Mental Health and Psychosocial Support Capacities and Experiences

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International Medical Corps

CONTENTS

WHY ADDRESS MENTAL HEALTH?

• Mental illness is one of the great invisible burdens on all societies, accounting for 4 of the 10 leading causes of disability worldwide.

• Populations affected by conflict and crisis are not only faced with stressful experiences such as violence and loss, but also often have to adapt to the challenges of new environments such as transitional and camp facilities. Distressing experiences and fragmented or insufficient services can lead to unaddressed mental health and psychosocial issues, impacting the welfare and functioning of individuals and families.

• The percentage of the population experiencing common mental disorders doubles (from 10% to about 20%) during an emergency, while those with pre-existing and severe mental illnesses remain especially vulnerable and often have no access to care.

• A severe shortage of qualified and trained mental health professionals exists worldwide. There is only one psychiatrist per every two million people in low-income countries and there are often zero to only a few qualified psychologists or social workers.

• Mental health problems affect a person's ability to function, carry out day-to-day tasks and establish or maintain relationships. Good mental health and psychosocial well-being are essential for adapting to new situations and challenges and for rebuilding and recovering in the context of a humanitarian crisis.

OUR APPROACH

International Medical Corps takes a leadership role in mental health by contributing to and working in line with national and global guidelines for improving mental health and well-being among affected populations. International Medical Corps strengthens national health systems by building human resource capacity for mental health service provision among general staff (e.g. general health care) or more specialized providers (e.g. psychologists, social workers, psychiatrists). We increase the availability of accessible, non-stigmatizing, culturally acceptable and quality mental health services. Our psychosocial activities teach life skills, offer recreational outlets and build social support networks while empowering affected populations including children and youth. We integrate Early Childhood Development (ECD) with nutrition and health programs to foster child development and growth. International Medical Corps helps people affected by mental health problems and their families connect with one another, contribute to their communities in positive ways and advocate for their rights.

OUR VISION

Improved access and availability of evidence based, high quality and culturally sensitive mental health services and psychosocial support for populations affected by conflict and crisis.

OUR MISSION

To build sustainable local capacities and provide comprehensive, integrated and community based mental health services and psychosocial support activities that promote the resilience, and overall wellbeing of vulnerable refugee, internally displaced and host populations.

International Medical Corps is experienced in responding to mental health and psychosocial needs in the context of humanitarian crises, as well as in mental health system strengthening and informing national policies in the longer term development context. International Medical Corps is currently implementing relief, training and long-term development programs in over 30 countries including Mental Health and Psychosocial Programs in 16 countries.

MIDDLE EAST: Jordan, Syria, Lebanon, Gaza, Iraq, Turkey, Libya, Yemen
SOUTH AND CENTRAL AFRICA: Ethiopia, South Sudan, Central African Republic, Cameroon
WEST AFRICA: Sierra Leone, Liberia
CENTRAL AND EAST ASIA: Afghanistan, Philippines

1. ADVOCACY AND CONTRIBUTION TO GLOBAL MENTAL HEALTH AND PSYCHOSOCIAL GUIDELINES

1.1. Advocating for Including Mental Health in Relief and Development Programs

APPROACH

International Medical Corps realizes the importance of including Mental Health and Psychosocial Support in relief and development programs and regularly engages in advocacy with national governments, international agencies and organizations, policy makers and donors. When working with local communities, International Medical Corps promotes the rights of people with mental illness, helps fight stigma, and facilitates participation and mutual support of those affected and their families.

PAST AND ONGOING PROJECTS

- International Medical Corps together with The Center for Victims of Torture (CVT) is co-chairing a DC-based global mental health advocacy working group which was launched in September 2013, the working group leverages the clinical and policy-related expertise and assets of member organizations to develop coordinated policy, educational and advocacy initiatives in humanitarian, transition and development settings with the U.S. government and multilateral agencies. Members include the American Refugee Committee, John Snow Inc., International Rescue Committee (IRC), Handicap International and U.S. Committee for Refugees and Immigrants (USCRI) among others.

