

# CHILD PROTECTION ADVOCACY BRIEF

Mental health and psychosocial support in emergencies

unicef   
for every child



A woman formerly with an armed group as a child met with UNICEF in Colombia, where provision of access to justice and psychosocial support, in partnership with the Colombian government, has been critical to peace-building.

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Mental health and psychosocial support (MHPSS) in humanitarian emergencies is essential to reduce the suffering of affected populations and enhance their ability to cope with adversity. Through MHPSS, children and their families, caregivers and communities can improve their well-being, participate in their own development and regain a sense of normalcy.

Experiencing a humanitarian emergency – prolonged conflict, mass displacement, violence, exploitation, acts of terror, public health emergencies, intensifying natural disasters – can significantly impact the psychosocial wellbeing and development of a child. Emergencies have immediate, as well as long-term, consequences for children, families and their communities. The threats include direct exposure to violence, compounded stress, and the loss of or separation from family members and friends. Risks include protracted deterioration in living conditions, increased militarization, societal divisions, and lack of or reduced access to services. These factors can negatively impact children's well-being and their ability to recover from adversity.

MHPSS approaches are wide-ranging. The most comprehensive and sustainable MHPSS strategies are locally relevant and are implemented with the active engagement and participation of affected children, their caregivers and families - together with community service providers.

**Half of all mental illness begins by the age of 14, but most cases go undetected and untreated.**

One in six children live in countries affected by conflict, and by 2030, 44 per cent of the global poor will be living in conflict-affected situations.<sup>1</sup>

**Mental health problems are common in children and adolescents** who witness or are exposed to extremely distressing and traumatic events. Around 8–10 per cent develop stress related disorders, including post-traumatic stress disorder (PTSD), and a higher proportion will develop other mental health problems, including behavioural and conduct disorders, anxiety and depression, as well as problems related to substance use.<sup>2</sup>

<sup>1</sup> Save the Children, The War on Children: Time to end grave violations against children in armed conflict, 2018

<sup>2</sup> McLaughlin, K.A. and M.L. Hatzenbuehler, 'Mechanisms linking stressful life events and mental health problems in a prospective, community-based sample of adolescents', Journal of Adolescent Health, vol. 44, 2009, pp.153–60.

## Towards 2030 - Sustainable Development Goals



Target 3.4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

The three core documents underpinning UNICEF's approach to community-based MHPSS are the Convention on the Rights of the

Child,<sup>4</sup> Minimum Standards for Child Protection in Humanitarian Action<sup>5</sup> and the Inter-Agency Standing Committee (IASC) Guidelines on MHPSS in Emergency Settings.<sup>6</sup>

UNICEF's commitment to providing psychosocial support is explicitly addressed in the Core Commitments for Children in Emergencies,<sup>7</sup> in both the child protection and education sectors.



Children play a game of sticks at the Children's Complex in Tozeur, Tunisia, to develop concentration, maths and social skills.

Emergencies weaken or destroy community support structures and services that enable children's safety and well-being. They may impede access to education and hamper parents' capacity to provide safe environments and nurturing care. Ultimately, children's resilience and development suffer.<sup>3</sup>

Children's vulnerabilities increase with exposure to risks, especially if they lack protective factors, such as nurturing caregivers, problem-solving skills, or access to basic services and security. In emergency situations, the presence of a stable adult

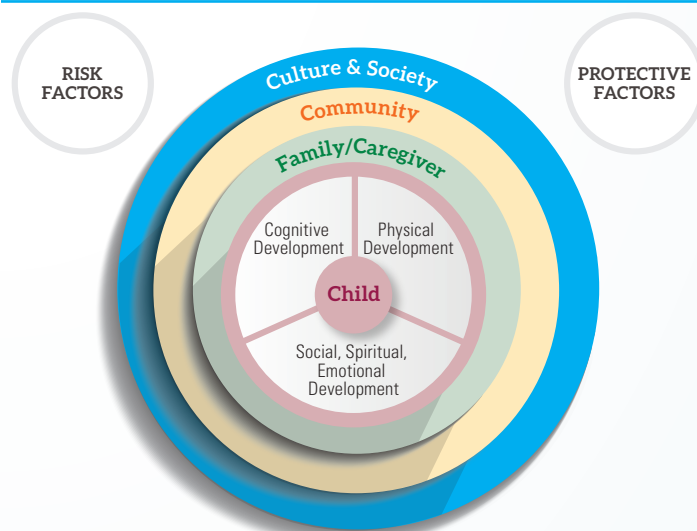
caregiver aids children's feeling of well-being. However, caregivers are also affected by emergencies, which may threaten their ability to offer safety, stability and care. Effective MHPSS intervention strategies must also promote their well-being.

