

# Mental health and psychosocial well-being of children

*The insecurity experienced by displaced and refugee children can have damaging physical, social and psychological consequences affecting their well-being and development. In contexts of forced displacement, parents and caregivers may have difficulties in caring adequately for their children when livelihoods options have diminished and essential services are no longer operational. Parental distress greatly affects and impacts the well-being of their children. Changes in daily life and routine (such as school interruption), sudden and abrupt separation from family, friends and familiar places, as well as other child protection risks can greatly impact a child's psychosocial well-being.*

*All children have the right to protection and care that is necessary for their well-being (the Convention on the Rights of the Child, art. 3). Children who have been exposed to traumatic events during conflict or displacement or who are victims of abuse, exploitation, neglect have a right to physical, psychological recovery and social reintegration in an environment that fosters the health, self-respect and dignity of the child (art. 39). Therefore, it is essential for UNHCR operations to take actions to preserve and improve the well-being of displaced and refugee children, by mainstreaming psychosocial support in all aspects of its work as well as implementing specific psychosocial support programmes. The mitigation of immediate and long-term risks and consequences for the mental health and psychosocial well-being of individuals, families and communities is a core part of UNHCR's protection mandate. This requires strong collaboration between specialists and sectors to ensure a holistic and child-centered response that fosters the well-being of all children.*



“Girls’ and boys’ **copmg mechanisms and resilience are strengthened** and severely affected children are **receiving appropriate support**.”

Inter-Agency Minimum Standards for Child Protection in Humanitarian Action, Standard 10.

## Key messages

- ➔ **Nearly all children will show some changes** in emotion, behaviour, thoughts and social relations in the short term in humanitarian settings. These reactions, sometimes referred to as ‘distress’, are usually normal. 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 disorders**. It is not helpful to consider all children ‘traumatized’.
- ➔ The **way services are delivered may positively and negatively influence psychosocial well-being**. Therefore, it is essential to ensure that programmes do not undermine the dignity and resilience of persons of concern.
- ➔ Restoring and strengthening **family and community support** and promoting positive coping mechanisms for affected children and their families are some of the most important psychosocial interventions.
- ➔ Providing **social, creative, recreational and learning activities** is vital in re-establishing children’s sense of normalcy and routine. Getting children back into school and providing activities in Child Friendly Spaces are thus important activities and are also useful in identifying children that might need more targeted support.
- ➔ Some children may need specific psychosocial interventions. However, the **services provided should not stigmatize** these children.



## Key concepts

**PSYCHOSOCIAL** refers to the two-way relation between psychological factors (the way a child feels, thinks and acts) and social factors (related to the environment or context in which the child lives: the family, the community, the state, religion, culture).

**WELL-BEING** refers to the condition of holistic health and the process of achieving this condition. Well-being has physical, cognitive, emotional, social and spiritual dimensions. The concept includes 'what is good for a child' such as developing emotional bonds with trusted adults, participating in meaningful social roles, feeling happy and hopeful, having positive social and learning experiences in a supportive environment, developing healthy coping mechanisms, having access to basic necessities and feeling safe.

**PROTECTIVE FACTORS** are the characteristics of the child themselves and their environment that support that child to cope in difficult situations. The presence of multiple protective factors will also decrease the risk of a child developing mental health or psychosocial problems and can limit their severity or duration. **RISK FACTORS**, on the other hand, increase the vulnerability of a child to developing mental health or psychosocial problems.

**RESILIENCE** refers to a child's ability to overcome difficulties such as exposure to significant adversity and to positively adapt to change. The balance of protective and risk factors is likely to significantly influence a child's resilience. While the well-being of each child needs to be evaluated on an individual basis, risk factors due to age, gender, and care status frequently impact children's resilience.

**MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)** describes any type of local or outside support that aims to promote psychosocial well-being and/or prevent or treat mental disorder.

**PSYCHOSOCIAL SUPPORT** includes all processes and actions that promote the holistic well-being including support provided by family, friends and the wider community. An **MHPSS INTERVENTION** in child protection refers to a set of activities with the primary goal of improving the mental health and psychosocial well-being of refugee children and their families. Using an **MHPSS APPROACH** means providing a humanitarian response in ways that are beneficial to the mental health and psychosocial well-being of refugees, especially those most at risk. It involves participatory approaches, involving refugees, including boys and girls, at all stages of the programme, rather than a pure service-delivery model. This is relevant for all actors involved in the protection of and assistance to refugees.

