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From the editor: the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, from discussion to implementation

The topic of this special issue - *'guidelines'*, does not usually make hearts beat faster. So, what made these guidelines so special that the editors of *Intervention* invited nearly 50 authors and co-authors to share their views and experiences?

Firstly, these guidelines were badly needed. The emerging field of mental health and psychosocial support (MHPSS) has been marked by sharp ideological differences and fierce, often unproductive, debates. This has had a bad impact on the work on the ground. I remember on a WHO mission in Northern Pakistan in November 2005, I was shocked by the lack of unity among stakeholders in our field. It seemed as if everyone was just trying to do whatever had crossed their minds. I saw a young European psychologist and her urban Pakistani translator attempting to do psychoanalytically informed individual psychotherapy with bewildered and heavily veiled Pasthun women in a tent on a crowded hospital ground. This may have been a well intentioned effort but was not inspired by the needs of the survivors. I heard how a psychiatrist from a Latin American country had been flown in as part of a medical response team, and could do nothing more than prescribing psychotropic drugs to people he could not understand. The issue of *'coordination'* had taken a lot of time for government officials

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and different UN agencies: who was supposed to take the lead, and in what? Should the health sector take the lead, or would it be better to allow MHPSS fall under the protection cluster to avoid medicalizing normal distress? It was clear to everyone that we needed a common framework that could direct the activities. The chairpersons of the taskforce that developed the guidelines, *Mike Wessells & Mark van Ommeren* describe, in the opening article of this special issue, how a lengthy consultative and highly participative process has led to professional consensus that would have been unthinkable just a few years ago.

Secondly, these guidelines are not just any guidelines. The fact that they are issued by the Inter-Agency Standing Committee (IASC), consisting of the heads of the UN organisations involved in relief efforts, implies that they cannot easily be dismissed as the work of *'some over-involved psycho guys'* and make the guidelines an authoritative document. It is a hopeful sign that the IASC found *'mental health and psychosocial support'* important enough to have its own guidelines. This is likely to help raise attention for MHPSS in emergencies.

Thirdly and finally, we believe that the impact of the guidelines will go beyond the emergency context for which they were developed. The process of formulating consensus in the field of mental health and psychosocial support has contributed tremendously to the unity and spirit among policy makers, researchers and practitioners alike. This is likely to have a significantly positive impact on how we shape interventions for mental health and psychosocial support in low and middle income countries in general. Moreover, the guidelines provide a framework, not only for action, but also for systematic collection of empirical data on what works and what does not. Several authors in this issue comment on the need to strengthen the evidence base of MHPSS interventions. The issuing of the guidelines does not end the quest for evidence, but will rather function as a rallying point for new research into the effectiveness of our work.

Discussion

Intervention has invited experts from various backgrounds to comment on the guidelines. Medical anthropologists *Sharon Abramowitz & Arthur Kleinman* praise the taskforce for highlighting the cultural and local experiences of suffering in humanitarian intervention, but point out the institutional cultures and structural inequalities in *'humanitarian enterprise'*. *Arancha Garcia del Soto*, who has broad experience with grass roots social movements in Latin America, emphasizes the need to design emergency programmes in ways that *'make sense'* to local populations, and reinforce existing resilient resources in the face of adversity. *Derrick Silove & Susan Rees* present a perspective from post conflict Timor Leste, where mental disorder accounted for a disproportionate amount of the disability in the community. A specialist community based clinical service was developed to provide care to patients with mental disorders in their home settings. Symptoms of posttraumatic stress were widespread, and often represented a normal survival reaction to life threat.

Florence Baingana, from Makerere University in Uganda, and *R. Srinivasa Murthy* from Bangalore, situate the guidelines within the perspective of general mental health care development in post conflict societies. The contribution of *David Benedek & Robert Ursano*, both leading experts in disaster mental health in the United States, suggest that the core principles and approaches outlined

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within the guidelines are also appropriate in highly industrialized, resource rich communities.

There are critical voices in this issue as well. *William Yule*, an eminent child psychiatrist from London and *Barbara Lopes Cardozo* from the Centers for Disease Control in Atlanta do not find the guidelines sufficiently *'evidence based'* and offer a passionate plea for using and creating such an evidence base. *Kenneth Miller & Gaithri Fernando* recommend ways to enhance the usefulness of large scale mental health and psychosocial assessments in settings of armed conflict and natural disaster. *Alastair Ager* reflects on what the professional consensus in the guidelines actually means: it represents a political achievement and forms a useful basis to gather a stronger evidence base. In their rebuttal to the comments, *Mark van Ommeren & Mike Wessells* focus on what is meant by minimum response, and what priority activities may be included as part of such a response.

