Executive Summary

In 1996 MSF-Holland made a policy decision to assign a high priority to mental health (MH) and declared its ambition to become an acknowledged expert in translating MH expertise into action in the field. Despite this statement of commitment the operationalisation of MH programmes has failed to meet expectations. This report describes a study carried out in late 1998 to analyse this issue. Several key questions were formulated for the purpose of the study, focusing on field and office staff's perceptions of MH, and their opinions and attitudes regarding MH programmes and their initiation and management.

A 53-item multiple choice questionnaire addressing these issues was designed and distributed to a representative sample of field staff. Data from 63 returned questionnaires were analysed, and provided a framework for semi-structured individual interviews conducted with 15 representatives of relevant departments and units at the Amsterdam office. A focus group discussion involving ten medical co-ordinators was also conducted.

An analysis of the questionnaire and interview data produced the following findings:

- There was widespread agreement among both field and office staff regarding the identification of MH as an important area of need.
- Field and office staff were unanimous in their recognition of the potential impact of MR programmes.
- Field staff generally assigned a high priority to MH activities but emphasised that priority should be dictated by context.
- Despite the 1996 MH policy decision and decisions made at the 1998 Co-days, there was confusion among some office staff regarding the definition of MH, and its status with respect to MSF-Holland's core mandate.
- Field staff perceived a lack of clear and consistent direction from senior management regarding MH.
- Most field staff felt that neither they nor their managers possessed the skills to assess or co-ordinate a MH programme.
- Field staff highlighted the need for MH training that was directly applicable to field contexts, and emphasised the need for MH guidelines and assessment tools.
- A majority of field staff viewed MH programmes as being longer-term, more difficult to implement, and harder to evaluate than other programmes.
- Field and office staff commonly regarded MH as a non-medical speciality requiring specific training.
- Most staff reported that MH provoked a feeling of anxiety due to its unfamiliarity and to the stigma with which it has traditionally been associated.
- A majority of staff supported the integration of MH into MSF-Holland's general medical response. Staff were unsure how such integration could be achieved.

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Despite the widespread acknowledgement by staff of MH needs and of the impact of MH programmes, MH clearly faces a number of obstacles within MSF-Holland which go beyond the normal constraints faced by other organisational innovations. As a

subject, MR has brought with it an historical baggage of stigma and contradictory beliefs, manifested in deeply held attitudes, and maintained by a northern training system that treats mental and physical health as separate entities. As a policy, MH has fuelled the on-going debate regarding the future direction of MSF-Holland as an organisation, challenging long-held opinions, and highlighting deficiencies in basic management practices such as the formulation and communication of policy. As an opportunity, however, MSF-Holland's MR activities represent a highly significant exploration of the crucial but as yet uncharted territory of crisis interventions in humanitarian aid.

Already a forerunner in this field, MSF-Holland now has the potential of becoming a world leader. To capitalise on such an opportunity would not, however, be without costs. The report outlines four strategic options for MH, indicating the likely demands that each would make on MSF-Holland at both the level of policy development, and staff recruitment, training and development. It is proposed that MSF-Holland addresses these options as a matter of urgency.