



National Mental Health Symposium

Restoring Balance: the mutual reinforcement of mental well-being, peace and economic stability

Report



March 2019



European Union

HealthNet^{TPo}

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Acronyms

ARCS	Afghan Red Crescent Society
BHC	Basic Health Center
BPHS	Basic Package of Health Services
CHC	Comprehensive Health Center
CHW	Community Health Worker
EPHS	Essential Package of Hospital Services
EU	European Union
FPC	Family Protection Center
GAD	Generalized Anxiety Disorder
GBV	Gender Base Violence
GIHS	Ghazanfar Institute of Health Science
HIS	Health Information System
HSC	Health Sub Center
IAM	International Assistance Mission
IDP	Internal Displaced People
IOM	International Organization for Migration
IPSO	International Psychosocial Organization
MH	Mental Health
MHD	Mental health Department
MHT	Mobile Health Team
MoPH	Ministry of Public Health
NGO	Non-Governmental Organization
NMHS	National Mental Health Survey
PTSD	Post-Traumatic Stress Disorder
RH	Reproductive Health
RMNCH	Reproductive Maternal Newborn and Child Health
VBC	Value-Based Counseling
YHDO	Youth Health and Development Organization

Background

Mental health is a global issue, and many people suffer from mental problems around the world. It is estimated that 7.4% of the global burden of diseases, measured in disability-adjusted life years (DALYs), is attributable to mental and substance use disorders. A systematic review and meta-analysis conducted in 2015 on mortality in mental disorders and global burden implications has revealed that 14.3 % of deaths worldwide, or approximately eight million deaths each year, are attributed to mental disorders in the world. It is estimated that a 50 to 100 % increase in mental disorders occurs during emergency situations such as war, conflict, displacement, immigration, violence, flood and other disasters. It is also estimated that deaths can occur 10 years earlier due to a mental disorder reported around the world.

Many Afghans suffer from mental health symptoms and problems due to decades of war, political violence, instability and poverty. Studies on prevalence of mental health disorders in Afghanistan are quite few. However a number of studies have been conducted in both high income countries and low income countries and these studies have revealed that war and political violence are associated with high rates of mental health disorders and are also associated with risk of long-term mental health problems. The recent “National Mental Health Survey and Assessment – December 2018” revealed that the population of Afghanistan is very much exposed to traumatic events and psychosocial problems. One Afghan out of two is suffering from psychological distress and one out of five is impaired in his or her role because of his or her mental health. Afghan people are very much exposed to trauma and Post Traumatic Stress Disorders (PTSD) is frequent compared to the other disorders such as major depression disorders or generalized anxiety and the same applies to suicidal thoughts and attempts. The overall one year prevalence of depression reported is 4.86%; generalized anxiety reported is 2.78 %; PTSD is 5.34 %; misuse of substances is 8.22 %; suicide ideation 7.28 %; suicide attempt 3.96 % and suicide 3.43 %; and psychological distress is 47.72 %. Children also have a high level of symptoms but they are different from adults; the number suffering from emotional problems is 39%; conduct disorders are at 40.69 %; ADHD is at 15.47% and problems with peers is at 51.81%. In addition 11.5% of children are impaired in their daily roles by a mental health problem (National Mental Health Survey, 2018)

Mental Health is one of the key components in the existing framework of the Basic Package of Health Services (BPHS). The MoPH, along with support from donors, in particular European Union (EU), made remarkable progress in the field of Mental Health over the past fifteen years. For instance, integration of mental health and psychosocial care into BPHS (Basic Package of Health Services) and EPHS (Essential Package of Hospital Services), in 2003, was an important step to ensure that mental disorders and psychosocial problems are recognized and managed by primary healthcare personnel. While midwives provide basic psychosocial counselling in Basic Health Centers (BHCs), psychosocial counsellors provide advanced psychosocial counselling services in all comprehensive health centers (CHCs).

There are still a need for training other mental health professionals such as psychiatrists, psychiatric nurses, clinical psychologists and psychiatric social workers to reduce mental health stigma and violations of human rights; to improve quality of mental health services; to promote funding for mental health and psychosocial interventions; to improve supervision and monitoring of mental health services; to enhance community mental health approaches; to promote, advocate and raise awareness of mental health among public and communities, and to ensure appropriate interventions for communities suffering due to emergencies and emergency related consequences.

Introduction

This report describes the first ever National Mental Health Symposium, which was successfully convened by the Mental Health Department of the Ministry of Public Health and HealthNet TPO on 25th and 26th of March 2019 at the MoPH conference hall. Funded by European Union, the National Mental Health Symposium was an initiative by MoPH and HealthNet TPO aimed to reflect mental health achievements; donor contributions, in particular European Union; and challenges in mental health services. The aim was also to strengthen coordination among various stakeholders; promote research, awareness and advocacy; prioritize needs; and discuss future plans and actions. The National Mental Health Symposium also provided a forum for national and international organizations, institutions, universities, private sectors, and mental health professionals to collaborate across disciplines and share research findings utilizing evidence-based outcomes in order to improve mental health in Afghanistan.



