

UNHCR'S APPROACH
TO **MENTAL HEALTH**
AND PSYCHOSOCIAL
SUPPORT IN
DISPLACEMENT



Introduction

Addressing mental health and psychosocial support (MHPSS) needs is an integral part of UNHCR’s approach to the protection of refugees and other displaced people. Experiences of displacement due to armed conflict, persecution, or disasters put significant psychological and social stress on individuals, families and communities. People not only experience atrocities prior to or during flight, their living conditions once they have reached safety can also impose significant stress and hardship. Moreover, people with pre-existing mental health conditions often face major protection risks during forced displacement.

In many settings, specialized mental health professionals are not present, especially for children and adolescents. If at all available, they often reach only a small proportion of the people who need services.

During emergency response and in situations of protracted displacement it is therefore vital that access to quality MHPSS services is increased. This is crucial for peoples’ resilience and their ability to rebuild their lives with dignity and independence.

Refugees are remarkably resilient if given the right opportunities and support. Many concerns can be best addressed within communities themselves, so in many refugee settings UNHCR works with refugee community outreach volunteers who support their own communities and help them navigate to appropriate services and foster social cohesion and mutual support.

Recognizing MHPSS to be a core element of the humanitarian response, UNHCR has developed the [Operational Guidance on Mental Health and Psychosocial Support Programming in Refugee Operations](#) which outlines an approach based on integrating mental health and psychosocial support in general community support programmes and systems for public health, education and protection.



In Health:

UNHCR actively supports access to health care for refugees, through promoting the integration of refugees into national health systems and the delivery of essential health services. There can be no health without mental health and therefore UNHCR actively promotes the integration of mental health into basic health services. This is achieved through:

- 1. Training medical staff:** Together with the World Health Organization, UNHCR developed the mhGAP Humanitarian Intervention Guide which enables general health workers to identify and manage priority mental health conditions. Since 2015, over 1,000 health staff in Africa, Asia and the Middle East have been trained in the use of this tool.
- 2. Involving mental health specialists:** In order to assist people with more complex mental health conditions, UNHCR encourages the engagement of mental health professionals (for example psychiatric nurses) in health facilities for refugees.
- 3. Supplying essential medications:** Medication orders always include medication to treat mental and neurological conditions.
- 4. Training non-specialists:** Training non-specialist workers (like nurses, social workers, and community volunteers) to provide brief forms of psychological interventions such as Interpersonal Therapy for Depression and Problem Management Plus.

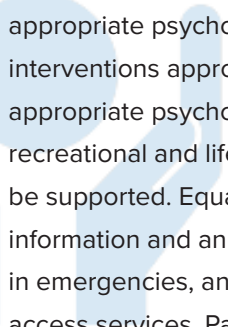
From 2009 to 2019, UNHCR registered 744,036 visits for mental health issues in refugee health facilities in refugee camps.

In Community-Based Protection

Working in partnership with communities is critical to ensure mental health and psychosocial support is available and aligned to the diverse needs of men, women, girls and boys of all ages, ethnicities, backgrounds and religions, including being made accessible for persons with disabilities, and other marginalized groups in the community.

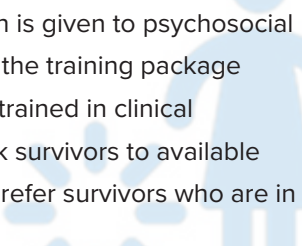
UNHCR integrates MHPSS in existing interventions such as sporting activities and computer and literacy classes that can support the development of coping mechanisms in addressing and alleviating stress. Support groups are established for people who may require more tailored support, including for people with severe and chronic mental health conditions and intellectual or developmental disabilities. Community-Based protection activities supporting inclusive participation, community empowerment and decision-making have also proven very effective in improving the psychosocial wellbeing of communities of concern. Across its interventions, UNHCR promotes and supports activities that reduce tensions between people of concern, and between people of concern and surrounding communities.

