

Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement, International Organization for Migration (IOM)

IASC MHPSS TWG - Ukraine response: Wednesday, 27th April 2022



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AGENDA

Welcome and Introduction

1. Community-based MHPSS approach – an IASC guidance note
2. IOM's community-based MHPSS approach: core concepts
3. Ukraine response: how to apply the community-based MHPSS approach- the example of IOM Poland

Question & Answers

PSYCHOSOCIAL CONSEQUENCES OF FLIGHT AND MIGRATION

Stressors	Psychological Consequences
Changes in identity/roles	Disorientation
Change in surrounding social, economic and cultural structures	Confusion
Devaluation-transformation of traditional values	Sense of instability
Stigmatization	Sense of loss
Instances of violence and/or exploitation	Lack of trust
Lack of access to necessary services	Sense of inferiority
Bureaucratic procedures	Isolation
Perception of others	Looking at the past, the future, but not the present

PSYCHOSOCIAL CONSEQUENCES OF FLIGHT AND MIGRATION

Stressors	Psychological Consequences
Double narratives (migration success myth)	Stress
Missing significant others	Anger
De-professionalization	Dissociation
Change in family roles	Sense of guilt
	Lower self-esteem



MENTAL HEALTH OF CONFLICT-AFFECTED POPULATIONS

- Violence and displacement negatively affect the psychosocial wellbeing of persons
- Prevalence of MH disorders is higher in conflict-affected populations (esp. anxiety disorders, PTSD, depression)
- Experience of loss, constant threat, uncertainty, etc. can result in a feeling of helplessness, disempowerment, shame, fear about the future, etc.

	Point prevalence (95% uncertainty interval)
Severe disorder (severe anxiety, severe post-traumatic stress disorder, severe depression, schizophrenia, and bipolar disorder)	5.1% (4.0–6.5)
Moderate disorder (moderate anxiety, moderate post-traumatic stress disorder, and moderate depression)	4.0% (2.9–5.5)
Mild disorder (mild anxiety, mild post-traumatic stress disorder, and mild depression)	13.0% (10.3–16.2)
Total	22.1% (18.8–25.7)

Table 1: Point prevalence estimates for mental disorders in conflict-affected populations, adjusted for comorbidity

Source: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2930934-1>

PSYCHOSOCIAL SITUATION OF MIGRANTS/ REFUGEES/ IDPs

- Functional views of the world and of the self/others get destroyed, social cohesion can be decreasing
- Previous social (support) structures are disrupted or destroyed
- Mistrust can become a strategy to survive
- Avoidance, social withdrawal and lethargy negatively affect the cooperation within and the functioning of communities and the society as a whole

All these are normal reactions to abnormal situations!

1. COMMUNITY-BASED MHPSS: A GUIDANCE NOTE (IASC, 2019)

WHO?

Inter-Agency Standing Committee (IASC) MHPSS reference group developed guidance note

Why ?

The need had emerged to strengthen operational know-how of managers and experts in the field of Community Based Mental Health and Psychosocial Support.

Programs are needed that mobilize and empower existing local resources, families and communities, and are mindful of the importance that culture, context and values play.

COMMUNITY-BASED
APPROACHES TO MHPSS
PROGRAMMES:
A GUIDANCE NOTE

IASC
Inter-Agency Standing Committee
IASC Reference Group for Mental Health and
Psychosocial Support in Emergency Settings



A GUIDANCE NOTE (IASC, 2019)

Community-based approaches to MHPSS in emergencies recognize that communities need to be meaningfully involved in all stages of MHPSS responses: crisis affected-people are active participants in improving individual and collective well-being.

They facilitate communities to support and care for others, encouraging recovery and resilience, and contribute to restoring and / or strengthening essential collective structures and systems.

It is important **what** services are delivered and **how** people are involved in the process of working towards improved well-being.

A GUIDANCE NOTE (IASC, 2019)



1. Assessment

- use a participatory, gender and age appropriate, contextual approach
- Identify risks as well as resources and strengths
- Share assessment results

2. Planning

- Prioritize problems and needs
- Jointly identify indicators
- Avoid fragmentation

A GUIDANCE NOTE (IASC, 2019)

3. Start-up and implementation

3. Start-up and implementation

- Resource mobilization
- Community mobilization and strengthening
- Provide information
- Facilitate meaningful participation of marginalised people
- Monitor, collect feedback and adjust services

4. Evaluation

4. Evaluation

- Share and discuss with community members
- Re-Adjust goals and activities



DEFINITIONS

Mental Health

“State of well-being in which an individual **realizes his or her own potential**, can **cope with normal stresses of life**, can **work** productively and fruitfully, and is able to **make a contribution** to his or her **community**” (WHO, 2002)

Psychosocial

“Pertaining ... to the **interrelation of behavioural and social factors**, ... to the interrelation between mind and society” (OED, 1997)

