Guidance Note 11

Mental Health and Psychosocial Support

1. The importance of psychosocial support in an IDP context

Being displaced can have severe adverse effects on the physical, social, emotional and spiritual well-being of a person. Exposure to violence or disaster, loss of or separation from family members and friends, deterioration in living conditions, the inability to provide for one's self and family, and lack of access to services, can all have immediate and long-term consequences for individuals, families and communities, including post-traumatic stress disorders, psychosomatic illness, depression, anxiety and even violence.[1]

Protection strategies should therefore include interventions to protect and promote mental health and psychosocial well-being. Because these types of interventions focus on highly sensitive issues, they must be conducted in a socially and culturally appropriate way and take into account the age, gender and diverse backgrounds of all members of the communities. Interventions should promote resilience among populations and be based on human rights principles, as well as on the principles of participation and "Do-No-Harm" (*see Part I.1.5*). 📖

2. What is psychosocial support?

The IASC Task Force on Mental Health and Psychosocial Support in Emergency Settings has developed Guidelines published in 2007. This chapter is largely based on these inter-agency guidelines, which should be referred to for more detailed interventions.[2]
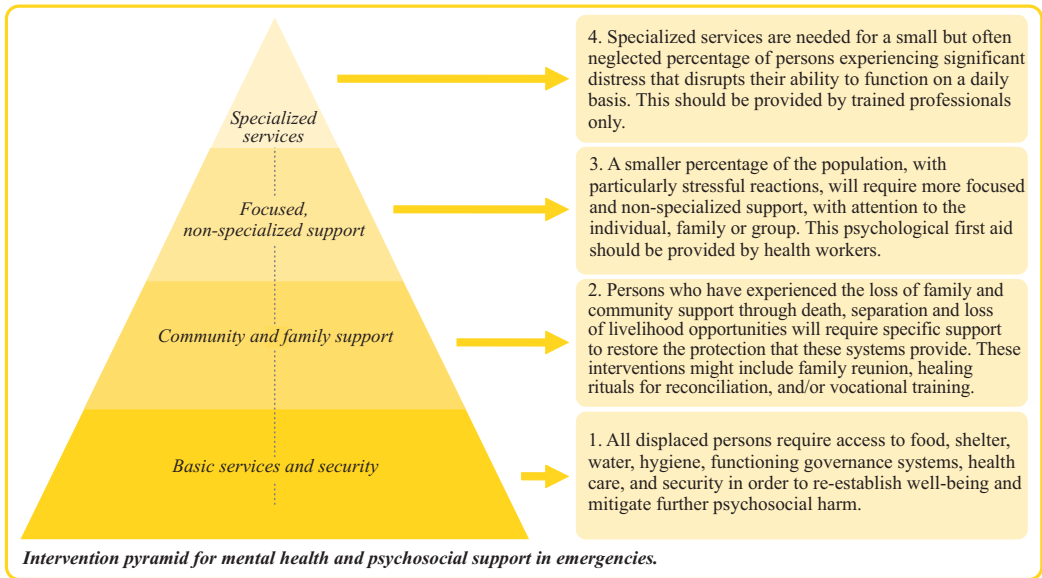
The IASC Guidelines define mental health and psychosocial support as two complementary approaches covering "any type of local or outside support that aims to protect or promote psychosocial well-being and prevent or treat mental disorder." The word "psychosocial" captures the interrelation between psychology (individual thinking, emotions, feelings and behaviour) and the social world or environment in which we evolve (culture, traditions, spirituality, interpersonal relationships in the family or community, and life tasks, such as school or work).

The Guidelines also clarify that mental health and psychosocial support require various levels of interventions, ranging from broad programmes on basic services and security issues, to community and family support interventions and increasingly focused and specialized mental health services. It is therefore necessary to distinguish between interventions that benefit the population at large (non-specialized services) from those interventions that require specialized expertise.

All humanitarian actors are expected to contribute to non-specialized responses and to ensure that coordinated referral and response mechanisms are put in place when more specialized interventions are required (please refer to the pyramid and table below). Coordination among actors is crucial to ensure broad and effective prevention and response mechanisms.

---

[1]   In some cases, such factors might contribute to a change in behaviour, including increased substance abuse, aggression and higher levels of sexual and domestic violence.

[2]   The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007.

4. Specialized services are needed for a small but often neglected percentage of persons experiencing significant distress that disrupts their ability to function on a daily basis. This should be provided by trained professionals only.

3. A smaller percentage of the population, with particularly stressful reactions, will require more focused and non-specialized support, with attention to the individual, family or group. This psychological first aid should be provided by health workers.

2. Persons who have experienced the loss of family and community support through death, separation and loss of livelihood opportunities will require specific support to restore the protection that these systems provide. These interventions might include family reunion, healing rituals for reconciliation, and/or vocational training.

