Recent experiences and future challenges with implementation in South Asia: the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*

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The initiatives for Mental Health and Psychosocial Support by the International Federation of the Red Cross and Red Crescent Societies are presented, using the case of a cyclone in Bangladesh. The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings have proved useful, but need to be made operational through joint efforts by different actors, through dissemination to grass root rural levels, and through planning in the non emergency phase.

Keywords: Inter-Agency Standing Committee (IASC), guidelines, mental health, psychosocial support, International Federation of the Red Cross (IFRC), Maldives, Bangladesh

In the Asian context, psychosocial support initiatives are still in their infancy and large scale programming is an even more recent development. In many countries, there is no concrete framework for psychosocial support in emergency response. Therefore, the *Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings* present a welcome opportunity. However, the real value of the guidelines will be seen in how they are implemented at the local level. The International Federation of the Red Cross and Red Crescent Societies (IFRC) find that the mental health and psychosocial support (MHPSS) guidelines give a broad and generic framework, from which contextually appropriate portions can be adapted for each emergency, as per the mandate of humanitarian agencies. It has the potential to help the authority responsible for coordination at national level to ensure comprehensive coverage of mental health and psychosocial support issues.

Some countries, such as Sri Lanka, Maldives, Thailand, India, Indonesia and Pakistan, have had some exposure to psychosocial support programmes through their response to recent disasters. In these countries there has been a shift from *'why psychosocial support is needed'* to *'how can psychosocial support be provided'*. As a result, they are in a stage that requires a framework and guidelines for mental health and psychosocial support in disaster response.

In countries such as Bangladesh and Myanmar, psychosocial support programmes are currently being implemented by the IFRC following the devastating cyclones in 2007 and 2008 respectively.

Country level programmes have been implemented within the IFRC; however the organisation is yet to embrace a regional effort to standardize such endeavours during and after emergencies. What is needed to improve

the current situation is a strategy for promoting the guidelines in non emergency situations, e.g. as a part of disaster preparedness efforts. This move is being planned as a collaborative effort between the IFRC's operational field sections and its technical resources; including the International Federation's Reference Centre for Psychosocial Support.

The example of cyclone Sidr in Bangladesh in 2007

Following the release of the guidelines, the IFRC has embraced them as a major tool in service planning after disasters. One of the first disasters that occurred was cyclone Sidr that hit the coast of Bangladesh in November 2007. It caused huge damage, led to large scale evacuations, and at least 3447 people perished. Following cyclone Sidr, the Red Cross and Red Crescent societies have been implementing a Psychosocial Support Programme, congruent with the guidelines. There has been *coordination* between the World Health Organization (WHO), the IFRC, Bangladesh Red Crescent Society (BDRCS) and the Save the Children Fund. The WHO *trained* health personnel on treatment of mental illness; the Save the Children Fund is working in the *schools* and the IFRC and BDRCS in the *communities*. The local *human resource* pool is being utilized including students from the department of Clinical Psychology of University of Dhaka and the health personnel trained by WHO on mental health. *Community mobilization and social support* and strengthening *community based mental health services* are planned as the next step. Such activities will involve provision of basic psychological interventions (Psychological First Aid) at community level by trained community level volunteers; conducting of participatory meetings for information sharing, identification of existing psychosocial issues, accessing available resources within and outside the communities to address such issues, and acceptance and working on the identified issues. *Information dissemination* on mental health and psychosocial support through leaflets, posters and trained community volunteers (interaction in person, household by household) and *referrals* for the severely mentally ill and other social needs, are also part of this programme package.

Areas needing additional focus

In countries like Bangladesh a challenge remains as the guidelines, until now, are mostly unknown to state and district level stakeholders who play a key role in disaster response operations. There is a need for extensive dissemination of information on MHPSS. With the sector of mental health itself in an infantile state, this poses a great challenge. For example, in Bangladesh there is no existing mental health policy or a strong national mental health programme (WHO, 2001; WHO, Bangladesh). Therefore, it is difficult for local authorities assigned to emergency response in the health sector to understand such guidelines, let alone to adapt or use them. An interesting case in exception to this is found in the Maldives, where the American Red Cross implemented a psychosocial support programme following the 2004 tsunami. Due to the active involvement of the Ministry of Health with the psychosocial support programme, which also coincided with the efforts of the WHO and the American Red Cross Country delegation, a draft mental health policy was launched in a joint effort between these stakeholders.

Secondly introducing the guidelines is not easy in view of the complexity of the document itself. However, field trials of community based psychosocial support

trainings in cyclone Sidr recovery operations by the IFRC, incorporating elements of the guidelines for community level volunteers from grass root rural levels, have been able to successfully transfer concepts. Presenting the concepts in trainings and workshops for policy makers could have the same positive result. Videos and simplified versions of document will additionally supplement such actions. In due time, the cyclone recovery operations in Bangladesh aim to present examples of MHPSS activities from the country itself, demonstrating its efficacy and therefore making the concept more accessible.

Thirdly, without proper coordination, as seen in Sri Lanka following the 2004 tsunami where multiple agencies within and outside of the Red Cross and Red Crescent worked in every sector, following the guidelines is extremely challenging. Rather than introducing the document during the emergency itself, this should be planned for a non emergency phase, and coincide with the development of a national protocol for psychosocial support response for emergencies. The introduction and acceptance of the Sphere guidelines is an example of persistent efforts contributing to results.

Fourthly, as in the case of Maldives mentioned above, successful implementation of psychosocial support programmes brings more acceptability and recognition to the sector.

Finally, agencies that hold the key to disaster response in a country are usually the country's national disaster management authority. These agencies, in most countries, have strong links with UN agencies that can promote the dissemination of the guidelines. Promotion through the Red Cross and Red Crescent Movement and the country's Red Cross or Red Crescent Society, which plays an auxiliary role to the government, would also supplement this effort. Mental health cluster meetings have been held in most Asian countries following recent disasters. WHO has been the leader in these meetings. Such meetings in future will be a good platform for launching the *The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*.

Conclusion

The *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* are an achievement in view of the limited emphasis given to the sector in many parts of the world. Having global consensus is an additional step in the right direction. The adaptation and applicability at the grass root level remains a challenge. Simplification of the document and extensive dissemination, at the same time as successful implementation of psychosocial support programmes in the region, will lead to increased likelihood of such guidelines being adapted, appreciated and followed by national emergency response authorities. The IFRC, through collaboration between its Reference Centre for psychosocial support and the operational levels, aims to embrace the process of disseminating the guidelines at the national and grassroots levels, at the same time as implementing Psychosocial Support programmes. This effort will incorporate elements of capacity building in country for improved effects of psychosocial support programming in the future.

References

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