

Mental health and psychosocial support in primary health care settings

YEMEN RED CRESCENT SOCIETY



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Editors in chief: Ahlem Cheffi and Zara Sejberg.

Author: Ahlem Cheffi

Additional Support: Carol Bennett, Jesper Guhle

Reviewers: Abdallah Logman, Sarah Harrison, Louise Steen Kryger.

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Illustrator: Laetitia Ducrot

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Please contact Rim Alsakkaf, YRCS MHPSS and Protection focal point, at alsakkaf-rim@yemenredcrescent.org if you wish to translate, or adapt any part of this document.



Mental Health and Psychosocial Support in Primary Health Care

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Introduction

Today in Yemen, 20.7 million people, two out of every three Yemenis, need¹ some form of humanitarian and protection assistance. Of these, 12.1 million people are in acute need. In addition to the insecurity and violence people are facing, poverty, loss, displacement and famine and the current instability has also led to a significant fragility of the healthcare system. The ongoing crisis has taken a heavy toll on the physical and mental health of the population at large. The daily struggle to survive and long-term exposure to potentially traumatic events have put people at risk of developing mental health conditions such as depression, anxiety, and post-traumatic stress disorder with far-reaching consequences for individuals and their families.

The World Health Organization (WHO) estimates that the mean prevalence of global mental health disorders is 10.8% while the prevalence in emergency settings is 22.1% in any conflict-affected population. In addition, in Yemen, the majority of the population is living through famine like conditions that are driving up severe malnutrition rates in children, leading to long term adverse developmental consequences for infants, and higher infant mortality.

To better support those exposed to psychological distress, Danish Red Cross (DRC) and the International Federation of Red Cross and Red Crescent Psychosocial Reference Centre (PS Centre) are supporting the Yemen Red Crescent Society (YRCS) to implement psychosocial support activities for affected communities in Yemen through a community-based health and psychosocial program: “Community Services in Health and Action for Resilience”. In addition to the provision of basic psychosocial activities, the program has also tried to address the huge gap in Mental Health and Psychosocial Support (MHPSS) services within Primary Health Care (PHC). This basic MHPSS Guide has been developed in order to support PHC staff to better support people with mental health problems.²

Yemen mental health overview

Mental health at country level

The little available data about mental health situation show that Yemen faces a chronic shortage of mental health professionals, in comparison to the needs. For example, a survey for mental health disorders found (19%) prevalence among Yemeni people seeking the MH hotline services during the years (2014-2017)³. In 2016 it was estimated that there were only 40 psychiatrists in the whole country, most of them are inside the capital Sana'a⁴. There was only one program for the education of clinical psychologists (stopped recently) at Al Amal Hospital in Sanaa funded by WHO. The last national mental health strategy for Yemen was from 2011-2015; currently, WHO is supporting the Ministry of Public Health and Population (MoPHP) to revise it. At country level, there is no official protocol or

1 Yemen Humanitarian Response Plan 2021. UN Office for the Coordination of Humanitarian Affairs

2 Three training sessions on MHPSS were conducted in Sanaa in 2019 for 52 YRCS PHC staff from eight branches

3 Family Counselling & Development Foundation (FCDF), 2018. A study for estimating the prevalence of mental disorders among the war-affected population in Yemen during the period (2014-2017).

4 Sana'a Center for Strategic Studies, 2017. The Impact of war on mental health in Yemen: A neglected crisis.

standardized guidance for mental health diagnosis and assessments; as a result, the very few tools used are not adapted to the Yemeni social and cultural context.

Mental health capacities and services

Mental health care in Yemen is not integrated into the PHC system and there are very few mental health facilities. According to WHO, due to the current situation, 50% of the health facilities at country level have closed or are only partially functioning. This can explain why we cannot see any mental health data being recorded in the health reporting system. There is also a lack of specialized care for specific groups, such as women, children, teenagers, the elderly, as well as for those suffering from chronic mental health conditions, addictions, infants with severe malnutrition and pregnant and lactating women.

In Yemen, mental health care is not provided through the PHC system and is restricted to prescription of medication through a medical doctor. Almost no PHC centre has staff that are trained in MHPSS and one of the major issues is that the continuum of care does not cover all aspects of people's MHPSS needs and conditions. There is also a gap in the provision of psychosocial support, which is not available at the PHC level in Yemen.

According to the YRCS PHC staff, there is a notable increase in substance abuse and signs of depression, suicide ideations and suicide attempts amongst patients; the majority of these people are unable to access mental health treatment and very rarely seek help from formal structures and services. In addition, people living with chronic mental health conditions face difficulties in accessing treatment because it is very expensive or unavailable.

At the community level, there is a big gap in community-based mental health care and psychosocial support and also a stigma towards people living with mental health conditions, which can cause isolation and protection issues.

Target group of this guide

This guide is intended for PHC staff involved in promoting mental health in their community and addressing related issues for people experiencing emotional distress and/or mental illness that impairs their day-to-day functioning.

Objectives of this guide

This guide will assist YRCS PHC staff to learn about:

- The important role of mental health care within general health care
- Psychosocial support, mental health and mental health conditions
- Stress and stress reactions
- Stigma, discrimination and social exclusion

- General principles of care: active listening, supportive communication, and “do no harm”
- People’s mental health needs and how we can respond appropriately to them.

Why should we integrate mental health into PHC services?

The purpose of PHC is to provide 'essential health care' which is “universally accessible to individuals and families in the community and provided as close as possible to where people live and work. It refers to care which is based on the needs of the population. It is decentralized and requires the active participation of the community and family”. The YRCS runs 17 PHC centres in 15 different locations (2020). These centres are the first point of entry into the health care system and provide the initial assessment and treatment for common health conditions.

As mentioned above, limited access to mental health care and mental health facilities, coupled with the lack of trained professionals, means that the majority of people in Yemen often look elsewhere for support when facing mental health problems. Most commonly, they seek comfort and advice from traditional healers, sheikhs and other community leaders who are considered the first entry point for people who suffer from any mental health conditions⁵. Sheiks and traditional healers serve as a parallel system to the formal MHPSS as they are available within communities and known to community members. People seek formal psychiatric care and treatment only when their mental health condition deteriorates and families become unable to support them, or they become a risk to others.

In 2010, WHO developed the Mental Health Gap Action Program (mhGAP) for countries with low and lower middle incomes. This program consists of interventions for the prevention, management and scale up of services for mental, neurological and substance use disorders. It aims to reduce mental ill health and enhance the capacity of PHC systems to respond to this challenge. In 2019, WHO estimated that more than 80% of people with mental health conditions are without any form of quality, affordable mental health care. At the same time, 800,000 people die due to suicide every year, and it is the second leading cause of death among young people. As stated, the reason for this gap is the shortage of specialized, psychiatric, and psychological services in conflict and disaster areas, and in under-resourced settings.

Mental health should be integrated into YRCS PHC centres because:

- It is one of the most accessible ways to treat people with mental health conditions
- It is less stigmatizing to go through a PHC service
- It is the best way to overcome the shortage of specialized services
- It is an enhanced opportunity for physical care of people with mental health illnesses
- It is most cost-effective
- It is a good opportunity for advocacy, awareness and education on mental health.

5 Focus Group Discussion with YRCS staff and volunteers on the Exploration of the local expressions of wellbeing and emotional distress and understanding the local and traditional mechanisms for coping in Yemen.

Chapter 1: MHPSS definitions

Mental health and psychosocial support

What is “mental health and psychosocial support”?

MHPSS describes any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or treat mental health conditions.

What is ‘mental health’?

According to WHO, health is “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. Mental health is defined as a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to their community.

What does ‘psychosocial’ mean?

