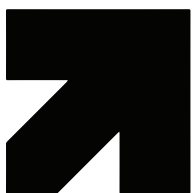




# **MENTAL HEALTH IN HUMANITARIAN CRISES: CLOSING THE TREATMENT GAP**



## UNDERSTANDING THE INVISIBLE CRISIS

70 million people worldwide are affected by conflict and displacement<sup>1</sup>. At the same time, an estimated 15 million people around the world are living with a mental health condition<sup>2</sup>. This staggering number is likely an underestimate with conditions like suicide, self-harm, chronic & toxic stress, and other psychological distress not counted<sup>3</sup>. Conflict and forced migration have a profoundly negative impact on mental health and wellbeing, and unsurprisingly, mental disorders tend to double in the acute phase of an emergency<sup>4</sup>.

Globally, only 1% of the health workforce are mental health workers<sup>5</sup>. While estimates for access to mental health care and treatment within countries affected by conflict and displacement do not exist, we know conditions are exacerbated in humanitarian settings where people needing mental health and psychosocial support services too often go undiagnosed and untreated.

From improvements in the management of diabetes<sup>6</sup>, to the learning outcomes for children<sup>7</sup>, and engagement in social change<sup>8</sup> there is strong evidence from non-humanitarian contexts<sup>9</sup> of the catalytic nature of investment in mental health and psychosocial support on non-mental health outcomes.

Ignoring mental health can have profound consequences on a person's ability to regain control of their lives after conflict and displacement. The IRC is committed to bringing mental health out of the shadows and making it more visible and supported across humanitarian crises.

We are committed to closing the mental health treatment gap by integrating mental health into primary health care within all countries where we implement health programs by adopting evidence based interventions and adapting them to the local context.

<sup>1</sup> UNHCR. Global trends in displacement in 2018. 2019; <https://www.unhcr.org/5d08d7ee7.pdf>

<sup>2</sup> Charlson, F, et al. New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *The Lancet*. 2019; DOI:[https://doi.org/10.1016/S0140-6736\(19\)30934-1](https://doi.org/10.1016/S0140-6736(19)30934-1)

<sup>3</sup> Vigo D, Thornicroft G, Atun R. Estimating the true global burden of mental illness. *The Lancet*. 2016; 3(2): 171-78

<sup>4</sup> WHO projections of mental disorders in adult populations affected by emergencies (WHO and UNHCR,2012)

<sup>5</sup> <https://www.who.int/mediacentre/news/notes/2015/finances-mental-health/en/>

<sup>6</sup> Pascoe, et al. Psychosocial interventions and wellbeing in Individuals with Diabetes Mellitus: A Systematic Review and Meta-Analysis. *Frontiers in Psychology*. December 2017.

<sup>7</sup> Unicef, 2018

<sup>8</sup> Silove, 2013.

<sup>9</sup> Massey et al., 2018. Simon et al., 2007. Patel & Chatterji, 2015

## CLOSING THE MENTAL HEALTH TREATMENT GAP IN HUMANITARIAN SETTINGS

One of the most effective ways of closing the global treatment gap is to integrate mental health care into primary health care across the humanitarian development nexus<sup>10</sup>. The IRC has successfully integrated mental health into primary health care services across ten countries and seen great impact. In 2019, IRC teams supported more than 29,000 consultations for patients with mental health conditions. This includes including providing pharmacological and/ or non-pharmacological care for common and severe conditions ranging from depression and anxiety to psychosis and bipolar disorder. Through primary health care programs, the IRC provides individual and group counselling, psychosocial support groups, and basic psychoeducation through health education sessions.

