

# MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN LÓVUA SETTLEMENT



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[Click here to watch a short video on mental health and psychosocial support in Lóvua.](#)  
["A day in the life of the MDM MHPSS team"](#)

## Introduction and Lóvuá context



Figure 1: Kids take part in recreational activities as part of MHPSS support in Lóvuá settlement © UNHCR/Omotola Akindipe

**F**orced displacement puts significant psychological and social stress on individuals, families and communities. People not only experience atrocities prior to or during flight; their living conditions once they have reached safety also bring stress and hardship.

People experience and respond to loss, pain, disruption and violence in different ways and this influences their mental health and psychosocial well-being as well as their vulnerability to mental health problems. Moreover, men and women, and boys and girls of different ages may have different ways of experiencing and expressing distress. Most people

cope with difficult experiences and may become more resilient if a supportive family and community environment is available.

### Lóvuá Context

In 2017, political and military instability in the Kasai region of the Democratic Republic of the Congo (DRC) forced more than 35,000 people to seek refuge in Lunda Norte Province of Angola in Southern Africa.

Most of these refugees, 50% of whom are under 18, now live in a large settlement in Lóvuá municipality.

# Mental Health and Psychosocial Support in refugee context

**M**ental health and psychosocial support (MHPSS) refers to any type of support that aims to protect or promote psychosocial well-being or prevent or treat mental disorders. Support may include interventions that are community or individual based as well as others in health and education. MHPSS interventions can aim to deal with issues such as social problems, emotional distress, common mental health disorders (such as depression and post-traumatic stress disorder), severe mental health disorders (such as psychosis), alcohol and substance abuse, and intellectual disability.

Mental health and psychosocial issues may impact functioning. According to Professor of Public Health and Community Medicine [Dr Alice Tang](#), and senior scientist [Paul Bolton](#), functioning refers to the ability of an individual to complete daily tasks, including self-care, the fulfilment of relevant social roles, membership of a household, family and community, and participating in community activities.

Functioning may be affected in a variety of ways by mental health and psychosocial problems. For example, an individual experiencing symptoms of depression such as sleeplessness and loneliness may be less likely to take part in community activities. Efforts to promote self-reliance and livelihoods may be affected if individuals and/or families are less likely to be active due to unmet mental health and psychosocial needs. Therefore, it is evident that symptoms of mental health and psychosocial problems can significantly impact individual, family and communal well-being.

Due to the importance of MHPSS interventions, it is now a critical part of any humanitarian response, and as such is recognised as a requirement of humanitarian response across a range of contexts and scenarios.

## Definitions

**Mental Health:** Mental health includes emotional, psychological, and social well-being. It is directly related to the context in which we live.

**Psycho-social support:** Psycho-social support is one type of intervention to improve someone's wellbeing or have a beneficial psychological impact on someone, for example, group interventions, activities etc.



# Mental Health and Psychosocial Support in Lóvua settlement

**M**HPSS forms part of both the health and protection sectors in Lóvua. The health sector follows up on mental health aspects whilst protection monitors psychosocial support.

Since late 2017, the UN Refugee Agency (UNHCR)'s health partner Medicos del Mundo (MDM) and UNHCR's protection partner Jesuit Refugee Service (JRS) in Lunda Norte have been delivering an MHPSS programme in Lóvua settlement. JRS provides psychosocial support to victims of Sexual and Gender Based Violence (SGBV) along with the United Nations Population Fund (UNFPA). MDM provides psychosocial support, but also mental health assistance.

MDM's MHPSS team consists of eight employees whilst JRS has five employees and ten trained refugee mobilisers who help to facilitate the work of JRS' employees. Both JRS and MDM have psychologists who take on clinical cases.

Both JRS and MDM have education elements to their psychosocial programmes. There are regular workshops on topics such as peaceful coexistence, conflict resolution and equality. It should be noted that JRS' programme is geared towards SGBV prevention and aiding refugees to recuperate and deal with trauma. JRS bases its psychosocial work on positive psychology, which is "[the scientific study of what makes life most worth living](#)". There is a weekly schedule which changes depending on internal and external factors. JRS usually organises lectures and visits in the morning and identification as well as follow-up of cases in the afternoons.



