



# Strengthening Mental Health and Psychosocial Support in 2021

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This document describes what UNHCR operations can do to strengthen the integration of Mental Health and Psychosocial Support (MHPSS) within their programming. It builds on the [Operational Guidance for Mental Health and Psychosocial Support in Refugee Programming](#) and summarizes the main progress made by UNHCR towards strengthening MHPSS within the various sectors.





## Scope of the problem

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According to WHO, around [22% of adults](#) in conflict settings have mental health conditions. This is almost triple to non-conflict settings. There is no generally accepted estimate for children but it is clear that children who are [refugees](#), IDPs or who [live in conflict settings](#) have high levels of mental health issues. This increased prevalence of mental health conditions and psychosocial problems of displaced communities is determined by:

- ▶ adverse experiences and losses in the past in their homeplaces, during flight, and in refugee or IDP settings
- ▶ current life conditions such as economic difficulties, daily stressors, a lack of supportive social systems and the adequacy of assistance and protection
- ▶ how people perceive their future: solutions and real prospects to get a better life.

## UNHCR's engagement

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The overarching goal is to ensure refugees, internally displaced people (IDPs), stateless persons and other persons of concern to UNHCR have access to national services. However, in low- and middle-income countries that host most refugees and IDPs, services for mental health and psychosocial support are grossly insufficient. In high income countries such services are often available, but not always accessible for or adapted to the needs of displaced persons. Therefore, UNHCR uses a twin track approach: providing essential services for mental health and psychosocial support where needed and strengthening capacity of and access to national systems where feasible.

The COVID pandemic prompted UNHCR to scale up our response and [adjust our modalities to identify and assist refugees and other persons of concern with mental health and psychosocial issues](#). Some mental health services were provided remotely, over telephone or internet, while essential clinical mental health care continued to be delivered safely and scaled up where possible. Trainings on basic psychosocial skills were conducted for health and protection staff, for partner staff, for community outreach volunteers, for helpline staff and for other frontline workers. Since the onset of the pandemic the 43 countries reporting on MHPSS in the Global Humanitarian Response Plan for COVID-19, recorded over a half million of people who have been provided with essential mental health and psychosocial support services.

### MHPSS

The term 'mental health and psychosocial support' (MHPSS) refers to any type of local or outside support that aims to protect or promote psychosocial well-being or prevent or treat mental health conditions.

MHPSS needs include a wide range of issues including interpersonal problems, emotional distress, common mental disorders (such as depression and post-traumatic stress disorder), severe mental disorders (such as psychosis), alcohol and substance abuse, and intellectual disabilities.

## MHPSS Approach and MHPSS Interventions

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Integrating MHPSS in the work of UNHCR is important to reduce emotional distress, decrease suffering due to mental illness, improve the ability to function and cope, and strengthen resilience. Moreover, a strong MHPSS response helps [strengthen protection outcomes](#) (and the other way round). MHPSS is not a sector but needs to be realized through UNHCR's work within existing sectors. UNHCR's way of working through cross-sectoral collaboration and multi-functional teams is well suited to a coherent and efficient delivery of MHPSS interventions within relevant sectors and to integrate an MHPSS-approach throughout all areas of work.

## Adopting an MHPSS approach

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This implies providing humanitarian assistance in ways that support the mental health and psychosocial well-being of persons of concern. MHPSS is relevant for all humanitarian actors and all forms of humanitarian action. This is strongly related to adopting the principles of good humanitarian practice by:

- ▶ strengthening security, and providing basic needs and essential services (food, shelter, water, sanitation, basic health care, control of communicable diseases, and education) in manners that protect the dignity of all people, including those who are marginalized or isolated and who may face barriers to accessing services
- ▶ using participatory and community-based approaches in planning, implementing and monitoring programmes
- ▶ applying an [Age, Gender and Diversity approach](#) to humanitarian assistance
- ▶ using clear and two-way communicating with communities and supporting community-led approaches.

