UNHCR
The UN Refugee Agency

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Strengthening Mental Health and Psychosocial Support in UNHCR Annual Report

Public Health Section | Division of Resilience and Solutions, UNHCR, Geneva

Acronyms and Abbreviations

CBP	Community-Based Protection
CCCM	Camp Coordination and Camp Management
CHW	Community Health Worker
EASE	Early Adolescent Skills for Emotions
GBV	Gender-based Violence
IDP	Internally Displaced Person
IFRC	International Federation of Red Cross and Red Crescent Societies
IPT	Interpersonal Psychotherapy
iRHIS	Integrated Refugee Health Information System
mhGAP-HIG	Mental Health Gap Action Programme-Humanitarian Intervention Guide
MHPSS	Mental Health and Psychosocial Support
MNS conditions	Mental, Neurological and Substance Use Conditions
MSP	Minimum Service Package
NCDs	Noncommunicable Diseases
PM+	Problem Management Plus
PFA	Psychological First Aid
PTSD	Post-Traumatic Stress Disorder
RSD	Refugee Status Determination
SEL	Social Emotional Learning
SH+	Self-Help Plus
WHO	World Health Organization

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Key Highlights

Mental health and psychosocial well-being remain central to UNHCR's protection and solutions strategies—not only in public health programmes, but also across protection, education and other sectors. This report highlights key achievements and developments in multisectoral mental health and psychosocial support (MHPSS) in 2024.

In 2024, 1.2 million consultations were recorded through UNHCR-supported MHPSS services across multiple sectors - a slight decrease (6%) from 1.3 million in 2023. This reduction is mainly attributed to the scale-down of community-based MHPSS activities due to reduced funding. Clinical consultations related to mental, neurological and substance use disorders in UNHCR-supported primary healthcare facilities increased from 149,500 to 175,400, an increase of 17% compared to 2023.

In 133 (92%) of the camps and settlements hosting more than 25,000 people, a psychiatric nurse or other mental health professional was available.

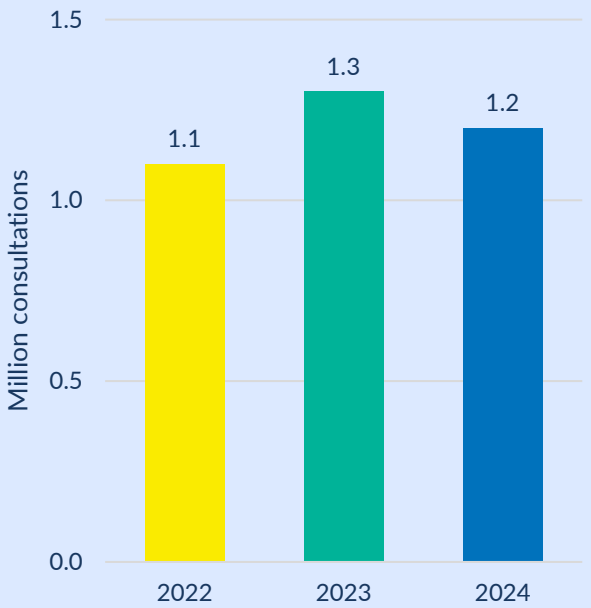
Capacity building of non-specialists remained a cornerstone of UNHCR's efforts to expand the availability and quality of MHPSS services. In 2024, UNHCR supported the training of:

- 498 health staff in the identification and management of priority mental, neurological and substance use disorders using the mhGAP approach;
- 922 people to deliver scalable psychological interventions;
- 8,265 community health volunteers and other volunteers in Psychological First Aid or Basic Psychosocial Skills.

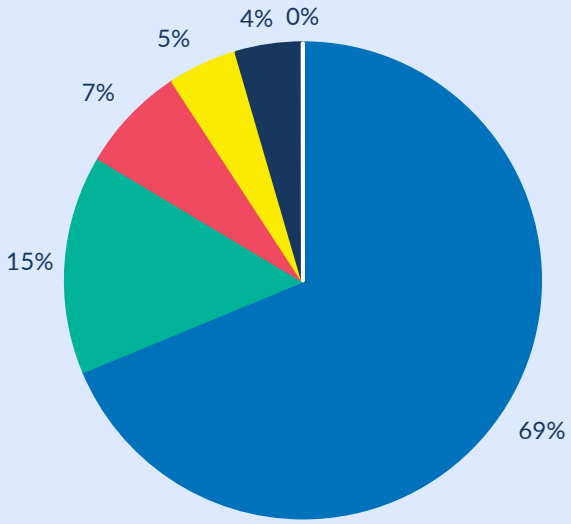
Coordination across sectors and organisations is key to success. MHPSS was integrated in new operational guidelines in child protection and key community-based protection and gender-based violence training resources. UNHCR participated in multisectoral Technical Working Groups on MHPSS in 36 of 58 surveyed countries (62%), strengthening collaboration across sectors and organizations.

Despite the positive results and achievements, the demand for MHPSS services for forcibly displaced people and host communities continues to exceed available resources. This persistent gap places considerable strain on local systems and threatens the long-term well-being of affected populations. Anticipated global reductions in humanitarian funding in 2025 are expected to further compromise MHPSS service delivery, potentially leading to a serious deterioration in access and quality of care.

Number of consultations in UNHCR supported MHPSS services (2022-2024)



Consultations in UNHCR supported MHPSS services by population group *



Breakdown of consultations in UNHCR supported Mental Health and Psychosocial Support (MHPSS) services

* Population group	Top 3 countries per population group	Number of consultations	%
Refugees and asylum-seekers	Bangladesh, Lebanon, Turkey	852,022	69%
Internally displaced people	Ukraine, Afghanistan, Syria	183,771	15%
Others of concern	Venezuelans in Guatemala, Mexico, Honduras	89,155	7%
Host community	Lebanon, Uganda, Peru	58,111	5%
Returnees	Afghanistan, Syria and Venezuela	55,721	4%
Stateless persons		200	0%

[1] In 2022 and 2023 the indicator was differently worded: number of people who have received Mental Health and Psychosocial Support (MHPSS) services.

