

# Mental Health and The City: A Tribute to Mariupol, the City that will be Reborn

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## Abstract

*This paper aims to pay tribute to Mariupol and its inhabitants, the Ukrainian city which was entirely destroyed by the Russian army. Before the full-scale invasion, significant developments were happening in the field of mental health. The experience gained in that city, examples of good practices and active collaboration between the city administration, local professionals and the international development project “Mental Health for Ukraine”, formed the foundation of interventions that were transferred to other regions in Ukraine. This paper describes the key steps, actions undertaken in 2019 to 2021 and achievements of the programme. Personal reflections also describe the context and experiences.*

**Keywords:** mental health, mental health services, community engagement, conflict-affected settings

## Introduction

Mariupol is a city in Donetsk Oblast, located in the south-eastern part of Ukraine on the banks of the Azov Sea. It is the city that withstood the first invasion in 2014, fought back and strived until February 2022. In those days, it fought back as fiercely as before, but the powers were not equal, and now, all that was built is in ruin, including a community-based mental health care system.

The author of this letter, Vitalii Klymchuk, first visited this city with an assessment mission in the autumn of 2018 on behalf of the Mental Health for Ukraine project ([www.mh4u.in.ua](http://www.mh4u.in.ua)). The idea was to find a suitable community for the initial setup of local mental health system development. The author was enchanted by this city. Seeing the city full of history and memories, beautiful parks and alleys, modern buildings and avenues and old houses with quiet, small streets, was absolutely beyond his expectations. And at the city's top—the vast and engulfing machinery of steel factories. And, for sure, Veterano Coffee near the City Theatre. The theatre was bombed on 16th of March 2022 by Russians despite the words “Children” clearly visible from the aeroplanes (Amnesty, 2022).

## Initial Situational Analysis

The first meeting was with the Deputy Mayor of Mariupol, Ksenia Sukhova, and again, it was an apparent surprise to see such a proactive person in the city administration. After that meeting, it became clear when we started to work

closely that all of them in the city administration were the same! The same active attitude, ready to make things better for the city and its people.

At some point, we came up with the first plan: to create a small working group to assess the situation, services available and gaps in the system. At the same time, a capacity-building programme was launched for the members of these working group and the heads of health and social services to avoid losing the precious moment. We cocreated and co-developed together, using capacity-building workshops to have live data and promote the ideas of community-based mental health services, the need for the training of family doctors and the integration of mental health into general health care and social support.

Using available data at the national level, we made a prognosis of the local mental health needs: of the 0.46 million inhabitants, 82,339 persons will need different kinds of mental health support, from basic psychosocial support to specialized care, during 1 year (each 5th). Of them, only 17,383 will receive this support (if they have access or seek support), and the rest, 64,956 persons, will be without any services.

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Further analysis of the local situation revealed that despite the developed health care infrastructure (21 clinics of different specializations), very few of them provide mental health services and they are unevenly distributed between the levels of the “WHO Pyramid Framework for the optimal mix of services for mental health” (WHO, 2009). At the level of mental health specialized institutions, there are two that serve the population not only from the city but also from the Oblast and are not under the administrative control of the city. There is also a gap in the level of psychiatric services in general hospitals, as there are no institutions with inpatient psychiatric units.

As for community-based mental health services, some services are available in the city but focus mainly on children, adolescents and adults in the context of providing social services to families in difficult life circumstances. However, the capacity of institutions, their functionality and the competencies of specialists are not enough to respond to all the needs of children and adolescents. Direct mental health services to adults are provided only to specific categories of adults (adults who suffered from hostilities, doctors through public organisations and pregnant women in perinatal centres). No mental health centres exist in city-owned communities (outpatient or inpatient, or with other forms of care).

Mental health services at the primary health care level (communal primary health centres and private institutions contracted by the National Health Service of Ukraine [NHSU]) are not provided due to the lack of specialized training (no training available at the moment, no incentives for the family doctors reading mental health services, low motivation to participate in training). Informal services in the community are provided by charitable organisations and partly by organisations of service users within their capabilities voluntarily. Several organisations have the potential to deliver such services with additional training and updating of functionality and the development of human resources. At the level of self-help, no resources visible and accessible to citizens have been identified (such as information regarding mental health self-care and publicly available resources).

