



**UNHCR**  
The UN Refugee Agency



# Mental Health and Psychosocial Support Update

*January to June 2024*

## Mental Health and Psychosocial Support Update

UNHCR in Afghanistan has developed a multi-year 2024-2027 Mental Health and Psychosocial Support Strategic Plan to address the urgent need for improved mental health services due to the widespread psychological distress. It outlines strategies to enhance access to MHPSS services, integrate services into existing UNHCR protection programs, build community resilience, and improve the quality and effectiveness of interventions, through promotion and protection psychosocial well-being and treating mental health problems.

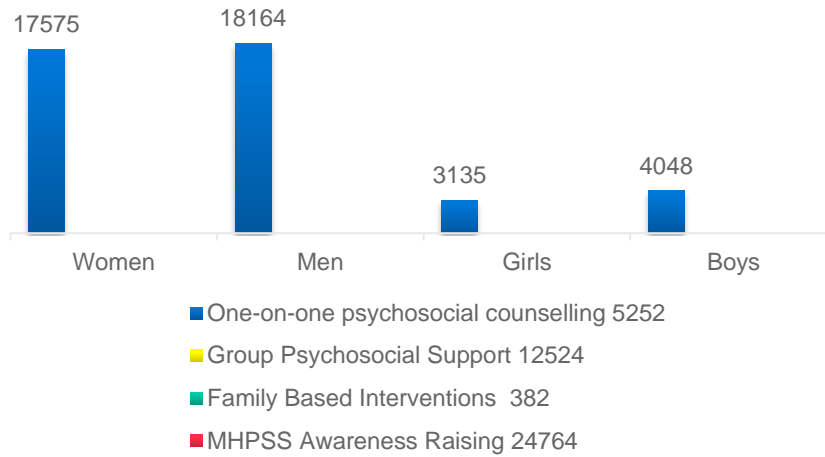
Over 50% of refugee returnees have increased MHPSS needs, with noticeable changes in behavior such as stress, mood and appetite changes, leading to aggression or self-harm.

UNHCR CBPM data – Reveals that 27% of respondents have observed negative behavioral changes among their family members.

Afghanistan HNRP - 2024 quotes “over half of Afghans are distressed, and one in five individuals is suffering from severe forms of mental health problems.”

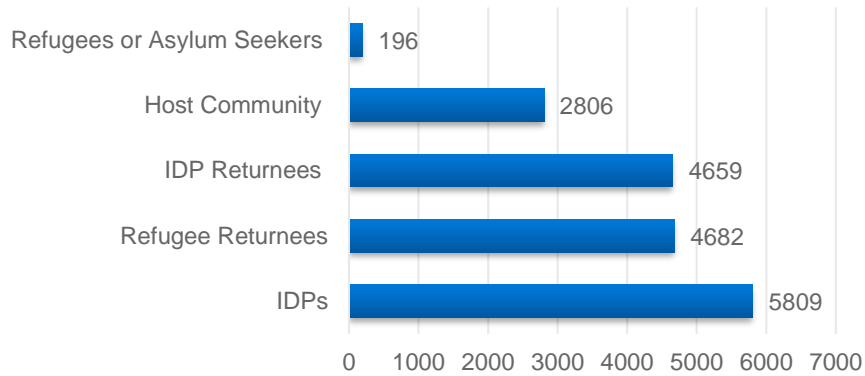
A total of 55% children and 45% adults lack access to MHPSS services, based on protection monitoring data collection.

**42,922 individuals received MHPSS services.**

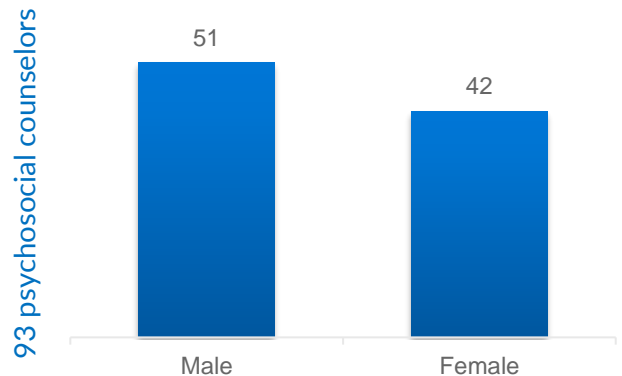
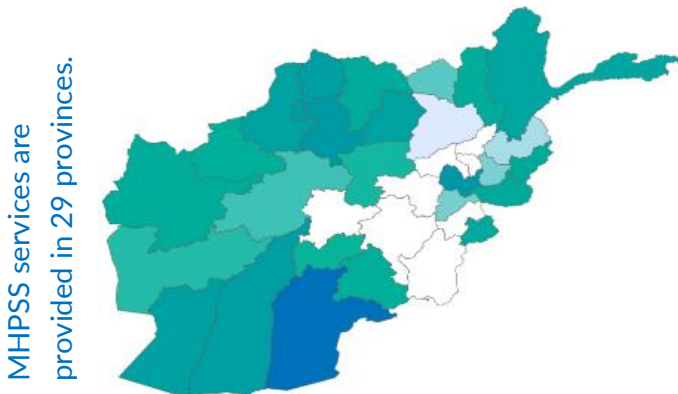


