**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. |
| * 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 |
| * 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 |
| *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)* |
| 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) |
| 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 |
| * 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 |
| * 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) |