Figure 1: Opening of national mental health symposium

Symposium theme

The National Mental Health Symposium was organized under the theme of “Restoring Balance: the mutual reinforcement of mental well-being, peace and economic stability”

Symposium objectives

The objectives of the National Mental Health Symposium, developed in view of national mental health strategy, are listed below:

- Identify and prioritize needs, and plan for action

- Increase awareness of mental health achievements, specifically EU contributions, and challenges in Afghanistan
- Promote mental health advocacy, research and education
- Decrease mental health stigma
- Improve dissemination of best practices, patient-centered care and outcomes

Activities included keynote speeches, panel discussions, expert presentations and questions and answer sessions.

Symposium thematic areas

1. Epidemiology of mental health in Afghanistan, mental health research, and contribution to policy and implementation
2. Treatment gaps in mental health and the impact of stigma, priorities of mental health including advocacy.
3. Mental Health in emergency settings and situations, including gender-based violence
4. Donors’ vision and perspective on mental health and funding.

On each thematic area, a panel discussion was conducted, where the experts thoroughly discussed each thematic area and provided comprehensive answers to audience questions. In addition, relevant to each thematic area, qualified mental health professionals presented new studies conducted by their organizations in Afghanistan, and discussed the evolution of mental health in developed countries to provide insight for professionals and experts to adopt the best practices and improve mental health services in the country.

Keynote Speakers

The symposium invited national and international eminent mental health professionals, MoPH high level authorities, donor representatives, and CEOs of International Non-government organizations as keynote speakers.

H.E. Diwa Samad, Deputy Minister of Public Health, talked about the achievements, challenges, commitment of MoPH and way forward. She said that MoPH has made remarkable achievements and progress in mental health. There are around 750 psychosocial counselors and more than 100 professional psychiatrists working in the health system, while this number was less than 10 people in 2003. She added that MoPH developed a suicide prevention policy and mental health strategy, and a national mental health survey completed in Afghanistan in 2018 which shows the need for mental health services enhancement, quality improvement and joint efforts with partners. She also recognized and appreciates the EU for their contributions in improving mental health services in Afghanistan, and HealthNet TPO for organizing the symposium and implementing several projects in order to improve mental health services in the country, and being a committed implementing partner of the MoPH.

Mr. Maurizio Cian, Head of Cooperation of EU Delegation, discussed EU support to MoPH and its contributions in improving mental health services in Afghanistan. He said that decades of war, conflict, drought, floods and other disasters have badly affected Afghans' mental health, and have contributed to PTSD, depression and other mental health disorders. Half of Afghans suffer from mental health related

problems. Drug addiction, low access to mental health care, insufficient professional staff and stigma are obstacles which need to be addressed. The EU is committed to supporting mental health relevant trainings and services which are included in BPHS and EPHS. Completed in 2018, the EU also funded the National Mental Health Survey which was the first large scale survey of mental health in Afghanistan.

Dr. Abdul Majeed Siddiqi, Head of Mission of HealthNet TPO Afghanistan, talked about the importance of mental health, role of NGOs in improving mental health services, and thanked the EU for the support and contributions for improving mental health services and also thanked MoPH/Mental Health department for their commitments and central role in integrating and improving mental health services. He said that with current limited financial resources, MoPH and relevant NGOs have made considerable achievements regarding mental health. There is one psychosocial counselor in each CHC and at least two clinical staff trained on mental health for each health facility in Afghanistan.” HMIS shows that the mental health related diagnosis and treatment trend has increased. However, the 2018 national mental health survey shows that the fragile political, social and economic situation resulted in increasing mental health problems in Afghanistan, which require further attention and efforts to address. He added that all relevant organizations that work in mental health should focus on quality of services. He emphasized that the MoPH and donors should increase budget for mental health relevant activities to provide large scale and quality services in this field.



Figure 2: Key note speakers (H.E. Diwa Samad, Deputy Minister of Public Health; Mr. Maurizio Cian, Head of Cooperation of EU Delegation; and Dr. Abdul Majeed Siddiqi, Head of Mission of HealthNet TPO Afghanistan)

Participants

Participants of the National Mental Health Symposium included high level officials of MoPH and other government entities, donor agencies, multilateral and bilateral organizations, national and international NGOs, lectures from medical universities, regional and provincial mental health focal points, renowned international and national mental health professionals, mental health association representatives, private sector representatives, and service users.