**Beneficiaries who attended focused non-specialized and community or family strengthening services**

**Population Groups**



Women centers, health facilities, child friendly spaces and through mobile teams' community members can receive and access MHPSS services provided by UNHCR's partners.



## NEEDS AND SERVICES PROVIDED

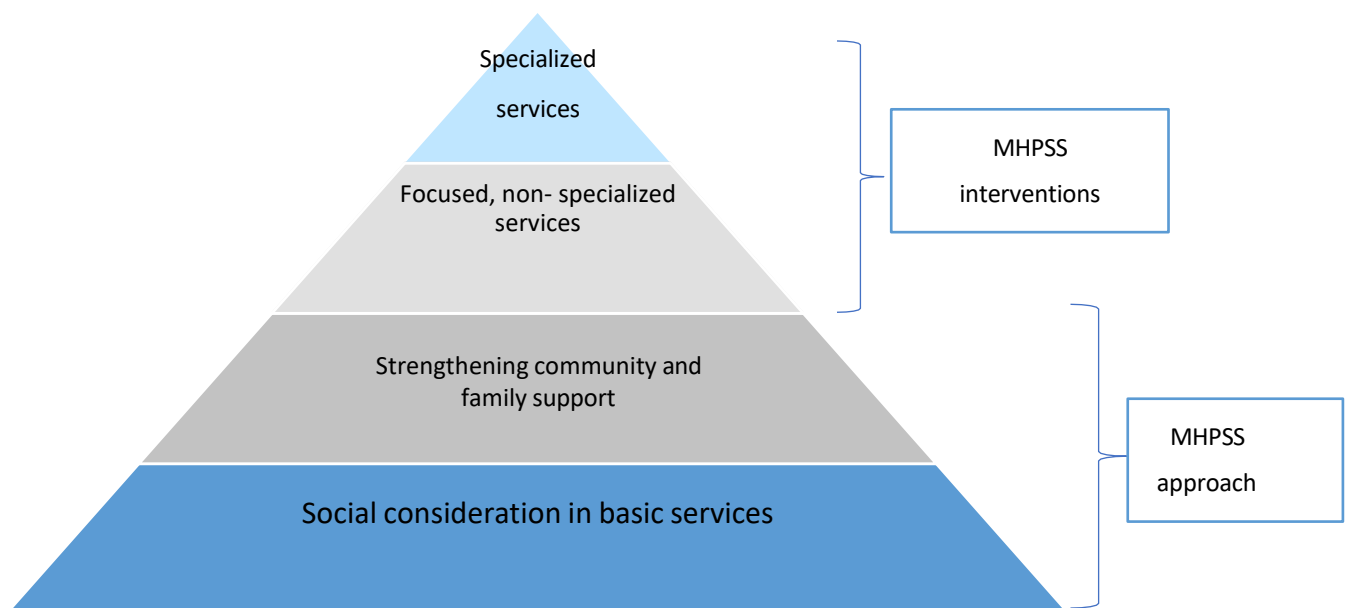
The humanitarian crisis in Afghanistan has led to widespread mental health and psychosocial problems. The ongoing emergencies like displacement, natural disasters, returns added returns added more to the experience of Afghan communities emphasizing the urgent need for improved mental health and psychosocial support (MHPSS) services.

Data collected from Community-Based Protection Monitoring (CBPM) reveals that 27% of respondents have noticed negative changes in their family members' behaviors, with 75% reporting sadness. Additionally, 45% of respondents note experiencing stress, affecting their sleep and daily activities. In addition, over 50% of refugee returnees have increased MHPSS needs, with noticeable changes in behavior such as stress, mood, and appetite changes, leading to aggression or self-harm.

MHPSS programming within UNHCR aligns with the Five-Year Focus Area Strategic plan for Protection and Solutions for Internally Displaced People, the IASC guidelines on mental health and psychosocial support in emergencies ([Link](#)) and UNHCR's operational guidance on mental health and psychosocial support programming ([Link](#)).

