



Inter-Agency Guidance Note for Mental Health and Psychosocial Support Jordan Response to Displaced Syrians - November 2012

This statement reflects the views of the *Interagency Standing Committee (IASC) Mental Health and Psychosocial Support (MHPSS) Reference Group* and the following agencies under the umbrella of the Jordanian Ministry of Health: International Medical Corps, Action Aid Denmark, CARE, The Center for Victims of Torture, Fida International, Handicap International, Institute for Family Health/Noor al Hussein Foundation, International Rescue Committee, Médecins du Monde, Mercy Corps, Terre des homes, Un Ponte Per, UNFPA, UNHCR, UNICEF, the World Health Organization, the Za'atri Camp French Field Hospital, and the Za'atri Camp Moroccan Field Hospital.

This guidance is based on the *IASC Mental Health and Psychosocial Support (MHPSS) Guidelines in Emergency Settings*¹ and highlights those aspects of the Guidelines that are particularly relevant for the current response in Jordan. It also draws on knowledge and experiences of MHPSS responses and inter-agency guidance notes in previous emergencies (e.g. Gaza, Haiti).

1. Purpose of the Guidance Note

This Guidance Note expresses consensus among the different actors and provides a coherent framework to organizations wishing to fund, develop or implement activities in this field. This document is for use by programme managers, donors, the media, general relief workers and volunteers, health care, mental health and protection workers, and any other personnel helping those affected by the Syrian crisis. We strongly recommended that psychosocial and mental health programming be based on the IASC MHPSS Guidelines. Please refer to the Guidelines¹ for more detailed information on the appropriate response in all sectors.

2. Background

Early in 2011, political protests and the government's response created an unstable and insecure environment in Syria. As the unrest intensified, many families felt forced to flee into neighbouring countries such as Jordan. As of November 6th 2012, 61,086 displaced Syrians have registered with UNHCR in Jordan with 31,188 people in the host population and Za'atri Refugee Camp having registration appointments, bringing the number of people receiving assistance to 92,274². The Government of Jordan has allowed Syrians to remain in the country and has provided them with access to governmental services.

3. Mental Health and Psychosocial Support Considerations

Mental health and psychosocial support (MHPSS) considerations are important for program and service provision planning in the context of the Syrian crisis. Many Syrians have experienced severely distressing events related to the conflict such as the loss of family members, subjection to or witnessing of violent acts, and conflict-induced physical disabilities. The situation of ongoing displacement has the potential to undermine their mental health and psychosocial wellbeing and their capacity to recover from the effects of the conflict and their displacement.

Most people exposed to such extreme events are expected to experience psychological reactions such as hopelessness and helplessness, fear, anxiety, sadness or anger as well as behavioral and social difficulties including sleep problems, restlessness, social withdrawal, intrusive memories, or arguing with others. Among children, there may be additional reactions, such as regression to an earlier developmental stage, clinging to parents or being more aggressive or withdrawn. It should be noted that these are common and normal reactions to such abnormal events.

Experience and research shows that in such circumstances people often exhibit great resiliency, demonstrating personal strength and resourcefulness, and increased solidarity, social support and generosity. Despite strong, extremely distressing events and circumstances, the majority of people will recover over time using their own ways of coping, which can be fostered by supportive environments. A smaller number of people will develop more enduring mental health problems such as depression or anxiety disorders while others suffer from pre-existing mental health problems and will need more specialized care by a psychologist and/or psychiatrist. Such problems make it difficult for people to take care of daily tasks, to maintain good relationships with others and to take care of their physical health. People suffering from crisis induced and pre-existing mental

¹ Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.

² UNHCR Syria Regional Refugee Response. Information Sharing Portal, accessed November 6th 2012 <http://data.unhcr.org/syrianrefugees/regional.php>

health problems and intellectual disabilities are considered a vulnerable population and should be provided access to appropriate services and supports. The providers of all these and other services must be knowledgeable, skilled, and compassionate.

4. Definitions and Terminology

The IASC Guidelines use the term “mental health and psychosocial support” to describe any type of local or outside support that aims to protect or promote psychosocial well being and/or to prevent or treat mental disorders. The term includes both interventions from the health sector as those from non-health sectors.

When communicating with non-clinicians, terminology should be used that is understandable to non-specialists, normalizes common reactions to difficult situations, and reflects and reinforces the ability of people to deal with and overcome difficult situations. Care must be taken to avoid use of specialist terminology outside of specialized support services that could lead to disempowerment and stigmatization of people. For example, terms such as ‘trauma focused intervention’ should only be used in clinical contexts when referring to a minority of the affected population that may benefit from such intervention based on assessment by a specialized mental health care provider. For non-specialists, words such as “distress” or “stress,” “reactions to difficult situations,” “psychological and social problems/effects/difficulties,” or “severely distressed children or adults” should be used.

