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THEMATIC SESSION

BACKGROUND PAPER

Mental health and psychosocial support: guidance and case examples of integrated programming

Wednesday 18 June 2014, 16h45 – 18h30 - Room 4

Mental Health and Psychosocial Support in Humanitarian Settings

Forced migration can significantly impact a person's mental and psychosocial well-being. This may be related to direct effects of armed conflict or natural disasters or to the migration context such as loss of, or separation from, family members and friends, deterioration in living conditions, inability to provide for one's self and family, lack of access to services and other forms of stress. The prevalence of common mental disorders such as depression or anxiety is estimated to double in humanitarian settings (from a baseline of 10% to about 20%). People with pre-existing mental disorders rarely have access to needed services and are at increased risk for violence and abuse. Mental health and psychosocial problems can impact physical health and daily functioning, impairing a person's ability to take care of life-sustaining and day-to-day tasks such as accessing food, shelter, and medical services, or contributing to livelihoods activities, housework and raising children, which has immediate and long-term consequences for children, families and communities.

Women, Mental Health and Psychosocial Support in Humanitarian Settings: Challenges and Opportunities for Leadership

In humanitarian crises, women are especially vulnerable to experiencing social and/or psychological problems. This includes especially pregnant women, mothers, single mothers, widows and, in some cultures, unmarried adult women and teenage girls.¹ Cultural factors and restrictions can also make it more difficult for women to flee from disaster or conflict. Rates of sexual and gender based violence often increase in such settings, mostly affecting women and girls. Accessing mental health services may be difficult for women who may lack transport or fear stigma from the family and community for seeking services. Women also often serve as caregivers for family members with mental problems.

However, refugee settings may also, often against all odds, create opportunities for women and girls to take leading roles in responding to and recovering from humanitarian crises. Women often have unique strengths related to supporting social networks, healthy cultural traditions, local community awareness and involvement in women's groups. Women can play a key role in

¹ IASC (2007). Mental Health and Psychosocial Support in Emergency Settings. Inter-Agency Standing Committee (IASC), Geneva.

meeting the mental health and psychosocial needs of affected communities by raising awareness and facilitating psychosocial support networks. Refugee settings present opportunities to facilitate and nurture the leadership of women in MHPSS activities.

Guidance on Mental Health and Psychosocial Programmes

The impact of mental health and psychosocial needs on refugees and other persons of concern, coupled with an alarming shortfall in accessible options for treatment and support, results in a need for integrated, sustainable, and accessible mental health and psychosocial services and activities as part of relief and development programming in humanitarian contexts.

A substantial body of guidance documents exists (see Box 1), to support the prioritization, quality, and availability of mental health services and activities in such settings by governments, multilateral agencies, and community based organizations involved in MHPSS interventions for refugee populations. It is critical that MHPSS programmes involve women at every level of programme design and implementation and work closely with female professionals and paraprofessionals (e.g. community health workers, volunteers, community leaders, nurses, doctors, psychologists, social workers or psychiatrists) to ensure that women's needs are being met and that a trained workforce includes women.

However, MHPSS interventions are often not routinely considered or prioritized as part of humanitarian and development programmes. Exclusionary migration policies can also create legal barriers to accessing health care and social services even where such services exist. Other challenges that complicate refugees' access to integrated mental health and psychosocial support programmes include weak health care infrastructure, limited availability of trained human resources for MHPSS, cultural and language barriers, centralized mental health care structures, transitions in health systems accompanied by an expanded role for the private sector, and the diminishing role of the state in social protection in many countries.

Box 1: Key Guidelines and Resources

- Inter-Agency Standing Committee (IASC, 2007) [Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#).
- Inter-Agency Standing Committee –Reference Group MPSS (IASC-RG, 2011). MHPSS Guidelines Advocacy Package.
- UNHCR (2013). [Operational Guidance: Mental Health & Psychosocial Support Programming for Refugee Operations](#)
- WHO & UNHCR (2012). [Assessing mental health and psychosocial needs and resources: Toolkit for major humanitarian settings](#).

More guidelines to download are available at: http://www.who.int/mental_health/emergencies/

Examples of Mental Health and Psychosocial Programmes

Comprehensive and integrated MHPSS programmes in refugee contexts are needed to address the substantial challenges outlined above. A broad range of implementation examples from refugee settings in different regions including the Middle East, Africa and Asia illustrate application of global guidelines, sensitivity to the local context and women's leadership:

Integration of Mental health into Primary Health Care and Community Mental Health: Given the significant shortage of specialized mental health staff despite the significant need for services, WHO and IASC guidelines recommend integrating mental health into general health care and training of general health care providers (e.g. doctors, nurses) in the identification, management and referral of people presenting with mental health problems. Depending on

local context and resources, staff such as psychologists, social workers/case managers, community health workers and volunteers may also be trained in mental health as part of a multi-disciplinary team approach. Integration into existing emergency response structures is essential to ensure appropriate referrals and build for sustainability, while avoiding stigma and creation of parallel services. In refugee settings, integrating mental health services as part of general health care or community services has the added values of being more accessible, cost effective and less stigmatizing.

Multi-Service Community Centers: Refugees often have multiple and complex needs for MHPSS and other basic services and activities. Multi-service community centres targeting refugees and the vulnerable host population can play an important role in organizing community outreach, improving social support by connecting people with each other and organizing joint activities, providing educational and recreational opportunities (e.g. English and computer courses, sports activities, early childhood activities) and linking people to more specialized mental health or social services.

Early Childhood Development (ECD): In refugee settings, mothers are more likely to suffer distress and depression, which also impacts their ability to take care of children. Global IASC, WHO and UNICEF guidelines recommend integrating ECD into nutrition programmes in emergency settings. ECD focuses on improving parent-child interactions and increases parents' knowledge about the child's developmental milestones as well as emotional and cognitive needs. Play and early infant stimulation are crucial for brain development and have been shown to improve child health and nutritional outcomes as well as maternal mood.

Involving Women as Refugee Outreach Volunteers:

A very effective way of addressing psychological stress in humanitarian settings is to actively engage refugee women in determining what their needs are, and make them part of the design and implementation of interventions. Refugees' participation in the issues that affect their lives may be an empowerment tool that is of critical importance for social and mental wellbeing. In Syria and Egypt, female outreach workers have been found to be very effective in responding to community needs and building social cohesion within the refugee community.