Psychosocial is a term used to describe the interconnection between the individual (i.e., a person’s internal, emotional and thought processes, feelings and reactions) and their environment, interpersonal relationships, community and/or culture (i.e., social context).

What is ‘psychosocial support’?

Psychosocial support refers to actions that address the social and psychological needs of individuals, families and communities.⁶

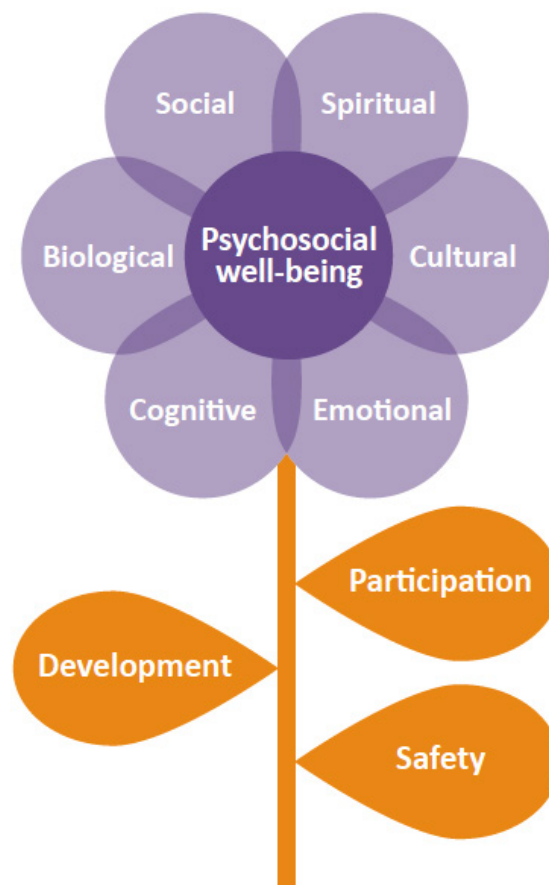
AS A PHC PROVIDER, YOU MUST ALWAYS KEEP IN MIND THAT:⁷

- Mental health is an inherent and essential element of mental health and wellbeing
- Mental health problems are very common
- Mental health problems represent a significant percentage of health-seeking contacts in primary care
- There is a high correlation between multi-morbidity and mental disorders such as depression, anxiety and other non-communicable diseases like cardiovascular disease, cancer, khat use, diabetes, etc.
- Children and adolescents also face mental health problems - more than half of mental health problems begin by the age of 14 but most cases are undetected and untreated.
- During any crisis event the rate is considerable, but the mental health conditions of children and adolescents are poorly understood due to lack of knowledge and stigma
- Mental health problems are treatable, and the first entry point in the public health system is through PHC and the education system; doctors, nurses, teachers and other health staff need training; the treatment gap remains enormous due to low detection rates and low prioritization given to these disorders

6 All MHPSS definitions taken from Policy on Addressing Mental Health and Psychosocial Needs, 2019 International Red Cross and Red Crescent Movement.

7 WHO. Mental Health in Primary Health Care: Illusion or inclusion. 2018.

Psychosocial wellbeing



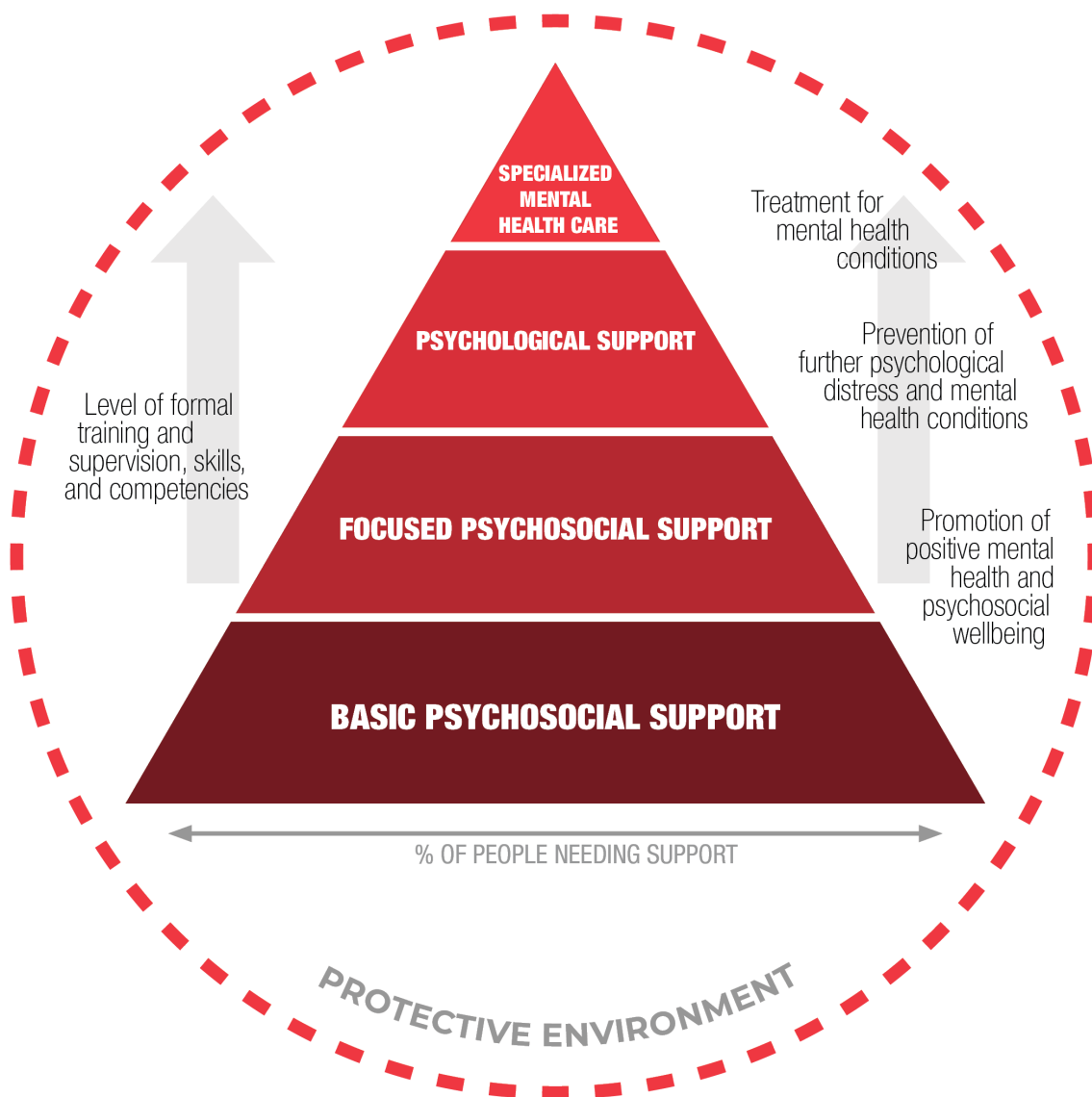
As stated above, 'psychosocial' is a term used to describe the interconnection between the individual and their social context. Therefore, psychosocial wellbeing is the balanced interaction between the social aspects of individuals' lives such as their interpersonal relationships and the social connections, resources, norms, values, roles, community life, spiritual and religious life and the psychological aspects such as their emotions, thoughts, behaviours, knowledge and coping strategies. Both aspects contribute to overall well-being.

Mental health and psychosocial support pyramid of intervention

This protective circle and pyramid represent the MHPSS framework of the Red Cross Red Crescent Movement. It shows the different levels of intervention that people need in crisis settings and the importance of a protective external environment.

This pyramid is applicable for all population types, in all contexts and in all settings: emergency and non-emergency. The level of formal training and supervision, skills and competencies required increases with the layers. Individuals, families, and communities should be supported at all four layers.