Annie Toro (left, International Medical Corps Senior Advisor, Global Health Policy & Advocacy) and Inka Weissbecker (right, International Medical Corps Global Mental Health and Psychosocial Advisor) discussing global MH with Congressman McDermott

- International Medical Corps consistently organizes or participates in panels highlighting the importance of mental health and psychosocial programs giving good practice examples. Recently we organized an inter-agency panel on integrating mental health in general health care (with PAHO, CVT, Georgetown University) for World Health Day (April 7th 2014), a panel on strengthening human resources for mental health at the PAHO Human Resource Capacity Strengthening Meeting (November 2014 in Brazil) and a capitol hill briefing presentation with MSH and the Frontline Health Workers Coalition (June 2013, see related blog post: http://www.impatientoptimists.org/Posts/2013/05/Tackling-the-global-burden-of-mental-health-an-impossible-task-without-frontline-health-workers) Another Capitol Hill briefing on mental health is planned for 2014.

- International Medical Corps co-moderated the session on Mental Health and Psychosocial Support for the 2014 UNHCR consultations with NGOs (June 2014). This is the first time MHPSS has been included in the NGO consultations.

- International Medical Corps advocates with policy makers for supporting and allocating resources to mental health, especially for countries affected by crisis and conflict. In October 2013, International Medical Corps' Global Mental Health Advisor and Global Health Policy and Advocacy Senior Advisor visited five congressional/senate offices to discuss mental health. In April 2014, International Medical Corps and Center for Victims of Torture wrote a letter, which was also signed by other agencies, to representatives of the US House and Senate advocating for the "prioritization, quality, accessibility and availability of mental health within U.S. international development and foreign policy agendas" and suggesting specific language to include in appropriations for the fiscal year.

- International Medical Corps actively involves people with mental illness in advocating for their rights, supporting one another and taking on leadership roles. In 2013, the International Medical Corps Gaza team trained peer leaders recovering from mental illness and supported the first mental health user association together with WHO called "Friends for Mental Health". Peer leaders learned skills to engage within their families and communities, support others and facilitate access to formal mental health services when needed.

- Every year International Medical Corps celebrates World Mental Health Day on October 10th by supporting country programs in organizing events and participating in a global WHO meeting. In 2013, Jordan, Lebanon, Gaza, Afghanistan, Turkey and Ethiopia participated by organizing events (for more detail, see: https://internationalmedicalcorps.org/world-mentalhealth-day-2013#.U1rA3qUsqll)

MH Day celebration in Somali Refugee Camp (Dollo Ado, Ethiopia)

1.2. Promoting and Contributing to Best Practices and Guidelines

APPROACH

International Medical Corps is committed to following up-to-date best practices and internationally accepted guidelines such as the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings to which International Medical Corps has contributed to WHO guidelines on mental health. International Medical Corps frequently distributes and promotes guidelines and resources since not all local or international actors are aware of them, especially in the early phases of an emergency.

PAST AND ONGOING PROJECTS

- International Medical Corps has contributed to numerous international tools and documents such as IASC MHPSS Guidelines and Sub-Guidelines (e.g. assessment, health), ICD-11 mental health classifications, the WHO 2011 Psychological First Aid Guide for Field Workers and the WHO/UNHCR 2012 MHPSS assessment toolkit for humanitarian settings.

- International Medical Corps continues to be an active working group member of the global IASC MHPSS Reference Group.

- International Medical Corps has been part of the Guidelines Development Group (GDG) for the WHO mhGAP Intervention Guidelines for the integration of mental health into general health care. We have also produced 10 mhGAP instructional videos together with WHO (2012 -2013) which are now used to train general health care providers in various countries (see https://internationalmedicalcorps.org/imc/training/mental-health-gap-action-programme#.U5oGRqUsrII).

International Medical Corps mhGAP training video (behavioral disorders)

- International Medical Corps has contributed to official translations of guidance documents in several languages (e.g. Arabic).

- International Medical Corps has co-chaired the working group on mental health in conflict and crisis of the Harvard Humanitarian Action Summit (2009 and 2011) which published guidance on research and evaluation in humanitarian settings and on transitioning mental health programs from the emergency phase to development (see publications list below).

- International Medical Corps has been co-organizing and teaching the annual "Mental Health in Complex Emergencies Course" together with the Center for International Humanitarian Cooperation (CIHC), Fordham University and HealthNet TPO for the past nine years. The course is organized in a different country each year, draws participants from around the world and engages additional instructors from WHO, UNHCR, UNFPA and Academia such as John's Hopkins and Columbia University (for more information, see: http://www.cihc.org/mhcea).

