

RECOMMENDATIONS

MSF-Holland is advised to consider the following four options:

6.1 OPTION ONE: THE STATUS QUO

Aim: To retain MH programmes as a minor and separate component of MSF-Holland's overall response.

Implications: A significant number of country plans currently contain proposals for MH explos. It is unlikely that existing levels of MH expertise among office and field staff provides the capacity to respond effectively to these proposals. The extent and effectiveness of response is likely to depend crucially on the efforts of the mental health advisor and on the commitment to MH of the individual line managers involved. Pursuing this option, MH programmes are likely to develop in an arbitrary fashion, largely disconnected from the overall organisational strategy. Questions regarding the role of MH in MSF and the problems of its operationalisation will almost certainly continue to be posed.

Recommended actions:

- None

6.2 OPTION TWO: PHASING OUT

Aim: To phase out the direct involvement of MSF-Holland in MH interventions.

Implications: MSF-Holland may encounter difficulties phasing out its MH component whilst continuing to pursue its "demand driven" policy. Given field staff's current awareness of MH issues and their expectations of a response, managers are likely to face continued pressure from the field in this respect.

Recommended actions:

- Clarification by management team of the definition of MH in the context of a phasing out strategy
- Formulation of a policy statement, subsequently disseminated to the field, clearly stating that MH is no longer an activity directly undertaken by MSF-Holland, and the basis for that decision
- Formation of close links with agencies implementing MH interventions in order that they might be alerted to MH needs identified by MSF-Holland

6.3 OPTION THREE: INTEGRATION

Aim: To integrate fully a MH component into the medical responses of MSF-Holland.

Implications: In adopting this option, emphasis and resources would be diverted away from MH programmes and towards the integration of a MH component into the day-to-day medical
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responses of MSF-Holland. This option would represent a significant departure from existing MR interventions and would have particular implications for the content and format of MSF-Holland's general training courses.

Recommended actions:

- Review of recent research and developments in the integration of MH into medical responses by other agencies
- Clarification by management team of the relation of MH to MSF-Holland's general strategy
- Development of MH integration strategy in the context of MSF-Holland's general strategy
- Revision of MH policy document to clarify the definition of MH
- Revision of training format to allow MH to be integral part of general training rather than a separate component
- Inclusion in training programme of exposure to a spectrum of MI-I interventions, with an emphasis on fully integrated interventions rather than full-scale MH programmes
- Emphasis in training to be placed on the direct application of MH knowledge to the field context
- Modelling of required integration of approach by making greater use of non-MH specialists in the delivery of MH training
- Knowledge or experience of MH issues to become a selection criterion in the recruitment of an appropriate proportion of both office and field staff
- Recruitment of MH specialists to be conducted by HRD
- Modification of existing field assessment tools and guidelines to allow the incorporation of a MH component

6.4 OPTION FOUR: EXPANSION

Aim: To expand the number and scale of MH programmes in order that they become a major component of MSF-Holland's overall response.

Implications: Given the existing knowledge and skill base of its staff, the expansion of the MH component of MSF-Holland's portfolio has major implications for the organisation's strategic direction and planning. In particular, strategies would be required for the recruitment of additional MH specialists and for the extension of field staff training in MH programme assessments and evaluations.

Recommended actions:

- Review of recent research and developments in the MH programmes of other agencies
- Recruitment of additional MH specialists for both field and office posts
- Ring-fencing of significant budget to research the monitoring and evaluation of MH programmes
- Expansion of MH training component for field staff in co-ordinating positions
- Introduction of training for field staff in participatory techniques and qualitative methodologies

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- Development of field tools and guidelines specifically for the assessment of MH needs and the management of MH programmes