Advocacy paper for MHPSS services

MHPSS sub working group

Jordan- Dec 2016

Due to overwhelming numbers of service users and shortage in service providers in both the NGO's and national MHPSS serctors in Jordan related to the on-going violence in Syria, the affected population in Jordan has endured significant interruptions in the receipt of MHPSS services.

Exposure to distressing situations, including disruption, displacement, loss, and violence; may have significant effects on the mental, psychological and social wellbeing of children, adolescents, families and communities. There is a notable wide variabiltity in response to distress amongst populations and individuals in terms of mental and physical health, and more dramatically extreme emergencies such as warfare. Accordingly coping mechanisms are quite variable, while most people often exhibit resilience and recover using their own ways of coping, others may require basic supports to improve their psychosocial wellbeing. It should be noted that a smaller number will develop more enduring mental health problems (or suffer from pre-existing problems) requiring specialized care. Despite these variations, the majority of people will be able to overcome these difficult experiences with suitable and adequate support.

The need for such services has increased due to conflict, prolonged displacement, and severe on-going distress this continues to be apart of the daily life seen in the community and the camps. Quality psychosocial support services are able to provide an improvement in emotional and social well-being, contributing to social cohesion.

Mental health and psychosocial wellbeing encompasses various areas including emotion, behavior, thought, memory, physical aspects, learning capacity and ability to function.

Document aims:

- Applying global mental health standards and recommendations, as a baseline for MHPSS future approaches.
- Provision of guidance based on specific criteria in designing and further implementing MHPSS projects and activities.

The importance of psychosocial services in forced displacement, and refugee settings:

Mental health and psychosocial wellbeing can be observed in three core domains, which collectively assess functionality:

- Individual capacity: physical and mental health, coping strategies, and the ability to access resources. For children, this includes the level of resilience and developmental stage.
- Functionality amongst family and community: attending to expected chores such as school, or workplace as found applicable. Engagement in regular family and social activities.
- Societal, religious and cultural beliefs, values, and practices that unite communities, and contribute to an individuals's identity. This also encompasses social connectedness and pro-social behaviours.

Levels of Mental Health and Psychosocial Intervention

In emergencies, people are affected in different ways and would require different kinds of support. Specialized mental health services provided by psychologists or psychiatrists would reside at the top of the pyramid in the support required. As a general rule broader considerations such as the provision of basic services and security that is all inlusive of participation and well-being is vital in enhancing community and family

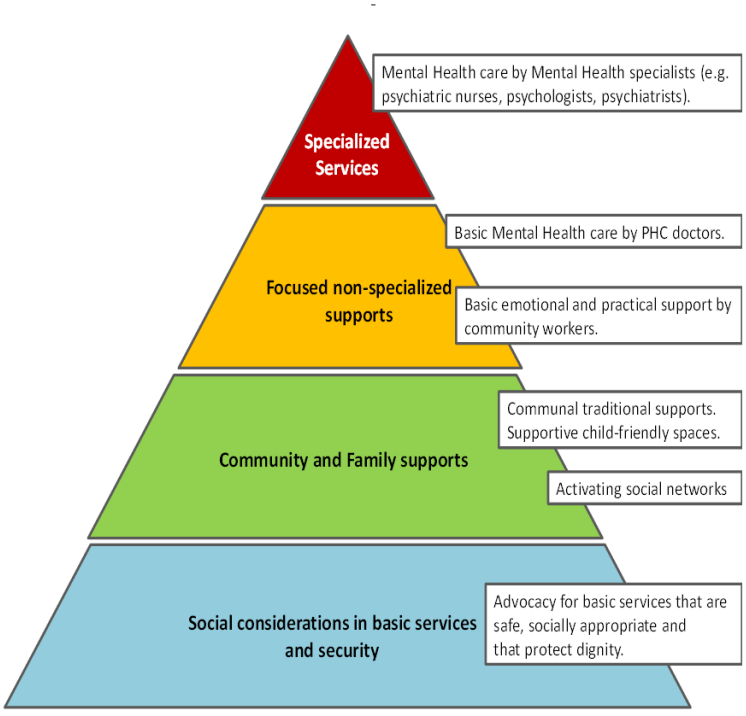

Figure 1. IASC MHPSS Intervention Pyramid

connections. A key to organizing mental health and psychosocial services is to develop a layered network of diverse complementary support systems that meet the needs of different groups of the affected population. This is illustrated by the pyramid (see Figure 1). All layers of the pyramid are important and should ideally be implemented concurrently. In order for this to happen effectively there needs to be a focus on developing **referral pathways** between service providers operating at different levels and also adequate training and information sharing at each level.