RELEVANT DOCUMENTS AND PUBLICATIONS

WHO/UNHCR (2013). Assessment and Management of Conditions Specifically Related to Stress: mhGAP Intervention Guide Module (version 1.0). (IMC acknowledges reviewer and has been part of the WHO mhGAP Guidelines Development Group, GDG)

IASC MHPSS Reference Group (2012). IASC MHPSS Assessment Guide. (IMC acknowledged for leading body of document together with WHO leading content)

WHO/UNHCR (2012), Assessing Mental Health and Psychosocial Needs and Resources: WHO Toolkit for Major Humanitarian Crises. (IMC acknowledged as contributing and IMC good practice examples cited)

WHO (2010). mhGAP Intervention Guide for Mental, Neurological and Substance use Disorders in Non-specialized Health Settings.

Allden, K., Jones, L., Weissbecker, I. et al. (2009). MHPSS in Crisis and Conflict: Report of the MH Working Group—Humanitarian Action Summit. Guidelines for MHPSS Assessments, Research and Evaluations in Emergencies, 2009. Prehospital
Disaster Medicine, 24(4), s217-s227. (IMC co-author)

Inter-Agency Standing Committee (IASC, 2007) Guidelines on Mental Health and Psychosocial Support in Emergency Settings. (IMC contributed)

Inter-Agency Standing Committee (IASC, 2010) Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know? (IMC contributed).

Suzuki Y, Weissbecker I. (2011). Post-disaster Mental Health Care in Japan. Lancet. 2011 Jul 23; 378(9788):317. (IMC co-author)

1.3. Taking a Lead on MHPSS Mapping, Assessment and Coordination

APPROACH

- Setting up an MHPSS coordination group as well as assessments and mapping are recommended by IASC guidelines to facilitate sharing of information and the design and implementation of programs that fill existing gaps and complement efforts of national agencies and global actors.

- International Medical Corps frequently facilitates coordination and information sharing efforts among various agencies, both at the country level (through MHPSS coordination groups reporting to health and protection clusters) and the global level (through the IASC Reference Group).

- In both emergency and development contexts, International Medical Corps produces high quality MHPSS assessments to guide programming and shares findings with other organizations and stakeholders. International Medical Corps has significantly contributed to global WHO/UNHCR and IASC assessment guidelines, which have cited International Medical Corps assessments to be of high quality.

PAST AND ONGOING PROJECTS

- International Medical Corps co-leads national level MHPSS coordination groups in Jordan together with WHO, in Lebanon (north) and Syria with UNHCR and in Ethiopia (Dollo Ado camps).

- International Medical Corps has produced various comprehensive MHPSS Assessment reports (available at http://www.mhpss.net/ and upon request) including: Libya (2011), Jordan (2012 and 2013), Ethiopia (2012), South Sudan (2013 and 2014) and Central African Republic (2014).
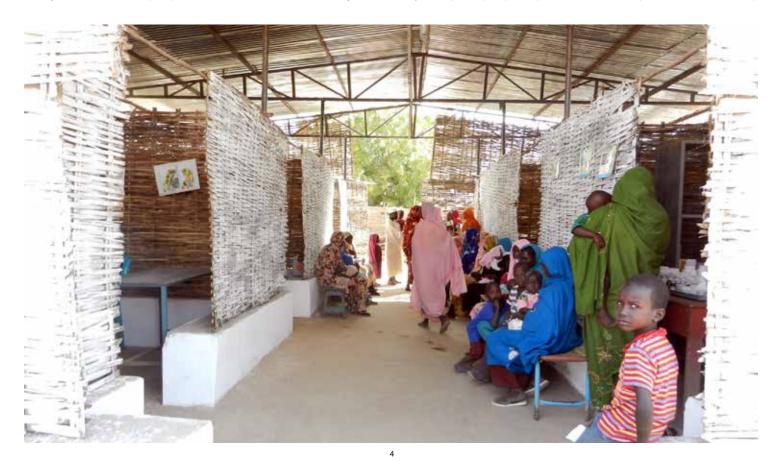
RELEVANT DOCUMENTS AND PUBLICATIONS

Baca, M.J., Fayyad, K., Marini, A., & Weissbecker, I. (2012) The Development of a Comprehensive Mapping Service for Mental Health and Psychosocial Support in Jordan.

Volume 10, Number 2, Page 177 – 187 (International Medical Corps first author and co-author).

