

Specialized Mental Health Intervention

Doctors without borders
OCBA
Nciri Nacer: MHAM



Objectives

- Understand key elements of MHPSS in emergency
- Understand the specialized Mental Health Intervention
- Referral criteria
- Different strategies



Introduction

- ❑ .Mental Health and Psychosocial Support (MHPSS) is necessary and relevant during emergencies and as an integrated component of medical care.
- ❑ According to context and assessed needs it is decided to implement either a minimum integrative package within medical activities or a comprehensive MHPSS package.
- ❑ Interventions will include a curative as well as preventative focus and combine a holistic approach of clinical care and community-based activities.



Definition

The WHO definition of health states that

“health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” .

“state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community” .



Prevalence- incidence

Mental disorders represent **13% of the global burden of disease** and it is estimated that by 2030 depression will be the 2nd highest contributor of the global burden of disease . An estimated 450 million people worldwide are suffering from a mental disorder, 85% of them living in low and middle-income countries.



- ❑ The most common are depression and anxiety
- ❑ Depressive disorder is twice as common in women as in men
- ❑ About 1–2% of the population are diagnosed with psychotic disorders, men and women equally
- ❑ 5.6% of men and 1.3% of women have substance use disorders
- ❑ The ageing population is resulting in increasing prevalence of dementia, typically 5% in people over 65 and 20% of those over 80.



- ❑ In several countries the number one cause of death of adolescents is suicide.
- ❑ Men are almost 5 times more likely to commit suicide than women in Europe.
- ❑ Depression, alcohol abuse, unemployment, debt and social inequality, are all risk factors and are all closely related.
- ❑ Changes in suicide rates coincide with changes in unemployment and the insecurity caused by anticipating job loss.



Treatment needs and gaps

- ❑ Less than 10% of the population in need of mental health care who live in low- and middle- income countries receive treatment whereas people with mental conditions are amongst the most marginalized and vulnerable populations.
- ❑ Mental health/psychosocial care is an important component of treatment for HIV/ AIDS, TB, malnutrition, and non-communicable diseases. In addition, “studies from nearly every corner of the world show that 15% to 19% of all patients attending general health services are suffering from some kind of mental illness” and require psychological treatment



GENERAL APPROACH

- ❑ A trans-cultural mental health model emphasizes understanding of mental distress according to the social, political, economic, spiritual, cultural and moral worldview of the beneficiary.
- ❑ MSF understands that a psychosocial approach targets both individual and community factors that influence mental health in order to assist survivors of disasters, crises and those affected by medical illnesses and other difficult situations.
- ❑ MSF mental health interventions combine western medical approaches to mental health with cultural and local definitions and perceptions of psycho-social health



PRINCIPLES

- Comprehensive and integrated approach: Medical-Psychological-Social
- Mental health/psychiatric interventions within medical services, primary and secondary healthcare facilities
- Mental health/psychiatric care as an objective for intervention when these problems/disorders are the primary reason for intervention
- All levels of interventions according to specific and identified needs and existing services
- Strategies of intervention according to context and culture
- Provision of training, ongoing supervision and technical support for local human resources
- Training of general medical staff in mental health/psychiatric interventions to promote task sharing in certain contexts



- ❑ Emphasis on strengthening coping mechanisms and promoting functioning versus only focusing on symptoms
- ❑ Respect of ethical considerations such as confidentiality regarding advocacy and mental health intervention.
- ❑ To address the mental health needs different levels of support must be taken into consideration, from the community-based level to the most specialized care.



2.3.1 MHPSS minimum package

A MHPSS minimum package is suited to a context where, for example, each layer of MHPSS support is being met by other actors. It can be care can be implemented without the ongoing presence of an MH activity manager (MHAM), however it is strongly recommended to have a qualified supervisor available at least for the first 3 months to ensure initial training and supervision. If not available, a qualified supervisor, activity manager or equivalent position should then be appointed. The following services are included:



