report should be shared electronically with everyone working on mental health and psychosocial support. And, where relevant, the report should be translated into key local languages.

For a guide on how to conduct literature reviews, see Galvan, J.L. (2006). *Writing Literature Reviews: a Guide for Students of the Social and Behavioral and Sciences – 4th Edition*. Pycszak. For an example, see: [http://www.who.int/mental\\_health/emergencies/culture\\_mental\\_health\\_haiti\\_eng.pdf](http://www.who.int/mental_health/emergencies/culture_mental_health_haiti_eng.pdf)

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<sup>21</sup> Source: IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings. Template for Desk Review of Pre-Existing Information Relevant to Mental Health and Psychosocial Support in the Region/Country. In: *IASC Reference Group Mental Health and Psychosocial Support Assessment Guide*, forthcoming. This template has been reproduced here with permission from the IASC Reference Group.

## A. SAMPLE TABLE OF CONTENTS OF A LITERATURE REVIEW

### 1 Introduction

- 1.1 Rationale for the desk review (description of current/recent emergency)
- 1.2 Description of methodology used to collect existing information (including any library search terms you used)

### 2 General context

- 2.1 Geographical aspects (for example, climate, neighbouring countries)
- 2.2 Demographic aspects (for example, population size, age distribution, languages, education/ literacy, religious groups, ethnic groups, migration patterns, groups especially at risk to suffer in humanitarian crises)
- 2.3 Historical aspects (for example, early history, colonisation, recent political history)
- 2.4 Political aspects (for example, organization of state/ government, distribution of power, contesting sub-groups or parties)
- 2.5 Religious aspects (for example, religious groups, important religious beliefs and practices, relationships between different groups)
- 2.6 Economic aspects (for example Human Development Index, main livelihoods and sources of income, unemployment rate, poverty, resources)
- 2.7 Gender and family aspects (for example, organisation of family life, traditional gender roles)
- 2.8 Cultural aspects (traditions, taboos, rituals)
- 2.9 General health aspects
  - 2.9.1 Mortality, threats to mortality, and common diseases
  - 2.9.2 Overview of structure of formal, general health system

### 3 Mental health and psychosocial context

- 3.1. Mental health and psychosocial problems and resources
  - 3.1.1 Epidemiological studies of mental disorders and risk/protective factors conducted in the country, suicide rates
  - 3.1.2 Local expressions (idioms) for distress and folk diagnoses, local concepts of trauma and loss
  - 3.1.3 Explanatory models for mental and psychosocial problems
  - 3.1.4 Concepts of the self/ person (for example relations between body, soul, spirit)
  - 3.1.5 Major sources of distress (for example, poverty, child abuse, infertility)
  - 3.1.6 Role of the formal and informal educational sector in psychosocial support
  - 3.1.7 Role of the formal social sector (for example, social services) in psychosocial support
  - 3.1.8 Role of the informal social sector (for example, community protection systems, neighbourhood systems, other community resources) in psychosocial support
  - 3.1.9 Role of the non-allopathic health system (including traditional health system) in mental health and psychosocial support
  - 3.1.10 Help-seeking patterns (where people go for help and for what problems)
- 3.2 The mental health system
  - 3.2.1 Mental health policy and legislative framework and leadership
  - 3.2.2 Description of the formal mental health services (primary, secondary and tertiary care). Consider the relevant Mental Health Atlas and WHO-AIMS reports among other sources to find out availability of mental health services, mental health human resources, how mental health services are used, how accessible mental health services are (for example distance, fee for service), and the quality of mental health services
  - 3.2.3 Relative roles of government, private sector, NGOs, and traditional healers in providing mental health care

### 4 Humanitarian context

- 4.1 History of humanitarian emergencies in the country
- 4.2 Experiences with past humanitarian aid in general
- 4.3 Experiences with past humanitarian aid involving mental health and psychosocial support

### 5 Conclusion

- 5.1 Expected challenges and gaps in mental health and psychosocial support
- 5.2 Expected opportunities in mental health and psychosocial support

### 6 References

## B. DATA TO BE COLLECTED THROUGH INTERVIEWS WITH CULTURAL AND MEDICAL EXPERTS, SOCIAL ANTHROPOLOGISTS, SOCIOLOGISTS, OTHER SOCIO-CULTURAL EXPERTS OR KEY INFORMANTS

Comment: This refers to primary data that you may collect to complement data identified through the desk review

What are the essential concerns, beliefs, and cultural issues that aid providers should be aware of when working on mental health and psychosocial support for [PROVIDE EXAMPLE TARGET GROUP, FOR EXAMPLE PEOPLE WHO SUFFERED LOSSES; FEMALE SURVIVORS OF SEXUAL VIOLENCE]? What actions should be avoided?

[PROBE IF NECESSARY] about the following.

- Local ways of describing emotional difficulties
- Existing resources to cope with emotional difficulties
- Local power structures (for example local hierarchies based on kinship, age, gender, knowledge of the supernatural)
- The political situation (for example issues of favouritism, corruption, instability)
- Interactions between different social groups (for example, ethnic and religious)
- Socially vulnerable or marginalized groups
- Former difficulties or bad experiences with aid agencies
- Gender relations
- Accepting services organised by people from outside the community
- Anything else that aid providers should know



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