Fitzgerald, C., Elkaied A. & Weissbecker, I. (2012). Mapping of Mental Health and Psychosocial Support in Post Conflict Libya. Intervention, Volume 10, Number 2, Page 188 – 200 (International Medical Corps first author and co-author).

Patel. P. et al (2012). Transitioning Mental Health & Psychosocial Support: From Short-Term Emergency to Sustainable Post-Disaster Development. Pre-Hospital Disaster Medicine, 8, 55-66 (International Medical Corps co-author).

Hijazi Z. & Weissbecker I., (2010). Are Assessments in a Humanitarian Setting Ethical? Monday Developments (June), 21-34 (International Medical Corps first author and co-author).

2. IMPLEMENTATION OF INTEGRATED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES AND ACTIVITIES

2.1. Psychological First Aid

APPROACH

- Awareness of the principles of Psychological First Aid (PFA) among staff and volunteers responding to conflict and crisis is recommended by global IASC MHPSS guidelines and is an integral part of International Medical Corps' emergency response.

- PFA is a non-intrusive way of providing psychosocial support which teaches doing no harm, normal reactions to stress and loss, listening in a supportive way, strengthening positive coping strategies, ways of linking people to needed services including specialized referrals for those experiencing severe distress as well as staff self-care.

- International Medical Corps was one of the contributors to the WHO/ WTF/WV 2011 PFA guide and now carefully tailors training materials to the cultural context and job roles of trainees. International Medical Corps has further developed PFA material to include training material as part of a training of trainers program that aims to promote sustainable capacity building of local staff.

RELEVANT DOCUMENTS AND PUBLICATIONS

WHO/WV/WTF (2011). Psychological First Aid Guide for Field Workers (International Medical Corps listed as contributor).

Semlitz, L., Ogiwara, K. Weissbecker, I. et al. (2013). Psychological First Aid Training After Japan's Triple Disaster: Changes in Perceived Self Competency. International Journal of Emergency Mental Health and Human Resilience, 15 (3), 181-19 (International Medical Corps is program implementer and co-author).

PAST AND ONGOING PROJECTS

- International Medical Corps has provided PFA trainings in various settings including Jordan, Lebanon, Turkey, Syria, Libya, Tunisia, Gaza, Kyrgyzstan, Haiti, and Japan.

- International Medical Corps Japan PFA training evaluations have shown that PFA increases perceived competency in assisting people suffering from distress. An International Medical Corps PFA Training of Trainers program is currently underway in Turkey and Lebanon.

International Medical Corps Conducting PFA Training of Trainers (Japan)

2.2. Integration of Mental Health into General Health Care

APPROACH

- Integrating mental health services with primary health care (MH PHC) by training non-specialized health care providers in identifying and managing priority conditions has been recommended by WHO and IASC. Such integrated services make mental health care more widely available, accessible, and less stigmatizing while also being more cost effective than centralized care.

- International Medical Corps uses a comprehensive approach to MH PHC integration including working with national governments, adapting training materials to the local context, providing both theoretical training and supervision, supporting institutional changes and capacity building and evaluating results to inform policy, practice and scale-up.

RELEVANT DOCUMENTS AND PUBLICATIONS

Hijazi Z. & Weissbecker I.,Chammay, R. (2011). The Integration of Mental Health into Primary Health Care in Lebanon. Intervention Journal. 9(3), 265 – 278. (IMC first author and co-author)

Rose, N., Hughes, P., Ali, S., & Jones, L. (2011). Integrating Mental Health into Primary Health Care Settings After an Emergency: Lessons from Haiti. Intervention Journal. 9(3), 211 – 224. (IMC first author and co-author)

Sabah et al (2011). Integrating Mental Health into Primary Health Care in Iraq. Mental Health in Family Medicine, 8(1), 39-49. (IMC first author and co-author)

Jones, L. Ghni, H., Mohanraj, A., et al (2007). Crisis into Opportunity: Setting Up Community Mental Health Services in Post Tsunami Aceh. Asia Pacific Journal of Public Health, 19: 60-68. (IMC first author and co-author)

IMC Handout: IMCs Approach to Mental Health PHC Integration

PAST AND ONGOING PROJECTS

- International Medical Corps MH PHC integration programs have been implemented in Sierra Leone, Haiti, Aceh, Sri Lanka, Afghanistan, Jordan, Syria, Gaza, Iraq, and Lebanon.

