

# Mental Health & Psychosocial Support in emergencies for children and adolescents

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## Agenda

- Welcome and introductions
- Overview of MHPSS in humanitarian settings
  - MHPSS definitions
  - Impact of emergencies children
  - Objectives of MHPSS programming
- Key MHPSS tools for working with children
- Discussion

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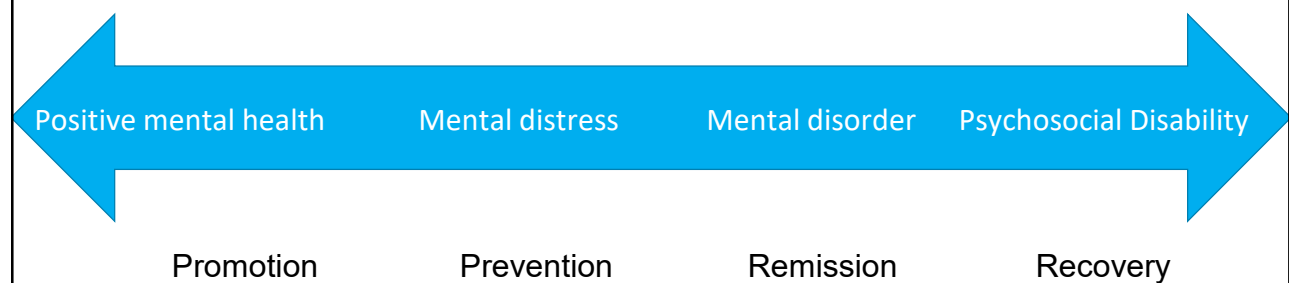
## Overview of MHPSS in humanitarian settings



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## Mental health as a dimension



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## Brief historical background on MHPSS in humanitarian settings

20 years of learning



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### What is “MHPSS”?

Mental Health and Psycho-Social Support



A **composite** term reflecting a **continuum of care** interventions aiming to:

Safeguard or promote psychosocial wellbeing

&

Prevent or treat mental health conditions

#### Consists of:

- Promoting existing family and community supports
- Integrating psychosocial considerations in basic services
- Provision of specialized mental health services

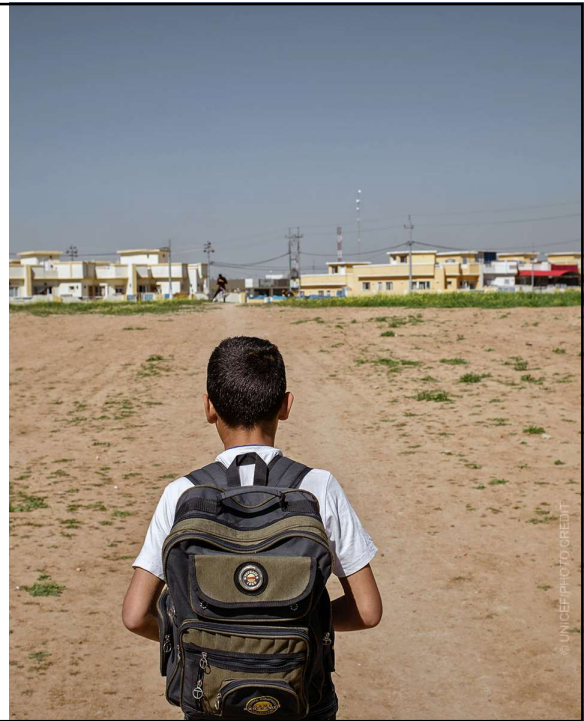


GLOBAL MULTISECTORAL OPERATIONAL FRAMEWORK - Field Demonstration Launch

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## The impact of emergencies on the mental health and psychosocial wellbeing of children and adolescents

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## Common assumptions / myths

- “Everyone is traumatised”
- “The most important thing is to help people overcome the violence they experienced when fleeing”
- The “past experiences” are the main/reason of the psychological suffering
- People are affected for the rest of their lives
- Before we can support, we need to assess the mental health and psychosocial wellbeing of all children.
- “We can’t do psychosocial programming because we don’t have specialists like psychologists in the affected area”

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## Problems are diverse

### Pre-existing problems

- Social problems (*discrimination against a particular group, poverty*)
- Psychological and psychiatric problems (*psychosis, alcohol abuse*)