UNICEF's MHPSS intervention strategies are implemented through a social ecological model, which places the child at the centre of interventions involving the family/caregiver, the community, and culture and society. This model illustrates the importance of the networks of people and structures that surround

children, safeguard their well-being and support their optimal development.

**In South Sudan** where multiple displacements have destroyed or disrupted traditional community supports for families and caregivers, UNICEF observed that most families constitute single women raising their biological children and fostering others. These caregivers struggle with meeting basic needs and face continuing insecurity, unpredictability of conflict and the constant fear of being attacked, looted, raped, or robbed. Here, UNICEF supports weekly sessions for groups of caregivers, providing a safe space for them to come together and receive information on how to recognize and support children in distress, manage their own stress and support one another.

**FIGURE 1. THE MHPSS SOCIAL ECOLOGICAL MODEL**  
UNICEF's approach – local, integrated and community-based



3 Engle, P., 'The role of caring practices and resources for care in child survival, growth and development: South and Southeast Asia', Asian Development Review, vol. 17, nos. 1,2, 1999, pp. 132–167.

4 United Nations General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3. <<https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>>

5 Minimum standards for child protection in humanitarian action. Child Protection Working Group (CPWG) (2012) [currently under review]. <[https://www.unicef.org/iran/Minimum\\_standards\\_for\\_child\\_protection\\_in\\_humanitarian\\_action.pdf](https://www.unicef.org/iran/Minimum_standards_for_child_protection_in_humanitarian_action.pdf)>

6 Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings, Geneva, 2007. <<https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings>>

7 United Nations Children's Fund. Core Commitments for Children in Humanitarian Action. New York, UNICEF, 2010.

Most people, including children, are resilient and have strong coping skills that are boosted when provided with physical protection and adequate community support. Accordingly, UNICEF's MHPSS interventions directed at the child, the family/caregiver and the community aim to strengthen innate coping mechanisms by mobilizing and strengthening family and community support systems. These interventions also provide and facilitate access to focused care (including psychological first aid and interventions by non-specialists) and specialized mental health services, as needed.

The Inter-Agency Standing Committee (IASC) MHPSS intervention pyramid (Figure 2) shows four layers of support for people's recovery and well-being in humanitarian emergencies.

## Focus on communities

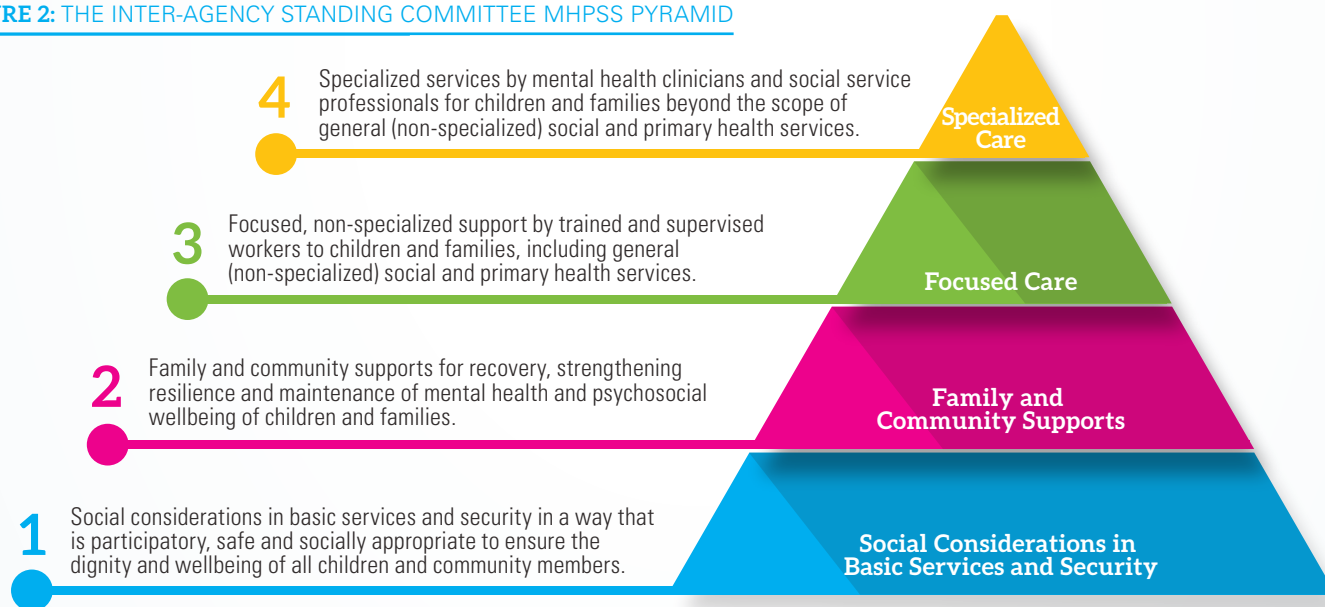
**UNICEF's approach to MHPSS strengthens the innate capacities of children, caregivers and communities to support their well-being and protection. The approach, provided across the layers of the IASC MHPSS pyramid, is also represented in the circles of community and culture within the MHPSS social ecological model. These circles address the needs of children and families for well-being and safety in their context – from the delivery of basic services in culturally appropriate ways and the strengthening of family and community social networks, to focused or specialized care when needed.**