- International Medical Corps is piloting an innovative mhGAP e-learning program in Jordan, which uses an internet platform and self-study modules in addition to face-to-face workshops.

- Our MH PHC integration program in Lebanon is now informing national mental health policy. International Medical Corps has contributed to developing the WHO PHC MH integration checklist and has been piloting this checklist in over 10 countries.

- Evaluations of International Medical Corps' mental health PHC integration programs have shown improved knowledge, practice and attitudes among trained health care providers as well as enhanced facility level integration and better functioning referral pathways.

- Beginning in 2014 , International Medical Corps is documenting lessons learned and generating case studies on the process of integrating mental health into general health care in three humanitarian settings (South Sudan, Central African Republic, Philippines) to be shared with various national and global agencies and organizations (funding from OFDA).

2.3. Specialized Community Mental Health and Psychosocial Support Services

APPROACH

- People experiencing mental health problems in settings affected by humanitarian crisis including refugee settings often have multiple and complex needs which require a comprehensive multi-disciplinary approach.

- Specialized mental health and case management training includes capacity building of various staff such as social workers and psychologists to provide client centered services at the community level (e.g. through PHC clinics, community centers).

- As part of this approach, International Medical Corps often takes an active role in creating community mapping and service guides and establishes inter-agency referral pathways and procedures. The International Medical Corps Mental Health Case Management approach is still relatively new and the organization presented this approach at the 2013 IASC MHPSS meeting and 2014 UNHCR Urban refugee webinar, and is currently evaluating its effectiveness via PRM funding in Jordan.

PAST AND ONGOING PROJECTS

- International Medical Corps has developed mental health case management systems in Jordan, Southern Turkey, Syria, Lebanon, Gaza, Libya, Ethiopia and Haiti. Case managers work as part of the Primary Health Care system and within multi-disciplinary teams to ensure a continuum of effective services.

- An evaluation as part of our Jordan program found that this program improved clients' mental health and reduced use of prescription medications. A PRM funded Mental Health and Psychosocial Support Case Management research project in Jordan is currently underway (2013-2015). The project aims to evaluate International Medical Corps' comprehensive mental health service provision programming aimed at refugees and the vulnerable host population in Jordan, and contribute to improved methods and evaluation tools and by advancing the evidence base on comprehensive mental health interventions for conflict affected refugee populations.

RELEVANT DOCUMENTS AND PUBLICATIONS

International Medical Corps Handout: International Medical Corps' Approach to Mental Health Case Management

2.4. Psychiatric Hospitals and Rehabilitation

APPROACH

- People with severe and chronic mental disorders tend to be among the most vulnerable in humanitarian emergencies or low resource settings. Only very few international agencies provide support and services for people with severe mental illness.

- When supporting mental health facilities, International Medical Corps uses guidance from the WHO Quality Rights Toolkit for assessing and improving quality and human rights in mental health and social care facilities.

International Medical Corps Gaza trained Peer Support Workers

- International Medical Corps utilizes a Community Based Rehabilitation (CBR) approach, which supports people with mental illness living and working in their communities to the greatest extent possible and provides access to educational, vocational, employment, and recreational opportunities and activities.

- International Medical Corps supports the rights of people with mental disorders and believes that those affected and their families have unique abilities and strengths and should be involved in designing, implementing and evaluating MHPSS programs. People recovering from mental illness also have abilities to support and reach out to others and to reinforce social and community supports, community inclusion and access to care.

PAST AND ONGOING PROJECTS

- In Afghanistan, International Medical Corps has been supporting the Kabul Mental Hospital since 2010, including training of all levels of staff, institutional capacity building (e.g. implementing hospital policies and procedures including quality checklists, risk assessment and management, seclusion and restraint, medication management, admission and discharge procedures, standardized files and forms) and provision of medicines, materials and supplies. Ongoing evaluation shows that quality hospital standards have improved from under 30% to over 75%.

- International Medical Corps Gaza supported the Gaza Community Mental Health Program Rehabilitation Center for people with severe mental illness through capacity building of staff in vocational training and CBR as well as provision of materials and supplies and provision of space. International Medical Corps Gaza trained peer support workers and family members to reach out within their families and communities, support others with mental illness, work closely with mental health service staff and Community Based Organizations (CBOs) and facilitate access to formal mental health services where needed.

