Essential Terminology for Mental Health and Psychosocial Support (MHPSS)
Ukrainian Refugee Response

What does MHPSS refer to?
MHPSS is an umbrella term for mental health and psychosocial interventions that includes any support which people receive to protect and promote their well-being and prevent and treat mental health conditions.

MHPSS also includes support for people with mental health conditions. It is important that people taking medication for mental health conditions can continue with their treatment. An MHPSS response helps to facilitate that as far as possible.

Which sectors are MHPSS relevant to?
All sectors of emergency response need to allocate resources and consider integrating mental health and psychosocial support into their programming (e.g. Psychological First Aid training) to ensure the safety of refugees and staff. HOW services are delivered matters most, either promoting recovery or elevating stress reactions.

Essentials of MHPSS Communication
Since the beginning of the war, people in Ukraine and Ukrainian refugees have been confronted with a range of stressors: exposure to violence; separation from, or loss of, loved ones; loss of homes and belongings; poor living conditions; lack of access to adequate food and sanitation; physical injuries and illnesses; and a lack of access to life supportive services such as health and social care.

In emergencies, people are affected in different ways and require different kinds of support.

Psychological distress is common and normal.

Avoid assuming that everyone is traumatized

Avoid emphasizing post-traumatic stress disorder (PTSD) in epidemiological projections

MHPSS involves developing a layered system of complementary support systems/interventions to meet the needs of different groups:
1. access to basic needs and safety (e.g. food, shelter, water, basic health care);
2. strengthening family and community support;
3. non-specialized support (i.e. focused individual, family or group interventions by trained and supervised helpers like teachers/doctors)
4. specialized services (e.g. psychological/psychiatric support for people with severe mental health conditions)

Most people affected by humanitarian emergencies will experience signs of distress (e.g. feelings of anxiety and sadness, hopelessness, difficulty sleeping, fatigue, irritability or anger, and/or aches and pains). This is to be expected and will for most people improve over time.

Assuming and labelling everyone as traumatized undermines emerging coping mechanisms and resilience at the individual and collective levels, which may lead to ‘learned helplessness’ (i.e. not acting to improve living conditions even when having the ability to do so) and stigma.

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 and symptoms lasting for over one month. Common mental disorders such as depression and anxiety are also expected to be more prevalent.
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. Children are resilient and most will cope and recover well if they feel safe, their basic needs are met, and they have care and attention from loved ones. It is important to address MHPSS needs of the caregivers, as well.

Try not to provoke people to share events that may be painful. Asking about life before the war may be helpful in linking people to their non-refugee identities and their values, which they can then apply in their current situation. This may also help stoke the hope that they will eventually return to the roles and places dear to them.

People with pre-existing mental health conditions are at risk of relapse or deterioration, given the added stressors and often limited access to prescribed psychotropic medications. Risk is especially high for people in psychiatric hospitals or other institutions.

Few refugees will develop clinically significant mental health issues. Positive outcomes for mental health and psychosocial wellbeing can be reached through strong social and community support, social cohesion and by fostering conditions that allow resilience. It is not sufficient to merely ‘identify and refer’ cases.

It is more helpful to normalize rather than pathologize stress reactions, and to emphasize resilience and coping (while referring the minority that need specialized mental health care for the appropriate services). Instead of

**TRAUMA**

DISTRESS
ANGUISH
TORMENTED
PSYCHOLOGICAL AND SOCIAL PROBLEMS or EFFECTS or DIFFICULTIES

**TRAUMATIC EVENTS**

ADVERSE EVENTS
ADVERSITY
TERRIFYING
LIFE-THREATENING
HORRIFIC EVENTS

**TRAUMATIZED PEOPLE**

SEVERELY DISTRESSED PEOPLE
SIGNS OF DISTRESS

**SYMPTOMS**

REATIONS TO DIFFICULT SITUATIONS
PEOPLE WITH EXTREME or SEVERE REACTIONS TO THE EMERGENCY

**THERAPY**

PSYCHOTHERAPY to describe activities in non-clinical settings

MENTAL HEALTH AND PSYCHOSOCIAL CONDITION and/or DISABILITY

**Key Resources**