In Child Protection



UNHCR's Child Protection teams work to ensure that children at risk, and separated and unaccompanied children, are identified and referred to relevant services, including best interest procedures and multi-sectoral services. It is important that children receive appropriate psychosocial support, including individual, family and group based interventions appropriate to their needs, and where necessary refer family members to appropriate psychosocial or mental health services. UNHCR establishes structured recreational and life skills activities, led by community members, to help children play and be supported. Equally important is that parents and caregivers are provided with information and an opportunity to discuss children's and their own emotions and behaviour in emergencies, and are supported in helping their children and themselves recover, and access services. Parenting programmes that help parents understand their children's needs and development, the impact of displacement on children and families and positive parenting techniques, and provision of mental health services to family members in need adapted to their gender and specific needs, are particularly important.

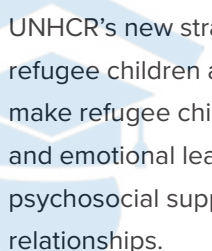
In SGBV prevention and response



In the case management of survivors of SGBV significant attention is given to psychosocial wellbeing and mental health. Psychological first aid is included in the training package for first responders to SGBV survivors (including for medical staff trained in clinical management of rape survivors). Case managers are trained to link survivors to available community-based psychosocial supports and social services and refer survivors who are in need of mental health care services.

In 2018, a total of 47,857 survivors of reported SGBV incidents received psychosocial counselling .

In Education:



UNHCR's new strategy '[Refugee Education 2030](#)' strongly advocates for the inclusion of refugee children and youth in national education systems and recognizes that in order to make refugee children thrive in schools, it is essential to create conditions that foster social and emotional learning (SEL), and where needed, to provide mental health and psychosocial support, allowing them to concentrate, learn and develop healthy relationships.

How to Support UNHCR

UNHCR urgently needs donor support to maintain and expand its capacity to deliver vital mental health and psychosocial support to refugees and other displaced people all around the world.

UNHCR's Global Appeal presents the financial resources that will be required for UNHCR's annual programme to bring about protection and life-saving assistance, safeguard fundamental human rights and seek durable solutions for tens of millions of refugees, internally displaced people, returnees, stateless people and others of concern.

Within its regular annual programme for 2019, UNHCR's needs for activities related to mental health and psychosocial support are mainstreamed within the broader objectives of Health, SGBV Prevention and Response, Child Protection, and Services for Persons with Specific Needs. This reflects the multi-faceted, mutually-enabling nature of these interventions and their impact across different objectives.

The overall 2019 budgets for objectives which have an MHPSS element are:

- Health: USD 503 million
- Persons with Specific Needs: USD 390 million
- SGBV: USD 192 million
- Child Protection: USD 160 million

UNHCR encourages broadly earmarked contributions to allow funds to be used flexibly to help us implement as fully as possible our needs-based programmes. Detailed information on UNHCR's annual programme budget is available at www.reporting.unhcr.org.

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Operational highlights

UNHCR integrates mental health and psychosocial support in many parts of our work. The following sections provide examples of how this done in various contexts and in various sectors.

UGANDA

UNHCR and partners stepping up services in refugee settlements

The provision of social services and protection for refugees in Uganda is led by the Office of the Prime Minister (OPM) with support from UNHCR and other partners. Most refugees live in refugee settlements alongside host communities. Refugee settlements are usually located in remote rural areas with limited access to basic social services and livelihood activities, which can further add to the psychological stress caused by other factors among the refugees.

UNHCR, alongside multiple national and international NGOs, is implementing various MHPSS activities within the refugee settlements. Services include community-based interventions fostering social cohesion; offering psychosocial support and counselling by trained psychosocial workers; and clinical mental health services by psychiatric nurses and psychiatric clinical officers deployed in the health facilities. UNHCR works closely with Uganda's Ministry of Health, which aims to strengthen mental health within general health care provision, as outlined in Uganda's Health Sector Integrated Refugee Response Plan (HSIRRP) and UNHCR Uganda Public Health Strategic Plan.



Women's Executive Committee in the Bidibidi settlement in Uganda houses many refugees from South Sudan. Women can come here to learn how to bake, knit, make jewellery etc as well as receive psychosocial counselling and SGBV awareness and counselling.

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IRAQ

Integrating refugees services into the national health system

Syrian refugees living in camps in northern Iraq continue to have free access to health services through camp-based Primary Health Care Centres (PHCCs) supported by UNHCR. However, Syrian refugees residing in host communities experience more challenges in accessing health services. The need for Mental Health and Psychosocial Support (MHPSS) services is a key concern in urban areas due to lack of quality services and shortage of medicines. Close to 20 per cent of households report needing MHPSS support, however over half reported they were not able to receive it, primarily due to the high cost and the variable quality of services.