1. Basic services and security: The foundation for wellbeing through meeting basic needs and rights for security, adequate governance, and essential services such as food, clean water, health care and shelter. Advocacy with other sectors includes the delivery of services in a way that prevents psychosocial problems and supports wellbeing (this may include ensuring that families are not separated when aid is distributed).

2. Community and family support: Community mobilization is an essential activity to strengthen social support networks, and help people resume daily functioning (this may include educational and vocational projects, supporting community-based children's activities, or promoting social support networks like Orientation, training or advocacy with aid workers/agencies on including social/psychosocial considerations in programming). It also focuses upon improving or forming social connections and social relationships between individuals, families and communities (including across host and refugee communities).

3. Focused non-specialized supports: A smaller number of people will require further supports, including beneficiaries experiencing difficulties coping with their existing support network, but who is not suffering from a clinical mental disorder. Interventions may include focused individual, family or group activities delivered by trained and supervised workers (e.g. Social workers, community workers, health care professionals) to help deal with the effects of particularly distressing events or situations, e.g. support groups for victims of rape or torture. Like referrals and linking vulnerable individuals/families to resources psychological first aid (PFA), Basic counseling for groups or families.

4. Specialized services: In addition to the aforementioned services, some people will require more specialized support in order to enable them to overcome the effects of the stress; Additional support for a small percentage of the population whose suffering, despite the aforementioned support, like Clinical management of mental disorders by specialized mental health care providers (e.g. psychiatrists, psychiatric nurses), school counsellors/ specialised teachers and psychologists wherby the socio-educaitonal interventions for children with developmental disorders.

Psychosocial project requirements:

1. Reflect a general understanding of the services, and needs of the target population in the proposed area (including refugee and host populations). Prior knowledge on the subject matter is of paramount importance, as externally driven programs often lead to inappropriate support and limited sustainability.
2. Strengthen and build on existing local support systems for sustainable and culturally-appropriate responses. In this context, the development of parallel systems is discouraged.
3. Evidence based validated practice (on the recipient population) in the context of methodologies and interventions is a requirement; and appropriately link the components of the project together (objectives, interventions, beneficiaries and service providers).
4. Suitable terminology throughout the proposal, and include appropriate monitoring and evaluation components to adequately assess the outcomes and implications of the project.

MONITORTING & EVALUATION for MHPSS projects

1. Outline an effective mechanism for monitoring and evaluation. Whereby collected data, once analysed would impact decision-making for current practice and potential future activities; through consideration of project relevance, effectiveness and outcomes. [1]

1 Please refer to IASC MHPSS RG Common M&E Framework for MHPSS Programmes in Emergency Settings, IASC: Geneva, 2016

2. Data collected should be assembled by age, gender, host/ refugee community and geographic location of cohort , as found applicable.
3. Interventions should interlink to specific and appropriate indicators. The exact choice of indicators depends on the goals of the project (process, satisfaction and outcome indicators); which may describe the quality, quantity, coverage and utilization of services, satisfaction of beneficiaries, and/or effects and outcomes of the implemented interventions. Goals should be SMART (Specific, Measurable, Achievable, Relevant and Time-bound).
4. Applying baseline measures at the start of the project provides basis for further evaluation of outcomes, and the identification of any changes after the intervention has been implemented.
5. Consideration for assumptions, barriers and ways of overcoming them should be taken into consideration, as such challenges constitute an integral part of every project proposed.
6. A combination of quantitative and qualitative data, are much preferred as part of data collection.