The pyramid is surrounded by a 'protective environment' layer which is linked to international humanitarian law, human rights law and refugee law. The pyramid represents a continuum of care approach, from promotion of mental health and psychosocial wellbeing through to the prevention



of further distress and the development of mental health conditions, and ultimately to treatment for mental health conditions. Emphasis is placed on referrals between layers to ensure a continuum of care and a holistic approach across a person’s life-course (from infancy – through adolescence – adulthood and into older age).

Layer 1 “basic psychosocial support”

The first layer promotes positive mental health and psychosocial wellbeing, resilience, social interaction and social cohesion activities within communities. Services in this layer are often integrated into health, protection and education sectors and should be accessible to 100% of the affected population, where possible. Examples of services include psychological first aid (PFA) and recreational activities. Basic psychosocial support can be provided by trained Red Cross and Red Crescent staff and volunteers and/or trained community members.

Layer 2 “focused psychosocial support”

The second layer includes promotion of positive mental health and psychosocial wellbeing and prevention activities, with a specific focus on groups, families and individuals at risk. Examples of services include structured workshops for groups of caregivers, children or group sessions for staff and volunteers. Focused psychosocial support can be provided by trained and supervised Red Cross and Red Crescent staff and volunteers and/or trained community members.

Layer 3 “psychological support”

The third layer of the pyramid includes prevention and treatment activities for individuals and families who present with more complicated psychological distress and for people at risk of developing mental health conditions. Examples of services include basic psychological interventions, such as counselling or psychotherapy, which are usually provided in healthcare facilities with accompanying outreach work or in community facilities, where this is culturally acceptable.

Layer 4 “specialized mental health care”

The fourth layer of the pyramid includes specialized clinical care and treatment for individuals with chronic mental health conditions and for persons suffering such severe distress and over such a period of time that they have difficulty coping in their daily lives. Examples of activities include treatment centres for survivors of torture and alternative approaches to drug therapy. Services are provided within state healthcare and social welfare systems and in detention facilities provided by a multi-disciplinary team of professionals.

Chapter 2: Role of a PHC professional in providing mental health care

As a PHC provider you need essential knowledge, skills and values to fulfil your role effectively and that should be applied when working with individuals with mental health conditions as well as with their caregivers and family members. Working at the community level will also help individuals to link with local and community resources and for you to better advocate for those with mental health conditions. Your role is essential as you are in direct contact with the community and the individuals living with mental health conditions and also with the formal health system which is important for the referral mechanism. Identifying individuals who might have a mental health condition can prevent them from being more at-risk of developing severe mental health conditions.

Talking about mental health

You play an important role as PHC staff in talking about mental health with PHC patients and in your community because:

- People have limited information and knowledge about mental health in general and mental health conditions specifically
- There are lots of myths and misconceptions⁸ about mental health that lead to stigma and exclusion of people with mental health conditions
- A good community awareness on mental health gives more chance of early detection of people with a mental health condition
- The stigma and misconception towards mental health means people are reluctant to seek support and treatment and tend to isolate themselves
- Knowledge and awareness on mental health is likely to help people to feel safer, happier, loved, supported and more dignified.

Although mental health conditions are very common and treatable, in Yemen the subject of mental health still has negative associations; that is why it is your role to educate and sensitize the community and your colleagues at the PHC level on:

- Possible stressors and stress reactions
- What is mental health
- How to promote positive mental health and to prevent mental health conditions from developing
- Psychosocial problems that lead to mental health conditions
- How to identify signs of mental health conditions
- How to support people with a mental health condition and how to refer them to PHC (or to specialized mental health care).
- Raising awareness about accepting people with mental health conditions without judging them in order to reduce stigma, discrimination and social exclusion.

8 Focus Group Discussion with YRCS staff and volunteers on the *Exploration of the local expressions of wellbeing and emotional distress and understanding the local and traditional mechanisms for coping in Yemen* – Sanaa January 2018

Stigma, exclusion and discrimination

A stigma is a mark of shame, disgrace or disapproval, which results in an individual being shunned or rejected by others.⁹

Stigma causes discrimination and exclusion of individuals with mental health conditions. It has been reported that in Yemen, a person with any mental health issue is perceived as weak, mad and inferior. Stigma causes isolation and exclusion of individuals from their communities or families or affected people exclude themselves. The following are some examples of stigma and discrimination reported by PHC staff in Yemen: A father about his daughter with schizophrenia: *"She is a shame on the family; so better to keep her at home locked up or chained"* or a woman with severe depression saying: *"I can't go see a doctor. If someone sees me, I'll never get married. I am being hit because of my psychological problem"*.

This stigma around mental health is a major cause of discrimination and exclusion and prevents individuals from seeking help, hence their condition worsens. Therefore, as PHC staff it is important to contribute by educating people and their family members about mental health and sensitizing them on how stigma affects people's self-esteem and psychosocial wellbeing. Stigma, discrimination and exclusion disturb family relationships and limit the ability of people with mental ill health to socialize and contributes to the abuse of their rights and dignity.

- Always remind people that individuals living with mental health conditions have the same rights to be treated with respect and dignity as anyone else. Individuals with mental health conditions often suffer in silence and do not seek support because they are afraid of being found out as mental health conditions may be perceived as untreatable, dangerous and shameful.
- As PHC staff your role is important in encouraging individuals with mental health conditions to seek support, protect their human rights, accept that they have the right to give permission or deny referral, treatment or follow up. All this will contribute to reducing stigma and misconceptions and enhance a person's dignity.

Chapter 3: General principles of care and basic helping skills

In PHC settings, the principles of care are to ensure that mental health services are being delivered in a way that supports the recovery of individuals, so they feel empowered, dignified and at the centre of the care they receive.

WHO states that *"these principles shall be applied without discrimination of any kind such as on grounds of disability, race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, legal or social status, age, property or birth"*.¹⁰

THE GENERAL PRINCIPLES OF CARE:

- Preserve the dignity of the patient
- Use appropriate approaches that help the patient cope by themselves and/or with the support of their family
- Be respectful and non-judgmental (accepting) at all times
- Use clear language
- Respect and maintain confidentiality and privacy. This is important because of stigma
- Provide information to the person on their mental health status in terms they can understand

As a PHC provider, the principles of care apply at three levels of basic helping skills:

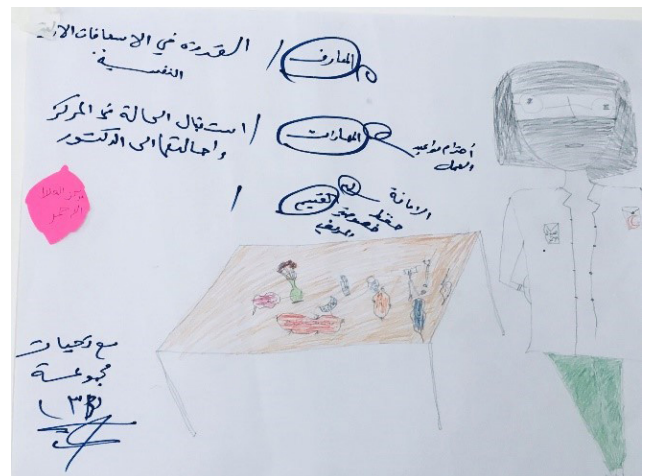
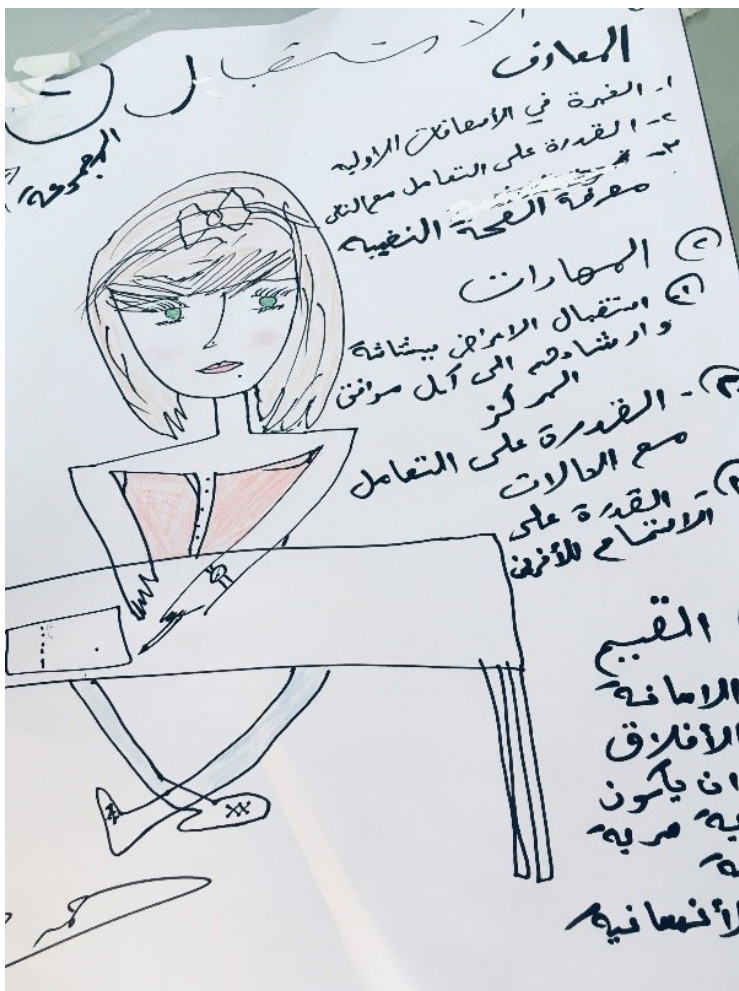
- Your attitude: how you show respect, not being judgmental, being honest and empathic and respecting individuals' privacy, dignity and confidentiality
- Your listening and observing: how you listen carefully and notice the non-verbal communication
- Your communicating: showing understanding of how individuals feel and think, using simple, concise and clear language and summarizing what the person says

These verbal and non-verbal communication skills are used to build a healthy and trustful relationship between the care provider and the care receiver for their support and comfort. They include: communicating concerns and showing empathy, praising openness, validating and normalizing feelings, being non-judgmental and putting aside one's personal values and opinions and not giving direct advice.

- Confidentiality is the key and means keeping everything (personal information and feelings) private between you and the patient who should be told about this at the time of consent (at the very beginning). As PHC staff, you need to offer the patient a safe space to express their worries and concerns.

10 WHO. *Principles for the protection of persons with mental illness and the improvement of mental health care*. General Assembly Resolution 46/119 of 17 December 1991

- However, there are limits to confidentiality: (1) when you understand that the patient has suicidal ideations or has made suicidal attempts, (2) when the patient may harm someone, (3) when there is any harm towards a child or (4) when the patient is at risk from others. When the confidentiality needs to be broken, always inform the patient that you are going to talk to your supervisor. You can say "I am really concerned about your safety right now and I think we can better support you if I contact my supervisor on what might be the best action we could take".¹¹ Family members cannot be told anything about the patient or the session without the permission of the person concerned.



YRCS PHC participant's drawings. Training, July 2019

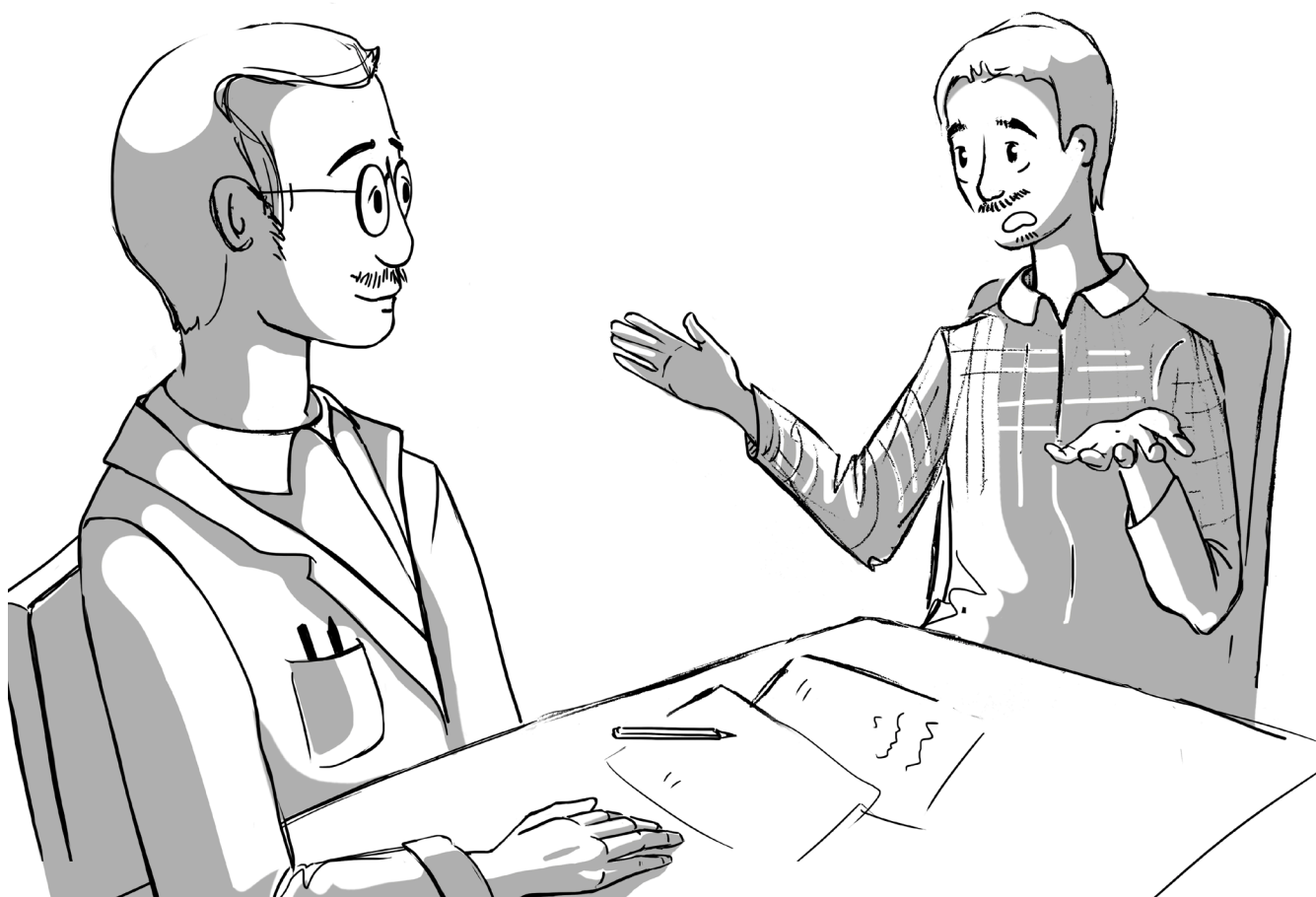
Supportive communication and active listening

Supportive communication involves active listening, a structured way of listening to patients and responding to them. The attention is focused on them to understand what they are sharing with you regarding their mental health conditions. Establishing supportive communication and using active listening are important in your role as a primary health provider. Active listening is an important skill when dealing with individuals with mental health conditions.