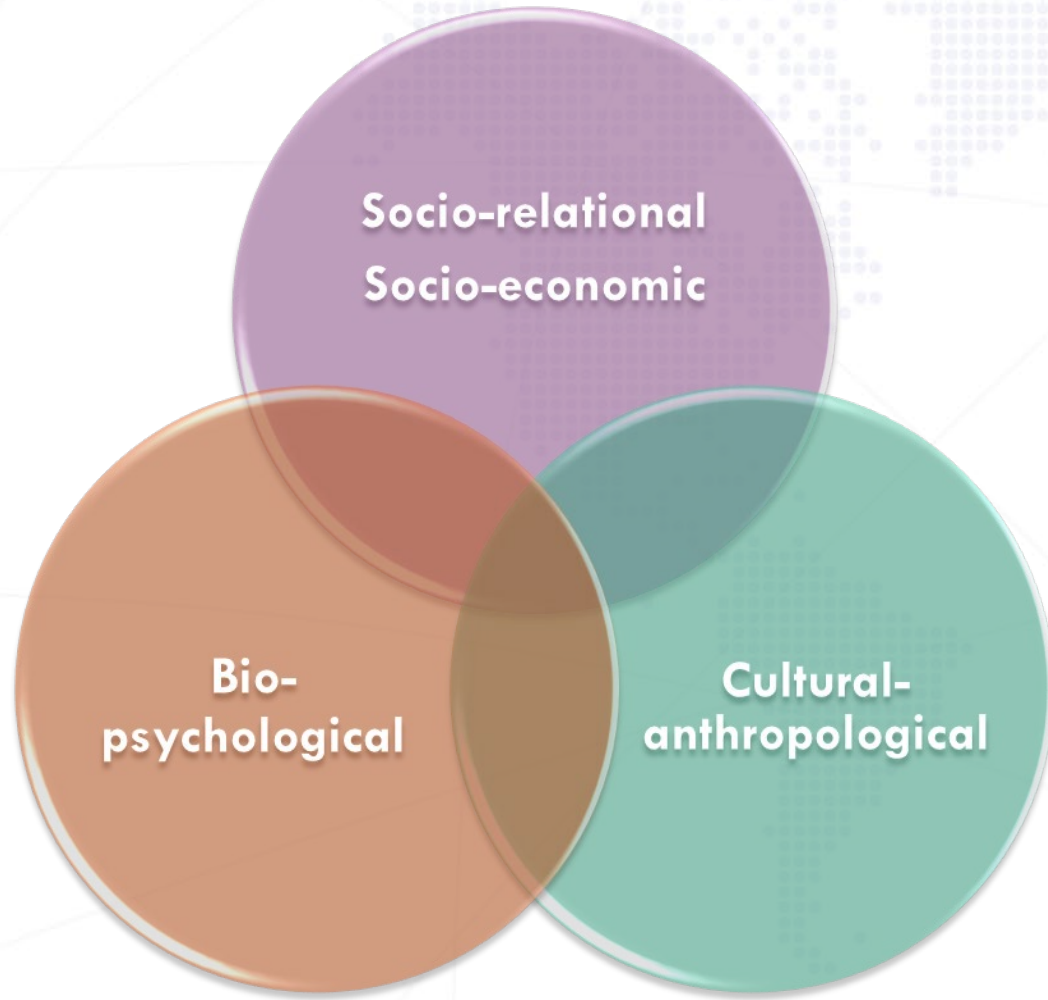
Mental Health and Psychosocial Support

‘any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder’

(IASC, 2007)

2. IOM's Community-based MHPSS approach

THE PSYCHOSOCIAL MODEL



Pertaining to the interrelation between the:

- a) individual and collective
- b) psychological and sociocultural

Psychosocial approach:

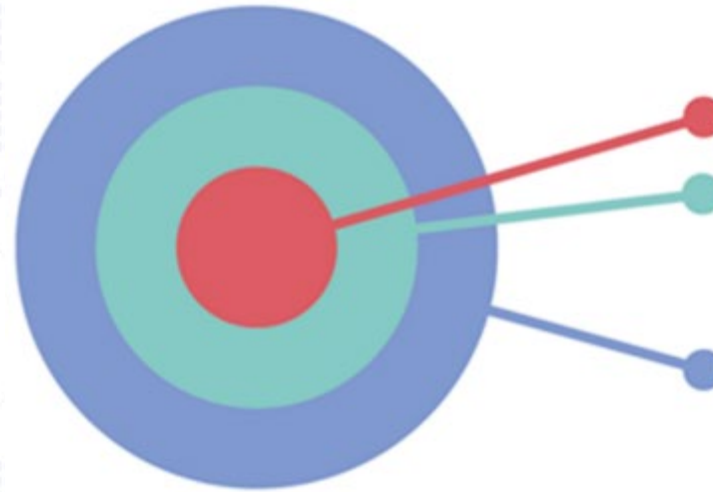
the interrelation of the three circles is considered in all aspects of assistance.

Psychosocial programming:

provides support to the wellbeing of migrants and displaced through recreational, counseling, cultural and social activities.

