

# ADDRESSING MENTAL HEALTH IN HUMANITARIAN CRISES

## There Is No Health Without Mental Health

Mental disorders cause significant disability and interfere with a person's tasks of daily living, livelihood activities, educational opportunities, physical health, and relationships to others, which also impacts social and economic development. In the context of humanitarian crises, mental health is critical to recovering from disasters and the ability to rebuild.

## Knowledge Exists to Respond

Internationally agreed upon practices and methods now exist that can assist governments, humanitarian NGOs, and other international organizations in addressing mental health and psychosocial support issues among people and communities affected by disasters and humanitarian crises.

## Governments are Key Players

Mental health services should be included in the full range of a government's disaster response, along with health, food and nutrition, clean water and sanitation, shelter and protection. It is important for donor governments to recognize that meeting mental health needs and providing psychosocial support to individuals and communities affected by disasters must be a priority in order to provide an effective emergency response and facilitate recovery efforts.



## Why is it important to address mental health and psychosocial support needs?

### ► **Mental health problems cause significant impairment and disability.**

All mental disorders have in common that they significantly interfere with a person's functioning, including the ability to perform tasks of daily living, engage in livelihood activities, pursue educational opportunities, or maintain social support networks and meaningful relationships. Indeed, mental illness is one of the great invisible burdens on developing societies, accounting for four of the 10 leading causes of disability worldwide.



### ► **People with mental health problems are especially vulnerable in disaster and conflict settings.**

In emergencies, people with pre-existing mental health problems are often dependent on care and assistance from others and may be left without appropriate care. They are also more vulnerable to injuries, discrimination, violence, abuse, and human rights violations.

### ► **Mental health problems of one person affect the whole family.**

People affected with mental disorders who do not have access to appropriate care are often unable to pursue livelihood opportunities or contribute to household tasks, which affects the whole family. Parents with unaddressed mental health issues can neglect physical, nutritional, and emotional needs of their children, which can impair healthy growth and development and predispose children to mental and behavioral problems.

### ► **Mental health problems stunt social and economic development and recovery after conflict or crisis.**

Poor mental health has been linked with unemployment, decreased economic productivity, poor educational achievements, and poverty in both developed and developing countries. Indeed, the World Health Organization (WHO) and the World Bank have recognized that mental health problems can significantly impair economic growth, social progress, and human development.

### ► **Mental health problems cause and worsen physical health problems.**

It has been recognized by the WHO that mental health and physical health are closely related and inter-dependent. Indeed, mental health problems among children and adults increase the risk for various physical health and behavioral problems. People with mental illness are also often less compliant with medical regimens, such as for HIV and TB. In turn, people with physical illness often suffer subsequent mental health problems.

### ► **Mental health problems affect prospects for conflict resolution and peacebuilding.**

Research suggests that people suffering from mental disorders as a result of conflict or violence are less likely to support reconciliation or peacebuilding efforts. Some mental disorders among people involved in combat have been associated with increased domestic violence, and heightened risk for homicide and suicide.

### ► **Mental health and psychosocial support service needs remain largely unmet.**

There is an alarming shortfall in accessible treatment options for people with mental illness in low-resource areas. Low-income countries have 0.05 psychiatrists and 0.16 psychiatric nurses per 100,000 people, compared to 200 times that in high-income countries, and it is estimated that globally 75-85% of those with mental health problems have no access to appropriate intervention. This number is even higher in countries affected by conflict and crises.

### ► **Mental health is often neglected and under-funded.**

Despite the high disease burden, mental health is largely missing from the global public health agenda and remains one of the most under-funded areas of health care, especially in low-income countries. Mental health and psychosocial support generally still receive a low priority by governments and donors in the context of responding to disaster.

By making mental health and psychosocial support an integral part of our programming, we fill an important gap in the global humanitarian response while helping restore communities back to functioning and improving well-being and quality of life.



## Our Approach to Mental Health and Psychosocial Support

International Medical Corps' approach to meeting mental health and psychosocial support needs among those affected by conflict and crises is based on the following principles:

### ► A foundation in global guidelines and best practices

Our programming is based on internationally accepted guidelines and best practices such as the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings, to which International Medical Corps has been an active contributor, as well as the Sphere Project Humanitarian Charter and Minimum Standards in Humanitarian Response.

### ► Holistic, integrated programming

Our programs are holistic, integrated, and accessible interventions that complement other services such as health care and nutrition. Where possible, International Medical Corps integrates mental health services with primary health care centers and facilitates psychosocial support programs that address the community's needs for active participation in recovery and rebuilding.

### ► Focus on the spectrum of support

International Medical Corps programming covers the entire spectrum of mental health and psychosocial support, ranging from psychological first aid and community services designed to meet basic needs of an entire population, to mental health services for individuals needing more specialized care. (See Figure 1.)

### ► Building sustainable local capacity

The lack of mental health services and resources, together with the social stigma of mental illness, means we invariably begin our work in an environment with little — if any — existing capacity. We maximize the use of existing government health care infrastructure, while also building positive

relationships with community leaders and traditional healers. We strengthen host-nation capacity through training and mentoring professional staff and by promoting the creation of facilities that support care of those with mental health problems.

### ► Respecting cultural practices

Expressions of distress and mental health needs are shaped by the local culture. Our programs are developed with guidance and input from local communities and stakeholders. Our materials are carefully adapted in collaboration with local counterparts to fit with the cultural context.