5. General Principles Relevant to Current Crisis

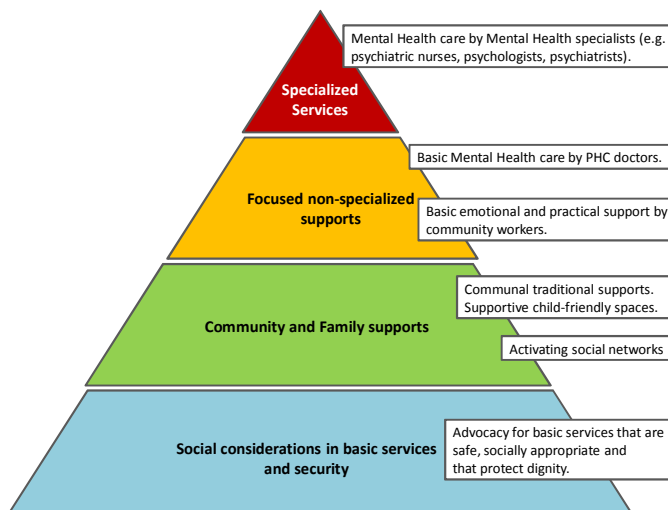
5.1. Core Principles

The core principles of the IASC Guidelines are grounded in human rights and equity, community participation, a do no harm framework, aiming to build upon existing community resources and capabilities and the development of integrated and multi-layered support systems for affected populations. It is important to ensure that psychosocial care is implemented in a complementary, integrated and multi-sectoral approach. Stand-alone services are rarely sustainable, generate stigma and fragment already splintered care systems.

5.2. Levels of Mental Health and Psychosocial Intervention

In emergencies, people are affected in different ways and require different kinds of supports. This does not only include specialized mental health services provided by psychologists or psychiatrists but also includes broader considerations such as providing basic services and security in a way that supports rather than undermines participation and well-being, as well as enhancing community and family supports. A key to organizing mental health and psychosocial support is to develop a layered system of diverse complementary supports that meets the needs of different groups. This may be illustrated by a pyramid (see Figure 1). All layers of the pyramid are important and should ideally be implemented concurrently.

Figure 1. IASC MHPSS Intervention Pyramid



6. Key Points Relevant to the Syrian Crisis

The agencies listed above commit to follow and promote the principles of IASC MHPSS Guidelines including:

6.1. Active Inter-Agency Coordination and Information Sharing

It is essential that a coordinated response to MHPSS needs is followed by all individuals and agencies, local and international. Interventions should be based on an assessment of existing services that are already provided. This ensures better coverage at the various levels of the intervention pyramid and that gaps can be more quickly filled.

For Jordan, a general MHPSS coordination group has already been established in Amman (co-chaired by WHO and IMC in coordination with the Ministry of Health) with a coordination sub-group in Za'atri camp (also co-chaired by IMC and WHO). The MHPSS coordination group encourages joint assessments, sharing of information and mapping of the various MHPSS interventions implemented by responding organisations, MHPSS planning and harmonisation of action such as training and advocacy. It encourages the implementation of interventions that adhere to the standards described in the IASC Guidelines. The group reports to the global IASC Reference Group and also works closely with related national coordination groups such as Health and Protection. All agencies planning or implementing MHPSS activities are strongly encouraged to actively participate in regular coordination meetings and to share information and meeting minutes with others within their agencies³.

6.2. Coordinating Services and Referral

Coordinating care between agencies is critical to meet the needs of displaced Syrians. Before agencies provide activities or interventions, it is important for them to understand which layer of the pyramid their activities fall under and who their operational partners are including which referral points exist for those requiring more specialized support. It should be noted, for example, that establishing screening for people with mental disorders without having in place appropriate and accessible services to care for identified persons is not recommended. Similarly, it should be avoided to elicit emotional material before people are in a safe environment where their basic needs are met and without guarantee of follow-up. Such practices are usually ineffective and can cause more distress and harm to the person.

Agencies should also be aware of relevant national policies and guidelines that exist in Jordan including mandatory reporting (e.g. cases of abuse), professional licensing requirements, and national psychotropic drug lists. The Protection coordination group has developed Standard Operating Procedures (SOPs) which are also relevant for MHPSS actors and should be followed. Coordinating care, communication and referral between service providers is especially important for cases requiring more specialized services such as intensive case management, mental health care, psychotropic medication or psychiatric hospitalization. A common referral form and referral pathways are available through the MHPSS coordination group.