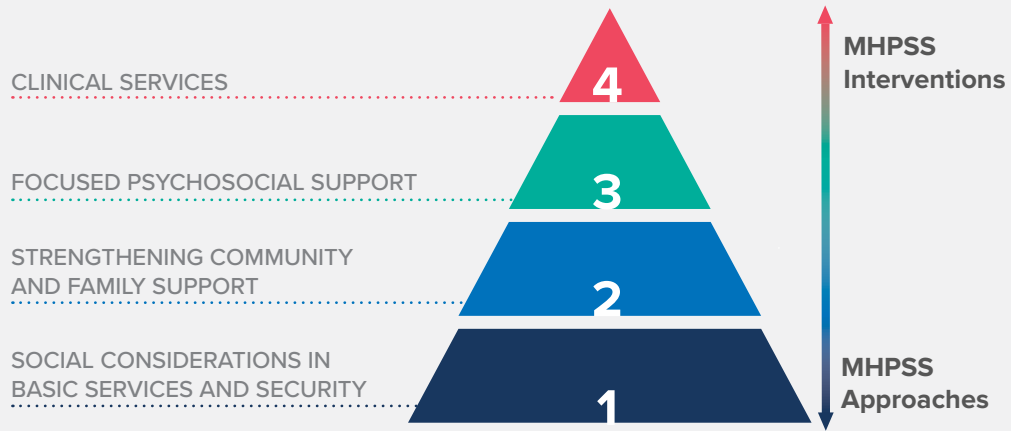
## Integrating MHPSS interventions

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These are activities with as primary goal to improve the mental health and psychosocial well-being of persons of concern. Such activities are usually implemented via projects in health, community-based protection, GBV, child protection, education including youth programmes, peacebuilding programmes, and livelihoods initiatives. MHPSS interventions can consist of:

- ▶ clinical services such as psychological or psychiatric treatment by a mental health professional
- ▶ focused psychosocial support can also be provided by people who are not specialized in MHPSS (including refugees and internally displaced people) and who have been trained and supervised in specific methods ('task shifting')
- ▶ fostering the capacity of persons, families and communities to support each other and to cope more effectively with/in challenging circumstances.

## INTERVENTION PYRAMID





## An MHPSS approach in the work of UNHCR

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Over the last years, UNHCR has promoted an MHPSS approach by making all staff in UNHCR aware that our activities, including our own behaviour and attitudes, can impact the wellbeing of our persons of concern. Adopting an MHPSS approach is not so much about **what** we do but about **how** we do our work. Examples of using an MHPSS approach are: including mental health and psychosocial wellbeing in needs assessments, training in basic psychosocial skills for first responders (including volunteers who are refugees or internally displaced persons), integrating MHPSS considerations in case processing in registration resettlement, return and repatriation and in sectoral activities for WASH, shelter, nutrition and health.

### MHPSS training for RSD staff in Australia

Persons with psychological difficulties often face challenges in the application process for refugee status if dedicated measures to accommodate these barriers are not put in place. Governmental staff involved in these procedures expressed that they found it difficult to do their assessment. In response to this, UNHCR in Australia worked with experts in refugee law and refugee mental health to make a [practical guidance note](#) accompanied by training workshops for RSD officers. See also the recently revised [UNHCR RSD Procedural Standards Unit on Applicants with Mental Health Conditions or Intellectual Disabilities](#).

### Providing psychosocial support during voluntary repatriation

During organized repatriation process for Congolese refugees in Angola, persons with mental health and psychosocial needs received support from members of the MHPSS team of our partner Médicos del Mundo, to prepare them for the repatriation process, and they were accompanied on their journey to the border by UNHCR's Protection team supported by MDM.



## MHPSS interventions in UNHCR protection and solution strategies

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MHPSS is an integral part of the UNHCR protection and solutions strategies. MHPSS interventions can be integrated within services for health, protection and education, or implemented through stand-alone programmes through dedicated MHPSS partners, with strong linkages to the other sectoral areas. MHPSS has relevance for many and may easily become invisible or implemented with limited technical coherence. An important way to promote inclusion of MHPSS within various aspects of UNHCR work is through:

- ▶ including staff with MHPSS expertise in relevant multifunctional teams
- ▶ including MHPSS within multi sectoral needs assessments and in Refugee Response Plans and Humanitarian Response Plans
- ▶ ensuring MHPSS is a standing agenda item in sectoral coordination meetings for public health, protection and education
- ▶ integrating MHPSS as a component in health, protection and education programmes or services.



