

# Assessment of Mental Health and Psychosocial Needs and Resources: WHO Toolkit

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## Why conduct needs assessments?

Before implementing programs, it is crucial that health care actors broadly understand the humanitarian situation they are working in and know what the main problems of and resources for the affected population are (1, 2). For example, the needs in a camp established for internally displaced persons, which has existed for many years, may be very different from needs in an area that has recently been struck by an earthquake.

Needs assessments are an essential, high-priority response that should be started as soon as possible in a humanitarian crisis (ideally before a crisis, as is further explained below). They are one of the first things that need to be done, and one which will lay the foundation for subsequent actions (2).

## Why a toolkit?

The IASC Guidelines on mental health provide a good overview of what types of topics should be covered in a needs assessment (2). However, these guidelines do not provide clear guidance on how needs assessments should be conducted. Also, they do not always make a clear link between information collected in needs assessments and the design of mental health and psychosocial support programs. The “Mental Health and Psychosocial Needs and Resources in Major Humanitarian Crises: WHO Toolkit for the Health Sector”<sup>3</sup> is being developed to fill this gap, with a focus on the role of actors in the health sector.

## What are needs assessments?

Needs assessment are referred to here as the collection of information to guide the implementation of mental health and psychosocial support programs in humanitarian settings. This information may (a) be already existing data, (b) may be new information collected by

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10. The *WHO MHPSS Assessment Toolkit* is a draft document. Copies are available from Dr. Wietse Tol ([wietse.tol@yale.edu](mailto:wietse.tol@yale.edu)) or Dr. Mark van Ommeren ([vanommerenw@who.it](mailto:vanommerenw@who.it)). In the near future, a final version will be available at the WHO Mental Health website: [http://www.who.int/mental\\_health/en/](http://www.who.int/mental_health/en/).

others (e.g. as part of multi-agency efforts), or (c) may be new information collected by you and your team.

Needs assessments are not a one-off effort. They must be conducted repeatedly (see Figure 4.1), because needs in a humanitarian setting change over time. Needs assessments are also different depending on a number of factors. In other words, there is no “one-assessment-fits-all” format. They depend on (a) the phase and type of the emergency (e.g. in acute phases of a humanitarian crisis, the focus should be on quick assessments that lead to immediately useful results); (b) the mandate and particular skills of the organization (e.g. a child-focused organization would likely have little experience in collecting information on needs of older persons); (c) the information that is already available (identified through a desk review); and (d) for what specifically the assessment information will be used (e.g. an organization or service focused on severe mental disorders will likely need more information on available psychiatric resources).

## How are needs assessments conducted?

Needs assessments should be conducted in a flexible manner and should be tailored to the situation. It is generally not possible or advisable to do an assessment of all relevant topics at once, and a selection of assessment topics should be made. Based on this selection, there are different tools available to collect information (see next paragraph). Because assessments usually focus on selected topics, it is crucial that organizations collaborate, so that each assessment can contribute to a more complete picture of the needs and resources in humanitarian settings.

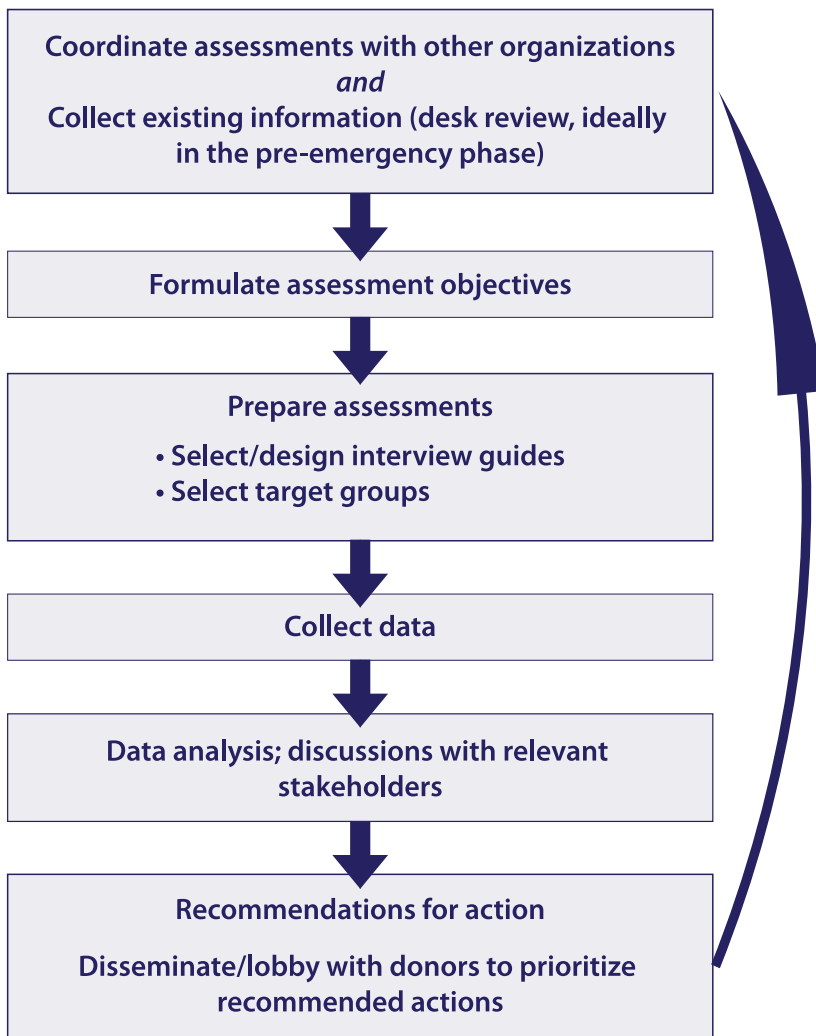
In general, the following things are good to keep in mind when selecting assessment topics.

