

Inter-Agency Consensus on Mental Health and Psychosocial Support in Emergencies : IASC Guidelines

Mark van Ommeren
Mental Health and Substance Abuse
MSD/WHO, Geneva
vanommerenm@who.int

7 June 2007
Side event on mental health
'Global Platform for Disaster Risk
Reduction' ISDR
Geneva

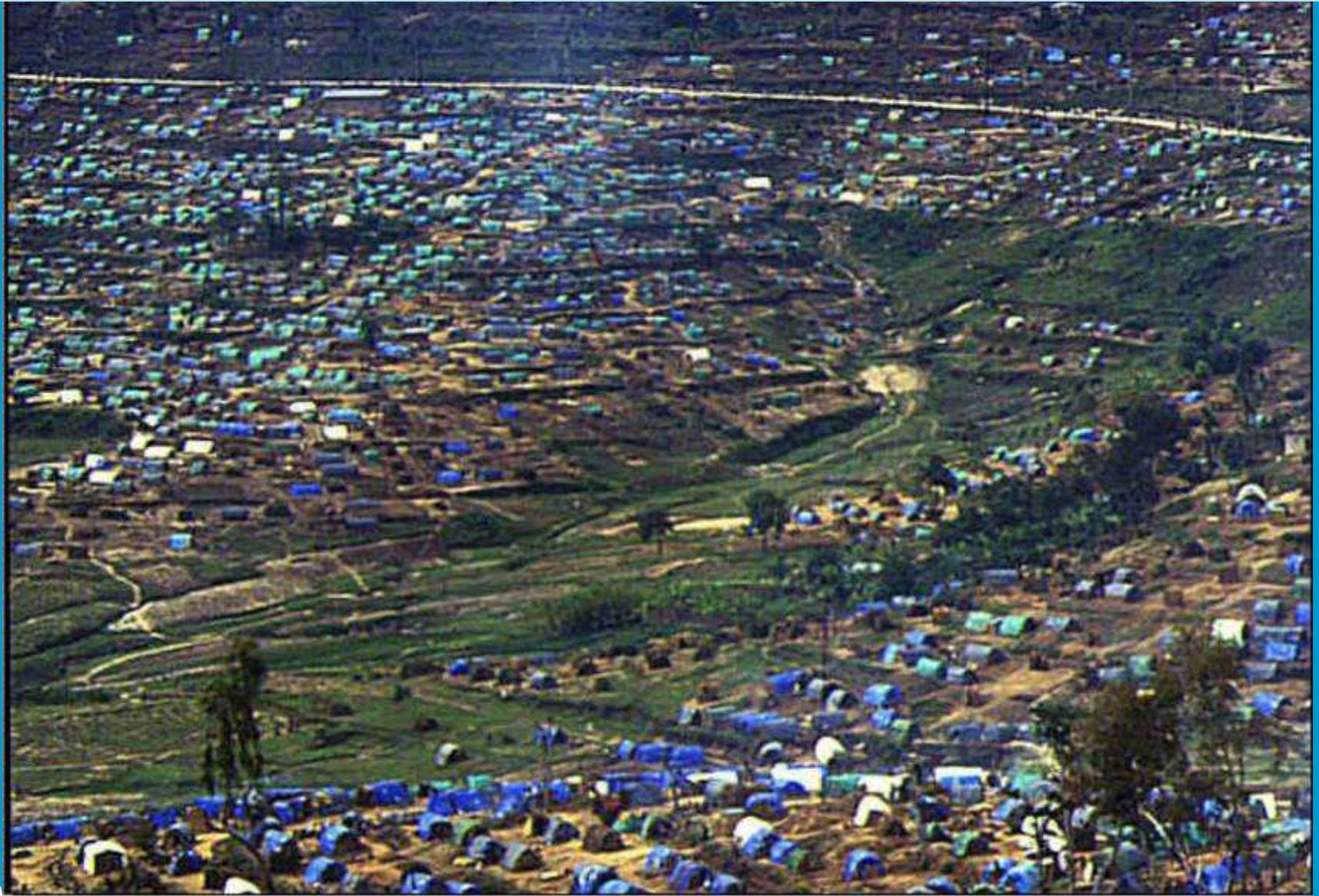
Handouts

- 25 action sheets
- Flyer

Concern for MHPSS is increasingly common



Applicable to conflict settings



Inter-Agency Standing Committee (IASC)

Committee of *heads* of large humanitarian agencies responsible for global humanitarian policy

(see UN General Assembly Resolution 48/57)

- 10 UN agencies (e.g. OCHA, UNFPA, UNHCR, UNICEF,, WFP, UNICEF, WHO)
- Red Cross movement (IFRC and ICRC)
- 3 large NGO consortia (InterAction, ICVA, SCHR) covering 100s of INGOs.
- IOM
- World Bank

IASC Task Force:

27 agencies wrote guidelines

IASC bodies

- ICVA
- IFRC
- Interaction
- IOM
- OCHA
- UNFPA
- UNHCR
- UNICEF
- WFP
- WHO

Individual INGOs:

- ACF
- Am. Red Cross
- Action Aid Int.
- CARE Austria
- CCF
- HealthNet-TPO
- IMC
- ICMC
- INEE
- IRC
- MdM-E
- Mercy Corps
- MSF-H
- Oxfam GB
- RET
- SC-UK
- SC-USA