### Emergency-induced problems

- Social problems (*separation from family, friends and familiar places; changes in daily life and routine; violence, loss and insecurity; parental distress impacting children's wellbeing*)
- Psychological and psychiatric problems (*grief, non-pathological distress, normal fear about past/present/future; depression and anxiety disorders*)

### How might we be contributing to these problems?

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## Important considerations

Care must be taken to avoid terminology that could lead to **disempowerment and stigmatization** of people in distress

### ➤ Psychological distress in common and normal

Most people affected by humanitarian emergencies will experience signs of distress. **This is to be expected and will for most people improve over time.**

### ➤ Avoid assuming that everyone is traumatized

Assuming and labelling everyone as traumatized **undermines emerging coping mechanisms** and resilience at the individual and collective levels, and makes assumptions about others' experiences

Instead of using "trauma", "traumatized children" and "traumatic events" it is recommended to **use alternatives like "distress", "severely distressed children" and "terrifying event".**

### ➤ Avoid emphasizing post-traumatic stress disorder (PTSD)

Most of the individual symptoms of PTSD are **normal stress reactions to abnormal life events**. The vast majority of people will recover from these reactions once they are safe, have their basic needs met, and have access to community support. A small number of people will develop PTSD, which requires a psychiatric evaluation.

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## Important considerations:

### ➤ Children react to stressful experiences in different ways





Children's emotions, behavior, and physical health may temporarily change—**this is normal in stressful times and does not necessarily mean they need to see a specialized mental health service provider.**

*Care must be taken to avoid terminology that could lead to **disempowerment and stigmatization** of people in distress*

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## Common signs of psychosocial distress in children

Age	Reaction
0-3 years 	<ul style="list-style-type: none"> <li>- Clinging to their caregivers more than normal</li> <li>- Regressing to former (younger) behaviours</li> <li>- Changes in sleeping and eating patterns</li> <li>- Higher irritability</li> <li>- Increased hyperactivity</li> <li>- More afraid of things</li> <li>- More demanding</li> <li>- More frequent crying</li> </ul>
4-6 years 	<ul style="list-style-type: none"> <li>- Clinging to adults</li> <li>- Regressing to former (younger) behaviours</li> <li>- Changes in sleeping and eating patterns</li> <li>- Higher irritability</li> <li>- Poorer concentration</li> <li>- Becoming more Inactive or more hyperactive</li> <li>- Stop playing</li> <li>- Take on adult roles</li> <li>- Stop talking</li> <li>- More anxious or worried</li> </ul>
7-12 years 	<ul style="list-style-type: none"> <li>- Becoming withdrawn</li> <li>- Frequent concern about others affected</li> <li>- Changes in sleeping and eating patterns</li> <li>- Increasingly fearful</li> <li>- Higher irritability</li> <li>- Frequent aggression</li> <li>- Restlessness</li> <li>- Poor memory and concentration</li> <li>- Physical symptoms/ psychosomatic</li> <li>- Frequently talks about the event or repetitive play</li> <li>- Feels guilty or blames themselves</li> </ul>
13-17 years (teens) 	<ul style="list-style-type: none"> <li>- Intense grief</li> <li>- Shows excessive concern for others</li> <li>- Feelings of guilt and shame</li> <li>- Increasingly defiant of authority</li> <li>- Increased risk taking</li> <li>- Aggression</li> <li>- Self-destructive</li> <li>- Feeling hopeless</li> </ul>

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## Common signs of psychosocial distress in children

### Physical reactions (all age groups)

Note that the signs below may also be signs of physical illness, so please take your child to see a doctor to rule out any physical condition.

- |                |                       |                 |
|----------------|-----------------------|-----------------|
| - Tiredness    | - Muscle weakness     | - Dizziness     |
| - Stomach-ache | - Shortness of breath | - Shaking       |
| - Tight chest  |                       | - Headaches     |
| - Dry mouth    |                       | - General aches |



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## When may referral to specialized services be needed?

