

Sustainable mental health systems in northwest Syria after the earthquakes

As a result of the war in Syria, humanitarian mental health responses have been functioning in northwest Syria and south Türkiye since 2011. These responses include coordination mechanisms such as the Mental Health and Psychosocial Support Services (MHPSS) Technical Working Group Northwest Syria, led by WHO. Substantial time and resources have supported the development of a mental health workforce that can effectively respond to local needs. The already fragile situation in northwest Syria is now compounded by the earthquakes, which have so far killed more than 50 000 people and affected local MHPSS and other humanitarian staff living and working in the affected areas.

In the aftermath of the earthquakes, there has been an international mobilisation of resources. However, getting support into northwest Syria has been particularly challenging due to delays in opening border crossings into the affected areas. International actors seeking to help should ensure that the external resources they provide support existing, local MHPSS structures as a priority. This will ensure that earthquake support can be most effective in the short term and long term by supporting future sustainability.¹

International organisations starting new programmes can be at risk of diverting existing staff with local and institutional knowledge. Desk reviews² are an important first stage of understanding the cultural and social context of disaster response. Deferring to the expertise of local stakeholders (eg, the MHPSS Technical Working Group Northwest Syria) could avoid unintended interference and will strengthen the ability of organisations to provide culturally and contextually appropriate care.

As well as highlighting the important resources provided by the knowledge of local MHPSS and other humanitarian staff, their psychosocial needs should also be attended to. These staff live with the consequences of extended conflict and violence perpetrated by the Syrian regime of Bashar al-Assad against the civilian population, which has targeted health services.³ Many people have lost loved ones and are deprived of basic needs due to the earthquakes. Structures are required to support these staff in the long term so they can remain in a position to help others. Advocacy for the provision of clinical supervision for local humanitarian MHPSS staff has been gaining momentum in the past 4 years.⁴ Clinical supervision and staff care (eg, psychological first aid, periodic peer support groups, helplines for workers, and realistic daily workload targets) should be designed to support the wellbeing of practitioners and provide them with a space to improve their skills and self-efficacy.

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