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# Achievements around MHPSS in Public Health and Nutrition

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Mental health is an intrinsic part of primary and secondary health care. Among patients visiting general health care, many have mental health conditions that often are not identified but can be managed if staff are well trained. In the last five years, UNHCR has made major steps in:

## 1. Inclusion of MHPSS in regular health programming

In 34 countries, UNHCR supports the implementation of mental health activities as a part of the public health programming for refugees. The most common components were routine supply of essential medication for mental disorders (in 85% of those countries), followed by the availability of a mental health professional in the refugee setting (at least once per month) to manage people with complex mental health conditions in 74% of the countries. In 71% of the countries at least one general health staff per UNHCR supported health facility had been trained in the identification and management of mental disorders. The least often reported activities were the training of community health workers to do follow-up for people with severe mental health conditions (62% of the countries), the facilitation of support groups/self-help groups for refugees with mental health conditions (56% of countries) and the provision of evidence-based brief psychological therapies in 18 countries (53% of countries).

## 2. Improve the quality of clinical approaches

In 2019, a total of 161,137 consultations for mental, neurological and substance use issues were done in refugee health facilities in refugee camps, which is 2.2% of the total number of health consultations. The psychotropic medication in the UNHCR essential medicine list is regularly updated and currently contains 12 medicines. To improve the accuracy of diagnosis and subsequent treatment, UNHCR updated the [mental health categories](#) in the integrated Refugee Health Information System.

## 3. Including MHPSS in nutrition programming

For their optimal growth and development, children require not only adequate nutrition but also physical and emotional stimulation. This is especially important in the first years when a child is developing rapidly and requires appropriate care. Inclusion of MHPSS in the support to children with nutritional problems and their mothers is therefore essential. UNHCR-supported nutrition programmes include the provision of counselling support to caregivers through the [Infant and Young Child Feeding](#) programmes, infant friendly spaces at facility and community level - where caregivers can access individual, peer or group counselling about how best support their children with physical stimulation, emotional support and through appropriate feeding practices. Stabilisation centres (for the treatment of severe acute malnutrition with complications) often have infant-friendly stimulative environments.

## 4. Capacity building of staff

UNHCR envisions that all health facilities providing basic health services to refugees have staff who can identify and managed mental health conditions. To facilitate this, since 2016,



UNHCR trained over 1000 primary health care staff in 14 operations in Africa through [mental health trainings](#), using [clinical tools for mental health service delivery](#) developed by WHO and UNHCR. Over the last five years, 45 UNHCR staff from all regions have participated in the [Mental Health in Complex Emergencies](#) course, organized with Fordham University. In 2020, UNHCR DRS provided technical support in emerging priority areas such as suicidal behaviour in refugees and asylum seekers through a series of six global webinars.

## 5. Capacity building with communities

Since 2018, UNHCR introduced ‘scalable psychological interventions’: structured forms of psychological counselling, that are brief (5-8 sessions), adapted to the refugee situation and can be delivered by people who are not specialized in mental health, including community members. The initial training can often be brief (1-2 weeks) if it is strongly competency-oriented and is followed by a system of supportive clinical supervision by a mental health professional.

Since 2019, training, supervision and research around such interventions were done in several settings:

- ▶ [Interpersonal Therapy for Depression](#) in Bangladesh, Peru and Tanzania
- ▶ [Problem Management Plus](#) in Greece, Jordan and Iraq
- ▶ [Integrated Adapt Therapy](#) in Malaysia and Bangladesh
- ▶ [Community-based Socioterapy](#) in Uganda and Rwanda
- ▶ [Self Help Plus](#) in Uganda

More info on the [MHPSS page](#) on the UNHCR website.

## Integrated mental health and psychosocial support in Rohingya refugee camps

The MHPSS team of UNHCR Bangladesh in the Rohingya refugee camps supports the partners in health and protection to integrate MHPSS into their work. They trained 43 national psychologists who subsequently trained over 500 [community psychosocial volunteers](#), para- counsellors and community health workers in the promotion of healthy coping and maintaining psychosocial wellbeing.

The community based psychosocial group activities had a total of 238,074 attendees in 2020. In the health centres, clinical mental health conditions are identified and managed by 57 general health staff who have been [trained in mental health](#) with regular supervision by a psychiatrist. This led to an increase in the number of psychiatric consultations in UNHCR- supported primary health care facilities from 2,865 in 2018, to 5,115 in 2019 and 7,734 in 2020. Even with the access restrictions related to COVID-19, UNHCR and partners maintained essential mental health services and even increased the number of people served. Scalable psychological interventions were adapted to the Rohingya context and gradually introduced, such as [Integrated Adapt Therapy](#) (25 psychologists and social workers trained and supervised) and [Interpersonal Therapy for Depression](#) (23 psychologists trained and supervised). In 2020, the psychologists and para-counsellors did 10,095 individual psychotherapy sessions.

