

Health System in Crisis: Physical Rehabilitation, Mental Health and Psychosocial Support

Five years of conflict have caused significant physical injuries, increasing the risk of long-term impairments, and growing mental health consequences among Yemen's population. Addressing these needs requires a **comprehensive approach to healthcare** integrating **physical rehabilitation** and **mental health and psychosocial support**.

Yemen's health system, already limited before the conflict, requires **long-term support** to ensure the provision of these necessary services and meet increasing demands.

Comprehensive Health Services

A **comprehensive approach** addresses the multifaceted impact of the crisis; this includes **physical and functional rehabilitation, assistive devices and prosthetics provision, person-centered counselling for caregivers, and mental health and psychosocial support**. These services need to be available for individuals, their families, and their communities.

Physical Rehabilitation in Yemen

Ensuring **physical and functional rehabilitation** is widely available in emergency medical care can **prevent long-term impairment and loss of functioning** particularly for those suffering from conflict-related injuries.

- Yemen's health services lack qualified specialists. Rehabilitation services include physiotherapy, occupational therapy and the provision of prosthetic and orthotic devices.
- **Early rehabilitation** was not integrated into Yemen's health system pre-crisis. Yemen's health services lack required technical expertise in managing complex cases with **early rehabilitation** which is critical to prevent long-term disability and impairment for people injured in emergencies.
- With the extensive use of explosive weapons arise complex cases, such as people with spinal cord injuries and amputation, which require long-term specialized services.
- Outside humanitarian services, functional rehabilitation services are nearly non-existent. This shortage of services affects not only people with new injuries but also people with long-term disabilities pre-dating the conflict.
- Yemen's pre-existing programs to support persons with disabilities are no longer functioning leaving a massive vacuum for services. This gap will continue to widen.
- Yemen's health services are not prepared to manage the number of people injured by the crisis. Even when the conflict ends, Yemen will continue to need a highly trained health workforce to meet the needs of persons living with impairments and disabilities. Investing in Yemen's health system and health workers now is the best way to mitigate increasing needs.

Health System in Yemen

Damage to existing health facilities, the lack of salary payments for staff, and restrictions in the import and transportation of medical supplies are accelerating the decline of health services in Yemen. According to OCHA:

- 19.7 million people lack access to adequate healthcare in Yemen.
- Only 51% of Yemen's health facilities are fully functional.
- Only 10 health workers per 10,000 people, less than half the WHO recommended standard.
- Yemen's health services are highly centralized in urban areas and not accessible to people outside large cities. Before the crisis, **more than half the Yemeni population** lacked access to healthcare services (World Bank, 2017).
- Yemen lacks sufficient specialists to care for the severe needs in the country including physiotherapists, prosthetics and orthotic therapists, and mental health specialists.

Sources:
OCHA. *Yemen Humanitarian Needs Overview*. 2019.
World Bank. "Yemen: Immediate Priorities for Post-Conflict Recovery of the Health Sector." Yemen policy note; no. 4. World Bank. 2017/03/20.4

Mental Health in Yemen

Conflict places enormous stress on individuals, families and communities. **Mental health and psychosocial support services (MHPSS), through fostering empowerment and resilience of people**, are necessary to mitigate the long-term consequences on the well-being of Yemen's population.

- Yemen's population suffers immense daily stress. The inability to meet basic needs, family separation or loss, conflict trauma, lack of protection, and the long-standing economic crisis generate emotional distress that can develop into long-term mental health conditions.
- The WHO estimates that in populations affected by crisis **one person in five, or 22% of a population**, develops mental health conditions such as depression, anxiety, or post-traumatic stress disorder. ⁽¹⁾
- In Yemen, less than 40% of secondary health facilities offer services related to mental health. ⁽²⁾
- In the last recorded figures, only 40 psychiatrists were serving the entire population of Yemen. There are no figures on psychologists or social workers. ⁽³⁾
- MHPSS services are not integrated into primary healthcare; Yemen has no national strategy on MHPSS, no clear standards, and no official curricula for staff.
- Public health services in Yemen offer limited psychiatric

1. Charlson et al. "New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis." 2019, 244. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30934-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30934-1/fulltext)

2. OCHA. *Yemen Humanitarian Needs Overview*. 2019. 37

3. IMC. "Mental Health and Psychosocial Support Assessment." August 2019, 10. <https://app.mhpss.net/wp-content/uploads/2019/08/imc-yemen-2019-mhpss-assessment-1.pdf>

HI Impact in Yemen

HI has been working in Yemen since 2015 currently supports 5 hospitals and rehabilitation centers in Sana'a and 1 hospital in Aden. In these health centers, HI teams intervene to meet the urgent needs of injured people and strengthen local health services.