There are three important components in active listening: (1) establishing communication and

building trust, (2) helping people feel calm and (3) maintaining privacy and confidentiality. You can do this through the following actions:

- Greet the person warmly and with respect
- Keep culturally appropriate eye contact. Remember that in Yemen excessive eye contact can be seen as culturally inappropriate, aggressive, or rude, as is nodding of your head
- Introduce yourself by name and position
- Take time for listening, especially in the first session
- Show empathy and calmly accept distressing behaviours and expressions such as crying
- Show interest and focus on what is being said and shared with you. Do not do other activities at the same time (e.g., looking at your phone or notebook)
- Allow the person to speak, listen to them and do not interrupt them
- Do not pressure the person to answer quickly and allow pauses. Some people (especially when they have a mental health problem) may need time to think in order to formulate their answers
- Repeat for confirmation to reduce the risks of misunderstandings and confusion. Ensure you have understood what has been said to you, by paraphrasing: "If I understood you well...", "If I understood you correctly...".
- Show interest and concern and if something is not clear, ask for more details without being intrusive



- Ask open questions “when, where, who, how, etc.” not just closed ones that require only a yes/no answer
- Be honest and do not give false promises
- Be sensitive to unexpressed feelings and look for clues in their body language (posture, facial expressions, eye contact) that may reveal how the person is feeling about what they are sharing with you.
- Use a soft and calm voice tone
- Remind the person that you are there to help
- Encourage the person to focus on their breathing and to breathe slowly when they look anxious or tense
- Remind them that they are safe, but only say this if it is true
- Offer the patient the option of speaking to you in private
- Never talk about other patients
- Never disclose information that has been shared with you, unless there is imminent harm to the person and people around them (refer back to Section 9 for clear instructions).

NOTE ABOUT BODY LANGUAGE

As a PHC provider, body language is an important component when interacting with someone with a mental health condition. Therefore, it is essential that you pay attention to:

- Distance and proximity: check if you are standing too close or too far away
- Posture: shows your interest in the person, e.g., keep your posture open and avoid crossing your arms
- Gestures: use appropriate eye contact, hand movements
- Silence: it can show interest or concern, but could also show disapproval
- Actions that show support for what the person is saying

AVOID POOR LISTENING HABITS – BAD EXAMPLES

Do NOT do the following:

- Look around the room and appear distracted
- Interrupt and prevent the patient from telling you their problem
- Change the subject frequently
- Pressure the patient to tell their problems
- Use judgmental language, e.g., "You should not have said this, you should have done that".
- Use many technical and complicated medical terms
- Talk about your own problems or tell the patient about someone else's problems
- Give false promises or false reassurances
- Use your phone when the patient is speaking confidentially.
- Criticize or speak harshly to patients, telling them how they should behave.

Chapter 4: Understanding stress reactions and coping with stress

Stress reactions

Stress is a normal response to a physical or emotional challenge (stressor) and occurs when demands are out of balance with resources for coping. Stress can be caused by any change (positive or negative like an exam, driving in traffic, losses, job interview, conflict at home, health condition, etc.). It is an ordinary feature of everyday life and can be positive when it makes a person perform optimally (e.g., in an exam). However, if it is not managed properly, it can seriously affect a person's health, working ability and private life. Stress is not a weakness and can affect anyone regardless of age or gender.

The stressor prompts the body to make physical and chemical adjustments in order to maintain the necessary physiological balance for survival. The body responds by mobilizing energy and resources to respond quickly. This reaction is an instinctive response that protects us from threats to survival. Physiological changes are part of the 'fight or flight' response, which prepares and energizes a person to confront or flee from danger. After the threat has passed or a change takes place, the 'alarm' signs disappear. The body is still aroused but is adapting to the change.

Therefore, following a crisis event (such as the current situation in Yemen), there are common signs of stress that are natural as a reaction to an abnormal situation. However, stress reactions may differ from one person to another, depending on the event, but also individual factors such as a person's life experience, age, gender, and personality traits and individual factors.

It is important to understand that even though people respond to crisis events in different ways and as mentioned above, some reactions differ from one person to another because some are 'natural' for some while for others they are a sign of distress. Suicidal ideations or suicide¹² attempts are clearly an indicator of extreme stress and people should not be left alone and referred to professional mental health services.

In the PHC centres, people with different signs of stress can come for consultations to seek help. The signs of stress can be:

- physical: fatigue, stomach pain, headaches, changes in appetite, tense muscles, rapid heartbeat, shallow breathing, sleeping problems
- cognitive: concentration and memory problems, racing thoughts, poor judgement
- emotional: feeling anxious, sad, frustrated, agitated or overwhelmed
- behavioural and social: aggressive behaviour, substance abuse, procrastinating and avoiding responsibilities, arguing with others, withdrawing from family and friends, inability to perform day to day tasks, increased conflicts at home or at work

Remember that:

Every individual is unique with a unique previous life experience and journey. Although individuals can

12 See IFRC Psychosocial reference centre publication on suicide prevention: Suicide prevention during COVID-19 – Psychosocial Support IFRC (pscentre.org)

have similar stories and backgrounds (loss, violence, displacement), it is important to always keep in mind that every individual can perceive their situation differently and have different experiences and coping strategies from the same stressful event. Remember that you have to adjust your response to each individual accordingly. This is part of treating all individuals with dignity and respect.

Severe signs of stress or distress

Most of the time, once the threat has been removed, the body returns to its relaxed condition. However, if the high level of stress remains, the energy to adapt runs out and exhaustion occurs which causes damage to a person's physical and emotional wellbeing.

Stressors and how stress affect people depend on many different factors, but these signs of stress usually disappear within a few weeks. However, some people develop more complex or severe reactions. They may need referral to specialized mental health services. Remember that people may also need referral for practical assistance, for example, food or shelter or basic health care.

Distressed people need professional mental health support when they:

- have not been able to sleep for several days and are confused and disorientated
- are so distressed that they are unable to function normally and care for themselves or their children by, for example, not eating or keeping clean, despite food and washrooms being available
- lose control over their behaviour and behave in an unpredictable or destructive manner
- threaten harm to themselves or others
- use drugs or alcohol excessively.

In addition, those living with a psychological disorder or who were taking medication prior to the recent situation of distress may also need continued professional mental health support.

Coping with stress

Most people have the ability to cope with adversity without developing diverse mental health consequences because, over time, the intensity of stress reactions will be diminished. Time, access to a supportive family, friends and community networks are the best supports for natural recovery. Coping is the process of adapting to the new situation and dealing with challenges. It also involves making efforts to solve problems or resolve difficult circumstances (when possible), thus managing ambiguity and day to day living. Spirituality can also help people in coping, seeking to minimize, reduce or tolerate the stress. Some coping strategies are healthy and others less so:

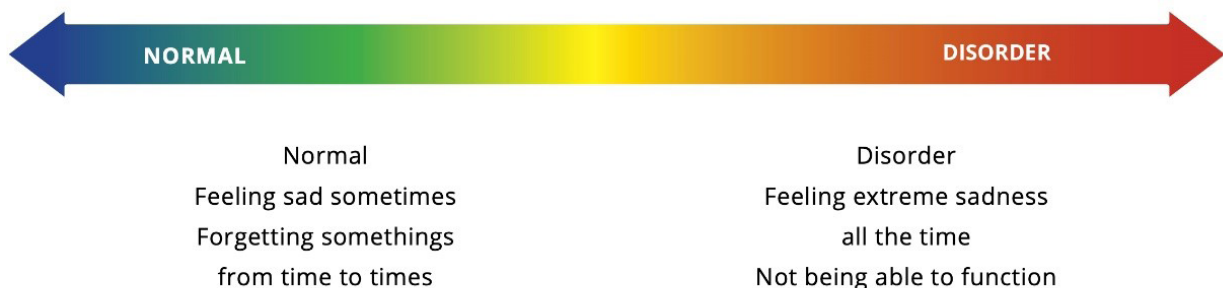
- Healthy coping behaviour includes reaching out to others for help, actively working to reduce one's stress, or trying to find a solution or eliminating the source of stress; effectively accepting things that cannot be changed and managing ambiguity
- Unhealthy coping behaviour includes ignoring signs of stress or denying its effect, avoiding the source of stress, going into isolation, letting frustration out on others, self-medicating, khat consumption, and taking other security and health risks in order to try to function normally.

