

**Examples from the field**

**COMMUNITY OUTREACH WORKERS IN CAIRO**

Refugees in Cairo are scattered over huge urban areas. A local NGO in Cairo collaborated with community-based organisations of refugees to select and train dozens of refugees from various ethnic and religious backgrounds to become psychosocial outreach workers. These refugee workers offer home based support to the most vulnerable individuals and families in their own language and in accordance with their own culture. In this chaotic metropolis, they provide information, support, and problem solving counselling and link others to community resources and organizational, UN, or government services they otherwise could not easily access.

**NON-SPECIALIZED FOCUSED SUPPORT FOR REFUGEE MOTHERS IN BANGLADESH**

Rohingya refugee women in Bangladesh were provided maternal mental health support by an international partner NGO. Prior to the support group meetings, a group of female psychosocial workers received the necessary training to facilitate and lead the proposed 15 sessions. At each session, both pregnant women and lactating mothers were given the opportunity to voice their thoughts and feelings on good parenting techniques and feasible approaches, sharing culturally relevant tips for dealing with parenting in a refugee context. A study conducted after the conclusion of the support sessions found that the women who had participated in the support groups had significantly improved mental health scores than those who chose not to.

**MENTAL HEALTH INTEGRATED IN GENERAL HEALTH CARE KENYA**

In the five refugee camps in Dadaab (Kenya) refugees with severe mental health disorders have access to general health services and are seen by certified psychiatric nurses. The psychiatric nurses are supported by regular visits from a psychiatrist based in the capital, Nairobi. Meanwhile, teams of trained refugee workers help in identifying people with mental disorders in the community and providing support at home for their families. In June 2014, the capacity of these refugee workers was reinforced using a newly developed training guide for mental health in humanitarian emergencies, currently being finalized by WHO and UNHCR.

**MORE INFORMATION**

UNHCR (2013): *Operational Guidance Mental Health & Psychosocial Support Programming for Refugee Operations*: UK: <http://www.unhcr.org/525f94479.html> ; FR: <http://www.unhcr.fr/52fccfc79.html>

*Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings* (WHO and UNHCR, 2012): [http://www.who.int/mental\\_health/resources/toolkit\\_mh\\_emergencies/en/](http://www.who.int/mental_health/resources/toolkit_mh_emergencies/en/)

For any questions or inquiries regarding the new Operational Guidance on MHPSS, please contact DPSM's Public Health Section (PHS): [HQPHN@unhcr.org](mailto:HQPHN@unhcr.org)

Through its Key Initiatives, UNHCR's Division of Programme Support and Management (DPSM) shares regular updates on interesting projects that produce key tools, practical guidance and new approaches aimed at moving UNHCR operations forward.



UNHCR / A. Branthwaite / September 2012

# Operational Guidance on Mental Health and Psychosocial Support

**PRIORITISING REFUGEES' MENTAL HEALTH NEEDS**

**UNHCR's new *Operational Guidance on Mental Health and Psychosocial Support (MHPSS)* presents a coherent framework to guide mental health and psychosocial activities in the humanitarian response. The Operational Guidance publication formally recognizes the importance of MHPSS as an integral part of UNHCR's protection mandate and is supporting a shift from delivering services for refugees to promoting their self-reliance. It is directly informed by the operational goals enshrined in the new *UNHCR Global Strategy for Public Health 2014-2018*.**

The Operational Guidance provides a practical orientation and tools to inform MHPSS-related activities, such as supporting community resilience, promoting mechanisms for social support and offering services to individuals with more complex mental health needs. The approach and interventions it proposes will have a significant impact on programmatic decisions for a wide range of actors within UNHCR operations, including the public health sector, education and community-based protection and will bring considerations regarding mental health and psychosocial support to the fore of discussions centred on refugee well-being.

## WHY MENTAL HEALTH MATTERS IN REFUGEE SETTINGS

Many people are under significant psychological and social stress after fleeing their homes due to armed conflict, persecution or disasters, as illustrated in the table below containing projections from the World Health Organisation (WHO). While many refugees are able to cope effectively and show remarkable resilience by drawing support from their family and community, others in a more vulnerable situation are at an increased risk of developing mental problems. Social and psychological problems developed under

these circumstances may exacerbate of distress, the use of negative coping mechanisms and the development or worsening of mental disorders.

With the erosion of the social structures that normally regulate community well-being and the breakdown of essential services, such as health care and education, UNHCR's response is critical. Mitigating the immediate and long-term risks and consequences related to the mental health and psychosocial well-being of individuals, families and communities is therefore an integral part of UNHCR's protection mandate.

### WHO PROJECTIONS OF MENTAL DISORDERS IN ADULT POPULATION AFFECTED BY EMERGENCIES

	Before the emergency 12-month prevalence	After the emergency 12-month prevalence
<b>Severe disorder</b> (e.g., psychosis, severe depression, severely disabling form of anxiety disorder)	2% to 3%	3% to 4%
<b>Mild or moderate mental disorder</b> (e.g., mild and moderate forms of depression and anxiety disorders, including mild and moderate posttraumatic stress disorder)	10%	15% to 20%
<b>Normal distress or other psychological reactions</b> (no disorder)	No estimate	Large percentage

WHO & UNHCR, 2012

## FOUNDATIONS OF THE GUIDANCE

Building a common understanding among UNHCR and partners across all sectors will prove instrumental to UNHCR's ability to reduce the burden of mental illness, improve refugee well-being and strengthen their resilience. Ultimately, these efforts contribute to refugees achieving durable solutions.

UNHCR's *Operational Guidance on Mental Health and Psychosocial Support (MHPSS)* is anchored in two central notions, namely the adoption of an *MHPSS approach* and the prioritisation of integrating *MHPSS interventions* into field operations.

- Applying an integrated **MHPSS approach** involves providing humanitarian assistance in ways that support the mental health and

psychosocial well-being of refugees – something that is relevant for all humanitarian actors when implementing their programmes.

- Implementing **MHPSS interventions** means focusing on activities in which the primary goal is to improve the mental health and psychosocial well-being of refugees. These are usually implemented by the health, community-based protection and education sectors.

Utilizing these two notions and building on existing national capacities and local opportunities, refugee operations should use the Operational Guidance to develop their own context-specific MHPSS programming. UNHCR should focus on integrating programmes into national services, where possible, with the ultimate aim of strengthen national systems.

## MULTILAYERED SERVICES AND SUPPORT

One of the key principles in the Operational Guidance aims at developing a *multi-layered system* of MHPSS services, starting from actions that benefit all refugees - utilising an *MHPSS approach* - to targeted *MHPSS interventions*. This system is illustrated below, along with the kinds of activities that fall under its various layers.

