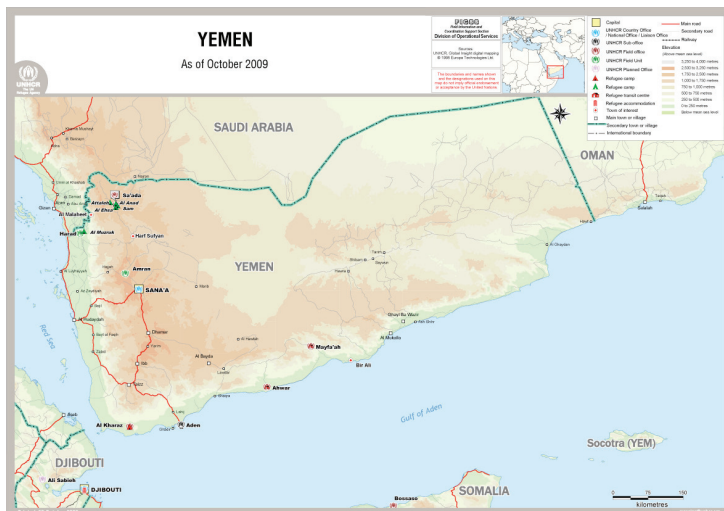


Refugee Mental Health and Psychosocial Support: in Kharaz Camp and Aden Urban Refugee Programme, Yemen

Background information

By the end of 2010, 190,092 refugees, predominantly Somalis, have been registered in Yemen. Other registered refugees with UNHCR are from Eritrea, Ethiopia, Iraq, the occupied Palestinian territories and Sudan. More than 80 % of the refugees in Yemen are living in the urban areas of Sanaa and Basateen in Aden.



Armed conflict and emergencies create a wide range of problems experienced at the individual, family, community and societal levels. The psychological and social impacts of emergencies may be acute in the short term, but they can also undermine the long-term mental health and psychosocial well-being of the affected population.

Mental illness accounts for four of the ten leading causes of disability worldwide, but mental health is among the most under-resourced areas of health care particularly in developing countries in normal times, and especially in emergencies. The clinical

mental health services that do exist in low- and middle income countries tend to be hospital-based and located in large cities. Thus, they are often inaccessible to the wider population in communities.

Actions for change

An assessment by a psychiatric consultant in 2008 indicated that approximately 7-10% of refugees in Kharaz camp and in Basateen urban refugee settlement are suffering from some kind of stress-related mental disorder. In addition refugees were referred and admitted in the mental health hospital for treatment that could be provided at primary health care and community level.

Based on the 2008 assessment, UNHCR Yemen initiated mental health and psychosocial support in Kharaz camp and Basateen Aden urban refugee settlement. The aims of the programme are to enhance the quality of mental health and psychosocial support programmes in primary health care programmes, to reduce the admission in the Al-Salam psychiatric Hospital in Aden, and to build and enhance the capacity of refugees, their families and the community at large.



Interventions and outcomes

The mental health and psychosocial support is being implemented as an integrated approach by UNHCR and its partners. The mental health services are provided by CSSW, the UNHCR implementing partner for health, in close partnership with the Aden National Mental Health Hospital. The psychosocial interventions are implemented by INTERSOS, UNHCR's partner for community services.

Mental health in primary health care

Mental health intervention in Kharaz refugee camp and Basateen-Aden urban refugee programme are supported by a visiting psychiatrist and clinical psychologist from the Al-Salam psychiatric Hospital on a bi-monthly basis. The visiting psychiatrist attends new cases that are screened by the clinical officers and medical doctor in the previous period to establish a proper diagnosis and if applicable a treatment plan. Furthermore, she attends the patients that require additional follow up.

Patients are referred by the clinical officers and medical doctor directly or through the psychosocial services. Before being referred to the psychiatrist, all patients are assessed by the psychologist, together with a psychosocial counsellor from INTERSOS. The psychologist conducts a thorough assessment medical, socioeconomic, psychological, past history and factors that could affect mental health and social status of each case. Based on the assessments, patients:

- Receive therapeutic counselling from the psychologist.
- Are referred to the psychiatrist to establish a diagnoses and treatment plan that is shared and discussed with the health staff of CSSW.
- Are referred to INTERSOS for psychosocial support, such as psychological and social counselling, house rent, food, financial aid, family reunion, home and community support.

Capacity building for primary health care staff

To enhance and improve diagnosis and referral to the visiting psychiatrist, the primary health care staff in Basateen and Kharaz refugee camp have been trained on improved diagnosis and management of patients with mental illnesses. While there is no dedicated psychiatric nurse or full time clinical officer for mental health, the current public health staff are able to adequately respond to or refer patients.

Psychosocial support programmes

In both Basateen and Kharaz refugee camp, there are two psychosocial counsellors who receive and counsel refugees in the drop-in centre, where refugees can come without a previous appointment or are referred to by the psychologist / psychiatrist. The counsellor conducts a thorough assessment to identify the special needs of the refugee as well as his/her social situation. For persons with severe mental disorders, when the person cannot function independently without support, the psychosocial counsellor supports the person's basic needs such as food, clothing and lodging. The psychosocial support aims at assessing and fostering the ability and the resilience of the person and their families to better adapt to their situation.

The psychosocial counsellor provides information on available activities in the camp or in Basateen, as well as clarification of what steps the person should take towards rehabilitation and how to build self-confidence so that a better solution may be reached.

The standard operating procedure for Mental Health and Psychosocial Support is established by a two-way referral system:

- The psychosocial counsellors refer those who need medical services and psychiatric consultations to CSSW health centre and psychiatrist.
- The psychiatrist and clinical psychologist refer patients to community services at INTERSOS for psychosocial support if needed.

The psychosocial counsellors aims to build a social support system for the individual, with family and the neighbours support. The psychosocial counsellors conduct outreach visits to families and provide them with tools to deal with the difficulties that the person is facing.

2010 REPORTED PATIENTS WITH MENTAL HEALTH DISORDERS FROM BASATEEN AND KHARAZ CAMP

Mental illness	Basateen-Aden		Kharaz Camp		Total	
	Freq	%	Freq	%	Freq	%
Behavioural disorder	5	2.2	10	2.2	15	2.2
Epilepsy/ seizures	23	10.0	46	10.0	69	10.0
Mental retardation /intellectual disability	7	3.1	13	2.8	20	2.9
Severe emotional disorder	113	49.3	231	50.0	344	49.9
Psychotic disorder	37	16.2	80	17.3	117	16.9
Medically unexplained somatic complaint	6	2.6	19	4.1	25	3.6
Other psychological complaint	38	16.6	63	13.6	101	14.6
Total	229	100	462	100	691	100

The funding is provided through the regular budget for primary health care and community services and includes provision of drugs for mental health disorders on the Yemeni essential drug list, the capacity building and training of health staff, the refugee community health workers for mental health, psychosocial counsellors and mobilizers, and the monthly visit of a psychiatrist and clinical psychologist to the health centres.

Challenges of the programme are the excessive khat consumption and the subsequent poor adherence to medication, leading to incidence of violent and aggressive behaviour. Furthermore the current programme is still very much focused on treatment and needs to develop more to include traditional and culturally sensitive healing mechanisms.

Conclusion

The experience in Yemen shows that with support from and regular visits by a psychiatrist and psychologist an improved response to mental health is feasible. Through improved referral and collaboration between the health and community sector, each sector can contribute to improved mental health and psychosocial support for refugees in both camp and urban based settings.