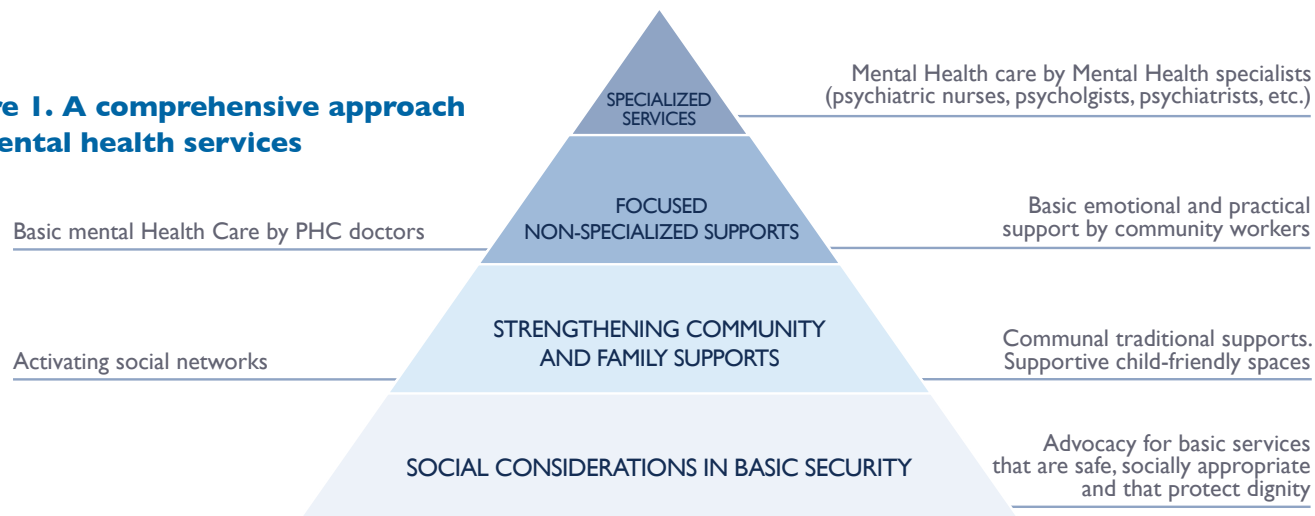
### ► Creating innovative solutions and evaluating outcomes

Our teams have conducted evidence-based research on depression rates among women in Darfur and designed innovative pilot studies in northern Uganda and Sierra Leone that combine emergency feeding with enhancing mother-child interaction and improving maternal mood. International Medical Corps has also led efforts on developing guidelines for conducting research on mental health and psychosocial issues in the context of disaster and crises.

### ► Active participation in global forums

International Medical Corps has contributed to numerous international guidelines including Sphere, the WHO mhGAP guidelines for the integration of mental health into general health care, emerging ICD-11 mental health classifications, and various WHO and IASC guidelines. We also co-chair the working group on mental health in conflict and crisis of the Humanitarian Action Summit/Harvard Humanitarian Initiative.

**Figure 1. A comprehensive approach to mental health services**





# International Medical Corps Program Highlights

## Integrating mental health into general health care

A key aspect of our strategy is to train local health professionals to recognize and treat the signs of mental disorders as part of mainstream, community level primary health care and to work at the grassroots level to change attitudes toward those with mental health problems. We also establish outreach and mobile mental health services and attach social workers and psychologists to health care teams. Such integration has been a key aspect of our programming in Jordan, Syria, Lebanon, Gaza, Sierra Leone, Ethiopia, and Haiti.

## Promoting early childhood development

Young children in low-resource settings are particularly vulnerable to falling behind on important milestones in their physical, cognitive, social, and emotional development, with potential long-term impacts on health and educational achievements. Factors such as under-nutrition, exposure to multiple traumatic experiences, the stressors of displacement and camp life, and maternal depression make children increasingly vulnerable. International Medical Corps integrates early childhood development (ECD) methodology into existing services, making ECD more accessible and ensuring that the most vulnerable are reached in countries such as Sierra Leone, Ethiopia, Uganda, Syria, and Jordan.

## Empowering youth in the Middle East

Refugee youth can be socially isolated, feel disconnected from their communities, experience depression or hopelessness, and can engage in problematic behavior such as substance abuse and violence. In Jordan, International Medical Corps has created a Youth Empowerment Program involving Iraqi refugee and Jordanian youth. The program trains trusted members of the community to teach life skills, lead discussion groups, and engage youth in a community project of their choosing.

## Building capacity in Haiti

Following the January 2010 earthquake, many Haitians were left at high risk of developing mental illness, both because of the quake itself and the difficulties associated with prolonged recovery, such as displacement and lack of employment. International Medical Corps treated mental health patients at the General Hospital in downtown Port-au-Prince and integrated mental health care into primary health care at mobile clinic sites. We trained community health workers in critical areas such as primary and maternal/child health care, medical staff on conducting psychiatric evaluations and performing mental status exams, and government officers working with children's residential centers to improve children's well-being, safety, and development.

## Providing psychological first aid in Japan

International Medical Corps is working with the Japanese government, other NGOs, and coordination bodies to identify mental health needs following the earthquake. International Medical Corps trained local organizations of phone counselors in psychological first aid to provide psychosocial support and link people to basic services.



Headquarters: 1919 Santa Monica Blvd., Suite 400 • Santa Monica, CA 90404 • Phone: 310-826-7800 • Fax: 310-442-6622  
Washington, DC: 1313 L Street, NW, Suite 220 • Washington, DC 20005 • Phone: 202-828-5155 • Fax: 202-828-5156

[www.InternationalMedicalCorps.org](http://www.InternationalMedicalCorps.org)