Figure 3: Participants of national mental health symposium from various governmental and non-governmental, national and international organizations

Mental Health Documentary Film

HealthNet TPO in coordination with Mental Health Department of MoPH and through funding from EU produced a short documentary film regarding mental health and psychosocial services in Afghanistan. The film significantly visualized promotion and improvement of mental health and psychosocial services in the past 15 years in Afghanistan. The film described various risk factors for mental health and well-being such as war, conflict, violence, natural and man-made disasters and others. The film also highlighted the “Psychosocial Training Project” which is being implemented by HealthNet TPO in 34 provinces of Afghanistan and funded by the EU. Through this project 327 psychosocial counselors, working in CHC, were trained through a one year intensive training program. In addition, hundreds of medical doctors and midwives working across the country have been trained in basic mental health. The film concluded by providing suggestions of beneficiaries on allocating more funds for mental health

services and also for upgrading the psychosocial training program to a two year course to fully address mental and psychosocial needs of the communities.



Figure 4: Snapshots of documentary film on promotion and improvement of mental health and psychosocial services in past 15 years in Afghanistan.

Presentations and Panel Discussions

Presentation - 1: Evolution of Psychiatry in France by Picture Preview

Presented by: Dr. Ahmad Sohail Faqiri, LORQUIN Psychiatry Hospital, France

The presentation discussed psychiatry progress in France and Europe. The presenter said that after World War I and II there were many mental health problems in Europe, there were preliminary health services for mental health problems and treatment procedures were risky for patients. But, after 1952 positive changes occurred in mental health filed, and now the remarkable portion of France health budget is dedicated for mental health. He added that Switzerland is the best country in the world which has more number of psychiatrists, while Mexico has the lowest number of psychiatrists in the world. He appreciated Afghanistan MoPH and its stakeholders' achievements in the field mental health. He said that they have an association in France (AMPSA) which could provide support for MoPH mental health department regarding capacity building and other technical areas.

Presentation - 2: Prevalence of Common Mental Disorder in Afghanistan

Presented by: Dr. Bashir Ahmad Sarwari, Mental Health Director, MoPH

This presentation was about results of national mental health survey which were conducted in 16 provinces in 8 zones in Afghanistan, and completed in 2018. This was the first national mental health survey conducted in Afghanistan, and the objective of this survey was to support the MoPH in obtaining comprehensive data about mental health disorders. This survey reveals that 47.72% people have psychosocial stress and distress, and 24.30% of them badly affected and their work and life quality impaired by mental health problems. The figures below show the prevalence of some common mental health disorders based on NMHS:

- Depression 4.86%
- GAD 2.78%
- PTSD 5.34%
- Non-psychotic special experience 27.58% (If do not care, this will change to mental disorders)

- Any substance addiction 8.22%

PTSD prevalence is higher than those countries which have the same context as Afghanistan. Further findings are as:

- 11.57% people seek care for mental health problems
- Mental health services are well organized and documented through health facilities
- People have access to health services (half of them in 30 minutes distance by feet, 35.5% in less than one hour distance, and 16.43% more than one hour distance)

The survey result shows that Afghan people are very much exposed to trauma & PTSD in contrast to other disorders such as clinically significant major depression disorders or generalized anxiety, which are at the rates that are usually reported in the literature in other countries. Following are some of national mental health survey recommendations:

- Provide basic mental health training at primary health care level
- Provide more diverse types of drugs to all health facilities
- Implement low cost and effective approaches for prevention and treatment such as psychosocial counseling
- Improve referral and follow up of patients among primary health care and specialized hospitals.
- Develop specific approaches for children, and planning should take place on provincial and regional level based on available resources
- Recognize mental health as a cross-cutting issue, and integrate it in the agenda and policies of reproductive health, child and adolescent health, education, gender, nutrition and other relevant governmental departments

Presentation - 3: Mental Health study in Injil and Zinda-Jan districts of Herat province

Presented by: Sayed Javid Sadat, International Assistance Mission

This presentation was about the study which was conducted in 2018, in two districts of Herat province. The objectives of the study were to identify the prevalence of mental health disorders in Injil, Zinda-Jan districts and Herat province, to find out practical information and baseline about PPSDs and their access to health, socioeconomic and family services, and to develop a mapping of different stakeholders for MH inclusion. As a total, 3066 households were screened, and the survey was completed in six months. Followings are main finding of this study:

- Only 1% of the people with psychosocial disability had ever accessed any mental health service
- Stigma is quite high toward mental health in targeted communities (22%)
- 13% of communities are violent toward PPSDs
- 62% of children experienced violence by parents
- 71% of the burden of mental health is female
- Media is the best way to sensitize people, 38% heard through media
- No community led groups to advocate for mental health
- 41% do not believe that mental health services can help them



Figure 5: Snapshots of presentations delivered in national mental health symposium

Panel Discussion – 1: Epidemiology of mental health in Afghanistan, mental health research, contribution to policy and implementation

Moderator: Dr. Bashir Ahmad Sarwari, Mental Health Director, MoPH

Members:

- Dr. Iftikhar Sadat, Research Department, MoPH
- Dr. Nader Alemi, Psychiatrist in Balkh Regional Hospital
- Dr. Qadim Mohammadi, Psychiatrist in Hirat Regional Hospital
- Dr. Khawaja, Psychiatrist in Kabul Mental Health Hospital

The panel members expressed their views about the subject of the panel discussion “epidemiology of mental health in Afghanistan, mental health research, contribution to policy and implementation”, and provided answers the moderator and audience questions. Followings are important highlights of the panel discussion

Dr. Qadim Mohammadi: A survey should be conducted to find prevalence of some usual mental disorders in Afghanistan such as mania, bipolar and schizophrenia. Data should be collected from most of the provinces in order to provide exact and reliable information.

