Community-Based Mental Health and Psychosocial Support (MHPSS)

What is it and how to do it

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*(Slides adapted using Materials from the
UNICEF CB MHPSS Orientation package
and Dr. Lynne Jones)*

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Objectives

To Understand:

- What are the challenges children face today?
- How do children respond to these challenges?
- Some theories and concepts
  - What is MHPSS?
  - What do we mean by child development?
  - The Social Ecological Model
  - IASC guidelines
  - Community Based MHPSS
  - MHPSS theory of change
  - **9 circles of support**
- Community engagement participation and mobilization
- Key points on Assessment, Monitoring and Evaluation
- Theory into practice
  - 3 examples of community based programming
- Further reading and resources

A Few Initial Questions to Consider…

Based on your experience,
what are the key challenges
facing children in humanitarian
settings around the world?

…and how have those
challenges changed and
shifted over the past few
decades?
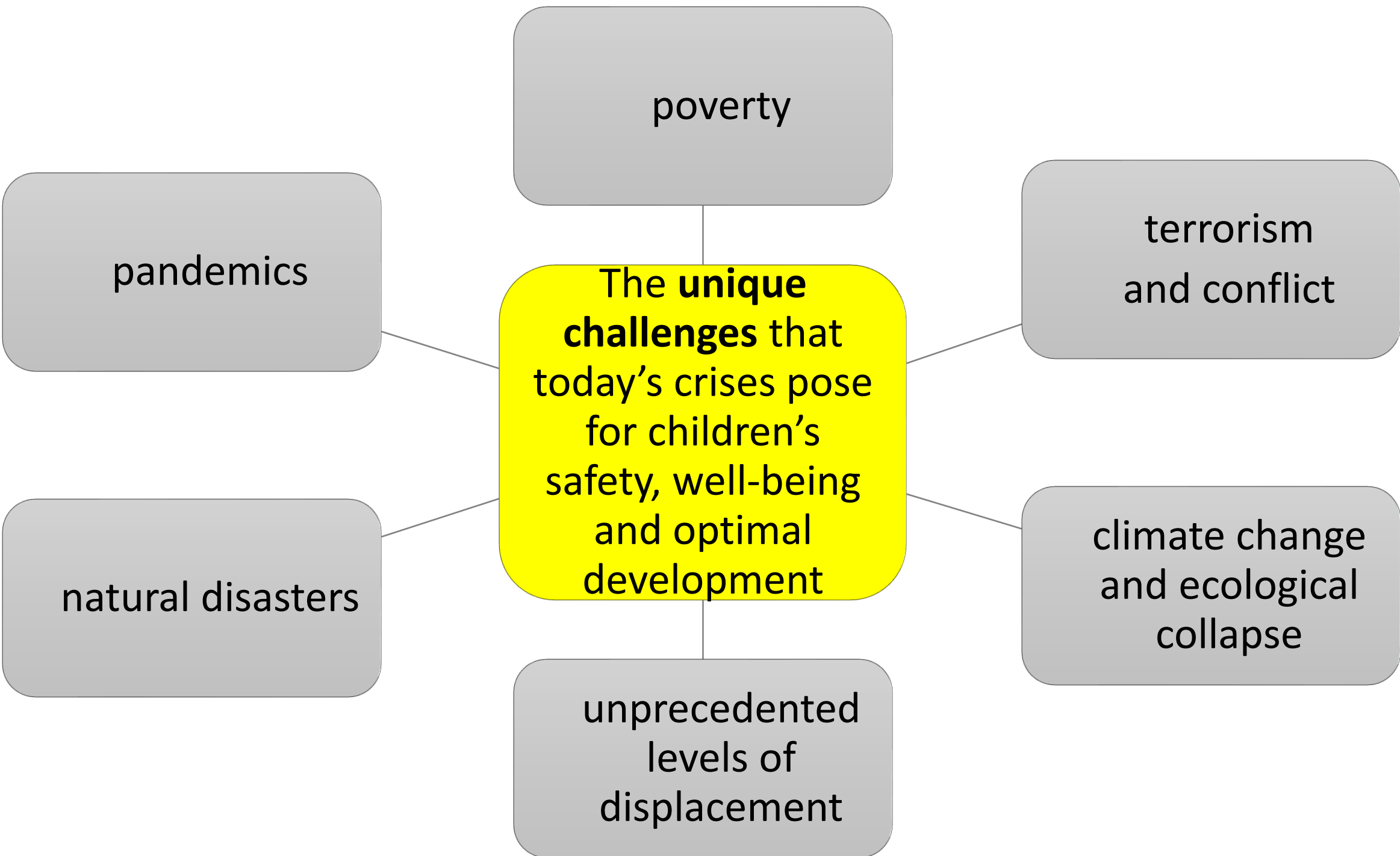
Wellbeing...describes the positive state of being when a person thrives. In mental health and psychosocial work, wellbeing is commonly understood in terms of three domains:

- **Personal wellbeing** – positive thoughts and emotions such as hopefulness, calm, self-esteem and self-confidence

- **Interpersonal wellbeing** – nurturing relationships, a sense of belonging, the ability to be close to others

- **Skills and knowledge** – capacities to learn, make positive decisions, effectively respond to life challenges and express oneself

Resilience…is the ability to overcome adversity and positively adapt after challenging or difficult experiences.

Children's resilience relates not only to their innate strengths and coping capacities, but also to the pattern of risk and protective factors in their social and cultural environments

Dr. Michael Ungar, in Hague Symposium Report, 2015

Not all children are resilient. Some common reactions in children in emergencies include

- **Under five:** Regressive behaviour, soiling, wetting, clingy, sleeplessness, nightmares, night terrors, loss of new skills minor illnesses

- **Six to twelve:** tearfulness and depression, sleep problems, poor concentration, restlessness, anxiety and fear, aches and pains, regression, aggression. Repetitive play is very common

- **Over twelve:** hopelessness, suicidal ideas, self destructive behaviour, risk taking, withdrawal, apathy, somatic complaints