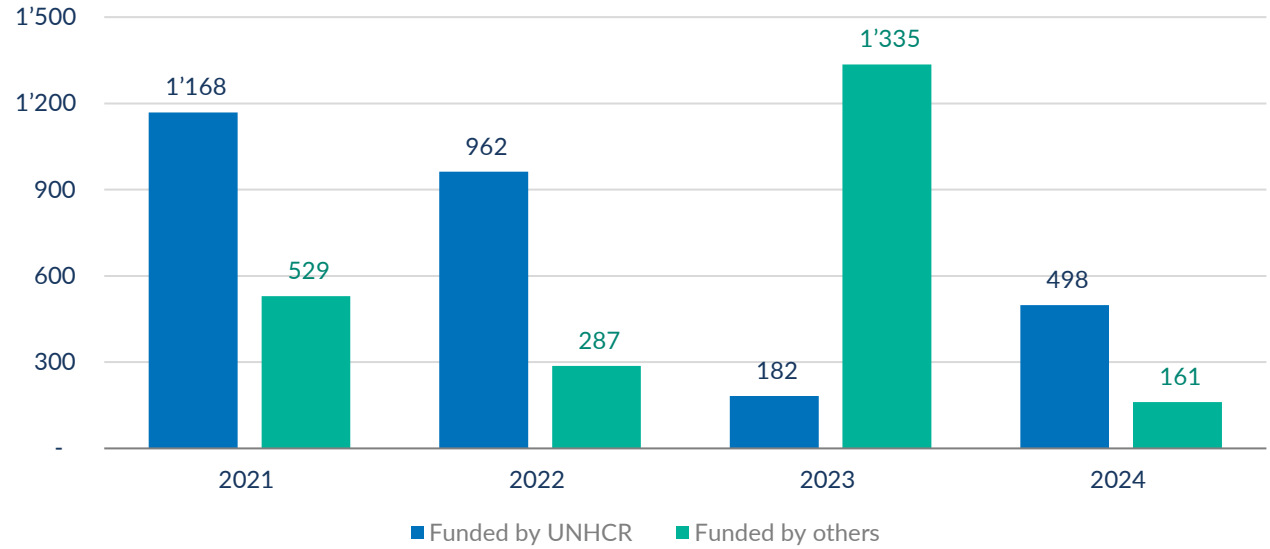
Integration of mental health into primary healthcare

Mental, neurological and substance use (MNS) conditions have an increased prevalence (two to three times higher) in conflict affected populations. However, national systems in areas of displacement are often overburdened. Over the last decade, UNHCR has made the identification and management of MNS conditions an integral part of the health services it supports. Addressing mental health needs can be lifesaving—for example, in cases of suicidal behaviour, acute psychotic or manic episodes, or substance withdrawal. MNS conditions can cause serious social and occupational impairment and may interfere with treatment for other health issues, including HIV, non-communicable diseases and maternal health. UNHCR's Global Public Health Strategy 2021-2025 describes the actions to integrate MHPSS in UNHCR-supported public health programmes. This includes:

Mental health training of medical personnel in health facilities

In UNHCR-supported health facilities, at least one staff member should be trained in identification and management of priority mental, neurological and substance use conditions. Such trainings usually take five days using the WHO/UNHCR (2015) mhGAP Humanitarian Intervention Guide for Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies. In 2024, 659 primary health care staff in refugee settings in 17 countries were trained with this method. Most trainings (76%) were funded by UNHCR. There was a decline in the number of people trained by non-funded partners, due to reduced humanitarian funding, after a spike in 2023 when Ministries of Health, e.g. in the Middle East, were involved in roll-out of mhGAP trainings.

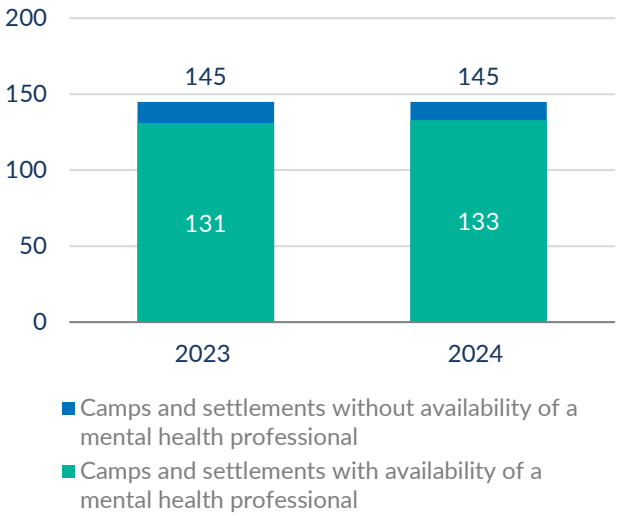
Number of health staff trained to identify and manage mental health conditions with mhGAP (2021-2024)



Making mental health professionals available

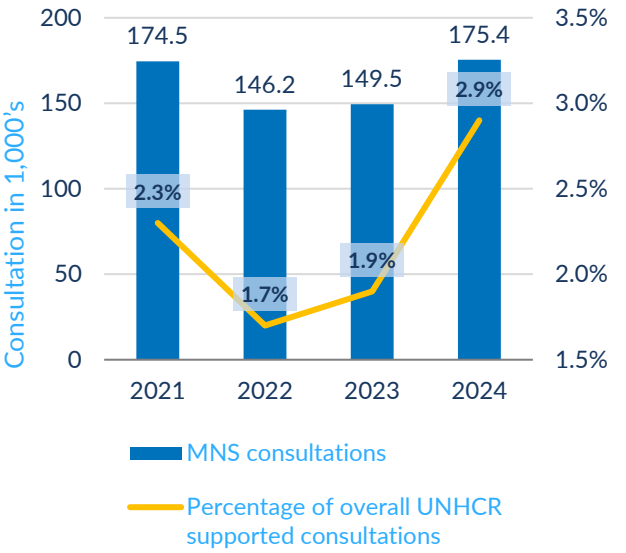
Trained primary healthcare providers should be supported by mental health professionals who provide supervision and consult people with more complex conditions. In camps and settlements with more than 25,000 inhabitants, UNHCR strives to have at least one psychiatric nurse or other mental health professional. This was reached in 133 (92%) of the 145 camps and settlements surveyed.