We launched a short survey for family doctors and social workers, through which additional data were received to complement the picture.

It appeared that even despite the absence of special training, family doctors regularly see patients with mental health problems 60% of them see patients in crises, with high levels of anxiety and depression; 40% of the professionals meet patients with dementia, psychoses, substance use disorders and also with loneliness; 25% of doctors see the patients affected by self-harm. The top three answers

**Table 1**

*Mental Health Service Problems*

<b>Mental Health Service Problems in the City</b>	<b>Elements of the Problems</b>
Problems of coordination and interaction between specialists and services	<ul style="list-style-type: none"> <li>● Weak interaction between specialists at different levels of health care.</li> <li>● Weak interaction between different services related to supporting the mental health of citizens.</li> <li>● Lack of well-established referral pathways for patients with mental disorders and persons with psychological difficulties.</li> </ul>
Problems with human resources (quantitative and qualitative)	<ul style="list-style-type: none"> <li>● The insufficient number of specialists (psychiatrists in particular) to provide specialized mental health services.</li> <li>● Insufficient level of education of primary care professionals in mental health.</li> <li>● The insufficient level of education of psychologists in evidence-based methods of psychological support.</li> </ul>
Challenges with the development of mental health services in communities	<ul style="list-style-type: none"> <li>● An insufficient number of services for different groups in the population (inability of existing specialized institutions to meet the city's needs in services).</li> <li>● The distribution of mental health services does not match the optimal combination of services recommended by WHO, and therefore the inability to provide services to 80% of people who need them: <ul style="list-style-type: none"> <li>○ Lack of psychiatric departments in general hospitals</li> <li>○ Lack of multidisciplinary outpatient mental health services at the community level (city districts).</li> <li>○ There are no other services for children and adolescents and people with severe mental disorders (such as apartments/houses of supported living, temporary respite services for parents, evidence-based programs and interventions for children and parents of children with disabilities due to mental disorders, etc.).</li> <li>○ No mental health support services are provided in primary health care.</li> </ul> </li> <li>● Difficulties in assessing the quality of mental health services, lack of guidelines and criteria for citizens and the city administration.</li> </ul>
Low mental health awareness	<ul style="list-style-type: none"> <li>● Low awareness of mental health, methods of its support, mental disorders, their signs for which to seek help;</li> <li>● Low awareness of places to get mental health help.</li> <li>● Stigma and prejudice against individuals with mental disorders lead to nonseeking help, rejection of one's condition, nonprovision of assistance and weak support to loved ones and others with mental disorders.</li> </ul>

about gaps in the city's mental health care included insufficient professionals, low mental health awareness in the population and insufficient services for different target audiences.

Among social workers, 75% meet children and adolescents with mental health problems. Nearly 60% of them have worked with people with substance use disorders, and 25% with people who had self-harm behaviour, crises, anxiety disorders, dementia and psychoses. The top three answers about gaps in the city's mental health care included low financial prioritization of mental health in the city's budget, low service quality, low mental health awareness and insufficient services for different target audiences.

Both professional groups see the top three avenues to deal with those problems: training of professionals, mental health promotion campaigns and the development of local mental health programs.

## In-depth Problems and Resources Identification

Coronavirus disease (COVID-19) did not interrupt our work with the city. We moved our activities online and continued exploring, analysing problems and looking for resources to rely on. Together, we managed to detect four groups of issues, details of which are outlined in Table 1: low mental health awareness; problems of coordination and interaction between specialists and services; challenges with the development of mental health services in communities; issues with human resources (quantitative and qualitative).

At the same time, during the brainstorming and cocreation workshops, some resources were identified that can be utilized in the future for the systemic building of mental health care in the City: well-developed private sector providing psychological services; several services are available for children and adolescents: two rehabilitation centres, Centres for Social Services for Children and Youth, and the Centre for Educational Psychology, where

school psychologists and social workers provide psychosocial support in school; psychological services are available for specific population categories, such as perinatal centres; two specialized mental health facilities have their own outpatient clinics and hospitals; number of NGOs that provide mental health services—Caritas, NGO “Mental Health Support”; active support for the development of mental health care by the City administration.

