INTRODUCTION TO GLOBAL HUMANITARIAN MENTAL HEALTH:

REFLECTIONS FROM AN INTERNATIONAL VOLUNTEERING PSYCHIATRIST
Lessons from volunteering in Humanitarian Psychiatry in conflict & disaster zones

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Consultant Psychiatrist
Thursday 24 June, 11.55 - 13.10
Objectives

- Background
- Tools used
- Supervision
- Lessons learned
- Mistakes
- Achievements
Gaza
Gaza
Gaza stories

• 45-year-old man married with 5 kids, live in Elnussiral camp. History of coma due to explosion injury.

• 5-year-old child came with her mother c/o bed-wetting and sleep difficulty. These started 2 weeks after her last car accidents beside his home when his cousin died from a car. He experience nightmares and fear to go out with his mother or got to a kindergarten. Case of PTSD

• 55 yo female known case of DM, HTN not compliant with her appointments, medications, neglect her self, disclose that he wishes to die and nothing make her happy. Her family economic status is very bad
HAITI
Nursing School-Haiti 2010
COLLEGE METHODISTE

WE NEED HELP

Ecole Professionnelle
Methodiste de Freres
Les inscriptions sont recues tous les jours ouvrables de 8h-1h.

Ecole Professional
Methodist de Freres
Inscriptions are received every working day from 8h-1h.
HAITI – displaced camp
HAITI-training
Chad-Darfur –refugee workers
Protection
IRAQ – YAZIDI camp
Damascus – Syria
Sierra Leone
Rohingya Camp Bangladesh
Case example-Rohingya

• 24 year old male refugee came to our facility with the complaints of nightmares for last 3 months. He lost his family members back in Myanmar. He saw the events happening in the nightmares and also when he is alone in recent days.
Building Back Better – WHO
What is rate of mental illness in Humanitarian emergencies?
### Prevalence of mental disorders in emergencies

<table>
<thead>
<tr>
<th></th>
<th>Before the emergency: 12-month prevalence</th>
<th>After the emergency: 12-month prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Severe disorder</strong></td>
<td>2–3%</td>
<td>3–4%</td>
</tr>
<tr>
<td>(e.g. psychosis, severe depression, severely disabling form of anxiety disorder)</td>
<td>Building back better -WHO 2013</td>
<td></td>
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<tr>
<td><strong>Mild or moderate mental disorder</strong></td>
<td>10%</td>
<td>15–20%</td>
</tr>
<tr>
<td>(e.g. mild and moderate forms of depression and anxiety disorders, including mild and moderate PTSD)</td>
<td></td>
<td></td>
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<tr>
<td><strong>normal distress</strong></td>
<td>No estimate</td>
<td>Large percentage</td>
</tr>
<tr>
<td>(no disorder)</td>
<td></td>
<td></td>
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</tbody>
</table>
2019 prevalence figures - WHO

<table>
<thead>
<tr>
<th>Disorder Description</th>
<th>After the emergency: 12-month prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severe disorder (e.g. psychosis, severe depression, bipolar)</td>
<td>5% (increase)</td>
</tr>
<tr>
<td>Moderate mental disorder (e.g. moderate forms of depression and anxiety disorders, including PTSD)</td>
<td>4% (decrease)</td>
</tr>
<tr>
<td>Mild mental disorder (e.g. depression, anxiety, PTSD) (no disorder)</td>
<td>13%</td>
</tr>
</tbody>
</table>
### 2019 WHO Prevalence

<table>
<thead>
<tr>
<th>Condition</th>
<th>After the emergency: 12-month prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Point prevalence pooled Dep/Anx/PTSD/bipolar/ sch Conflict</td>
<td>22%</td>
</tr>
<tr>
<td>Point prevalence Dep</td>
<td>8%</td>
</tr>
<tr>
<td>Point prevalence PTSD</td>
<td>13%</td>
</tr>
</tbody>
</table>
What do I do in emergency?
IASC – Inter-agency standing Committee

Figure 1. Intervention pyramid for mental health and psychosocial support in emergencies. Each layer is described below.

- Basic services and security
- Community and family supports
- Focused, non-specialised supports
- Specialised services
Sphere guidelines

- Covers all areas of social, health basic needs
• Desk review
• 4Ws
• Learning from other emergencies or regional learning
• Anthropology
Tools available
Psycho logical first aid: Guide for field workers
Basic Psychosocial Skills
A Guide for COVID-19 Responders

PFA – COVID 19
mhGAP Intervention Guide
for mental, neurological and substance use disorders
in non-specialized health settings
Version 2.0
Mental Health Gap Action Programme (mhGAP)

- mhGAP is the WHO programme to scale up care for mental, neurological and substance use disorders
- mhGAP was launched by the WHO Director-General in 2008
- The initial focus is on increasing non-specialist care, including primary healthcare, to address the unmet needs of people all over the world
mhGAP Trainings
PROBLEM MANAGEMENT PLUS (PM+)
Individual psychological help for adults impaired by distress in communities exposed to adversity

WHO generic field-trial version 1.1, 2010
Series on Low-Intensity Psychologicai Interventions - 2

World Health Organization
THINKING HEALTHY
A manual for psychosocial management of perinatal depression

WHO generic field-trial version 1.0, 2015
Series on Low-Intensity Psychological Interventions – 1

World Health Organization
Group Interpersonal Therapy for depression
Supervision

• Face to face
• Distance
• Group
  ➢ South Sudan
  ➢ Kenya – Somalia
  ➢ Iraq
  ➢ Syria
  ➢ Ukraine
South Sudan
Lessons

• It's not about PTSD – it's about basic needs, security, good information
• Somatisation
• It's all about people/relationships/networks
• Stress then depression after a while
• Grief
• Not medication

• Role of Psychiatrist extended beyond traditional role – Public health
• Coordination – don’t work alone – eg 4Ws
• Support funerals and memorials
• Advocacy for mental health – severe mental illness and moderate mild
• Sustainability
Lessons

• Capacity Building
• “Building back better”
• Self care
• Look out for vulnerable groups e.g. ID, women, children
• What is most difficult can be unexpected e.g. bureaucracy, finance
• Have optimism not nihilism
• Be well prepared – e.g. desk review.

• Do a good report – with sustainable plan and achievements
• Frustration if less on field
• Culture culture culture
• Hard to share experiences afterwards-adjustment on return for UK psychiatrist
Mistakes

• sustainability
• Trying to rescue/pace – too fast or too slow
• cultural
• Suffering of local staff
• Not there early enough or for long enough
• “white saviour”

• Self care
• Coordination
• Listening to what people want
• Medication
• Getting buy in
• Ownership of projects – guest of country
Achievements

- Training doctors and non-doctors on mhGAP/Capacity building
- Invest in people
- National level interventions with buy in
- MHPSS- mental health and psychosocial support
- Coordination and networking

- Problem solving approach
- Supervision
- Substance abuse
- Nurse sensitization
- GBV
- Suicide
- Personal –training, life changing
Key messages

• Follow international guidelines
• Listen
• Training
• Protection/ human rights
• Supervision
• MHPSS
• Use skills back in NHS
Thank you