Chapter 5: Understanding mental health conditions

From distress to mental health conditions

As a PHC provider, you should pay attention to some warning signs which are likely to indicate that a person is living with a mental health condition requiring specialized help. For example, when the patient:

- is in continuous distress more than half of the time and without long periods of relative calm or rest
- is not able to stop thinking about what happened, has intense intrusive memories, thoughts and images that are fearfully avoided, deeply upsetting or interfere with sleep
- seems unresponsive and or disoriented
- shows extreme social withdrawal and always avoids other people
- is suddenly smoking or chewing khat excessively for long hours in self-isolation or using tranquilizers or other drugs
- has impaired functioning in daily life activities
- is hypervigilant and unable to relax, and has difficulty in maintaining or initiating a discussion
- has more than one episode of panic attacks,¹³ terrifying nightmares, difficulty controlling violent impulses, rage, inability to concentrate on usual tasks
- feels as if the world is unreal, feels disconnected from their own body, is losing their sense of identity or taking on a new identity, has amnesia, feels numb
- has disabling anxiety: persistent worry, paralyzing nervousness, fear of losing control or going 'crazy'



If the normal body responses to stress do not return to the usual level for a prolonged period of time, this can lead to a mental health condition.

¹³ Panic attacks are sudden periods of intense fear that may include palpitations, sweating, shaking, shortness of breath, numbness, or a feeling of impending doom

Psychosocial problems leading to mental health conditions

According to WHO, in emergencies and humanitarian contexts, there are several psychosocial problems that can lead to mental health conditions:

- Malnutrition, especially in children and pregnant women leading to physical, cognitive and motor developmental problems that can be permanent
- Lack of activity or income, leading to boredom, depression, conflicts, gambling, khat consumption, alcohol and substance use, or risky behaviours
- Substance use leading to family and communal violence
- Loss of usual developmental opportunities like completing school term, marriage, pregnancy, university graduation etc.
- Lack of privacy for women, girls, married couples, elderly and disabled persons leading to despair, abuse, health problems etc.

Mental health conditions

Everyone experiences stress or distress during a crisis event or under challenging circumstance, but mental health conditions are distinct from these as these problems last for a long time, and this affects people's ability to function on a day-to-day basis. A person can experience one or more mental health conditions at the same time.

Mental health conditions:

- are a comprehensive range of problems that can have different expressions
- impair a person's day-to-day functioning
- can affect anyone (regardless of age, sex, socio-economic status, gender)
- can be treated
- can be at an emotional, behavioural, cognitive or social level
- can also be a combination of different levels at the same time
- are determined by many factors including: genetic and biological factors, such as imbalances in chemicals in the brain, lack of nutrients (starvation/malnutrition); social factors such as stigma, discrimination, poverty and isolation; psychological factors related to severe stress, abuse, and trauma
- are not contagious
- are as important as other health problems
- are linked to physical health, daily functioning and productivity
- can be addressed at the community level through support and services
- mostly do not require clinical or specialized interventions

Mental health problems you might see in PHC

Here are some examples you might see at your level and that might require special attention:

- A new mother refuses to interact with her baby and always cries when she holds it. She tells you the newborn has no appetite, refuses to be breastfed and is losing weight
- A newly internally displaced person cannot sleep in the temporary shelter, and at night time has suicidal ideations (thoughts about suicide).
- A patient consults you several times because they feel a heavy pain in their heart, but as a doctor you cannot find anything wrong, but the patient insists on seeing another doctor because they are afraid of getting a heart attack
- A patient tells you that every time they are alone, they start crying and say they feel like they are going to die from an anxiety attack
- A patient who does not have any (obvious) physical health condition has lost eight kgs in one month from loss of appetite and extreme sadness
- For six months the patient has increased their khat consumption and cannot sleep anymore
- A patient feels anxious because their brother talks alone at night and says that he sees someone calling him

Common mental health, neurological and substance use conditions

The following common mental health conditions in any conflict setting have been identified by WHO:¹⁴

- **Epilepsy or seizures:** A person with epilepsy or seizures has at least two episodes of seizures not provoked by any apparent cause such as fever, infection, injury or substance abuse withdrawal. These episodes are characterized by loss of consciousness with shaking of the limbs and sometimes associated with physical injuries, bowel/bladder incontinence and tongue biting.
- **Alcohol or other substance use disorder:** A person with this disorder seeks to consume alcohol, khat (or other addictive substances) on a daily basis and has difficulties controlling consumption. Personal relationships, work performance and physical health often deteriorate. The person continues consuming addictive substances despite these problems.
- **Intellectual disability:** The person has very low intelligence relative to their age, causing problems in daily living. As a child, this person is slow in learning to speak. As an adult, they can work if tasks are simple. They will usually not be able to live independently without support from others. When severe, they may have difficulties speaking and understanding others and may require constant assistance.
- **Psychotic disorder:** The person may hear or see things that are not real or strongly believe things that are not true. The person may talk to themselves; their speech may be confused or incoherent, and their appearance unusual. They may neglect their bodily hygiene, bathing etc. Alternatively, they may go through phases of being extremely happy, irritable, energetic, talkative and reckless. Their behaviour is considered 'mad' or highly bizarre by other people from the same culture.

- Severe depression: The person's daily normal functioning is obviously impaired for more than two weeks due to overwhelming sadness/apathy, high and uncontrollable anxiety and fear. Personal relationships, appetite, sleep and concentration are often affected. They might be unable to initiate or maintain conversations. They might complain of severe fatigue and be socially withdrawn, often staying in bed for much of the day. Suicidal thinking is common.
- Medically unexplained somatic complaints: The category covers any somatic and physical complaint that does not have an apparent organic cause after conducting necessary physical examinations that do not show any physical cause.

Chapter 6: Care practices in maternal, newborn and child health

As PHC staff, this module will enable you to support infants under 24 months and women during pregnancy and after delivery, through psychosocial care practices. Care practices are:

“the behaviours and practices of a caregiver that provides food, stimulation and emotional support which are necessary for the child development and wellbeing. These practices translate food security and health care into a child’s well-being. Not only the practices themselves, but also the way they are performed (with affection and with responsiveness to children) are critical to children’s survival, growth and development. It is impossible for caregivers to provide this care without sufficient resources, such as time and energy.” (Engel, 2000)

In emergency contexts, six care practices have been identified by international standards (UNICEF, Action Contre la Faim, WHO) and they include:

- Care for women - During pregnancy and breastfeeding, reproductive and mental health, workload and education
- Breastfeeding and feeding practices - Exclusive breastfeeding, weaning, complementary food, active feeding practices, adaptation to the family's feeding practices
- Psychosocial care - Adaptation to the developmental steps of the child, attention, affection, autonomy, encouragement of exploration and learning, protection against violence and harmful practices
- Hygiene practices - Personal and home hygiene
- Meal preparation and conservation - Mode of preparation, food storage and hygiene
- Home health practices - Home management of illnesses, utilisation of services, home based protection

In this module, we will only focus on the first three care practices (care for women, breastfeeding and feeding practices and psychosocial care).

Psychosocial aspects of pregnancy

The mother-child relationship starts during pregnancy where they bond and interact. The baby hears the mother’s voice, her heartbeat and feels her emotional condition. The pregnant woman can feel her baby moving and its position touching her belly. That is why it is very important to pay attention to the feelings and emotional experience of a pregnant woman.