## Development of the Local Mental Health Action Plan 2020–2023

Based on the problems, together, we formulated the aim—to move from the vicious cycle to the cycle of growth (Figure 1).

The following groups of actions were constructed.

**Leadership and coordination strengthening:** Those actions would impact the development of local leaders in mental health care and improve coordination between specialists at different levels of health care and between specialists in various fields (health care, social sphere, education, etc.).

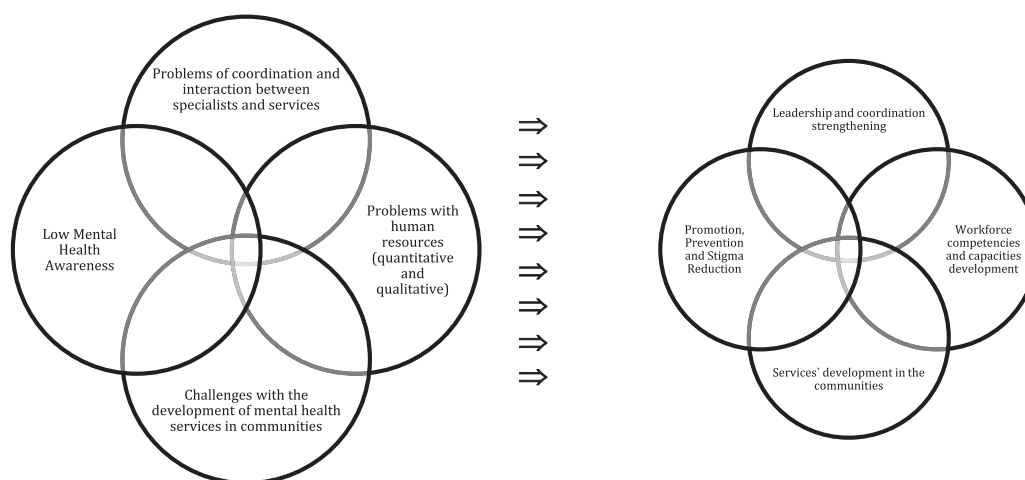
**Workforce competencies and capacities development:** Actions in this direction will support all three other areas. They will increase the number of specialists who provide evidence-based mental health care methods (from primary health care to psychologists, psychotherapists and psychiatrists). Another achievement will be the emergence of new job places and increased attractiveness.

**Services' development in the communities:** Actions for the development of services in communities should lead to: (a) more services and their better balance in favour of services in communities close to the place of residence and work of people, (b) better adaptation of services to the needs of different groups of the population, (c) an increase in the coverage of the population with services.

**Promotion, prevention and stigma reduction:** Actions in this direction will help city residents become more aware of

Figure 1

*Vicious (Left) and Growth (Right) Cycles of Mental Health Care Development in Mariupol.*



mental health, self-help methods, signs of disorders and where and when to seek help. Also, they will help to turn to behaviours that support mental health. In addition, they will help reduce stigma and prejudice against people with mental disorders. For instance, mental health promotion campaigns, establishing a centre for coordination of promotion activities and engaging with local stakeholders to increase services' accessibility.

Based on those directions, several concrete actions were programmed as outlined in Table 2.

A number of outcomes were foreseen due to the implementation of those actions during the next 3 years.

**Leadership and coordination strengthening:** There will be people (managers, representatives of the public sector) interested in the development of mental health care in the city, with the ability to do so, armed with leadership skills

and modern knowledge about public mental health. It will be possible to budget mental health programs. Cooperation between service providers from different fields will be established, and as a result, people with mental disorders will be able to receive comprehensive and coordinated care. There will be clear algorithms for cooperation, patient routes, a map of services and patients themselves will have a clearer understanding of where and what services can be received.

