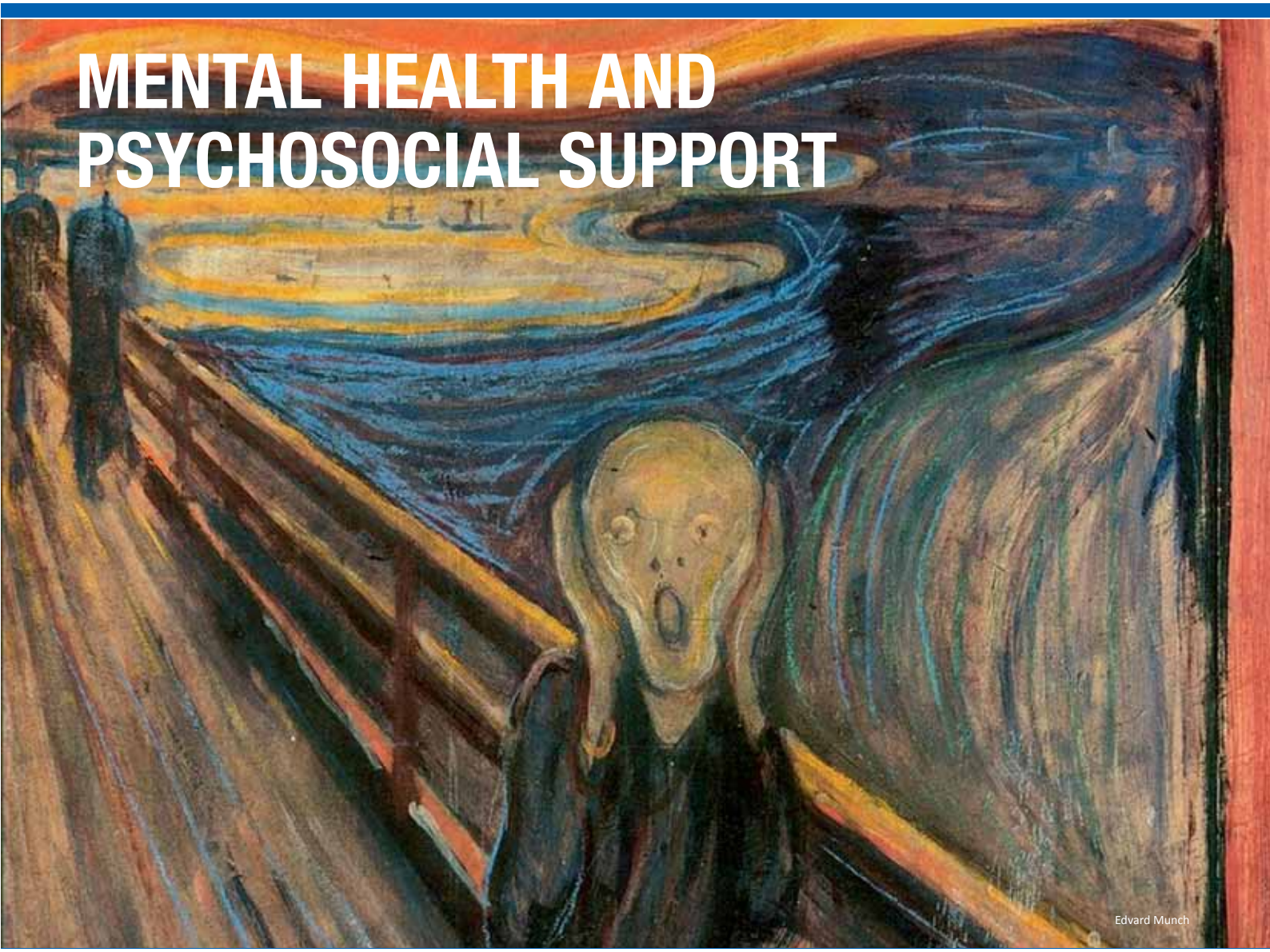
Protection Sector
inside Syria

Echoes From Syria

Issue 5 - October

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT



Guiding Principle 19:

1-All wounded and sick internally displaced persons as well as those with disabilities shall receive to the fullest extent practicable and with the least possible delay, the medical care and attention they require, without distinction on any grounds other than medical ones. When necessary, internally displaced persons shall have access to psychological and social services.

