

Mental Health and Psychosocial Support Plan for Emergencies

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Why a MH plan for emergencies?

- ◆ MHPSS issues has become increasingly relevant for governments and humanitarian actors.
- ◆ After an emergency MH professionals are called to provide immediate support to the victims of the event.
- ◆ There is an increasing awareness of the need to be ready for such events.
- ◆ To prepare the authorities, professionals, and communities in general for emergencies.
- ◆ A MH component should be part of the national health plan for emergencies, which is part of the national plan for emergencies
- ◆ MH plans for emergencies should be part of national MH plan, to ensure cohesiveness between the plan for emergencies and the country's mental health system.

IASC Matrix of Interventions

Part A – Common function across domains

- ◆ Coordination
- ◆ Assessment, monitoring and evaluation
- ◆ Protection and human rights standards
- ◆ Human resources

Part B - Core mental health and psychosocial support domains

- ◆ Community mobilization and support
- ◆ Health services
- ◆ Education
- ◆ Dissemination of information

Part C – Social considerations in sectoral domains

- ◆ Food security and nutrition
- ◆ Shelter and site planning
- ◆ Water and sanitation

A National Plan

- ◆ Before drawing the plan:
 - ◆ To review country's existing norms and legislation;
 - ◆ To review national disaster-prevention and response plans in the ministries of health and the main institutions in the sector;
 - ◆ To review national mental health plans;
 - ◆ To interview key actors at the national and local levels;
 - ◆ To set up a multi-sector working group to draw up the plan

Principles of the Plan

- ◆ Interdisciplinary and multi-sector approach.
- ◆ Comprehensive approach to health, focusing on Primary Health Care.
- ◆ An approach based on:
 - ◆ Vulnerability and risk
 - ◆ Human rights
 - ◆ Ethnic, linguistic, cultural and religious considerations.
 - ◆ Gender equity.
 - ◆ Flexibility and adjustment to local circumstances.

Main considerations

- ◆ *Prior preparedness actions.* Planning and organization of the response, staff training, etc.
- ◆ *Rapid preliminary assessment of damages and mental health needs.* General, social and demographic assessment of the community; Identification of the mental health needs and psychosocial problems faced by the population; Evaluation of the mental health services and programs; Determination of priorities and target groups for immediate action.
- ◆ *Psychological First Aid by unspecialized personnel.* Primary health care workers, volunteers, search and rescue personnel, humanitarian aid workers.

Continuation

- ◆ *Specialized care.* This should be reserved for cases with more complex mental disorders. The specialized services should be linked to primary health care.
- ◆ *Health education to population.* The population should know that many psychosocial manifestations are normal emotional responses to an adverse event, how to identify problems that require assistance, and that there are some simple measures for coping with these situations.

Continuation

- ◆ *Social communication.* A good strategy of information and guidance for society is essential to promote calm and to reduce fear and suffering.
- ◆ *Intersectoral and inter-institutional coordination.* Among all institutions and organizations involved in the field.
- ◆ *Community organization, social participation, and promotion of self-reliance.*
- ◆ *System for registering information, indicators, and follow-up*

An example: purpose

To reduce the risk and mitigate the mental and psychosocial repercussions of disasters among the population.

General objective

To introduce and develop the mental health component in health care during emergencies, as well as offer an appropriate response to the mental and psychosocial needs of the population:

- ◆ To eliminate or reduce the risk of suffering psychosocial injury.
- ◆ To reduce distress among the populations.
- ◆ To contribute to prevention and control of the range of psychosocial problems arising among the population, and especially among vulnerable groups.
- ◆ To prevent, treat and rehabilitate the mental disorders occurring as a direct or indirect consequence of the disaster.
- ◆ To provide support and psychosocial care for the members of the response teams.
- ◆ To ensure the psychosocial recovery of the population affected by the disaster after the acute phase.

Integrating MHPSS into the Health Sector Disaster Plan

- ◆ Identify areas where MHPSS should be included
- ◆ Description of current MH services
- ◆ Roles and responsibilities
- ◆ Coordination with sectors other than health – Stakeholders analysis
- ◆ Action cards
- ◆ Implementation plan