Many expectant women (especially if they are in good health and with strong family support) find deep emotional satisfaction in their pregnancy. They feel happy and this can be seen in their faces and general health. After the delivery, internal and external emotions change rapidly and very often. The relationship with the family and the husband can change as well. This can impact women’s feelings and make her worried about all the changes that might occur.

However, in emergency contexts, the pregnancy is often a period full of emotional conflicts that can trouble the woman and family members, causing her to feel worried, tired, insecure or in doubt. Pregnancies in times of conflict exacerbate stress and anxiety and limit the capacity of a woman to

relax as she may only focus on her fears, the most common are the fear of delivering a sick child, loneliness during the pregnancy and feeling that nobody understands her fears and supports her.

How to provide support to pregnant women

- Support them to try as much as possible to avoid isolation and get support from family to share feelings and emotions
- Advise them to have a sleep rhythm (although it can be difficult) and to adapt nutrition habits and balance their daily intake
- Sensitize them on how to avoid heavy workloads
- Help them to identify the new changes occurring in their lives and how to adjust to this new reality, although these changes can be difficult to accept
- Teach them how to organize their daily work in different ways from before
- Reassure them about the fears they might have and that it is a common reaction to a new situation
- Encourage them and help the family members to encourage them to take care of themselves, physically and emotionally. This includes pre-natal visits, personal hygiene and having a clean environment, moderate physical exercise like walking and getting enough rest every day.
- Give practical advice, for example, “When you are lying down the baby gets more space and likes to move. You have to make sure you lie down during the day to rest your body and let the baby play on your stomach”.
- Advise them to avoid taking medicines without medical advice, smoking, chewing khat, lifting heavy weights and eating unsafe food (i.e. raw or expired food).

Psychosocial aspects of breastfeeding

It is important to be able to support pregnant and lactating women in adopting good and healthy feeding practices for their infants and young children from birth up to 24 months of age.

Breastfeeding is the best practice for the healthy and psychological growth and development of infants:

- Infants should be exclusively breastfed, i.e., given only breast milk, and no other liquids or solids for the first six months of life to achieve optimal growth, development and health.
- After six months of age, all babies require other foods to complement breast milk. However, when complementary feeding is introduced, breastfeeding should continue until two years of age.

Advantages of breastfeeding

Health

Breast milk is important as it protects babies' and mothers' health as it contains white blood cells and several anti-infective factors that help to protect against infections.

Psychosocial aspects

In addition to providing optimal nutrition and immunological protection, breastfeeding also represents an excellent way to create and reinforce early attachment or bonding between mother and child. A lactating mother can interact and bond when providing care and feeding to her newborn. Therefore, breastfeeding helps the mother to form a very close emotional relationship.

During emergency situations

During emergency situations, the access to food, and the quality and quantity of it might be lacking, that is why breastfeeding should be encouraged and increased to provide the newborn's nutritional needs, as breast milk is the safest way to feed a newborn and it is cost-free.

How to provide support for lactating women

- Encourage midwives or traditional birth attendants (TBAs) to place the infant on the mother's breast within the first hour after delivery.
- Reassure the mothers that breastfeeding a newborn is a complex process not a simple automatic one because some newborns can have more difficulties in suckling than others.
- Support the mothers who have difficulties in breastfeeding by telling them that it does not only rely on physiological factors, it can take time and be difficult for some newborns and mothers
- Explain to mothers that there are various factors that can influence breastfeeding and the relationship between the mother and the newborn; some factors relate to the experience of the pregnancy and others to physical or psychological factors, cultural beliefs, etc.
- Make the mother understand that some newborns are more active and initiate interaction with the caregivers and others less. Mothers have to keep in mind the child's uniqueness and that it cannot be compared with siblings. Each newborn has different needs and different demands.

How to provide support during feeding time in cases of malnutrition

Malnourished children need more care and encouragement during feeding time. Parents and caregivers need self-confidence, knowledge, resources and time to reinforce the treatment in an efficient way, to prevent relapse, to avoid defaulting and to reinforce the mother/caregiver and infant relationship.

Here are some tips you can provide to support mothers and caregivers:

- Mothers and caregivers should be encouraged to take the time needed when breastfeeding or feeding their children. Children's rhythms should be respected during feeding times; feeding should not be forced. A quiet and secure environment has a positive impact on the child's food intake.
- Mothers and caregivers must communicate - interact and give encouragement and verbal support to the child during feeding time.
- Reinforce the relationship between the child and mother/caregiver by interacting, looking at, touching, smiling at, and cuddling the child. This will also help to prevent relapse and malnutrition.

- Reinforcement for the mothers/caregivers to gain self-confidence in their roles. Supporting them by positively emphasizing what they are doing and their involvement in taking care of the malnourished child.

KEEP IN MIND THAT:

- In an emergency context as in Yemen, lactating women might need more support in breastfeeding and in the relationship with their newborn. It is important to discuss the mother's difficulties and to help them to recognize the uniqueness of their child by underlying the positive aspects like the newborn's capacities, skills, and way to interact with the environment, but also recognizing the aspects that can be more difficult to handle.
- During the breastfeeding times, babies should be encouraged and stimulated; this is known as 'responsive feeding'.
- The PHC team (nurses, midwives or medical doctors) as well as community outreach volunteers or TBAs have to listen to the mother's emotional complaints and provide adequate support for those who experience insufficient milk flow and require more support.

The psychosocial aspects of the weaning process

The weaning process occurs when the breastfeeding is totally stopped, and the child is only provided with solid food. Breastfeeding creates a close and dependent relationship between the newborn and the mother and weaning can be experienced by the child as a separation from the mother. This process is crucial in the child's development and growth, that is why weaning should be done in an appropriate and non-intrusive way to prevent psychological harm and exposing the child to malnutrition or any other health related issues.

How to provide support during the weaning process:

Support the mother during the weaning process and the introduction of the complementary feeding phase to avoid any sudden interruption of feeding. Encourage mothers to talk to their babies and to explain to them that now they have both reached the stage of decreasing breastfeeding and the baby can now start step by step eating solid meals. It may be difficult to persuade mothers to do this because, in some cultures, caregivers think that babies do not understand anything, and we should not talk to them.

Childcare practices

- Newborns need a secure environment for their optimum and growth and development. They also have emotional and psychological needs, such as the need for love, care, guidance and attention in addition to physical needs.
- Babies need to have a stable, interactive and warm relationship with their caregivers, physical protection and security within a stable family, community and social environment, structures and boundaries where the infant feels confident, and positive reinforcement when learning or

interacting with the environment.

- Children with stressed or emotionally disturbed mothers face a greater risk of malnutrition and delayed growth and the risk of infant mortality increases because they will be interacting less with the mother and receive less feeding and stimulation. That is why it is important to support women after delivery.
- A lack of psychosocial stimulation has a big impact on children's development (cognitive, motor, language) and mental health.
- The first two years of life are critical. Nutritional and psychosocial deficits during this time period can result in lifelong impairment and disability.

How to provide support and psychosocial care

Support caregivers on how to stimulate and respect the child in its development stages

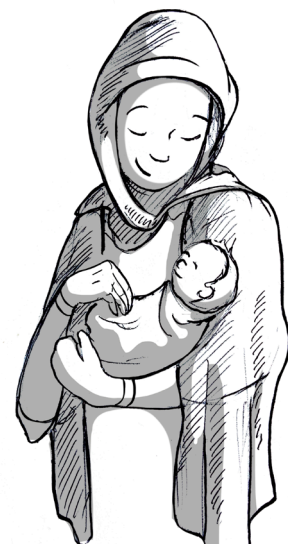
- Encourage caregivers to adjust their behaviours to the child's development level by providing opportunities to learn and explore the environment, showing the child interest, attention and affection
- Raise caregivers' awareness to the fact that the child starts to develop the five senses during the pregnancy and is sensitive to the mother's emotions.

