Mental Health Policy

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MSF considers intervention with Mental Health problems and disorders as a primary objective in a variety of contexts. Mental Health and Psychosocial Support (MHPSS) is necessary and relevant during emergencies, natural and man-made, during chronic crisis and as an integrated component of medical care. According to context and assessed needs it is decided to implement either a minimum integrative package within medical activities or a comprehensive MHPSS package. Interventions will include a curative as well as preventative focus and combine a holistic approach of clinical care and community based activities.

Psychosocial and Mental Health Interventions in Humanitarian Contexts

This intersectional policy reflects 25 years of experience in mental health interventions in humanitarian contexts. It is based on the lessons learnt and on the changes in MSF's interventions during these years. Most importantly this policy is a joint effort to clarify what is mental health and what does it mean in MSF.

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Introduction

The WHO definition of health states that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"[1].
Furthermore, the WHO defines mental health as a "state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community"[2].
Mental health is based on the interaction of biological factors linked to the genetic and physiological characteristics of the person, psychological factors linked to the cognitive, affective and relational aspects of the person and contextual factors related to the relationship between the person and her/his environment. Mental health applies to all age groups from infancy to the elderly.

Justification

a) Prevalence-incidence

Mental disorders represent 13% of the global burden of disease and it is estimated that by 2030 depression will be the 2nd highest contributor of the global burden of disease[3]. An estimated 450 million people worldwide are suffering from a mental disorder, 85% of them living in low and middle income countries. The usual incidence of severe psychiatric disorders is 2 – 3% of a population. Furthermore mental health problems and disorders tend to increase at times of man-made and natural disasters. In situations of emergencies/crises mild or moderate mental health disorders rise from 10% to 15-20% and severe mental health disorders increase from 2 – 3%to 3 -4%[4].

b) Consequences for individuals and communities

Mental health disorders have a high impact on individuals and communities. People presenting with these disorders experience disproportionately higher rates of disability. Consequences of mental health disorders affect directly the functionality of the individual and his/her capacity to perform productive activities, and to fulfill his/her role in family and society. Mental health disorders have a high impact on public health. Suicide has a global mortality rate of 16 per 100,000, almost one million people per year. Mental health disorders co-morbid with other health conditions contribute to higher complication rates and increasing risks of death.

c) Treatment needs and gaps

Less than 10% of the population in need of mental health care who live in low- and middle-income countries receive treatment whereas people with mental conditions are amongst the most marginalized and vulnerable populations..
MSF intervenes where there is a lack of services for mental health problems and disorders, in areas afflicted by natural and man-made disasters but also as support to medical activities.
Mental health programs increase the efficacy of medical treatments.
Mental health/psychosocial care is an important component of treatment for HIV/AIDS, TB, malnutrition, and non-communicable diseases. In addition "studies from nearly every corner of the world show that 15% to 19%[5] and up to 40%[6] of all patients attending general health services are suffering from some kind of mental illness" and require psychological treatment.

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[1] Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. The definition has not been amended since 1948.

[2] http://www.who.int/features/factfiles/mental_health/en/index.html

[3] WHO Mental Health Key Facts 2010

[4] WHO-UNHCR "Assessing mental health and psychosocial needs and resources", 2012

[5] Creed, F et al (Ed.) "Medically unexplained symptoms, somatisation, and bodily distress : developing better clinical Services". Cambridge University Press, 2011.

General Approach
A trans-cultural mental health model emphasizes understanding of mental distress according to the social, political, economic, spiritual, cultural and moral worldview of the beneficiary. MSF understands that a psychosocial approach targets both individual and community factors that influence mental health in order to assist survivors of disasters, crises and those affected by medical illnesses and other difficult situations. MSF mental health interventions combine western medical approaches to mental health with cultural and local definitions and perceptions of psycho-social health,

Brief review of MSF historical response
The first MSF mental health interventions were in Armenia in 1990 after the earthquake. In the 1990s, mental health programs were initiated in Gaza, the Balkans and in Eastern Europe. MSF formally recognized the need to implement such activities as part of medical interventions. Since then, after 25 years, the scope of interventions originally mainly tailored towards survivors of disasters, natural or man-made, has been broadened to include more and more integrated activities within medical programs such as those focused on nutrition, HIV/AIDS, and MDRTB.