- (1) Develop a clear framework and objectives of your assessment. This will help to prioritize the information needed, select the tools, as well as determine the capacity to respond to data collected.
- (2) Remember that time is short and resources are limited. Do not burden people unnecessarily; study of already available information is crucial to minimize the topics for further assessment. There is no point in collecting the same information twice, unless there is doubt whether existing information is up-to-date or of sufficient quality. Only collect information that will likely lead to humanitarian actions.
- (3) There is no need for in-depth information on all topics at every point. The information needed depends on an agency’s mandate and capacity to act on the assessment. When assessments become too broad, it is difficult to collect good quality information on all topics.
- (4) Collaboration is crucial. When inter-agency (including governments) assessments are done, the large burden of doing assessments can be shared across agencies. Inter-agency assessments are recommended, because they tend to be more credible, and they tend to facilitate collaborative planning. Agencies may divide topics and select a number of more specific topics according to the agencies’ strengths.

- (5) Check validity of your information. Choices for methodology should be based on available resources (skills, time, money), and the decision to check the validity of findings by collecting related information in more than one way (so-called “triangulation”). For example, if you are interested in changes in utilization of mental health services, you could compare perspectives from community leaders as well as household surveys. The forthcoming WHO Toolkit provides more than one method to assess an issue. Assessors will want to select the methods most appropriate and feasible for them.

Figure 4.1 provides an overview of the assessment process.

**Figure 4.1 Overview of the Assessment Process**



## What specific techniques can be used in needs assessments?

In general, a variety of techniques are used in assessments, both qualitative (e.g., open-ended questions in individual and group interviews, observation, and mapping) and quantitative (e.g., surveys). The WHO Toolkit does not include surveys on the distribution and course of mental disorders (i.e., psychiatric epidemiology). Such surveys are very difficult to conduct in a meaningful way in humanitarian settings. This is mainly because they require specific technical work to try to distinguish between normal psychological distress (i.e., psychological complaints that can be expected in difficult situations) and mental disorders (i.e. “a clinically recognizable set of symptoms or behaviors associated in most cases with distress and with interference with functioning”). Also, in the early phases of a humanitarian crisis, it is not likely that psychiatric epidemiological information can quickly lead to concrete recommendations for humanitarian action.

Table 4.1 provides an overview of the tools that are included in the forthcoming WHO Toolkit. Tools are listed in accordance with the actions by health actors that are recommended by the recently revised Sphere Handbook (1).

**Table 4.1 Overview of tools in the WHO Toolkit**

Tool #	Title	Method	Why use this tool
<b>For coordination and advocacy</b>			
1	Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support: Summary of Manual with Activity Codes	Interviews with agency programme managers	For coordination, through mapping what mental health and psychosocial supports are available
2	WHO Assessment Schedule of Serious Symptoms in Humanitarian Settings (WASSS)	(Component of) community household survey (representative sample)	For advocacy, by showing the prevalence of mental health problems in the community
<b>For MHPSS through health services</b>			
3	Checklist for Site Visits at Institutions in Humanitarian Settings	Site visit, interviews with staff and patients	For protection and care for people with mental or neurological disabilities in institutions
4	Checklist for Integrating Mental Health in Primary Health Care (PHC) in Humanitarian Settings	Site visit, interviews with PHC programme managers	For planning a mental health response in PHC
5	Neuropsychiatric Component of the Health Information System (HIS)	Clinical epidemiology using health information system	For advocacy and for planning and monitoring a mental health response in PHC

Tool #	Title	Method	Why use this tool
6	Mental Health System Formal Resources in Humanitarian Settings	Review of documents, interviews with managers of services	For planning (early) recovery/ (re-) construction, through knowledge on formal resources in the regional/national mental health system
<b>For MHPSS through diverse sectors, including through community support</b>			
7	Checklist on Obtaining General (non-MHPSS specific) Information from Sector Leads	Review of documents by sector lead	For summarizing general,(non-MHPSS specific) information already known about the current humanitarian emergency (to avoid collecting new data on what is already known)
8	Template for Desk Review of Pre-Existing Information Relevant to Mental Health and Psychosocial Support in the Region/Country	Literature review	For summarizing MHPSS information about this region/ country - already known before the current humanitarian emergency (to avoid collecting new data on what is already known)
9	Participatory Assessment I: Perceptions by General Community Members	Interviews with general community members (free listing with further questions)	For learning about local perspectives on problems and coping in a participatory manner to inform MHPSS response
10	Participatory Assessment II: Perceptions by Community members with in-Depth Knowledge of the Community	(Individual or group) key informant interviews	
11	Participatory Assessment III: Perceptions by Severely Affected Persons Themselves	Interviews with severely affected persons (free listing with further questions)	
12	Humanitarian Emergency Setting Perceived Needs Scale (HESPER)	Community household survey (representative sample)  (early in emergencies this method may also be adapted in convenience samples of key informants)	