Child development is divided into five domains:

- Motor development - the development of the 'physical' body
- Language development - the development of the capacity to communicate
- Cognitive development - the development of the intellectual capacities
- Affective development - the development of the emotions and the personality
- Social development - the development of social interactions with others and with the environment

The first contact with the newborn/early attachment

- The newborn establishes the first contact through hearing the mother's/caregiver's heartbeat when held in their arms.
- Newborns react to external stimulations with attention.
- Holding a baby close is important and helps to calm the crying. It is also a way for the parents to bond with their babies and the babies to feel secure with the transition phase (from intra-uterine life to the external environment).



Provide support on how to hold the baby:

Support mothers and caregivers on how to hold their babies by placing their hands under the babies' neck and head before picking them up. You can show them the different positions on how to hold a newborn:

Cradle: Turn the baby on their back with their head against your elbow, providing support for their back with your free arm.

Over the shoulder: Rest the baby against your shoulder, with your hand on their neck and head for support.

Show mothers and caregivers the 'Kangaroo mother care' technique, a skin-to-skin technique between the newborn and the mother that has many benefits, especially for premature newborns. It is highly advised that this technique is applied just after delivery. The baby is placed between the mother's breasts in an upright position, chest to chest. The newborn is secured with a binder. The head is turned to one side in a slightly extended position. The top of the binder is just under the baby's ear. This slightly extended head position keeps the airway open and allows eye-to-eye contact between the mother and the baby. Forward flexion and hyperextension of the head must be avoided. The baby's hips should be flexed and extended in a 'frog' position; and the arms should also be flexed. It is also beneficial for the newborn to have skin to skin contact with his/her father.

Skin to skin contact between newborn and caregiver (also referred to as kangaroo method):



CHAPTER 7: Mental health disorders and how to provide psycho-education

Psychoeducation on depression

Fathi is 32 years old. He is married and a father of a young baby girl. He used to come to the health centre for regular monitoring of his diabetes. Fathi is a pleasant person and used to smile and initiate conversation. Today, he could not maintain any discussion with you and was complaining of severe fatigue. The medical check-up is alright, but he seemed withdrawn. He mentioned that he has been struggling with daily tasks for more than two weeks due to overwhelming sadness and he has uncontrollable fears. He also shared with you that he often stays in bed for much of the day and his appetite, sleep and concentration are affected.

Fathi is probably going through a depression.

What is depression?

Depression is a mood disorder and may be described as feeling sad, unhappy or down. These feelings can interfere with everyday life functioning (e.g., not being able to wake in the morning to go to work, losing interest in personal hygiene, etc.). Most of us can feel this way at one time or another for short periods of our lives. However, if these signs last for an extended period of time, it can be a sign of clinical depression.

As primary health provider, your role is not to diagnose clinical depression or to rank it in terms of severity (severe, moderate or mild) but to be able to identify signs of depression, provide basic information and psycho-education to the patient and refer him/her to a psychiatrist in order to treat the depression.

Signs of depression:

- Changes in sleeping patterns: excessive sleeping or sleeping difficulties
- Changes in appetite: excessive eating or losing appetite; often it is also accompanied by weight loss or gain
- Feeling tired most of the time, fatigue and lack of energy
- Difficulties concentrating or short-term memory loss
- Withdrawal and loss of interest or lack of pleasure from usual daily activities or from activities that normally make the person happy
- Inactivity and isolation
- Feeling of worthlessness, self-hate, self-anger and low self-esteem
- Feeling helpless and hopeless
- Low mood, feeling sad most of the time

- Extreme feeling of grief or loss

Suicide ideations (thinking about or planning a suicide) - in this case urgent measures should be taken.

Signs of depression in children (or adolescents) may be different from those in adults. Some indicators can help to identify depressed children like changes in school performance, sleep and behaviour. As PHC staff, you might need to get more information from the parents or caregivers.

Common causes of depression:

There are different factors that cause depression:

- Even if there is no family background of depression to make a patient likely to develop it, stressful events like the current situation in Yemen can trigger the onset of a depressive experience
- Depression can also be brought on by chronic stress, loss or death of a loved one or the loss of property leading to displacement, as is the case in Yemen
- Traumatic events like abuse during childhood or being a victim or witness of violence, divorce, failing a class, etc.
- Medical conditions or nutritional deficiencies. During pregnancy or after delivery, women can have a short episode of depression
- Workload pressure at home, school or work that can lead to sleeping problems and depression
- Social exclusion or isolation

Post-natal depression:

Post-natal depression is a type of depression that many parents experience after having a baby. It's a common problem, affecting many women within a year of giving birth. It can also affect fathers. Many parents do not realise they have postnatal depression, because it can develop gradually. It's important to encourage parents to seek help as soon as possible if you think a parent might be depressed, as these symptoms could last months or get worse and have a significant impact on both parents, baby and family. With the right support most parents make a full recovery. Many women feel a bit down, tearful or anxious in the first two weeks after giving birth. This is so common that it's considered normal. If symptoms last longer or start later, it could be a sign of post-natal depression.

Signs that a mother or father may have post-natal depression include:

- a persistent feeling of sadness and low mood
- lack of enjoyment and loss of interest in the wider world
- lack of energy and feeling tired all the time
- trouble sleeping at night and feeling sleepy during the day
- difficulty bonding with the baby
- withdrawing from contact with other people
- problems concentrating and making decisions
- frightening thoughts – for example, about hurting the baby

There are misguided ideas that depression is more common in women than men and depression is more common during teen years. Depression can occur at any age and for any gender. Men seem to seek help for feelings of depression less often than women.

Self-care strategies for patients with signs of depression:

- Exercise regularly – three times a week walk for 30 minutes
- Get enough sleep – seven hours at least, keep the phone away from you
- Try as much as you can to follow a healthy and nutritious diet. Eat something daily and try to make it as varied as possible
- Try to get involved in activities that make you happy
- Spend time as much as you can with friends and family
- Avoid drugs (including khat) and alcohol
- Reach out to people you trust for support or seek help at the PHC

Please follow this link if you want to learn more on how to provide psycho-education on psychosocial stressors, grief, Attention Deficit Hyperactivity Disorder (ADHD), conduct disorder, dementia, epilepsy, enuresis, postpartum depression and other significant mental health complaints. The booklets, produced by International Medical Corps, are available in both English and Arabic.

<https://www.mhinnovation.net/imc-2019-mental-health-awareness-and-psychoeducation-booklets>

To test your understanding after you read this guide, here is a quiz:

ARE THE FOLLOWING STATEMENTS TRUE OR FALSE?

- People affected by mental illness are generally poor and less intelligent
- People can become more anxious because of the area where they live
- Nothing can be done to a person suffering from mental disorder
- Post-natal depression is not a real disorder even though some women say they feel very sad, anxious and exhausted after birth
- Integration of mental health care in primary care services is important in ensuring accessible, affordable and acceptable services to people with mental health problems and their families
- Depression can lead to death
- After you read this guide, you will have basic knowledge about mental health and be able to prescribe psychotropic drugs to treat some mental disorders
- Mental disorders are caused by possessions or evil spirits
- Mental disorders are common and can affect people of all ages, genders and backgrounds
- Mental disorders are contagious

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Psychosocial Centre

IFRC Reference Centre for Psychosocial Support
c/o Danish Red Cross
Blegdamsvej 27
2100 Copenhagen Ø
www.pscentre.org
psychosocial.centre@ifrc.org
Twitter: @IFRC_PS_Centre
Facebook: www.facebook.com/Psychosocial.Center