IDENTITY/ROLE IS THE KEY CONCEPT OF WELL-BEING AND INTEGRATION OF MIGRANTS

- The three factors can have **different weight** in different cultures.
- The construction is **dynamic**, not still.
- **Migration and forced migration** shake this construct, because two factors change drastically, and the others change by default, but more slowly.



Source: Schininà (2012).

1. Who I am, according to myself
2. Interiorized social factors: gender, sexuality, culture, race, nation, age, class and occupation, traditions, traditional roles
3. How others perceive me

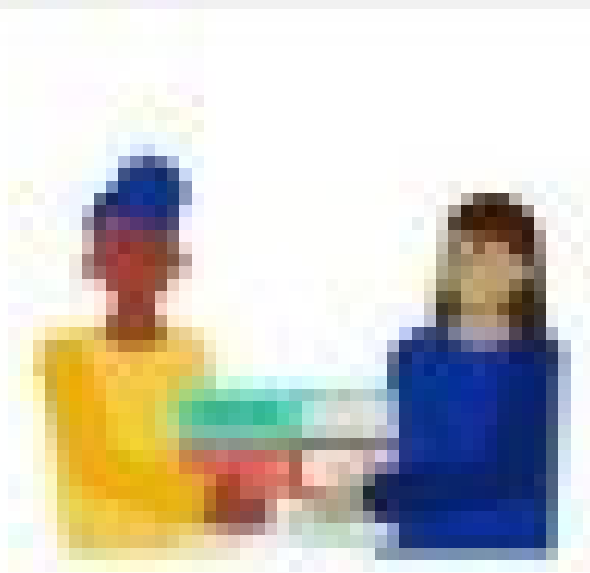
In the situations we are describing layers 2 and 3 change, hence **the identity is challenged**. Psychological uneasiness may arise, but should be responded to on all levels, avoiding categorizing reactions as pathologies.

POSSIBLE PSYCHOSOCIAL REACTIONS

	Negative psychosocial responses	Neutral psychosocial responses and resilience factors	Positive psychosocial responses or adversity activated developments
INDIVIDUAL			
FAMILY			
SIGNIFICANT GROUPS			
COMMUNITIES			

Source: Adapted from Renos Papadopoulos (2007).

- Situations of emergency and displacement can provoke negative psychosocial responses (e.g., excessive use of alcohol, family conflicts, the destruction of communities).
- But these situations can also initiate positive responses and developments, such as learning a new language (e.g., of the host country), strengthening of family ties, the adoption of new values and more solidarity within the community.
- Focus too often on the individual level and the negative reactions.
- But most people are resilient and able to adapt to challenging circumstances.



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IOM MANUAL ON COMMUNITY-BASED MHPSS

- ⌕ ABBREVIATIONS
- ⌕ ACKNOWLEDGEMENTS
- ⌕ INTRODUCTION
- ⌕ CHAPTER 1. CONCEPTS AND MODELS OF WORK
- ⌕ CHAPTER 2. ENGAGING WITH COMMUNITIES
- ⌕ CHAPTER 3. ASSESSMENT AND MAPPING
- ⌕ CHAPTER 4. PSYCHOSOCIAL MOBILE TEAMS
- ⌕ CHAPTER 5. SOCIORELATIONAL AND CULTURAL ACTIVITIES
- ⌕ CHAPTER 6. CREATIVE AND ART-BASED ACTIVITIES
- ⌕ CHAPTER 7. RITUALS AND CELEBRATIONS
- ⌕ CHAPTER 8. SPORT AND PLAY
- ⌕ CHAPTER 9. NON-FORMAL EDUCATION AND INFORMAL LEARNING
- ⌕ CHAPTER 10. INTEGRATION OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN CONFLICT TRANSFORMATION AND MEDIATION
- ⌕ CHAPTER 11. INTEGRATED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT, AND LIVELIHOOD SUPPORT
- ⌕ CHAPTER 12. STRENGTHENING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN THE FRAMEWORK OF PROTECTION
- ⌕ CHAPTER 13. COUNSELLING
- ⌕ CHAPTER 14. COMMUNITY-BASED SUPPORT FOR PEOPLE WITH SEVERE MENTAL DISORDERS
- ⌕ CHAPTER 15. TECHNICAL SUPERVISION AND TRAINING
- ⌕ CHAPTER 16. MONITORING AND EVALUATION
- ⌕ ANNEX 1. INTER-AGENCY COORDINATION
- ⌕ ANNEX 2. ETHICAL CONSIDERATIONS
- ⌕ BIBLIOGRAPHY



MANUAL ON COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCIES AND DISPLACEMENT

HOW DO WE RESPOND?

