

Essential Terminology for Mental Health and Psychosocial Support (MHPSS)

Ukrainian Refugee Response

Poland
MHPSS
Technical
Working
Group

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.

The Inter-Agency
Standing Committee
MHPSS Intervention
Pyramid



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.



When communicating with Ukrainian nationals and those who have arrived from Ukraine as a result of the war, please remember the following:



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

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)



Psychological distress is common and normal.

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.**



Avoid assuming that everyone is traumatized

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**.



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

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.



Loss is widespread among refugees

This includes loss of homes and assets, social and professional roles, sources of income, family connection, death of loved ones, and loss of a sense of belonging and connection which home gives. **Grief and intense emotional reactions are a normal reaction to loss.** Giving people venues to grieve and experience sadness is important. Grieving takes time and compassionate support, and requires specialized support only if it lasts for a long time and influences functioning.



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.** 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.



Do not ask people about what they have experienced unless they want to talk about it themselves

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.



Consider the needs of people with pre-existing mental health conditions

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.



Acknowledge and strengthen the agency of refugees and build on their capacity

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.

Key Terminology

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	Use
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	REACTIONS TO DIFFICULT SITUATIONS PEOPLE WITH EXTREME or SEVERE REACTIONS TO THE EMERGENCY
THERAPY PSYCHOTHERAPY to describe activities in non-clinical settings	STRUCTURED ACTIVITIES
MENTAL DISABILITY MENTAL ILLNESS MENTAL DISORDER	MENTAL HEALTH AND PSYCHOSOCIAL CONDITION and/or DISABILITY

Key Resources

IASC Guidelines for MHPSS in Emergency Settings – <https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Guidelines%20on%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings%20%28English%29.pdf>

WHO fact sheet on mental health in emergencies – <https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies>

Advocacy package. IASC Guidelines for MHPSS in Emergency Settings – <https://interagencystandingcommittee.org/system/files/1304936629-UNICEF-Advocacy-april29-English.pdf>

