**Health Emergencies in Large Populations (H.E.L.P.) course**

**Mental Health and Psychosocial Support (MHPSS)**

**Time allocated: 90 minutes**

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| **Educational Objectives: What should participants be able to do at the end of the course** | **Enabling Objectives: The interim steps that build on each other and lead to the final educational objectives**   | **Core issues /Reference points** |
| 1. *Participants are able to* explain the importance of addressing mental health and psychosocial needs of affected populations during acute and protracted crises
 | * 1. *Participants are able to* describe the global burden of mental health problems in normal times and in crisis situations
 | * WHO definition mental health & psychosocial support
* Burden of disease concept with different indicators (DALYs, YLD) -> place of mental health conditions in relation to other diseases
* Example(s) of a typical psychodynamic narrative in humanitarian settings, with the switch from normal to crisis situations.
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| * 1. *Participants are able to* list the main mental health pathologies, how these may be viewed by societies and affect the lives of people
 | * Main mental health symptoms and corresponding broader mental health conditions
* Realities and myths of crucial disorders such as PTSD, anxiety and depression
* Misconceptions /misbeliefs about psychosocial and mental health problems
* Different consequences arising from mental illness including
	+ Effects on social and family life
	+ Effect of stigma on access to services
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| * 1. *Participants are able* to describe the internationally recognized mental health and psychosocial support framework
 | * IASC intervention pyramid
* Different layers of the IASC intervention pyramid for mental health and psychosocial support in humanitarian settings
* Examples of the types of activities at each of the levels.
* SPHERE (Handbook 2018)
* Continuum of care notion for mental health conditions
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| *2. Participants are able to* describe the elements of a basic MHPSS assessment | 2.1. *Participants are able to* identify key sources for secondary data collection and list approaches for primary data collection  | * Secondary data sources
* WHO mental health atlas -> country profiles
* Reports MoH, other actors
* Mental health task force/ health cluster -> 4W: who is doing what, where and when (HeRAM)
* Primary data collection
* At all times: Interviews/ focus groups *(qualitative data)*
* When time allows / more in-depth assessment (*Questionnaires: quantitative data)*
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| 2.2. Participants are able to list the main actors involved in MHPSS interventions in crisis situations and what coordination mechanism may be in place  | * Resources for mental health in the world
* Overview total government spending and human resources
* MH-Gap
	+ Main actors in the field of humanitarian MHPSS support -> their mandate + strategies and principles for action
* Coordination mechanisms (formal/ informal)
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| 1. *Participants are able to* discuss an appropriate response for treatment and care for people with mental health and psychosocial needs during an acute and/or protracted crisis
 | * 1. *Participants are able to* explain the role of MHPSS within the overall humanitarian interventions
 | * Health pyramid and MASLOW pyramid
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| * 1. *Participants are able to* describe different humanitarian scenarios and the implications this has on the choice of appropriate MHPSS interventions
 | * Different humanitarian scenarios:
* Crisis types: armed conflict/natural disaster/ major disease outbreak; acute/protracted/post crisis
* Setting in which crises take place: high/ middle/low income; rural/urban, existing services;
* Acceptance / stigma
* Capacity & resilience / vulnerability
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| * 1. *Participants are able to* identify a set of recommendations for MHPSS interventions in humanitarian crisis situations.
 | * Appropriate interventions for different types of MHPSS needs
* Appropriate interventions for different crisis situations (crisis type and context)
* When to suggest an in-depth assessment (elements to consider)
* Pre-conditions that must be in place before initiating a MHPSS intervention and what potential risks do exist (do no harm principle)
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