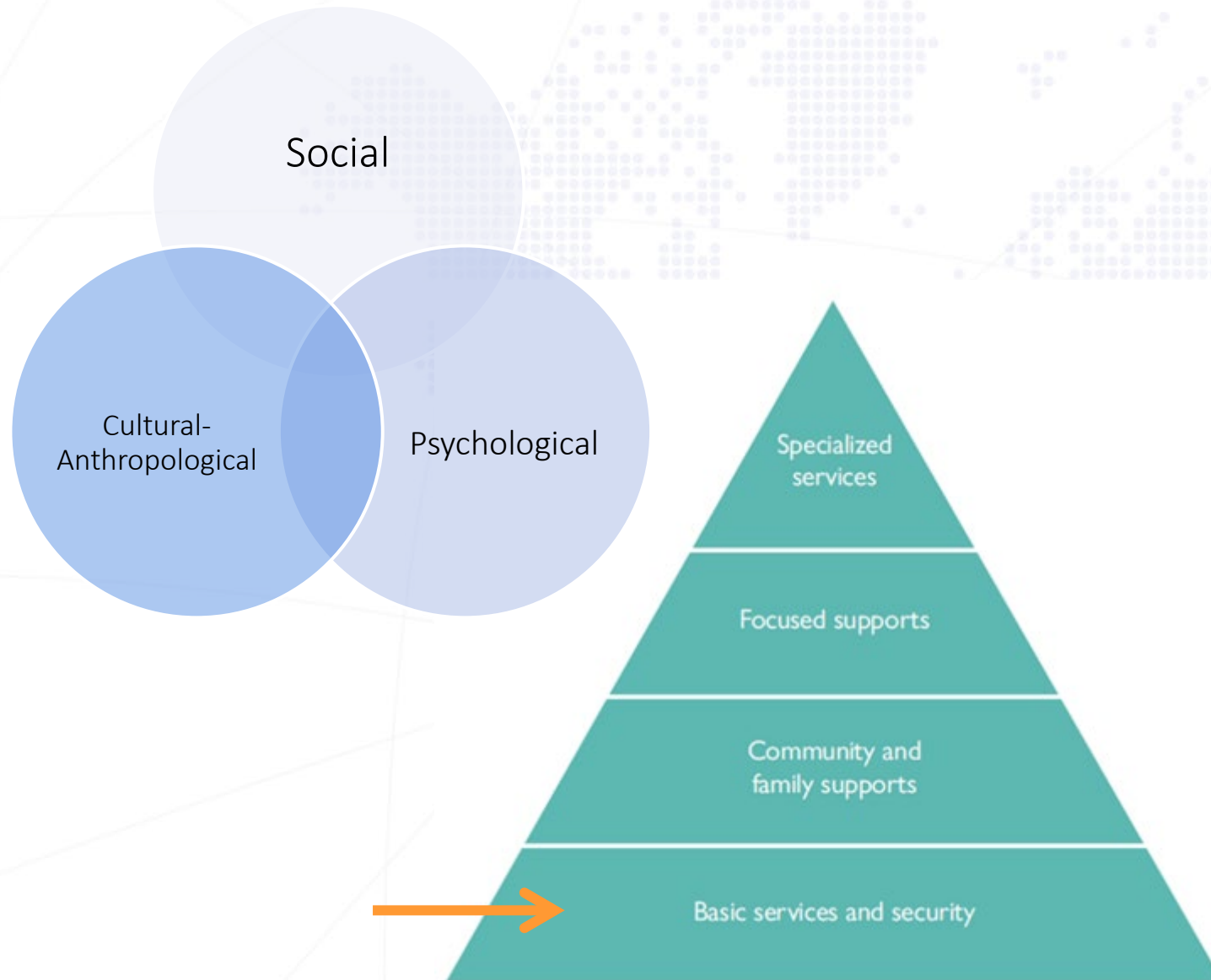


MHPSS IN EMERGENCIES

- Deployment, training and supervision of multidisciplinary Psychosocial Mobile Teams;
- Establishment of temporary Psychosocial Support hubs in camps and host communities;
- Socio-relational and cultural activities, creative and art-based activities, ritual and celebrations, sport and play, non-formal education and informal learning activities;
- Counselling and support groups and training in counselling methods;
- Referral mechanisms for those with severe mental disorders, interpretation, cultural mediation, and national mental health system strengthening;
- Integration of MHPSS in the framework of protection to vulnerable conflict-affected individuals.