- 24,241 people received rehabilitation sessions
- 22,486 people received psychosocial support and counselling sessions

- 27,702 mobility aids such as crutches and wheelchairs distributed
- 297 people fitted with prostheses and orthotics
- 1168 hygiene kits distributed
- More than 700 Yemeni health workers in Sana'a and other governorates were sensitized and trained in early trauma response.

services and only from major hospitals in Sana'a, Aden, Hodeida and Taiz. Private clinics also offer MHPSS services but these are financially inaccessible to most of the population.

- There is a considerable social stigma against mental health. Communities and health service providers need to be sensitized that **mental health is a component of health** and that many mental health symptoms are a normal reaction to an abnormal situation.

Urgent Concerns

Meeting the severe humanitarian needs throughout Yemen requires urgent expansion of **comprehensive health services** including **physical rehabilitation** and **mental health and psychosocial support services**.

- Health systems including MHPSS programs must be permitted to operate in order to respond to people's needs in the crisis.
- Extensive use of explosive weapons in populated areas causes injuries and trauma among survivors, injuries

that can develop into life-long impairments without rehabilitation support. Health facilities have reported more than 70,000 conflict-related casualties. ⁽⁴⁾ Survivors and their families, as well as the families of victims, need emergency medical services, physical rehabilitation, MHPSS, and socio-economic inclusion particularly for those from marginalized groups such as women.

- 3.3 million people in Yemen displaced. IDPs are amongst the least likely to be able to access necessary health services including rehabilitation and MHPSS. The largest numbers of IDPs are in Hajjah, Taiz, Sa'ada and Sana'a governorates.

Humanity & Inclusion, also known as Handicap International, has supported physical and functional rehabilitation services for persons with disabilities in Yemen from the early 2000s up to 2012. Since 2015, HI has been operating humanitarian programs offering direct services to all individuals affected by the ongoing conflict. HI provides rehabilitation services and assistive devices and technologies, offers psychosocial support, and works to ensure that the most vulnerable have access to humanitarian aid.

4. OCHA. Yemen Humanitarian Needs Overview. 2019. 7.

Immediate Recommendations

On Rehabilitation, all Stakeholders should:

- Ensure that rehabilitation is prioritized in all local governments, and acknowledged as an important component to improve the outcomes of people with injuries, to meet the needs of people in the current crisis and the larger number of disabled or people with permanent disabilities at the end of the crisis.

- Strengthen the quality of rehabilitation services by investing in education and expanding specialized training for technical human resources.

On MHPSS, Humanitarian Actors in Yemen should:

- Ensure MHPSS is delivered as a continuum of care with no segregation between mental health and psychosocial support services. Both health and protection clusters should collaborate in expanding MHPSS services.
- Humanitarian agencies should actively engage in the MHPSS working group and implement joint strategies and tools developed as well as participate in capacity building sessions organized by the MHPSS working group.
- Ensure that all staff dealing directly with beneficiaries are trained in Psychosocial Support and that MHPSS is a cross-cutting sector for all the services they provide.

- Provide more community-based MHPSS activities such as through schools to promote the mental well-being within communities.

- Advocate for the inclusion of MHPSS services by trained staff in the Primary Health Care Facilities according to international standards and tools.

All stakeholders: donors, States, UN agencies and other involved parties should:

- Prioritize the protection of civilians, including humanitarian actors and the continuity of the services they are delivering, such as physical rehabilitation services and MHPSS, as an essential component of humanitarian access and health care.

- Strongly advocate with Authorities on the necessity of MHPSS services for all people in Yemen including women, children, and persons with disabilities. Direct advocacy with authorities is necessary to enable vital programs such as MHPSS to resume particularly in rehabilitation and medical centres.

- Support the development of a strong political declaration to end human suffering caused by the use of explosive weapons. Explosive weapons used in populated areas injure large numbers of civilians and cause impairments and long-term contamination risks.



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