UNHCR's potential and its challenges in implementing the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* in the Ethiopia context

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UNHCR has started to integrate the guidelines for mental health and psychosocial support into the overall activities. This report focuses on how this is being done in Ethiopia.

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In October 2007, UNHCR widely shared the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* in an inter-office memorandum, as a practical tool for emergencies and ongoing operations. The guidelines contributed to creating a protective environment by focusing on the root causes underlying psychosocial reactions. The guidelines have now been recommended for use in all aspects of UNHCR operations; from the registration processes (where, the guidelines will help identify those with mental health and psychosocial needs) to the integration of mental health and psychosocial support (MHPSS) aspects into interventions related to the sections for Community Services, Protection and Health. Ethiopia has been one of the first countries where the UNHCR has actively started implementation of the guidelines.

There are many challenges, however, related to the introduction of the guidelines. In Ethiopia there is only one mental health hospital, and a total of only 15 trained psychiatrists. Also, there is an almost complete lack of a formal system for psychosocial support (WHO-AIMS, 2006). There is also poor capacity and experience within the government, UN agencies and non governmental organizations (NGOs) on the guidelines. Also, in terms of the process of recruiting a consultant, it is difficult to identify - at the country level - a person who is familiar or trained in the guidelines.

As a result, the UNHCR's programme for the implementation of the guidelines has recently started in Shimelba refugee camp that is hosting around 10 000 Eritrean refugees in the North of Ethiopia, bordering Eritrea. The camp is well established and 70% of the population are young, well educated men from the Tigrean region in Eritrea. There is a lot of anxiety among these young men, whose family members are restricted from free movement, or facing high fines, and/or imprisoned because of the disappearance of either their children and/or close relatives. The camp has a thriving nightlife and has many music cafes, shops, bars, video clubs and entertainment halls. Alcohol is widely available and sexual risk behaviour is high.

Health and social community services in Shimelba are implemented through the Administration for Refugee and Returnee Affairs (ARRA) as well as the International Rescue Committee (IRC). There has been a very limited focus on mental health and psychosocial interventions, and one refugee psychiatric nurse is dealing with the total MHPSS programme, with a focus on people with severe mental disorders. In June 2008, an Ethiopian psychiatrist was recruited to support the UNHCR and ARRA to develop a comprehensive MHPSS programme for the Shimelba refugee camp.

Key findings of the assessment have been the very limited human resources available for a mental health and psychosocial programme, in combination with a limited capacity among both UNHCR and implementing partners in the field of mental health and psychosocial programmes. There is a lot of fear and stigma directed towards individuals in need of mental health and psychosocial support. A training course was provided to the camp health staff and social workers based on the principles underlined in the guidelines on MHPSS in emergency settings, focusing on strengthening of the existing psychiatric response in the Shimelba camp, which was relying on the work of a single psychiatric nurse in the framework of the primary health care response.

During the first three months of the programme, the use of the guidelines have resulted in improved understanding of the importance of establishing MHPSS into the assistance programmes established in the refugee camps. So far, the focus has been on psychiatric services for those with severe mental disorders in the community, e.g. the top layer of the pyramid. The programme has yet to take the step towards a well established link to support the mechanism of psychosocial support at a community and family level, as well as a focused non specialised support for key groups in the community. UNHCR Ethiopia will continue to focus on the development of more comprehensive MHPSs services in the Shimelba refugee camp, through increased advocacy and capacity building of its staff, and implementing partners on the guidelines and programming. Furthermore, better links will be sought in order to move from a psychiatric focus to the integration of interventions into the existing programmes: sexual and gender based violence, community, livelihood support, shelter provision, etc. UNHCR Ethiopia will also seek to develop links and establish an adequate psychosocial programme into the health services. It is expected that the results of a planned Behavioural Surveillance Study will lead to better understanding of the specific needs for a MHPSS programme in Shimelba.

In conclusion, the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* provide an excellent opportunity to advocate for MHPSS to be integrated into UNHCR country programmes. However, an adequate investment is required to ensure that sufficient capacity is available to support the establishment of comprehensive MHPSS programmes. Furthermore, appropriate training, guidance and support on psychosocial issues are required for ongoing operations to ensure that they will be able to fully accommodate and use the guidelines. A proper training on MHPSS guidelines is strongly recommended for Community and Health Services, and other field staff working in other refugee camps and IDP locations in the country.

Reference

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