COMPLEX EMERGENCIES



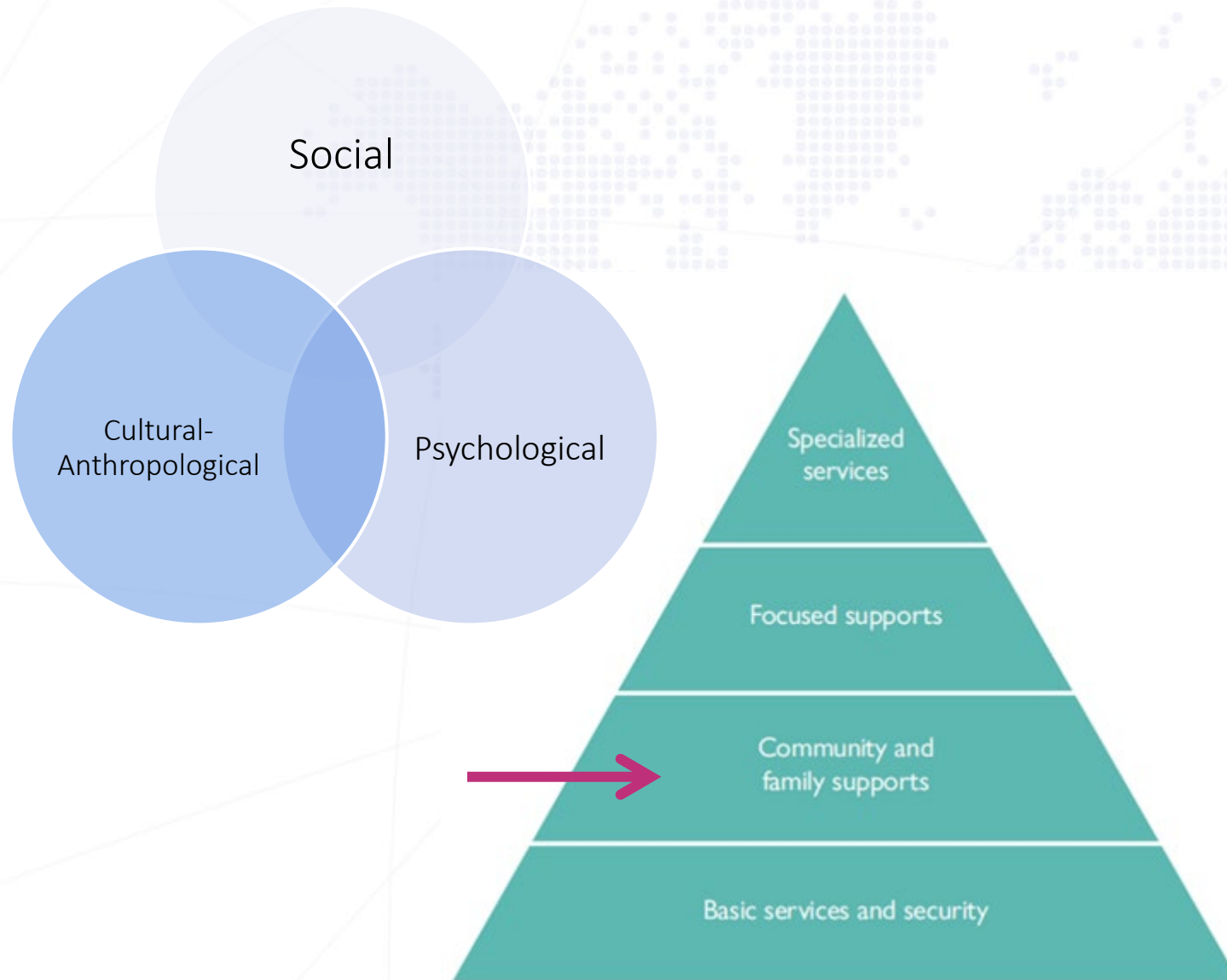
DIRECT INTERVENTIONS

- Community messaging
- Coordination with clusters
- Participation

CAPACITY BUILDING

- Psychological First Aid (PFA)
- Do no harm
- Psychosocial induction for all actors

COMPLEX EMERGENCIES



DIRECT INTERVENTIONS

- Psychosocial teams provide sociocultural, educational, art-based and creative, sport, activities (psychosocial teams include educators, social workers, artists).
- Social cohesion/conflict mediation activities
- Community mobilization
- Rituals and celebrations
- Livelihoods and MHPSS

CAPACITY BUILDING

Through expert network in conflict mediation, family models, social theatre.