ICD 10 Diagnoses in a child and adolescent clinic in Kosovo 1999, one year post conflict
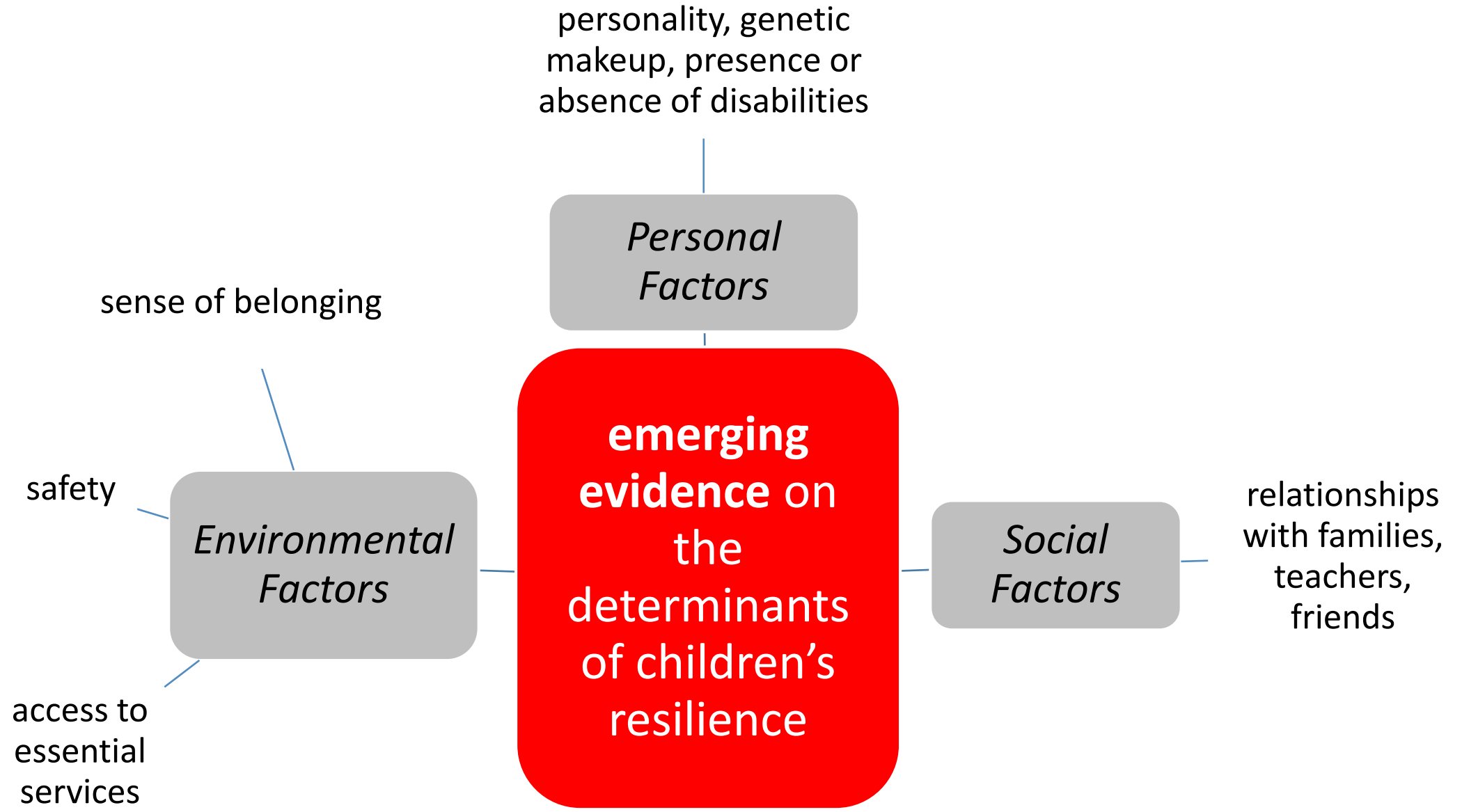
- Stress related problems most common diagnosis
- 'No psychiatric diagnosis'- largest group
- Educational role: what to expect- depathologising and normalising- contact with appropriate agencies
- General consensus from research around world is that rates of traumatic stress symptoms around 30%
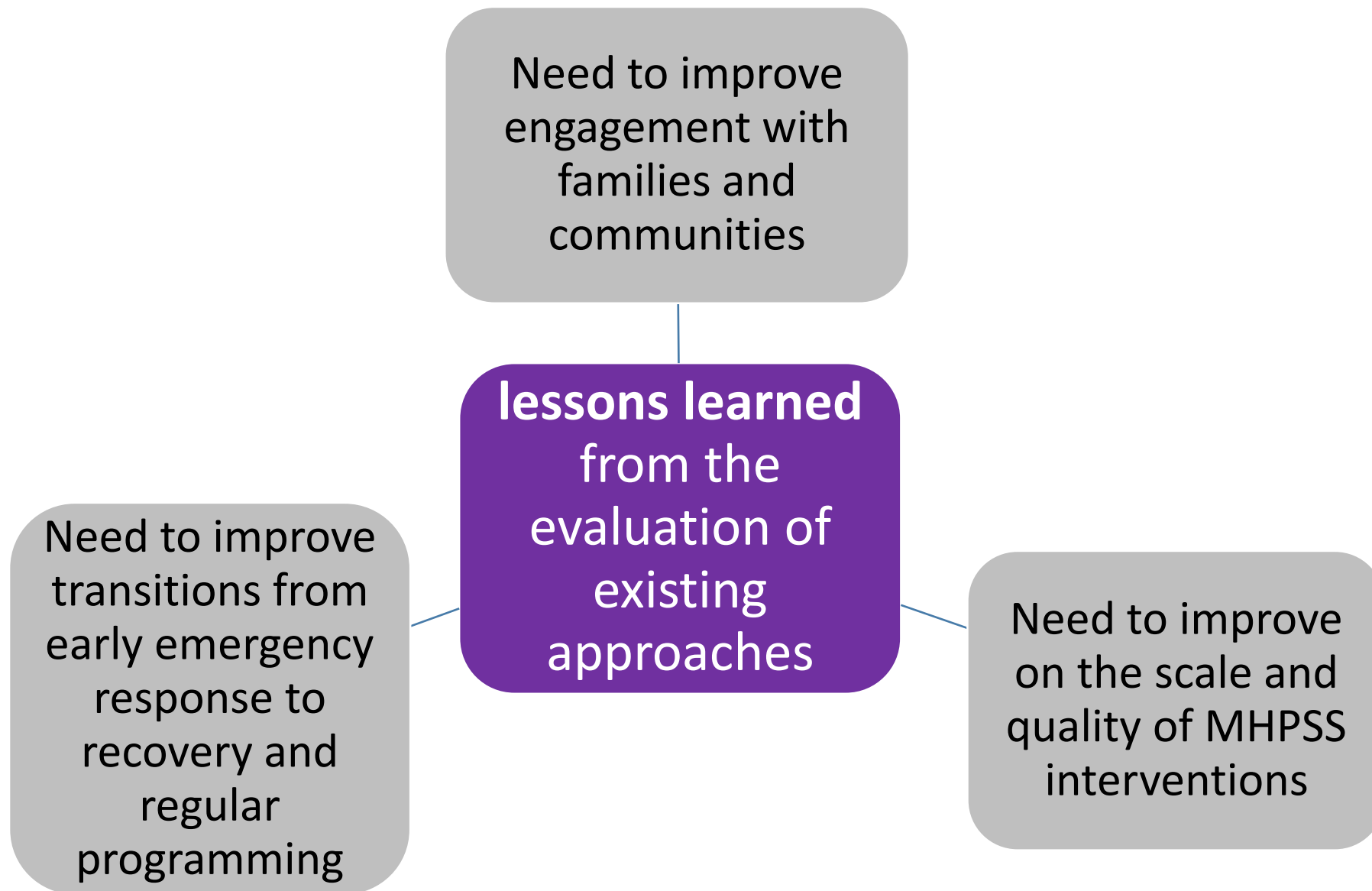
Problems and diagnoses at a child and adolescent psychiatry clinic in Kosovo, two years post conflict (n=385)

- Behavioural problems

- Enuresis

- Special needs

- Serious psychopathology

- Neuro-developmental problems

- Physical and sexual abuse hidden problem

Mental health services for war affected children: report of a survey in Kosovo, L jones with A. Rrustemi, M.Shahini, A.Uka, *British Journal of Psychiatry* (2003) 183: 540-546

What lessons have you learned in your own work about the best ways to promote **wellbeing** and **resilience** among children in crisis settings?

personality, genetic makeup, presence or absence of disabilities

Personal Factors

sense of belonging

safety

Environmental Factors

access to essential services

emerging evidence on the determinants of children's resilience

Social Factors

relationships with families, teachers, friends

lessons learned from the evaluation of existing approaches

- Need to improve engagement with families and communities
- Need to improve on the scale and quality of MHPSS interventions
- Need to improve transitions from early emergency response to recovery and regular programming

Concepts and Theories

What do we mean by MHPSS?

