“Emergency situations – in spite of the adversity and challenges they create – are openings to transform mental health care. These are opportunities not to be missed because mental, neurological, and substance use disorders are among the most neglected problems in public health, and because mental health is crucial to the overall well-being and productivity of individuals, communities and countries recovering from emergencies.”

Dr Margaret Chan
Director General, World Health Organization

Report structure

- Part 1: Seeing opportunity in crisis (Introduction)
- Part 2: Seizing opportunity in crisis (10 detailed cases)
- Part 3: Spreading opportunity in crisis (lessons learnt)
This is not effective or humane care

It is possible to do better

Emergencies at a glance

- Caused by: natural disasters, armed conflicts, other hazards
- Numerous emergencies annually around the world
- Result in: large scale injury, death, displacement, destruction, disease outbreaks
- Mental health problems increase – while mental health infrastructure often weakened

Emergencies are opportunities

- Media interest
- Interest of decision-makers (e.g. government leaders, heads of humanitarian agencies)
- Decision-makers willing to consider options beyond the status quo
**Taking action helps recovery and development**

- Positive mental health is crucial for individuals, societies, and countries recovering from emergencies.
- Positive mental health linked to higher educational attainment, enhanced productivity and earnings, better parenting, improved health and quality of life.

**Key References**

- IASC – UN Interagency Standing Committee Guidelines on Responding to Emergencies – Special reference to accepted standards for mental health interventions in humanitarian crises – [www.who.int/hac/network/interagency](http://www.who.int/hac/network/interagency)
- SPHERE Guidelines – Developed by the International Federation of Red Cross and Red Crescent – Minimum standards in Humanitarian Response. Google SPHERE Project
- Both are available as downloads from their websites.

**Part 2 – Seizing opportunity in crisis**

- Afghanistan
- Burundi
- Indonesia (Aceh Province)
- Iraq
- Jordan
- Kosovo
- Somalia
- Sri Lanka
- Timor-Leste
- West Bank and Gaza Strip

**10 emergency-affected areas**
Part 3 – Spreading opportunity in crisis

Part 3: Spreading Opportunity in Crisis: Lessons Learnt and Take Home Messages

Initiatives in these 10 regions span

- Mental health reform (and policy) increasingly driven by the state vis-à-vis NGOs
- Almost all countries have shown progress through increasing capacity through service development across the continuum (specialist psychiatric, community & primary care)
- Building capability through skills training of MH professionals & community-based workers for psychosocial rehabilitation (eg. Afghanistan, Burundi, Aceh, Jordan, Sri Lanka, Timor-Leste)
- Emerging concept of multidisciplinary teams (eg. Jordan)

Initiatives in these 10 regions span

- Integration of mental health services & corresponding indicators into primary care via mhGAP (eg. Burundi, Jordan)
- Inclusion of psychiatric medication into essential drug list (eg. Afghanistan, Burundi)
- Specific mental health budgets are defined (eg. Aceh)
- Incentive to develop outcome measures through use of WHO AIMS (Assessment Instrument for Mental Health Services). Available at www.who.int

Key Actions

1. Mental health reform was supported through planning for long-term sustainability from the outset
2. The broad mental health needs of the emergency-affected population were addressed
3. The government’s central role was respected – improved coordination of government and NGO initiatives
4. National professionals played a key role
5. Coordination across agencies was crucial
Key Actions

6. Mental health reform involved review and revision of national policies and plans
7. The mental health system was considered and strengthened as a whole – WHO AIMS
8. Health workers were reorganized and trained
9. Demonstration projects offered proof of concept and attracted further support and funds for mental health reform
10. Advocacy maintained momentum for change

The future

Key messages

- Major gaps remain worldwide in the realization of comprehensive, community-based mental health care.
- It is possible to take meaningful action after emergencies to accelerate the development of mental health systems.
- Global progress will happen more quickly if, in every crisis, strategic efforts are made to convert short-term interest in mental health problems into momentum for mental health reform.
- This would benefit not only people’s mental health, but also the functioning, stability and resilience of societies recovering from emergencies.

What you can do

- Read the report and supplementary information
- Incorporate relevant slides into presentations
- Disseminate the report’s website (below)
- Use the report to guide technical advice

Thank you