Box 1 Case study on mental health and psychosocial support in humanitarian emergencies: experiences from Libya

Decades of neglect and the 2011 conflict left Libya's mental health system with only 12 psychiatrists. Libya's services had been highly centralized in psychiatric hospitals in the main urban centres of Tripoli and Benghazi, and the country did not have a postgraduate training programme in mental health. During 2011, hundreds of Libyans with war-related symptoms or pre-existing mental disorders aggravated by the emergency flocked to the few existing mental health facilities seeking treatment from a system that was unable to cope.

A new mental health programme led by the Libyan Ministry of Health and the Libyan National Centre for Disease Control, and supported by WHO, aimed to transform Libya's institution-based and centralized approach to mental health care into to a decentralized and community-based approach. The goal was to make mental health services available to the most remote and underserved areas of the country through capacity-building of professionals of many disciplines. This included a diploma course for general practitioners in primary mental health care and a diploma course for psychologists in psychotherapeutic interventions. Candidates for the two intensive training programmes were selected from underserved areas.

The programme led to the creation of multidisciplinary teams that provided services in geographical locations where no mental health services existed. Specialists were assigned to Ministry of Health mobile teams to support and supervise these new services. Hundreds of service users have been using outpatient multidisciplinary services every month. In 2013 the programme trained psychiatrists, nurses, social workers, volunteers and programme managers. It also ran advocacy campaigns to raise awareness about mental health among the public and professionals, in order to combat stigma and facilitate the introduction of the new community-based services to different geographical areas. Long-term training programmes have been designed and will be implemented to establish the first locally graduated Libyan psychiatrists (*18*).

In 2014, the political and security situation in Libya markedly deteriorated, which disrupted many training activities and compromised the presence of international organizations in the country. However, despite the political upheaval, some of the recently trained local professionals in Libya started to provide services in new locations in 2014. The first community mental health centre in Kufra opened in the south of the country and new mental health clinics were established in the cities of Ajdabya and Zawia. Service provision in these new mental health facilities is provided by multidisciplinary teams of Libyan professionals, who have continued, against the odds, to provide services for the people of their country.

Box 2 Case study of reorganization of mental health services in humanitarian settings from Jordan

The influx of displaced, war-affected Iraqis into Jordan has drawn substantial mental health support from aid agencies and short-term humanitarian funds from donors. Within this context, the Ministry of Health of Jordan and WHO initiated a mental health programme in 2008 to provide community-based mental health care to Iraqis and Jordanians, through the adoption of a comprehensive, multidisciplinary, biopsychosocial approach (*16*).

Collaboration with a range of stakeholders, led by the Ministry of Public Health, has been key towards the setting up of integrated mental health services. Jordan was one of the first countries to pilot the Mental Health Gap Action Programme (mhGAP). So far, approximately 90 general health workers at 21 primary health-care centres in three governorates (four cities) have been trained on the mhGAP base course, and continue to receive monthly supervision and follow-up. Four community mental health centres (outpatient centres) in Amman, Irbid and Ma'an—staffed by multidisciplinary teams including psychiatrists, psychologists, social workers and nurses—provide comprehensive care in the community. A model acute inpatient unit was set up at the National Centre for Mental Health which has led to three further mental health inpatient units at King Abdullah Hospital (Irbid), Jordan University Hospital (Amman) and Ma'an Governmental Hospital (Ma'an). The first organization representing mental health service users and their families (Our Step Association) is dedicated to supporting people with mental health problems through advocacy, awareness, fighting stigma and promoting mental health and human rights in the community. The Association works closely with WHO and the Jordanian Ministry of Health outpatient centres to provide vocational, rehabilitation, educational and recreational activities to its members. In 2013, the Association started using the WHO Quality Rights Toolkit to provide support to improving the rights of service users at facilities (*17*).

The plans are to scale up the integration of mental health in primary health care through the implementation of mhGAP in three governorates (Ma'an, Tafilah, Zarqa) and to establish inpatient and outpatient mental health units in Zarqa.

For further information see the following: the chapter on Jordan in the WHO's 2013 publication Building back better: sustainable mental health care after emergencies (*16*); YouTube videos on Mental health reform in Jordan (*18,19*); and the WHO MiNDbank database of resources for Jordan (*20*).