- **Mental health:** term mostly used by health actors when talking about preventing or treating mental disorders

- **Psychosocial:** term used by non- health actors to describe non biological interventions that maintain or improve individual and social well being.

- **Psychosocial wellbeing:** The positive state of being when an individual, family or community thrives. Influenced by the interplay of human capacity (psychological and physical) social ecology and culture and values. (IFRC 2009)

- The composite term **mental health and psychosocial support- MHPSS** is used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. (IASC Guidelines 2007)

What do we mean by Child development?

- **Child Development:** the process of change in which a child comes to master more and more complex levels of physical activity, thinking, feeling, communicating and interactions with people and objects. This is sometimes expressed as physical, cognitive, emotional and social development.

- Children at different stages of development will respond in different ways to humanitarian emergencies and require different interventions to support their wellbeing

Children's wellbeing and resilience are linked to their stage of development.

MHPSS interventions in emergencies must consider how best to reach children at each age and developmental stage

The Social Ecological Model views child development and wellbeing as contingent upon contextual factors (e.g. family, community, sociocultural and political influences and the services and structures that surround them)

The Social Ecological Model…

…Is **a way to visually represent and advocate for MHPSS interventions** that engage children, families and the larger care community to generate positive change for children and family
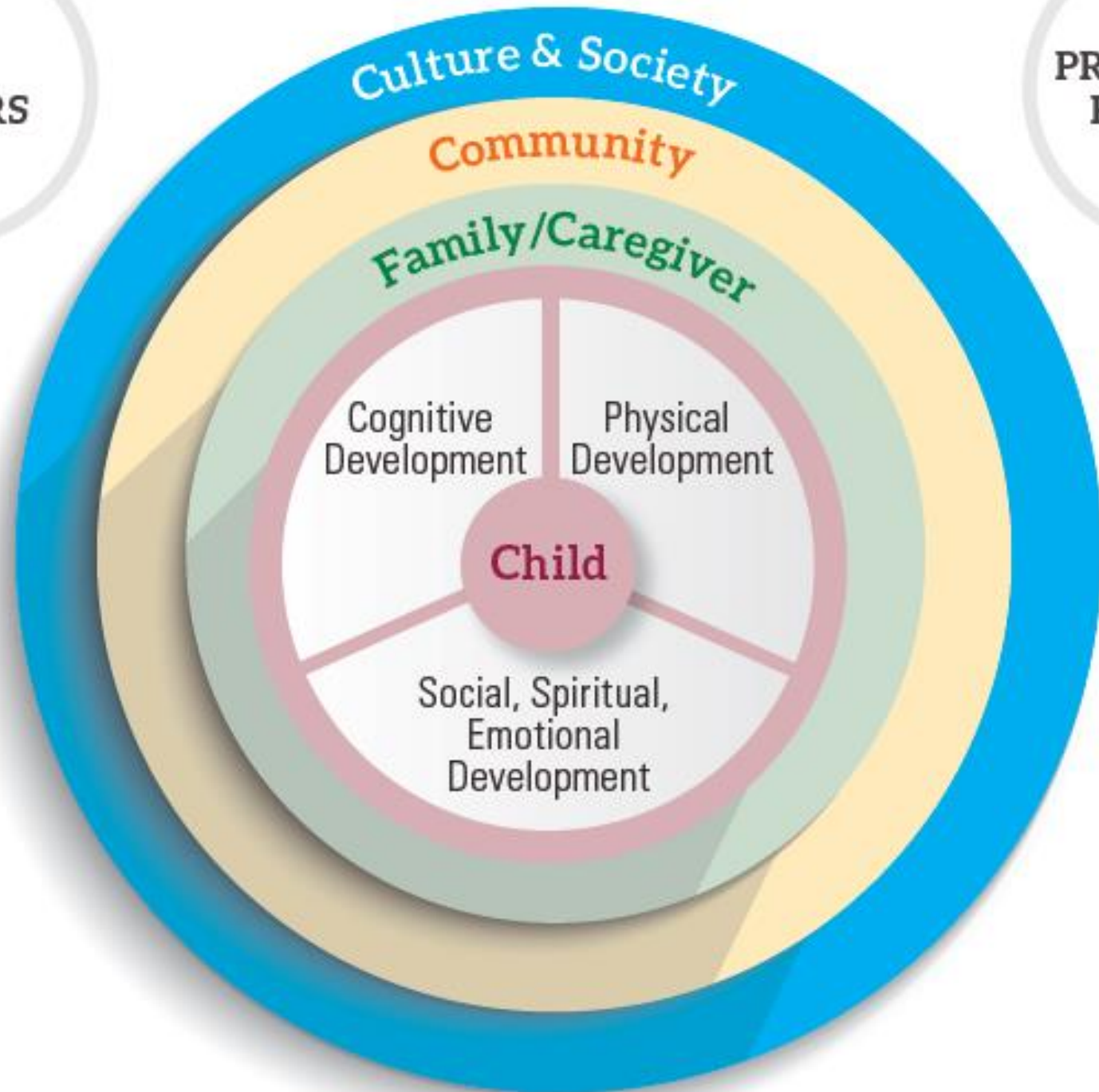
….views children as **active agents** in their ecosystems, in dealing with adversity and, in turn, influencing their families and communities