## Achievements around MHPSS in Protection

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Protection concerns can cause or aggravate MHPSS conditions while these in turn can cause or aggravate protection concerns. Addressing the mental health and psychosocial needs [contributes to protection](#) through strengthening the agency of people to effectively address their protection issues. UNHCR encourages protection partners, including governments, to incorporate MHPSS approaches and to use MHPSS interventions, particularly in delivering community-based protection; child protection; and prevention, risk mitigation and response to gender-based violence.

### 1. In Community-Based Protection (CBP)

The goals of community-based protection (CBP) are [strongly related to MHPSS](#), particularly when it comes to strengthening family and community support. Most communities already employ protection measures to support their wellbeing and to support vulnerable members, but certain coping strategies may harm or disadvantage the wellbeing of some. To encourage CBP staff to engage with MHPSS, the CBP learning programmes integrate MHPSS in the curriculum. Many partners already integrate MHPSS in the work of community outreach volunteers, for example in urban settings in Lebanon, Syria, Iraq as well as in camp settings e.g. in Bangladesh and Chad.



[Community-driven safe spaces](#) where communities can meet, can foster social connectedness and mutual support. Such approaches must ensure that disadvantaged groups (older people, persons with disabilities, GBV survivors, women and girls at risk, unaccompanied and separated children, minorities, LGBTIQ+ people) are consulted and can fully participate. Apart from medical support, people with chronic or severe mental health conditions need support and practical care within their communities.

### Community care for people with severe mental health conditions in Kenya

In Kakuma, Kenya, UNHCR and partners started a programme for community-based care arrangements for unaccompanied adults living with severe forms of disability and mental health conditions. Aim is to ensure they are adequately protected, assisted, and can live a dignified life. Persons who have stayed for long periods in reception centres due to multiple barriers they faced, were hosted by families who received support through NGOs. Community-support was mobilized via a buddy system (neighbours, friends, youth leaders, and community leaders). Read more [here](#).

### Integrating MHPSS in community centres and outreach network in Syria

In Syria, UNHCR has a long tradition of providing mental health and psychosocial support through community-based networks, which started when the country hosted hundreds of thousands of Iraqi refugees. UNHCR's [pioneering approach](#) centred around [community outreach volunteers](#). They were trained and supervised in identifying persons in need of MHPSS support, safely referring them for appropriate services and providing necessary follow-up including through home visits. This approach remained one of the cornerstones of UNHCR's work in Syria and has eventually expanded to the IDPs and host communities. Currently, UNHCR supports 130 Community and Satellites Centres all over the country and a system of around 3,000 volunteers, among which 700 are specialized psychosocial support and have been trained in basic psychosocial skills and psychological first aid.

The Community Centres are the nucleus of a spectrum of protection services to persons with specific needs, such as case management, awareness raising and recreational activities, and individual and group counselling. In the first half of 2020, 2,896 IDPs, refugees and returnees were provided with MHPSS case management and 52,616 took part in social/recreational activities.



## 2. In Child Protection

UNHCR's child protection programmes aim to protect children from harm and to foster the emotional and social wellbeing of children. Many activities within [child protection](#) contribute to MHPSS outcomes and child protection programmes often include specific psychosocial support components. Examples of integrated MHPSS within child protection work include structured recreational activities led by community actors, focused programmes for adolescents such as peer-to-peer programmes, MHPSS elements within case management for children with protection concerns, parenting programmes that provide guidance and support to caregivers on self-care and supporting children, and communication and behaviour change initiatives on children's protection and wellbeing. Wherever possible, UNHCR supports children at risk and separated and unaccompanied children, access to psychosocial support services (including individual, family and group-based interventions), through referral to existing services and/or support to the provision of such services. Throughout the COVID-19 crisis, UNHCR and partners have invested in providing information on emotions and behaviour of children in distress and how to help children to develop resilience in the face of adversity. Such information was distributed to children and youth and to parents and caregivers. Training on MHPSS, including psychological first aid and self-care, is integrated into training programmes for child protection staff, including front-line case managers and global training programmes including UNHCR's Global Basic Child Protection Package currently being finalised.