In addition, that current mental health strategy mostly focused on psychopathology. There is not comprehensive guidance/interventions for those mental health problems, which do not have psychopathologic disorders such as simulation. IDPs, Immigration, Returnees, poverty and illiteracy aspects have not touched well in the current strategy. Lack of suitable place in health facilities and low number of professional staff are other challenges which seriously affect achievement of strategic objectives.

Dr. Nadir Alemi: All national or regional surveys should be coordinated with regional and provincial stakeholders and their thoughts should be incorporated for comprehensiveness of the surveys. Private sector data/information and their engagement in surveys will help us to provide more information regarding mental health, because they are extensively involved in this field. In next surveys, we should focus on convulsion disorder and bipolar which are more usual in Afghanistan.

In addition, to achieve mental health strategic objectives, we should work on public awareness through media, community dialogues, and other community base interventions.

Dr. Khawaja: Based on the information from Kabul Mental Health Hospital mental database, which was developed by HealthNet TPO, there are many cases of convulsions which need to be focused on their causes in the community and prisons.

Dr. Iftikhar Sadat: We should do researches to fulfill the information gaps. Which information required? What will be their effects on services quality and system enhancement? Do they fit with Afghanistan context? And are they applicable and effective? To answer these questions as a research department of MoPH, we will review all research proposals in mental health and we will provide our technical support. In addition, in next researches, we should focus to find reply for “Why?” Why depression, anxiety or convulsion cases are high? What are behavioral risk factors of mental health? Which factors cause mental health problems? What is relation of non-communicable diseases and mental health problems? Which intervention is cost effective?

Moreover, participants proposed to assign psychosocial counselors in other BPHS health facilities rather than CHC because they have role in public awareness raising and non-biological treatment of MH problems.

Presentation - 4: Prevalence of Suicidal Behavior in Afghanistan

Presented by: Dr. Shaqayeq Osman, Mental Health Department, MoPH

The purpose of this survey was to estimate prevalence of suicidal behavior in Afghanistan. This survey was a part of national mental health survey which conducted in 16 provinces, and completed in 2018. On national level, the data show that suicidal thoughts during life-time were 7.25% and during 12 months these thoughts are 2.26%. In addition, suicide plan during life-time was 3.96% and suicide attempt was 3.43%. This prevalence is high in southern zone comparing to the other zones. Reported suicidal thoughts are lower than what is reported in other countries, but suicidal attempts are higher. MoPH developed a national suicide prevention strategy 2018-2022, but still funding problem challenging MoPH for implementation of this strategy. This Strategy provides clear guidance for other sectorial ministries to prevent suicide accordingly.

Panel discussion - 2: Donors vision and perspective on mental health and funding

Moderator: *Dr. Farhard Fariwar, Head of Health Economy, MoPH*

Members:

- *Dr. Sefatullah Habib, EU representative*
- *Dr. Abdul Majeed Siddiq, Head of Mission, HealthNet TPO Afghanistan*
- *Dr. Ahmad Hashmat*

The panel members shared their views about the subject of the panel discussion “donors’ vision and perspective on mental health and funding”, and provided responses the moderator and participants questions. Followings are important highlights of the panel discussion.

Dr. Fariwar: Financial support of the government to health sector is 35%, and 65% spending through clients’ pocket. Afghan government promised to increase health and education annual budget (8-10%), which is not increased and we have to do advocacy for this to increase health budget on annual basis. To provide quality mental health services, we need budget, and the current budget for BPHS/EPHS is not adequate.

Dr. Sefatullah: EU has been working with MoPH to improve mental health services in Afghanistan. EU financially supported national mental health survey which was completed in 2018. EU also supported psychosocial training program which has been implemented by HealthNet TPO and IPSO. EU has planned to continue psychosocial counselors training through GIHS via on-budget, this will be institutional support to the governmental. MoPH shall conduct a mapping that how much budget required for vertical projects in mental health. Gap analysis and proper costing of BPHS budget to meet the needs. EU will follow government strategic priorities in mental health.

Dr. Abdul Majeed Siddiqi: Parallel (vertical) mental health programs should be integrated in BPHS. For provision of quality mental health services, MoPH should increase budget allocation for the mental health services. In some BPHS projects, per capita budget is 5 USD/Capita/year which is very limited budget and not sufficient to conduct quality health services. For instance, if we want to control malaria we should give bed net to eligible person which cost 5 USD/bed net. Thus, how we could provide other services with this budget? Before integration of each service into BPHS, we should consider the relevant service cost and increase BPHS budget accordingly. Without consideration of health services cost in BPHS/EPHS budgets, integration will be less effective.

