



MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

June 2024

MHPSS staff engaging in activity-based assessment with the children in Alemwach settlement, Amhara region, July 2023 ©UNHCR/Lynn Karanja

STRATEGIC APPROACH

- Adaptation of MHPSS integrated approach across sectors within UNHCR and partners has enabled the establishment of a feasible MHPSS programming which can be found in the MHPSS strategy of Ethiopia 2023-2025 which is finalized.
- Strengthen coordination with sectors and other stakeholders, including the Regional Bureau, to mainstream MHPSS into the national system.
- Enhance the capacity of stakeholders in MHPSS programming and intervention.
- Implement scalable interventions such as **Problem Management Plus (PM+)**, **Mental Health Gap Action (MhGAP)**, **Group Interpersonal Therapy (IPT)**, etc.
- Conduct baseline assessments: a. Track suicides across the country to improve suicide prevention and response mechanisms. b. Perform rapid situational assessments in refugee settings.
- Implement the MHPSS Minimum Service Package (capacity building and implementation).
- Integrate MHPSS into other sectors: a. Protection (Child protection, Peacebuilding, and GBV) b. Education (Education in Emergency (EiE), capacity building for teachers, etc.) c. Health and other sectors.
- Advocate for funding of MHPSS.



COORDINATION

- In conjunction with the IM Unit, MHPSS monitoring and reporting tools namely the 4Ws mapping tool, suicide tracking, MHPSS reporting tools (to enable coordination within the region and Ethiopia operation) and the MHPSS indicator monitoring tool have been developed in Kobo.
- MHPSS technical working groups have been established to coordinate activities and promote referral systems.

KEY CHALLENGES

- Insufficient funding for MHPSS activities.
- Inconsistent supply of psychotropic medications.
- Limited capacity to manage complex cases, including suicidal behavior and child psychiatry.
- A significant gap in psychotherapy due to the absence of psychologists.
- Inadequate psychosocial services for children, youth, GBV survivors, and persons with specific needs.
- Limited capacity for suicide response and prevention despite the increase in suicide behavior.

KEY FIGURES (January – December 2023)

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120,510
 Persons received MHPSS Services (community dialogues, psychoeducation sessions, campaigns)
116,385 Total Camp/site-based reached
4,125 Total urban-based reached
- 
4,084
 Persons reached through community-based MHPSS
54% female
- 
2,982
 Persons reached through clinical mental health care
52% female
- 
7,623
 Persons received psychosocial support
46% female
- 
24
 Persons attempted suicide
4 female; 20 male
- 
09
 Persons dead by suicide
7 female; 2 male

KEY ACHIEVEMENTS

- With limited resources, UNHCR and partners successfully conducted three assessments in Assosa, Alemwach, and Metema, and are currently conducting one in Melkadida.
- A Trainer of Trainers session for the MHPSS MSP included UNHCR staff, partners, and other stakeholders, resulting in a series of trainings across the country last year.
- In collaboration with the program and other sectors, the MHPSS team integrated MHPSS activities into partners' PPAs.
- Provided technical support and supervision to partners implementing MHPSS activities across the country, including a. Capacity building (MHPSS, PFA, MhGAP, suicide prevention and response activities) b. Developed monitoring and evaluation tools (suicide tracking, MHPSS reporting tools).

PARTICIPATORY ASSESSMENTS 2024

MHPSS FINDINGS

4,747 total respondents



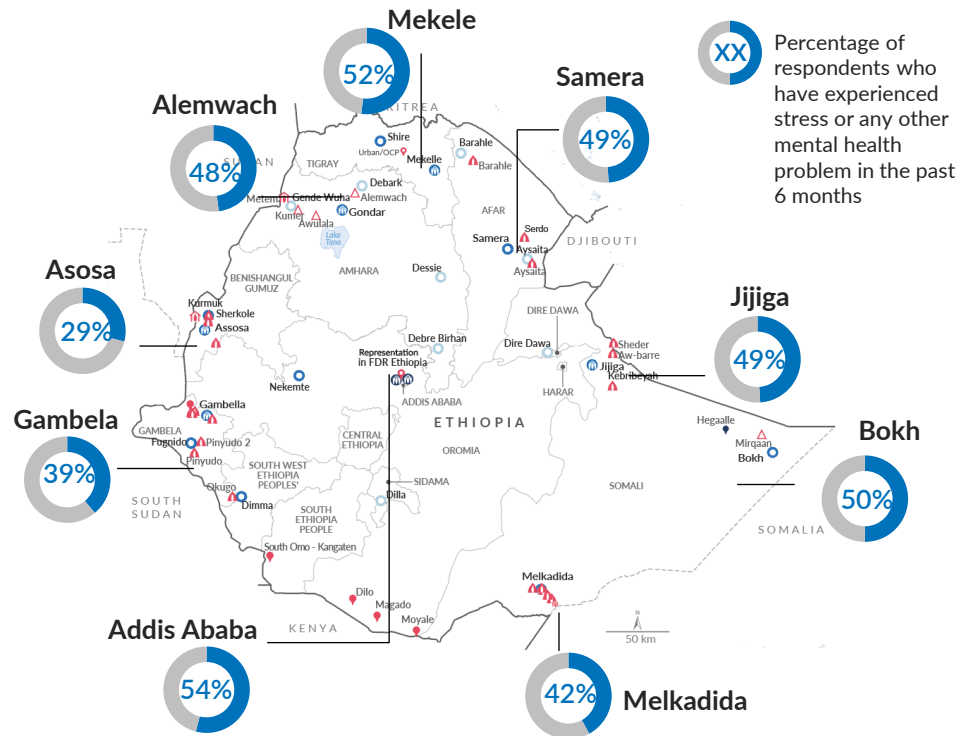
2 out of 5 (42%) respondents reported experienced stress or any other mental health problem* in the past 6 months



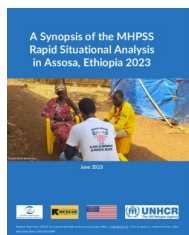
1 out of 10 (13%) acknowledge times when he/she thought about harming him/herself or ending him/her life



53 out of 300 (18%) Persons with disability acknowledge times when they thought about harming themselves or ending their life



MHPSS SYNOPSIS NEEDS ASSESSMENT FOR ASSOSA 2023



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- Findings show that 47% of the respondents had experienced a mental health problem and 22% shared having experienced suicidal ideation with those aged 18-59 years being the most at risk.
- According to the findings, suicidal behavior is associated with various factors with the main ones being family related conflicts, difficult life situation and mental health illness
- From the study, alcohol and substance use was found to be both a mental health problem and a means of coping especially among those aged between 18-59 years.
- Distance, feelings of shame, language barrier, lack of services and lack of medications were listed as the main existing barriers to accessing MHPSS services

MHPSS NEEDS ASSESSMENT FOR CHILDREN IN ALEMWACH 2023



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- The assessment findings showed that 48% of the respondents had experienced mental health problems, with feelings of hopelessness, sadness, flashbacks being most prominent and 5.9% had suicidal ideation.
- Displacement, GBV, insecurity and long stays at the camp were identified as the main causes for mental health problems.
- Excessive anger, nightmares and self-harm were described as the most common emotional and psychological impact in children
- Limited psychosocial services, limited access to basic services, inconsistent provision of psychotropics medication were the gaps identified in the assessment.