Mental health in emergencies

Key facts

- People suffer from a wide range of mental health problems during and long after emergencies.
- People will be more likely to recover if they feel safe, connected, calm and hopeful; have access to social, physical and emotional support; and find ways to help themselves.
- Agencies agree on an intervention pyramid – from basic services and actions at the base to highly specialized at the top – to help countries match response strategies with community needs and appropriate expertise.
- WHO recommends at least 1 supervised health care staff member in every general health facility during humanitarian emergencies to assess and manage mental health problems.
- Emergencies, in spite of their tragic nature and adverse effects on mental health, are also opportunities to build better mental health systems for all people in need.
- Global progress on mental health reform will happen more quickly if, in every crisis, efforts are made to convert short-term interest in mental health into momentum for long-term improvement.
- Mental health is crucial to the overall wellbeing, functioning, and resilience of individuals, societies, and countries recovering from emergencies.

Background

During and after emergencies, people are more likely to suffer from a range of mental health problems.

Some people develop new mental disorders after an emergency, while others experience psychological distress. Those with pre-existing mental disorders often need more help than before.

WHO-recommended psychological first aid involves humane, supportive and practical help to people who are suffering after a crisis. This support should be provided to people in ways that respect their dignity, culture and abilities. It covers both social and psychological support.

Psychological and psychiatric help need to be made available immediately for specific, urgent mental health problems as part of the health response.

Communities affected by emergencies need long-term access to mental health care as adversity is a potent risk factor for a wide range of mental health problems.

Impact of emergencies

Some problems are brought on by the emergency, some by the response to the event, and others are pre-existing or more serious.

Significant social problems are:

- emergency-induced: family separation, safety, discrimination, loss of livelihoods and the social fabric of everyday life, low trust and resources;
- humanitarian response-induced: overcrowding, lack of privacy in camps, loss of community or traditional support; and

- pre-existing: belonging to a marginalized group.

   Problems of a more psychological nature are:
- pre-existing: depression, alcoholism or severe mental disorders such as schizophrenia;
- emergency-induced: grief, distress, alcohol and substance abuse, depression and anxiety, including post-traumatic stress disorder (PTSD); and
- humanitarian-response induced: anxiety due to a lack of information about food distribution, or how to obtain other basic services.

Symptoms of distress

Some common ways that people show their distress in reaction to a crisis are:
- physical symptoms: headaches, fatigue, loss of appetite, aches and pains;
- crying, sadness, grief;
- anxiety, fear;
- being on guard, or jumpy;
- insomnia, nightmares;
- irritability, anger; or
- confused, in a daze;

   Not everyone who experiences a crisis will need or want support. Most people will recover well over time, if they are able to restore their basic needs, find ways to return to normalcy, and get some support when they need it. Access to clinical management is important whenever symptoms interfere with daily functioning.

Effective emergency response

Evidence and experience show that people who feel safe, connected, calm and hopeful; have access to social, physical and emotional support; and find ways to help themselves after a disaster will be better able to recover long-term from mental health effects.

WHO and partners have developed an intervention pyramid – from basic services and actions at the base to highly specialized at the top – to help countries match response strategies with community needs and appropriate expertise. For example, clinical mental health services at the apex of the pyramid should be provided under the supervision of mental health specialists such as psychiatric nurses, psychologists or psychiatrists.

Psychological first aid can be provided by field workers, including health workers, teachers or trained volunteers, and does not always need mental health professionals.

Trained and supervised general health care staff members can offer first-line care for mental disorders.

Looking forward: emergencies can build better mental health systems

In spite of their tragic nature, many countries have capitalized on emergency situations to build better mental health systems. The surge of international donor aid combined with increased attention to mental health issues creates opportunities to improve mental health care.

For example, access to mental health care in general health care facilities is better in many areas of the Syrian Arab Republic in 2017 than before the war. Mental health care was only available in the large cities before the war. During the war, over 500 primary health care staff were trained and are providing mental health care in primary care settings.

WHO response

WHO is the leading agency in technical advice on mental health and emergencies. In 2017 WHO is operational on mental health in the Central African Republic, Guinea, Iraq, Lebanon, Liberia, Sierra Leone, Syrian Arab Republic, Turkey, the West Bank and Gaza Strip, and Yemen.

WHO works globally to ensure that the humanitarian mental health response is coordinated and effective, and that afterwards mental health systems are rebuilt and sustained.

WHO develops and evaluates tools to meet the mental health needs of people in emergencies. These include tools on assessment, psychological first aid, clinical management of mental disorders, and mental health system recovery.

- Assessment
- Psychological first aid
- Clinical management of mental disorders
- Mental health system recovery

WHO's advice and tools are used by the vast majority of international humanitarian organizations active in mental health.