Implementation

The second part of this issue focuses on the *implementation* of the guidelines in various settings. *G.Krishnakumar, S. Sivayokan & D. Somasundaram* describe how following the tsunami of 2004, a mechanism for coordinating psychosocial activities evolved organically in the Jaffna peninsula of Sri Lanka. The issuing of the guidelines in 2007 has prompted field trials in several countries. Many contributing authors describe how the guidelines have been used in Peru (*Miryam Rivera, et al.*), Colombia *(Carolina Echeverri & Jorge Castilla*), Jordan and Kenya (*Rebecca Horn & Alison Strang)* and Burundi (*Nathalie Nyamukeba & Herman Ndayisaba). Wendy Wheaton, Francis Alumai & Grace Onyango* present a training of trainers in Africa, meant to support a core group of resource persons for Africa on emergency psychosocial work.

We have also asked representatives of international organisations to describe how the guidelines have related to the work of their agencies: the Office of the UN High Commissioner for Refugees (UNHRC) (*Marian Schilperoord, Laura Buffoni & Wélla Kouyou)*, United Nations Population Fund (UNFPA) *(Takashi Izutsu & Henia Dakkak)*, the International Federation of the Red Cross and Red Crescent Societies (*Satyabrata Dash & Lene Christensen)* and the World Bank *(Pia Rockhold & Laura McDonald)*.

A major challenge is to make the guidelines accessible to community groups. People at the local level often have difficulty reading and comprehending the guidelines. *Joseph Prewitt Diaz & Anjana Dayal de Prewitt* describe how visual aids (pictures), were used to assist communities groups to work with the guidelines in post disaster settings in Latin America and South East Asia. *Kaz de Jong, Clair Mills & Kate Mackintosh* of Médecins Sans Frontières (MSF) Holland are positive about the content of the guidelines, but are worried that the operationalization within the context of major reforms of the humanitarian aid sector could become a threat for independent humanitarian action. Their contribution can be seen as a starting point for a debate on the humanitarian reforms.

In the concluding article, *Amanda Melville & Sabine Rakotomalala*, co-chairs of the current IASC reference group for mental health and psychosocial support in emergency settings, present the activities that are currently underway to implement the guidelines, and analyze the strengths and challenges of these implementation strategies.

Peter Ventevogel

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Special thanks from the Editorial board goes to UNICEF, IFRC and UNFPA for their financial support to increase the number of pages and the number of printed copies of this special issue of Intervention.

Two new members on the Editorial Board of *Intervention*

The Editorial Board of *Intervention* is very pleased to welcome two new members, Florence Baingana and Pau Pérez-Sales. We are sure their rich and diverse expertise will greatly benefit the journal.

Florence Baingana is a psychiatrist and public health specialist. From March 1996 - March 2000, she was the National Mental Health Coordinator, in the Ministry of Health of Uganda. In 2000, she was appointed Senior Public Health Specialist, Mental Health, at the World Bank in Washington DC, a function she held until June of 2006, when she returned to Uganda. She is currently a Research Fellow at Makerere University School of Public Health. Her areas of special interest are: mental health policy and planning in low and middle income countries, financing of mental health services, mental health and psychosocial disorders among conflict affected populations, and gender issues; including gender based violence and sexual and reproductive health and rights. One of her current passions is to strengthen public mental health education and research.

Pau Pérez-Sales (MD, PhD) is a psychiatrist who has worked in the field of psychosocial and community work, mental health and human rights since the nineteen eighties. He developed most of his work in Latin America, with grass root organizations and local human rights groups. He is the founder and coordinator of the Community Action Group, a resource center for Community Work, Mental Health and Human Rights (www.psicosocial.net) and coordinator of the Complex Trauma Unit at Hospital La Paz (Madrid). Dr Pérez-Sales has also actively worked with the truth commissions of Guatemala and Peru, and now provides international support to the National Movement of Victims (MOVICE) initiatives in Colombia. He is also the technical advisor for psychosocial programmes of Doctors of the World-Spain and the founder and president of the Human Rights Section of Spanish Association of Neuropsychiatry. Since 1997 he is the Director and a Professor of the Post-Doctoral Diploma *Mental Health in Political Violence and Catastrophes* at the Universidad Complutense de Madrid. He has been a visiting professor in universities in Chile, Colombia, El Salvador, Guatemala and Peru. Dr Pérez-Sales has authored eight books on psychosocial work in political violence, 16 chapters in edited or collective books, and 35 papers in leading national and international journals ranging from clinical to social psychiatry (some of them downloadable at www.pauperez.cat).

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