2.3.2 MHPSS comprehensive package

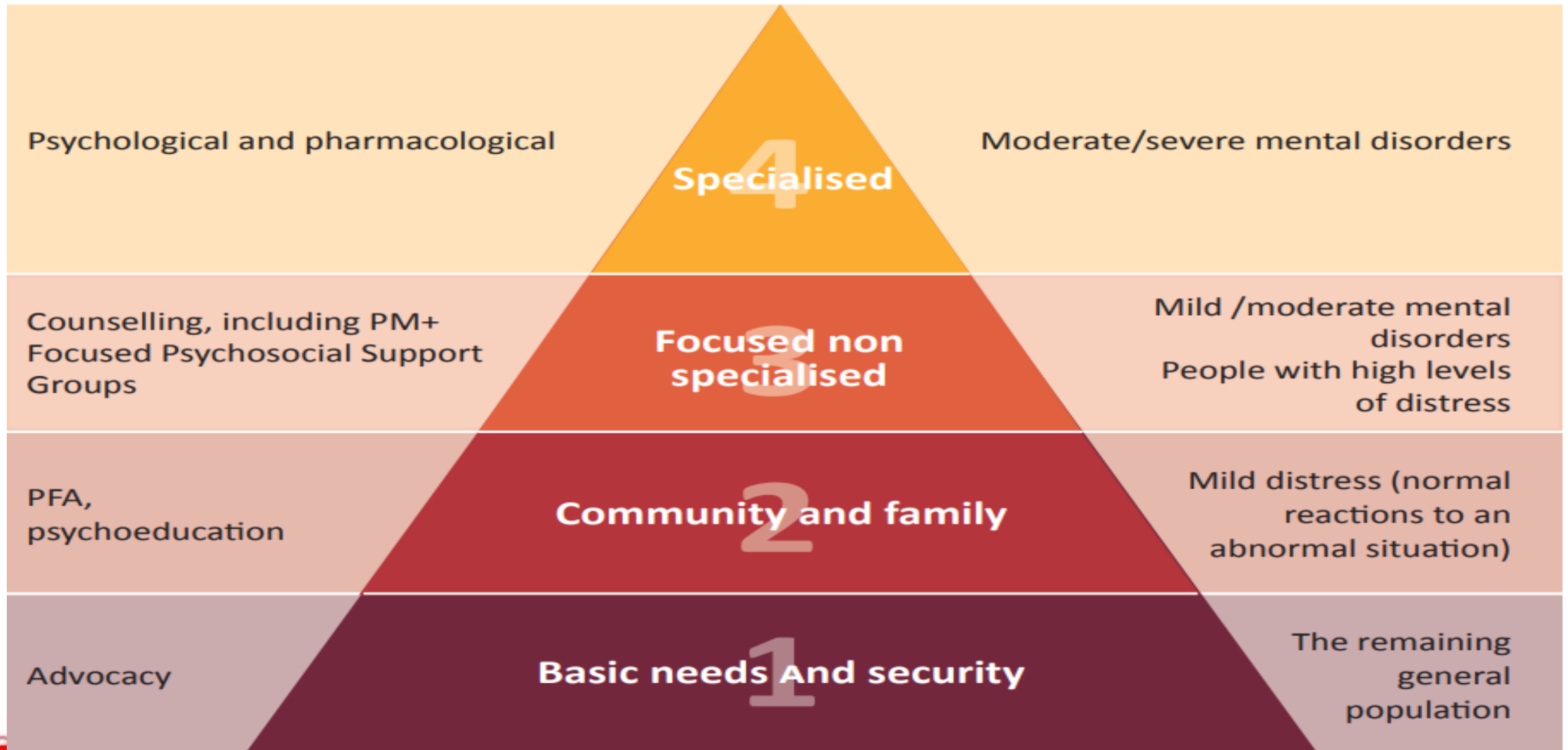
The comprehensive package includes a broader array of activities from community/family support to specialized care which targets both individuals and communities. These activities are carried out by MH professionals (counsellors, psychologists, psychiatrists, general practitioners trained in mhGAP, psychiatric nurses) and/or staff identified and trained locally (lay counsellors, peer educators, community MH workers, etc.).

The comprehensive package requires the presence of an MHAM and/or MH supervisor to provide training and on-going clinical supervision to ensure the quality of the following list of activities, which co-exist in addition to those of the minimum package:



MHPSS responses

Impact on population's MH due to crises



✓ LAYER 1. Basic services and security

During an MHPSS assessment and/or ongoing activities, security concerns or a lack of basic services such as shelter, and food may be identified. If MSF is not involved in providing these services, it can contact the actors covering these activities and advocate for a response. MSF teams, including MH team members, can document the negative impact of failures in basic services and security on the MH of the population.