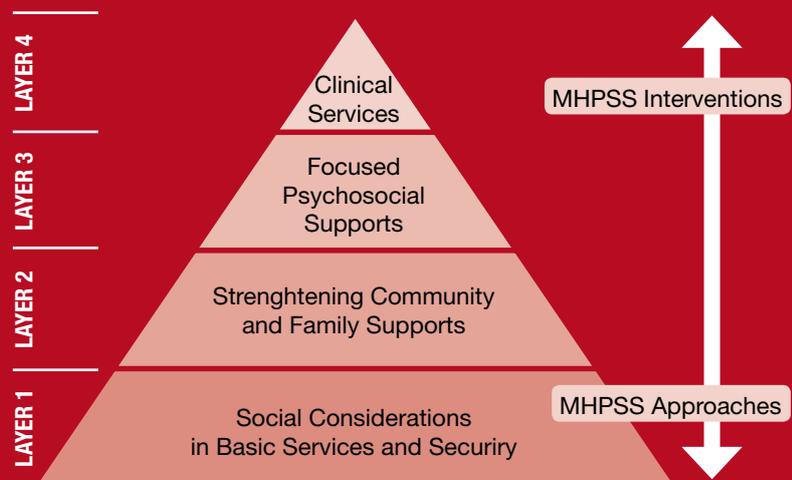
## Psychological first aid (PFA)

PFA refers to a humane, supportive response to distressed people who have recently been exposed to a serious crisis and who may need support. With appropriate training it can be provided by anyone, by refugees themselves and professional aid workers. It has been developed as an evidence informed alternative to unhelpful methods such as Critical Incident Stress Debriefing.

## MHPSS Intervention Pyramid

The intervention pyramid represents the cornerstone of mental health and psychosocial support. It outlines the importance of differentiating specific layers of interventions and supports adapted to different groups. Preventive interventions as well as initiatives that restore safety and a sense of normalcy are complementary to clinical support. This multi-layered framework highlights the need for services to be integrated and holistic. It is not possible for one agency to implement all levels of the pyramid and all levels might not be required at all stages of the displacement cycle or emergency. The layers are not mutually exclusive, so a child that receives support on layer 4 will also need the supports of layer 3, 2 and 1.

The IASC pyramid for mental health and psychosocial support in emergencies as adapted in the UNHCR *Operational Guidance: Mental Health & Psychosocial Support Programming for Refugee Operations*.



**LAYER 4. CLINICAL SERVICES** and professional mental health support for children under significant distress that disrupts their ability to function on a day-to-day basis. Interventions at this level should be undertaken by specialised mental health professionals and the treatment (e.g. counselling or psychotherapy) is often more long-term and should not be disrupted. It is done via individual case management it is preferable to keep the child on site as long as proper treatment options are possible.

**LAYER 3. FOCUSED PSYCHOSOCIAL SUPPORT** is specific assistance provided to children at risk of developing mental disorders. Interventions are not specialised, but should be undertaken by staff with significant training and supervision. Examples could be support groups, peer-to-peer support programmes, and structured sessions aimed at strengthening resilience.

**LAYER 2. STRENGTHENING FAMILIES' AND COMMUNITIES' ABILITY TO SUPPORT** children's learning and development. It is important to promote everyday activities such as attending play and social activities, going to school and options of participation in traditional and community events. Interventions could include child friendly spaces, support for family tracing and reunification, and other family, peer and community support initiatives.

**LAYER 1. SOCIAL CONSIDERATIONS IN BASIC SERVICES AND SECURITY** implies ensuring or advocating for basic services to be functional and accessible to children and their caregivers. Important activities are re-establishing a sense of safety, ensuring basic services such as water, food and shelter, and access to health services for the whole community, including child-friendly information on where to go for help. This should take into account 'hard to reach' categories of children such as adolescent girls, younger children and children with disabilities. This work represents a general approach carried out by all humanitarian workers.

# Key actions: What UNHCR and partners can do

## Legal & Policy Framework

- ➔ Work to ensure that refugee children have access to national child protection and mental health services.
- ➔ Be aware of local and national policies and interventions on MHPSS, and, where necessary, advocate for these to reflect international good practice guidelines as reflected in the UNHCR operational guidance for Mental Health and Psychosocial Support Programming in Refugee Operations.
- ➔ Promote specific policies to encourage positive practices for MHPSS for children post-emergency, e.g. that there is guidance to prevent a focus on individual counselling at the expense of community-based interventions.

