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Mental Health and Psychosocial Support in the Field

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What are Mental Health and Psychosocial Support (MHPSS) considerations in the field?

DIRECT IMPACTS of outbreaks and other emergencies on mental health and wellbeing

General population

- Anxiety and stress
- Isolation and loss of social support

Cases

- Trauma and stress
- Stigma and exclusion
- Psychological consequences of quarantine

First responders

- Stress and burnout
- PTSD

INDIRECT IMPACTS

Economic consequences: general impact on the economy, individual loss of income

Impact on services: healthcare (especially mental healthcare, social protection, schools, social services and support)

Impact on housing and shelter: quarantine and isolation, natural disasters

Both **direct** and **indirect** impacts likely to be even more significant for vulnerable groups (e.g. children, the elderly, people with disabilities, key populations, those with pre-existing mental or physical health conditions)

How can MHPSS considerations be built into an emergency response?

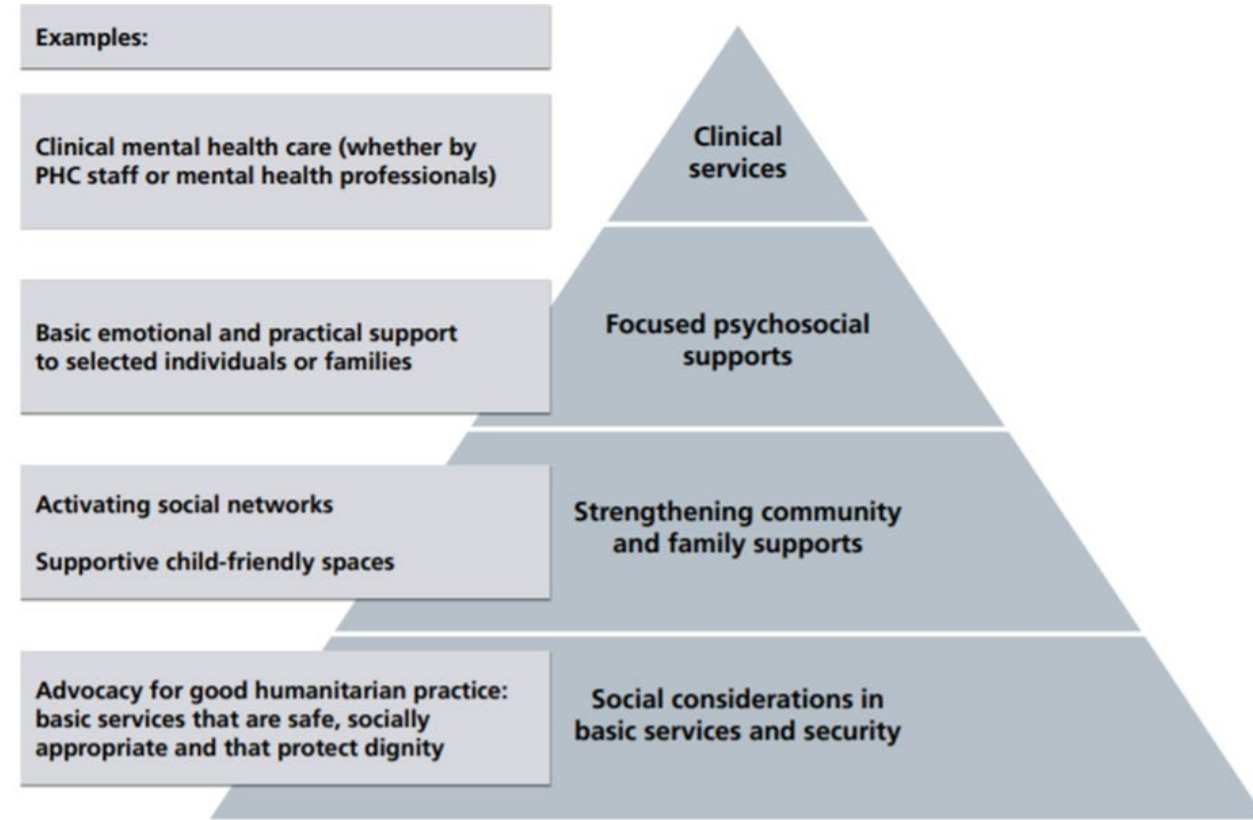


Figure GPC 1. The IASC intervention pyramid for mental health and psychosocial support in emergencies (adapted with permission)

How can MHPSS considerations be built into an emergency response?