Level 2: Sociorelational, cultural and ritual activities

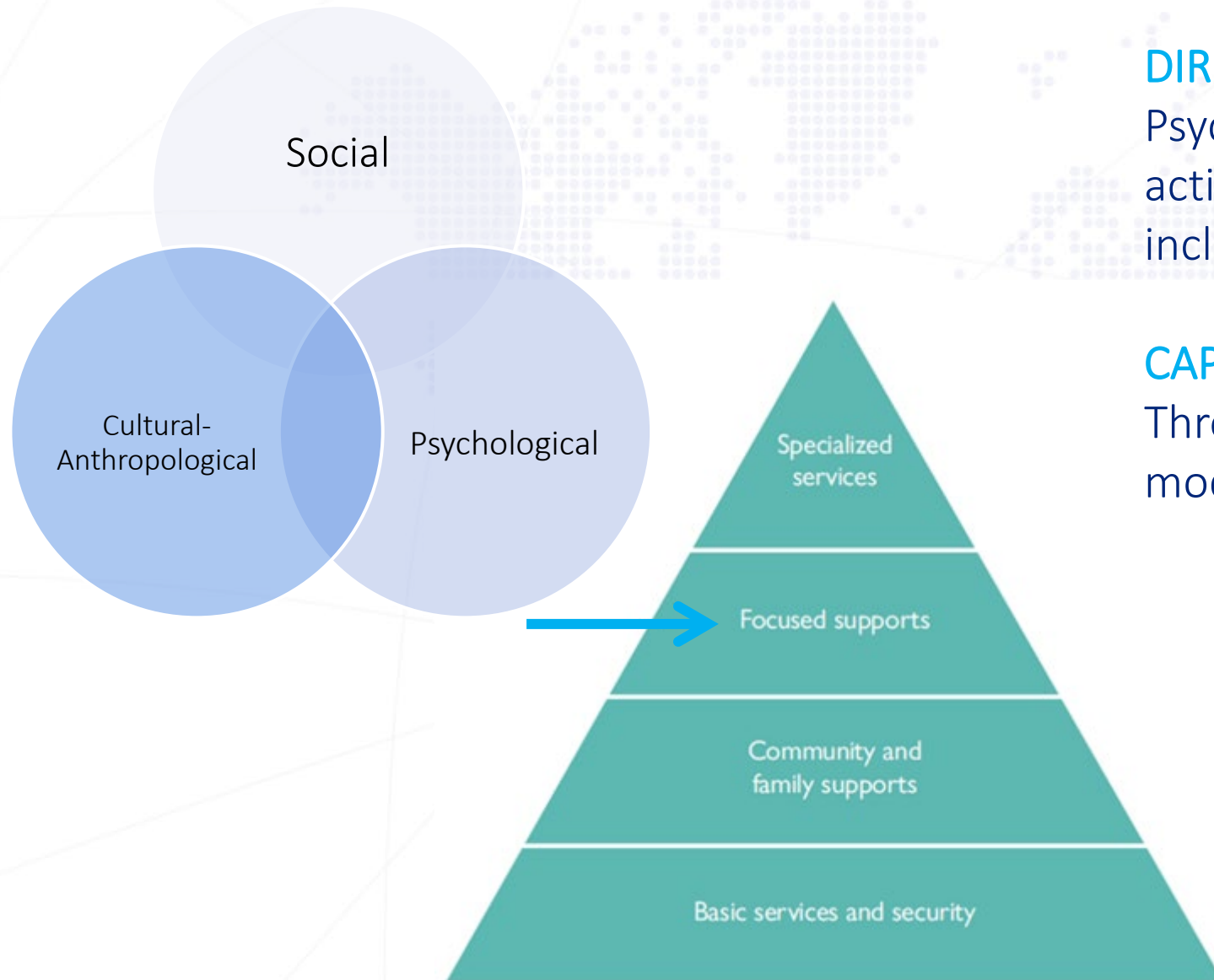


NORTH-EAST NIGERIA

- IOM has been a key partner on the provision of MHPSS services since the beginning of the crisis and has partnerships with national institutions.
- Provision of MHPSS based on regular situational analysis and assessment to identify needs and community/family positive coping strategies, and to strengthen supportive interactions and social cohesion by increasing peer support to promote supportive learning environment and fostering social skills.
- Deployment of 18 psychosocial (PSS) mobile teams, 17 community animators, 2 mental health referral teams and continued operation of IOM safe spaces in 13 locations.



COMPLEX EMERGENCIES



DIRECT INTERVENTIONS

Psychosocial teams provide counseling activities and referrals (psychosocial teams include psychologists).

CAPACITY BUILDING

Through expert network in counseling, family models, art therapies, transcultural models.