Figure 2: Pedro of MDM leading a group session with kids in Lóvua settlement ©UNHCR/Omotola Akindipe

Figure 3: A child draws a helicopter during a recreation session ©UNHCR/Omotola Akindipe





Figure 4: A man gives his opinion during an adult group session ©UNHCR/Omotola Akindipe



Figure 5: A teenage girl points out where other teenage girls are for the group session ©UNHCR/Omotola Akindipe

MDM also has a weekly MHPSS programme and the team spends between 4-5 working days in one village (there are 57 occupied villages in the settlement at the time of writing). The team will usually conduct a psychosocial needs identification exercise at the end of the week in the village that will receive the team the following week. Typically, the team conducts group activities in the village during the morning and after lunch, they follow up on individual cases.

As such, MHPSS for both JRS and MDM is a twofold process that requires different approaches – group-based activities and individual case management.

MDM's MHPSS interventions cover five main areas: workshops, individual consultations, group consultations, group focused psychosocial and recreational

activities as well as awareness raising, and all team members are trained on 3 main principles: Look, Listen, Link (3Ls). Look refers to observing beneficiaries, especially in non-verbal communication. Moreover, members are trained to observe the environment such as housing or physical appearance. Listen refers to what the beneficiaries say as well as intonation. Link refers to referring beneficiaries to relevant agencies depending on the assessment of the person in question.

JRS utilises the same basic methodology as MDM apart from recreational activities. Moreover, whenever there is a mental health case, JRS refers it to MDM and this shows the close collaboration between the two partners in the area of MHPSS.



## Group Based Activities

There are group focused psychosocial activities that aim to create awareness on various topics such as sexual and reproductive health, parenting skills and psycho-social education on drug abuse. MDM and JRS also organise workshops on self-esteem. Groups are separated based on gender and age.

MDM integrates a strong recreational element to group activities and this helps refugees reduce stress, anxiety and depression. In Lóvuá, these activities have been developed for children between 2 and 18 years and involve a myriad of activities such as sports as well as arts and crafts that encourage cooperation and problem resolution.

For instance, in one session for children, there may be a lecture for girls (see figure 6) and three separate recreational groups for boys (see figure 3).

MDM's MHPSS team usually organises workshops on Mondays for teenage boys and girls and sets aside Thursdays for parents. On Friday, they go to a new village to create awareness and conduct a community outreach and psychosocial needs identification to prepare activities for the following week in that village. Elected leaders of villages in the settlement are informed and involved in the process by both organisations.



Figure 6: Catia and Janette deliver a group session on self-consciousness for teenage girls in Lóvuá settlement ©UNHCR/Omotola Akindipe

## Individual consultations

Generally, in the afternoon both JRS and MDM follow-up on individual cases. There are several ways in which the MHPSS team identifies such cases. For instance, during group activities, they use the 3Ls principle to identify beneficiaries who may exhibit mental health and psychosocial symptoms. In such cases, members of the team could, based on the urgency of the potential case, start a consultation or schedule one for another time.



Figure 7: Catia conducting an individual consultation in Lóvua settlement ©UNHCR/Omotola Akindipe

Alternatively, relatives of beneficiaries or beneficiaries themselves may ask for consultations during group activities. In such scenarios, cases are not specifically linked to the village where the MHPSS team is. Indeed, anyone can refer cases or refer themselves to members of the MHPSS team. This also includes referrals by other organisations or entities that work with refugees in the settlement.

Clinical consultations are provided by mental health specialists and psychosocial educators provide focused non-specialised psychosocial support. JRS does not conduct clinic consultations, but refers such cases to MDM who have mental health specialists.

**Clinical consultations are for:**

- Speciality or longer-term treatment for beneficiaries with complex and higher intensity to mental health needs
- Medication consultations
- Medication follow-up and support
- Medication therapy
- Psychological/psychiatric assessment and diagnosis.

**Non-clinical consultations are for:**

- Prevention and early interventions.
- Short-term crisis intervention and de-escalation
- Stress coping strategies
- Screening, initiating and facilitating referrals
- Supportive counselling

During individual consultations, other members of the MHPSS team do not intervene.