Availability of mental health professionals in camps and settlements with more than 25,000 inhabitants (2023-2024)

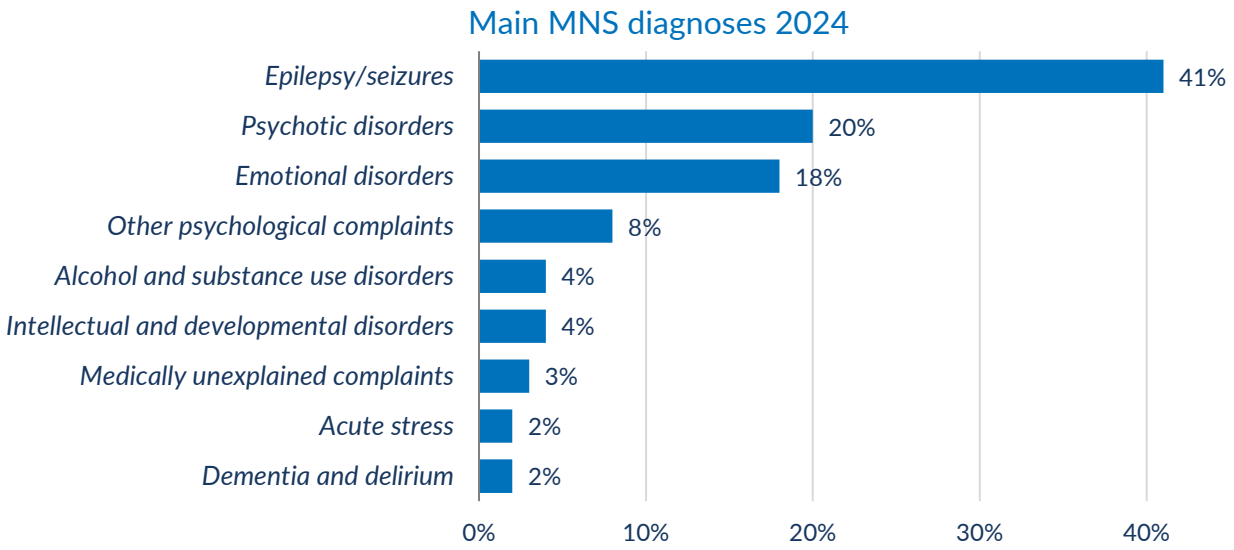


Around three percent of all consultations in UNHCR-supported primary healthcare facilities were related to mental, neurological and substance use conditions, a marked increase compared to the last two years.

MNS consultations (2021-2024)



Most (almost 80%) consultations were related to epilepsy and seizures (41%), psychotic disorders, including mania (20%) and emotional disorders such as depression, anxiety and post-traumatic stress disorder (PTSD) (18%).



Among consultations for MNS disorders, 53% were for female and 47% for males. Some pathologies showed marked gender differences: Among people diagnosed with emotional disorders (depression, anxiety, PTSD), two thirds (67%) were women, while for substance use consultations only 22% were women. Among other pathologies there was no gender difference: the percentage of females was 50% for psychotic disorders and 49% for epilepsy.

Regularly supplying psychotropic medicines

Routine supply of essential medication for mental, neurological and substance use disorders to health facilities, in line with the UNHCR's essential medicine list, is indispensable to ensure mental healthcare. Forty-one (71%) of the 58 countries achieved this. Countries with supply issues included countries with import restrictions (such as Sudan) and/or countries where refugees access already strained national systems.

Training community workforce

In 32 of 58 (55%) countries, community health workers and other community volunteers followed orientations in Psychological First Aid or Basic Psychosocial Skills. A total of 8,265 volunteers had been trained in 2024.

Spotlight: Mental health and non-communicable diseases in Burundi

Through an ongoing partnership with the World Diabetes Foundation, UNHCR supports the Ministry of Public Health and partners in Burundi to strengthen the identification and management of non-communicable diseases (NCDs) and mental disorders in primary health care. A total of 88 healthcare professionals, including doctors, nurses and psychologists received a week-long advanced training to enhance their competency in managing mental illnesses, especially in the context of non-communicable diseases such as diabetes and cardiovascular conditions. In addition, 1,260 community health workers (CHWs) were trained on early detection and prevention of NCDs and mental health conditions, supported by a community awareness campaign targeting refugees, returnees, internally displaced persons (IDPs) and host communities, on the signs of mental health conditions and NCDs and when and where to seek treatment. This resulted in improved community detection, referrals and better case management in the health facilities.

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Spotlight: Integrating mental health in the emergency response for Sudanese refugees in Chad

The ongoing conflict in Sudan led to the arrival of over 700,000 new refugees in eastern Chad, joining the 400,000 Sudanese refugees already residing there. Mental health needs among the newly displaced are severe, driven by experiences of loss, violence and the daily stresses of survival in a region with minimal services. The national mental health system in Chad remains severely overstretched, particularly in the refugee-hosting provinces in the east. UNHCR and partners invested in the development of multi-layered mental health support for Sudanese refugees, despite only 30% of the required funding received in 2024 for the Sudanese refugee situation in Chad. Some achievements include:

1. Coordination and mapping

With support of the MHPSS Surge Mechanism, funded by the Netherlands, a mental health specialist was deployed to Chad and subsequently engaged by UNHCR. The expert plays a pivotal role in coordination and service mapping. For example, in Assoungha, the most affected department in eastern Chad, a detailed mapping in 15 refugee hosting locations identified 54 psychosocial assistants amongst the refugees and host community, 18 psychologists, 12 social workers and 5 mental health nurses. This enabled partners to improve referral pathways.

2. Capacity building

Together with the coordinator of the national mental health programme of the Ministry of Public Health in Chad, UNHCR organized two-day workshops on the Minimum Service Package for MHPSS for 97 persons from district governmental departments (health, social welfare, education), NGO's and UN agencies in eastern Chad. Participants gained practical knowledge on how their respective sectors can contribute to enhance mental health and psychosocial well-being in humanitarian settings, fostering more coordinated and comprehensive support for affected populations.

3.Integration of mental health into primary care

29,550 consultations for MNS conditions were provided in UNHCR supported primary health facilities. General healthcare providers received training and ongoing supervision from a psychiatrist in the identification and management of priority MNS conditions using the mhGAP Humanitarian Intervention Guide. Additionally, 85,046 persons participated in community-based psychosocial interventions led by health NGOs.

4. Integration of MHPSS into other sectors

UNHCR's national protection partners provided basic psychosocial support to women and girls who sought care for sexual and gender-based violence: 52% were assessed for mental health and wellbeing. Psychosocial support activities were expanded to refugee children, using community centres to offer structured play, counselling, and group activities, despite challenges in infrastructure and staffing.

5. Supporting refugee-led organisations in providing basic psychosocial support to other refugees

UNHCR supports a network of refugee led organisations, including some which focus on MHPSS. For example, the Sudan Volunteer Organization supported 31,044 Sudanese refugees (56% girls, 36% women, 9% men) with a focus on those who experienced sexual violence, or who got injured or lost loved ones during the conflict.