Child protection programmes have long integrated psychosocial support components, and the evidence base underpinning MHPSS interventions is robust.<sup>1</sup> However, the quality and scale of the psychosocial support element of child protection programmes varies considerably, and limited availability of specialised mental health services for child protection actors to refer children to remain a major concern.

### Ethiopia –psychosocial support integrated within child protection

In the South Sudanese refugee camps in Gambella, children face many protection risks including separation from families, abandonment and neglect, child abuse, child marriage and child labour. UNHCR and partners make efforts to provide psychosocial support interventions for children at risk and their caregivers. Despite the limited capacities and the lack of facilities, psychosocial approaches were used within the 35 child friendly spaces. For example, 157 frontline child protection staff, refugee volunteers and members of community-based structures participated in MHPSS trainings and mentoring sessions, while more than 7,000 children and adolescents received community based MHPSS as part of child protection programmes. As part of parenting support, more than 200 foster parents received training on positive parenting and basic psychosocial support.

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1 For example, in a recent [Rapid Evidence Assessment for Children on the Move](#) psychosocial interventions, the vast majority of interventions with MHPSS components (37 out of 45) reported positive changes, seven no change, and one a deterioration in aspects of children's psychosocial wellbeing.

## Thailand – a youth-led initiative around substance use

Between 2014 and 2019, UNHCR's Youth Initiative Fund supported small projects led by youth who were returnees, internally displaced persons, refugees, asylum seekers, and host-country youth. Some of those focused on mental health and psychosocial wellbeing. For example, in Mae Ra Ma Luang, Thailand, a community-based organization of 48 youth developed activities to promote psychosocial support among refugee youth and to raise awareness about the impact of drug and alcohol consumption amongst adolescents and youth.

### 3. In GBV

The wellbeing of survivors stands at the heart of [holistic, survivor-centred approaches](#). Survivors of GBV often suffer from long-term psychological and social effects due to the silence and stigma surrounding GBV, the fear for retaliation, feeling of shame and the lack of support by family and community. Psychosocial support is a critical emergency and long-term intervention, focusing on healing, empowerment and recovery. UNHCR's new [Policy on the Prevention of, Risk Mitigation and Response to Gender-based Violence](#) includes as one of the core actions that minimum multi-sectoral response services to address GBV survivors' immediate needs and concerns, must include mental health and psychosocial support in line with a survivor-centred approach. Follow-up services, provided within appropriate, quality case management, ensure coordinated support and care for survivors including those affected by symptoms of mental health conditions such as depression and stress related disorders.

UNHCR also explicitly asks partners to incorporate psychological first aid into the training package for potential first responders to GBV survivors and to ensure safe disclosure and referrals to safe, appropriate, quality services.

## Providing psychological support to GBV survivors in Colombia

In Colombia, the UNHCR-supported Regional Safe Space Network (RSSN) engages psychologists, social work professionals and health staff personnel to respond to survivors of gender-based violence. During the COVID-19 emergency the provision of emotional support, crisis intervention and case management continued, partially carried out by mobile phone continuing in-person support where possible.

## Psychological first aid and GBV for cultural mediators

In Italy, UNHCR provided training in Psychological First Aid and GBV, including guiding principles and survivor-centred approach, safe disclosure and referral, to Cultural Mediators who were at the frontline when displaced persons disembarked after being rescued when attempting to cross the Mediterranean Sea. Many of the women and girls, who arrived were survivors of GBV and/or victims of trafficking. The Cultural Mediators were also offered psychosocial support at both a group and individual level.

## Achievements around MHPSS in Education

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UNHCR's [Refugee Education Strategy](#) strives to integrate refugee children and youth into national education systems. In order to enable refugee children to concentrate, learn and develop healthy relationships, UNHCR encourages education partners to include social and emotional learning (SEL) into the training of teachers; practices to identify learners in need of focused mental health and psychosocial support; strengthening life skills training among children and youth and in making arrangements to include children and youth with intellectual disabilities or mental health conditions. UNHCR also strives to pilot new approaches to integrating MHPSS into education. For example, under the [Humanitarian Education Accelerator's Amplify Challenge for COVID-19](#), UNHCR supported a project called 'Colors of Kindness'. This is a podcast that seeks to bridge the learning gap and provide psychosocial support to children and their families during and after the COVID-19 pandemic, through social and emotional learning (SEL) approaches. The app will be further improved upon and a new version run on \$11 feature phones to reach the widest possible audiences. UNHCR has also included a specific checklist on MHPSS in the [Back to School COVID guidance](#).