**Workforce competencies and capacities development:**

A total of 250 primary care physicians (100%) will be trained to provide services to patients with widespread mental disorders; about 200 mental health professionals from various fields will be able to make scientifically proven interventions, improving the condition of about 20,000 people with mental disorders, and 450 nonmental health physicians will learn to recognize mental

**Table 2**

*Mental Health Action Plan for Mariupol, 2020–2023*

Direction	Actions	Timeframe
<b>Leadership and Coordination Strengthening</b>	Creation and support of the work of the city interdepartmental working group (WG) on the development of mental health care in the city	2020–2023
	Involvement of Deputies of the City Council in the work of the WG (creation of a separate Deputies' WG)	2021–2023
	Conducting educational events for deputies and administration on the modern models of mental health services	2021–2023
	Organisation and holding of joint interdepartmental events to initiate and establish cooperation	2021–2023
	Creation and implementation of interdepartmental and intradepartmental patients route, interaction algorithms and referrals	2021, Annual update
	Creating a map of mental health services freely available	2021–2023
	Mental health leadership training for motivated professionals	2020–2023
	Training primary care physicians to work with common mental disorders (WHO mhGAP Intervention Guide 2.0 training) (WHO, 2017).	2021–2023
	Training of community specialists (psychiatrists, psychologists, social workers, psychologists of educational institutions) in evidence-based methods of work (psychopharmacology, mhGAP), including methods of working with children ("Skills for Psychological Recovery", WHO interventions, etc.). (Wade et al., 2014).	2021–2023
	Training of specialists (Inclusion-Resource Centres (IRCs), NGOs, rehabilitation centres) under the WHO program "caregivers skills training for caregivers of children with developmental disorders and delays" (Salomone et al., 2019).	2022–2023
<b>Workforce Competencies and Capacities Development</b>	Mental health education activities for nonmental health professionals	2022–2023
	Creation of psychiatric departments in multidisciplinary hospitals (contract with NHSU)	2022–2023
	Development of outpatient mental health services (outpatient mental health centres), possibly based on city clinics or in combination with social service centres, including mobile teams	2022–2023
	Implementation of mental health services in primary health care (after appropriate mhGAP training)	2021–2023
	Implement support and training programs for parents of children with developmental delays and disorders and relatives living with persons with mental disorders (based on IRCs, NGOs, rehabilitation centres, peer-to-peer, etc.)	2021–2023
	Implement basic mental health and psychosocial support skills, which will be done by "first line" specialists (social work, police, employees of employment centres, clergy, etc.)	2021–2023
	Peer-to-peer support and support to NGOs in service delivery	2021–2023
	Development of public-private partnership programs in mental health services	2022–2023
<b>Services' Development in the Communities</b>	Establishment of a centre responsible for mental health education and prevention of mental disorders	2022
	Development and implementation of a mental health promotional campaign (for all age groups—children and parents, youth, adults and the elderly): self-help and self-support of mental health; signs of mental disorders, self-help methods; overcoming stigma and prejudice against people with mental disorders	2021–2023
<b>Promotion, Prevention and Stigma Reduction.</b>		

*Note.* NGO = Nongovernmental organization, NHSU = National Health Service of Ukraine,



disorders and guide or involve mental health professionals on a team.

**Services' development in the communities:** Created from 2 to 5 psychiatric departments in multidisciplinary hospitals, with a total capacity of 40 to 100 beds, will cover services from 1400 to 3600 people in acute conditions during the year. Established 2 to 5 outpatient mental health centres will support these people after discharge and overcoming their acute condition, facilitating a faster return to life and work, as well as timely assistance, preventing hospitalization. The total possible coverage of services is from 2000 to 5000 people annually. The introduction of mental health services in the primary link helped to reach 340,593 residents of the city, potentially allowing timely detection of the disorder, deterioration and prevention and basic care for patients with common mental disorders. Support programs for parents of children with developmental delays and disorders, as well as loved ones living with people with mental disorders, will reach from 100 to 500 people each year. Basic support skills training for first-line professionals will reduce stigma, allow timely guidance for those in need, and facilitate prevention through early detection. Public-private partnerships will help attract human resources from the private sector and relieve utility workers.

**Promotion, Prevention and Stigma Reduction:** Residents will generally become more attentive to their mental health, learn about self-support methods and become less prejudiced against people with mental disorders.