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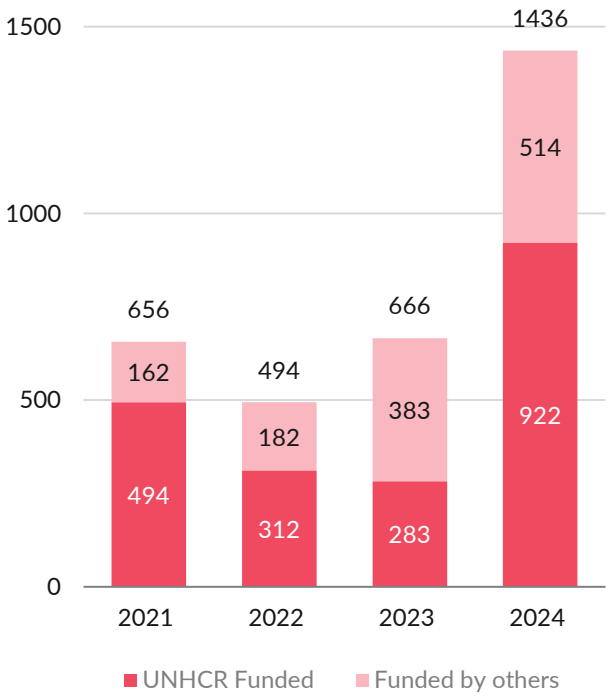
Scalable psychological interventions

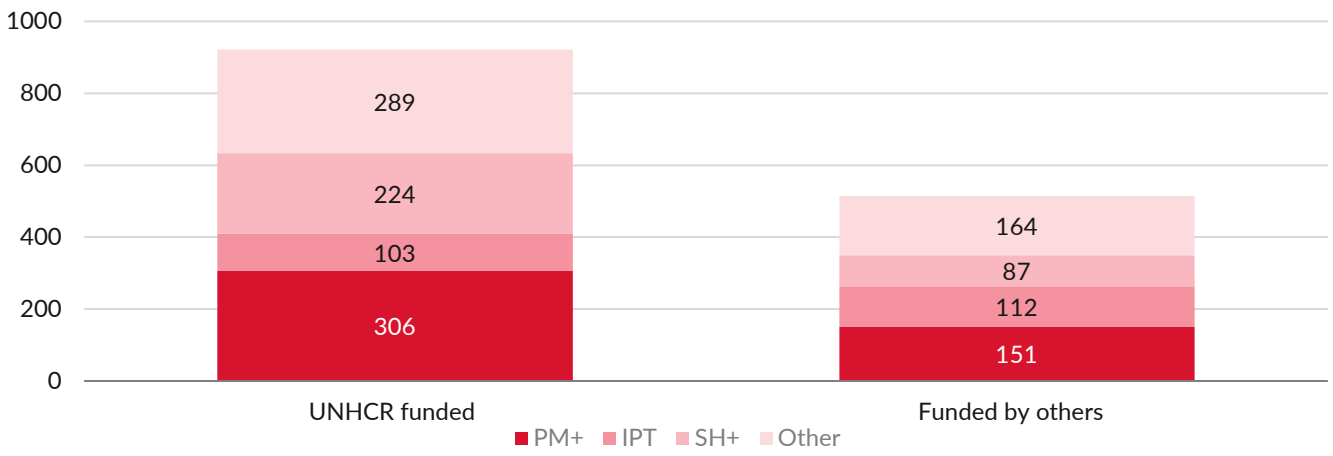
Scalable interventions refer to evidence-informed mental health and psychosocial support approaches that can be delivered with fidelity across diverse populations and settings, often by non-specialist providers with appropriate training and supervision. These interventions are designed to be adaptable, cost-effective and accessible, making them particularly valuable in contexts with limited specialist resources. Scalable psychological interventions can be applied across clinical and non-clinical environments — from integration into primary healthcare and mental health services, to delivery in schools and community centres. When embedded within stepped care or layered support systems, they can strengthen community resilience, promote psychosocial well-being and address common mental health conditions, often ensuring that support reaches those most in need without overburdening specialized services. In 2024, UNHCR supported the training of **922 providers** across multiple countries in scalable interventions including Problem Management Plus (PM+), Self-Help Plus (SH+), Interpersonal Therapy (IPT) and Early Adolescent Skills for Emotions (EASE). This increase in capacity building activities reflects a growing interest in scalable psychological interventions for which the evidence-base is rapidly expanding.

People in refugee settings trained in scalable psychological interventions (2021-2024)



Intervention	Description
Problem Management Plus (PM+) Group PM+	A brief, individual or group, five-session psychological intervention for adults experiencing distress, including depression, anxiety and stress, in communities affected by adversity. Designed to be delivered by trained non-specialists, it combines problem-solving, stress management and behavioural activation techniques adapted from cognitive behavioural therapy for low-resource settings.
Group Interpersonal Therapy (IPT)	An eight-session psychological intervention recommended by WHO as a first-line treatment for depression. Adapted for delivery in group settings by trained, supervised non-specialist facilitators, it focuses on addressing interpersonal issues that contribute to emotional distress. UNHCR has partnered with Teachers College Columbia University to design a manual for individual interpersonal psychotherapy for low resource settings which is used in Bangladesh and Peru.
Self-Help Plus (SH+)	A five-session, group-based stress management course delivered by trained non-specialists using audio recordings and an illustrated guide. It is designed for adults experiencing stress and is well-suited as a scalable, community-level intervention or as first step within a stepped care model.
Early Adolescent Skills for Emotions (EASE)	An evidence-based group intervention for 10–15-year-olds experiencing emotional distress such as anxiety or depression in communities affected by adversity. It includes seven group sessions for adolescents and three for their caregivers, and is designed for delivery by trained, supervised non-specialists.
Integrative Adapt Therapy (IAT)	Six session model (individual or group), using elements of cognitive behavioural therapy, adaopted to refugees with attention to how the refugee experience is connected to psychological symptoms.
Community Based Sociotherapy (CBS)	Fifteen group sessions of two to three hours with eight to twelve persons in a community ('area- based approach') facilitated by two facilitators from the same community. Goal is restoring and strengthening feelings of safety, trust, dignity, social cohesion and mutual support in communities affected by violent conflict and forced displacement.

People in refugee settings who received training in scalable psychological interventions (2024)



Spotlight: Problem management plus in Algeria

Refugees in Algeria face significant mental health challenges, including socio-cultural barriers, poor living conditions and stigma. Despite ongoing efforts to support health inclusion nationwide, access to mental health services remains insufficient in both urban and camp settings. To address this gap, UNHCR Algeria, in collaboration with IFRC MENA and the Algerian Red Crescent Society, organized a six-day training in Problem Management Plus (PM+) in December 2024. This initial training targeted 15 PM+ Helpers working in camp and urban settings. Ten out of 15 participants were Sahrawi refugee psychologists working in the camps in the Sahara desert. The supervision and follow-up phase will start by the third week of January 2025, paving the way for a Training of Trainers later in 2025.

