



**HANDICAP  
INTERNATIONAL**

### About... Handicap International

"Handicap International is an independent and impartial international aid organisation working in situations of poverty and exclusion, conflict and disaster.

Working alongside persons with disabilities and other vulnerable groups, our action and testimony are focused on responding to their essential needs, improving their living conditions and promoting respect for their dignity and their fundamental rights."

[www.handicap-international.org](http://www.handicap-international.org)

### About... this brief

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This policy brief is an introduction to Handicap International's 2011 Policy Paper on mental health. It provides an overview of Handicap International activities in this sector. We encourage you to read the full version of the policy paper available at:

French version:

[http://www.hiproweb.org/uploads/tx\\_hidrtdocs/DC03\\_Sante\\_mentale.pdf](http://www.hiproweb.org/uploads/tx_hidrtdocs/DC03_Sante_mentale.pdf)

English version:

[http://www.hiproweb.org/uploads/tx\\_hidrtdocs/PP03\\_Mental\\_health\\_01.pdf](http://www.hiproweb.org/uploads/tx_hidrtdocs/PP03_Mental_health_01.pdf)



### Key messages

In many countries (not just developing countries) a considerable number of people experiencing mental health problems do not receive specialized care management, either because this does not exist, or because there is not sufficient provision for these populations. These people are then cared for under the welfare system, often with no support or follow-up.

The aim of Handicap International's mental health projects (in whatever context they arise, whether post-crisis or development) is to prevent and treat:

- **Psychological distress**, notably in populations suffering from disabling injuries and traumas (conflicts, natural disasters, gender based violence);
- **Mental disorders**, notably post-traumatic syndrome, developmental disorders and pervasive developmental disorders

### Key figures

- Mental illnesses rank third in terms of disease prevalence and are responsible for a quarter of all disabilities (Source: World Health Organization).
- 450 million people worldwide present a mental or neurological disorder or psychosocial problem (Source: World Health Organization).
- Three quarters of people affected by a mental illness live in developing countries (Source: World Health Organization).

# What are Handicap International's principles of intervention in the field of mental health?



## Mental health: three areas

- **Psychological distress** is "a state of disquiet which is not necessarily symptomatic of a pathology or mental disorder.  
It signals the presence of, non-severe or temporary, symptoms of anxiety and depression (...) which may be a reaction to stressful situations or to existential difficulties."  
This distress can be severe enough to warrant its inclusion in a negative definition of mental health (suffering which is extreme, incapacitating, disabling, alienating, etc.).
- **Mental disorders** have high levels of mortality, morbidity and disability.  
They include: psychotic disorders, depressive disorders, anxiety disorders, psychoactive substance abuse disorders, personality disorders, developmental disorders, pervasive developmental disorders.
- **Positive mental health** "refers either to a state of well-being, a feeling of happiness and/or self-fulfillment or to personality traits (resilience, optimism, ability to deal with difficulties, feeling of control over one's life, self-esteem).  
This is a positive state of balance and harmony between the structures of the individual and those of the environment they have to adapt to."

Handicap International's mental health projects specifically address the mental health of people with psychosocial and mental disabilities or with intellectual disabilities.

- **Psychosocial disabilities** are related to **psychological distress**, whatever the cause: migration, exile, natural disaster, poverty, homelessness, breakdown of family and/or social relationships, unemployment. These disabilities affect the social life of people concerned, who lose their social skills and their ability to take care of themselves (incapacities in terms of behaviour, language or intellectual activities; incapacities concerning protection and assistance).
- **Mental disabilities** are associated with chronic **serious mental disorders**: schizophrenia, manic-depressive psychosis, depression, post-traumatic stress syndrome... There are no systematic or permanent intellectual impairments but behavioural and emotional disabilities which translate into difficulties in acquiring or expressing psychosocial skills (incapacities in terms of language or behaviour and those related to protection or assistance). This leads to attention deficit and difficulties in drawing up and following action plans, as well as the alternation between calm and stressful states.
- **Intellectual disabilities** are related to intellectual impairments, usually associated with a developmental disorder or a pervasive developmental disorder, whatever the cause (genetic, chromosomal, bio-organic, and environmental including nutritional). By intellectual impairment we understand the significant, persistent and long-term limitation of a subject's intellectual functions. The resulting disabilities affect to a greater or less extent the person's ability to learn, their knowledge acquisition and memorization, attention, communication, social and professional autonomy, emotional stability and their behaviour. People with disabilities resulting from intellectual impairments in relation with their environment may also suffer from **mental disorders and psychological distress**.

As some people experience multiple mental health problems, the above breakdown into categories is a limited approach. Whilst this classification aims to draw out the symptoms of distress and/or disorders, it is also important to stress their shifting, rather than definitive, nature.

These disabilities are therefore a result of the aforementioned problems which should be prevented upstream. In order to do this, it is important to look at both the disabilities and the risk factors which threaten an individual's social relationships, autonomy, dignity, and physical and mental integrity.

