

Mental Health and Psychosocial Support (MHPSS)
Key Messages
November 2019

The Protection Cluster/CP-GBV AoR and the Ethiopia MHPSS Technical Working Group are concerned about the following MHPSS issues identified in Ethiopia:

- High levels of psychosocial distress reported in virtually every multi-agency and agency-level needs assessments, situation analyses, protection monitoring reports from locations affected by displacement and returns.
- Anecdotal evidence¹ of increase in suicidal ideation, suicidal attempts and completed suicide amongst affected populations, particularly young people.
- Anecdotal evidence of increase in negative coping mechanisms, including harmful use of alcohol, chat and other substances², as well as aggression and violent behaviour – feeding the psychological distress-violence loop.
- Anecdotal evidence of reduced caregiving capacity due to distress, with short and long-term implications in terms of child survival, development and well-being³.
- Protracted nature of the crisis compounds distress, facilitating the onset of long-term mental health consequences.
- Whilst epidemiological data on mental health in humanitarian settings in Ethiopia is lacking, global estimates suggest that over one person in five is likely affected by a mental health condition, with one person in twenty experiencing severe disorders requiring clinical care⁴.
- People affected by mental health disorders amongst the most vulnerable to human rights abuses. Practices reported in humanitarian and non-humanitarian settings in Ethiopia include beating, chaining and other physical and psychological violations⁵.

Response Gaps - Findings from UNICEF (August 2019). *Who is where doing what in humanitarian Mental Health and Psychosocial Support in Ethiopia*: <https://app.mhpss.net/who-is-where-when-doing-what-4ws-in-humanitarian-mental-health-and-psychosocial-support-in-ethiopia>

- The MHPSS response is severely undersized; less than 10% of the IDP/returnee affected sites are reached by any type of humanitarian MHPSS intervention or service.
- Only a small pool of agencies supports the mainstreaming of MHPSS considerations in other sectors; response gaps at this level impair psychosocial risk mitigation efforts and increase the likelihood that humanitarian interventions may compound people's distress and do harm.
- Compared to other types of intervention, community-level psychosocial support initiatives (ex. safe spaces, parenting support) are reported to have relatively broader coverage and outreach; however only 12% of the interventions falling in this category are reported to follow validated approaches or methodologies, with poor quality assurance and limited consistency across locations and providers.
- Humanitarian interventions do not cover specialised mental health care; clinical service provision relies on the formal health system, however unofficial estimates by the Federal Ministry of Health suggest that only 25% of the health facilities include any type of mental health services. The planned HeRAMS assessment will verify these data.
- Humanitarian partners report very limited capacity for identification and referral; less than 100 people were identified and referred to individualised mental health care in a 30-day period (against global estimates suggesting that one in five affected people will need this level of intervention).

¹IOM (April 2019). *MHPSS Assessment in West Guji, Gedeo and Wollegas*; UNDP (April 2019). *Situation of Gender-Based Violence (GBV) in Internally Displaced Person (IDP) Sites and Collective Centers in Gedeo and W. Guji Zones*.

²Action Against Hunger (January 2019). *Oromia, West Wollega IDPs Rapid Needs Assessment Report*; Multi-Agency (August 2019). *IDP Returnees Need Assessment Report. East and West Hararghe Zones of Oromia*

³Action Against Hunger (May 2019). *Multi-sectoral Rapid Assessment Report on Returnees/IDPs, Kamashi Zone*.

⁴WHO (June 2019). *New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis*.

⁵Action Against Hunger (January 2019). *Oromia, West Wollega IDPs Rapid Needs Assessment Report*;

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- Contrary to common beliefs, help-seeking is not uncommon: demand for MHPSS services exists in both humanitarian and non-humanitarian settings⁶. Studies conducted in the refugee context confirm that when services are available, people do make use of them⁷.

Priority Actions of EMHPSS TWG:

- **Strengthen MHPSS coordination.** The Ethiopia MHPSS Technical Working Group (EMHPSS TW) functions as a, cross-sectorial forum across humanitarian and development contexts
- **Provide technical support and advisory** to specialised and non-specialised partners in the country; including development of guidelines and formulation of contextually relevant minimum standards.
- **Generate and disseminate evidence of needs, resources, best practices and gaps.**

Priority Request from EMHPSS TWG to EHCT:

- The need for MHPSS interventions in Ethiopia is extraordinarily high and should therefore be prioritized for funding by the humanitarian community.
- Whilst response gaps exist at all levels and in all affected locations, the most urgent MHPSS needs are in areas that have suffered ethnic violence such as West Guji and Gedeo zones as well as East and West Wollega and Kamashi zones.
- Funding should cover a minimum response package, inclusive of evidence-based community-based interventions, as well as person-focused (individualised) services and referrals for people experiencing higher levels of distress/disorder. The CP-GBV AoR is contextualising minimum standards for community-based PSS in Safe Spaces.
- Funding should equally cover the mainstreaming of MHPSS considerations in other sectors of interventions, as a key risk mitigation measure and to ensure the do no harm principle. The EMHPSS TWG is available to provide technical guidance and support to non-specialised actors.
- Humanitarian partners should ensure adequate staff care mechanisms are in place and functioning. The EMHPSS TWG will conduct a sensitisation event for donor agencies and senior humanitarian managers on 9th December; participation of EHCT member agencies would be highly desirable.

For additional information, please find contacts below:

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⁶ King's College & Addis Ababa University (Draft, September 2019). *Informing mental health and psychosocial support response to humanitarian crises in Ethiopia: A policy report.*

⁷ The Center for Victims of Trauma (July 2019). *Assessing Mental Health in Gambella, Ethiopia: A Representative Survey of South Sudanese Refugees in Nguenyiel Camp.*