RELEVANT DOCUMENTS AND PUBLICATIONS

Jones, L., Asare, J. B., El Masri, M., Mohanraj, A., Sherief, H., & van Ommeren, M. (2009). Severe Mental Disorders in Complex Emergencies. Lancet, 374(9690), 654-661. (International Medical Corps first author and co-author)

International Medical Corps (2013). Patient Empowerment in Gaza: Supporting Mental Health Service User Peer Support Networks. Internal case report available
upon request.

2.5. Early Childhood Development (ECD)

APPROACH

- IASC MHPSS guidelines and UNICEF recommend integrating ECD into nutrition programs in emergency settings. In emergencies, mothers are more likely to suffer distress and depression, which also impacts their ability to take care of children. Play and early infant stimulation are crucial for brain development and improve child health and nutritional outcomes as well as maternal mood.

- ECD focuses on improving parent-child interactions and increases parents' knowledge about the child's developmental milestones as well as emotional and cognitive needs.

- International Medical Corps' Early Child Development programming is integrated within existing structures such as nutrition programs, PHC and community centers.

PAST AND ONGOING PROJECTS

- International Medical Corps has implemented ECD programs in Jordan, Syria, Lebanon, Gaza, Ethiopia, Somalia, Uganda, Sierra Leone, and Haiti.

- In Syria and Gaza, ECD trainings are conducted for parents/caregivers of children with disabilities. The organization provides psycho educational rehabilitative services, including follow up services to children. This program uses a family approach and includes activities such as choir and theatre, outdoor activities, and psychiatric/psychosocial consultations. Improvements in child behavior and parent child interaction are assessed as part of this program.

- International Medical Corps evaluations of ECD outcomes show improved maternal knowledge of child development, maternal mood, and mother-child interaction. The organization also published a controlled trial of ECD in Uganda showing the same positive outcomes.

RELEVANT DOCUMENTS AND PUBLICATIONS

Norris, J., Jones, L. et al (2012). Does Combining Infant Stimulation With Emergency Feeding Improve Psychosocial Outcomes for Displaced Mothers and Babies? A Controlled Evaluation From Northern Uganda. American Journal of Orthopsychiatry, 82, No. 3, 349–357. (International Medical Corps implementer and co-author).

UNICEF/WHO (2012). Integrating Early Childhood Development (ECD) Activities into Nutrition Programs in Emergencies. Why, What and How. (Former IMC staff Author (Lynne Jones), International Medical Corps listed as contributing author).

Handout: International Medical Corps' Approach to Early Childhood Development.

2.6. Child and Youth Psychosocial Programs

APPROACH

- Psychosocial activities can enhance community social support and participation. The types of activities are decided upon based on input and participation of the affected population.

- International Medical Corps' projects for children and youth are not only recreational but aim to build key life skills, involve families and community leaders and further build their capacity, strengthen social support networks and make important contributions to building communities.

PAST AND ONGOING PROJECTS

- International Medical Corps has implemented Youth Empowerment programs and child or youth friendly spaces in Jordan, Turkey, Syria and Lebanon.

- In Jordan, the organization conducted a Youth Empowerment Program (YEP) involving Iraqi refugee youth and vulnerable Jordanian youth in learning life skills and participating in community restoration projects. Youth reported decreased depression, and anxiety; and improved social support, and community connectedness. International Medical Corps Jordan also organized a photo camp for vulnerable children and youth in partnership with National Geographic resulting in skills building and recognition among youth as well as in international exhibitions.

International Medical Corps child friendly space in Za'atari camp for Syrian refugees in Jordan

2.7. Psychosocial Support for Ebola

APPROACH

- People affected by Ebola and their families face various stressors including health related fears, and fears about contamination or spreading the disease. People suspected or confirmed of having Ebola Virus Disease (EVD) have to face not only fear but also isolation in medical facilities. People who have been medically cleared as well as family members and health care providers may also face social isolation, rumors, exclusion and even violence in their communities. Important rituals of grieving such funeral and burial practices are disrupted. Health care staff are confronted with stressful working environments of witnessing considerable suffering and grief among people affected and their families. They have to battle their own fear and concerns about the disease.

- It is recommended "the provision of quality clinical care, and material and psychosocial support for the affected populations should be used"[1] as part of the response in Ebola affected areas.

