Reducing the mental health and psychosocial risks of disasters: who is doing what, why and what’s next?

Dr Fahmy Hanna, Co-Chair – Inter Agency Standing Committee Reference Group on MHPSS in emergencies. Technical Officer- Mental Health and Substance Abuse WHO- Geneva
Nearly half of the world’s population lives in a country where there is less than one psychiatrist per 100,000 people.
### Impact of Disasters on Prevalence of Mental Disorders:
(expected medians across countries & level of adversity exposure)

<table>
<thead>
<tr>
<th></th>
<th>BEFORE DISASTER:</th>
<th>AFTER DISASTER:</th>
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<tbody>
<tr>
<td></td>
<td>12-month prevalence</td>
<td>12-month prevalence</td>
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<tr>
<td>Severe disorder</td>
<td>2-3%</td>
<td>3-4%</td>
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<td>(e.g., psychosis, severe depression, severely disabling form of anxiety disorder)</td>
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<tr>
<td>Mild or moderate mental disorder</td>
<td>10%</td>
<td>15% - 20%</td>
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<td>(e.g., mild and moderate forms of depression and anxiety disorders)</td>
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<td>(usually reduces over time)</td>
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<tr>
<td>&quot;Normal&quot; stress reactions (no disorder)</td>
<td>No estimate</td>
<td>Large percentage</td>
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<td>(usually reduces over time)</td>
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SENDAI Framework

**Priority 4: Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction**

**National and local levels:**

To enhance recovery schemes to provide psychosocial support and mental health services for all people in need

**Role of stakeholders**

Persons with disabilities and their organizations are critical in the assessment of disaster risk and in designing and implementing plans tailored to specific requirements, taking into consideration, inter alia, the principles of universal design

- a multi-sectoral, inter-agency (UN-NGO) framework
- that enables coordination,
- that identifies useful practices,
- that flags harmful practices
- that clarifies how different approaches to mental health and psychosocial support complement one another.
### Mental Health And Psychosocial Support (MHPSS)
#### In Emergency Settings: Matrix of Interventions

<table>
<thead>
<tr>
<th>Function or Domain</th>
<th>Emergency Preparedness</th>
<th>Minimum Response (to be conducted even in the midst of an emergency, but also as part of a comprehensive response)</th>
<th>Comprehensive Response (potential additional response for stabilised phase and early reconstruction)</th>
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#### Part A. Common functions across domains

**1 Coordination**
- Identify qualified organisations and resource persons
- Develop agency and inter-agency national policies and plans for MHPSS emergency response
- Determine coordination mechanisms, roles and responsibilities at local, regional, national and international levels
- Identify MHPSS focal points for emergencies in each region and from various agencies
- Fundraise for MHPSS, including for MHPSS coordination
- Integrate MHPSS considerations into all sectoral emergency preparedness plans
- Advocate for MHPSS at all stages of humanitarian action

**2 Assessment, monitoring and evaluation**
- Build capacity in MHPSS assessment, monitoring and evaluation
- Review and generate information on capacities and vulnerabilities of communities
- Assess emergency MHPSS response capacity of organisations
- Develop inter-agency, culturally appropriate, rapid assessment plans and tools for emergencies
- Collect and disseminate assessment information and tools
- Develop or adapt strategies, indicators and tools for monitoring and evaluation
- Review previous MHPSS responses and identify good practices, challenges and gaps

**3 Protection and human rights standards**
- Promote human rights, international humanitarian law and related good practices
- Review existing policies and laws related to protection
- Develop mechanisms to monitor, report and seek redress for human rights violations
- Work with people at risk to identify priorities and develop capacities and strategies for protection and security
- Train armed forces on international protection standards
- Implement strategies to prevent violence, including gender-based violence

**1.1 Establish coordination of intersectoral mental health and psychosocial support**
- Develop sustainable coordination structures, including government and civil society stakeholders
- Develop inter-agency strategic plans and promote joint MHPSS programming and fundraising
- Enhance information sharing among humanitarian actors
- Link MHPSS emergency activities with development activities
- Integrate MHPSS activities into national policies, plans and programmes and ensure that programmes utilise existing policies, plans and capacities

**2.1 Conduct assessments of mental health and psychosocial issues**
**2.2 Initiate participatory systems for monitoring and evaluation**
- Conduct regular assessments and implement further in-depth situation analyses as appropriate
- Monitor and evaluate programmes in relation to planned activities with pre-defined indicators
- Monitor and evaluate MHPSS activities in relation to these guidelines
- Disseminate results and lessons from assessment, monitoring and evaluation activities
- Develop inter-agency indicators for MHPSS work in the transition phase