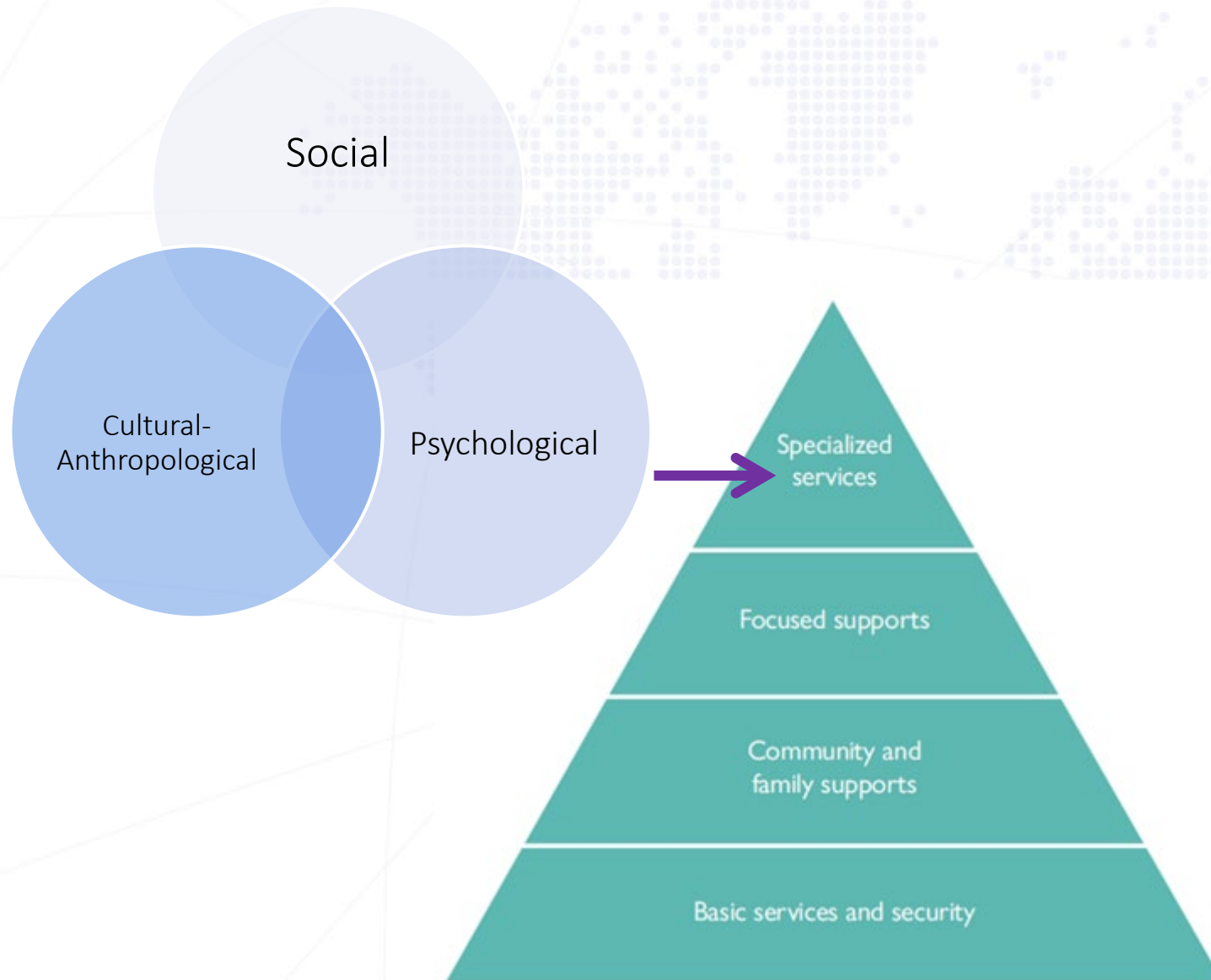


COUNSELLING AND PEER SUPPORT



- Lay counselling is carried out by psychosocial mobile teams by providing emotional support, exploring painful feelings, strengthening the coping capacities, and focusing on problem solving.
- Peer support programme through identification, training and constant supervision by professional counsellors of various community members who can provide support to their peers in the neighbourhood, families, workplaces and groups.