Main objectives
MSF aims to alleviate mental suffering, enhance functioning and respect dignity (being valued, receiving ethical treatment and capable to decide with authonomy) of populations experiencing mental health problems and disorders. Interventions encompass all age groups and afflicted populations.

- Provide appropriate care for mental problems and disorders at the level of community, primary and secondary health care
- Increase the capacity of the health workers/key actors to identify, manage whenever possible and adequately refer when needed people with mental problems and disorders.
- Reinforcement (restoration) of individual and community coping mechanisms.
- Mental health awareness, reduction of stigma and identification of people in need of mental health support and care

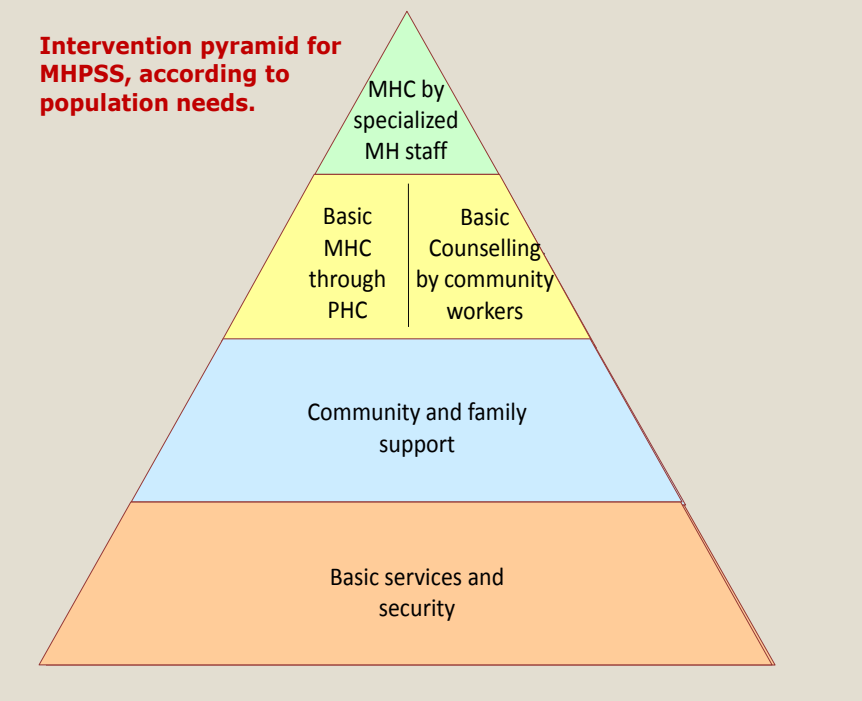
Principles

- Comprehensive and integrated approach: Medical-Psychological-Social
- Mental health/psychiatric interventions within medical services, i.e. primary and secondary healthcare facilities
- Mental health/psychiatric care as an objective for intervention when these problems/disorders are the primary reason for intervention
- All levels of interventions according to specific and identified needs and existing services
- Strategies of intervention according to context and culture
- Provision of training, ongoing supervision and technical support for local human resources
- Training of general medical staff in mental health/psychiatric interventions to promote task sharing in certain contexts.
- Emphasis on strengthening coping mechanisms and promoting functioning versus only focusing on symptoms
- Highest standards of professional behavior and in accordance with professional ethical principles .

Respect of ethical considerations such as confidentiality in regard to advocacy and mental health**INTERVENTION:**

[6] Patel V "Where there is no psychiatrist"

According to general mental health needs of a population, interventions should take into account clinical as well as community support. To address the mental health needs different levels of support have to be taken into consideration, from the community-based level to the most specialized care.