…demonstrates how **risk and protective factors** influence a child's wellbeing and development at all levels
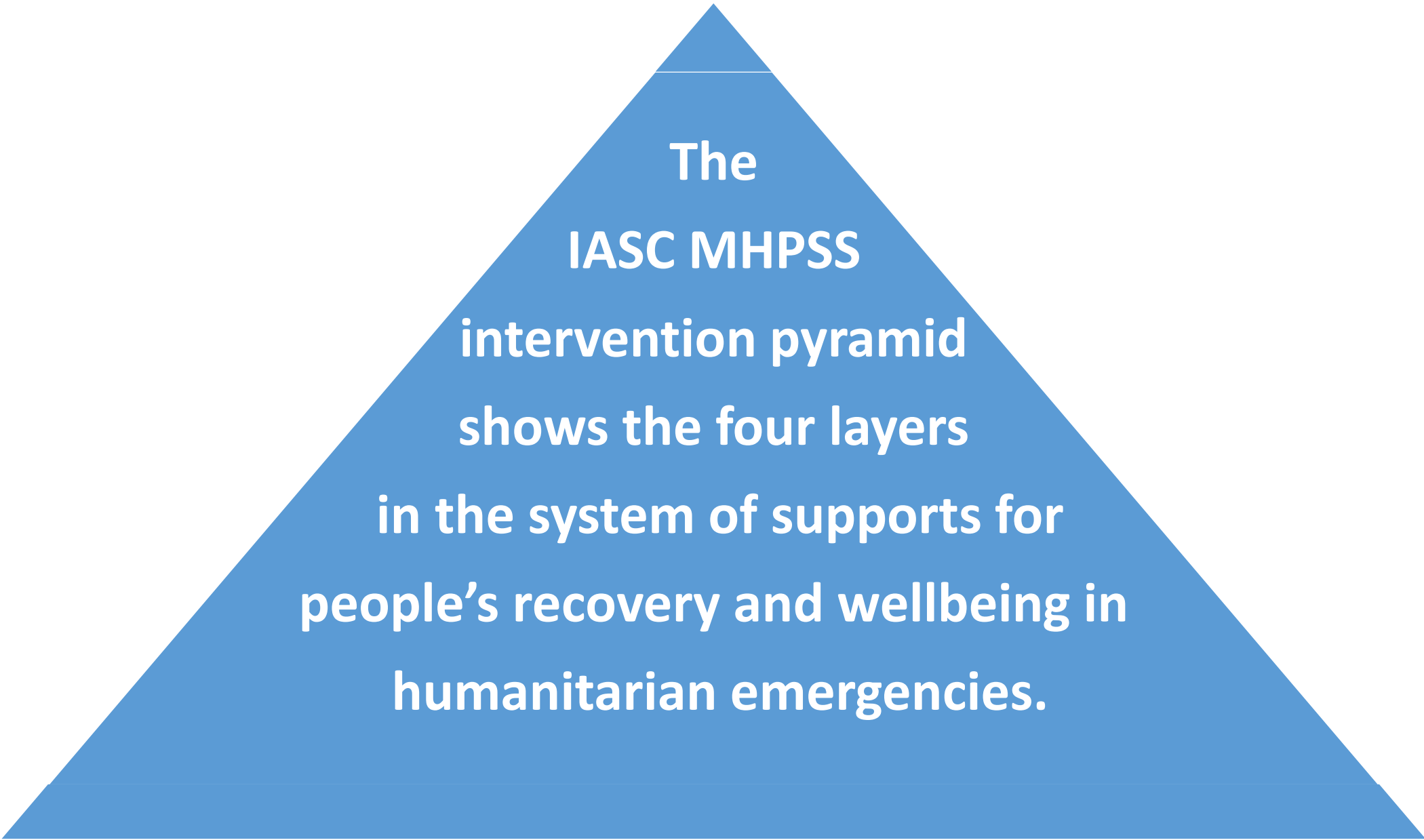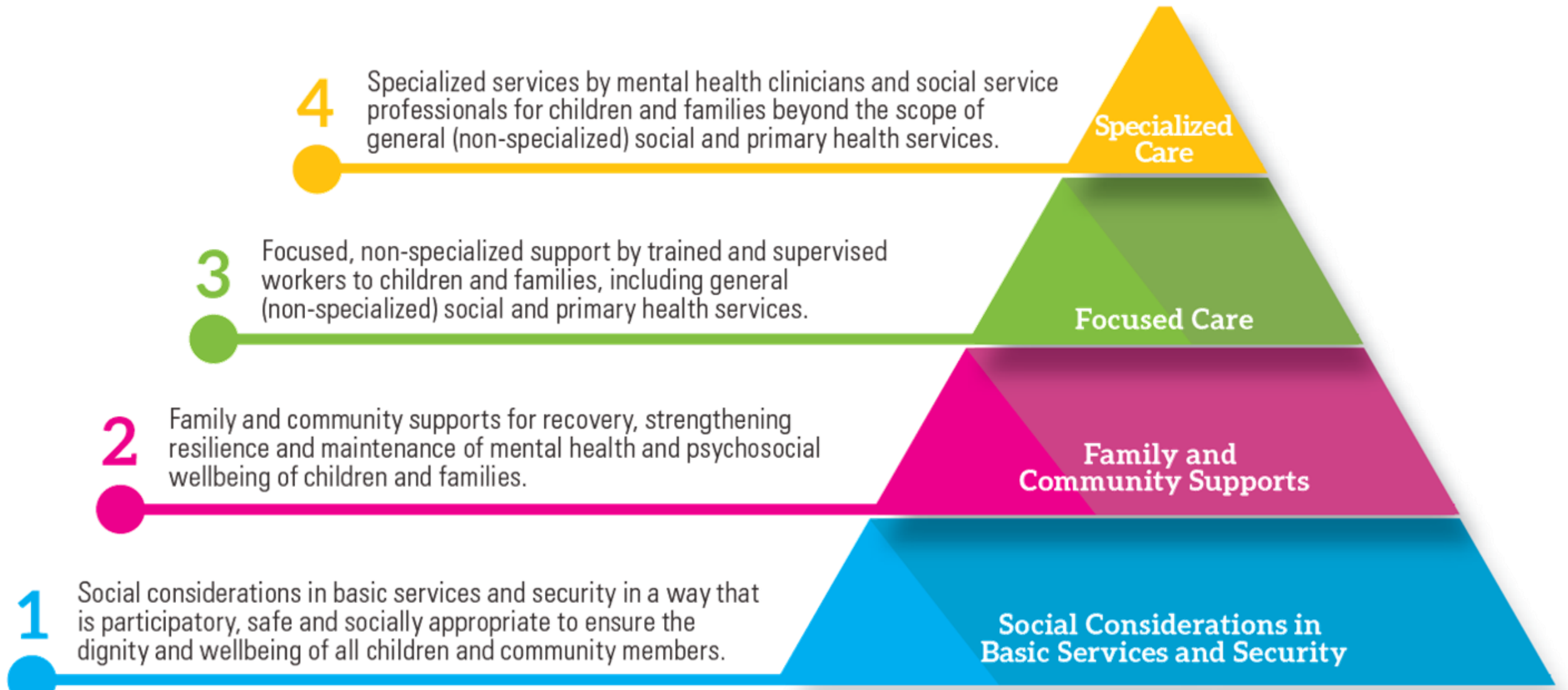
THE SOCIAL ECOLOGICAL MODEL

A Question For You

What is the IASC MHPSS Pyramid?

The
IASC MHPSS
intervention pyramid
shows the four layers
in the system of supports for
people's recovery and wellbeing in
humanitarian emergencies.