Most cases in Lóvua Settlement involve separation from family members left in DRC, anxiety related to health conditions, domestic violence and substance abuse. The average number of clinical psychological consultations is 35 per month whilst the psychosocial team conducts approximately 40 non-clinical consultations per month.

Monitoring is very important in MHPSS

case management and in the context of Lóvua, MDM's MHPSS coordinator monitors cases through regular documentation and bi-weekly team meetings. The SGBV focal point for JRS leads the monitoring aspect of their programme, but they integrate expertise from other sectors in their monitoring process.

The closure of a case requires a psychological evaluation by a psychologist and is always followed-up to avoid potential relapse.



## Sample case (domestic violence)

During a group activity, a neighbour mentions to an MDM MHPSS team member that a lady has been suffering from domestic violence in the village. After the group activity, the team member visits the house to speak to the wife and carries out a brief consultation, documenting the history of the case, identifying the underlying problem and conducting an intervention or referral assessment.

The following week, the team member has a full consultation session with the wife and on the request of the wife, there is a consultation with the husband. 15 days after the second consultation, there will be a full consultation with both parties. In our sample case, a solution is found that both parties accept and after an evaluation by the psychologist, the case is closed.

In the following weeks, the team member visits the couple intermittently to ensure that both parties are okay and during the whole process, the MHPSS coordinator monitors the case and holds meetings with the team member to discuss and provide advice.

## Current situation and future of MHPSS project

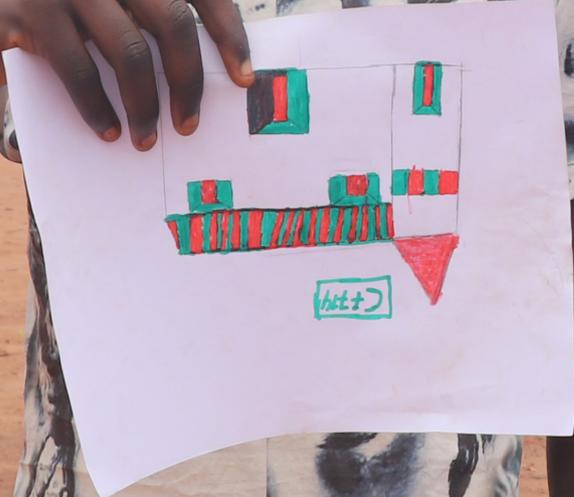
**A**part from funding constraints that have affected the general refugee assistance in Lóvua settlement in 2019, human resources are the biggest challenge for the MHPSS programme as finding qualified and experienced Angolan personnel who speak French, Lingala and Tshiluba is very difficult. Moreover, there is a lack of psychology education in the region which has compounded the problem.

MDM and JRS believe that the future of the MHPSS programme lies in capacity building. MDM plans to build the capacity of local government entities such as the Provincial Ministry of Health and the Provincial Ministry of Social Affairs. MDM also have plans to organise training sessions for UNHCR and partner organisations on MHPSS related topics. JRS would like to continue the capacity building of refugees to be able to take more responsibility.



Figure 8: A popular theatre and comedy group delivering a performance during relocation  
© UNHCR/Omotola Akindipe

Figure 9: Two Congolese boys show off their artwork after a recreative session ©UNHCR/Omotola Akindipe



## Profiles of JRS and MDM MHPSS members



Figure 10: Junior Agostinho © UNHCR/Omotola Akindipe

Graça (Catia) Catarina Castro  
Psychosocial Educator

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Catia stated that it is important to incorporate recreational sport activities in MHPSS interventions as they are good for physical health.

For this reason, Catia likes to finish group lectures with some physical sport games, especially with children and girls. This has become a popular part of the MHPSS programme

Junior Agostinho  
SGBV Focal Point (JRS)

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Junior believes that it is important to support people who have suffered SGBV as they are affected psychologically and they lose hope and self-esteem. This can affect their relationships with people who are in their close circles.

Providing support results in survivors of SGBV regaining strength and self-esteem from the traumas they have experienced.



Figure 11: Graça Catarina Castro © UNHCR/Omotola Akindipe



Figure 10: Two girls pose after game session in Lóvua settlement ©UNHCR/Omotola Akindipe

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