Spotlight: Early adolescent skills for emotions (EASE) training in Ukraine

In the context of the conflict in Ukraine, the mental health needs of adolescents have grown significantly, with many experiencing distress and prolonged uncertainty. At the same time, frontline providers across sectors have expressed a need for practical, evidence-based tools to support the emotional well-being of young people. In response, and in partnership with UNICEF Ukraine, UNHCR supported the roll-out of the WHO EASE (Early Adolescent Skills for Emotions) intervention — a brief, scalable group programme designed to help adolescents manage emotional distress, alongside sessions for caregivers. Trainers from the University of Zurich led the capacity-building process, equipping 20 national mental health professionals and social workers across the country to deliver EASE in accessible, low-intensity formats. Trainee helpers continue to report that EASE has proven highly relevant and impactful, with preliminary feedback highlighting improved emotional regulation among youth and strengthened connections between adolescents and their caregivers

Spotlight: Interpersonal therapy (IPT) in Bangladesh

To address the growing mental health needs of Rohingya refugees and the limited access to structured psychological care, UNHCR partnered with Teachers College at Columbia University in November 2024 to train 20 psychologists and 6 senior Bangladeshi mental health professionals in Interpersonal Therapy (IPT). The training targeted those providing support to refugees in Cox's Bazar and Bhasan Char and included key components such as suicidality assessment, safety planning and the foundations of clinical supervision. This was followed by over 25 technical supervision sessions and an advanced workshop. Preliminary findings indicate reduced depression symptoms among refugee clients receiving IPT. Participants commonly addressed issues such as role transitions, interpersonal disputes, grief and social isolation. With support from UNHCR HQ, the initiative has built local capacity and aims to support future scale-up to host communities, while contributing to efforts to integrate IPT into national mental health systems.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Integration of MHPSS into Protection Work

MHPSS in community-based protection

Community-based protection (CBP) and mental health and psychosocial support are closely linked, each strengthening community resilience and well-being. By empowering communities to address their own protection needs, CBP provides a foundation for effective MHPSS interventions. Many MHPSS interventions can be led by forcibly displaced and stateless persons when they are equipped with appropriate training and tools. The ***CBP Facilitator's Guide***, launched in 2024, offers practical guidance on the CBP-MHPSS linkages and approaches to community-based MHPSS. It builds on the long-standing engagement of outreach volunteers and community centers integrating MHPSS in diverse operational settings, including Italy, Venezuela, Pakistan, Syria and Sudan.

Spotlight: Strengthening Psychosocial Well-Being in Bangladesh

Protection partners in Cox's Bazar, Bangladesh, use a combination of approaches to enhance psychosocial well-being of Rohingya refugees. One example is the Sport for Protection (S4P) project promotes resilience and psychosocial well-being among refugee adolescents, youth and persons with disabilities by fostering social inclusion through sports. Operating in four refugee camps, the project reached 429 participants in 2024, using sports as a platform to enhance protection outcomes. Activities include structured sports sessions that support physical development, encourage positive behaviour, strengthen communication skills and integrate regular personal check-ins. These are complemented by protection sessions with tailored modules addressing gender-based violence prevention, child protection, psychosocial support and anger and stress management. Another example is the collaboration with faith leaders during Ramadan to explore mental health concepts through relevant Surahs (Quranic chapters). Participants have reported a range of psychosocial benefits, including a stronger sense of belonging, increased confidence and focus, reduced stress and improved coping mechanisms strategies – both through the sports activities and protection sessions.

MHPSS in gender-based violence programming

MHPSS is a crucial component of UNHCR gender-based violence (GBV) programming. Survivors of GBV often experience significant mental health and psychosocial challenges, which can have profound impacts on their well-being, resilience, and recovery. Integrating MHPSS into GBV interventions helps address these needs by providing survivors with support to heal and rebuild their lives. This approach not only aids the immediate recovery of individuals but also contributes to the overall health and stability of communities. GBV programmes with well-integrated and linked MHPSS services can foster a more holistic and survivor-centred response and promote better survivor outcomes and long-term resilience.

In 2024, over 1.67 million individuals benefited from UNHCR specialized GBV prevention and response programmes in more than 86 operations globally. GBV specialists were deployed to ten operations including to Chad, Lebanon, Mauritania, South Sudan and Yemen. Specialists supported the establishment of GBV prevention, risk mitigation and response interventions from the onset of emergencies enhancing access to quality of services to women and girls.

UNHCR continued to strengthen the interlinkages between protection from GBV and MHPSS and enhance accessibility of MHPSS and GBV services for GBV survivors.

In 2024, UNHCR conducted two learning initiatives on the Inter-Agency GBV Minimum Standards: one focused on emergencies and one focused on GBV Coordination in Refugee and Mixed Settings. These learning initiatives benefitted 84 members of UNHCR and its partners workforce.

A central part of UNHCR GBV programming is to ensure quality case management for survivors based on a survivor-centred approach and GBV guiding principles. To increase the quality and scalability of GBV case management services, UNHCR together with UNFPA and other partners supported the finalization of the revision and the launch of the new ***Interagency Case Management eLearning***. The two (2) online eLearning launch sessions gathered more than 1,200 participants while 3,134 individuals have used the training in English, Spanish and French since its launch in July 2024.

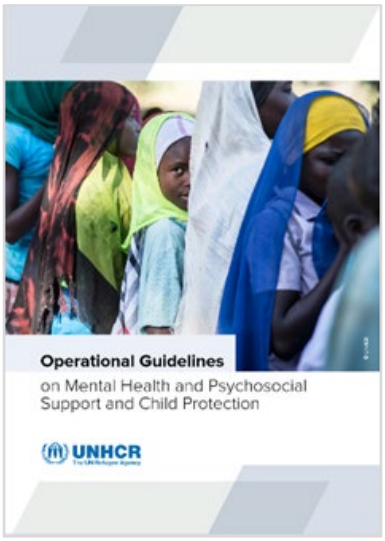
UNHCR organized a global Girl Shine global Training of Trainers (ToT). Girl Shine is a programme model that seeks to support, protect, and empower adolescent girls in humanitarian settings by providing them with skills and knowledge on GBV and how to seek support services. Girl Shine cuts across Layers 2 & 3 of the MHPSS Pyramid and supports adolescent girls as they navigate a safe and healthy transition into adulthood, protected from GBV, supported by their caregivers and peers, and able to claim their full rights. Members of the UNHCR and partners workforce, including those representing Women-led Organizations (WLOs), from thirteen (13) operations (Burkina Faso, Curaçao, DRC, Kenya, Libya, Malawi, Moldova, Mozambique, Nigeria, Pakistan, Somalia, South Sudan, Yemen) took part in the intensive ToT. The post-test scores demonstrated a strong learning curve, with an average score of 90%.

