tetanus vaccines – or DPT, depending on age and vaccination history) to those with open wounds. Individuals with dirty or highly contaminated wounds should also receive a dose of tetanus immune globulin (TIG) if they are not vaccinated against tetanus.

## 2.5  Mental health

Mental health and psychosocial problems are common among adults, adolescents and children in all humanitarian settings. The extreme stressors associated with crises place people at increased risk of social, behavioural, psychological and psychiatric problems. Mental health and psychosocial support involves multisectoral actions. This standard focuses on actions by health actors ⊕ *see* the Core Humanitarian Standard and Protection Principles for more information on psychosocial interventions across sectors.

> ### Mental health standard 2.5:
> ### Mental health care
> People of all ages have access to healthcare that addresses mental health conditions and associated impaired functioning.

### Key actions

1 ⟩ Coordinate mental health and psychosocial supports across sectors.

- Set up a cross-sectoral technical working group for mental health and psychosocial issues. It may be co-led by a health organisation and a protection humanitarian organisation.

2 ⟩ Develop programmes based on identified needs and resources.

- Analyse existing mental health systems, staff competencies, and other resources or services.
- Conduct needs assessments, keeping in mind that mental health conditions may be pre-existing, induced by the crisis or both.

3 ⟩ Work with community members, including marginalised people, to strengthen community self-help and social support.

- Promote community dialogue on ways to address problems collaboratively, drawing on community wisdom, experience and resources.
- Preserve or support re-initiation of pre-existing support mechanisms such as groups for women, youth and people living with HIV.

4 ⟩ Orient staff and volunteers on how to offer psychological first aid.

- Apply the principles of psychological first aid to manage acute stress after recent exposure to potentially traumatic events.

5 〉 Make basic clinical mental healthcare available at every healthcare facility.

- Organise brief training and supervise general healthcare workers to assess and manage priority mental health conditions.
- Organise a referral mechanism among mental health specialists, general healthcare providers, community-based support and other services.

6 〉 Make psychological interventions available where possible for people impaired by prolonged distress.

- Where feasible, train and supervise non-specialists.

7 〉 Protect the rights of people with severe mental health conditions in the community, hospitals and institutions.

- Visit psychiatric hospitals and residential homes for people with severe mental health conditions on a regular basis from early in the crisis.
- Address neglect and abuse in institutions and organise care.

8 〉 Minimise harm related to alcohol and drugs.

- Train staff in detection and brief interventions, harm reduction, and management of withdrawal and intoxication.

9 〉 Take steps to develop a sustainable mental health system during early recovery planning and protracted crises.

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## Key indicators

**Percentage of secondary healthcare services with trained and supervised staff and systems for managing mental health conditions**

**Percentage of primary healthcare services with trained and supervised staff and systems for managing mental health conditions**

**Number of people participating in community self-help and social support activities**

**Percentage of health services users who receive care for mental health conditions**

**Percentage of people who have received care for mental health conditions who report improved functioning and reduced symptoms**

**Number of days for which essential psychotropic medicines were not available in the past 30 days**

- Less than four days

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## Guidance notes

***Multi-level support:*** Crises affect people in different ways, requiring different kinds of support. A key to organising mental health and psychosocial support is to develop a layered system of complementary supports that meets different needs,
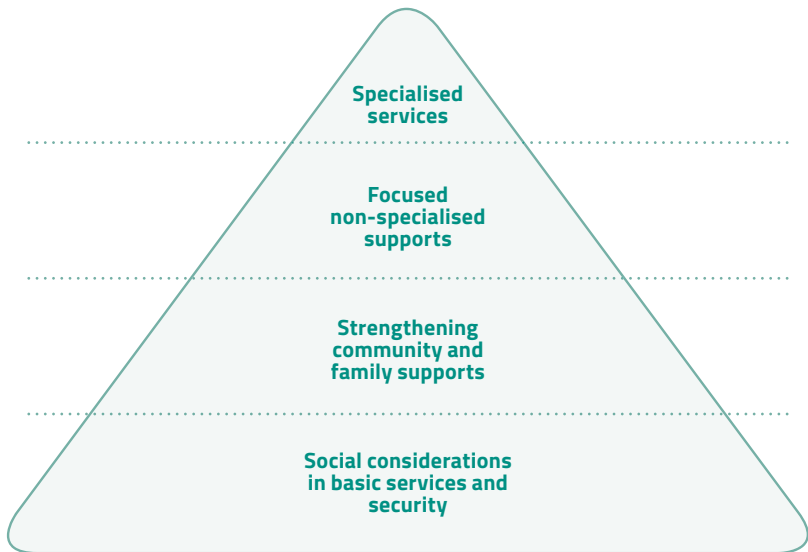
*Pyramid of multi-layered services and supports (Figure 10)*
*Source: IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings (2010)*

as illustrated in the diagram below. This pyramid shows how different actions complement each other. All layers of the pyramid are important and should ideally be implemented concurrently.