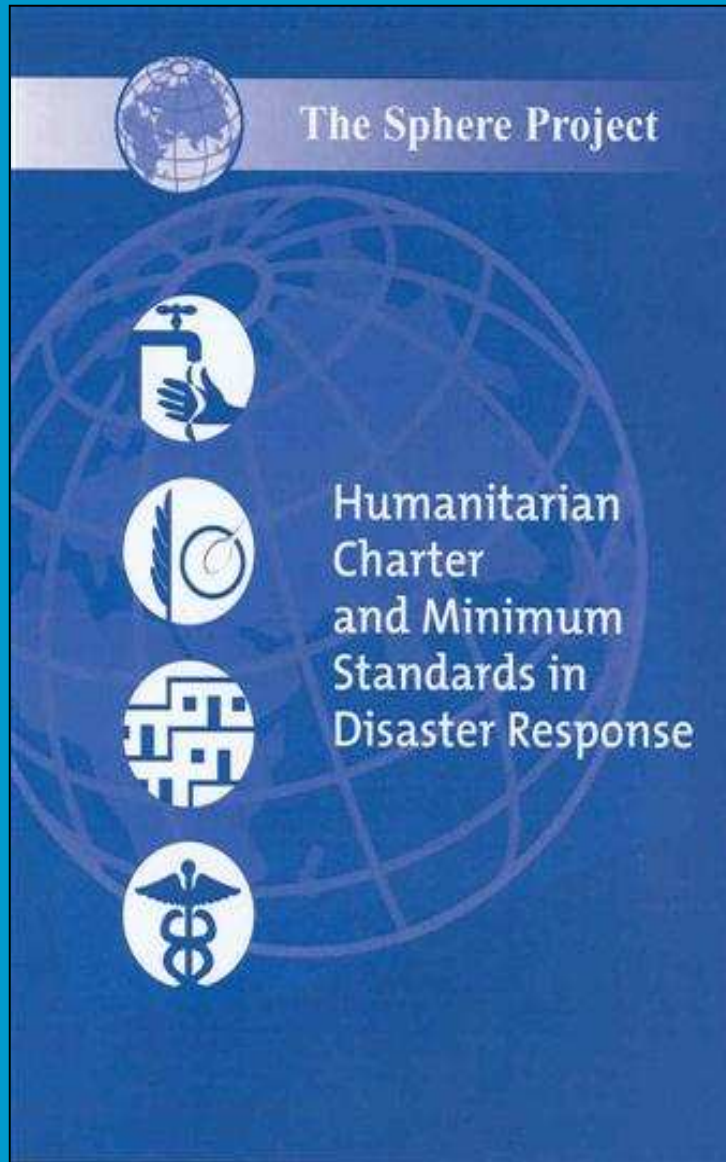
UN-NGO co-chaired (WHO & InterAction)

question

- Reflect on your positive and negative experiences related to mental health and psychosocial support in emergencies.

Some typical answers

- Should be culturally sensitive/adaptable
- Should take local situation and resources into account
- Should cover much more than PTSD
- Should not ignore (PTSD)
- Should be intersectoral
- Should cover staff welfare
- Should discuss coordination
- Should give advice on how to cope with 'parachuting' foreign clinicians



Consistent with:
Sphere Handbook
(2004):
Mental and social
aspects of health
standard
(3 pages)

Mental health and psychosocial support covers both

(a) protecting or promoting psychosocial well-being

and/or

(b) preventing or treating mental disorder.

Diverse needs in midst of emergencies

- pre-existing social problems
 - *E.g. discrimination*
- emergency-induced social problems
 - *E.g. family separations, loss of jobs*
- pre-existing psychological/psychiatric problems
 - *E.g. psychosis, severe alcohol use*
- emergency-induced psychological/psychiatric problems
 - *E.g. normal fear (past, present, future), depression*
- humanitarian aid-induced problems
 - *E.g. conflict between IDPs and host communities, anxiety about lack of information on food distributions,*

Areas of Mental Health and Psychosocial Support: all have impact on protecting well-being

- Coordination
- Assessment, monitoring and evaluation
- Protection and human rights standards
- Human resources
- Community mobilisation and support
- Health services
- Education
- Dissemination of information
- Food security and nutrition
- Shelter and site planning
- Water and sanitation

See handout

- The guidelines describes 25 key actions through 25 action sheets
- Each action sheet gives 4 pages of advice

IASC guidelines

- A policy framework
- A coordination tool
- An advocacy tool
- A guide
- A resource book for programme design
- A checklist to identify gaps

IASC guidelines

- To be implemented flexibly
- Focus on minimum/first response in emergency
- Outlines what should be done for preparation
- Outlines comprehensive response
- Locally adaptable

Collaborative, multisectoral approach

- No single organization or community is able to conduct all **preparations** and responses covered in the guidelines.
- Humanitarian select parts of the guidelines, depending on their capacity and the local needs and realities.

Key messages

- Strive towards integrated, multi-sectoral **preparation** and response
- Use inter-agency consensus on mental health and psychosocial support
- Take care of yourself!