Signs that a child may be in extreme distress

- If the child is at risk of **harm to himself/herself and/or others**
- If a child expresses **suicidal thoughts**
- If the child shows **extreme, persistent withdrawal**
- If the child is persistently **whining/whimpering/uncontrolled crying** over time
- If the child is **dissociating** i.e. if the child is detached from surroundings and fails to engage emotionally like the child used to do.
- If the child is experiencing **hallucinations**
- If the child is experiencing **persistent anxiety attacks**
- If the child is showing signs of **mental disability**

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## Objectives of MHPSS programming

For children, adolescents and families

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## Some facts

- **Nearly all children will show some changes in emotion, behaviour, thoughts and social relations in the short term in humanitarian settings.** When access to essential services, family and community support, and security are restored, the majority of children will regain normal functioning.
- While many children may be emotionally affected by what happened, **only a minority will develop psychological conditions.**
- **The way services are delivered** may positively and negatively influence psychosocial well-being.
- **Restoring and strengthening family and community support and promoting positive coping mechanisms** for affected children and their families are some of the most important MHPSS interventions.
- Providing social, creative, recreational and learning activities is vital in **re-establishing children's sense of normalcy and routine.**
- Some children may need specific psychosocial interventions. However, the services provided should not stigmatize these children and should **include their families or caregivers**

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## Two types of MHPSS programming

### 1. Changing the way some part of the humanitarian response is done

- e.g. accommodation with privacy and social spaces
- Responsibility of all sectors

### 2. Doing some new or additional activity to specifically address MHPSS problems

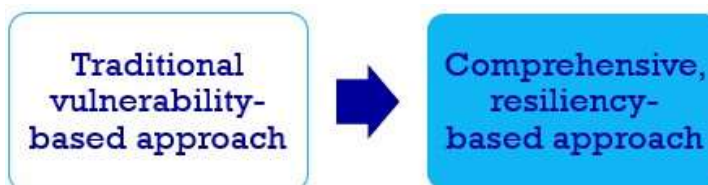
- e.g. establishing support groups for victims of sexual violence.
- More in some sectors than others (health, protection and education)

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## Paradigm shift

Global direction in MHPSS programming demonstrated shift in emphasis:



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## Paradigm shift

### Traditional Emergency Response

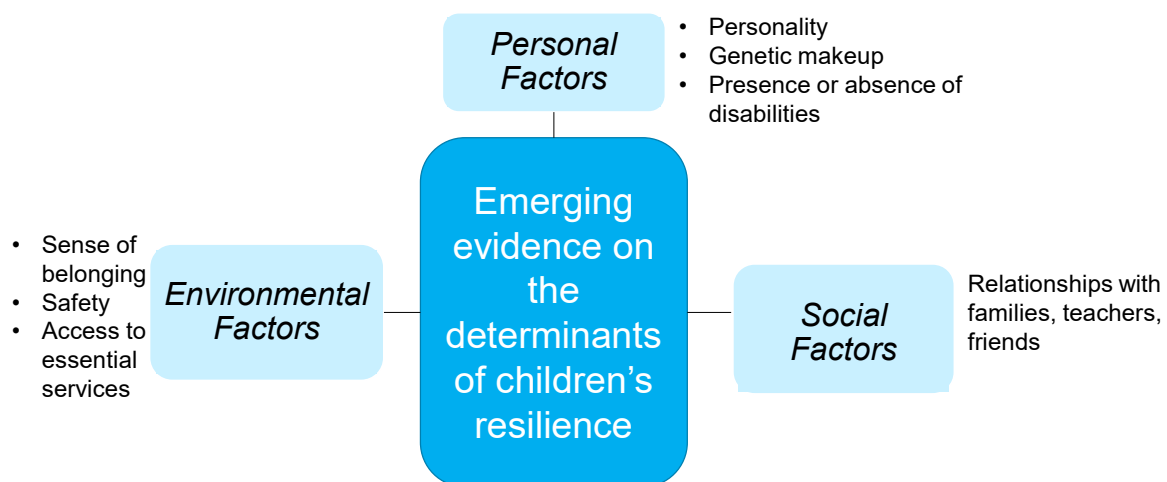
### Resiliency Emergency Response

Emphasis on “traumatization” of affected population	Emphasis on resilience of affected population
Focus on PTSD, pathology & treatment	Focus on wider array of mental disorders and psychosocial problems. Treatment, prevention and promotion of MHPSS wellbeing
Focus on biological interventions	Comprehensive bio-psychosocial interventions
Programs emphasize technical interventions	Programs include technical interventions and strengthening skills, capabilities, coping
Work by mental health experts/external specialists	Collective responsibility of trained humanitarian workers, locals and affected pop.
Beneficiaries as passive recipients of services	Beneficiaries as active partners in response & recovery
Focus on individuals	Layered and interconnected systems (indiv, family, community)