Level of Pyramid	*Population needs*[7]	*Professionals & Actors involved*	*Places of Intervention*
MHC by specialized MH staff	Population with MH disorders	Psychiatrists GPs trained specifically in MH Clinical Psychologists Psychotherapists Psychiatric nurses Professional counsellors	Hospitals Health facilities
Basic MHC through PHC	Population with MH problems and MH disorders	General Practitioners / Medical Doctors Nurses Clinical officers	Hospitals Health facilities
Basic Counselling by community workers	Population with MH & psychosocial problems	General and Social Psychologists Lay counsellors Community MH counsellors Social workers trained in MH	Health facilities Other structures
Community & family support	General population	Community health workers (CHW) MH – CHW Psychosocial workers Social workers Community leaders Humanitarian workers	Community settings
Basic services & security	General population	Humanitarian workers Public Institutions & Government staff Managers	Community settings

Providing basic services and security are a priority in humanitarian disasters. It is not the direct work of mental health, but mental health teams have an important role in identifying needs and contributing to an advocacy strategy.

[7] Population needs vary from one context to another and also after crisis and significant population events.

Criteria for intervention

Criteria for starting:

Any MH program should be based on a proper assessment[8] aiming to understand the type of needs, the resources and the socio-cultural context, to identify the most vulnerable and to create a proper strategy to address these unmet needs. For the prevalence we will refer to the widely used percentages previously reported. Criteria to consider:

- Contexts with high potential distress (see below)
- Unmet MHPS needs
- Acceptance and perception of the population and authorities
- Consideration of security for staff and beneficiaries

Criteria for exiting/reorientation:

- Re-assessment of mental health needs is required
- Acute needs are covered by MoH or other (I)NGOs
- MH needs have significantly decreased or changed
- Handover to other actors
- Lack of access to the target population

Contexts of intervention for MSF

The impact of natural and man-made disasters and crises on mental health is influenced by a host of factors such as the nature of the situation and context, the kind of trauma and distress, the cultural background, and the resources that individuals and communities bring to bear on their situation.

Emergencies: Natural and Man-made:

Natural and man-made disasters are considered as potentially traumatic events for affected populations. They occur suddenly, provoking intense feelings of fear and helplessness and confronting people with images of extreme destruction and chaos including loss of lives and belongings. Large proportions of populations exposed to disasters will experience signs of psychological distress that can take the form of anxiety or depressive symptoms or medically unexplained physical symptoms (MUPS) or even more severe conditions such as acute stress related psychosis. A significant proportion of these patients present themselves at health care facilities., After disasters and displacement patients with a history of severe mental disorders are often left without care. Furthermore, situations of crisis lead to disruption of natural support and dysfunction or overwhelming of health and social structures and networks.

Protracted / Chronic-Ongoing Crisis:

Whereas the majority of people cope in situations of chronic disaster a significant number develop mental health problems and disorders including post-traumatic stress disorder, psychosis, depression, suicidal behaviors, and various forms of substance abuse. Although the direct threats may have disappeared in post-disaster context, the additional burden created by the often precarious situation in which a population lives after a disaster (displacement, breakdown of family structure, lack of services, poverty, increase of violence.) can lead to many psychosocial problems at individual, family, community and societal levels. In chronic contexts, menta problems and disorders, especially chronic forms are frequently underestimated and undertreated.