## Knowledge & Data

- ➔ Undertake a mapping of psychosocial resources in the community, including community based organizations, parent-teacher associations, mental health facilities, clinical social workers, self-help and support groups, traditional and religious healers, etc. Focus on understanding the people and mechanisms that boys and girls of different ages turn to when in distress.
- ➔ Analyse existing data from different sectors, such as education, nutrition and health, from an MHPSS perspective. Share relevant child protection data with other sectors in order to support linked-up and targeted programming.

## Coordination

- ➔ Ensure UNHCR and partners coordinate with other agencies across sectors (health, education, protection) and promote an MHPSS approach that is child-sensitive and child-friendly.
- ➔ Support and involve government actors in designing child-focused psychosocial programmes. Use and strengthen pre-existing services whenever possible.

## Human & Financial Capacity

- ➔ Designing and delivering psychosocial programmes for children requires specific skills. Ensure that staff in this area have the required qualifications and experience. It is a good idea for all UNHCR and partner staff to have some training on MHPSS and working with distressed populations, such as Psychological First Aid training.
- ➔ Build local and community capacity by hiring and training community volunteers and staff wherever possible, ensuring a gender balance. This may require planning for regular trainings, technical supervision and support mechanisms for those who are directly in contact with children in order to maintain and improve skills.
- ➔ Train child protection workers, health workers, teachers and other personnel in contact with children on how to identify and refer children who may be in need of more specialised support.
- ➔ Ensure that psychosocial support systems are in place for those providing MHPSS interventions.

## Prevention & Response

- ➔ Involve key resource persons in the community in delivering recreational, social, creative and learning activities for boys and girls of all ages and abilities. For example, youth groups may provide peer support or recreational activities for other young people as well as younger children, and older persons may be able to support traditional activities for children such as story-telling.
- ➔ Ensure that outreach is conducted to support the most vulnerable and marginalised children to attend activities.
- ➔ Ensure that specific referral pathways and services are in place for children who may need specific support, such as survivors of sexual violence and children associated with armed forces and armed groups.
- ➔ Develop specific activities tailored to support the coping capacities of particular groups of children and caregivers as necessary and based on participatory assessment – for example, adolescent girls, child mothers, parents of children with disabilities, etc. Ensure that services are provided in a non-stigmatising manner.

## Advocacy & Awareness

- ➔ Disseminate child-friendly information that facilitates access for children and their caregivers to basic services in order to reduce stress.
- ➔ Provide information for parents and caregivers about psychosocial distress and how they can support their children.
- ➔ Work with the community, camp management, shelter and other relevant partners to ensure that the design of facilities and governance is child-friendly and sensitive to the needs of boys and girls of different abilities.

## SEVEN KEY STEPS FOR COMMUNICATING WITH CHILDREN IN DISTRESS

- 1 LET THE CHILD SET THE PACE.** Children should not be forced to discuss or reveal experiences and the lead should always come from the child.
- 2 GIVE ADEQUATE TIME TO THE CHILD.** Do not expect the whole story to be revealed in one session.
- 3 PROVIDE EMOTIONAL SUPPORT AND ENCOURAGEMENT.** Give this to the child in whatever ways are appropriate to the child's culture and stage of development.
- 4 ACCEPT THE CHILD'S EMOTIONS.** Accept all emotions, for example guilt or anger - even if they seem to you to be illogical reactions to the event.
- 5 NEVER GIVE FALSE REASSURANCES.** Helping the child to face the reality of her/his situation is almost always preferable to avoiding it, provided this is done in an atmosphere of trust and support.
- 6 TALKING MAY PROVIDE SOLUTIONS.** Talking about difficult situations may enable children to work out their own solution, especially in the case of older children and adolescents. Simply listening in an attentive and supportive way can be extremely helpful.
- 7 SOME REGRESSION MAY BE NECESSARY.** Regression is a return to behaviour typical of younger children. Children or adolescents may need personal care, affection and physical contact more characteristic of younger children, in order to overcome the emotional problems they are facing.