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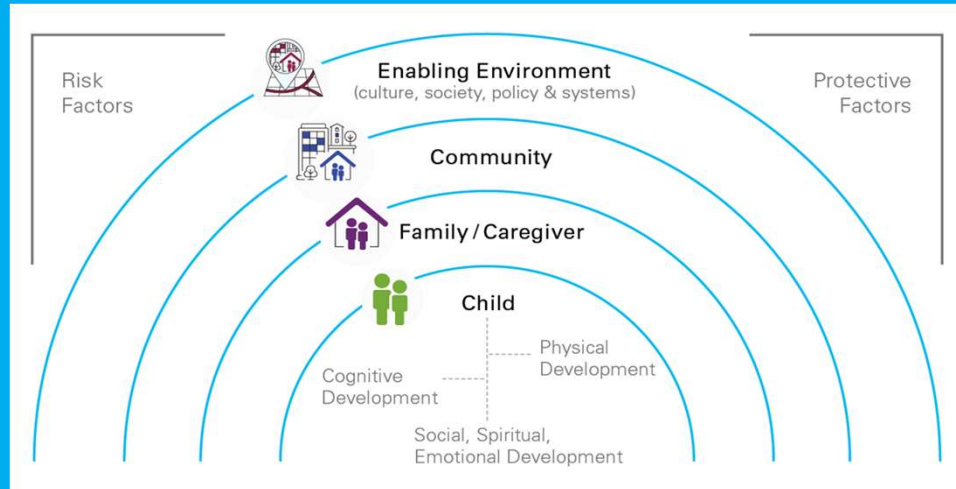
## Children’s resilience



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# Social Ecological Model



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## Linkages between mental health and child development

### Caregiver mental health

- Perinatal depression
- Paternal depression
- Psychoses
- Substance use

### Caregiver behaviour

- Lack of responsiveness
- Suboptimal feeding
- Harsher parenting
- Poorer family functioning
- Increased violence in the home

### Potential impact on child

- Premature birth
- Insecure attachment
- Increased emotional and behavioral problems (short and long term)
- Poor infant growth
- Lower cognitive development

**Quality of parenting is a key mediator!**

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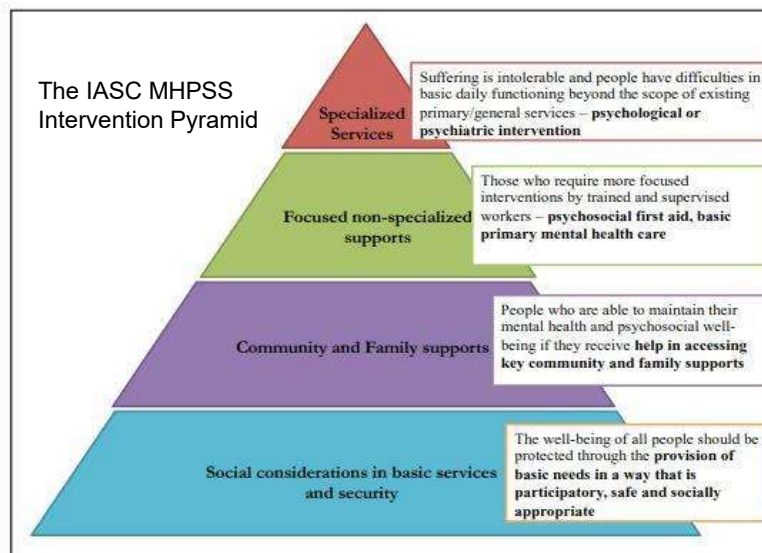
What are the primary issues mental health and psychosocial programmes attempt to address?