### Psychosocial approaches in refugee education in Mali

In Mali, UNHCR has focused on embedding MHPSS throughout their education approach. This includes delivering bespoke capacity building with teachers and educators both through training on addressing stress and trauma through MHPSS interventions, as well as building their ability to create warm, friendly and inclusive learning environments. With the community, UNHCR Mali engages with messaging to build an understanding of the importance of safe learning spaces, where students can be protected; and joining up community and teacher's engagement to provide relevant and inspiring role models. Finally, at a policy level, embedding MHPSS into education is seen as a crucial route for the promotion and preservation of a peaceful nation which is able to heal and foster a cohesive and participatory citizenship.

### Remote Learning and Psychosocial Support for Refugee Children in Kyrgyzstan

COVID-19 has had a serious negative impact on the socio-economic wellbeing of refugee and asylum-seeking children in Kyrgyzstan. UNHCR was concerned about mounting psychosocial distress and increased risks for violence against children at home. In response, UNHCR initiated during the lockdown a series of online sessions for the children provided by refugee volunteers, supervised by psychologists and social workers from partner organizations. The sessions included tutoring, online social and recreational activities and provided an entry point to monitor the wellbeing of children and their families and follow up on identified issues.



## Working in partnership with governments

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UNHCR advocates for all refugees and other persons of concern to have access (by law and in practice) to national mental health services. These services are often weak in refugee hosting countries and, where possible, UNHCR supports national governments in strengthening such services and making them accessible to refugees and appropriate to their needs.

Governments in refugee hosting countries are increasingly aware of the need to strengthen the national systems for MHPSS. The significant expertise that UNHCR and partners have built in refugee settings provides UNHCR important leverage.

### Supporting the government of Niger in MHPSS response to COVID

UNHCR Niger, due to its extensive experience with MHPSS for refugees, was invited to assist the government in the MHPSS planning in the COVID-19 response and was instrumental in providing technical input to the MHPSS planning which the World Bank agreed to support financially. UNHCR assisted the national government in a technical area that is traditionally weak and ensured seamless integration of refugees, asylum seekers and internally displaced persons in the national response.

### Capacity building of government staff in Iraq

In Dohuk Governorate in Iraq, UNHCR handed over the NGO-implemented MHPSS programme to the Directorate of Health. The move created synergies for integrated MHPSS interventions by increasing DoH capacity through UNHCR funded training and support. It also improved understanding of governmental social workers, psychologists and nurses about refugee issues.



# UNHCR directions and key priorities for 2021

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MHPSS for refugees, asylum-seekers, internally displaced, stateless and other vulnerable populations is critical for our programming. In 2021, UNHCR will focus on reducing the burden of mental health conditions, on psychosocial distress, and on mitigating the associated protection risks for individuals, families and communities by using participative, community-based and AGD inclusive responses. Whenever possible, UNHCR will work through existing national systems under the leadership of the host governments and advocate for equal and equitable access to national services. UNHCR will support MHPSS technical working groups with government, NGO partners and other UN agencies to improve the quality of the response. Furthermore, collaborative approaches with other UN agencies will be explored when they are scaling up their MHPSS footprint.

## 1. UNHCR will use an MHPSS approach

UNHCR will ensure that personnel and partners will address the emotional and psychological needs of refugees, internally displaced, asylum-seekers and stateless persons in its protection and operational delivery.