Refugee status determination (RSD)

Applicants for international protection who face mental health conditions or who have intellectual or psychosocial disabilities may have challenges in RSD procedures. The UNHCR Asylum Systems and Determination Section (ASDS) has ongoing activities to assist RSD practitioners in applying the section of the ***RSD Procedural Standards on Applicants with Mental Health Conditions or Intellectual Disabilities***. In 2024, global webinars on this topic reached over 200 RSD practitioners.

Increasing attention is also given to the psychological well-being of RSD practitioners. The Induction Programme for RSD practitioners was revised to include an ***online course*** to support coping with stress and early symptoms of burnout, vicarious trauma and/or compassion fatigue. The RSD Practitioners Platform has been updated with good practices on staff wellbeing from country operation and on building resilience in individual case processing.

Child protection | MHPSS for children and caregivers



MHPSS interventions for children and caregivers not only addresses immediate emotional and psychological distress but also play a foundational role in restoring a sense of safety, resilience and connection within families and communities. It complements core child protection services, supporting recovery and strengthening protective environments. In 2024 the new ***Operational Guidelines on Mental Health and Psychosocial Support and Child Protection*** were released.

However, sustained access to MHPSS for forcibly displaced and stateless children remained challenging, as services were often overstretched due to funding constraints, staffing shortages, insecurity, and mental health stigma. Anticipated budget cuts in 2025 threaten to significantly reduce access to these services, jeopardizing the gains made in recent years and placing vulnerable children and their families at heightened risk.

In 2024, UNHCR provided a broad spectrum of MHPSS interventions to children and caregivers across its operations, often integrated within community structures. In Uganda, nearly 201,000 children accessed psychosocial support through child-friendly spaces, while over 20,000 caregivers were reached through positive parenting programmes, strengthening family resilience and reducing violence in the home. Uganda also piloted the use of digital and virtual reality tools to support emotional development and social connection among displaced adolescents. These innovative approaches helped over 500 youth build life skills, strengthen peer relationships and enhance their sense of well-being, with broader ripple effects across their communities. The pilot was implemented in partnership with Artolution as part of a global digital innovation project, Virtual Bridges, which was also carried out in Czechia, Indonesia and Algeria to enhance community-based MHPSS through creative, arts-based technologies.

Arts-based psychosocial support, when implemented in a culturally informed and participatory manner, offers powerful ways to promote expression, resilience and healing, particularly for children and adolescents. UNHCR continues to advocate for the thoughtful integration of creative approaches within wider MHPSS systems to ensure both safety and impact.

In Colombia, nearly 5,000 children benefited from the “Nos Mueve la Niñez” initiative, which used music, art and play to promote healing and social cohesion, while empowering caregivers and local ombudspersons to support child well-being. In Syria, MHPSS services were delivered through community and satellite centres, where both children and caregivers received emotional support and psychosocial first aid, although insecurity and movement restrictions limited reach in some areas.

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Spotlight: Support MHPSS needs in Mexico through collaboration with national partners

Among the major unaddressed need identified through participatory consultations and community dialogues in Mexico were challenges refugees face in accessing mental health services that could help them navigate and recover from the emotional impacts of forced displacement. These issues affect not only mental health and emotional well-being, but also undermine refugees' ability to develop life plans, make decisions, engage with their communities and integrate into Mexican society. To address these issues, UNHCR in Mexico intensified its work in mental health and psychosocial support, strengthening collaboration with a network of partners, including psychologists and social workers, to deliver comprehensive support across multiple localities. In 2024, UNHCR partners provided MHPSS services to more than 15,000 people across Mexico, including through individual and group therapy as well as through psychoeducational workshops on stress management, strategies for positive coping and cultural adaptation in Mexico. For example, in the state of Aguascalientes, UNHCR supported the training of 100 psychologists from the Municipal Institute of Mental Health and helped establish mental health referral pathways for refugees. In Sinaloa state, 85 personnel from the National System for the Integral Development of the Family (DIF) participated in capacity-building sessions focused on psychosocial care for internally displaced people during emergencies.

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Spotlight: Lithuania advancing refugee mental health through government-led collaboration

In Lithuania, UNHCR supported the development of a national MHPSS and socio-cultural orientation programme for refugees from Ukraine through a strategic, government-led initiative funded by European External Action (EEA) Grants. As an associate partner, UNHCR contributes to the expert advisory group, provides technical input, facilitates study visits and supports Nordic Baltic collaboration with partners from Finland, Norway, Sweden and Denmark. The programme — led by the Lithuanian Reception and Integration Agency and the Ministry of Social Security and Labour — aims to strengthen the psychological resilience of refugees and promote their integration through the creation of sustainable, system-level responses. This initiative reflects Lithuania's move toward a long-term, strategic approach to refugee mental health and integration, with UNHCR playing a key role in capacity building and cross-country learning.

Publications

UNHCR continues to develop and share key publications to guide, document and strengthen mental health and psychosocial support efforts across operations. The resources below reflect ongoing learning, collaboration and innovation in the field.

- Navigating health and well-being challenges for refugees from Ukraine - 2nd edition
- UNHCR renews its call to strengthen community-based mental health and psychosocial support interventions across Europe


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Integration of MHPSS into Education and Other Sectors

MHPSS and SEL in education programming

As part of its social and emotional learning (SEL) activities, UNHCR collaborated with the ***Recover With Music*** team across four operations. The team conducted training sessions and workshops with teachers and youth groups using music as a tool for emotional recovery and resilience, particularly in communities affected by conflict and disaster.

The programme aims to empower young individuals to actively engage in their psychological recovery through music-making activities. This approach not only supports healing but also fosters a sense of community and mutual support among participants. It provides practical, low-cost tools that educators and community workers can easily implement to strengthen existing efforts in emotional support and youth development.

In Chad, El Salvador, Ecuador and Jordan, where Recover With Music workshops were held, teachers and community workers have begun applying the tools and materials introduced during the training. In schools, educators are leading sessions and proposing the integration of the methodology into the Cultural and Artistic Education curriculum. Community promoters also plan to adapt and use selected tools to reinforce youth protection and resilience-building efforts in their local contexts.