Introduction

Psychosocial wellbeing is an important element when defining a healthy individual. The term "psychosocial" reflects the dynamic relationship between psychological and social processes. Psychosocial wellbeing of individuals faces major threats in emergencies and crises.
Mental Health and Psychosocial Support (MHPSS) is a term used to describe a wide range of interventions aiming at promoting and protecting psychosocial wellbeing, as well as preventing and treating mental disorders that are either pre-existing or emergency-induced. MHPSS support includes integrating psychosocial considerations in basic services, promoting existing family and community supports, providing individuals, families and groups with focused support, and providing specialized mental health services.

Mental health and psychosocial problems are common in all communities of the world; however, they are much more frequent among people who have faced adversity such as exposure to a humanitarian crisis where the number of severe forms of mental disorders and mild to moderate forms is almost doubled.

The on-going conflict in Syria has resulted in massive population displacement and growing humanitarian needs inside Syria. The UN estimates that 6.45 million people are internally displaced, and a total of 10.8 million are in need of humanitarian assistance.

The experience of an emergency can significantly impact the mental health and psychosocial well-being of a person. Exposure to violence, disaster, loss of, or separation from family members and friends, deterioration in living conditions, inability to provide for one's self and family and lack of access to services can all have immediate, as well as long-term consequences for individuals, families and communities' balance and fulfilment.

As a result of witnessing or experiencing severely distressing events, many Syrians now suffer from various mental health and psychological problems. It is estimated that more than 350,000 individuals suffer from severe form of mental disorders, over 2,000,000 suffer from mild to moderate mental problems such as anxiety and depression disorders, and a large percentage have moderate to severe psychological/social distress (WHO). Moreover, 10-15% of pregnant women in Syria is estimated to be exposed to pre-post partum depression (UNFPA). This impacts negatively on them completing daily tasks, maintaining good social and family relationships as well as taking care of their physical health.

The Syrian context

There are many ways to improve the lives of people with mental disorders. One of them is through developing policies, plans and programmes which contribute to the provision of better services.

Mental health legislation exists in Syria, but it refers to the year 1953, and as such is quite outdated in contemporary times. However in 2010, new legislation in relation to mental health was drafted by the Ministry of Health in collaboration with the World Health Organization but has yet to be ratified.

Moreover, a mental health strategy in Syria was revised in 2007 and officially approved in 2011[1]. The mental health policy aims to integrate mental health into the primary health care and secondary health care systems, including involving mental health professionals in primary health care centers, adding psychiatric units in public hospitals and organizing awareness-raising campaigns to reduce stigma. In 2001 the Psychiatric Directorate was also established within the Ministry of Health to improve and develop mental health services.

1. WHO 2011 Mental Health Atlas

People with mental disorders are, or can be, particularly vulnerable to abuse and violation of rights. Among Syrian IDPs, there is limited awareness of mental health and heavy stigma associated with it. The need for awareness on mental health issues is therefore vital.

Psychiatrists, trained general practitioners, neurologists, and psychiatric residents may provide psychiatric services in Syria legally and the licensing of psychiatrists is for life. Although there was an initiative for a yearly review of licenses in order to ensure higher standards of service provision, at present there is no legal licensing system for psychologists, psychiatric nurses and social workers, nor governing legislation or monitoring structures for psychological services, social work, school counseling and psychiatric nursing. A resolution by the Syrian Ministry of Health for the establishment of an MHPSS council was issued in 2012 as a governing body with all stakeholders, but has yet to be implemented.

In Syria, there is a shortage of MHPSS professionals, especially psychiatrists. It is estimated that not more than 40 psychiatrists are currently available in the country mainly in Damascus. Moreover, a shortage in psychotropic medicines in the local market has been observed due to the crisis because of damage caused to the pharmaceutical plants as well as creating access and transportation challenges.

A multidisciplinary model in MHPSS has been recently introduced in few governorates in the country. This model of practice has been developed by UN agencies in Syria to ensure the provision of a comprehensive service provided by a team of MHPSS professionals addressing patients and families.

Undergraduate and postgraduate studies preparing MHPSS professionals are still in need of support. Investment in capacity building would make a tremendous difference in the service provided in the country.

The international legal framework

The Universal Declaration of Human Rights (1948), along with the International Covenant on Civil and Political Rights (ICCPR, 1966) and the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966), together make up what is known as the "International Bill of Rights". Article 1 of the Universal Declaration of Human Rights, adopted by the United Nations in 1948, provides that all people are free and equal in rights and dignity. Thus people with mental disorders are also entitled to the enjoyment and protection of their fundamental human rights[2].