### UNHCR commits to:

- ▶ Include mental health and psychosocial wellbeing in participatory assessments and multi sectoral needs assessments. See the [Toolkit for assessing mental health and psychosocial needs and resources](#).
- ▶ Include MHPSS needs in Refugee Response Plans and Humanitarian Response Plans.
- ▶ Strengthen the skills of first line responders in various sectors, including community outreach volunteers or community health workers, in identifying, safely referring, and assisting people in emotional distress or demonstrating challenging behaviour. This can be done through workshops of ½ - 1 day (followed by regular supervision) on [Basic Psychosocial Skills for COVID responders](#) or [Psychological First Aid](#).
- ▶ Work towards systematically integrating MHPSS in global training programmes for personnel working directly with persons of concern, by preparing and rolling out e-learning modules on MHPSS with the Global Learning and Development Centre.
- ▶ Strengthen the capacity of staff in Refugee Status Determination and Resettlement to work with applicants with mental health conditions, using the new chapter in the [RSD Procedural Standards](#).
- ▶ Ensure that the needs of people with chronic or complex mental health issues or with psychosocial disabilities are considered in the registration process, with referral to available services.
- ▶ Ensure that the specific needs of persons with chronic or complex mental health issues are considered in its operational delivery, including for housing, access to services and cash assistance programmes.
- ▶ Include guidance on MHPSS indicators in the Result Based Management good practice indicators.

## 2. UNHCR will support that mental health services are made available for refugees and other persons of concern

In UNHCR-supported primary health facilities, mental health should be a component of the service provision. This can be promoted by 1) providing routine training and supervision of general health workers (nurses, doctors) using the [mhGAP Humanitarian Intervention Guide](#); 2) ensuring routine supply of essential medication for mental disorders; 3) making mental health professionals available to manage refugees with complex conditions and to provide clinical supervision to the general health workers; 4) training community health workers in identification and follow up of people with severe or complex mental health conditions and 5) fostering strong linkages between the public health and community-based protection programmes that UNHCR supports. This often requires the health partners to engage a mental health specialist (psychiatric nurse, psychiatric clinical officer or psychiatrist) to support general health services, but can also be done through dedicated MHPSS partner.

### UNHCR commits to:

- ▶ Routinely integrate mental health in UNHCR supported public health programmes.
- ▶ Support and strengthen the capacity of health workers to identify and manage mental health conditions.
- ▶ Monitor the mental health conditions in its refugee health information system.
- ▶ Ensure that community health workers, often refugees receive training on MHPSS.
- ▶ Ensure that in UNHCR-supported public health programmes with more than 25,000 refugees, a mental health specialist supports the treatment of people with severe and complex mental health conditions.
- ▶ Include psychotropics in orders for UNHCR country operations with direct medicine procurement.
- ▶ Include MHPSS in the training for medical staff involved in [clinical management of rape and intimate partner violence](#) survivors.
- ▶ Advocate for access of refugees and other persons of concern to national services for mental health and substance use disorders where these exist and are of sufficient quality.

## 3. UNHCR will intensify its support children with malnutrition and their mothers

The impact of malnutrition can be lifelong. During emergencies with food shortages, caregivers may not be available or may not be able to support their children due to their own physical and mental health strains. This affects the child and risks creating a vicious cycle. Integration of psychosocial support to children and caregivers in the provision of nutrition services is thus key.

### UNHCR commits to:

- ▶ Promote healthy child/caregiver interactions by working with caregivers on responsive parenting to facilitate children's emotional, social and physical development.
- ▶ Ensure that nutrition response spaces include actions to foster the social and cognitive development of children.



#### **4. UNHCR will encourage the use of brief psychological interventions**

Selected partner staff (social workers, psychologists, nurses, case managers) and refugee volunteers within health facilities or in community centres will be trained in scalable psychological interventions such as [Problem Management Plus](#) or [Interpersonal Therapy for Depression](#).

##### **UNHCR commits to:**

- ▶ Introduce scalable psychological interventions in at least three additional UNHCR operations compared to 2020.

#### **5. UNHCR will introduce measures for suicide prevention in settings where this is a concern**

The COVID-19 pandemic and associated socio-economic problems and psychosocial stresses have fuelled feelings of hopelessness and despair among refugees and other persons of concern. Preventing and addressing suicidal behaviour requires a coordinated intersectoral response with attention for data collection, preventative activities, early identification and non-stigmatizing referral pathways, training of clinical staff. The urgency of the issues that emerged during the COVID-19 pandemic provide an impetus for action in 2021.

##### **UNHCR commits to:**

- ▶ Develop multi sectoral suicide prevention plans in three operations, where this is a concern.

