

Natural disasters and political conflict across the Eastern Mediterranean Region have increased the need for mental health services, especially for those who have been exposed to or witnessed acts of violence, or those who have been forcibly displaced. In total, more than 62 million people in the region are affected by emergencies, including 5 million refugees who remain in the region, and more than 21 million internally displaced persons. A number of these people are expected to be suffering from mental health conditions. Those with pre-existing mental disorders often need more help than before.

Yet in many emergency countries, there is a gap between the mental health needs of populations and the provision of mental health services and psychosocial interventions. People experiencing psychological distress and other mental health disorders place more demand on already overstretched health staff. Disrupted health systems, limited availability of mental health specialists, and shortages in psychotropic medicines are additional barriers preventing the delivery of mental health services in emergency settings.

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WHO estimates that 1 in 30 Syrians is suffering from severe mental health conditions such as severe depression, psychosis, or a disabling form of anxiety and that at least 1 in 5 Syrians is suffering from mild to moderate mental health conditions such as mild to moderate depression or anxiety disorders.

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WHO has established inpatient units for mental health disorders for the first time in general hospitals in Damascus, Hama and Latakia. In total, more than 10,000 people benefit from the Mental Health and Psycho-Social Support (MHPSS) program supported by WHO every month. Psychotropic medicines provided through WHO are available at all health-care levels but there are extreme shortages in besieged and hard-to-reach areas, as these medications are often removed from shipments of interagency convoys.

<http://www.emro.who.int/syr/syria-news/mental-health-care-in-syria-another-casualty-of-war.html>

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The impact of the conflict on children in Yemen is apparent through drawings and sculptures created by internally displaced children, showing through their artwork the horrific scenes they witness. Around 40 psychiatric specialists remain in the country to service a population of 26 million, including 3.1 million internally displaced. The majority of these specialists are based in Sana'a, leaving populations in other affected areas throughout the country with limited access to care.

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WHO has so far trained 120 health workers as part of a plan to integrate mental health into primary health care services in Yemen. The Organization aims to build the capacity of 200 health workers across the country.

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The ongoing crisis in Iraq and current displacement of 4 million people has resulted in increased health needs, including mental health services. Epidemiological surveys in 2016 among conflict-affected populations showed an average prevalence of 15% of people suffering from post-traumatic stress disorder and 17% of people suffering from a major depressive disorder. Psychosis, severe depression, and severely disabling forms of anxiety disorder affected between 3-4% of people, while mild or moderate forms of depression and anxiety disorders affected between 15-20% of people.

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The health system in Anbar (one of the Iraqi governorates with high number of IDPs) was already underdeveloped prior to the current crisis, with limited human and infrastructural resources. The system has been challenged as a result of the current crisis and has no capacity for the integration of mental health into primary health care services. Many health care providers do not have training in the management of mild to moderate mental health disorders. Even before the current crisis in Anbar, there were three psychiatrists and few psychologists and psychiatric nurses.

WHO is working with national authorities to prioritize a national strategic approach that includes integration of mental health into primary health care services.

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WHO estimates that one third of people attending Primary Health Care centers in Gaza and the

West Bank have suffered from mental health problems. The prevalence of post-traumatic stress disorder among Palestinian children in Palestine is particularly high, with 30% of children experiencing armed conflict and traumatic events developing post-traumatic stress disorder, in addition to having an increased risk of other disorders, such as emotional symptoms and neuroticism.

Palestinians suffering from mental health problems generally do not receive appropriate mental health interventions. Efforts to achieve integrated mental healthcare which is accessible and can respond appropriately to the increasing volume and complexity of mental health needs of the Palestinian population face a series of challenges. These include lack of trained mental health workers, a poorly coordinated mental health emergency response, chronic shortages of psychotropic drugs; and a lack of appropriate long-term intervention and rehabilitation programs for people who develop severe forms of mental disorder.

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Community Mental Health Centers (CMHCs) are playing an increasing role as first-level providers of more specialized care. WHO continues to support to the Ministry of Health in promoting community mental health centers (there are 13 CMHCs in West Bank and 6 in Gaza), supporting civil society involvement in mental health services, and addressing stigma and discrimination against people with mental health disorders. Both psychiatric hospitals in Gaza and the West Bank have started to provide rehabilitation services that are based on the recovery approach of treatment for people with severe mental illnesses.

Although reform of the psychiatric hospitals in Gaza and the West Bank is underway, much remains to be done. In 2015, a new National Mental Health Strategy for Palestine (NMHS) 2015-2019 was developed and endorsed to integrate delivery of evidence-based interventions for priority mental conditions into primary healthcare, supported by a referral system; scale up community mental healthcare; and ensure a specific focus on trauma and crisis intervention.

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Mental health and psychosocial support is one of the essential components in health service delivery and has significant impact in humanitarian crises. Prior to an emergency, during the preparedness phase, mental health services need to be integrated into primary health care system. Psychological and psychiatric help needs to be made available immediately for specific, urgent mental health problems as part of the initial health response during an emergency. As countries recover from emergencies, affected communities also need long-term access to mental health care to reduce risk of a wide range of mental health problems, and allow populations to rebuild their lives and contribute positively to rebuilding their countries.

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Despite enormous challenges, mental health services are becoming more widely available in primary and secondary health-care facilities across Syria. For the first time, mental health services are provided at more than 150 primary and secondary health centers in 11 governorates, including those most affected by the ongoing crisis. Services are provided by about 1000 non-specialist general practitioners under the supervision of national specialists, all trained through WHO's mhGAP programme. In addition, a team of psychologists is providing a wide range of psychotherapeutic interventions through multidisciplinary teams at the primary and secondary health-care levels.

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