This is an adaptation of the IASC MHPSS intervention pyramid that continues to benefit from application in the field and further discussion among experts.
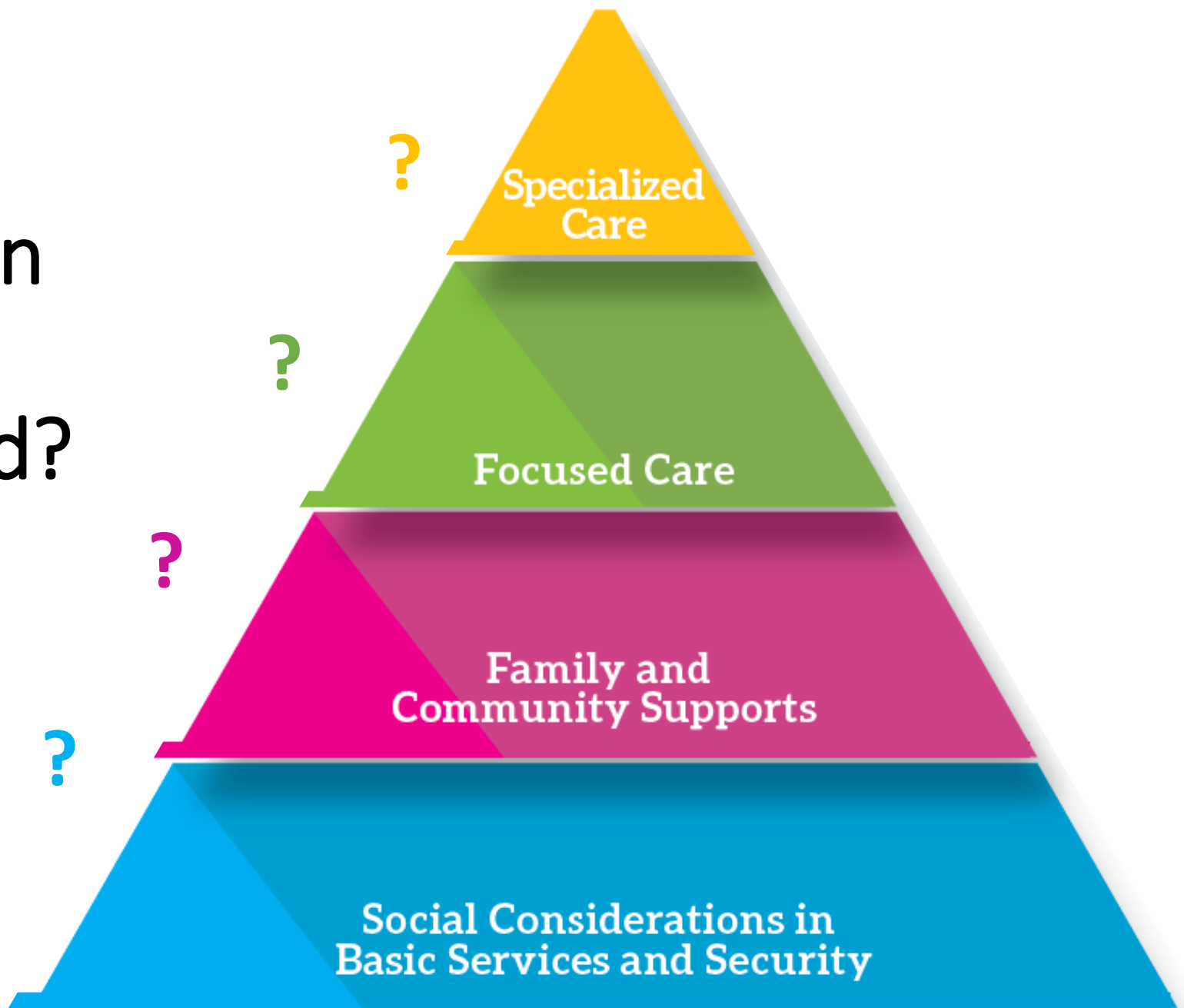
THE IASC MHPSS PYRAMID

4 Specialized services by mental health clinicians and social service professionals for children and families beyond the scope of general (non-specialized) social and primary health services.

Specialized Care

3 Focused, non-specialized support by trained and supervised workers to children and families, including general (non-specialized) social and primary health services.

Focused Care

2 Family and community supports for recovery, strengthening resilience and maintenance of mental health and psychosocial wellbeing of children and families.

Family and Community Supports

1 Social considerations in basic services and security in a way that is participatory, safe and socially appropriate to ensure the dignity and wellbeing of all children and community members.

Social Considerations in Basic Services and Security

A Question for You

What does it mean to have a community based mental health and psychosocial support (MHPSS) approach?

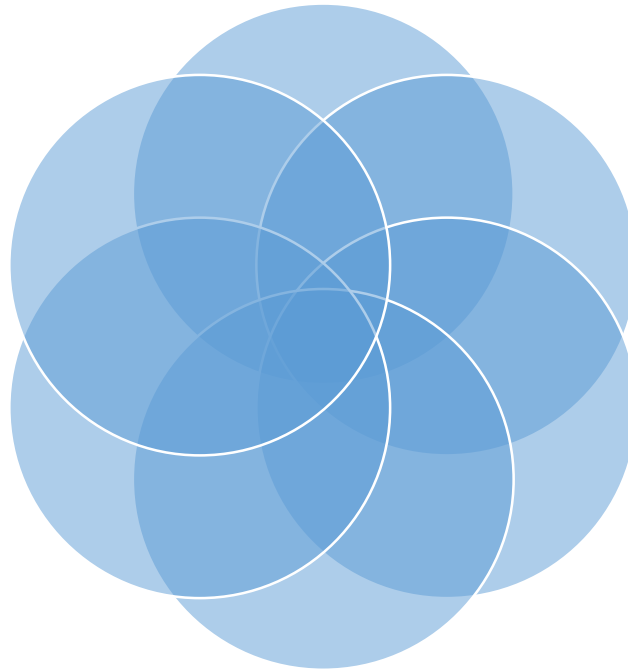# A community based MHPSS approach...

Strengthens natural supports and systems

Includes lay and professional services and psychological and social supports

Makes use of community knowledge and capacities

Addresses interventions at all layers of the

IASC MHPSS Pyramid

Must be carried out in line with the principle of 'do no harm'
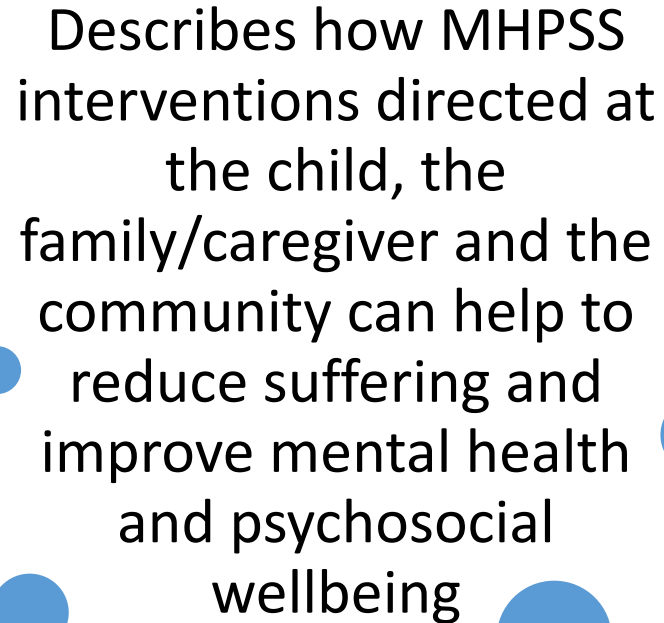
Engages the community in all phases of programming

What is the MHPSS Theory of Change?

