

The Nairobi

POSITION STATEMENT

on Refugee and IDP Mental Health Care

GERMAN-AFRICAN RESEARCH WORKSHOP FOR
INNOVATION IN AFRICAN HEALTH CARE SYSTEMS

Psychological Needs of Refugees and Internally Displaced People



Nairobi February 24th – 26th, 2016

www.psychologie.uni.kn/WorkshopNairobi2016

By the end of 2014, 59.5 million individuals were forcibly displaced (UNHCR 2015). East Africa and the Horn of Africa are among of the world's hot spots with 2.6 million refugees and 5 million internally displaced persons (IDPs; e.g. 1.1 million refugees and 1.1 million IDPs originate from Somalia; from South Sudan originate more than 600,000 refugees and 1.6 million IDPs); some of the countries in the region host large refugee populations (Kenya hosting >550,000 refugees; Ethiopia hosting >650,000). In these countries, mental health care systems are under-resourced and poorly developed as documented by the WHO's mental health atlas and mental health gap initiatives.

There is a huge need for mental health care among displaced populations: The WHO's most recent Global Burden of Disease study estimates that 22.9% of the global disability due to diseases (Years Lived with Disability, YLDs) is attributable to Mental and Substance Use Disorders. Based on data from World Mental Health Survey, after the exposure to a humanitarian emergency the prevalence of mental disorders is roughly doubled. In Low and Middle Income Countries, Mental, Neurological and Substance Use Disorders are frequently not treated. According to WHO, this so called 'Mental Health Treatment Gap' is as large as 76 – 85% in less developed countries. This gap is mainly due to scarcity of human and financial resources, inequities in their distribution and inefficiencies in their use as well as due to the stigma associated with mental disorders. The average population per psychiatrist is about 1:10.000 in Germany compared to 1:1.500.000 in countries like Ethiopia. Thus, the reform and scaling up of mental health care systems and training of staff is a challenge in Low Income Countries. The inclusion of mental health needs of displaced people represents a double challenge.

The research workshop was facilitated by the German government (Federal Ministry of Education and Research) to establish networks between German and African clinicians, researchers and NGOs and to discuss the strategic development of African mental health care systems in order to better include mental health needs of displaced people. It was jointly hosted by University of Konstanz, Germany, and Africa Mental Health Foundation (AMHF), Kenya, and held in Nairobi, Kenya. The 54 selected participants from 11 countries represented seven international organizations, 20 universities, and nine NGOs that are dedicated to mental health service delivery.

Using a discussion process, the workshop participants agreed that the main reason why psychological needs of displaced people are currently not taken care of in the national health care systems in African countries are missing resources and policies. The participants came up with the following recommendations:

1. Strategic development of mental health care systems and services

- It is considered very important to overcome resistance against mental health service development and reform of mental health care systems and to facilitate commitment among the population and decision makers by creating new ways of collaboration between different stakeholders.
- African countries should develop, adopt and implement mental health policies and mental health action plans with clear priorities of action. These policies and plans should equally include national residents and displaced people as target groups, should be needs-driven instead of donor-driven, should provide a clear framework of integrating mental health care in all levels of health services, and should have the goal of providing access for all.
- In the current situation of multiple humanitarian emergencies in many African countries, parallel mental health service systems have developed: permanent mental health care systems under the responsibility of national governments and temporary mental health and psychosocial care services for displaced people that are implemented by intergovernmental and multi/bilateral agencies, especially in the later stages of the response phase of emergency management. This dichotomy of mental health care systems is seen as disadvantageous in the long-term and should be overcome in the future by the creation of long-term policies and strategies that specify ways of cooperation between national governments and intergovernmental and multi/bilateral agencies, that focus on mutual benefits and that have the goal of integration of national mental health services and health services for displaced people. This cooperation and integration should span all phases of emergency response.
- Preparedness (and mitigation) phase of emergency management: The emergency preparedness to deliver an adequate mental health response in newly emerging

humanitarian crises should be increased independent of acute crisis situation by supporting the development of national mental health care systems that are already in place, e.g. by capacity building in the context of partnership agreements with national governments.