Ahmad Hashmat: Now mental health services are integrated in BPHS/EPHS, and it is a cross-cutting issue which should consider in all relevant services. There was a concern previously that EU funded provinces having good mental health services than others, but now all provinces have the same resources and same services. Quality improvement of mental health services is required to be focused on.

Is there any benefit from government to people disabled because of mental health problem? Question raised by one of the participants. Dr. Abdul Majeed Siddiqi responded that HealthNet TPO provided some vocational training programs in Kabul Mental Health Hospital for hospitalized patients, but there is not a large scale national program for this kind of disabled people. Dr. Sarwari added that new disability law will include mental health related disabled people and they will be benefited accordingly.



Figure 6: Snapshots of panel discussions conducted during national mental health symposium

Presentation - 5: Treatment gap and access to mental health care in Afghanistan

Presented by: Dr. Zahid Sharifi, HealthNet TPO Afghanistan

This presentation was about a survey on “treatment gap and access to mental health care in Afghanistan” which was part of national mental health survey completed in 2018. Objective of this survey was to provide accurate and updated estimation of the prevalence of common mental health disorders including assessment/exploration of existing mental health care and gaps. The main findings of this survey were:

- 11.57% of the Afghan population has ever asked for help for mental health problems (MH Seeking behavior life time)

- The most frequent provider of support for people seeking help for mental health problems are health professionals, in both the public and private health facilities, followed by the community health worker, then the Mullah-Imam
- The health facilities are relatively well-organized and aware of mental health problems. They are documenting their monthly mental health activities and are able to provide data.
- Primary health centers are accessible. Half of them located at half an hour distance by walking, 35.5% less than one hour, while 16.43% remain more than an hour away
- The majority of people declared seeking help for depressive symptoms and anxiety, but traumatic events are not frequently part of their motives
- Depression is the most frequent type of problems reported followed by anxiety and “bizarre ideas”. However, PTSD and psychosis could be underreported due to misdiagnosis
- The survey highlighted the need for training on medical staff on correct medical diagnoses, pharmacotherapy and psychosocial support
- The quantity and diversity of drugs do not seem adequate. A substantial percentage of health facilities lack basic psychotropic drugs
- Half of the care is provided by private health facilities
- Mental health training plans are partially completed. 65% of the BHCs have at least one member trained in basic counseling and 71% of the CHCs have a person with advanced psychosocial training. Nevertheless, 30% still lack psychosocial counselors. Only 25% CHWs have basic mental health training.
- Lack of mental health training is as the most challenging barrier toward integration of mental health into the BPHS and EPHS. Moreover pharmacotherapy training is lacking in most public health facilities. Basic psychotropic drugs shortage, and lack of knowledge of medical staffs on administration and uses of psychotropic drugs
- Lack of space is mentioned as the first challenge to mental health access by 12% of the resources among them 17% of the CHCs
- Most of the facilities declared having referred patients to specialized psychiatric hospitals, but the opposite does not happen.

Followings are recommendations of the above-mentioned survey.

- Providing basic mental health training at primary care level
- Providing more various types of drugs at the different health facility levels with basic training for dispensing.
- Providing training on psychosocial treatments.
- Developing a comprehensive approach to the consequences of mental health trauma, among the PTSD.
- Developing specific approaches for children.
- Developing linkage between specialized mental health hospitals and public health facilities.

Panel discussion – 3: Treatment gaps in mental health and the impact of stigma, priorities of mental health including advocacy

Moderator: *Dr. Ehsan Darman, Regional Coordinator, HealthNet TPO Afghanistan*

Members:

- *Dr. Zelaikha Anwari, Head of Reproductive Health department, MoPH*
- *Dr. Alawi, MoPH*
- *Mr. Farhad Karimi, Head of Mental Health Services User Association*
- *Dr. Emily Allan, International Assistance Mission*

The panel members shared their views about the subject of the panel discussion “treatment gaps in mental health and impact of stigma, priorities of mental health including advocacy”, and provided answers to the moderator and participants questions. Followings are highlights of the panel discussion.

Dr. Zelaikha: Women and children are the vulnerable groups for mental health problems. In RMNCH policy mentioned that all those professionals who work in this field should train in mental health. Postpartum depression is very common in women which need professional intervention.

Dr. Alawi: War, violence and poverty badly affected children’s mental health. If we do not prevent violence against children, they will face with mental disorders. Mental health should be a cross-cutting issue and should be integrated in other health services. Child psychiatry to be included in post graduate program to provide quality mental health services for children.

Mr. Farhad Karimi: Public awareness is required on community level and still stigma is a big issue among mental patients.