Short term: Immediate response

- **Needs assessment:** understanding MH impacts (direct and indirect in the early phases of response planning)
- **First responder training** (doctors, nurses, paramedics, contact tracers, quarantine staff, police, schools, community leaders etc)
- **Psychological First Aid:** training first responders in the identification of mental distress and awareness of support pathways available
- **Establishing referral mechanisms** between MH specialists, general healthcare providers, and other sectors in emergency response (social support, WASH, housing and shelter, education)
- **Community self-help and social support:** Supporting people to solve problems collaboratively and engage in emergency relief activities or learning new skills, while ensuring the involvement of people who are vulnerable and marginalised

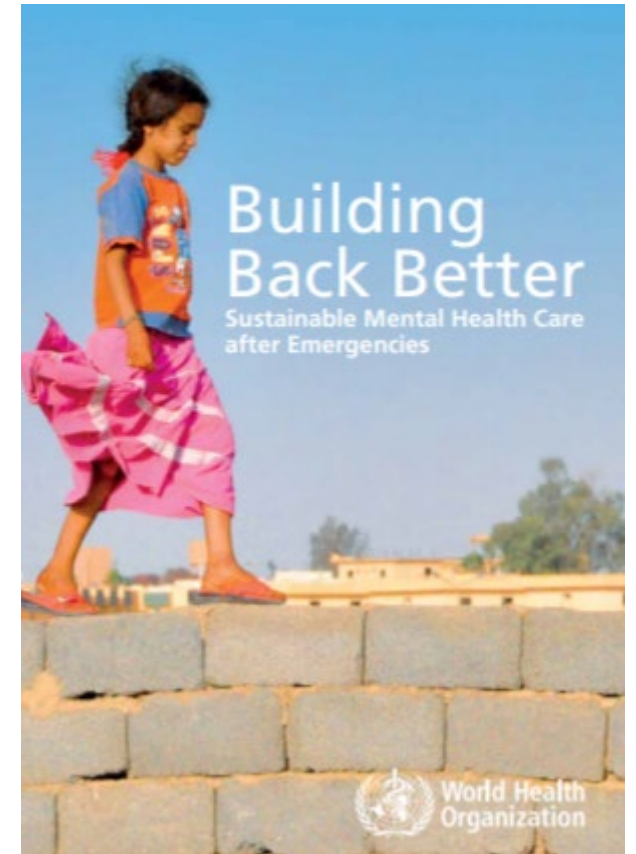
“Training that enables generalists to provide first-line support to people in mental distress can be the difference, in many cases, between life and death.”

Dr John Mahoney, Head of Mental Health and Psychosocial Services at the WHO office in Liberia

How can MHPSS considerations be built into an emergency response?

Long term response and recovery

- **Building Back Better:** Mental health is crucial to the overall social and economic recovery of individuals, societies, and countries after emergencies
- Converting the short-term increase in attention to mental health issues combined with a surge of aid, into momentum for long-term service development
- Many countries have capitalized on emergency situations to build better mental health systems after crises
- Eg Kenya – in response to COVID-19 have committed to ensuring there is a trained MH worker in every health facility



Mental Health and the RST: “Strengthening Public mental health in African countries in response to the Covid-19 Epidemic” (SPACE)

- **Research:**

Understanding MHPSS needs in different emergency contexts, building capacity to coordinate and respond to the MHPSS aspects of outbreaks and other emergencies

Current project: SPACE – Quantitative/Qualitative study with MoH mental health focal points in African countries to understand best practice and gaps in the MH aspects of national Covid-19 response

- **Capacity building**

Guidance, webinars and workshops to support national response coordinators with planning and delivery MH aspects of emergency response

- **Training**

e.g. Adapting Psychological First Aid training for use in African Countries



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Thank you for joining

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