Excluded and marginalized stigmatized populations:

Specific vulnerable groups and populations of exclusion deserve special attention to mental health needs. Exposure to violence, high prevalence of stigmatized illnesses and lack of access to health and or protection services are some of the reasons which could place these populations in high risk of mental health consequences. This is the case for populations affected by other situations of violence different from armed conflict, urban violence,

[8] In acute emergencies the assessment phase is overlapping with a first phase intervention.

survivors of sexual violence, commercial sex workers, street populations, substance abusers, minorities, and migrants

Integration with medical care:
Chronic diseases are often associated with co-morbid MH disorders that jeopardize the outcomes of care and adherence to medical treatments.
Mental health problems and disorders such as depression, anxiety, substance abuse and psychosis can arise at any time during treatment for HIV/AIDS, TB-DS-DR, Hepatitis C or other chronic conditions due to having to deal with a severe and lengthy and sometimes lifetime illness, economic stress, marginalization and stigmatization, as well as psychiatric side effects due to the medical treatment. Adherence counseling is an important component of the treatment for HIV/AIDS and MDR-TB.
During man-made and natural disasters people with severe wounds and burns and those with injuries requiring amputations need and benefit from psychosocial care.
Psychosocial factors need to be considered in the treatment of the child with malnutrition. Caretakers of malnourished children are often depressed and this can result in a disordered parent-child relationship and lack of growth promoting stimulation for the child. Consequently, the malnourished child is at risk for delays in all spheres of development.
Acute outbreaks of diseases such as cholera and hemrrohagic fever (e.g. Ebola) can result in mental health problems and disorders for patients and their families related to both loss of family members as well as social exclusion and stigmatization. Mental health/psychosocial teams have an import role in supporting families and patients both during and following the outbreak of life threatening diseases.

Activities

Mental Health Care by specialized mental health staff (psychiatrists, psychologists, psychiatric nurses, professional counselors):[9]
- Psychiatric treatment
- Psychological support/ psycho-therapy[10]/professional counseling[11][12]

Basic mental health care by health services
- Basic psycho-education[13] by health staff, at individual basis
- Psychological First Aid[14] to populations experiencing high levels of distress
- Basic counseling skills integrated with medical activities
- Basic psychotropic medication treatment for psychiatric disorders
- Screening for mental health problems and disorders and referrals

Basic counselling by community workers/lay counsellors:
- Crisis intervention[15]

[9] If specialized mental health/psychiatric staff or referral possibilities are not available then general medical doctors should diagnose and treat patients with severe psychiatric disorders.
[10] Psychological support and psychotherapy aim to assess and support patients/clients with moderate and severe mental problems and disorders.
[11] Counselling aims to asses and support patients / clients with non-severe mental health problems and disorders and to prevent the development of mental health problems and disorders, encouraging positive coping mechanisms and referring when possible and required.
[12] According to context and available human resources
[13] Provide information and education regarding mainly stress reactions and coping skills
[14] According to Sphere (2011), IASC (2007) and WHO (2011), psychological first aid (PFA) describes a humane, supportive response to a fellow human being who is suffering and who may need support and is based on the principle "do not harm"
[15] Crisis Intervention is an emergency psychological intervention that aims to support those persons after a critical situation

- Individual, family and group counselling[16]
- Psychosocial activities for specific groups (nutrition, HIV, TB)
- Screening and referral for treatment of mental health problems and disorders

Community and family support by community workers/lay counsellors:
- Group psycho-education [17]
- Promotion of available resources
- Supportive child/population-friendly spaces
- Activating social networks, community mobilization and self-support activities including supporting traditional systems[18]
- Psychosocial support integrated in education sector
- Basic services and security:
- Ensuring basic needs and services.
- Advocacy for basic services that are safe, socially appropriate and ensure integrity of the person

As stated in the principles, interventions are tailor made to each context, as defined by type of disaster, age group, disease, available community support, other actors, etc. (See Annex 1 for details)

[16]The difference between this type of counselling and the previous "professional counselling" described is based on the technical level of care provider; in this case by non-professional or community counsellors.
[17] Group psycho-education aims to sensitize the targeted population over basic mental health concepts, to reinforce participants' strengths, resources and positive coping mechanisms and to promote MHPS services
[18] Community mobilization aims to encourage the population in order to strengthen traditional and community-based coping skills.