2. WHO resource book on mental health, human rights and legislation, WHO, 2005.

A fundamental human rights obligation in all three instruments is the protection against discrimination.

Furthermore, the International Covenant on Civil and Political Rights specifies that the right to health includes the right to access rehabilitation services[3]. This also implies a right to access and benefit from services that enhance autonomy. The right to dignity is also protected under the ICESCR as well as the ICCPR. Other important rights specifically protected in the International Bill of Rights include the right to community integration, the right to reasonable accommodation[4], the right to liberty and security of person[5] and the need for affirmative action to protect the rights of persons with disabilities which includes persons with mental disorders.

The International Covenant on Economic, Social and Cultural Rights establishes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health[6].
General Comment 14 of the Committee on Economic, Social and Cultural Rights aims to assist countries in the implementation of the Article 12 and specifies that the right to health contains both freedoms and entitlements, which include the right to control one's health and body, including sexual and reproductive freedom, and the right to be free from interference, such as the right to be free from torture, non-consensual medical treatment and experimentation. Entitlements also include the right to a system of health protection that provides people with equality of opportunity to enjoy the highest attainable level of health. According to the Committee, the right to health includes the following interrelated elements: Availability, Accessibility, Acceptability, and Quality.

Moreover, the legally binding UN Convention on the Rights of the Child includes protection of children from all forms of physical and mental abuse, non-discrimination, the right to life, survival and development, the best interests of the child and respect for the views of the child[7].

Furthermore, the UN Principles for the protection of persons with mental health GA resolution highlights the fundamental freedoms and basic rights of people[8] including the right to the best available mental health care, the right of all persons with a mental illness to be treated with humanity and respect and be protected from economic, sexual and other forms of exploitation, physical or other abuse and degrading treatment, the right to be treated without discrimination on the grounds of mental illness and finally the right to exercise all civil, political, economic, social and cultural rights.

3. General Comment 5 of the Committee on the International Covenant on Civil and Political Rights
4. General Comment 5 of the Committee on the International Covenant on Civil and Political Rights
5. Article 9, the International Covenant on Civil and Political Rights
6. Article 12, the International Covenant on Civil and Political Rights
7. Articles 23, 25, 27 and 32, UN Convention on the Rights of the Child
8. 46/119 of 17 December 1991

