



World Health Organization

**Strategic Plan**

**for**

**Mental Health and Psychosocial Support**

## **Executive Summary**

### **1. Situation analysis and rationale:**

On Saturday, October 8, 2005, a massive earthquake of 7.6 on the Richter scale struck Azad Jammu and Kashmir and parts of the North Western Province of Pakistan. So far, estimates are of over 75,000 dead and more than 100,000 severely injured. There are in excess of 4 million people affected by the earthquake in one way or the other. We are likely to see three groups each requiring psychosocial support:

1. People with mild psychological distress that resolves within a few days or weeks. A very rough estimate would be that perhaps 20-40% of the affected population falls in this group.

2. People with either moderate or severe psychological distress that that may resolve with time or with mild distress that is chronic. This group is estimated to be 30-50% of the earth quake affected population.

3. People with mild or moderate mental disorder. This rate is likely to be up to 20% from a base rate of 10% and severe mental disorders. Rates for severe mental disorder are likely to be 3-4% up from 1-2% after exposure to severe trauma and loss. Extrapolating from these to the Pakistan earthquake situation means 120,000-160,000 persons will be in need of treatment for severe mental disorders. Between 600,000 and 800,000 persons are expected to suffer from mild and moderate mental illness. In addition 30-50% of the population is in need of psychosocial support.

### **Response to date:**

The Ministry of Health with support from WHO has already deployed seven teams to the major affected areas. In Muzaffarabad and Bagh districts there are two teams each, while Mansehra, Balakot and Rawalakot districts have one team each. These teams are providing crisis intervention for survivors and families of survivors, identifying people at risk to develop psychological disorders in the future, promoting resilience and recovery in individuals and the community, providing psychosocial support to the rescue workers, relief personnel and volunteers, educating government personnel, administrators and people responsible for making relief decisions about mental health considerations of the relief process.

MSF and the Turkish Team continue to provide mental health care to survivors in Muzaffarabad, Mansehra and Bagh districts. UNHCR in Batagram is providing a limited service through a couple of community health workers

## 2. Challenges:

Assessment based on the sphere standards for “Mental Health and Social Aspects on Health” indicators:

### **Sphere key psychological and psychiatric intervention indicators (summarized)**

### **Affected districts situation**

- |   |   |
|---|---|
| 1. Access to psychological first aid          | Limited number of survivors covered     |
| 2. Care of urgent psychiatric complaints      | Limited availability.                   |
| 3. Continuation of care for previous patients | Not being provided on consistent basis. |
| 4. In case of protracted problems more        | Not sufficient comprehensive plans.     |

## 3. Principles of mental health and psychosocial service provision:

- Integrated approach
- Catchment area (district) based approach:
- Continuity of care
- Intersectoral collaboration
- Monitoring and evaluation
- Operational research

## 4. Objectives:

- Making basic mental health services and mental health first aid available to the survivors with emphasis on vulnerable groups like children, women, elderly and the disabled
- To integrate mental health delivery system within the primary health care system.
- Public mental health education about the emotional impact of earthquake and treatability of mental disorders;

## 5. Strategies:

### **STRATEGY I**

#### **Coordination and Supervision:**

**Setting up of a National Steering Group comprising of professionals from mental health related disciplines, psychology, psychiatry and social work, With one representative from PIMS Islamabad, Sir Ganga Ram Hospital Lahore, Institute of Psychiatry, Rawalpindi general Hospital Rawalpindi, Military Hospital, Rawalpindi , Horizon organization, Peshawar and JPMC Karachi .WHO, UNICEF , NGO s ,primary health care cell of Ministry of Health,**

**Ministry of Education and special education and social welfare within the Ministry of Health, which would be responsible for:**

- Providing the direction and coordination to the multifarious activities to be taken in the sphere of psychosocial and mental health through liaising with the national institutions, international agencies, media and community organizations.
- Organization of the services at three levels, namely :
  - Psychological first aid through community level personnel (health personnel volunteers, teachers, etc)
  - Integration of mental health care with primary health care services
  - Support and supervision through mental health centers at district and tertiary care level.