Annex 1: Description of Mental Health and Psychosocial Activities and recommendations according to context

Objectives	Activities	Emergencies: Natural and man-made	Protracted/Chronic Ongoing crises Excluded populations	Integration with Medical Care
Mental Health Care by specialized mental health staff				
-Medication is First line treatment	Psychiatric treatment	**O**	**O**	**O**
✍To assess patients with mild, moderate and severe mental health probles/disorders ✍To support and follow- up patients with mental health problems/disorders ✍To make a clinical diagnosis (if applicable)	Psychological support/ psychotherapy/ professional counseling	**R**	**R**	**O**
Basic mental health care by health services				
✍To sensitize the targeted population over basic established MH concepts -To reinforce participants´ strengths, resources and positive coping skills -To promote MHPS Services -To identify cases among the group that need MHPS support and orient them to the available services	Basic Psycho education by health staff, at individual basis	**-**	**R**	**R**
✍To provide basic psychosocial support after critical incidents, calm, stabilize emotionally and orient overwhelmed survivors Community MH workers or other Community members trained in PFA -To help survivors identify immediate needs and concerns and offer basic support and information about services available	Psychological First Aid (PFA)	**R**	**R**	**O**
-To provide basic emotional support within medical activities	Basic counseling skills integrated in medical activities	**O**	**R**	**R**
-To ensure that the psychiatric disorders, especially severe ones, will benefit to adequate medication when needed	Basic psychotropic medication treatment for psychiatric disorders (by trained GP)	**R**	**R**	**R**
	Screening for mental health problems/ disorders and referrals	**R**	**R**	**R**
Basic counseling by community workers/lay counselors				
-To provide basic psychosocial support after critical incidents, facilitate emotional ventilation, calm stabilize emotionally and orient overwhelmed survivors -To help survivors identify immediate needs and concerns and offer basic information about services available	Crisis Intervention	**R**	**R**	**O**
-To assess/follow-up patients with mild-moderate mental conditions ✍To support patients with mild-moderate mental health problems/ disorders ✍To identify mental health symptoms ✍To prevent the development of mental health problems/disorders ✍To encourage positive coping	Individual, family and group counseling	**O**	**R**	**R**

mechanisms To refer to specialized mental health support services				
To develop activities which impact the social and psychological well-being of affected populations (individuals, families, communities), i.e. psychosocial stimulation for hospitalized malnourished children	Psychosocial activities for specific groups (nutrition, HIV, TB)	**R**	**R**	**R**
-To ensure that the people in need of MH support are identified and treated	Screening and referral for treatment of mental health problems/ disorders	**R**	**R**	**R**
Community and family support by community workers/lay counselors				
To sensitize the targeted population over basic established MH concepts To reinforce participants´ strengths, resources and positive coping skills To draw on participants' life examples To promote MHPS Services To identify cases among the group that need MHPS support and orient them to the available services	Group Psycho education	**R**	**R**	**R**
-To ensure the link between beneficiaries and existing resources	Promotion of available resources	**R**	**R**	**R**
-To distract adults or children from their difficult life situations -To provide a creative space for the targeted adults or children to express themselves in a "uplifting" way	Supportive child/population-friendly spaces	**R**	**O**	**R**
-To encourage the population in order to strengthen traditional and community-based coping mechanisms -To discuss preoccupations, worries and concerns amongst the affected/target population	Activating social networks, community mobilization and self-support activities including supporting traditional systems	**R**	**R**	**-**
-To strength the capacity of local key actors to provide adequate activities/basic emotional support -to reinforce referral system between existing facilities and MHPS services (notably through sensitization/training of relevant professionals)	Psychosocial support integrated in education sector or within key facilities	**R**	**O**	**-**
Basic services and security				
-Toadvocate for an environment that allows recovery	Ensuring basic needs and services. Advocacy for basic services that are safe, socially appropriate and protect dignity	**R**	**R**	**R**

Note: **O** (optional) **R** (required)