*Adapted from Action for the Rights of the Child*

## UNHCR in Action:

### Examples from the Field

#### Parents support group in Yemen

In the urban setting of Sana'a in Yemen, UNHCR and Educate A Child have partnered seeking to enrol out of school children and retain children in school. As part of this initiative, a support group for parents and caregivers was established, led by two staff members. The group holds informal sessions during which caregivers can raise concerns with their peers and discuss while the staff can provide appropriate guidance. The overall objective of the support group is to eliminate corporal punishment at home, to reduce domestic violence and to provide a safe environment that promotes the child's psychological well-being. The project therefore not only improves family support for children, but as a consequence improves children's academic performance and prevents children from dropping out of school.

#### Child education and welfare centres in Dadaab, Kenya

During an acute emergency related to severe drought in Somalia, an international NGO established several "The Desert Flower" Child Education and Welfare Centres. These centres provided children and adolescents with opportunities to learn, develop and acquire contextually relevant skills and strengthen their resilience through providing a safe environment in which parents can be sure their children will be cared for. The parents are also provided opportunities to be involved in an active way to increase their participation and self-confidence to protect and care for children. Facilitating provision of psychosocial support and promoting children's active participation, the range of activities includes areas of education, art and culture, life skills, sport and leisure and well-being.

#### Baby friendly space in Ethiopia

Psychosocial caring practices and early childhood stimulation are essential for the well-being and physical and mental development of young children. In Dollo Ado refugee camps in Ethiopia, Baby Friendly Spaces have been established as part of the therapeutic and supplementary feeding centres. The space provides a safe and comfortable place where caretakers and their children can get together and share experiences. Mother and child play sessions are held, facilitating bonding. Caretakers with breast-feeding or general feeding difficulties and emotional distress are also provided psychosocial support by staff. Female staff were trained by UNHCR and partners to run activities and to train community Infant and Young Child Feeding counsellors, and community outreach workers. Pregnant women and caretakers with infants and young children are referred and welcomed to these spaces.

#### Clinical referral in Southern Africa

In a Southern African country, a local partner established a collaborative link with a local clinical psychologist who was experienced in working with children. The partner referred some children with particularly complex problems to the psychologist who saw the children and their families as outpatients. Clinical treatment was followed up by mental health and psychosocial support interventions by less specialized staff in the partner NGO.

#### Youth Collective in Kuala Lumpur

The Youth Collective in Kuala Lumpur was the result of a brainstorming session with a group of young people from mixed ethnic backgrounds. They liked the idea of having a common platform to voice their views. Together, they decided on their membership (age 14-25 years), goal and leadership structure. Consultations among the youths led to implementation of various activities supported by the office using Social Protection Funds. The activities include social and creative activities, such as Youth Cultural Night, creative writing and film-making workshops, and activities to help young people to better adapt to Kuala Lumpur and to give them opportunities for the future, such as Cultural Orientation and Mobile Phone Repair Training. Other activities look specifically to promote young people's capacity to reach out to and support other youths, such as Peer Support Training and Youth Outreach.

## Psychological trauma

Historically, humanitarian organisations working on MHPSS often focused on trauma and post-traumatic stress disorder (PTSD) when working with refugee children. However, more recently, specialists and practitioners have determined that it is essential not to assume that all refugees and all children in an emergency are traumatized. In the short term most children show some changes in emotions, thoughts, behaviour and social relations. The majority of children will regain normal functioning with access to basic services, security and family and community-based support. Only a smaller number of children showing persistent and more severe signs of distress are likely to be suffering from more severe mental disorders, including post-traumatic stress, and require focused clinical attention. In general, it is recommended not to use trauma terminology outside of a clinical context in order to avoid a focus on traumatic stress disorders at the expense of other mental health and psychosocial problems.

## For More Information:

- Mental Health and Psychosocial Support Network, [www.mhpss.net](http://www.mhpss.net)
- Inter-Agency Standing Committee (IASC) (2007): *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, available at: <http://goo.gl/vYJt14>
- Action for the Rights of Children (ARC) (2009): *Foundation module 7, Psychosocial Support*, available at: <http://goo.gl/OgHpkA>
- UNHCR (2013): *Operational Guidance Mental Health & Psychosocial Support Programming for Refugee Operations*, available at UK: <http://goo.gl/FUOD5j> FR: <http://goo.gl/qDs5oX>
- Save the Children (November 2013): *Psychological First Aid Training Manual for Child Practitioners*, available at <http://goo.gl/4lbtFS>
- WHO, War Trauma Foundation & World Vision International (2011): *Psychological first aid: Guide for field workers*, available at <http://goo.gl/oNfyOP>