Enhancing MHPSS outcomes through sport and play

The contribution of sport and physical activity to mental health and psychosocial wellbeing is well documented. From reducing symptoms associated with depression and anxiety to developing social and emotional learning skills and strengthening support networks, sport provides an important source of stress relief and contributes to improved mental well-being for people forced to flee and host communities. A repository of resources on MHPSS and sport is housed on the ***Sport for Refugees Coalition*** section of the International Platform on Sport and Development.

Findings from a qualitative study of a multi-year sport for protection programme, Ven y Juega (2021-2024), which UNHCR and partners implemented in three regions of Colombia (La Guajira, Putumayo and Norte de Santander), reaffirmed the contribution of safe and inclusive sport to MHPSS outcomes. Analysis of programme outcomes demonstrated that through their participation in programme activities, children and adolescents developed improved self-efficacy, social and psychosocial well-being skills. Family members and parents also developed improved self-efficacy skills and strengthened their social networks.

UNHCR's ***Sport Strategy, More than a Game (2022-2026),*** highlights improved psychosocial wellbeing as one of four long term outcomes. Through global sport partnerships, UNHCR mobilized $10.8 million for core UNHCR programming in 2024 which include elements of MHPSS, health, protection and education, and multiyear sport for protection programmes in 12 country operations, four of which have dedicated theories of change on improved psychosocial well-being. These programmes will make an important contribution to improved psychosocial well-being for an estimated 51,000 displaced people and host communities.

Moreover, with the aim of equipping coaches and sport facilitators with the skills and knowledge to support young players in displacement settings and create safe and supportive environments, UNHCR's partner, the Olympic Refuge Foundation, launched a dedicated MHPSS informed coaching programme in 2024 in collaboration with the Red Cross and Red Crescent Movement. Opportunities to roll out this programme alongside multiyear sport for protection programmes will be explored in 2025 and beyond.

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MHPSS and peacebuilding

In 2024, UNHCR's ***Regional Youth Peacebuilding Programme (RYPP)***, implemented across five countries in eastern Africa, strengthened its focus in embedding MHPSS into peacebuilding initiatives led by forcibly displaced youth. Recognizing the psychological toll of displacement, conflict and protracted uncertainty, MHPSS was not treated as a standalone service but as an essential enabler of effective youth engagement, leadership and resilience.

In Sudan's White Nile State, UNHCR piloted a community-based MHPSS model training 40 youth peacebuilders in psychological first aid (PFA). These youth subsequently supported over 360 individuals across 10 camps, providing psychosocial support and facilitating referrals for those requiring specialized care. Their contributions became especially critical in late 2024 when renewed conflict in Aljabalain forced secondary displacement to western White Nile camps. Trained youth played a frontline role in identifying distress, offering peer-based counselling and connecting affected refugees to mental health services, thereby strengthening communal coping mechanisms amid crisis.

In Uganda, youth peacebuilders continued to integrate the Self-Help Plus (SH+) approach, a WHO-developed stress management intervention (see page 8), into their training and mentorship activities. This allowed them to address collective trauma and anxiety in displacement settings, while promoting emotional regulation, social cohesion and youth-led healing spaces. The approach improved participants' psychological well-being and also enhanced the peacebuilders' capacity to lead with empathy and care in their communities.

Integration of MHPSS approaches into other technical sectors

Technical sectors, including shelter and settlements or WASH, play a substantial role in promoting well-being and mental health, using an 'MHPSS approach' in their work. For example, settlements should be safe and secure from the start of an emergency. This requires engagement of teams across sectors – from settlement planning to shelter, WASH, energy, environment, protection, health, MHPSS - as well as consultation with local authorities and communities. With this in mind, the entry on ***Safe and Secure Settlements*** in UNHCR's Emergency Handbook was revised in 2024.

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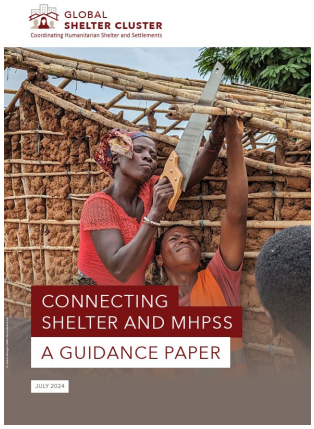
MHPSS for Internally displaced persons

Global shelter cluster

In 2024, the Global Shelter Cluster, which is co-chaired by UNHCR, released new guidance on ***Connecting Shelter and MHPSS***. It aims to provide shelter cluster coordinators, other shelter and settlements actors and those in MHPSS technical working groups with essential information about the linkages and programmatic integration between their areas of concern. The central tenet is that stronger engagement between actors in shelter and settlements and MHPSS, strengthens humanitarian responses and paves the path towards recovery and development outcomes.



Global protection cluster

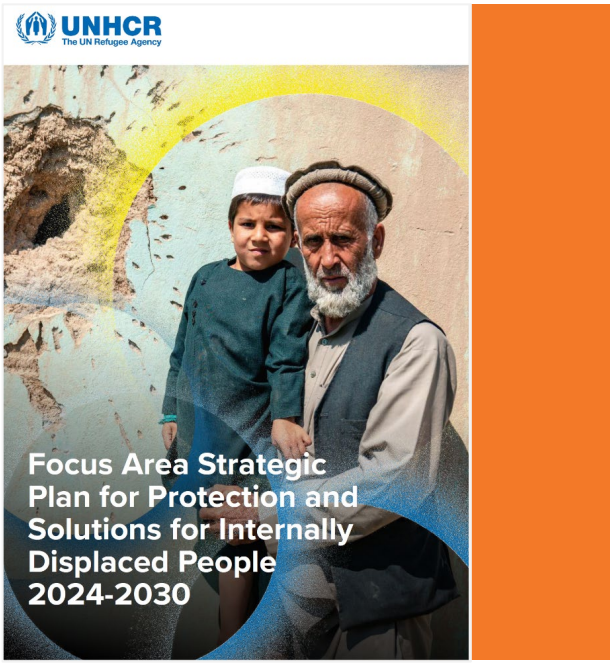
Psychosocial/emotional abuse or inflicted distress is identified as a priority risk across many protection clusters. In 2024, it featured among the top risks in Global Protection Updates. In December 2024, 100% of operations reported psychological/ emotional abuse or inflicted distress amongst the affected populations, while 64% rated the risk as high or very high (Afghanistan, DRC, Sudan, Syria, occupied Palestinian Territory, Nigeria).

