Mental Health in Humanitarian Crises

Bernard van Leer FOUNDATION

UNITED FOR GLOBAL MENTAL HEALTH
Honesty. Action. Change.

Photo: Jon Spaull

3 THINGS TO REMEMBER

▷ Humanitarian crises lead to high levels of poor mental health in caregivers and young children, who are especially vulnerable

▷ Repetitive trauma harms young children's development, but strong parent-child relationships can act as a buffer

▷ Mental health interventions need to become a key component of humanitarian assistance

▷ In brief

Humanitarian crises can trigger significant mental health issues for children and their caregivers, causing lasting damage to child development. In particular, excessive stress in babies and toddlers severely impacts their health and other outcomes into adulthood. Despite the acute need, humanitarian responses frequently fail to incorporate mental health support.

▷ What do we know?

Conflict and displacement cause high levels of stress and trauma, which can severely impact the mental health of both children and their caregivers.

For babies and toddlers, whose early development is shaped by their environment, traumatic experiences can have lifelong negative effects. Severe and prolonged adversity, such as violence, neglect or family separation, causes "toxic stress" which disrupts the healthy development of a child's brain and body. This can have lasting impacts on their learning, behaviour, and physical and mental health.[1]

The mental health of parents or other caregivers, meanwhile, is vital in shaping their children's futures. Parental depression, anxiety and other issues – including during pregnancy – are connected to various negative child outcomes which impact them well into adulthood, such as poor cognitive development and a greater risk of ill health. On the other hand, a strong, positive parent-child relationship can help build children's resilience, acting as a key buffer in mitigating the impacts of trauma.

Photo: Jon Spaull

▷ In numbers
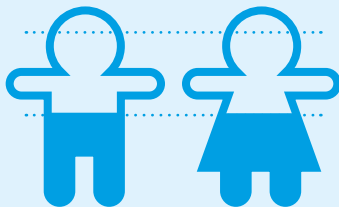
50 - 90%
of children and adolescents in settled refugee populations suffer from post-traumatic stress disorder (PTSD)[2]

< 1%
of development assistance for health is spent on mental health[3]

3.6 million
children and adolescents in humanitarian crises received UNICEF psychosocial support in 2018[4]

▷ Why does it matter?

Around the world, there is a huge shortage of mental health services and resources. In low- and middle-income countries, less than 1% of national health budgets are spent on mental health, and the same is true for development assistance from the international community.[5]

Therefore, people in humanitarian crises who have the most need for mental health support aren't receiving enough help. Displaced from their normal lives and communities, families are often going through profound adversity, and lack support networks to cope.

Between 50 and 90% of refugee children and adolescents, for example, suffer from PTSD.[6] And many of these children live with parents with a mental illness, severely impacting their early development and predisposing them to having mental health problems themselves.

With the number of refugees at its highest since the Second World War, and the world's climate crisis threatening the displacement of many more people, mental health issues could damage the future potential and happiness of millions of children.

Not only does this affect the quality of individual lives, but mental disorders are a huge burden on countries' finances, such as through extra costs borne by healthcare systems and lost productivity.

KEY ISSUES

▷ Humanitarian aid
▷ Childhood trauma
▷ Access to healthcare
▷ Mental health stigma

Photo: Tom Pilston for Action Against Hunger

▷ What can policymakers do?

It is clear that governments and international organisations need to do much more to improve the mental health of children and caregivers in crisis situations. Fortunately, there are a number of tools available to policymakers to implement and scale this support.

Here are some of the most important interventions:

▷ INTEGRATE MENTAL HEALTH into humanitarian responses through frontline workers, working with local governments to ensure effectiveness and cultural relevance.

▷ Increase humanitarian assistance and government HEALTH BUDGETS dedicated towards mental health, to provide more support for children and caregivers.

▷ Develop structures within primary care to IDENTIFY THOSE IN NEED of extra mental health support, who can be referred to specialised treatment.

▷ Increase access to COUNSELLING AND PSYCHOSOCIAL THERAPY for affected populations, adapting approaches to suit different cultural contexts.

▷ Provide CHILD-FRIENDLY SPACES in humanitarian situations to help protect children from risk, promote their psychosocial well-being and provide education.[9]

In response to the lack of support for young children in crisis, the Bernard van Leer Foundation has set up the Moving Minds Alliance to scale up coverage, quality and financing of support for families affected by crisis and displacement.

Photo: Tom Pilston for Action Against Hunger

In Bangladesh' Cox's Bazar refugee camp, where more than one million Rohingyas live, **Action Against Hunger** have integrated mental health support alongside their nutrition interventions. They host stress management sessions, provide individual and group counselling, and have set up child-friendly spaces for children.[7]

In northern Uganda, war-affected youth with depression have been treated with **interpersonal psychotherapy** in small groups. Compatible with the local Acholi culture, the sessions offer therapeutic support in a social setting. The intervention has been shown to be effective in helping recovery for former child soldiers and war-affected adolescent girls.[8]

MOVING MINDS ALLIANCE

Lebanon

Lebanon's Mental Health Programme

▷ PROVIDING SERVICES FOR BOTH REFUGEES AND CITIZENS

THE PROBLEM:
Lebanon hosts 1.5 million refugees from Palestine and Syria, who have high rates of mental health issues.

THE SOLUTION:
Reform and strengthen the country's mental health system at specialist and primary care levels, for both refugees and citizens.