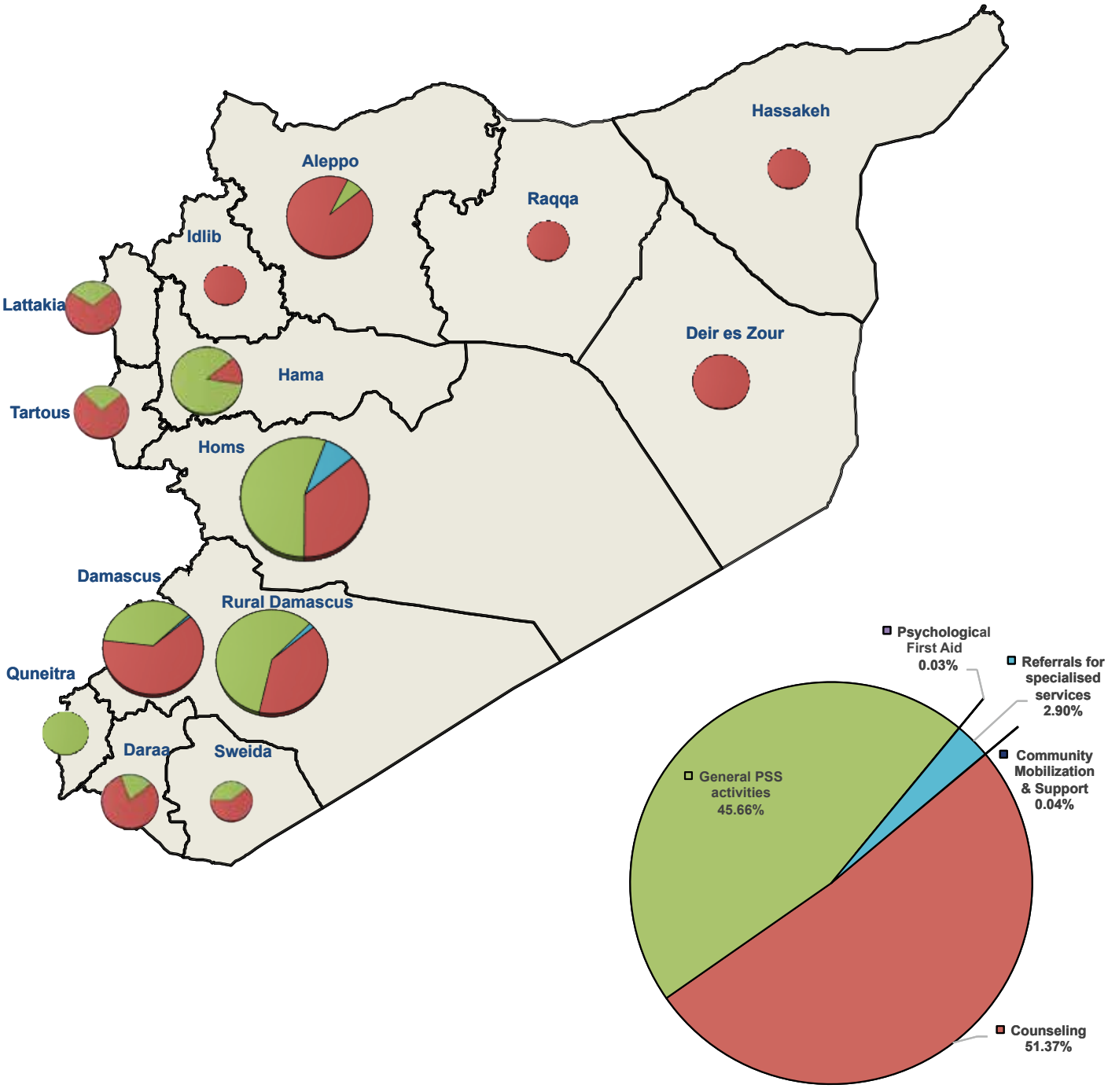
Protection Sector response

The Sector response is extended to four levels of interventions, as per the Inter Agency Standing Committee (IASC) guidelines, the response includes structured PSS activities for vulnerable groups in shelters, integration of MHPSS considerations in basic services for more than 6,000 IDPs in shelters, capacity building activities for volunteers and professionals as well as specialized mental health psychosocial support services. Therefore since the beginning of 2014:

- 9,233 IDPs have been provided with MHPSS services by multidisciplinary teams in clinics in Damascus and Rural Damascus. 62% received case management services by trained psychologists, 27% received specialized mental health treatment by psychiatrists and 11% received psychotherapy sessions.
- 250 primary health care physicians in seven governorates received training on Mental Health Gap Action Program (MHGAP), as part of MHPSS services integration in primary health care.
- 36 psychologists have been trained through a psychotherapy diploma program which is the first in its kind in the country. The program equips the trainees with skills for basic and advanced counseling, family therapy and cognitive behavioral therapy.
- 1,103 professionals and community workers have been trained on skills, tools and attitudes. 15 professionals have received training of trainers for frontline workers, 919 front line workers on supportive communication and psychological First Aid in the various governorates and 100 community workers and volunteers on Non-violent communication. In addition, 29 professionals have been prepared through a Master program on “Psychosocial Support and Dialogue”, 20 professionals were offered a follow up training on art based intervention, 37 volunteers on basic psycho-social support, psychological first aid, MHPSS consideration in gender based violence, non-specialized PSS activities, special needs for children and adolescents and peer support.
- 202 shelter managers from Damascus, Rural Damascus, Tartous, Aleppo and Homs have been trained on how to protect and promote the psychosocial well-being of residents.
- Continuous technical support has been provided to caregivers in an orphanage in Rural Damascus accommodating 195 orphans.
- More than 1,700 especially designed psychosocial activities have been conducted with groups of 1,800 IDP children, mothers, and adolescents in shelters by trained PSS volunteers and psychologists.
- A child and family care center in Damascus has been initiated as a child friendly space where specialized and non-specialized services have been provided to 909 affected children in addition to 125 children with special needs, with the help of outreach volunteers. 205 parents/caregivers benefited so far. Support has been provided to three general governmental and non-governmental hospitals in Damascus and Lattakia to establish a mental health unit in order to meet the needs of psychiatric patients.
- 27 mobile teams and 28 static clinics have integrated PSS counseling and services in cooperation with local partners.
- Capacity building on PSS has been provided to around 300 service providers from local and international NGOs and UN staff.

Protection Sector Response

01.01.2014 - 30.09.2014



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