6.3. Conducting MHPSS Assessments, Monitoring and Evaluation

Assessments should be conducted in a coordinated, ethical and participatory manner. All agencies should review existing information and resources and choose methods and tools consistent with MHPSS guidelines for humanitarian settings such as the WHO/UNHCR 2012 Draft MHPSS Assessment Toolkit. Agencies should also share plans and results from assessments and consider conducting interagency assessments. This can enhance the effective and timely translation of the assessment into meeting identified needs and avoid repetitive, unnecessary questioning of the affected population. Agencies also need to ensure that staff conducting MHPSS assessments are appropriately trained and supervised (e.g. communication skills, obtaining verbal or written informed consent, connecting people with immediate urgent needs to appropriate services). Epidemiological surveys that seek to establish prevalence rates of mental disorders in humanitarian settings are problematic for several reasons. It is often impossible to distinguish between mental disorders and normal stress reactions, leading to inflated rates. The vast majority of past surveys have not been validated for the culture in which they have been applied, which creates further uncertainty over how to interpret results. Furthermore, there is need to refer those identified with possible mental health problems, which is problematic when sufficient capacity for higher number of cases who may or may not need services is not in place. It is strongly recommended that all assessments are based on methods and tools outlined in the WHO/UNHCR Toolkit, that assessments are planned in coordination with the MHPSS group and that assessment reports are shared with other agencies⁴.

Indicators on activity processes and outcomes should be culturally appropriate and collected in an informed and ethical way based on IASC guidelines and other guidance such as the WHO/UNHCR Assessment Toolkit and the Regional Refugee Response Plan (RRP) for Jordan. This includes staff being aware of the types of indicators that need to be collected, the rationale behind data collection, sharing of current data and lessons learned with other agencies, as well as involving beneficiaries in defining indicators and feedback. Indicators should be useful and consistent across agencies to the extent possible. This also includes consistent reporting of mental health cases in line with the WHO/UNHCR Mental Health HIS categories (see Toolkit) or internationally recognized reporting (ICD-10).

6.4. Provision of Information to the Affected Population

All agencies are encouraged to provide the population with ongoing, updated, reliable information, particularly on access to relief efforts and specific services. People should also be able to have access to global and Syria-specific news. Access to information can greatly reduce anxiety and distress.

³ For information about the coordination group, email mjbaca@InternationalMedicalCorps.org. Explore www.mhps.net for relevant shared resources related to the Syrian crisis.

⁴ See www.mhps.net for two IMC MHPSS Assessment Reports among Syrians in the host population and Za'atari camp.

6.5. Building on Resilience and Capacities in the Affected Population

It is important to mobilize displaced Syrians to organize their own supports and participate fully in the relief efforts including decision-making and implementation of interventions. Displaced Syrians are not passive beneficiaries but actors who have assets, resources, and support. There are Syrian health workers, teachers, and religious leaders, and they have skills, beliefs and practices that can help them overcome adversity. Programs for displaced Syrians should first and foremost focus on recruiting and training people among the affected population, and building their capacity to take on key roles in project implementation and support. Promoting participation is a powerful tool in mental health and psychosocial recovery.

6.6. Inclusive Programming

Mental health and psychosocial problems among displaced populations affected by conflict encompass far more than the experience of posttraumatic stress disorder (PTSD) or conflict-induced depression and anxiety. An exclusive focus on these types of problems overlooks many other mental health and psychosocial support problems in emergencies and ignores pre-existing problems (e.g. behavioural problems among children, substance abuse, severe mental disorders such as psychoses). Therefore, even when providing specialized services, an organization's programming should not work in isolation, exclusively focused on specific groups that are presumed vulnerable, but should establish and maintain fluid linkages to communities and other organizations and services. Access to services needs to be ensured for all segments of the population, including people with various different mental health and behavioral problems as well as people with disabilities (including intellectual disabilities). It is also important to not carry out any interventions that risk further isolation or stigmatization of particular vulnerable groups among the affected population.

6.7. Coordinating Training

Any training should be consistent with global guidelines and be coordinated among different agencies. In Jordan, multiple MHPSS related trainings are taking place, which provides opportunities for learning but can also pull staff away from important service provision tasks. Therefore, it is important for training to be focused and, when possible, consolidated or jointly conducted among agencies.

6.8. Specialized Training and Supervision

MHPSS trainings need to allow sufficient time for skills building and continued on-the-job supervision and monitoring to ensure that interventions are implemented correctly. Very short or one-off trainings with no follow-up should not be used for teaching complex interventions such as treating mental health problems or intensive case management. This is also relevant in the context of several agencies hiring new MHPSS staff for the Syrian refugee response, who will be working within a new organization and context, requiring a significant amount of on-the-job supervision and coaching to be effective and do no harm.