Dr. Emily: Mental health services should be included in livelihood and gender programs, and we should get fund for gender to address mental health issues too. Globally accepted tools should utilize in all surveys to assess mental health situation. Furthermore, getting feedback from clients is required to collect and utilize for services quality improvement. Behavior change and stigma mitigation need user association efforts on community level to improve. 90% of trained psychosocial counselors hired in health facilities which improve mental health services access and most cases managed on health facility level.

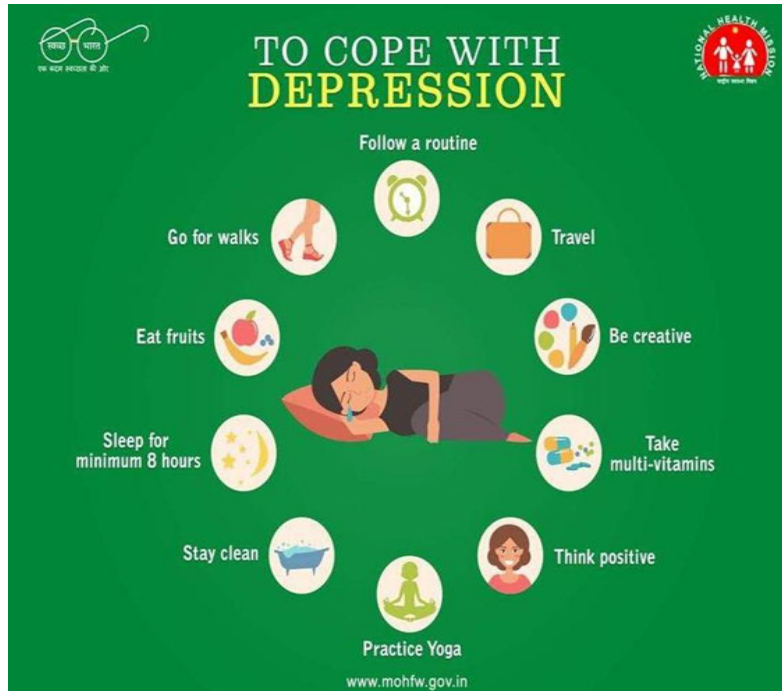
Presentation - 6: Promoting Emotional Health of AFGHANISTAN POPULATION-Sharing of self-care skills

Presented by: Prof.R.Srinivasa Murthy, Professor of Psychiatry (Retd), Bangalore, India

This presentation discussed the need for self-care skills for emotional health, with focus on the followings:

- All of the population is ‘traumatized’ due to the conflict situation
- There is stigma attached to issues ‘emotional’.
- There are limited mental health resources to address all of the ‘NEED’
- There are evidence proven interventions at the INDIVIDUAL and FAMILY levels to address mild/moderate depression
- This is the new frontier for mental health programme in Afghanistan

The evidence of the long-lasting effects of 'child neglect and abuse' is increased rates of mental disorders. Physically abused, emotionally abused and neglected individuals have a higher risk, two to three times, of developing depressive disorders than non-abused individuals. A research conducted in Norway which found that 12 % of cases of depression could have been prevented if participants undertook just one hour of physical activity each week. Show neighborhood environment, such as green vegetation, has been shown to play a role in coping with stress and mental ill health. A large



and growing literature base has demonstrated that religious involvement is positively related to mental, behavioral, and physical health.

Presentation - 7: Characteristic and health condition of IDP

Presented by: Mr. Roman Naseri, YHDO

This presentation was about a baseline survey conducted by YHDO in Kunduz, Takhar and Baghlan provinces in 2016 among IDPs. The objectives of the survey were to assess the characteristics and mental health conditions of targeted population, to enable tracking of progress under the proposed project interventions, and to get an overview of the mental health condition of the displaced population for implementation of the project. The survey gathered data from 483 internally displaced people from three provinces of the north-eastern region of Afghanistan that have all gone through war related traumatic experiences.

The survey indicated that the target IDPs had different symptoms of depression such as dysphoria 95.6%, loss of sleep 94.6%, and loss of appetite 75.4%. IDPs from Kunduz were more affected by depression associated symptoms while Takhar province IDPs seemed to cope in a better way with their situation. Survey result further indicated an important magnitude of negative impact linked to war and displacement that seriously affected mental health of the IDPs. The baseline study findings suggested strong evidence of vast psychological distress in the IDPs, as well as generalized difficulty to cope with the stress and traumas experimented.



Figure 7: Snapshots from participants' questions and answer sessions during national mental health symposium

Presentation - 8: Stress and Trauma-Sensitive Health Care for Survivors of Sexual and Gender-Based Violence

Presented by: Ms. Vida Faizi, Medica Afghanistan

This presentation was about end-line evaluation of transnational health training program in Kabul, Hirat and Mazar-e-Sharif selected hospitals conducted by Medica Afghanistan. The purpose of the end-line evaluation was to identify project impact, to provide lessons learnt and recommendations to Medica Afghanistan and MOPH for the future planning. Followings are findings of end-line evaluation.