## Actions Undertaken by the MH4U Project to Support the Implementation of the Mental Health Action Plan

After co-creating the Mental Health Action Plan for Mariupol 2020-2023, the Mental Health for Ukraine Project resources were allocated to support the implementation of the programmed actions.

For the component *“leadership and coordination strengthening”*, we supported the working groups, providing them with expertise and training; provided assistance in planning and conducting events and organisation of work; expert and technical support in decision making. Also, places in the “Leaders for Mental Health School 2021” were offered.

For the component *“workforce competencies and capacities development”*, we immediately started the organisation and conducting of training: WHO mhGAP training, “psychological recovery skills”, “WHO caregivers skills training”, “project management in the area of mental health of children and adolescents”. Plans were also to present the course for psychiatrists developed by Zürich University, invite professionals to the yearly Spring School of Mental Health, present clinical instruments to specialists, as DSM-V and NICE Guidelines, and pilot the Mental Health Services Quality Standards used by the Health Accreditation Europe.

For the component *“services' development in the communities”*, we provided expert support, organisation of training for department staff on modern approaches to the organisation of treatment, current protocols and quality standards. Small grants program was launched to support local initiatives in mental health areas. Developing and implementing “Universal Mental Health Training” were started in close collaboration with local first-line professionals. Plan was also to support the further “WHO Caregivers Skills Training” delivery to parents.

For the component *“Promotion, Prevention and Stigma Reduction”*, there were such types of support: (1) targeting our National Mental Health Promotion Campaign in social media on Mariupol's users; (2) expert and financial support in the development and implementation of the local mental health promotion campaign.

Many beautiful plans were ruined by the full-scale invasion of the Russian army in February 2022. We did not manage to fulfil all promises and provide all support. The city quickly became inaccessible for any of our interventions. The last call from the city was received on the day before the invasion from our mhGAP Trainer, Sergii Doroshenko—he asked about the possibility of using Mental health for Ukraine Project (MH4U) funds to buy fuel and deliver trainees to their homes. Afterwards, we received the information that Sergii stayed in the city and, as a doctor, provided medical support to people in need and then—was captured by Russians. As of now, he is still in captivity; no information about him is available.

## Achievements and Stories from the Field

Here, we want to share with you some achievements, some stories from our work and some plans for the future. This part of the text will be more personal and narrative and less structural, as it is still hard to process what happened and what is happening.

### The Story about the Mural “Keep Balance”

*Narrated by (Author 2)*

*The idea of Mural creation appeared because of external factors, namely COVID-19. We wanted to roll out a city-wide mental health promotion campaign and start it with a very bright, powerful event. Due to COVID, it was impossible to have any events indoors, so outdoor options were explored. So, I invited the famous artists, brothers Sergii and Vitalii Grekh (see <https://mariupolrada.gov.ua/en/news/60b211d5e858a>). From the start, they were actively exploring the city's history and symbols and trying to combine them with mental health topics. Having some idea composed, we presented it to the city's administration, receiving the full support of this idea from their side and from our project leader.*

*Mural's idea is based on this meditative game with flat stones that you should put one on another, creating a balanced figure. It is about your internal balance, balance with the world, mind and body. Here are also the motives of the different emotions, sadness and fun and embedded motives of the location. This mural is on the seaside, so*

there is a lot of space and blue colour, references to the city's Greek connections, the peaches growing here, the lighthouse as a symbol of hope . . . There is the girl at the top of this construction, she is looking at the lighthouse . . .

I think this mural was very well mirroring the city . . . was mirroring the city's soul. The city was very progressive, with many developmental projects, and there was a lot of hope for the future.

Actually, we didn't expect so much publicity. We expected some, for sure, as it was the aim. But so much attention was absolutely unexpected. When the project was presented, it was the impression that all city's apartment buildings wanted it to be theirs.

There were also a lot of interesting challenges, starting from the fact that the artists were from Lviv and the mural was to be painted in Mariupol (opposite sides of Ukraine with a 24 hours ride by train). At some point, I thought that we would not paint it because there was no specific equipment available in the city to work for a long time at such a height. We managed to deliver it finally, but then the weather started to intervene. On the first day, there was such sun that local people installed their own umbrellas on the working equipment to prevent sunburns in artists. The second day there was such a wind that I was afraid for the safety of the artists. And then there was a huge rain, and work was interrupted . . . It was like the destiny of the mural was interwoven with the destiny of the city. Nevertheless, the work was done in ten days, and we organized the grand opening.