- Response phase of emergency management: The adequate response to mental health needs of displaced people should be a joint task of intergovernmental and multi/bilateral agencies led by the national governments, e.g. joint mental health services in camps. Operational responsibility for mental health services should shift gradually from UNHCR and other intergovernmental and multi/bilateral agencies to the national mental health systems over time. This shifting should be closely linked to capacity building within national mental health care systems, e.g. by making funds available for extending services, recruitment and training of national health care staff. In this process, the operational responsibility for mental health services to refugees and IDPs should be successively transferred to national mental health care systems.
- Recovery phase of emergency management: It is recommended that operational responsibility for the mental health care of all people that remain displaced for extended periods is assumed by national governments. It is recommended that intergovernmental and multi/bilateral agencies closely cooperate with national governments in building up mental health services in areas where IDPs return to as well as where refugees are repatriated to. These services should be planned in a way that they can be transformed into permanent structures under the national governments that serve the whole population. This transition should be accompanied by capacity building in national mental health care systems. The operational responsibility as well as the funding should gradually shift from emergency management funds to national government budgets.
- National health policies should include aspects of conflict resolution and conflict transformation to support integration and disrupt the circle of violence.
- More intense cooperation between different stakeholders in the mental health field is required, e.g. between universities and NGOs.

2. Coordination of the development and reform of mental health service systems

- All stakeholders of the above mentioned parallel service systems and all professions involved, as well as their national and international bodies, should collaborate in the development and reform of mental health care systems.
- In the process of mental health care system development, responsibilities for the reform process should be clarified and stakeholders working on mental health of displaced people should be included into the reform process.
- It is recommended that all mental health services be coordinated, including the ones provided to displaced people. Additionally, all activities and stakeholders that contribute to the development and reform of mental health service systems on the national and international level should likewise be coordinated.
- After the establishment of national mental health acts and mental health action plans, all mental health and psychosocial service providers serving displaced people should follow and implement the existing regulations.
- National integration policies for displaced persons should be coordinated with national health policies.

3. Health services

- It is of utmost importance to expand currently existing national mental health services and to increase access to services equally to displaced people and the resident population so that the existing treatment gap is significantly reduced by decentralization, by allocating sufficient resources to the mental health care system and by training primary health care staff in mental health.
- Specific attention should be given to the needs of vulnerable groups among displaced people as well as the resident population such as children and adolescents, disabled people, victims of sexual violence or people who need permanent medication or medical treatment (HIV positive, schizophrenia, opioid maintenance) among others.
- It is recommended that alcohol and substance use services be strengthened and given more emphasis in all health services to displaced people and the resident population.

- It is recommended that mental health services to displaced people and the resident population move from institutions to the community that - based on current evidence - do not need an institutionalized setting.
- The adaptation of service delivery and care models to the cultural context is important especially referring to the services for displaced people.

4. Human resources

- The number of available staff in national mental health care systems needs to be increased and all new and existing staff need to be trained in order to address the complex needs of displaced people.
- Qualified refugees and IDPs as well as other qualified persons from the communities should be employed as mental health staff.
- The inclusion of local health providers into health care systems, e.g. traditional healers, is recommended. For example, they may be helpful to identify and refer patients as well as to provide clearly defined mental health services.

5. Funding

- It is of utmost importance to develop sustainable health care financing, set budgetary targets, and structure a transition from institution based to community based care.
- The cooperation between intergovernmental and multi/bilateral agencies and the national governments mentioned above can assist in achieving the goal that national health care systems be strengthened to include health care for displaced people by using the temporary resources for displaced people made available by the international community.
- At the same time it is necessary to advocate at national governments for the necessary budgetary provisions for a mental health care system that is sufficiently resourced to include the needs of displaced people.
- It is recommended that innovative and diverse ways of local health care financing be identified and enabled.

6. Assessment, Monitoring and Research

- Standard monitoring and data assessment should be implemented in all types of mental health and psychosocial service provision programs, including those made available to displaced people. It is recommended that mental health become a part of the national Health Information Systems (HIS).
- It is recommended that local evidence-based research, especially on culturally adequate and evidence-based tools, interventions, and service delivery methods, be generated and strengthened.
- Research activities that are recommended in the evaluation of the effects of mental health care development include the development and implementation of quality indicators for future planning and benchmarking.

7. Protection and human rights standards

- It is important to strengthen compliance with ethical guidelines, in service provision and research, especially in humanitarian emergencies and with vulnerable groups.

8. Community mobilization and support

- It is recommended that community resources for building up sustainable mental health services be engaged and included referring to mental health services to all, including displaced people.
- It is recommended that the development of self-help approaches be supported.

9. Dissemination of information, promotion and prevention

- Specific mental health promotion, public awareness raising and anti-stigma campaigns are recommended for displaced people as well as for the resident population.
- It is recommended that actions for enhancing mental health literacy to combat stigma and discrimination among displaced people as well as among the resident population be developed and specified.

With kind support of:

