

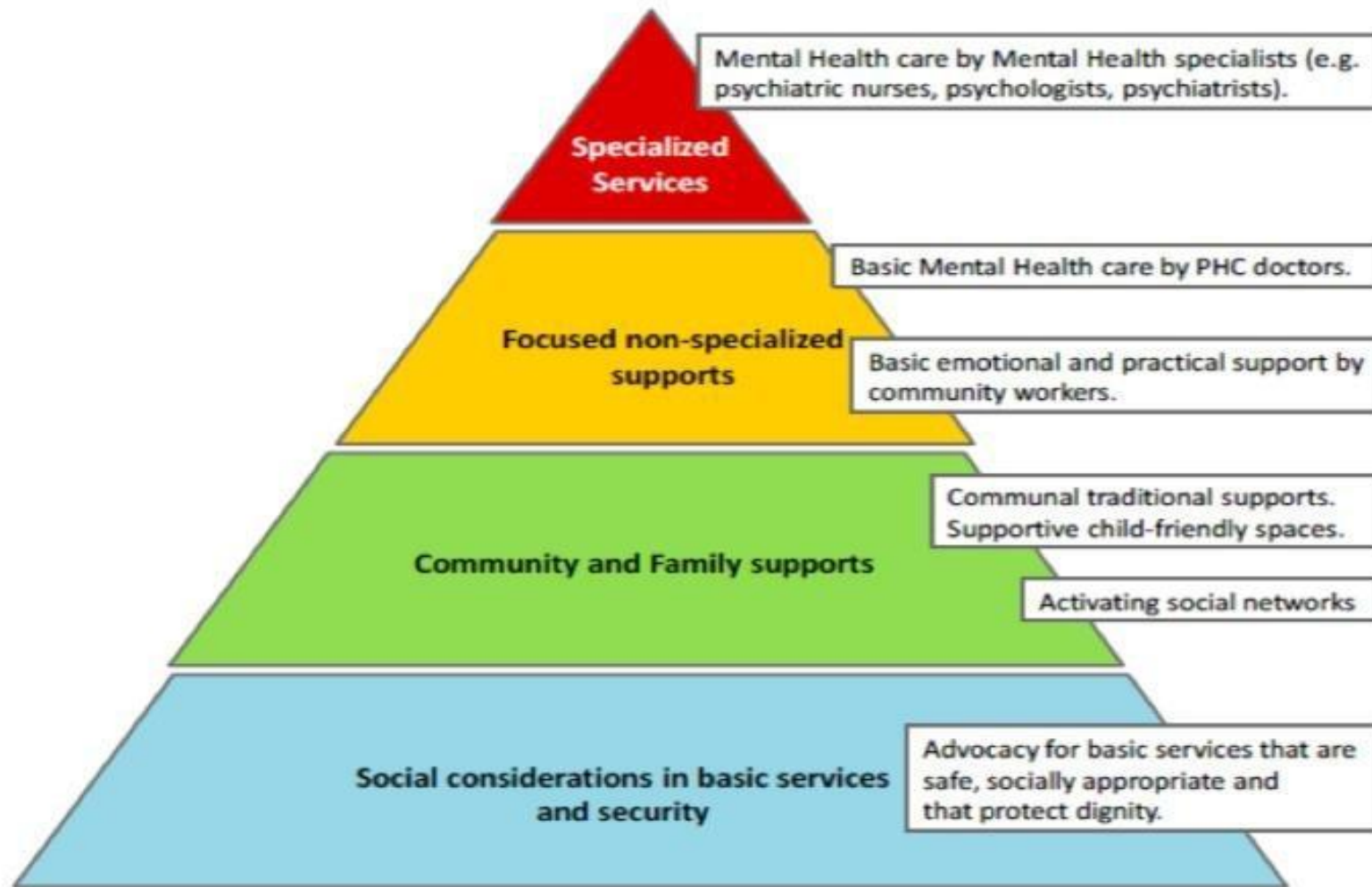
**Essential
Concepts and
Terminology for
Mental Health
and Psychosocial
Support (MHPSS)
Ukrainian
Refugee Response**



**Poland MHPSS
Technical Working
Group**

See the document here in English Ukrainian and Polish

<https://drive.google.com/drive/folders/1R6RslANVlezOjz6w5bcqMVcCFqkoPzq?usp=sharing>



What does MHPSS refer to?

MHPSS is an umbrella term used in humanitarian and emergency contexts 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.

Which sectors should include MHPSS?

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.

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



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**

Psychological
distress is
common and
natural

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.**

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)

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

Most of the individual symptoms of PTSD are **natural 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 natural 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 natural 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. 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.

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

Do not pathologize stress reactions. Instead, normalize these reactions and emphasize resilience and coping (while referring the minority that need specialized mental health care for the appropriate services).

Key Terminology

INSTEAD OF

TRAUMA

USE

DISTRESS

ANGUISH

TORMENTED

**PSYCHOLOGICAL AND
SOCIAL PROBLEMS or
EFFECTS or DIFFICULTIES**

Key Terminology

INSTEAD OF

TRAUMATIC EVENTS

USE

ADVERSE EVENTS

ADVERSITY

TERRIFYING

LIFE-THREATENING

HORRIFIC EVENTS

Key Terminology

INSTEAD OF

TRAUMATIZED PEOPLE

USE

**SEVERELY DISTRESSED
PEOPLE**

SIGNS OF DISTRESS

Key Terminology

INSTEAD OF

THERAPY

PSYCHOTHERAPY

COUNSELING to describe
activities in non-clinical settings

USE

STRUCTURED ACTIVITIES

Key Terminology

INSTEAD OF

MENTAL DISABILITY

MENTAL ILLNESS

MENTAL DISORDER

USE

MENTAL HEALTH

CONDITION and/or

PSYCHOSOCIAL DISABILITY

Key Resources

Group

Poland MHPSS Technical Working

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>

Mental Health and Psychosocial Support Minimum Service Package

<https://mhpsmsp.org/en>

Poland
MHPSS
Technical
Working
Group

How to Utilize this document?

Communications

- ◆ Social media news updates
- ◆ Refugee stories on the spot
- ◆ Country operational updates
- ◆ Reports published externally
- ◆ Talking points of spokespeople

Programs

- ◆ Proposal needs overview
- ◆ Proposals: HR composition, budget allocation
- ◆ Training and supervision for MHPSS staff
- ◆ Induction briefing for all staff

Poland
MHPSS
Technical
Working
Group

Ukrainian
Refugee
Response