**Set up small working groups comprising of mental health and social services professionals under the steering group s supervision responsible for:**

- Developing training and resource material, ensuring the ongoing of job supervision of trained staff, conducting training workshops, providing long term supervision, monitoring and referral support to the relief teams and health facilities in the designated catchments, develop guidelines for carrying out research in the effected population and screen proposals for finalization by the steering group and conduct regular assessment of needs in the affected areas to help in planning for mental health service provision in an integrated manner.

## **STRATEGY II**

**Service delivery:**

### **Emergency mental health team services**

Twelve gender balanced teams (two for each district of NWFP and AJK ) selected by the steering group (which includes a check on basic interpersonal skills) comprising one general practitioner, one psychologist and two social workers, preferably from the affected areas (as they are likely to have a deep understanding of local culture and are a resource for the future) will be centrally trained in Islamabad at the same time. These teams will be trained for one week collectively by master trainers of the mental health relief centers together with professionals from the international and national NGO's.

The teams will be in the field for three weeks at a time, followed by one week of respite during which they will receive four days of further training for a period of three months. These further trainings are again centrally organized in Islamabad and are provided by master trainers of the Mental Health Relief Centers assisted by professionals from the international and national NGO's.

*Generic, essential psychotropic medicines will be used to help those with severe and urgent mental health complaints. **The bulk of mental health and psychosocial support will be non-medical.***

### **Integration of mental health in primary health care**

Integrating mental health and psychosocial support in primary health care is the main strategy to reach a proper coverage of the affected population, who will have for years to come an increased the rates of mental disorder (5-10% increase)

**Phase I:** Conduct of mental health orientation trainings for teams going to the affected areas and personnel that already operate in the affected areas.

**PHASE II:** Inclusion of mental health and psychosocial support component in all levels of PHC in all the affected districts including:

- (a) Lady Health Workers (LHWs)
- (b) Staff in basic Health Units BHUs,
- (c) Rural Health Centers (RHCs),
- (d) General hospitals (THQs and DHQs )

**Phase III:** Setting up of 10 bedded acute psychiatric wards at all the affected districts of NWFP and AJK at district head quarter hospital level (and eventually Tehsil head quarter hospitals) which will be manned by multidisciplinary teams comprising of one psychiatrist, one psychologist, four nurses and four auxiliary staff. Once established, these multidisciplinary teams start supervising primary health care work

### **STRATEGY III**

#### **Public Mental Health Education**

There is an need to promote mental health literacy in the country in general and in the affected areas in particular through the media, health outlets, personnel involved in relief work as well as informal community networks in order to counter the stigma attached with psychological reactions, promote positive mental health life styles and prevent mental illness while conveying the essential normalcy of the experiences of the affected population (the mental health education material is annexed).

In addition to the above, a mental health website will be developed which will have the plan of action for mental health and psychosocial support, public education material, manuals, any assessments on mental health and psychosocial support. In the long run evaluation and research material can also be put on the site.

There is also a need to have regular updates for the media and a media pack will be developed which will be regularly revised in consultation with the Health education cell of MOH by the National Steering group. Designating a media personality as the Mental Health Ambassador will also be explored.

#### **STRATEGY IV**

**Intersectoral Collaboration:** The community institutions are being gradually revived and effective psychosocial interventions will be put in place through collaboration with the educational system and religious and political institutions and seminars, interactive meetings with the teachers, religious and political leaders in the affected areas.

Furthermore a number of international and national NGOs are involved in activities like providing shelter, tracing service, access for the isolated, information about the injured , and organizing schooling, cultural and religious events, which have a bearing on the mental and psychosocial health of the populations and an collaboration will be sought with these organization by providing them information about the availability of mental health and psychosocial services in their area of operation and building up the capacity of their team members through conducting meetings on a fortnightly basis in their designated areas by the mental health teams and providing them the educational material.