### A commitment to quality

The IRC's approach to mental health is guided by the World Health Organization Mental Health Gap Action Programme (mhGAP) intervention guide which is the global recommended framework for how to increase access to mental health care. Aligned with these guidelines, the IRC is deeply committed to increasing access and quality of services along with taking measures to ensure that the delivery of mental health care is adapted to the context, culturally sensitive and responsive to client needs. This includes addressing healthcare provider attitudes and competencies, their adherence to global standards, the cultural appropriateness of interventions, and the use of data to inform and improve decision making. To deliver evidence-based curative interventions, strong supervision and support systems must be in place. To complement classroom based training, the IRC uses a series of interventions designed to improve quality and supervision through competency checklists, self-assessments, and on-the-job supervision sessions delivered by a multidisciplinary team of mental health practitioners.

## Spotlight on Syria

Following years of conflict and humanitarian crisis, Syrians have a high need for mental health support. Tragically, these services have historically been unavailable and inaccessible to Syrians in need. Since 2014, the IRC has worked with partners to train and supervise health care workers to provide ongoing mental health and psychological care to more than 600,000 internally displaced Syrians.

### Scalable psychological interventions

There are a range of evidence-based, scalable, psychological interventions that can be delivered by non-specialists like midwives, nurses, social workers and community health workers to help people suffering from disabling stress, depression and anxiety. These are modified versions of existing evidence-based psychological treatments that are simplified to be rolled out by providers without formal training in mental health and can be used within humanitarian and fragile settings to reach more people, in places where there are not enough clinical staff to meet the growing need. This directly aligns with the IRC's greater vision for strong primary health care delivered directly in the communities where people live.

### Preventing and destigmatizing mental health

In many humanitarian settings, stigma and discrimination against patients with mental health conditions and their families is pervasive and prevents those in need from seeking support. In many settings there is also a lack of basic understanding among the general population of mental health and wellness including signs and symptoms of mental distress, regulation of emotions, and positive coping mechanisms. Increasing knowledge and awareness among conflict-affected populations about mental health concerns and available services is critical for removing stigma and ensuring access to services. Through outreach services the IRC encourages people to actively seek out help when they recognize that they, or members of their family, are unwell. Through household visits, psychoeducation sessions run by community volunteers and discussions of mental health concerns during routine health visits, the IRC works to change the narrative about mental health services and the stigma associated with them.

<sup>10</sup> Shidhaya, R et al. Closing the treatment gap for mental, neurological and substance use disorders by strengthening existing health care platforms: strategies for delivery and integration of evidence-based interventions. International Journal of Mental Health Systems. 2015.

## AN INTEGRATED APPROACH – MAKING THE INVISIBLE, VISIBLE

Mental health is rarely considered a priority within humanitarian and fragile settings. Even when the need is recognized, it can be perceived as too difficult or too expensive to implement. At the IRC, we believe it is a human right and is a critical piece of improving overall health for those affected by conflict.

At the IRC, we are committed to delivering high quality mental health programs that are integrated within all primary health care programs, and that are highly adapted to the specific context where we work based on the health system, health workforce, security challenges, client group, and the cultural and social norms that affect well-being and mental health conditions. The IRC strives to support a catalytic change within the delivery of primary health care within humanitarian and fragile settings, making it the norm to ensure mental distress and mental health disorders receive sufficient attention and are part of a comprehensive package of care for all patients. This requires supporting health care providers across all phases of a conflict to change their practice to address a patient's physical health needs alongside their psychological and psychosocial needs.

We will ensure that Mental Health programs within primary health care are implemented within the overarching IRC MHPSS framework, that aims to provide client centered services across health, protection, education, and economic programming, both addressing the primary drivers of mental distress, and by implementing coordinated programs to address these needs. And across all of this, the IRC will continue investing in research to generate evidence and to accelerate the implementation of integrated mental health interventions that are scalable.

### Spotlight on Tanzania

In Tanzania, the IRC adopted a community based mental health approach where 100+ refugees are trained to serve as community mental health volunteers. Training and consistent supervision focuses on psychoeducation, common mental health conditions, following up and referrals. There are 5 Wellness Centers across three camps where community members speak to these volunteers. The IRC will expand trainings for refugee volunteers to become to become lay counselors.



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