- Secure attachments with caregivers
- Meaningful peer relations or social competence
- Sense of self-worth and value, self-esteem, well-being
- Trust in others
- Access to opportunities
- Physical and economic security
- Hopefulness or optimism about the future

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## Different needs, different services



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### MULTI-LAYERED & MULTI-SECTORAL APPROACH TO MHPSS IN DIFFERENT CONTEXTS<sup>15</sup>

Actors across all sectors must take into account the varying and complex MHPSS needs of infants, toddlers, children, adolescents and families.

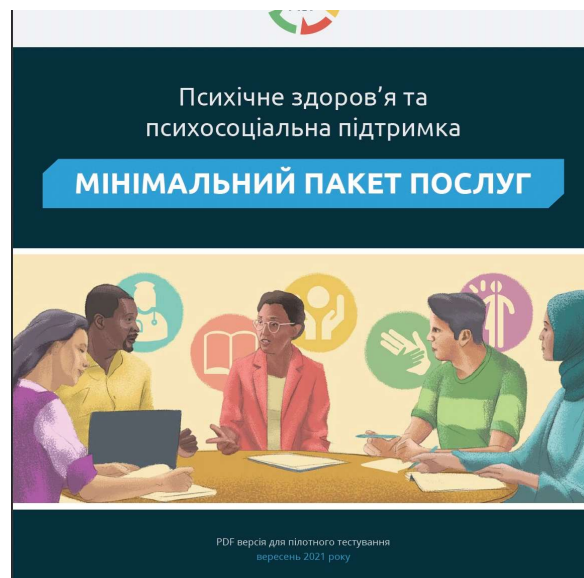
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*All sectors have a role to play in meeting children and families MHPSS needs and in facilitating referrals up and down the layers of the MHPSS pyramid (figure 1). MHPSS should be integrated and provided through the social service, protection, health and education sectors.*

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## Minimum Service Package on MHPSS



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# MHPSS MSP Activities

## Section 1. Inter-Agency Coordination and Assessment for the MHPSS Response

- 1.1 Coordinate MHPSS within and across sectors
- 1.2 Assess MHPSS needs and resources to guide programming

## Section 2. Essential Components of all MHPSS Programs

- 2.1 Design, plan and coordinate MHPSS Programmes
- 2.2 Develop and Implement an M&E System
- 2.3 Care for staff and volunteers providing MHPSS
- 2.4 Support MHPSS competencies of staff and volunteers

## Section 4. Activities and considerations for specific types of emergency settings

- 4.1 Integrate MHPSS considerations and support in clinical case management for infectious diseases
- 4.2 Provide MHPSS to persons deprived of their liberty

## Section 3. MHPSS Program Activities

### ORIENT HUMANITARIAN ACTORS AND COMMUNITY MEMBERS ON MHPSS

- 3.1 Orient humanitarian actors and community members on MHPSS and advocate for MHPSS considerations and actions
- 3.2 Orient frontline workers and community leaders in basic psychosocial support skills

### STRENGTHEN SELF-HELP AND PROVIDE SUPPORT TO COMMUNITIES

- 3.3 Disseminate key messages to promote mental health and psychosocial well-being
- 3.4 Support community-led MHPSS activities
- 3.5 Provide early childhood development (ECD) activities
- 3.6 Provide group activities for children's mental health and psychosocial well-being
- 3.7 Support caregivers to promote the mental health and psychosocial well-being of children
- 3.8 Support education personnel to promote the mental health and psychosocial well-being of children
- 3.9 Provide MHPSS through safe spaces for women and girls

### PROVIDE FOCUSED SUPPORT FOR PEOPLE IMPAIRED BY DISTRESS OR MENTAL HEALTH CONDITIONS

- 3.10 Provide mental health care as part of general health services
- 3.11 Provide MHPSS as part of clinical care for survivors of sexual violence and intimate partner violence
- 3.12 Initiate or strengthen the provision of psychological interventions
- 3.13 Provide MHPSS through protection case management services
- 3.14 Protect and care for people in psychiatric hospitals and other institutions

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## Each activity is presented with:

- A brief introduction
- A checklist of actions
- Additional actions for consideration
- Key guidelines, standards and tools
- List of budget items

CORE ACTIVITY	
<hr/>	
Actions	
✓	<hr/>
✓	<hr/>
Additional actions for consideration (depending on context and available resources)	
✓	<hr/>
✓	<hr/>
Guidelines, standards and tools	
	<a href="#">Click here</a> to access relevant guidelines, standards and tools.