Social considerations, or community foundations, in basic services and security are at the base of the pyramid, which leads to the top of the pyramid, specialized care, with fewer people needing the services at each layer. UNICEF works across all layers of MHPSS support, through direct provision of services, or up and down the layers of the pyramid through referrals.

In accordance with the IASC MHPSS Guidelines, even in the early stages

of an emergency, interventions should support self-help and build local capacities, including government and civil society capacities. UNICEF's programming upholds these principles, including mainstreaming MHPSS across programme areas and advocating for mental health. UNICEF also recognizes that an effective psychosocial response should build on community resources, local understanding of distress and protective factors - particularly in evolving humanitarian contexts and crises.

**FIGURE 2: THE INTER-AGENCY STANDING COMMITTEE MHPSS PYRAMID**



## UNICEF impact

Following the earthquakes in Nepal, the Department of Women and Children and UNICEF co-led a psychosocial working group of 80 to 100 national organizations providing early response activities. UNICEF supported the organizations to implement interventions coordinated with the protection, education and health clusters, and helped track services. These interventions included:

- (i) community psychosocial centres within women's cooperatives,
- (ii) psychosocial programmes in formal and informal educational settings, and (iii) community MHPSS messaging through community orientation and training sessions.

Within one year after the earthquake, more than 380,000 people had received MHPSS care and support.

# Key Asks

UNICEF CALLS FOR ACTION TO CREATE AND SUSTAIN POSITIVE CHANGE FOR CHILDREN:

## 1 Integrate mental health and psychosocial well-being in all humanitarian interventions.

Policymakers, donors and implementing agencies must ensure that children and families affected by disasters, conflict and chronic adversities have access to appropriate mental health and psychosocial support to enable healing and recovery. MHPSS should be integrated into the protection, health, nutrition, education, camp management, and water sanitation and hygiene (WASH) sectors to enhance protection programming and reduce harmful practices and potential risks in humanitarian response.

## 2 Engage and mobilize existing family, community and leadership structures.

National governments and agencies can improve children's well-being and prevent the impacts of severe distress and trauma. This can be achieved by increasing engagement with communities and creating comprehensive and inclusive structures that include parents, teachers, health and social service workers, and religious and faith-based leaders.

## 3 Enable access to specialized care for children and their caregivers.

National governments and civil society organizations should work together to increase and improve MHPSS access for those with specific emotional, social, health or protection needs and those with pre-existing mental, neurological and substance use disorders. Specialized services include mental health interventions provided by mental health clinicians (e.g. psychological and/or psychiatric treatment) and social service professionals for children and families, in coordination with safe traditional and cultural healing practices. Access must also include focused care and evidence-based individual and group interventions provided by non-specialists, such as Group Inter-personal Therapy,<sup>8</sup> WHO's Problem Management Plus<sup>9</sup> and Thinking Healthy.<sup>10</sup>



9-month-old Danilo (in blue) receives therapy and other services in Guatemala, where UNICEF is supporting children affected by Congenital Zika Syndrome and other congenital disorders.

## 4 Include the voice, participation and leadership of local communities in humanitarian response.

Governments and implementing agencies should incorporate the community-based approach into the design, implementation, monitoring, evaluation and sustainability planning from the onset of response and in the early stages of setting up of MHPSS services.

## 5 End stigma and discrimination of persons with mental disorders and psychosocial problems.

National governments, civil society organizations and implementing agencies must take action to eliminate stigma and negative attitudes towards children and families in need of MHPSS services. Interventions include the raising of awareness,

education, training, mutual help, counselling, mediating, defending and denouncing. These actions aim at reducing barriers such as lack of investment in MHPSS services, stigma associated with mental health problems and violation of children's rights.

### FOR MORE INFORMATION, PLEASE CONTACT:



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<sup>8</sup> World Health Organization (WHO) and Columbia University, 'Group Interpersonal Therapy (IPT) for Depression' (WHO generic field trial version 1.0), 2016.

<sup>9</sup> WHO, 'Problem Management Plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity' (generic field trial version 1.0), 2016.

<sup>10</sup> WHO, 'Thinking Healthy: A manual for psychosocial management of perinatal depression' (WHO generic field trial version 1.0), 2015.