Primary care workers are given guidance on managing mental health in humanitarian crises

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Non-specialist health workers have been given new guidance to help identify and manage the mental health needs of populations during disasters and conflict.

The Mental Health Gap Action Programme (mhGap) Humanitarian Intervention Guide, released in Geneva on 5 May, has been developed by the World Health Organization in collaboration with the United Nations High Commission for Refugees.1

In humanitarian emergencies, which often occur in resource poor settings as is the case with the recent earthquake in Nepal and the ongoing conflict in Yemen, existing healthcare systems are weak, with little or no resources for tackling mental health. General medical staff, including primary care doctors and nurses, are the only viable option for dealing with mental health problems in the absence of specialist providers and treatments, said the agencies.

Mark Van Ommeren, public mental health adviser at WHO, who helped develop the guide, said, “Specialist resources are limited at the best of times in low and middle income countries. In an emergency, the situation is overwhelming, there is less time, and care has to be highly prioritised. This tool will be useful to humanitarian health workers and agencies that are providing first line care.”

These evidence based guidelines—adapted from the original WHO mhGAP guidance released in 2010—are presented as step by step actions to simplify the process of providing care in the primary healthcare setting in humanitarian emergencies. The tool is designed to aid care of vulnerable groups such as refugees, internally displaced people, disaster survivors, and populations exposed to terrorism, war, or genocide. Both adults and children are affected by these crises and may present with considerable and diverse mental health problems. The tool can help a general healthcare worker distinguish normal reactions to adversity, such as grief, anxiety, or distress, which usually resolve with support from family and time, from more serious problems requiring medical management and treatment, such as depression, post-traumatic stress disorder, and prolonged grief disorder.

It can also help management of individuals with existing mental health problems, such as psychosis or developmental disorders, for whom conflict or natural disasters exacerbate problems and feelings of abandonment, said Van Ommeren.

Often, attention during humanitarian crises focuses on bolstering collapsing health systems or managing the increased risk of infectious diseases such as cholera. But the psychological toll of war or disasters is often under-rated.

Peter Ventevogel, senior mental health officer for the United Nations High Commission for Refugees, said that “in the last decade or so, awareness of mental health and psychosocial wellbeing in emergencies has increased and we have seen many more efforts within the humanitarian agencies. But the healthcare sector is lagging way behind. Medical teams are often deployed to help with relief efforts, but without adequate mental health resources or personnel trained in mental health.”

Until now they had few, if any, tools to help with mental trauma, said Van Ommeren. The new guide can help raise awareness and better management of the mental health problems in humanitarian emergencies. In the aftermath of the recent Nepal earthquake, where he estimated that the considerable mental health burden would become more apparent in a few weeks, this tool can enable humanitarian health responders to “move a lot further ahead to action.”


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