# How does Handicap International intervene in the field of mental health?



## The Disability Creation Process (DCP)

The DCP is a model which helps to understand that the quality of each person's social participation and ability to exercise their citizenship is the result of the interaction between their organic, functional and identifying features and the features of the context in which they live. This model allows us to widen the scope of possibilities for action and for the reconstruction of meaning that should be taken into account when defining life objectives. It shows that it is impossible to identify the possibilities for social participation using a diagnosis or functional profile, and that it is important to take into account the context and the activities and social roles of the person themselves which give meaning to their life choices in accordance with their identity. This model can be used to link together the changes in a person's life choices which aim to offer them the widest possible choice and maximize their ability to exercise their citizenship by ensuring they find themselves in supportive, encouraging contexts. The situation of people with mental disabilities results from the interaction between the person (impairments, disabilities, identity) and their environment (obstacles) leading to this social exclusion (disabling situations) in some aspects of their life and produced in a fluctuating manner both in terms of intensity and frequency.

Inspired from FOUGEYROLLAS P., ST-ONGE M., Le modèle du PPH et son potentiel pour mieux comprendre et intervenir sur les déterminants de la participation sociale et de l'exercice de la citoyenneté en santé mentale : [http://www.agrp-sm.org/colloque/resumes/xive/03\\_xive-atelier-sum.pdf](http://www.agrp-sm.org/colloque/resumes/xive/03_xive-atelier-sum.pdf)

## Interventions built on three theories

### Social/clinical psychology

Handicap International's policy on mental health not only applies to people with disabilities but also their surrounding environment (family, community, social, political). So, teams seek to understand the "whole person in situation" i.e. how the person feels about, and reacts to, the difficulties they face, characterized by the attention paid to the social context of subjective disorders. In this way, the approach could be qualified as "social clinical psychology". The field of application concerns all interventions focusing on psychosocial care: social inclusion for therapeutic purposes, income-generating community support groups, therapy through dance or art... so therapeutic activity to contribute to a person's well-being and social inclusion.

### Social anthropology

The activity of psychosocial care presents variations according to society and culture despite the universal functioning and structures of the psyche. Prior to any mental health intervention, at least one social anthropological study should be carried out in order to assess the quality of the actions to be undertaken. However, beyond these studies, it is important to remember that this conception of disability is based on an anthropological vision of human development (see the Disability Creation Process model). In order to further the inclusion of people with disabilities in their environment, mental health projects should possess the sociological and anthropological tools required to guide the actions and activities to be implemented.

### Community-based development

For Handicap International, a person's mental health depends not only on their individual characteristics but also on community, social and political characteristics. The implementation of community mental health projects is therefore our preferred approach. Indeed, these make use of our understanding of social and political determinants of mental health to promote the quality of life of communities and people in disabling situations, and the contribution they can make to developing local resources.

The objectives of community mental health projects are:

- To ensure the emergence of a community-based development process, i.e. the development of local networks, structures for promoting health, prevention actions, local government policy;
- To build organizations' capacities (of professionals and of people with disabilities);
- To implement and/or strengthen social inclusion and equal opportunities policy.

The aim is to take action within communities, in liaison with the individuals concerned.



## Work perspectives for 2011-2015

- Pool the tools for implementing mental health projects and create a common base of reference
- Develop a methodological guide for mental health programming
- Develop quality indicators in order to improve the coherence and visibility of Handicap International's mental health actions (impact).
- Create closer links between emergency, post-emergency and development (with a cross-sector approach involving Social Inclusion, Livelihoods and Inclusive Education) projects (and notably projects with psychosocial connections) and implementing where necessary, a strategy for ensuring continuity between them.
- Strengthen links with functional rehabilitation projects, in order to better take into account the psychological distress of people with motor, visual and hearing impairments.
- Better define and assess the psychological distress of people in disabling situations affected by natural disasters and armed conflict.
- Make the sources of mental health funding more visible in order to increase the number of mental health projects.

## Three intervention methods

### Improving prevention and access to healthcare

**General objective:** Provide accessible, high-quality mental health prevention and treatment services.

**Examples of activities:**

- Support for drawing up training plans and Information, Education, Communication tools
- Support for implementing specific activities (Individual psychotherapy sessions, mobile multi-disciplinary teams in the community, therapeutic discussion groups, income-generating community support groups, therapeutic education...)
- Organizational support: the structure and functioning of institutions and associations
- Support for health professionals: counseling, quality of healthcare, psychopathology, training on systems for supporting clinical practice (clinical supervision, discussion groups such as Balint groups for professionals, analysis of practices...)
- The training of institutional and association trainers
- Carrying out studies to back up intervention strategies and assess the quality of projects.

### Promoting empowerment and social participation

**General objective:** Develop the capacity to act and the social participation of people living with psychological distress and/or mental disorders.

**Examples of activities:**

- Training and support (supervision) for community workers, psychosocial counselors, mediators and reference persons
- Creation of a collective of mental health workers
- Support for the launch, operation and structuring of a forum of mental health users' institutions and associations
- Technical and financial support for implementing joint actions between psychiatrists, social workers and patients' families.

### Promoting advocacy and de-institutionalization

**General objective:** Develop joint advocacy (by people with disabilities, families, professionals) for the social participation of people living with psychological distress and/or mental disorders, notably by including them in the creation of national mental health policies.

**Examples of activities:**

- Carrying out awareness-raising workshops for community workers
- Participation in drafting and revising national mental health policies
- Technical and financial support for the implementation or strengthening of a national mental health plan
- Training pools of "disability awareness-raisers", mental health users, and members of disabled people's organizations
- Implementation of an integration, information and advice system
- Setting up a regional inter-professional platform.