THE IMPACT:
Initial evaluations demonstrate progress on most measures. 75 primary healthcare centres have been trained with WHO modules.[10]

HOW DOES IT WORK? The Ministry of Public Health has been reforming Lebanon's system at various levels, including integrating mental health care into primary healthcare, and training healthcare professionals to refer patients to specialists. They are also providing new training to psychotherapists working with refugees, and have been piloting electronic guided self-help for depression.[11]

Photo: Jon Spaull

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"What really worked for us was having a clear roadmap around which everyone could align"

*- Dr Rabih El Chammay,
Head of the National Mental Health Programme*

The refugee crisis provided the impetus: around 44% of Syrian refugees in Lebanon are estimated to have a depressive disorder.[12] Instead of building a parallel system of care for refugees, which might collapse if humanitarian funding decreases, they chose instead to strengthen the country's entire mental health system.

The reforms are focused on three areas: building new services, improving the quality and access of mental health institutions, and pushing through legislation in parliament.

High-level political support, collaboration between ministries, and work with international organisations including WHO and UNICEF, has been vital in creating a national strategy and scaling up services.[13]

A key barrier to reform has been the high stigma and low public awareness about mental health, which prevents many people from seeking help. However, national awareness campaigns on mental health are beginning to increase mental health literacy in the population.[14]

Humanitarian Exchange Magazine (ODI)

Mental health in humanitarian crises edition
https://odihpn.org/magazine/mental-health-and-psychosocial-support-in-humanitarian-crises/

▷ For: ideas to integrate mental health programming into humanitarian responses

Mental Health Innovation Network

https://www.mhinnovation.net/

▷ For: a database of effective mental health interventions from around the world

UNICEF

Guidelines on community-based humanitarian mental health support
https://www.unicef.org/reports/community-based-mental-health-and-psychosocial-support-guidelines-2019

▷ For: how to create nurturing environments for children in humanitarian settings

World Health Organization

mhGAP Humanitarian Intervention Guide
https://www.who.int/mental_health/publications/mhgap_hig/en/

▷ For: the WHO's tool for non-specialist healthcare providers in humanitarian emergencies

REFERENCES

1 Harvard Center on the Developing Child: Toxic Stress. Available at: https://developingchild.harvard.edu/science/key-concepts/toxic-stress/ (accessed June 2019).

2 Marquez, P.V. (2016) Mental health among displaced people and refugees: making the case for action at the World Bank Group, *The World Bank Group*. Available at: http://documents.worldbank.org/curated/en/441551482228026197/Mental-health-among-displaced-people-and-refugees-making-the-case-for-action-at-the-World-Bank-Group

3 Gilbert, J. B. et al. (2015) Assessing Development Assistance for Mental Health in Developing Countries: 2007–2013, *PLoS Med*, 12(6). Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4452770/

4 UNICEF (2019) 2018 Annual Report. Available at: https://www.unicef.org/media/55486/file/UNICEF-annual-report-2018%20revised%201.pdf

5 Gilbert, J. B. et al. (2015) Assessing Development Assistance for Mental Health in Developing Countries: 2007–2013, *PLoS Med*, 12(6). Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4452770/

6 Marquez, P.V.,(2016) Mental health among displaced people and refugees: making the case for action at the World Bank Group, *The World Bank Group*. Available at: http://documents.worldbank.org/curated/en/441551482228026197/Mental-health-among-displaced-people-and-refugees-making-the-case-for-action-at-the-World-Bank-Group

7 Action Against Hunger (2019) Helping Displaced Rohingya: Two Years On. Available at: https://www.actionagainsthunger.org/story/helping-displaced-rohingya-two-years

8 Betancourt, T. S. et al (2012) Moderators of Treatment Effectiveness for War-Affected Youth With Depression in Northern Uganda, *Journal of Adolescent Health*, 51(6). Available at: https://www.jahonline.org/article/S1054-139X(12)00073-0/fulltext

9 UNICEF (2011) Guidelines for Child-Friendly Spaces in Emergencies. Available at: https://www.unicef.org/protection/Child_Friendly_Spaces_Guidelines_for_Field_Testing.pdf

10 Caldas de Almeida, J. M. and Saraceno, B. (2018) Mid-term evaluation report of the National Mental Health Strategy for the Lebanon MOPH National Mental Health Programme. Available at: https://www.moph.gov.lb/userfiles/files/Report-Mid-term%20evaluation%20of%20the%20Lebanon%20Mental%20Health%20Strategy%202015-2020.pdf

11 Fleck, F. (2016) Reforming mental health in Lebanon amid refugee crises, *World Health Org Bulletin*, 1:94(8): 564-5. Available at: https://www.ncbi.nlm.nih.gov/pubmed/27516633

12 Naja, W.J. et al. (2016) Prevalence of depression in Syrian refugees and the influence of religiosity, *Compr Psychiatry*, 68:78-85. Available at: https://www.ncbi.nlm.nih.gov/pubmed/27234187

13 El Chammay, R. et al. (2016) Mental health reform in Lebanon and the Syrian crisis, *The Lancet Correspondence*, 3(3): 202-203. Available at: https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)00055-9/fulltext

14 Caldas de Almeida, J. M. and Saraceno, B. (2018) Mid-term evaluation report of the National Mental Health Strategy for the Lebanon MOPH National Mental Health Programme. Available at: https://www.moph.gov.lb/userfiles/files/Report-Mid-term%20evaluation%20of%20the%20Lebanon%20Mental%20Health%20Strategy%202015-2020.pdf