**3.1 Apply a human rights framework through mental health and psychosocial support**
- Strengthen national capacity to create awareness of, monitor, report, prevent and seek redress for violations of human rights and humanitarian law
- Strengthen accountability for human rights violations
- Strengthen capacities for social protection
- Review data and address gaps in services for people with specific needs (at-risk groups)
- Institutionalise training on protection for workers across all sectors, including armed forces and the justice system
WHO work has focused on

Playing a key role in supporting a responsible evidence-based and consensus-based work

- Through supporting field operations for MHPSS
- Through contributing to inter-agency guidelines and standard
- Through WHO normative work

Specific guidance for the health sector

- Mental health in PHC guide (mhGAP Humanitarian version) (developed with UNHCR)
- Development of psychological interventions tested through RCTs
Visible examples of building mental health systems following or because/of emergencies

- Guinea
- Indonesia
- Jordan
- Kosovo
- Lebanon
- Liberia
- Sri Lanka
- Syria
- Turkey
- West Bank and Gaza Strip
Syria: # of PHC staff trained by WHO
Syria in mhGAP
(May 2015 data) (1 in 7 functional facilities covered)
Key resources

Preparing for response with the aim of:

• reduced incidence (risk) of negative events/hazards (prevention)

• reduced impact on negative health/well-being outcomes if events/hazards happen (mitigation)

• reduced duration of negative health/well-being outcomes if such negative outcomes occur (eg preparing for treatment)
During

**Responding** with the aim of

- reduced incidence/risk of further negative events/hazards (further prevention)
- reduced impact of negative health/well-being outcomes if further negative events/hazards happen (further mitigation)
- reduced duration of negative health/well-being outcome when such outcomes occur (eg treatment)
- initiation of development of services that can address long-term needs and risks (early recovery) (see point 3)
After

**Building** back better through development of services that can address long-term risks and needs with the aim of reduced duration of negative health/well being outcome when such outcomes occur (eg development of sustainable services for treatment) preparedness (back to point 1)
Mental Health is Key to Disaster Risk Reduction

Impact

- 14 District Mental Health Units created in all 14 districts of the country, run by 20 mental health nurses providing care to an average of 20 patients per month.
- Support to 12 Ebola Treatment Centres and served as major referral point for organizations responding to the emergency and identifying mental health issues.
- Provision of care in 5 Survivors Clinics.
- Surveillance of and referral point for more than 300 health professionals trained in Psychological First Aid and 150 health professionals trained in basic mental health care provision.
- Mental Health Care and psychosocial support provided to: health professionals at Ebola Treatment centres, members of the burial teams, survivors, member of the Ebola hotline, persons with EVD, relatives of persons with EVD, quarantined communities, and patients suffering long term mental illness.

Quote

“When the Ebola crises struck, we were ready to act.”
-Sahr Mortatay Momoh, Mental Health Nurse, Sierra Leone.
Developing Psychosocial Preparedness through Community Based Support (CBS) in India

Project is currently implemented by UNDP and supported by USAID through July 2020, “Developing Resilient Cities through Risk Reduction to Disaster and Climate Change”. National Institute of Mental Health & Neuro Sciences (NIMHANS) work with municipalities to develop a pilot training program for psychosocial support preparedness.

Six cities/five states viz Vijawada and Vishakapatnam (Andhra Pradesh), Shimla (Himachal Pradesh), Navi Mumbai (Maharashtra), Shillong (Meghalaya) and Cuttack (Odisha) with different vulnerabilities have been identified as potential pilot locations for state-level implementation.
According to UNISDR:

There is no such thing as a 'natural' disaster, only natural hazards.

Disaster risk reduction is about choices.

Disaster risk reduction is everyone's business.
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<tr>
<th>Objectives</th>
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<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>1.</td>
<td>To strengthen effective leadership and governance for mental health</td>
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<td>2.</td>
<td>To provide comprehensive, integrated and responsive mental health and social care services in community-based settings</td>
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<td>3.</td>
<td>To implement strategies for promotion and prevention in mental health</td>
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<tr>
<td>4.</td>
<td>To strengthen information systems, evidence and research for mental health</td>
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The way forward

- Facilitate Knowledge Exchange
- Develop Guidance
- Adapt common M and E framework and tools