The MHPSS theory of change…

Describes how MHPSS interventions directed at the child, the family/caregiver and the community can help to reduce suffering and improve mental health and psychosocial wellbeing

includes **strategic actions, causes** of problems affecting children's wellbeing and barriers to program implementation

Can be **adapted** and tailored to different contexts

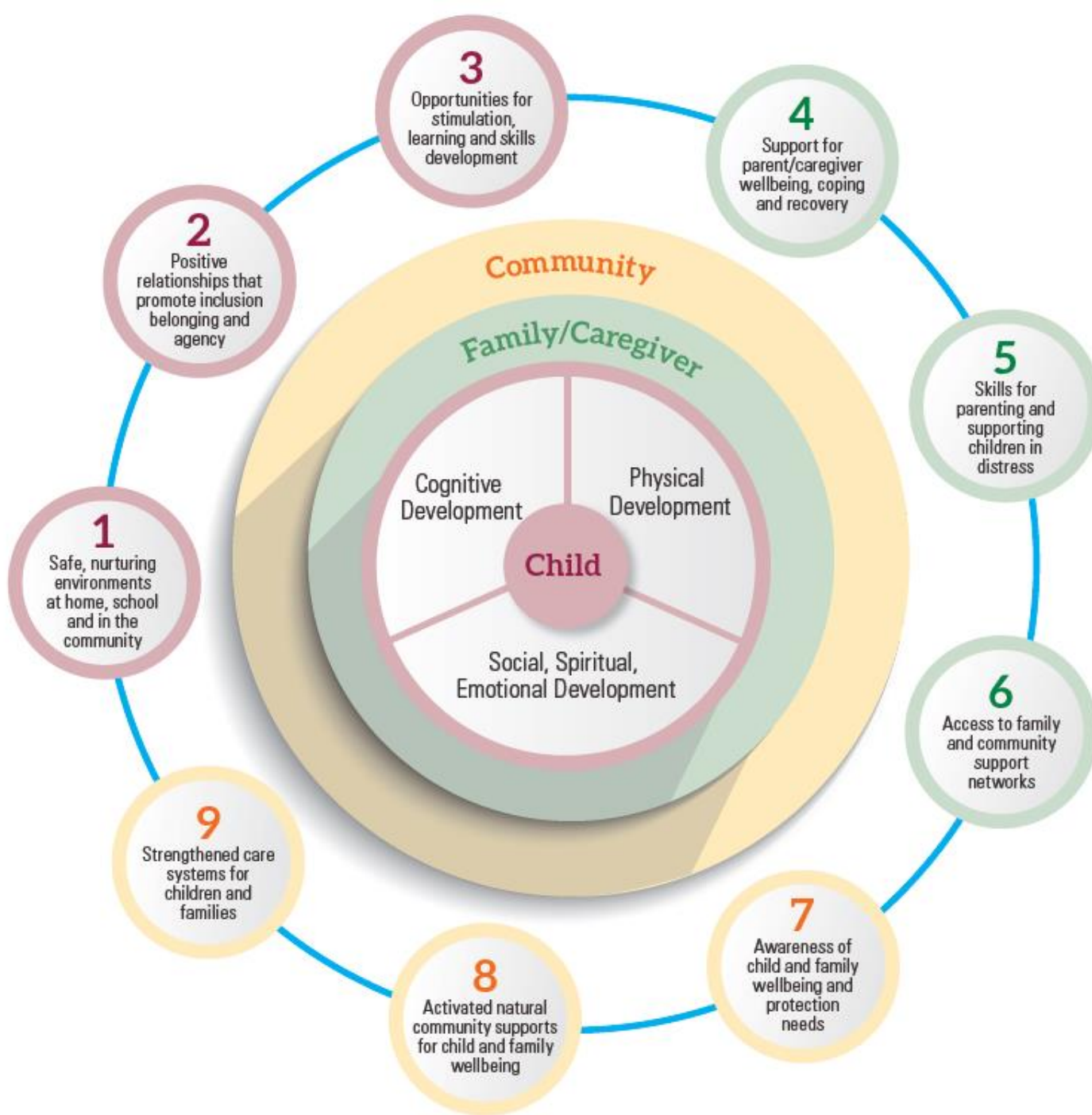# Within the MHPSS Theory of Change

MHPSS Interventions operate on 3 tiers:

- child
- family/caregiver
- community

MHPSS interventions can also be divided into **9 Circles of Support**

What are the 9 Circles of Support?

9 CIRCLES OF SUPPORT

OUTPUTS AND UNICEF INTERVENTIONS (9 CIRCLES OF SUPPORT)

Child	Family/Caregiver	Community
1 **SAFE, NURTURING ENVIRONMENTS** Safe spaces, safe and supportive school environments, support to vulnerable families and violence reduction	**4** **SUPPORTING CAREGIVER WELLBEING** Focused care for distressed caregivers, specialized MHPSS care for parents with MNS disorders, support in coping for parents and teachers	**7** **WELLBEING AND PROTECTION AWARENESS-RAISING** Stigma reduction campaigns for people with MNS disorders, CP messaging
2 **POSITIVE RELATIONSHIPS** Peer-to-peer groups for adolescents, cultural and expressive activities for children, mother-baby groups	**5** **POSITIVE PARENTING** Awareness-raising of distress reactions among children of different ages and developmental stages, promotion of positive parenting knowledge and skills, support for parents/caregivers in caring for children with MNS disorders	**8** **ACTIVATED NATURAL COMMUNITY SUPPORTS** Engagement, mobilization and support to community organizations (communication for development activities), support to community leaders in promoting child and family wellbeing
3 **STIMULATION, LEARNING, SKILLS DEVELOPMENT** ECD activities, building teacher capacities in SEL, vocational training for adolescents	**6** **FAMILY AND COMMUNITY SUPPORT NETWORKS** Caregiver/women's/men's support groups, facilitation for inclusion and participation of vulnerable families in communal activities	**9** **STRENGTHENED CARE SYSTEMS** Training of professional and lay staff in coordinated MHPSS care for children and families and development of functional referral systems for at-risk children and families

The MHPSS Theory of Change

GOAL
REDUCED SUFFERING AND IMPROVED MENTAL HEALTH AND PSYCHOSOCIAL WELLBEING OF CHILDREN AND FAMILIES.

OUTCOME
FAMILY AND COMMUNITY SUPPORTS AND SYSTEMS ARE RESTORED, STRENGTHENED AND MOBILIZED TO PROMOTE CHILD AND FAMILY WELLBEING BY:

1 Reducing and preventing harm

2 Strengthening resilience to recover from adversity

3 Improving the care conditions that enable children and families to survive and thrive.

Outputs and Interventions (9 circles)

PROBLEM

CAUSES

STRATEGIC ACTIONS

BARRIERS

✴ PROBLEM

Emergencies erode family and community structures and supports for children's mental health and psychosocial wellbeing and safety

☣ CAUSES

Changing emergency contexts have worsened the threat environment for children's wellbeing and development. They involve prolonged conflict, mass displacement, violence, exploitation, terrorism, poverty, disease outbreaks, intensifying natural disasters and climate change. Emergencies weaken or destroy community support structures and services for children's safety and wellbeing, halt access to education and hamper parents' capacity to provide safe environments and nurturing care. Ultimately, children's resilience and development suffer.

BARRIERS

Lack of coordinated MHPSS systems, stigma/discrimination of children/caregivers with MNS disorders/disabilities, lack of financial/human resources, lack of technical expertise, lack of shared community

STRATEGIC ACTIONS ARE FACILITATED BY:

1 **Community mobilization:** Identifying, activating and strengthening local capacity; meaningful and inclusive engagement of child and family wellbeing stakeholders.

2 **MHPSS system strengthening:** Strengthening supports within existing structures, including functional referral systems and capacity among professional and lay providers in quality MHPSS care.

3 **Integrating MHPSS across sectors:** Mainstreaming IASC MHPSS guidelines across protection, health and nutrition, education, WASH and shelter systems.