- 67% of women, in the past year, were allowed by their families to have more access to treatment.
- 89% of women had been attended by a female staff member the last time they accessed the health facility.
- A larger proportion of women reported having a collaborative relationship with healthcare providers. In the baseline, 42% of women reported that patients played a role in how things were done at the facility and this increased to 75% at end line.
- Health facility staff knowledge improved regarding GBV related issues.

Presentation - 9: Promoting the Resilience of Refugees and Migrants; the Effectiveness of Face-to-Face & Online Value Based Counseling (VBC)

Presented by: Tahereh Mina Orang, IPSO

In this presentation result of a randomized controlled trial was discussed. This study is in progress in Germany. The hypothesis of this study is "value-based counseling (VBC) will significantly decrease the

following mental health problems and issues in help-seeking refugees and immigrants compared to the waiting list group:

- Depressive symptoms
- Post-traumatic Stress Disorder (PTSD) symptoms
- Generalized anxiety symptoms
- Somatic symptoms
- Perceived stress
- Daily functionality impairment

Value-based counseling (VBC) will significantly improve the following psychological strengths in help-seeking refugees and immigrants compared to the waiting list group:

- Resilience
- perspective taking

The positive results in the VBC group will last for a period of three months. Online Value-based counseling is as feasible and effective as its face-to-face version. VBC described and its efficiency factors explained. They compared pretest and post test result in waiting group and VBC group. There was remarkable decrease in depression, PTSD, perceived stress, anxiety, somatic symptoms and other.

As a conclusion the study result shows that:

- The feasibility and effectiveness of culture-sensitive evidence-based psychosocial intervention of Value Based Counseling for survivors of war and violence.
- Value Based Counseling can fill the gap between basic health care and specialized psychological and psychiatric services.

Presentation - 10: Provision of community based psychosocial services for victims of violence against women

Presented by: Dr. Norman Gustavson, PARSA

PARSA conducted a pilot program in Hirat, Kandahar, Khost, and Kundoz provinces. PARSA conducted GBV and emergency psychosocial counseling and collected information about violence causes and preventive factors. The survey found that the factors listed below have effect on violence against women.

- Respondents surveyed in all four provinces indicated education (literacy) and employment as the key to reducing violence against women; education because it changes the traditional mindset, and employment because it greatly reduces stressors in the family.
- The survey respondents indicated that the community perceived social and economic stressors such as poverty and lack of economic security as the greatest source of family dispute and violence against women.
- Peer counseling and support groups provide psychosocial support for these issues as demonstrated by the success of the support groups indicated in support group weekly reports

- Psychosocial programs including a range of services from problem management and conflict resolution and promoting psychological resilience would address what the respondents perceived as the main causes of violence in families and against women.

Panel discussion - 4: Mental health in emergency settings and situations, including gender-based violence

Moderator: *Dr. Abdul Rahman Shahab, Senior Technical Advisor, HealthNet TPO*

Members:

- *Dr. Farzana Akbari, Head of Gender Department, MoPH*
- *Parry Jacqueline, IOM*
- *Dr. Faridoon Ajam, ARCS*

The panel members shared their views about the subject of the panel discussion “mental health in emergency settings and situations, including gender-based violence”, and provided answers to the moderator and participants questions. Followings are highlights of the panel discussion.

Dr. Farzana Akbari: there is close coordination between mental health and gender departments of MoPH. Till 2011, there was no any special care center for GBV survivors. In 2013, family protection centers established for GBV survivors which have been providing health, psychosocial and referral services. Now there are 25 FPCs in 22 provinces of Afghanistan, and around 40,000 GBV cases registered through these FPCs. 6,000 health workers trained on GBV with cooperation of mental health department. For community awareness, community dialogues conducted with influential figures for GBV awareness. Gender and mental health should be cross-cutting issues in all programs.

Parry Jacqueline: IOM has been working in zero points for returnees, and are not involved in mental health services directly. Because, clients stay for short period in their centers and they cannot be followed in the community for continuous mental health services. The trained psychosocial counselors will help to track returnees in the community and they will provide mental health services to them.

Dr. Faridoon Ajam: ARCS has 20,000 volunteers and 31 mobile health teams. Mobile team staff received psychological first aid training and emergency counseling training which enable them to provide mental health services in emergency situation.

Panelists urged that CHWs should be trained on psychological first aid and emergency counseling to provide sufficient support to the affected communities. Referral system enhancement is also required to improve mental health services quality and effectiveness.

Presentation - 11: Barriers and enablers for social inclusion for people with psychosocial disabilities in Afghanistan

Presenter: *Dr. Abdul Fatah “Najm”, IAM*

In this presentation, qualitative research findings presented which was conducted in Hirat and Badghis provinces. Interviews conducted with health facility clients and their care takers in waiting rooms/areas. Objectives of this study were to hear voice of psychosocial disable people, to know about opportunities,

lesson learnt and obstacle for social integration, and to identify what are social problems that psychosocial disabled people faced with. Followings are findings of the study:

- Low access to quality mental health services
- Misbehaviors of family and community members with patients
- Illiteracy, poverty, limited transportation means and low information about mental health.
- Violence against children.

