

Our approach to supporting those affected by conflict and crises is based on the following principles:

1 A Foundation in Global Guidelines and Best Practices

International Medical Corps is committed to following internationally accepted guidelines such as the Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings. International Medical Corps distributes and promotes those resources since not all local or international actors are aware of them, especially in the early phases of an emergency. Our staff has taken a leading role in advocacy and translation of IASC guidelines into local languages in various countries including after the March 2011 earthquake and tsunami in Japan and recent conflicts in Libya and other regions of the Middle East.

2 Active Contribution to Global MHPSS Tools and Documents

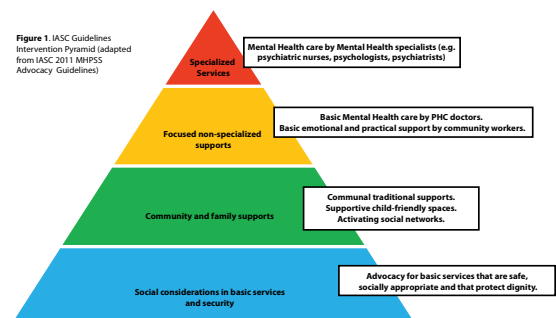
International Medical Corps has contributed to numerous international tools and documents such as IASC MHPSS Guidelines, Sphere, the WHO mhGAP guidelines for the integration of mental health into general health care, ICD-11 mental health classifications, the WHO MHPSS assessment toolkit and the WHO Psychological First Aid Guide for Field Workers. We are an active working group member of the IASC MHPSS Reference Group, and co-chair the working group on mental health in conflict and crisis of the Harvard Humanitarian Action Summit which published guidance on research and evaluation in humanitarian settings and on transitioning mental health programs from the emergency phase to development, contributing various examples of our programming.

3 Engagement in Mental Health Advocacy

International Medical Corps realizes the importance of including mental health and psychosocial support in relief programs and engages in advocacy with national governments and global actors. When working with local communities, we promote the rights of people with mental illness, fight stigma, and facilitate participation and mutual support of those affected. In 2011, International Medical Corps and WHO organized panels highlighting the need for integrated mental health services in humanitarian crises at Capitol Hill for US policy makers. At the Global Health Council, we submitted a statement on inclusion of mental health to the UN High Level Meeting on Non-Communicable Diseases and facilitated World Mental Health Day activities in various countries including Jordan and Libya.

4 Integrated Programs Along the Spectrum of Support

We do not create stand-alone mental health services which can be stigmatizing, inaccessible and unsustainable. Instead, we integrate our interventions with other services like health care and nutrition which makes them more holistic and accessible. International Medical Corps facilitates psychosocial support programs that involve the community in recovery and rebuilding. Training and service provision does not focus on isolated specific mental health problems such as "trauma" which is not consistent with global recommendations and leaves out the range of problems people might experience. Instead, International Medical Corps focuses on WHO and locally identified mental health priority conditions. This includes pre-existing and emergency-induced as well as common and severe mental disorders. We cover the entire spectrum of recommended mental health and psychosocial support, ranging from psychological first aid and community support, to mental health services for individuals needing specialized care (see Figure 1).



5 Building Sustainable Local Capacity

We cover immediate and long term MHPSS needs with the goal of sustainability. The global lack of mental health services and human resources means we begin our work in an environment with little- if any- existing capacity. We generally do not have foreigners provide direct mental health services since this practice is often unsustainable and may not be culturally sensitive. Instead, we assess and make use of existing health care infrastructure by working in collaboration with national governments and community leaders to train and supervise local staff. Starting in the emergency phase and building on this in the longer term, we work with local educational institutions on establishing mental health curricula.

6 Respecting Cultural Practices

Expressions of distress and mental health needs are shaped by local culture. Our programs are developed with guidance from local communities and stakeholders. Our materials are carefully adapted in collaboration with local counterparts to fit the cultural context and are taught by local staff. We also build positive collaborative relationships with informal community leaders and traditional healers.

7 Creating Innovative Solutions and Evaluating Outcomes

Technically sound tools and methods, assessment, evaluation and research components are integral to our programs. Our teams have conducted empirical research such as combining emergency feeding with Early Childhood Education to enhance mother-child interaction and maternal mood in Uganda or evaluating effects of home based psychosocial interventions for Iraqi refugees in the Middle East. We also have published our results in various reports and scientific journal publications (Contact below for listing).