MHPSS is often conceptualized as a multi-layered pyramid of interventions, ranging from clinical services (usually in the health sector) to focused psychosocial support and to community-based supports (often through community-based protection partners).

[See the figure below:](#)



IASC pyramid of MHPSS interventions

## SOCIAL CONSIDERATIONS IN BASIC SERVICES

UNHCR and its partners integrate social considerations into basic services, ensuring accessibility, inclusivity, and cultural appropriateness.

MHPSS teams provide service orientation and awareness sessions on MHPSS, starting with community leaders when they arrive in a new location, to address mental health stigma. From early 2024 to June 2024, they have reached 24,764 individuals, among them 9,299 women, 10,778 men, 1,867 girls, and 2,820 boys in 29 provinces in Afghanistan.



Counseling sessions with the returnees in Nad Ali, Helmand, 3<sup>rd</sup> March 2024. © UNHCR

## STRENGTHENING COMMUNITY AND FAMILY SUPPORT

UNHCR, along with partners, has integrated MHPSS into women's protection and child protection activities. Elements of MHPSS are incorporated into arts-based and play activities in child-friendly spaces. For women, activities are integrated into arts and crafts, handmade materials, and women's gathering sessions. These activities are implemented in the form of group sessions. UNHCR has also considered providing MHPSS services to families. From the beginning of 2024 until the end of June 2024, UNHCR and partners have supported 12,906 individuals, among



MHPSS group counseling sessions in IDP settlement in Balkh.

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them 5,344 women, 5,405 men, 1,108 girls and 1,049 boys through these activities.

## FOCUSED, NON-SPECIALIZED PSYCHOSOCIAL SUPPORT

UNHCR provides individual one-on-one counseling services in Afghanistan through partners. These services are delivered based on scalable, evidence-based brief interventions adapted to Afghanistan. A total of 5,252 individuals among them, 2,932 women, 2,040 men, 160 girls and 120 boys, have attended the sessions with trained psychosocial counselors. UNHCR also provides supervision sessions to the psychosocial counselors as another layer of capacity building in the form of on-the-spot training.

*“A Mullah Imam approached the team asking for psychosocial counselling for himself and his wife. After providing individual sessions, the Mullah has agreed for his wife to attend social gatherings, form new connections, and attend group activities.”*

## SPECIALIZED MENTAL HEALTH SERVICES

UNHCR and its implementing partners are working on strengthening referrals, especially in locations where MHPSS is integrated with health services and provided in health facilities. Trained psychosocial counselors offer services to individuals with mental health problems alongside the specialized services provided by the health facilities. They ensure a multilayered approach is available so that people with severe mental health problems receive the care they need.

## MHPSS CAPACITY EXCHANGE INITIATIVES

Capacity exchange activities are among the main objectives of UNHCR’s multi-year strategy for MHPSS in Afghanistan, aiming to develop the capacity of local staff so they can support their communities more independently in the future. Up to June 2024, UNHCR has delivered six in-person training sessions and one hybrid on:

**Counselling Skills and Suicide Prevention:** A one-week training aimed at developing counseling skills and preparing psychologists to respond to emergency cases such people with self-harm and suicidality. Three sessions were delivered lasting for a week each. Psychologists from 19 provinces attended, totaling 55 participants, including 30 women and 25 men.

*Attendee from Bamiyan: “I have worked for 10 years in this field; this is by far the most productive and practical training I have attended.”*

*“Attendee from Kandahar; I learned a lot, especially on suicide prevention, now I know, what to do if I identified a case with suicidality.”*

**MHPSS Integration into Child Protection:** A two-day training session delivered to UNHCR implementing partners providing MHPSS to children. The aim of the training was to build the capacity of UNHCR partners in identifying needs, designing MHPSS interventions, implementing activities, and monitoring progress. Three sessions were provided to staff from 10 provinces totaling 76 staff members, including 40 women and 36 men.



Add description. © UNHCR

**Hybrid Sessions:** In coordination with WASSA UNHCR partner and the regional protection cluster in Herat, UNHCR organized a Psychological First Aid session for the protection cluster members in response to the recent flood. The session was conducted for 25 individuals from various I/NGOs, including 12 women and 13 men.

## STEPS TOWARDS IMPROVEMENT

Since the beginning of 2024, UNHCR has been working on improving the provision of MHPSS services. In this regard, several critical documents and initiatives have been developed, such as:

- MHPSS Multi-Year Strategic Plan 2024–2027
- Online MHPSS Case Management Platform
- MHPSS Emergency Response Protocol
- Four MHPSS Capacity Exchange Packages



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