The painting created was impressive, and it impresses people even now, not us but occupants. Despite the destruction of 80% of the city, that building is standing, and the mural is in place. There was one video from occupants, they even do not know what the mural is; they called it "graffiti" . . .

Anyway, it is symbolic that the mural is standing, and I have a hope that one day we will come back and all work that was done will be re-installed, and there will be a city with the best mental healthcare system in the world.

### **The Story about City Council Deputies Group**

Narrated by (Author 1).

Since our mental health developmental project started, the ultimate goal was that local city authorities would take over the management and all developmental processes, invest the city's funds and lead the movement towards community-based mental health care. There was City Council at the city level, with elected members, deputies, and City Administration, with an elected Mayor. While we started our work with City's Administration, involving City's Council was of utmost importance, as they make the final decision on the City's budget. And, despite all initial efforts, they were reluctant to participate . . . till COVID-19.

Strangely enough, the pandemic started a wave of interest in mental health among deputies. Feeling this wave, I

decided to surf on it and proposed that all deputies participate weekly in self-help webinars. Not all attended, but 12 people demonstrated strong interest. We worked on recognizing stress and burnout symptoms, relaxation techniques and self-support and support to colleagues.

After initially diving into mental health, people finally get interested in mental health systems. We arrange a series of meetings about community-based care, mental health needs assessment, best practices, accessibility and availability of services, barriers and how to overcome them.

At that moment, COVID-19 restrictions were slightly lifted, and we managed to have the final live event with the support of our beautiful partner, the Ukrainian Academy of Leadership, Mariupol branch. At this meeting, deputies, without warning from their side, announced the establishment of the special deputies' group on mental health!

For me, that was the moment of ultimate triumph! It was the first in Ukraine that local deputies decided to take care of mental health care system development. And it was delightful J.

### **mhGAP Training Story**

Narrated by (Author 3).

First, I made acquaintances with Mariupol people online and only then met the city and its inhabitants in real. Mariupol was among those who decided not just to train their entire police to interact effectively with people with mental health issues but asked my team to develop special modules for Universal Mental Health Training for front-line professionals, adjusted for the needs of the city: Your training is great, but we need more.

They really needed more—more particularity, more issues to discuss and more specialised skills. Especially for them were developed modules on interaction with people in crises, those with behaviour considered aggressive, suicidal, self-harmful and unappropriated, as police officers often see such behaviours.

All the staff of Mariupol police went through training to be prepared to recognise, validate, support and refer to MHPSS professionals they are working with. It is painful to think we lost many of these highly motivated professionals.

Then I was lucky to come to Mariupol to teach primary health care professionals (family doctors and nurses) in the mhGAP WHO Program. It was in November 2022. Beautiful city, full of wight light streets, colourful playgrounds, fountains, parks and soaked with sea fragrance. I wanted and was invited to come again in the times of tulips flourishing, Gogol Fest and beach season. My trainees excitedly told me how welcoming and amazing their city is. And I felt it.

Also, I want to mention one special person, Sergiy Doroshenko, a medical doctor who was my guide, co-trainer and soon became a good friend. He is still missing after capturing by Russians among city defenders. He just fulfilled his duty as a doctor helping inhabitants in times of Russian invasion, and now we have no sign of him, only the hope to meet again alive and well.

## Conclusions

All our work in the Mariupol City were physically destroyed. But that does not mean it was stopped. Soon after the invasion, the city administration contacted us—they were gathering resources to support people from Mariupol all over Ukraine, creating the centres for humanitarian support, “I’m Mariupol”, and developing centres for the help of the city’s defenders and their families “Heart of Azovstal”. This signifies that the seeds of the importance of mental health services, even in these circumstances, are growing. It means that nothing will stop Ukraine, and we will rebuild the City, rebuild the Country and build back a better mental health care system for all!

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## Conflicts of Interest

All authors declare no conflict of interest.

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