MHPSS

How FSC members can best interact with beneficiaries with emotional distress and refer them to support where appropriate

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The term mental health and psychosocial support refers to any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders. Before, the term mental health is more widely used in health settings and psychosocial support use to be a preferred term for social organizations. As they are highly overlapped, the guideline advocates to use the composite term MHPSS to cover a wide range of services at different levels.
Why MHPSS is important in FSC?

- In many emergencies, hunger & food insecurity cause severe stress and damage the psychosocial well-being of the affected population.
- Understanding the interactions between mental health psychosocial well-being and food security enables humanitarian actors to increase the quality and effectiveness of food aid.
- Food insecurity affected 69.6% of reproductive-aged women, increase prevalence of Depression (89,4%), Anxiety (90,8%), and Stress (85,7%).
- Among studies published in the previous five years, food insecurity was significantly and positively associated with multiple indicators of psychological distress.
- Food insecurity is associated with a 257% higher risk of anxiety and a 253% higher risk of depression (study during COVID-19 pandemic).
WHO NEEDS THIS INTERVENTION? WHO PROVIDES THIS?

The population who may have significant difficulties in basic daily functioning, people with severe mental disorder. They must be assisted by:
- Clinical Psychologist
- Psychiatrist
- Professional Counsellor

Those people who require more focused individual, family or group interventions by trained & supervised workers, but who may not have years of training in specialised care, for example:
- Trained Mental Health Nurse
- Lay Counsellor supervised by psychologist
- Social Workers

Those people who are able to maintain their mental health and psychosocial well-being if they receive help through key community & family supports, for example:
- Community Leaders / Religious Leaders / Teachers
- Family Members with positive coping mechanism
- Community Facilitators / Social Workers

Well-being of all the people should be protected through the (re)establishment of security, adequate governance & services that address basic physical needs, the needs for basic services and security are met by:
- Responsible Actors who work on humanitarian assistance, including by not limited to the Government, NGOs, Community Leaders, Camp Managers, etc.

WHAT KIND OF INTERVENTION?

- Psychotherapy by Clinical Psychologist
- Eye movement desensitization and reprocessing (EMDR) for PTSD by trained MH Professional
- Clinical Counseling by Trained Counselor / Psychologist
- Group Therapy for people diagnosed by Acute Stress Disorder or PTSD
- Group Cognitive Behavior Therapy (CBT) for GBV Survivor with Depression
- Psychiatric Services

- Emotional Support for GBV Survivor by Caseworker
- Psychological First Aid (PFA)
- Basic Mental Health Care by primary health worker Ex: Basic Emotional Support by Nurse
- GBV case management

- Family Tracing & Reunification
- Assisted mourning & communal healing ceremonies
- Mass communication on positive coping methods
- Supportive parenting programmes
- Formal & non-formal educational activities
- Livelihood activities & the activation of social networks such as through women’s groups & youth clubs

- Advocating that basic services are put in place
- Safe Spaces
- Shelter / Housing
- Documenting impact on MH & Psychosocial well-being
- Socio-culturally appropriate ways that promote mental health and psychosocial well-being, ex: community support group, religious activities in the community, etc.
What can we do as frontline responders?

- **For beneficiaries**
  - Building rapport, establish positive communication with beneficiaries
  - Practice active listening, attentively listen their concern
  - Observe and refer people in distress to trained MHPSS providers or MHPSS professionals

- **For ourself**
  - Self-awareness & mindfulness with ourselves (mind, emotion, behavior)
  - Have regular self-care practice to pay attention more on our well-being
  - Talk with someone we can trust (friends, colleagues, family, supervisors)
When to refer/to Seek Professional Help?

- If beneficiaries are thinking about harming themselves or others
- If beneficiaries feel that they cannot handle distress such as intense feelings or bodily sensations, or continue to feel numb and empty
- If there is a continued decline in their engagement in daily activities and performance at home, work, school, or in social relationships
- If beneficiaries increase smoking, alcohol, or drugs intake to bring relief.
- If beneficiaries have no one with whom they can share their emotions but feel they need to do so.
MHPSS Referral Directory

- Type of services:
  - **Psychosocial Activities** (community, group and family support activities; child, women and youth friendly spaces; assistance to vulnerable individuals and families; parenting classes, early childhood development and psycho-education, and awareness sessions for individuals and families)
  - **Psychological Interventions** (such as individual, family or group counseling/therapy)
  - **Mental Health Services** (assessment and clinical management of mental, neurological and substance use (MNS) disorders)
- Information available: Townships, Organizations, Languages, Focal Person & Contact Information
- **MHPSS Referral Directory** accessible in this [LINK](#)
- Partners who are willing to attend the meeting and get regular updates from MHPSS WG, please send an email to asrori@unfpa.org