***Assessment:*** Rates of mental health conditions are substantial in any crisis. Prevalence studies are not essential to initiate services. Use rapid participatory approaches and, where possible, integrate mental health in other assessments. Do not limit assessment to one clinical issue.

***Community self-help and support:*** Engage community health workers, leaders and volunteers to enable community members, including marginalised people, to increase self-help and social support. Activities could include creating safe spaces and the conditions for community dialogue.

***Psychological first aid:*** Psychological first aid needs to be available to people exposed to potentially traumatic events such as physical or sexual violence, witnessing atrocities and experiencing major injuries. This is not a clinical intervention. It is a basic, humane and supportive response to suffering. It includes listening carefully, assessing basic needs and ensuring they are met, encouraging social support and protecting from further harm. It is non-intrusive and does not press people to talk about their distress. After brief orientation, community leaders, healthcare workers and others involved in the humanitarian response can provide psychological first aid to people in distress. Although psychological first aid should be widely available, the overall mental health and psychosocial support response should not be limited to it alone.

**Single-session psychological debriefing** promotes venting by encouraging people to briefly but systematically recount perceptions, thoughts and emotional reactions experienced during a recent stressful event. It is at best ineffective and should not be used.

**Other psychological interventions:** Non-specialised healthcare workers can deliver psychological interventions for depression, anxiety and post-traumatic stress disorder when they are well trained, supervised and supported. This includes cognitive behaviour therapy or interpersonal therapy.

**Clinical mental healthcare:** Brief all health staff and volunteers about available mental healthcare. Train health providers according to evidence-based protocols such as the. Where possible, add a mental health professional such as a psychiatric nurse to general healthcare facilities. Arrange private space for consultations ⊕ *see mhGAP Humanitarian Intervention Guide*.

The most frequent conditions presented to health services in emergencies are psychosis, depression and a neurological condition, epilepsy. Maternal mental health is of specific concern because of its potential impact on care for children.

Integrate mental health categories into the health information system ⊕ *see Appendix 2: Sample HMIS form*.

**Essential psychotropic medicines:** Organise an uninterrupted supply of essential psychotropic medicines with at least one from each therapeutic category (anti-psychotic, anti-depressant, anxiolytic, anti-epileptic, and medicines to counter side effects of anti-psychotics. ⊕ *See the Interagency Emergency Health Kit for suggested psychotropic medicines* and *Health systems standard 1.3: Essential medicines and medical devices*.

**Protecting the rights of people with mental health conditions:** During humanitarian crises, people with severe mental health conditions are extremely vulnerable to human rights violations such as abuse, neglect, abandonment and lack of shelter, food or medical care. Designate at least one agency to address the needs of people in institutions.

**Transition to post-crisis:** Humanitarian crises increase the long-term rates of many mental health conditions, so it is important to plan for sustained increased treatment coverage across the affected area. This includes strengthening existing national mental health systems and fostering inclusion of marginalised groups (including refugees) in these systems. Demonstration projects, with short-term emergency funding, can provide proof-of-concept and create momentum to attract further support and funds for mental health system development.

## 2.6  Non-communicable diseases

The need to focus on non-communicable diseases (NCDs) in humanitarian crises reflects increased global life expectancy combined with behavioural risk

factors such as tobacco smoking and unhealthy diets. About 80 per cent of deaths from NCDs occur in low- or middle-income countries, and emergencies exacerbate this.

Within an average adult population of 10,000 people, there are likely to be 1,500–3,000 people with hypertension, 500–2,000 with diabetes, and 3–8 acute heart attacks over a normal 90-day period.

Diseases will vary but often include diabetes, cardiovascular disease (including hypertension, heart failure, strokes, chronic kidney disease), chronic lung disease (such as asthma and chronic obstructive pulmonary disease) and cancer.

Initial response should manage acute complications and avoid treatment interruption, followed by more comprehensive programmes.

Mental health and palliative care are specifically addressed in ⊕ *Essential healthcare standards 2.5: Mental healthcare* and *2.7: Palliative care*.

## Non-communicable diseases standard 2.6: Care of non-communicable diseases

People have access to preventive programmes, diagnostics and essential therapies for acute complications and long-term management of non-communicable diseases.

### Key actions

1 ⟩ Identify the NCD health needs and analyse the availability of services pre-crisis.

- Identify groups with priority needs, including those at risk of life-threatening complications such as insulin-dependent diabetes or severe asthma.

2 ⟩ Implement phased-approach programmes based on life-saving priorities and relief of suffering.

- Ensure patients diagnosed with life-threatening complications (for example, severe asthma attack, diabetic ketoacidosis) receive appropriate care. If appropriate care is not available, offer palliative and supportive care.
- Avoid sudden treatment disruption for patients diagnosed before the crisis.

3 ⟩ Integrate NCD care into the health system at all levels.

- Establish a referral system to manage acute complications and complex cases in secondary or tertiary care, and to palliative and supportive care.
- Refer patients for nutrition or food security responses where required.