UNHCR's strategy in Iraq is to integrate the camp-based PHCCs into the national health system, so that both curative and preventive care will be provided by the Department of Health (DoH). UNHCR continues to support health centres in the camps in Erbil, Dohuk, and Sulaymaniyah to provide essential primary health care including mental health services, directly supporting the personnel costs of DoH staff in the centres. UNHCR also specifically supports the provision of MHPSS services in camps and engages local mental health specialists in capacity building activities to integrate MHPSS within primary health care services. UNHCR also introduces brief interventions such as Problem Management Plus (PM+) that can be delivered by non-specialists. UNHCR has adapted the [PM+ manual in the Kurdish Badini language](#).

"I couldn't feel myself, but I felt some people around me and I saw people were holding my legs"

Asam, 17, fled Sinjar with his family in August. After weeks on the road they finally found shelter in Amadi, Iraq. Just a few months later he ran down the side of a hill to retrieve a soccer ball and stepped on a land-mine which blew off his left foot. Now, Asam walks on crutches, but says he's too scared to return to the garden where he used to play; he has nightmares that keep him awake at night and his family can't afford proper medical care.

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BANGLADESH

Community-based approaches to MHPSS

Bangladesh hosts more than 910,000 Rohingya refugees. Among UNHCR’s objectives in Bangladesh is to integrate mental health interventions into the general healthcare system as well as to develop community-based psychosocial awareness and support programmes. A hundred Community Psychosocial Volunteers (CPVs) conduct group activities including peer support groups and community workshops focusing on ‘peace of mind’, ‘anger management’ and ‘better parenting’. Also, 120 Rohingya adolescents were trained to conduct workshops with their peers to increase awareness on mental health and improve coping. However, these interventions are not yet at the scale needed to reach the number of refugees in need. To boost the response, UNHCR is strengthening different levels of mental health and psychosocial support interventions:

1. Community Psychosocial Volunteers and Community Para-Counsellors promote psychosocial support in communities. One hundred Rohingya refugees are currently being trained in a year-long programme. This will help to bridge the language gap and will ensure sustainability of the programme.
2. Equally, UNHCR is training Bangaldeshi psychologists and counsellors from partner agencies to provide brief psychological interventions (7 to 12 sessions, in groups or individually) for Rohingya refugees with methods that are tailored to the needs of refugees such as Interpersonal Therapy and Integrated Adapt Therapy.
3. Health staff in 12 facilities were trained with the mhGAP Humanitarian Intervention Guide to identify and manage mental health conditions, with regular training by a national psychiatrist.

UNHCR is also co-chairing the MHPSS working group and is actively involved in mapping and coordination.

“Men and boys here are used to hiding their feelings. It was like a weakness to ask for help. But now we’re not reluctant.”

Abdul’s father died nine months ago and since then he has become one of the young leaders in a child-led project in a community centre in the Kutupalong camp in Bagladesh, designed to help children talk about their worries.

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COLOMBIA

Scaling up capacity to meet the needs of Venezuelan refugees and migrants

Colombia provides emergency medical care to Venezuelans at no cost in government health facilities. However, in most cases, Venezuelans do not have access to non-emergency health services (i.e. primary, secondary and tertiary care) at public facilities. According to Migration Colombia, there are a total of 665,665 Venezuelan refugees and migrants who intend to stay in Colombia and who are in an irregular migratory situation. Health services are only provided in case of emergency for this population, therefore, they do not have access to mental health and psychosocial support, in particular psychiatric treatments, unless provided by humanitarian actors. Furthermore, there is a need for additional training on community-based psychosocial support and psychosocial first aid for all humanitarian workers and government officials providing humanitarian assistance, especially those located in orientation and reception centres.