#### **6. UNHCR will facilitate community-based psychosocial support with communities**

Community-led initiatives such as community centres, community-led organisations, outreach volunteer networks and self-help groups have a critical role in fostering social connectedness and community support for refugees and other persons of concern. This can help preventing and addressing mental health and psychosocial problems. To maximize the role of such interventions, strong cooperation between teams for community-based protection and MHPSS professionals is important. MHPSS should be a standard part of training in community-based protection programmes for UNHCR and partner staff and for volunteers. Safe spaces can be used as entry points for MHPSS services. Within activities for Communicating with Communities, messages around psychosocial issues and ways to address them should be included.

##### **UNHCR commits to:**

- ▶ Train and supervise community structures (outreach volunteers, community committees, volunteers in community centres) in basic psychosocial skills and identification and referral.

#### **7. UNHCR will promote the psychosocial wellbeing of survivors of gender-based violence**

A central part of our GBV approach is to ensure quality case management for GBV survivors based on a survivor-centred approach and GBV guiding principles. In addition to the provision of quality MHPSS services to survivors based on their needs and informed consent, MHPSS aspects should be integrated throughout the case management cycle. Skills training for delivering scalable psychological interventions should be considered in the training for case managers/ case workers including training GBV case managers/ case workers on suicide risk assessment.

It is also important to strengthen supportive community contexts for GBV survivors, e.g. through safe spaces for women and girls that provide social and emotional support, and through life skills training to cope with adversity. MHPSS frontline workers must be trained on GBV guiding principles, survivor-centred approach and safe disclosures and referrals. Specialized MHPSS services for GBV survivors at risk of self-harm must be strengthened.

**UNHCR commits to:**

- ▶ Ensure quality and appropriate GBV multi-sectoral response services include MHPSS focusing on the wellbeing, empowerment and recovery of survivors.
- ▶ Build the capacity of GBV case managers and GBV case workers in basic psychosocial skills and in suicide assessment.
- ▶ Ensure effective referral pathways for safe access of GBV survivors to context-appropriate mental health and psychological services adapted to their ages and needs.

## **8. UNHCR will attend to the psychosocial needs of children at risk**

The provision of psychosocial support is an integral part of child protection, but underfunding and uneven staff capacity limits the ability to integrate quality psychosocial support interventions. More attention is needed for structured support for parents, and for adolescents, especially adolescent girls and for youth.

Children should be supported through recreational activities, peer-to-peer support and life skills. Providing appropriate information to parents, caregivers and teachers on the emotions and behaviour of children and adolescents in distress and how to help them to recover from adversity and supporting community-led initiatives to identify, share and scale up solutions to support children's wellbeing.

For children at risk, the provision of Best Interests Procedures is of central importance. MHPSS staff should be trained on child protection principles and procedures, including safe identification and referral of child protection cases and the Best Interests Principle.

**UNHCR commits to:**

- ▶ Routinely integrate psychosocial support within child protection programming.
- ▶ Include MHPSS messages in communication initiatives with children, parents and/or communities.

## **9. UNHCR will promote the social emotional learning of refugee children**

Education partners can support educators to promote the skills and abilities that help children and young people interact and learn, by integrating [social and emotional learning](#) into education interventions which support refugee learners in formal and non-formal educational environments. This requires training of teachers or the development of teaching and learning materials.

**UNHCR commits to:**

- ▶ Introduce social and emotional learning in education approaches in at least three countries.

## 10. UNHCR will strengthen coordination and operational MHPSS capacity in refugee emergencies

MHPSS should figure as a standing agenda item in sectoral coordination meetings for health, protection and education, where feasible accompanied by a multisectoral MHPSS technical working group. In new emergencies, it is important to integrate mental health and psychosocial support within the humanitarian response, through internal support missions or requesting external [surge capacity for MHPSS](#) for intersectoral coordination and capacity building.

Strengthening technical competencies of UNHCR staff and partner personnel will continue through ongoing partnerships with academic institutions, around scalable psychological interventions and emerging areas such as suicide prevention and substance use in emergencies and through the online course [Mental Health in Complex Emergencies](#).

### UNHCR commits to:

- ▶ Deploy Dedicated MHPSS support in new refugee emergencies.
- ▶ Facilitate MHPSS coordination in all L2 and L3 refugee emergencies.
- ▶ Facilitate at least 40 staff to follow the online course Mental Health in Complex Emergencies.







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**MORE INFORMATION**

<https://www.unhcr.org/mental-health-psychosocial-support>

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