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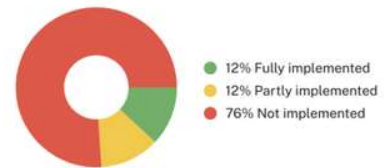
## Gap analysis Tool

### Purpose:

To provide information on **MSP activity coverage** and **gaps** in MSP activities (and change over time)

**24%**  
Implemented

Country: Switzerland  
Geographical Region: Geneva  
Analysis conducted: 09/2021



### Activity

### Status

#### Section 1: Inter-Agency Coordination and Assessment

1.1 Coordinate MHPSS within and across sectors

Implemented

1.2 Assess MHPSS needs and resources to guide programming

Not implemented

#### Section 3: MHPSS Programme Activities

3.1 Orient humanitarian actors and community members on MHPSS

Not implemented

3.2 Orient frontline workers and community leaders in basic psychosocial support skills

Partly implemented

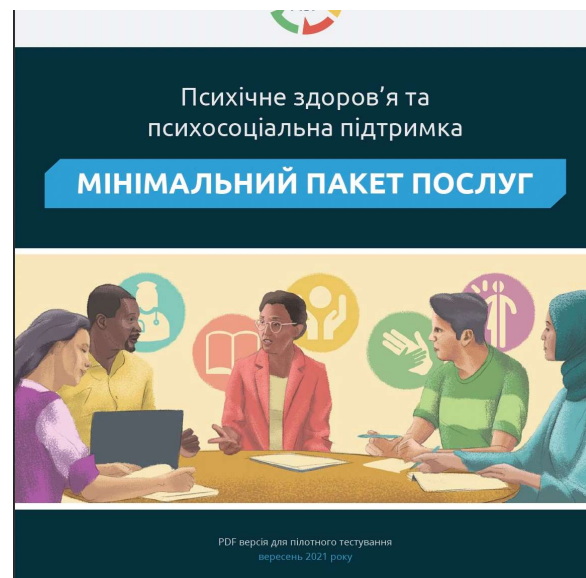
3.3 Disseminate key messages to promote mental health and psychosocial well-being

Partly implemented

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## MHPSS Activities by sector



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# Child Protection



## ORIENT HUMANITARIAN ACTORS AND COMMUNITY MEMBERS ON MHPSS

3.1 Orient humanitarian actors and community members on MHPSS

3.2 Orient frontline workers and community leaders in basic psychosocial support skills

## STRENGTHEN SELF-HELP AND PROVIDE SUPPORT TO COMMUNITIES

3.3 Disseminate key messages to promote mental health and psychosocial well-being

3.4 Support community-led MHPSS activities

3.5 Provide early childhood development (ECD) activities

3.6 Provide group activities for children's mental health and psychosocial well-being

3.7 Support caregivers to promote the mental health and psychosocial well-being of children

3.8 Support education personnel to promote the mental health and psychosocial well-being of children

## PROVIDE FOCUSED SUPPORT FOR PSYCHOLOGICAL DISTRESS OR MENTAL HEALTH CONDITIONS

3.12 Initiate or strengthen the provision of psychological interventions

3.13 Provide MHPSS through protection case management services

3.14 Protect and care for people in psychiatric hospitals and other institutions

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# Education



## ORIENT HUMANITARIAN ACTORS AND COMMUNITY MEMBERS ON MHPSS

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3.8 Support education personnel to promote the mental health and psychosocial well-being of children

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# Health



## ORIENT HUMANITARIAN ACTORS AND COMMUNITY MEMBERS ON MHPSS

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## Inter-Agency Coordination and Assessment

1.1 Coordinate MHPSS within and across sectors

1.2 Assess MHPSS needs and resources to guide programming

## Essential Components of all MHPSS Programmes

2.1 Design, plan and coordinate MHPSS Programs

2.2 Develop and Implement an M&E System

2.3 Care for staff and volunteers providing MHPSS

2.4 Support MHPSS competencies of staff and volunteers

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## Psychological First Aid for Children (and caregivers)

