

STORIES OF CHANGE IN FOUR COUNTRIES

Building capacity for integrating mental
health care within health services
across humanitarian settings



World Health
Organization



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Executive summary

Stories of change from four countries: Building capacity for integrating mental health care within health services across humanitarian settings advocates for the importance of building mental health care in humanitarian emergency settings by describing efforts to do this in four countries.

The report includes three sections, the first describing the importance of scaling up mental health care in emergency contexts, the second outlining case studies (“stories of change”) to scale up the Mental Health Gap Action Programme (mhGAP) programme in four settings and the third describing lessons learned by stakeholders.

Section 1: Introduction

The first section of this report details the rationale for building capacity for integrating mental health services in primary and secondary general care settings in the context of humanitarian emergencies. Currently there are vast numbers of people in need of humanitarian assistance, many of whom experience considerable distress and impairment. A subset of these individuals also experience mental, neurological or substance use (MNS) conditions. However, services and supports for these individuals remain extremely scarce in many emergency contexts. Scalable approaches to providing mental health and psychosocial support (MHPSS), which should include approaches to integrating mental health in primary care settings, exist and have been developed to address these problems. The World Health Organization (WHO)’s mhGAP Intervention Guide (mhGAP-IG) and mhGAP Humanitarian Intervention Guide (mhGAP-HIG) are key tools for increasing access to mental health care in primary care settings. However, barriers to implementing these approaches, such as limited organizational capacity reported by certain humanitarian actors, have hindered their uptake. To address this issue, WHO and International Medical Corps (IMC) partnered to initiate the mhGAP-HIG capacity-building project in 2018.

Section 2: Stories of change

The second section of the report details stories of change in building mental health systems in four countries. Three of these contexts were conflict-affected regions, while a fourth was a setting where risks for emergencies are high and many development challenges persist.



Libya

Between 2011 and 2019, Libya’s international ranking on the Human Development Index fell 43 places due to conflict, challenges in its governance system and associated humanitarian needs. The mental health system has struggled due to years of underdevelopment. However, a coalition of partners, including the Ministry of Health, the National Centre for Disease Control (NCDC) and WHO, have collaborated to strengthen the capacity of local mental health professionals and systems, to reduce stigma experienced by people with

mental health conditions and to coordinate effective mental health care activities, including implementation of mhGAP programmes. In 2019, supported by guidance and training through WHO and IMC's mhGAP-HIG capacity-building project, and in collaboration with government, the International Rescue Committee (IRC) and IMC began rolling out the mhGAP-HIG in selected areas of the country. These efforts have resulted in many important changes, including contextualization of mhGAP-HIG materials, increased workforce capacity, the development of mobile response teams, strengthened referral pathways between community providers and health system facilities, increased access to services for refugees and migrants, and new systems for monitoring service usage. In addition, internal agency changes have been achieved to improve the response capacities of the non-governmental agencies involved, including the addition of certain psychotropic medications to IRC's essential medications list. Linked to initiatives to strengthen the system in the country, such as the recent Strengthening the Coordination and Availability of Libyan Effective (SCALE) Mental Health Care in primary health care (PHC) services project, these efforts represent progress towards building a sustainable mental health system in Libya.



South Sudan

South Sudan began its statehood in 2011 as one of the least developed countries in the world, due to decades of intercommunal violence, civil war and political instability. The country faces many challenges in meeting the mental health and psychosocial needs of the estimated 2.5 million people who may be experiencing mental health conditions. In response, WHO has provided support to the South Sudan Ministry of Health and other stakeholders in building the mental health system. These efforts include strengthening coordination mechanisms across humanitarian actors, supporting the planning of MHPSS operations in the country

and establishing an mhGAP operations team at the national level, while building workforce capacities to provide care for persons with MNS conditions at the level of primary care. These efforts have resulted in significant changes, including an update to the essential medications list for South Sudan and significant improvements in systems for capturing routine data on mental health conditions and service usage. As part of these efforts, the International Non-Governmental Organization (INGO) Medair, which was working in South Sudan, was invited to participate in the mhGAP-HIG capacity-building project run by WHO and IMC. With support from partners and WHO, Medair began implementation of mhGAP.

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