

# Guidelines need a more evidence based approach: a commentary on the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

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*Mental health and psychosocial surveys in emergency settings provide essential information on the psychological and social consequences of armed conflict and natural disasters. They also have programmatic implications. The Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings fails to recognize the importance of data driven programmes. Outcome evaluations of mental health and psychosocial programs in emergency settings would provide crucial information for a best practices approach, which is currently lacking. Evidence based information will be more likely to convince all humanitarian players to follow the recommendations in the MHPSS guidelines.*

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The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings are a major accomplishment, for everyone involved and as a milestone for the field. However, as important as these guidelines are, the current lack of a rigorous data driven approach in the MHPSS guidelines for conducting assessments and outcome evaluations continues to leave important gaps in our knowledge.

These guidelines not only fail to recognize the importance of data driven mental health and psychosocial support (MHPSS) programmes, they also do not provide the practical, necessary guidance for conducting mental health and psychosocial support 'assessments'. Mental health and psychosocial surveys in emergency settings provide essential information for other mental health care professionals and aid workers on the psychological and social consequences of armed conflict and natural disasters.

The guidelines call for relevant qualitative methods of data collection including literature reviews and key informant interviews, while downplaying the need for rigorous quantitative surveys. Instead, they opt for other quantitative measures such as short questionnaires and reviews of existing data. What is not clear is how this type of information can provide a comprehensive picture of the mental health and psychosocial needs of the affected population. Whereas, well conducted qualitative assessments and key informant interviews can provide important background information on the experiences of a select number of people who have been interviewed. Only well conducted quantitative surveys of a representative sample of the affected population could provide data that goes beyond the gathering information from a few selected people.

The use of psychosocial indicators in this field suffers from a lack of precise definitions, as professionals in the area have yet to agree either on an established set of criteria for measuring psychosocial factors or for precisely determining those factors. In addition, the guidelines take a position on an ongoing controversy in the field by arguing that rates of mental disorder are overestimated by surveys. In the author's opinion, mental health surveys are necessary, and the methods of a well conducted survey yield useful results that are more objective and valid than interviews with selected individuals, including subjective observations and site visits. Whatever the shortcomings of epidemiological surveys, they remain the most powerful and objective reflection of the situation during an emergency.

The development of basic indicators for humanitarian emergencies, such as mortality and malnutrition indicators, has improved the humanitarian public health response. Other fields in humanitarian emergencies, such as nutrition, vaccination, and reproductive health, have understood the importance of a data driven approach as well (Noji & Toole, 1997). The mental health field in emergency settings has long been held back because of the lack of basic data on the magnitude and scope of the problem. Over the last 10 to 15 years this field is finally coming of age. This recognition has been, to a large extent, the result of a number of well conducted mental health surveys that illustrated the extent of the problem (Mollica et al., 1993; Lopes Cardozo et al., 2000; Mollica et al., 2002).

Advocating NOT conducting epidemiological mental health surveys because *'there are many challenges'* appears to be a step backward. The very reason the mental health field has matured and earned recognition as a legitimate area of concern during emergen-

cies is precisely because surveys have produced strong data. While it is true that conducting good surveys is challenging, this is not a good enough reason to exclude them from what the guidelines call *'minimum response'*. Challenges to conducting useful and valid mental health surveys can be overcome by using methodology that has been developed in other public health areas of emergency settings. The lack of valid and culture specific tools can be overcome by developing these instruments, or by adapting existing tools for the specific context and population in which they will be used. Qualitative methods are the most suitable for obtaining the in depth information required to increase understanding of current mental health and psychosocial issues. Even though surveys conducted in emergency settings are not perfect, they provide more information about the population as a whole than assessments based on non representative samples.

Another point suggested by the guidelines is the preference for the term *'mental health'* or *'psychosocial surveys'* instead of *'psychiatric'* surveys. The word *psychiatric* implies a focus solely on mental disorders, whereas the range of psychological problems of people who are affected by armed conflict or natural disasters is much broader than psychiatric pathology. The current divide between professionals who are in the psychosocial or the mental illness camp seems unnecessary. A continuum of severity of mental health problems and psychosocial problems exists in people who have been affected by the emergency. Well-conducted mental health and psychosocial surveys are therefore able to provide information on a much wider range of issues. The results of these surveys are useful for planning of mental health and psychosocial programmes.

The next important step in the field of MHPSS in emergency settings is the

evaluation of mental health and psychosocial support programmes. A range of mental health care and psychosocial programmes in emergencies have been implemented. However, despite the progress that has been made in creating consensus regarding standards of care, the scientific basis for mental health and psychosocial interventions is still weak.

Mental health and psychosocial interventions in populations affected by armed conflict and natural disasters should be assessed as to their overall benefit to individuals, the individual's community, and to the intervention's cost effectiveness. Currently the evidence to determine a best practices approach and standard of care is lacking. Some of the programmes that are currently being implemented may even be harmful. On this issue also, the proposed guidelines shy away from calling for outcome evaluations as a part of 'minimum response', again suggesting this is too cumbersome.

Outcome evaluations during emergencies are difficult, but not impossible, to conduct. Many complex emergencies are chronic in nature and natural disasters follow similar patterns; these patterns allow evaluation protocols to be developed in advance.

Organizations implementing mental health and psychosocial programmes in emergency settings could use partner organizations and universities that have the expertise to conduct these evaluations. This would require a collaborative approach and some dedicated funding. The guidelines describe outcome evaluations as key actions in emergency settings, but fall short of recommending this as an essential, high-priority response. However, without evidence based mental health and psychosocial interventions in emergency settings, we can never be sure that we are making a difference.

The *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* are a great step forward if we ensure that rigorous methods are used to assess mental health and psychosocial problems in emergency settings, monitor progress, and conduct outcome evaluations of mental health and psychosocial programmes. Ultimately, evidence based information will be much more likely to convince all humanitarian agencies to follow the recommendations made in the guidelines.

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