✓ LAYER 2. Community and family psychosocial support

The second layer represents the psychosocial responses required for a smaller number of people who can maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports.

The objectives of these activities are to help people reduce their suffering, maintain their well-being and reduce the risk of developing a mental disorder. These activities mainly involve the identification and strengthening of individual/family/community positive coping skills (spending time with other supportive people, establishing a routine, community memorials or rituals, social activities as sports or gardening).

Interventions at this level of the pyramid are often implemented by CHWs, community MH workers, counsellors and lay counsellors, though they can also be implemented by more specialised MH professionals when needed. Typical interventions in this layer include:



- ❑ Psychological first Aid
- ❑ Psychoeducation
- ❑ Psycho stimulation
- ❑ Child friendly space
- ❑ Recreational activities
- ❑ Other psychosocial support



3rd Layer: Focused non-specialized support

The third layer represents the necessary supports for people who have high level of distress or mild or moderate mental disorder that require more focused individual/family or group interventions:

- individual therapeutic counseling
- Group therapeutic counseling
- Focused psychosocial support
- Psychosocial stimulation



4th layer: specialized MH support

The top layer of the pyramid represent the additional support required for the small percentage of the population whose mental suffering, despite the support already mentioned, is intolerable, and may have significant difficulties in basic daily functioning. This care can be provided by different staff that offer treatment for moderate to severe mental disorder



Activities at this level:

- ❑ Care of patients with severe mental health disorder including with psychotropic medication: patients with SMD and psychosocial disabilities require a multidisciplinary approach including pharmacological and psychosocial intervention, such as psychological care and social support and community integration, all this called psychiatric care.



- ❑ Pharmacological care can be prescribed by psychiatrist or either by another prescribing clinician depending on the country
- ❑ essential to all prescribing clinician :
 - are trained on MHGAP 2.0 training guide
 - appropriate medication are available
 - Ongoing regular supervision by psychiatrist
- ❑ Pharmacological treatment is never a stand-alone intervention



mhGAP Intervention Guide

for mental, neurological and substance use disorders
in non-specialized health settings

Version 2.0



World Health
Organization



2021

**MSF MH
WG**

PROTOCOL FOR PHARMACOLOGICAL MANAGEMENT OF MENTAL DISORDERS

INTERSECTION DOCUMENT

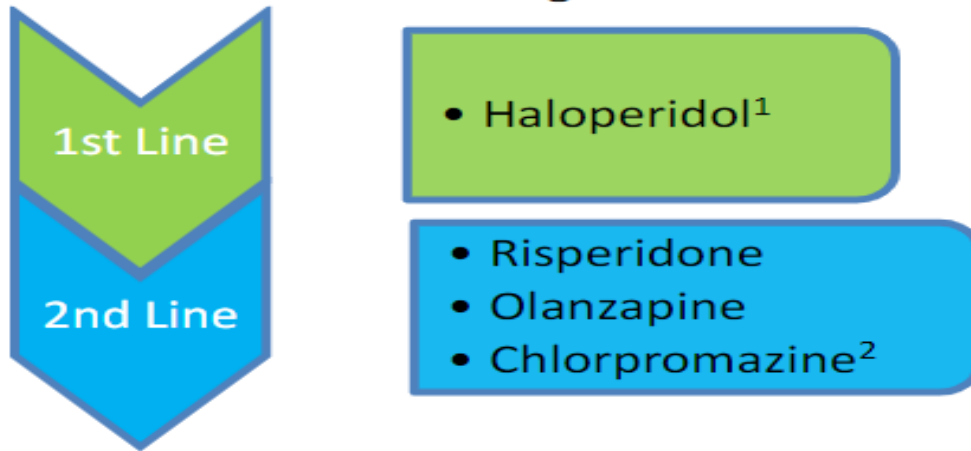
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Pharmacological Treatment of Psychosis

What antipsychotic should I choose for this person?

Always refer to general principles when considering prescribing. It is recommended to start haloperidol as first line. Refer to algorithm to consider factors when choosing second line.