COMPLEX EMERGENCIES

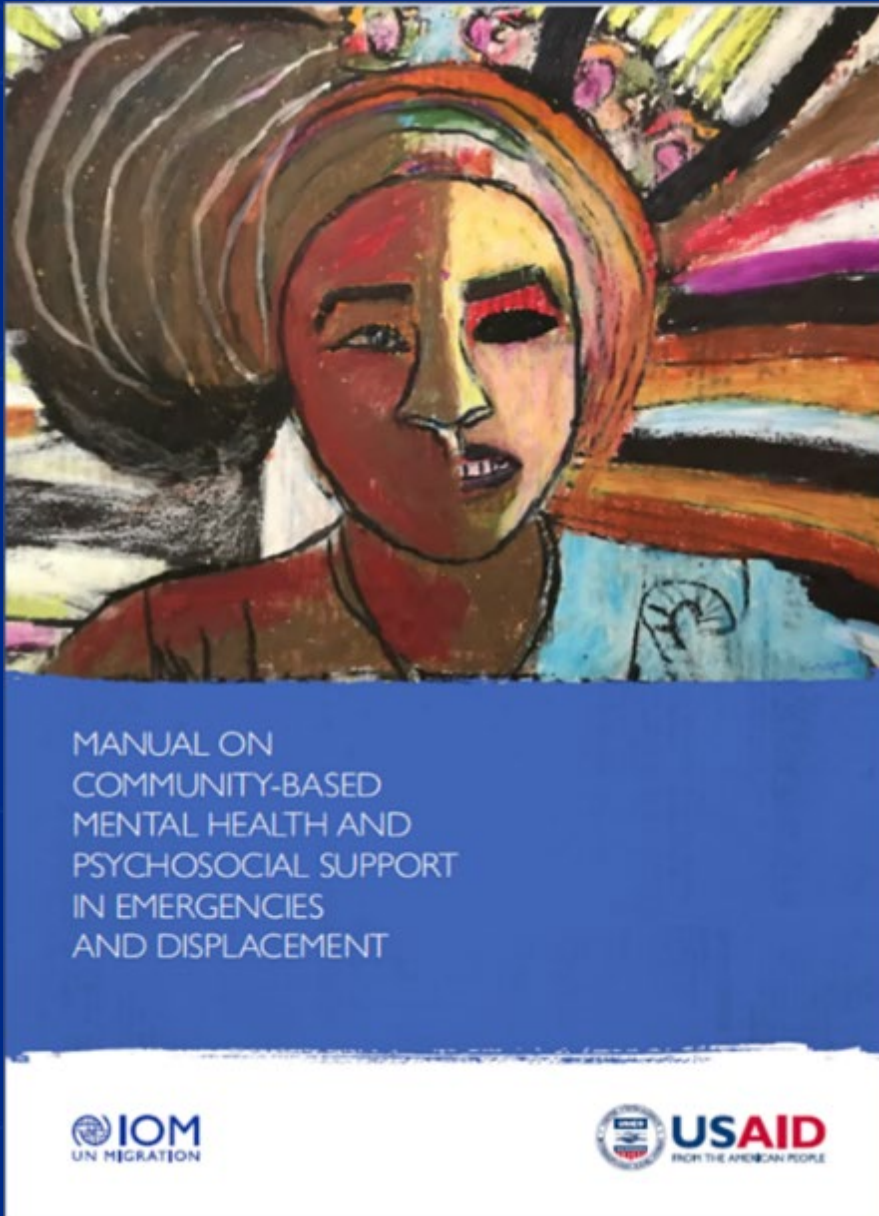


DIRECT INTERVENTIONS

- Only as last resort
- Protection in psychiatric clinics
- Transportation from camps to facilities and support to families
- Follow up
- Translation/cultural mediation

CAPACITY BUILDING

In transcultural, ethnic, systemic, emergency approaches for mental health professionals



IOM Manual on Community-based MHPSS in Emergencies and Displacement”.

While designed for IOM MHPSS programmes, the manual was compiled with the support of 100 experts from various agencies, NGOs and academic centres and links to more than 200 tools, articles and technical websites. As such, the manual is meant to be a reference for MHPSS experts working in the field, beyond IOM programming.

<https://www.iom.int/mhpsed>

Online training course on “Community-based Mental Health and Psychosocial Support in Emergencies and Displacement”.

IOM recently launched an online training course on “Community-based Mental Health and Psychosocial Support in Emergencies and Displacement”.

This self-paced course aims to support MHPSS managers and experts in designing, implementing, monitoring and evaluating community-based MHPSS programmes, projects and activities in contexts impacted by emergencies and displacement within humanitarian responses. The course is free and open to everyone.

<https://www.ecampus.iom.int/enrol/index.php?id=546>

For more information: contactpss@iom.int

3. HOW TO APPLY THE CB MHPSS APPROACH EXAMPLE IOM POLAND

- IOM has been operating in Poland for the last 20 years in areas such as Assisted Voluntary Return and Reintegration (AVRR), integration projects (Infoline for migrants), capacity building activities.
- IOM started planning and implementing MHPSS in the context of the Ukraine crisis response beginning of March 2022
- Recruitment and training of 3 out of 6 psychosocial mobile teams
- Cooperation with Warsaw municipalities: our PMTs work in long term accommodation facilities and provide PSS.
- PMTs at the border on rotating basis (PSS, PFA sessions)
- PFA: for accommodation facilities staff (and other partners), volunteers

IOM 's overall crisis response in Poland

- Site management
- Non-food Items
- Displacement Tracking Matrix (DTM – data collection)
- Early Integration/ Info Hotline
- Protection (Counter Trafficking, MHPSS, Child Protection, GBV)
- Planned: Health (Health promotion)

IOM POLAND's MHPSS RESPONSE TO THE UKRAINE CRISIS

1. Direct assistance to refugees and TCNs through deployment of multidisciplinary Psychosocial Mobile Teams (psychologists, social workers and community engagement staff)

- Provision of Counselling, support groups
- Groups on stress management, relaxation, parental skills, providing practical support e.g. on job search, drafting CV.
- Culturally relevant MHPSS activities for children, adolescents (art classes, group for kids to work on emotions)
- Referral and accompaniment to psychiatric services
- Provision of social services, linkage with Polish institutions , schools, kindergartens

2. Strengthening social cohesion with host community: at the planning stage as we discuss cooperation with cultural centers

3. Capacity Building of IOM staff and stakeholders (e.g. Psychological First Aid)

4. Mainstreaming of MHPSS into other sectors (Health, Education, etc.)

5. Coordination with MHPSS partners and relevant stakeholders

6. Support Protection/ Vulnerability Assessment



Current geographical locations

- at border crossing points (Medyka)
- Reception Centre (Mlynny)
- Shelter for Third Country Nationals (Warsaw)
- 6 Long term shelters (Warsaw municipality)

CHALLENGES

- Lack of coordination and capacity to run facilities
- Vulnerable people need “constant” support
- Assistance is needed in this transitional period, while avoiding to reinforce helplessness of refugees
- Adaptation needed of commonly known MHPSS approaches & language used, to emergency context
- Activism versus principle of DO No HARM
- Vulnerability/ lack of support and coordination of helpers

Question & Answers

Thanks for you interest!

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