UNHCR needs additional funding to improve access and services at individual and community levels. Nonetheless, UNHCR is strengthening its capacity to accompany protection cases, and ensure effective referrals for services for persons of concern with specific need, particularly SGBV survivors and pregnant and lactating women. This will be achieved through increased work with partners specializing in psychosocial assistance, reinforcing protection and referral networks in the border areas as well as the big cities receiving the majority of persons arriving from Venezuela, strengthening community capacities, and provision of both community-based and individual mental health and psychosocial support to the most vulnerable persons of concern. UNHCR is also working with the Ministry of Health to promote the inclusion of refugees and migrants in the public health system.

“Felicia makes me happy, that’s why I chose that name for her.”

Egliana wants to be a veterinarian like her mother when she is older. UNHCR’s reception centre in the Colombian city of Maicao, where they are staying, provides temporary shelter to 350 highly vulnerable Venezuelan refugees – mostly women and children – including many who have been sleeping on the streets.

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LEBANON

Supporting rehabilitation centres for survivors of violence, torture and trauma

Health services in Lebanon are largely privatized, and refugees have difficulties affording them. UNHCR provides a crucial social safety net to promote refugees' access to health care, including mental health care, at both the primary and referral levels. UNHCR is also the main agency contributing to the costs of life-saving, emergency, and obstetric hospital care for refugees in Lebanon. Mental health problems among Syrian refugees and host communities in Lebanon have increased due to the lack of mental health services, as well as the limited capacity of national actors to respond appropriately.

UNHCR is encouraging its partners to include mental health services in the primary health centres, and supports two centres for the rehabilitation of victims of violence, torture and war trauma.. The centres offer a holistic and participatory approach to survivors of torture and war, and supports people with mental health problems as well as children engaged in labour, SGBV survivors including survivors from the LGBTI community. The centres also offer community-based psychosocial support, with specific focus on interventions with children and caregivers who show psychosocial problems at an early stage to prevent their conditions from worsening.

Specialized multidisciplinary teams provide targeted mental health treatments, including rehabilitation and empowerment approaches. The centres also offer child psychology with the aim of early intervention in the management of psychological disorders among children, and refer patients to hospitals for psychiatric emergencies, the costs for which UNHCR also subsidizes as part of its referral health care programme.

UNHCR co-leads and coordinates the health sector response within the Lebanon Crisis Response Plan (LCRP) together with the Ministry of Public Health and WHO, and all of its activities are implemented in close collaboration with the Ministry in the context of the National Mental Health Programme to strengthen the national health system.



“When someone is down, all you need is a hand to help you stand up again.”

UNHCR referred Nour to a psychiatrist, and she is now undergoing therapy, which allows her to sleep again, feel positive, and stop her panic attacks. “My therapist Hala walked with me step by step. I went from not even being able to tolerate my children, to being able to really embrace them again.”

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SOUTH SUDAN

Children benefit from PSS services in Child Friendly Spaces

In situations of crisis and displacement, children are at risk of various forms of abuse, separation from their care-takers, neglect, violence, exploitation, trafficking or military recruitment. In contexts of forced displacement, children are exposed to upsetting events as well as high levels of daily stress. Without adequate support, many are likely to develop risky behaviour and negative coping mechanisms.

South Sudan hosts a total of 298,069 refugees from Sudan, 61 percent of whom are under the age of 18. UNHCR's child friendly spaces (CFS) offer refugee children organized and structured psychosocial activities in a safe space with trained facilitators. These spaces and activities provide children with the opportunity to develop through educational play, peer interaction, and self-expression. The CFS centres provide games and sports materials, and trained facilitators and child protection staff are present during activities to supervise, monitor and ensure safeguards for the children. They will be able to identify at risk behaviours in the process of participation and, if deemed necessary, individual case management will be offered.

In addition to the centres, support is given to facilitators, community-based networks, officials, and foster parents through trainings on child-care including information on child psychosocial distress, and on how they can support their children to recover, as well as access services.

Sudanese refugee Dowla Arredi, 8, from Blue Nile state holds her shoes inside of a Child Friendly Space following a downpour on the 6th of August, 2012 in Yusuf Batil Refugee Camp, Maban County, Upper Nile State, South Sudan.

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Cover:

Lebanon. UNHCR protection officer Emily holds Syrian refugee Nour's hand while listening to her story at Restart mental health center in Beirut. After her mother passed away, Nour had a breakdown and attempted suicide. Holding her hand, Emily listens to her story.

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