Integrating Mental Health, Psychosocial Support and Protection into UNRWA’s Primary Health care

Dr. Yousef Shahin
Outline of Presentation

➢ EMRO framework to integrate MHPSS and Protection

➢ Department of Health’s MHPSS strategy

➢ Highlight on early feedback

➢ PSS for refuges (with focus in Syria)

➢ Conclusion and key messages
The MHPSS

There is No Health Without Mental Health

“Mental health is essential for achieving person-centered and holistic primary health care.”

Dr. Margaret Chan, former WHO, DG
<table>
<thead>
<tr>
<th>Domain</th>
<th>Strategic interventions</th>
<th>Proposed indicators</th>
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<tbody>
<tr>
<td>Governance</td>
<td>Establish/update a multisectoral national policy/strategic action plan for mental health</td>
<td>Country has an operational multisectoral national mental health policy/plan in line with international/regional human rights instruments</td>
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<td>Embed mental health and psychosocial support in national emergency preparedness and recovery plans</td>
<td>Mental health and psychosocial support provision is integrated in the national emergency preparation plans</td>
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<td>Review legislation related to mental health in line with international human rights covenants/ instruments</td>
<td>Country has updated mental health legislation in line with international/regional human rights instruments</td>
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<td>Integrate priority mental conditions in the basic health delivery package of the government and social/private insurance reimbursement schemes</td>
<td>Inclusion of specified priority mental health conditions in basic packages of health care of public and private insurance/reimbursement schemes</td>
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<td>Enhanced budgetary allocations are in place for addressing the agreed upon national mental health service delivery targets</td>
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<td>Health care</td>
<td>Establish mental health services in general hospitals for outpatient and short-stay inpatient care</td>
<td>Proportion of general hospitals which have mental health units, including inpatient and outpatient units</td>
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<td>Integrate delivery of cost-effective, feasible and affordable evidence-based interventions for mental conditions in primary health care and other priority health programmes</td>
<td>Proportion of persons with mental health conditions utilizing health services (disaggregated by age, sex, diagnosis and setting)</td>
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<td>Provide people with mental health conditions and their families with access to self-help and community-based interventions.</td>
<td>Proportion of primary health care facilities with regular availability of essential psychotropic medicines</td>
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<td>Downsize the existing long-stay mental hospitals</td>
<td>Proportion of primary health care facilities with at least one staff trained to deliver non-pharmacological interventions</td>
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<td>Implement best practices for mental health and psychosocial support in emergencies</td>
<td>Proportion of mental health facilities monitored annually to ensure protection of human rights of persons with mental conditions using quality and rights standards</td>
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<td>Proportion of health care workers trained in recognition and management of priority mental conditions during emergencies</td>
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<td>Promotion and prevention</td>
<td>Provide cost-effective, feasible and affordable preventive interventions through community and population-based platforms</td>
<td>Proportion of schools implementing the whole-school approach to promote life skills</td>
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<td>Train emergency responders to provide psychological first aid</td>
<td>Proportion of mother and child health care personnel trained in providing early childhood care and development and parenting skills to mothers and families</td>
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<td></td>
<td></td>
<td>Proportion of mother and child health care personnel trained in early recognition and management of maternal depression</td>
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<td>Availability of operational national suicide prevention action plan</td>
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<td>Regular national campaigns to improve mental health literacy and reduce stigma using multiple delivery channels</td>
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<td>Psychological first aid (PFA) training is incorporated in all emergency responder trainings at national level</td>
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<td>Surveillance, monitoring and research</td>
<td>Integrate the core indicators within the national health information systems</td>
<td>Routine data and reports at national level available on the core set of mental health indicators</td>
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<td>Enhance the national capacity to undertake prioritized research</td>
<td>Annual reporting of national data on numbers of deaths by suicide</td>
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**BEST BUYS” IN MENTAL HEALTH**

**Cost-effective, feasible and affordable evidence-based interventions (Best Buys) for prevention of and management of mental disorders**

- Diagnosis and management of depression (including maternal depression) and anxiety disorders, continuing care of schizophrenia and bipolar disorder, psychological treatment for mood, anxiety, disorders among children, treatment of epilepsy, screening and brief interventions for alcohol use disorders
- Opioid substitution therapy (e.g. methadone and buprenorphine) for opioid dependence
- Support for early childhood development and parenting skills
- Life-skills training in schools to build social and emotional competencies

**Good practices for mental health and psychosocial support in emergencies**

- Community self-help and social support
- Management of mental health problems relevant to emergencies by trained non-specialist staff
- Provision of evidence-based psychological interventions through lay workers

**Good practices for prevention of mental disorders and promotion of mental health**

- Mass information and awareness campaigns for promoting mental health literacy and reducing stigma
- Integrating mental health promotion strategies, such as stress reduction, into occupational health and safety policies
- Regulations to improve obstetric and perinatal care
- Strengthening of immunization; salt iodization programmes; folic acid food fortification; and selective protein supplementation programmes to promote healthy cognitive development
Historic crossroads: Mental health and Substance abuse included in the 2030 Agenda for Sustainable Development
MHPSS in UNRWA PHC

➢ Patients with undiagnosed MHPSS issues use PHC services twice as frequently as those with no MHPSS complaints, for unnecessary care.

➢ It is well-documented that Major Depressive Disorder is a risk factor for diabetes and heart disease.