1. All displaced persons require access to food, shelter, water, hygiene, functioning governance systems, health care, and security in order to re-establish well-being and mitigate further psychosocial harm.

Specialized services

Focused, non-specialized support

Community and family support

Basic services and security

Intervention pyramid for mental health and psychosocial support in emergencies.

3. Key considerations: psychosocial support in situations of internal displacement

The State has the primary responsibility for ensuring the psychosocial well-being of the population on its territory, and for providing specialized services through mental health structures. In times of armed conflict, generalized violence or natural disaster, it might not have the capacity to handle additional needs and might require temporary assistance from the international community.

Strategies to protect and promote the psychosocial well-being of internally displaced and other affected populations, should mobilize existing care systems and capacities within the community to promote the restoration of a sense of normality. The re-establishment of family and community life and the protection from further harm are central to that end.

3.1 General	• Ensure that assessments, including in emergencies, always include a component on mental health needs and available resources among the displaced and other affected populations, looking at:
	– Existing sources of psychosocial and mental health support, whether in the formal health system or within supportive community structures;
	– Current capacities and activities of organizations on the ground with regard to psychosocial support and mental health;
	– Programming needs and strengths, including functionality of referral systems across sectors;
	– No assessment should attempt "diagnosis" unless with qualified personnel (clinical psychologists, psychiatrists or metical staff).
	• Coordinate with specialized partners to ensure that assessments should foresee "fast track" systems for the referral of persons identified as having specific needs or being at heightened risk.[3] Persons with pre-existing mental illnesses should be immediately prioritized for rapid response *(see Part III.1).* 📖
	• Coordinate with the primary health-care providers, both governmental and NGO-run, to ensure equal access to mental health-care services to all communities and individuals *(see Part V.15).* 📖 ▸▸

---

[3] UNHCR, Draft document, June 2007, Heightened Risk Identification Tool.

- Advocate for integrated, specialized, community-based psychosocial support in ongoing programming, emergency preparedness and contingency planning.
- Ensure that mental health and psychosocial support concerns are part of the relevant clusters/sectoral agendas. Solicit the Health Cluster/Working Group as well as the protection cluster/working group to provide basic orientation on psychosocial and mental health to non-specialized humanitarian actors *(see Part I.3).* 📖
- To prevent further harm, ensure that information on these programmes is formulated in a culturally sensitive manner and in an appropriate language. Verify that *Standard Operating Procedures* for referrals are in place and that agencies respect confidentiality safeguards.

3.2 Basic services and security	• Coordinate with all sectoral programmes to ensure access to basic services (health, education, food, water, shelter, livelihood support) by all displaced persons, regardless of age, gender, language, religion or other background criteria. In what way basic services are provided will highly impact the well-being of persons of concern *(see Part IV.7).* 📖 • Involve all members of the community in needs assessments, design of activities and actual responses across sectors. Encourage their feedback and monitoring of all programmes and open channels of communication so that they can express their concerns, emerging needs or proposed community initiatives *(see Part III.3).* 📖 • Organize focus group discussions and other consultations on security issues; encourage the community's initiatives to secure its self-protection, and provide support when required. When appropriate, promote a dialogue between local law-enforcement authorities and the affected communities in this regard. Advocate with appropriate authorities for the establishment of security measures requested by the community *(see Part V.3).* 📖

3.3 Strengthen community and family support *(see Part IV.10)*	• Assess the social dynamics within the IDP community in order to identify the existing support structures and build on them. The participation of local staff in such initiatives can be of great support.
	
	• Disseminate information about support mechanisms and activities within the community.
	
	• Ensure that psychosocial initiatives:
	  – Help communities understand that they are experiencing normal reactions to abnormal situations;
	  – Reduce the impact of stress; and
	  – Include communication and problem-solving skills training for affected communities so that they can seek and obtain concrete help.
	
	• Identify cases of family separation and initiate immediate registration and family tracing to ensure early reunification *(see Part V.9).* 📖
	
	• Identify persons at risk in institutional settings, including orphanages, older persons' homes, mental health institutions and prisons or detention centres. Provide for their protection and, when appropriate, alternative community-based care.
	
	• Facilitate appropriate cultural, spiritual and religious healing practices, and other community self-help activities.
	
	• Establish or improve access to safe and supportive formal and non-formal educational opportunities for girls and boys, including for disadvantaged or traditionally marginalized groups, and expand capacities for psychosocial support within formal and non-formal educational settings.