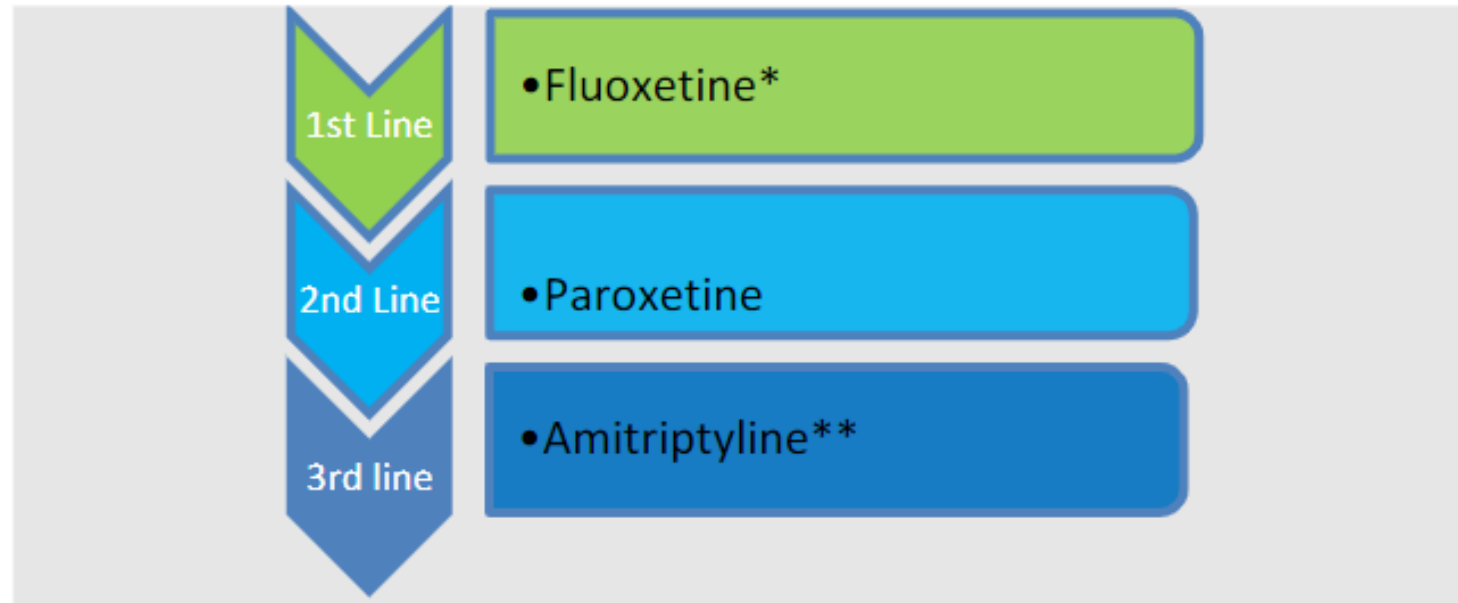
¹ Option to switch to depot if required

² Consider chlorpromazine if

- haloperidol causes extra pyramidal side effects (EPSE) that do not respond to dose adjustment/anticholinergic and
- risperidone/olanzapine is unavailable



What antidepressant should I choose for this person?



***Sertraline is the first choice in pregnancy and breastfeeding and in people with multiple comorbidities.**

****Amitriptyline has more side effects and contra-indications than SSRI (fluoxetine and paroxetine) and therefore should be used as third line option.**



Different Level of specialized Mental health care

Short term
clinical care

Residential care

Long term
clinical care

Outpatient
treatment

Specialized social
care for SMI



Referral criteria

From Medical Doctor/Psychologist/Counselor to Psychiatrist

After a systematic evaluation of mental health symptoms by a clinical psychologist and the medical examination of a medical doctor, a case with very severe mental health symptoms needs to be referred for a psychiatric assessment.

Those severe MH symptoms may be:

- PTSD-related (major symptoms: severe sleeping problems, intense thoughts and flashbacks, intense psychosomatic symptoms)
- Anxiety-related (major symptoms: intense physical interactions, panic)
- Severe depression-related (major symptoms: suicidal thoughts, total lost of interest, thoughts of death, severe sleeping problems)
- Brief psychotic episode (once the medical team managed the crisis intervention)
- Substance abuse / withdrawal syndrome
- Neurological problem (if neurologists are not available)



Diagnostic

The diagnosis are syndromic , depression, psychosis, anxiety, stress related, PTSD