- **PROBLEM:** teenage children have missed out on education and have no skills, which contributes to their low self esteem and mental distress
- **CAUSES:** Destruction and closure of schools, flight of teaching staff, children taking on adult responsibilities, forced recruitment
- **BARRIERS:** Lack of safe spaces for training, lack of staff, Lack of resources.
- **STRATEGIES:** Work across sectors, particularly education and protection to create joint vocational training programmes. Mobilise community to identify mentor figures to provide vocational training

Community Engagement is…

a process in partnership with community members as they assess their situation, consider priorities to help children and families and develop solutions based on their needs and resources.

Why Engage Communities?

To ensure programmes:

Are relevant to local realities, cultural values and understandings.

Strengthen capacities of child care systems for broad impact.

Make the best use of local resources.

Effectively identify children and families who are vulnerable or have special needs, and actively promote their inclusion in interventions and relief efforts.

Strengthen the natural supports in families and communities to care for children.

A Question for You

In your own work, **what challenges have you faced around fostering community engagement?**

How have you overcome those challenges**?**

Engaging communities begins with recognizing and acknowledging their resilience, capacities, skills and resources for self-care and self-protection. It involves:

Working with the community and its leaders.

Understanding the community's dynamics and structures.

Building on community capacities and strengths

Working in partnership to plan, implement and monitor interventions

Six steps of engagement and participation

Learn about the context.	Identify and meet community stakeholders.	Conduct an inclusive, participatory assessment of needs and resources.
Facilitate inclusive, participatory planning of solutions and interventions.	Support programme implementation by community actors.	Monitor and evaluate interventions together.

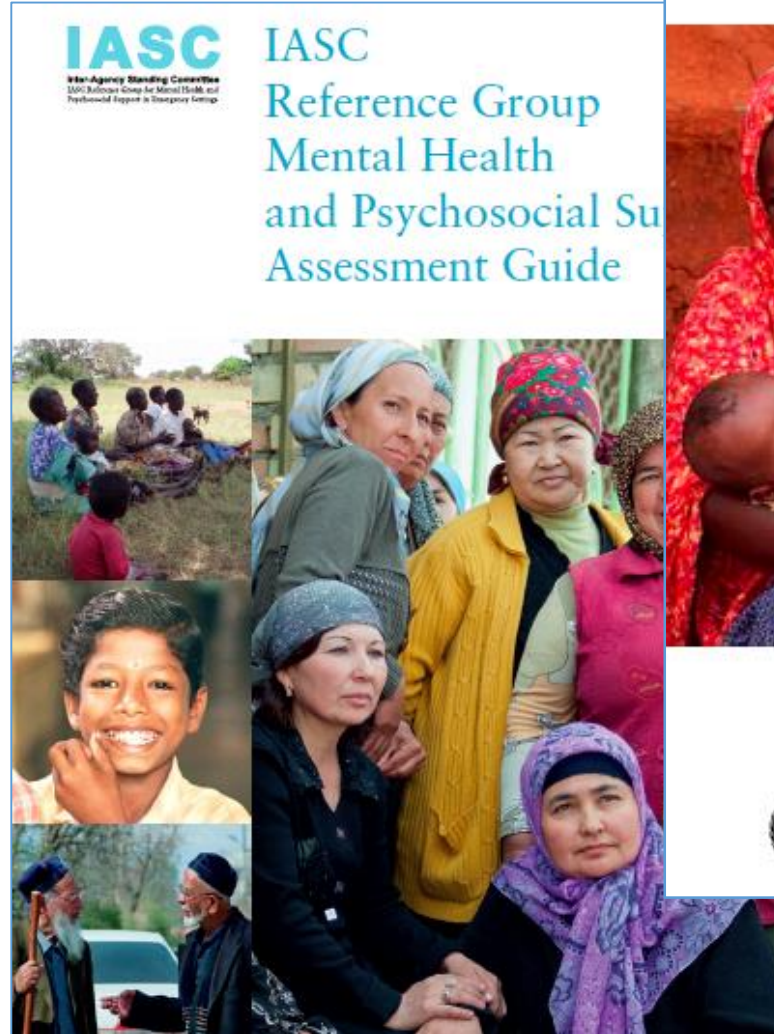## Tips for meeting and engaging community stakeholders

- Understand community practices and traditions prior to entering communities in order to appropriately engage different groups and members.

- Work with and through community leaders (formal and informal). Inform them of plans for assessment and programme planning and seek their counsel. Community leaders can be instrumental in guiding and supporting entry into communities, and in promoting inclusion and participation of various stakeholders, including women and children.

- Identify an existing committee or community group/organization through which to access the community and share information.

- Explain who you are, why you are there, and what you can and cannot do (manage expectations).

- Focus on listening and use opportunities for informal meetings in various locations.

- Arrange meetings for mutually convenient times and check to be sure meetings accommodate the schedules of children and parents/caregivers.

- Work with leaders on outreach strategies to ensure messages reach everyone, not just a select few.

- Deliver messages in simple, culturally sensitive language that everyone can understand.

- Identify and engage diverse stakeholders, including children of all ages, and children and caregivers with MNS disorders, distress or disabilities.

- Be consistent, respectful and transparent in all dealings. Follow up on any actions in a timely way.

Source: Adapted from 'A community based approach in UNHCR operations', UNHCR, 2008, p. 44.

MHPSS Needs Assessments

Two useful resources:

- *2012 WHO-UNHCR Toolkit*

- *2013 IASC Assessment Guidelines*

A Question for You

In your own work, what has been the importance of M&E?

Can you think of a time when you were part of a project that lacked M&E? What happened?

Monitoring and Evaluation is important for...

01

tracking progress towards programme goals

02

making necessary programme adjustments

03

demonstrating programme outcomes

UNICEF-supported evaluations should adhere to ethical standards for child protection evaluations

Humanitarian evaluations should be participatory and promote the active involvement of communities.

Evaluation activities must avoid exacerbating existing mental health and psychosocial distress among affected populations or putting communities at risk.

From theories to practice

More Questions for You

Consider the impact of the Pandemic in your community, including lockdown strategies, school closures, physical distancing

1. *How has the pandemic affected the community?*
2. *How has it affected families?*
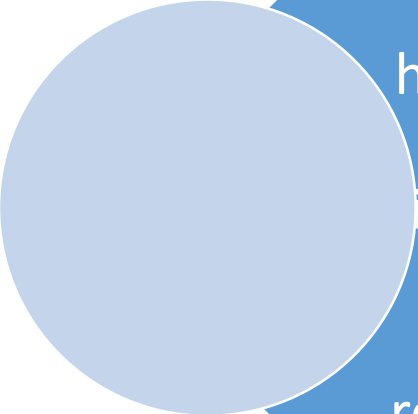3. *How has it directly affected children?*