- In 2014 International Medical Corps began responding to the Ebola outbreak in Sierra Leone and Liberia by setting up Ebola Treatment Centers (ETCs). Psychosocial support for individuals and communities affected by Ebola as well as for health care providers has been an integral component of the response. International Medical Corps psychosocial staff are engaged in community outreach, education and psychosocial support to EVD patients admitted to the ETC and their families and follow-up support for re-integration of survivors. Some EVD survivors are also now working as part of the International Medical Corps psychosocial team and help support others. Health staff working at ETCs receive basic support such as stress management informational sessions and individual support as needed.

ONGOING PROJECTS

- International Medical Corps is implementing Ebola response activities as part of ETCs in Liberia and Sierra Leone and also planning to implement Ebola training, preparedness and response activities in Guinea and Mali.

International Medical Corps providing care at our ETC in Sierra Leone

RELEVANT DOCUMENTS AND PUBLICATIONS

International Medical Corps Sierra Leone (2014) Assessment of Mental Health and Psychosocial Support (MHPSS) Needs and Resources in the Context of Ebola.

World Health Organization, CBM, World Vision International & UNICEF. Psychological First Aid during Ebola virus disease outbreaks (provisional version). WHO, Geneva, September 2014.

[1] WHO Statement on the Meeting of the International Health Regulations Emergency Committee Regarding the 2014 Ebola Outbreak in West Africa. WHO statement 8 August 2014, http://www.who.int/mediacentre/news/statements/2014/ebola-20140808/en/

COUNTRY/ AREA	DONORS	MAPPING & COORDINATION	MHPSS ADVOCACY	PSYCHOLOGICAL FIRST AID	MH IN GENERAL HEALTH CARE	MH CASE MANAGEMENT	SPECIALIZED MH SERVICES & REHABILITATION	PEER TO PEER SUPPORT	EARLY CHILDHOOD DEVELOPMENT	CHILD & YOUTH ACTIVITY PROGRAMS	SUPPORTING PEOPLE WITH DISABILITIES	EBOLA RESPONSE PSYCHOSOCIAL SUPPORT
Gaza	EC, USAID						●	●	●			
Iraq	PRM, DFID Exxon Mobil			●	●	●				●		
Jordan	PRM, DFID, OFDA UNICEF, UNHCR,	●●	●	●	●	●	●		●	●		
Lebanon	PRM, DFID, UNHCR	●	●	●	●	●			●	●		
Libya	EC					●		●		●	●	
Syria	PRM, UNHCR, DFID, CIDA, Norwegian	●●	●	●	●	●			●	●	●	
Turkey	PRM, DFID, OFDA			●	●	●	●			●		
Yemen	UNHCR	●			●							
Afghanistan	EC					●●	●●	●				
Philippines	AmeriCares			●	●	●	●					
South Sudan	DFID, PRM				●							
CAR	OFDA				●							
Ethiopia	PRM		●●		●●●	●●						
Sierra Leone	CIFF, OFDA, ECHO, Irish Aid, DFID	●		●							●	●
Liberia	OFDA, ECHO, Irish Aid			●							●	●
Cameroon	Gates				●							

● Completed within last 6 months   ● Ongoing   ● Proposed or Planned (as of June 2014)

2014
Weissbecker, I., & Jones, L. (2014). International Response to Natural and Men-Made Disasters. Mental health in humanitarian crises. Chapter 34. In: Essentials of Global Mental Health, Editor: Samuel O. Okpaku, Publisher: Cambridge University Press.

Tol W.A., Barbui C., Bisson J., Cohen J., Hijazi Z., Weissbecker, I. et al. (2014) World Health Organization Guidelines for Management of Acute Stress, PTSD, and Bereavement: Key Challenges on the Road Ahead. PLoS Med 11(12): e1001769. doi:10.1371/journal.pmed.1001769

2013
Tol, W.A., Bastin, P., Jordans, M.J.D., Minas, H., Souza, R., Weissbecker, I. & van Ommeren, M. (2013). Mental Health and Psychosocial Support in Humanitarian Settings. In: Global Mental Health: Principles and Practice, Editors: V. Patel, M. Prince, A. Cohen, H. Minas, Publisher: Oxford University Press

Maerker et al. incl. Weissbecker, I. (2013). Proposals for mental disorders specifically associated with stress in the International Classification of Diseases-11. The Lancet, April 2013. http://dx.doi.org/10.1016/S0140-6736(12)62191-6 Maerker et al. incl. Weissbecker, I. (2013). Diagnosis and classification of disorders specifically associated with stress: proposals for ICD-11. World Psychiatry, 12, 198–206.