	• Encourage the reestablishment of normal cultural and religious events and activities in order to support social networks and recreational activities for girls and boys. • Involve adults and adolescents in concrete, useful activities, such as constructing/ organizing shelter, organizing family tracing, distributing food, teaching children, or providing vocational training and livelihood-support activities. • Advocate for and support the development of community-based skills development programmes to promote self-reliance and adequate livelihoods for persons who have lost their traditional families and community-support networks.
3.4 Focused non-specialized support	• Arrange training activities with health specialists on psychological first-aid interventions for local primary health-care workers. • Raise awareness on substance abuse. All humanitarian staff, including local staff, should be able to contribute to overall sensitization in this area. • Promote the availability of appropriate psychological, legal, social, economic, educational and medical support to survivors of human rights violations and encourage their participation in family and community activities. • Ensure that interventions in mental health and psychosocial support empower women and girls as well as individuals or groups with specific needs, including older persons; enable them to play an active role in organizing their lives, attaining self-sufficiency and reducing dependency. Such interventions should incorporate follow-up during and after local integration, return or settlement in another area.
3.5 Specialized services	• Conduct a thorough assessment, with the community and relevant specialists, of the mental health impact of the displacement. Review the status of pre-existing mental health and related disorders in the community and pre-existing services and their current status. • Identify supportive community structures that might assist in identifying, referring and supporting persons needing specialized services. • Work with specialists to ensure that non-specialized humanitarian actors are sensitized and trained to identify and refer mental health cases to specialized programming. • Broaden the availability of specialized mental health care through general and community-based mental health services. • Advocate for and assist in the re-establishment or creation of support and services when they do not exist. • Build on linkages among agencies, protection and health clusters or working groups and national health authorities to promote further training and capacity-building of local mental health professionals when required.

4. Challenges

- Lack of mental health structures in certain locations may undermine the effectiveness of the response. Advocacy with the central government should be used to address this problem, when necessary.

- Lack of specialized personnel in government services or in the aid community may result in non-specialized staff undertaking activities for which they have not been trained. In these cases, the Global Health and Protection Clusters should organize the secondment of expertise to the operation.

- Lack of understanding of, and respect for, local cultural norms and practices by humanitarian workers may cause harm if responses are inappropriate or if through setting up of external support mechanisms local capacities are undermined.

References

- *IASC Guidelines on Mental Health and Psycho-social Support in Emergencies*, IASC, February 2007.

- *The 'TOT': A Global Approach for the Training of Trainers for Psycho-social and Mental Health Interventions in Countries Affected by War, Violence and Natural Disasters*, by Baron, N., in *Intervention: International Journal of Mental Health, Psycho-social Work and Counselling in Areas of Armed Conflict*, No. 4, 2006 **http://www.interventionjournal.com/index1.html**

- *The Community Participatory Evaluation Tool for Psycho-social Programmes: A Guide to Implementation*, by Bragin, M., in *Intervention: International Journal of Mental Health, Psycho-social Work and Counselling in Areas of Armed Conflict,* No. 3, 2005, pp. 3-24. **http://www.interventionjournal.com/downloads/31pdf/03_24%20Bragin%20.pdf**

- *Children in Crisis: Good Practices in Evaluating Psycho-social Programming,* by Duncan, J., and Arntson, L., Save the Children Federation, Inc., Washington, D.C. 2003.

- *Palestinian Code of Conduct for Psycho-social Interventions*, 4 October 2001. **http://www.who.int/mental_health/emergencies/mh_key_res/en/index.html**

- *Psycho-social Care and Protection of Tsunami Affected Children: Inter-Agency Guiding Principles*, January 200.5 **http://www.iicrd.org/cap/node/view/383**

- *Psycho-social Intervention in Complex Emergencies: A Conceptual Framework* and *A Framework for Practice*, The Psycho-social Working Group, Edinburgh, 2003. **http://www.forcedmigration.org/psychosocial/papers/Conceptual%20Framework.pdf**

- *Psycho-social Training CD-ROM*, The Psycho-social Working Group, Edinburgh, 2006. **http://www.forcedmigration.org/psychosocial**

- *Working with Children in Unstable Situations: A Guiding Manual for Psycho-social Interventions (Draft)*, Refugee Studies Centre, Oxford University and UNICEF, 2002.

- *Promoting Psycho-social Well-being Among Children Affected by Armed Conflict and Displacement:* Principles and Approaches, Save the Children, 1996. **http://www.savethechildren.org/publications/psychsocwellbeing2.pdf**

- *Technical Notes: Special Considerations for Programming in Unstable Situations,* UNICEF, 2003.

- *Handbook of Psycho-social Assessment for Children and Communities in Emergencies*, UNICEF East Asia and Pacific Office and Regional Emergency Psycho-social Support Network, 2005. **http://www.crin.org/docs/Handbook%20new%20update.pdf**

- *Guidance on the Use of Standardized Specific Needs Codes*, UNHCR, IOM28/2007/FOM30/2007.

- *Mental Health in Emergencies: Mental and Social Aspects of Health of Populations Exposed to Extreme Stressors*, World Health Organization, Geneva, 2003. **http://www.who.int/mental_health/media/en/640.pdf**

Part IV – 11