

World Health Organisation pan-European Coalition on Mental Health

23 – 24 November 2022 Ankara Turkey

Participation online by Magda Rooze, for the Standing Committee on Crisis, Disaster and Trauma Psychology EFPA in the context of the collaboration on Workpackage 5 of the pan-European Coalition on Mental Health.

Note: this is a small report directly from the online session with only verbal presentations and no powerpoint, connection was now and then off, so it is not considered to be complete.

Parallel session on Mental Health and Psycho-social support in emergencies

Moderator: Pim Cuijpers, Director of the WHO CC for Research and Dissemination of Psychological Interventions at the Vrije University Amsterdam, the Netherlands

Panel on Ukrainian situation:

Mariia Sirenko – community mental health teams Ukraine

Murat Apaydin – MHPSS Consultant, Refugee Health Extension, Krakow

Selma Sevkli – MHPSS expert

Petr Winkler – Director NIMH Czechia

Alisa Ladyk-Bryzghalova – National Professional Officer for Mental Health, WHO Country Office in Ukraine – online

Alisa Ladyk-Bryzghalova:

The needs are high in terms of mental health, more than 270 partners in response, we have a great force here which is coordinated. We started preparedness in 2014, with international agencies coming in with their expertise, building capacity.

Dnipro, the main hub for emergency coordination, close to the East of Ukraine. In 2014 4 teams at that time. For international displaced people. Now we have a service model as the formal package, now 78 teams.

17 partners now, together with Ministry of Health, every Ukrainian has access to general practitioners and family doctors.

-stress management tools

-emergency response

-psychosocial response

We have to scale up, great leadership on National leadership, with the first lady of Ukraine.

Q. how is psychosocial support integrated? Under the umbrella of the medical group. A group on MHPSS. **MHPSS road map** for urgent needs and recovery. Consensus on what we committed to do for now, and coming years, divided by sectors.

Murat Apaydin:

Deployed in 8 countries for the refugees, government is very important. In Europe the conflict is an opportunity to grow, as opposed to other countries like in Africa, who have a lot of experience.

WHO started to coordinate agencies, coming together once and a while, now we have 8 coordinating bodies. Most important is the participation of government. Checking if there is already a national coordination, if so, WHO support it and doesn't create a new coordination body.

The focus is mainly on clinical intervention in Europe, we try to change that in community based approaches.

Not everybody is traumatized after conflicts, only 1% needs specialized care. We develop community based care, including the communities itself, not only as receivers, but based on their needs.

Challenges:

- Lack of psychologists who speak the language
- Some countries build on capacity of interpreters
- Sometimes it is difficult to get a representative of the government who has decision power
- The focus on clinical approach, it enhances stigma, we try to overcome this with awareness raising sessions

It's been discussed how it affects the responders themselves. One reports to have had 8 panic attacks during the past period. Another one talks about the long hours and days of work.

Petr Winker:

Czech Republic, in strong support of Ukraine. The system that was established was organizing welcoming centres, helping to accommodate the refugees. Making the health care accessible for every refugees in the same way that is for the people of the Czech Republic. Czech Republic has the highest number of refugees per capita. At the highest point over 400.000 refugees. The whole system was built on earlier experiences, after 1968, emergencies and the pandemic.

Czech Republic is employing Ukrainian psychotherapists.

Panel on lessons learned from different emergencies in the WHO European Region:

Altin Malaj – Refugee Health Programme Coordinator, WHO Country Office Turkey

Emanuela Tollozhina - Head of Sector of Public Health at the Ministry of Health and Social Protection, Albania

Nathalie Prieto – National Coordinator of the French network of the medico-psychological intervention units, France – online

Altin Malaj: Turkey

4.6 million Syrian refugees, starting 5 ½ years ago. Offering basic food and shelter, education and health services. Supported and provided by the Ministry of Health of Turkey. Project Sahat – co-funded by the EU. Community Health Centres, more than 3000 health care workers, doctors and nurses, also trained in psychosocial care, to assess mental health needs and refer to psychosocial workers. At the moment more than 7000 health care workers have been trained in this way.

Challenges:

- Trying to understand the magnitude of the challenge
- Design how to intervene, management and sustainability
- Coordinating all the partners
- How to meet unmet needs

Since the crisis is already since 2011, so different generations are involved. How family needs have been evolved? Psychoeducation was offered what could be of help for the families.

In an assessment among refugees about key issues, the stigmatization stands out. Stigmatisation caused by being a refugee. Is this being addressed in the programs for refugees.

The question was raised on the different attitude towards Ukrainian and refugees from for example from Syrian and African refugees. It is also a political question, so answers were somewhat reluctant. In Turkey all refugees are treated the same, and services are trusted.

The issue is raised of increased nationalism, which could be a negative effect on the treatment of refugees. Does WHO have an opinion on this.

Emanuela Tollozhina: Albania

Government has created some coordinating mechanisms. With great support from UN. 260 psychologists responded to the earthquake of 2019. As to the pandemic Albania had to take the approach of public health, addressing the needs of the vulnerable groups. Response shifted to online support, addressing to increased fear under the population. Big support was the psychosocial teams of the schools, with counseling of children, giving correct information, and providing them with skills to deal with stress. Training of frontliners was provided with the support of WHO and Unicef.

Mental health and resilience training for building back better for health care workers. 100 training the trainers were involved, and 150 health care workers were reached. So establish capacity to be resilient. It will be part of the National Response Plan of the government.

Nathalie Prieto: France

The system in France is based pre-hospital care put in place after the first terrorist attack in Paris in 1997. A team of psychiatrist, psychologist and nurses, including volunteers who can be mobilized. They are also health care workers, specialized in trauma.

Response to the Bataclan attack was provided in the immediate aftermath from the City Hall in the 11th district of Paris. Evaluation showed 78,4 % satisfaction among the affected (n= 129). Important issue to address is the coordination with the forensic team.

Pim Cuijpers on the work of the Technical Advisory Group of the WHO after the pandemic. Report of the WHO available on the website.

- It was made clear how important mental health is to the policy advisors, in the context of vulnerability to mental health problems. Especially among vulnerable groups like young people and elderly people.
- Increase resilience at the workplace
- Create awareness of mental health issues
- Mental health care changed working mainly online

Closing Plenary

Report on the sessions for Workpackage 5 Melita Murko

- Pandemic and the consequences on mental health
- The war in Ukraine

This means the work we are doing that mental health and psychosocial support needs to be integrated in the response.

A wonderful group of people are coordinating MHPSS in the different countries, according to the refugees from Ukraine.

One of the key messages from this sessions is that we have to help the helpers. Incorporate the support mechanisms for them.

2nd session zooming out and trying to mapping the available mechanisms, interventions and tools.

Hoping collaboration with governments will be successful so we will not find ourselves unprepared facing emergencies.

Natascha Azzopardi Muscat, Director of WHO Regional Office

- Collect the data why this is necessary report 2024
- Monitor our progress report 2026
- Use what we developed