Semlitz, L., Ogiwara, K. Weissbecker, I. et al. (2013). Psychological First Aid Training after Japan's Triple Disaster: Changes in Perceived Self Competency. International Journal of Emergency Mental Health and Human Resilience, 15 (3), 181-196.

2012
Baca, M.J., Fayyad, K., Marini, A., & Weissbecker, I. (2012) The development of a comprehensive mapping service for mental health and psychosocial support in Jordan. Intervention, Volume 10, Number 2, Page 177 – 187.

Fitzgerald, C., Elkaied A. & Weissbecker, I. (2012). Mapping of mental health and psychosocial support in post conflict Libya. Intervention, Volume 10, Number 2, Page 188 – 200.

Patel. P. et al (2012). Transitioning Mental Health & Psychosocial Support: From Short-Term Emergency to Sustainable Post-Disaster Development. Pre-Hospital Disaster Medicine, 8, 55-66.

2011
Hijazi Z. & Weissbecker I.,Chammay, R. (2011). The integration of mental health into Primary Health Care in Lebanon. Intervention Journal. 9(3), 265 – 278.

Rose, N., Hughes, P., Ali, S., & Jones, L. (2011). Integrating mental health into primary health care settings after an emergency: lessons from Haiti. Intervention Journal. 9(3), 211 – 224.

Sabah et al (2011). Integrating mental health into primary health care in Iraq. Mental Health in Family Medicine, 8(1), 39-49.

Suzuki Y, Weissbecker I. (2011). Post-disaster mental health care in Japan. Lancet. 2011 Jul 23; 378(9788):317

Weissbecker, I. & Czincz, J. (2011). Humanitarian Crises: The need for cultural competence and local capacity building. In: Climate Change and Human Well-being: Challenges and Opportunities. In: Inka Weissbecker and Anthony Marsella (series editor). International and Cross Cultural Psychology Series. Springer: New York.

Simpson, D., Weissbecker, I. & Sephton, S. (2011). Extreme Weather-Related Events: Implications for mental health and well-being. In: Climate Change and Human Well-being: Challenges and Opportunities. In: Inka Weissbecker and Anthony Marsella (series editor). International and Cross Cultural Psychology Series. Springer: New York.

2010
Hijazi Z. & Weissbecker I., (2010). Are assessments in a humanitarian setting ethical? Monday Developments (June), 21-34.

2009
Allden K, Jones L, Weissbecker I, Wessells M, Bolton P, Betancourt TS, Hijazi Z, Galappatti A, Yamout R, Patel P, Sumathipala A (2009). Mental Health and Psychosocial Support in crisis and conflict: Report of the Mental Health Working Group—Harvard Humanitarian Action Summit 2009. Prehospital Disaster Medicine, 24(4), s217–s227.

Jones, L., Asare, J. B., El Masri, M., Mohanraj, A., Sherief, H., & van Ommeren, M. (2009). Severe mental disorders in complex emergencies. Lancet, 374(9690), 654-661.

Weissbecker, I. (2009). Addressing Mental Health and Psychosocial Wellbeing in Post-conflict Settings. Psychology International, 20(1), 9-10. Weissbecker, I. (2009). Mental Health as a Human Right after Disaster and Conflict. Counseling Psychology Quarterly, 22(1), 77-84

2008
Jones, L. (2008). Responding to the needs of children in crises, International Review of Psychiatry, 20, 3, 291– 303.

2007
Budosan, B., Jones, L., Wickramasinghe W. et al. (2007). After the wave: a pilot project to develop mental health services in Ampara district, Sri Lanka post-tsunami. Journal of Humanitarian Assistance: http://jha.ac/2007/09/16/after-the-wave-a-pilot-project-to-develop-mentalhealth-services -inampara-district-sri-lanka-post-tsunami/

Jones, L. Asare, J., Mohanraj, A., & El Masri, M. (2007). Mental Health in Disaster Settings. British Medical Journal, 335 (7622): 679–680. Jones, L. Ghni, H., Mohanraj, A., et al (2007). Crisis into Opportunity: Setting Up Community Mental Health Services in Post Tsunami Aceh. Asia Pacific Journal of Public Health, 19: 60-68.

2005
Asare, J. & Jones L. (2005). Tackling Mental Health in Sierra Leone, British Medical Journal, 331:720.