Risks identified in Albania and other European countries

- Community resources closed unavailable
- Education and social spaces unavailable
- Physical recreation more limited
- Children's online use increased, SAFETY decreased.
- Child protection risks at home increased
  - At home with parents unable to care because of illness
  - Abandonment, abuse, neglect
  - Stigmatised
  - Disability limiting access to services
  - Street children, unaccompanied children, migrants and asylum seekers
- Stress reactions in young children and adolescents increased (mood problems, self harm, alcohol and substance abuse)
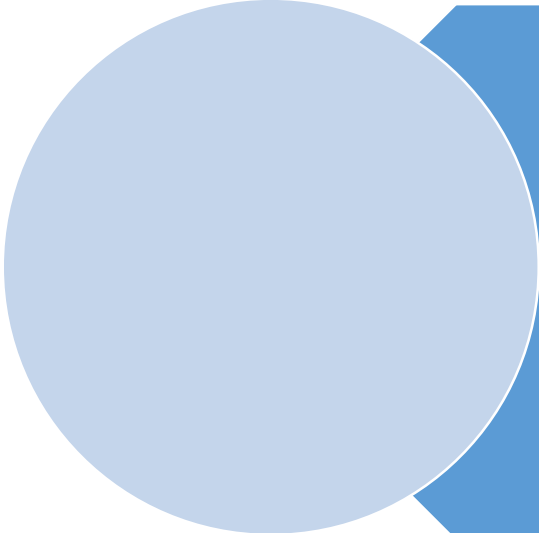
What interventions can you think of that might address any of the above problems?
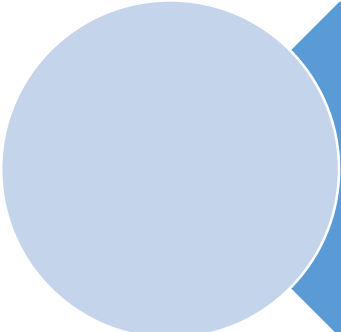
Possible interventions:

Infant stimulation, online, home visit or group support to encourage parent child interaction to enhance the development of the infant and increase parent child responsiveness and bonding

Peer to peer support groups for adolescents including knowledge exchange. Topics: online safety, stress reduction, alcohol and substance abuse

Positive Parenting training for parents of school aged children (online or groups)

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Infant Needs in Albania

- *Only 37 % of children are exclusively breastfeed until the 6th month of life.*

- *In Albania, 11% of children under 5 years are stunted and 16% are overweight. In addition, only 29% of children between six months and 2 years are fed a diet that is diverse and has the required feeding frequency for the age of the child*

- *Parenting programmes are also in focus: to highlight the importance of nurturing and stimulating home environments for the development and learning of boys and girls alike; to promote demand for early childhood development and social protection services; and, to encourage cooperation with local authorities and civil society in mobilizing resources.*
- Source: UNICEF Albania

Key arguments for integrating stimulation with nutrition programmes

- Child growth and brain development depend on good nutrition AND stimulation and caretaker emotional responsiveness
- The brain is most responsive in the first three years of life. This is when it grows and develops fastest
- There is strong evidence that combined programmes improve growth and developmental outcomes in short and long term
- Early child development activities improve maternal mood if conducted using groups and home visits
- Regular mother and baby groups to do ECD activities build resilience and increase networks of social support. They provide a non-stigmatizing way of supporting vulnerable women and children exposed to violence
- Combined programmes are fun to do!

Home visits: using Care for Development Leaflet

RECOMMENDATIONS FOR CARING FOR YOUR CHILD'S DEVELOPMENT

Newborn, birth up to 1 week

Your baby learns from birth.

- *Play:* Provide ways for your baby to see, hear, move arms and legs freely, and touch you. Gently soothe, stroke, and hold your child. Skin to skin is good.

- *Communicate:* Look into baby's eyes, and talk to your baby. When you are breastfeeding is a good time. Even a newborn baby sees your face and hears your voice.

1 week up to 6 months

- *Play:* Provide ways for your child to see, hear, feel, move freely, and touch you. Slowly move colourful things for your child to see and reach for. Sample toys: shaker rattle, ring on a string.

- *Communicate:* Smile and laugh with your child. Talk to your child. Get a conversation going by copying your child's sounds or gestures.

6 months up to 9 months

- *Play:* Give your child clean, safe household things to handle, bang, and drop. Sample toys: containers with lids, metal pot and spoon.

- *Communicate:* Respond to your child's sounds and interests. Call the child's name, and see your child respond.

9 months up to 12 months

- *Play:* Hide a child's favourite toy under a cloth or box. See if the child can find it. Play peek-a-boo.

- *Communicate:* Tell your child the names of things and people. Show your child how to say things with hands, like "bye bye". Sample toy: doll with face.

12 months up to 2 years

- *Play:* Give your child things to stack up, and to put into containers and take out. Sample toys: Nesting and stacking objects, container and clothes clips.

- *Communicate:* Ask your child simple questions. Respond to your child's attempts to talk. Show and talk about nature, pictures, and things.

2 years and older

- *Play:* Help your child count, name, and compare things. Make simple toys for your child. Sample toys: Objects of different colours and shapes to sort, stick or chalk board, puzzle.

- *Communicate:* Encourage your child to talk and answer your child's questions. Teach your child stories, songs, and games. Talk about pictures or books. Sample toy: book with pictures.

Give your child affection and show your love.
Be aware of your child's interests and respond to them.
Praise your child for trying to learn new skills.

Parent and baby groups: where could these be organized to integrate into the community?

- Parent to parent transmission of knowledge
- Caregivers start small groups with neighbours
- Compliment 'Home visits' to caregiver location
- Possibilities include nutrition programmes, mother and baby clinics, vaccination programmes

What are the main problems facing teenagers in Albania today?

Problems facing adolescents in Albania today

- Drop out and exclusion from school

- On line safety

- Trafficking

- Alcohol and substance abuse

Pandemic conditions increase vulnerability to all

Possibilities for interventions

- Peer to peer support
- Adolescents supported in informing and educating each other on different topics, such as:
  - staying safe on line
  - Stress reduction
  - Avoiding harm from alcohol and substance abuse

Necessary steps

- Poll adolescents on idea
- Choose most popular topic
- Provide online training for mentors
- Fund/provide necessary digital communications
- Help establish networks
- Supervision, ongoing training and support
- Digital can compliment real life groups and support

Benefits of adolescent peer to peer support

- Increases social support and integration
- Increased skills and knowledge
- Increased self esteem
- Digital
- Increases likelihood of seeking further education

FIELD TEST VERSION

OPERATIONAL GUIDELINES

COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN HUMANITARIAN SETTINGS:

Three-tiered support for children and families

COMPENDIUM OF RESOURCES

A SUPPORTING DOCUMENT TO UNICEF'S OPERATIONAL GUIDANCE:
COMMUNITY BASED CHILD PROTECTION

Zeinab Hijazi, Mental Health, Psychosocial and Protection Consultant

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT
Inter-Agency Standing Committee Guidelines on Mental Health and *Psychosocial Support in Emergency Settings*

EDUCATION
INEE Minimum Standards for Education: Preparedness, Response, Recovery Handbook

HIV/AIDS
Guidelines for Addressing HIV in Humanitarian Settings

OVERALL POLICY
Core Commitments for Children in Humanitarian Action
UNICEF, 2010
UNICEF's central policy for upholding the rights of children affected by humanitarian crisis. The CCCs promote predictable, effective and timely humanitarian action through partnership between governments, humanitarian organizations and others.

CHILD PROTECTION
Minimum Standards for Child Protection in Humanitarian Action

GENDER-BASED VIOLENCE
- *Guidelines for Gender-Based Violence Interventions in Humanitarian Settings: Focusing on prevention of and response to sexual violence*
- *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service*
- *Conflict Sensitive Education Pack*

CHILDREN WITH DISABILITIES
Children with Disabilities: Ending discrimination and promoting participation, development and inclusion

Thank you