➢ NCDs are also risk factors for depressive and anxiety.

➢ Patients with co-morbid depression (depression with a physical disorder such as an NCD) are less likely to adhere to treatment plans for their NCDs.

➢ Patients who experience GBV and abuse (protection threats) are more likely to develop a MH disorder, and vice versa.
The majority (60%) of HC visitors are women who often attend with children. Protection issues occur more frequently among vulnerable groups. Women in the region have higher rates of mental disorders, with an average female to male ratio of 2.3 among adults.
Palestinian situation

- All Palestine refugees are suffering the trauma of displacement producing many wounds and scars in their psyche since 1948.

- A whole generation of population has grown knowing only the conflict situation.

- Affecting mainly the young adults, children and women.

- Current conflict and violence situation in addition to many wounds and scars marked in their psyche makes them particularly vulnerable to developing mental disorders, and suffer their consequences.
The burden of mental disorders is great.

Mental and physical health problems are interrelated.

The treatment gap for mental disorders is enormous. (75-85% in developing countries and 35-50% in developed countries).

Enhances access. Integrating mental health into PHC is the best way of ensuring that people get the mental health care they need.

Minimize stigma and discrimination. promotes respect of human rights. They also remove the risk of human rights violations that occur in psychiatric hospitals.

Primary care for mental health is affordable and cost effective. A number of mental disorders can be prevented.

Primary care for mental health generates good health outcomes.

Reasons for integrating mental health
To close the gap between people who need mental health services and those who have access to them,

WHO recommends the integration of mental health (MH) into PHC by:

• Training PHC staff in MHPSS
• Build sustainable local capacities and
• Provide comprehensive, integrated and community based MHPSS activities that:
  • Promote resilience and overall wellbeing of vulnerable groups,
  • Be able to diagnose and manage MH disorders.
MHPSS Health Strategy
Training According to Roles & Responsibilities

- **All staff**: Basic introduction to MHPSS issues, sensitization and stigma reduction

- **Midwives & Practical nurses**: Heavy focus on PSS support areas, improved communication and basic counseling skills; low level/introductory understanding of mhGAP principles

- **Staff nurses**: Heavy focus on PSS support techniques; non-prescription aspects of mhGAP which allows for case management and understanding of medications

- **Medical Officers**: Heavy focus on mental health through mhGAP training; introductory training on PSS support

¹ WHO’s Mental Health Global Action Programme; modified versions available for nurses
Early Results

- Staff note increased workload, but comment that they feel like they are doing 100% of their job for the first time
- Stronger relationship between patient and health center staff
- We understand now better why patients are coming frequently to the HC
- Addressing both physical and psychological symptoms (body and mind)
- We are addressing new conditions largely ignored
- We listen and communicate better to our patients
Early Feedback

➢ All staff are involved on counseling, identification, management and referral of MHPSS conditions with different roles

➢ Doctor prescription of PST drugs trends differ based on confidence

➢ Doctors asking for more PSS training

➢ Supervision is critical to successful integration

➢ Self-care is crucial to protecting staff wellbeing

➢ Challenges related to measuring the prevention, promotion and “integration”
Syria emergency appeal

Across all three fields of UNRWA operation, focus is placed on supporting the psychosocial and mental well-being of children through the provision of:

- individual and group counseling,
- structured recreational activities
- capacity development for education and other frontline staff on how to appropriately handle children suffering trauma and distress
PSS provided by trained volunteers in Syria

<table>
<thead>
<tr>
<th>To/where</th>
<th>Damascus</th>
<th>Homs</th>
<th>Aleppo</th>
<th>Dera’a</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td><strong>Children</strong></td>
<td>4367</td>
<td>1647</td>
<td>2173</td>
<td>125</td>
<td>8312</td>
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<tr>
<td><strong>Staff</strong></td>
<td>123</td>
<td>165</td>
<td>87</td>
<td>16</td>
<td>391</td>
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<tr>
<td><strong>Community</strong></td>
<td>114</td>
<td>56</td>
<td>175</td>
<td>160</td>
<td>505</td>
</tr>
<tr>
<td>Country</td>
<td>Girls</td>
<td>boys</td>
<td>Total</td>
<td></td>
<td></td>
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<tr>
<td>Syria</td>
<td>13,884</td>
<td>14,035</td>
<td>27,919</td>
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<tr>
<td>Lebanon</td>
<td>570</td>
<td>432</td>
<td>1,002</td>
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<tr>
<td>Jordan</td>
<td>189</td>
<td>117</td>
<td>306</td>
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Key Messages

• Mental disorders affect hundreds of millions of people and, if left untreated, create an enormous toll of suffering, disability and economic loss.

• Despite the potential to successfully treat mental disorders, only a small minority of those in need receive even the most basic treatment.

• Holistic care (FHT) will never be achieved until mental health is integrated into PHC.

• Integrating mental health into PHC is the most viable way of closing the treatment gap and ensuring that people get the mental health care they need.
Key Messages

• Primary care for mental health is affordable, and investments can bring important benefits

• Certain skills and competencies are required to effectively assess, diagnose, treat, support and refer people with mental disorders; it is essential that PHC staff are adequately prepared and supported.

• To be fully effective and efficient, PHC for MHPSS must be coordinated with a network of services at different levels