To provide quality and effective mental health services we should provide supportive environment for the people who have mental problems. They should be integrated in the community, and continuous advocacy should be carried out in this regard.

Panel discussion - 5: Psychosocial training program

Moderator: *Dr. Ahemd Heshmat Aly*

Members:

- *Dr. Farishta Qudees, IPSO*
- *Dr. Zalmi Shinwari, HealthNet TPO*
- *Dr. Ehsan, GIHS*
- *Dr. Khalil Rasooli, IAM*

The panel members shared their views about the subject of the panel discussion “psychosocial training program”, and provided answers to the moderator and participants questions. Followings are highlights of the panel discussion.

Dr. Farishta: The psychosocial training program is approved one year training program by MoPH which include three months theory and nine months practical work in health facility. As indicated in presentations the access improved and hundreds of counselors deployed in health facilities.

Dr. Zalmi Shinwari: Psychosocial training program designed based on an assessment and to address identified needs and gaps. 47% of people suffer from psychological distress which needs attention. If the psychosocial distress is not addressed, that will become mental disorders. Psychosocial counselors hired on primary health care level where people have had easy access to them. Their activities would cause decreasing in use of medicine, and counseling would be part of treatment.

In addition, with the financial support of EU, HealthNet TPO will extend one year program of 700 trained counselors to get the same degree as GIHS students.

Dr. Ehsan: GIHS recently established Health Social Counseling department to train psychosocial counselors through two years training program. There are 413 CHCs around the country and each CHC should have a counselor. GHIS will train 105 female with the financial support of Global Fund in Kabul and Kandahar provinces. The graduates of this program will receive 14th class graduated diploma.



Figure 8: Snapshots of presentations, panel and side discussions during national mental health symposium

Graduation Ceremony

HealthNet TPO together with MoPH/Mental Health Department and European Union celebrated the graduation of 50 psychosocial counselors in the afternoon session of the second day of the symposium. This batch was the final batch of the psychosocial counselors who were trained by HealthNet TPO in partnership with IAM under the European Union funded project “Expansion and improvement of services to people living with mental disorders”. 325 psychosocial counselors, working in Comprehensive Health Centers (CHCs), have been trained through a one year intensive training program from all over the country under the aforementioned project. H.E Dr. Feda Mohammad Paikan inaugurated the graduation ceremony and talked about the importance of psychosocial counseling for mental health disorders prevention and treatment. He thanked the EU for funding and HealthNet TPO for implementing this important and vital project. A representative from the EU also delivered a speech where he expressed his satisfaction about the success of the psychosocial training program, and a representative of graduated psychosocial counselors also talked about the training program. She was fully satisfied from the quality of the psychosocial training program. The graduation ceremony ended with the distribution of certificates to all graduates.



Figure 9: Psychosocial Counselors graduation ceremony

Conclusion and Recommendations

The National Mental Health symposium was successfully convened by HealthNet TPO and the Mental Health department of MoPH. Participants represented a diverse range of organizations including governmental and non-governmental organizations. Renowned key note speakers delivered inspiring speeches during both days of the symposium. The Symposium objectives and thematic areas were thoroughly discussed through panel discussions and supported by presentations of newly concluded relevant studies. Experience and lessons learned were shared between mental health experts from deferent regions of Afghanistan and outside of the country. Donors, implementers and stakeholders were informed about the activities to ensure synergy and avoid duplication services.

The panelists, presenters and participants had several recommendations to support the implementation of national mental health strategy, improve service quality, access and address mental health problems. Key recommendations from the National Mental Health symposium are as follows:

- Fund raising for mental health should be given priority. In addition, mental health should be recognized as a cross-cutting issue and be included in RMNCH, gender and disability strategies. Investment in mental health will decrease the cost of other related health services.
- Research areas in mental health should be identified and prioritized with due consideration to the Afghanistan context, as well as sustainability and affordability of the suggested evidence-based interventions. GBV, depression, convulsion, health workers behaviors, and first aid during emergencies would be research topics for the future.
- Community-based psychosocial interventions should be scaled-up, and specific vulnerable groups should be appropriately supported.
- Psychosocial counseling services should be expanded to BHC, MHT and PHC levels
- Raising awareness among local people and communities of mental health is not only the role of psychiatrists but each individual should be aware of taking care of his/her mental health
- Preventive interventions should be increased and expanded to the community level such schools, health facilities, prisons, IDP camps, family protection centers, universities and work places
- Value-based counseling should be promoted and extended
- Psychiatry and neurology sections should be separated from each other
- Pediatric psychiatry should be included in medical post graduate program
- Quality of specialized care should be improved
- Monitoring and supervision of mental health services should be strengthened at all levels.