In South Sudan, the Protection Cluster co-organized a workshop on the MHPSS Minimum Service Package for NGOs active in the protection response, resulting in new ***guidance for partners*** on MHPSS integration in submissions for the Humanitarian Needs and Response Plan for South Sudan.

The Field Protection Coordination Toolkit that is currently under development, provides an overview core concepts and the roles and responsibilities of the protection cluster in promoting and integrating MHPSS in the protection response.

MHPSS in UNHCR's strategic plan for IDPs.

UNHCR's involvement in situations of internal displacement is a corporate focus areas requiring renewed attention and accelerated action, as outlined in the UNHCR Strategic Directions 2022-2026. The new ***Focus area strategic plan for protection and solutions for internally displaced people 2024-2030*** describes the role of UNHCR in such contexts. In emergency or fragile contexts, UNHCR will play an operational role in MHPSS when others are not present or do not have capacity, or where there is strategic imperative. UNHCR is working towards strengthening the capacity of national and sub-national authorities, communities and humanitarian partners to provide mental health and psychosocial support services.



Spotlight: MHPSS for IDPs and returnees in Afghanistan

In Afghanistan, MHPSS services were provided to 44,323 refugee returnees and 48,936 internally displaced persons. These services are provided through national NGO partners. UNHCR has set up a comprehensive system of training, supervision and monitoring. In 2024, 13,432 individuals received one-on-one counselling services, while 33,772 individuals attended group psychosocial support sessions and 554 individuals participated in family-based interventions. Furthermore, awareness-raising services were provided to 45,501 individuals. The operational environment in Afghanistan remains challenging. In November 2023, the De Facto Authorities prohibited community-based MHPSS, restricting services to health facilities. This risks to medicalize mental health issues and increases stigma, discouraging people from seeking help. UNHCR works closely with the other partners in the MHPSS Technical Working Group to contribute to this improved outcomes for mental health and psychosocial well-being across the country.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Collaborative initiatives on MHPSS

Group of Friends of Health for Refugees and Host Communities

The Group of Friends of Health for Refugees and Host Communities, led in 2024 by the Kingdom of Morocco, the Netherlands, the European Commission, Germany, UNICEF, the Global Fund, GAVI and the Amal Alliance — and co-convened by WHO and UNHCR — continued to serve as an innovative platform to promote inclusion in national health systems and advance MHPSS. The multi-stakeholder pledge on *fostering Mental Health and Psychosocial Wellbeing* received five additional pledges, bringing the total number of MHPSS commitments linked to the 2023 Global Refugee Forum to 118 as of December 2024.

Minimum service package for mental health and psychosocial support

A joint project with WHO, UNICEF and UNFPA, funded by the Government of the Netherlands, focussed on the roll-out of the IASC Minimum Service Package for Mental Health and Psychosocial Support including the new multi-sectoral assessment tool for MHPSS. UNHCR facilitated workshops of two to four days with 311 participants in Chad, Ethiopia and South Sudan to assist governmental departments, UN agencies and national and international NGOs working to integrate MHPSS into sectors such as health, education and protection.

Multi sectoral assessment toolkit

As part of its commitment to developing appropriate and culturally-relevant tools, MHPSS teams in Ethiopia and Iraq conducted resource and needs assessments using the new interagency *Multi-sectoral MHPSS Needs and Resources Assessment Toolkit*. In both countries, humanitarian partners, community members, individuals with mental health conditions and their caregivers were actively engaged in the process which included adapting tools and training staff to conduct interviews. Findings in Ethiopia demosntatred a shortage of MHPSS services for refugee populations and an increased risk of suicidal behaviour. In Iraq, although MHPSS needs remain high among refugees, they do not differ significantly from those of host communities. These findings are crucial for developing tailored and meaningful MHPSS services for affected populations. UNHCR also provided technical and logistical support to multi-agency assessments on MHPSS in Chad and Mauritania.

Substance use

Together with the United Nations Office on Drugs and Crime (UNDOC) and WHO, UNHCR co-chaired the Thematic Group on Substance Use in Emergencies. The group developed orientation materials on substance use in communities in humanitarian settings, that were field-tested in eight humanitarian settings with 342 participants. Training led to measurable gains in knowledge and confidence the participating community workers.

Spotlight: Research to address unhealthy alcohol use in Zambia

In Zambia, a research consortium of international and national universities and NGOs with support of UNHCR did a randomized controlled trial to test the feasibility and effectiveness of a stepped care model for screening and interventions delivered by trained lay providers to address unhealthy alcohol use among Congolese refugees and Zambian host community members in Mantapala refugee settlement. Results from 400 participants showed strong effects of the intervention on reducing unhealthy alcohol use at both six- and twelve-months follow-up as well as reductions in anxiety and depressive symptoms at six-months follow-up. This demonstrates that trained non-specialists can make a significant impact in reducing alcohol use disorders and co-occurring mental health problems in low resource refugee settings.

Training mental health in complex emergencies

This annual online learning course of 15 weeks on mental health and psychosocial support in humanitarian settings consists of 75-100 hours of learning. The course is organized by the Institute of International Humanitarian Affairs at Fordham University in New York in collaboration with UNHCR and other partners. The 2024 edition had 82 participants from 27 nationalities, many of them working in field locations in humanitarian settings. UNHCR funded 29 participants of whom 16 were working with UNHCR and 13 with partners, such as national NGOs, local universities or governments.

Spotlight: Course participants from Sudan

In Sudan, the MHPSS needs are grave and largely unaddressed. As part of ongoing efforts to strengthen MHPSS capacity, UNHCR supported six professionals working in Sudan (five were Sudanese nationals) to participate in the MHCE training.

> *"I learned how mental health responses in emergencies extend far beyond clinical diagnoses and treatment—they require an understanding of the social, cultural, and structural challenges that shape individuals' experiences and access to care."*
>
> ***—— Oblina Omer, psychologist with Medical Teams International in Kosti, Sudan***

> *"The course empowered me in several ways. I now realize how important it is to integrate MHPSS interventions into various sectors, including health, education, protection, and community-based protection, ensuring a comprehensive response."*
>
> ***—— Nasur Muwonge, Public Health Officer, UNHCR Sudan***

> *"The course helped me to understand how people working in the deep field can address mental health issues through their activities. During the course, I was temporarily displaced due to the war in my country and I worked remotely. I became stronger myself and managed to support many colleagues in Sudan. I became an advocate for MHPSS within our operation."*
>
> ***—— Aicha Abucker, Field Associate, UNHCR, El Fasher, Sudan***

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