**Tool 1** (Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support: Summary of Manual with Activity Codes) can be used to map existing and planned mental health and psychosocial support programmes. The results are essential for coordinating services (e.g. geographically between actors, to avoid duplication, or to identify gaps in service delivery).

**Tool 2** (WHO Assessment Schedule of Serious Symptoms in Humanitarian Settings—WASSS) covers surveillance of common serious symptoms in humanitarian settings. This tool includes a section for integration into household surveys to identify people with severe

symptoms and impaired functioning. Data from this tool will be helpful in advocacy for mental health.

**Tool 3** (Checklist for Site Visits at Institutions in Humanitarian Settings) may be used when visiting institutions for people with severe mental disorders and other neurological disabilities. Questions on the checklist can be filled in during a walkabout and interviews with staff/ patients, and may be particularly useful in the beginning phases of a humanitarian crisis to ensure continuity of care and protection of the human rights of those held in institutions.

**Tool 4** (Checklist for Integrating Mental Health in Primary Health Care in Humanitarian Settings) may be used to assess specific psychological and social considerations in the provision of general health care, focused specifically on primary health care. It can be filled out through interviews and through observation (1 checklist per organization).

**Tool 5** (Neuropsychiatric Component of the Health Information System—HIS), a UHNCR tool that provides a format for documenting neuropsychiatric disorders and problems (seven categories), as part of primary care practice. Documenting these seven categories may provide an indication of the main mental problems in a humanitarian setting.

**Tool 6** (Summary of mental health system formal resources) provides a format for collecting existing data on the types of resources available for mental health, particularly formal mental health resources, e.g. psychiatrists, psychologists, nurses, social workers, etc. in government mental health care, NGOs and private practices.

**Tool 7** (Checklist for Obtaining General (non-MHPSS-specific) Information from Sector Leads) provides an overview and checklist for the collection of existing information from different humanitarian sectors/clusters, linking assessment topics with relevant sectors/clusters.

**Tool 8** (Template for Desk Review of Pre-Existing Information Relevant to Mental Health and Psychosocial Support in the Region/Country) provides an overview of topics that need to part of a desk review of existing information, including contacting local and international experts on the crisis. To avoid overburdening populations affected by humanitarian crises, it is crucial that all the information that is already available is put to the best possible use.

**Tool 9** (Participatory Assessment I: Perceptions by General Community Members) provides a format for free listing—a technique in which one question is asked to generate a great deal of information (e.g., what types of problems were caused by the crisis?; what do people do to deal with these problems?; etc.). Free listing may be especially useful to gather a quick general idea on problems and resources that can be used for later, more in-depth follow-up.

**Tool 10** (Participatory Assessment II: Perceptions by Community Members with in-Depth Knowledge of the Community) provides questions that may be used for interviews with community members who have in-depth knowledge of problems and resources in their community. Questions focus on sources of distress, how distress is expressed, how assistance is being sought for distress, and who may be at heightened risk for distress.

**Tool 11** (Participatory Assessment III: Perceptions by Severely Affected Persons) provides example questions to ask to general community members who are suffering distress. It can be used to compare with data collected by general community members who do not particularly suffer these problems and key informant interviews.

**Tool 12** (Humanitarian Emergency Setting Perceived Needs Scale (HESPER) was developed by WHO and the Institute of Psychiatry at King's College London (2011) to rapidly assess perceived needs of populations in humanitarian settings during conflict or other disasters in low- and middle-income countries. The scale, uniquely, provides a population-level assessment of the prevalence and distribution of needs as perceived by members of the population themselves.

## How can assessments lead to recommendations?

Providing recommendations for humanitarian action is the main goal of doing an assessment. In general, the more precise a recommendation, the more useful it is. Recommendations should include, at a minimum, the following information: (a) to whom the recommendation is addressed (e.g., the government, health sector actors, protection sector actors, education sector actors, specific organizations, etc.); (b) the target group; (c) the problem targeted; (d) the suggested intervention, or how the intervention may be developed together with the target population; and (e) links with relevant guidance (e.g., from the IASC MHPSS Guidelines or Sphere Handbook). When there are multiple recommendations, they should be ordered in terms of priority. Ideally, ideas for recommendations are discussed with the target group before they are put on paper or finalized. The IASC MHPSS Guidelines recommend implementation of MHPSS in a multi-layered system of care. It is often helpful to provide recommendations for each of the layers of the IASC pyramid (see 2).

## References

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