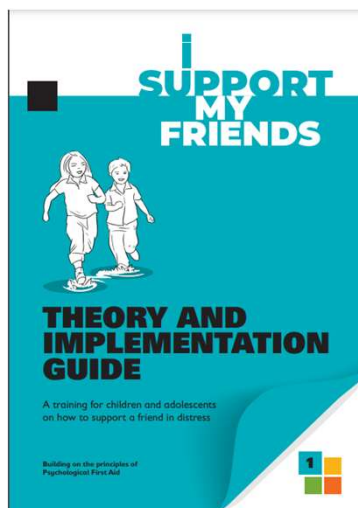


- PFA specifically aimed at children and caregivers
- It can support the broadest amount of people in an immediate crisis to feel understood and link to resources
- Can help reduce further psychological impacts later on
- All frontline workers, not just MHPSS workers

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## I SUPPORT MY FRIENDS

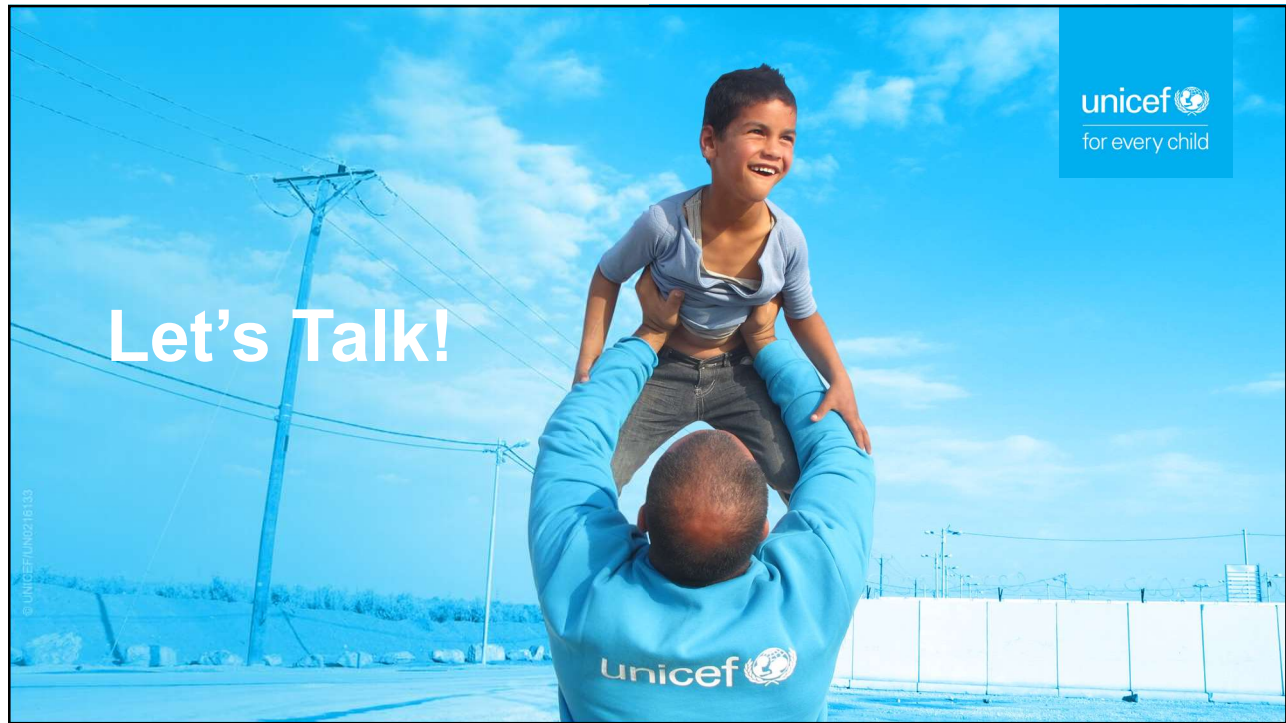


- Builds on the principles of Psychological First Aid to equip older children and adolescents with the skills and knowledge to support their friends in distress, under the mentorship and guidance of trusted adults.
- The four-part resource kit has been jointly developed by UNICEF, Save the Children, the MHPSS Collaborative and WHO

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