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The UN Refugee Agency

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STRENGTHENING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN UNHCR

ANNUAL REPORT 2022

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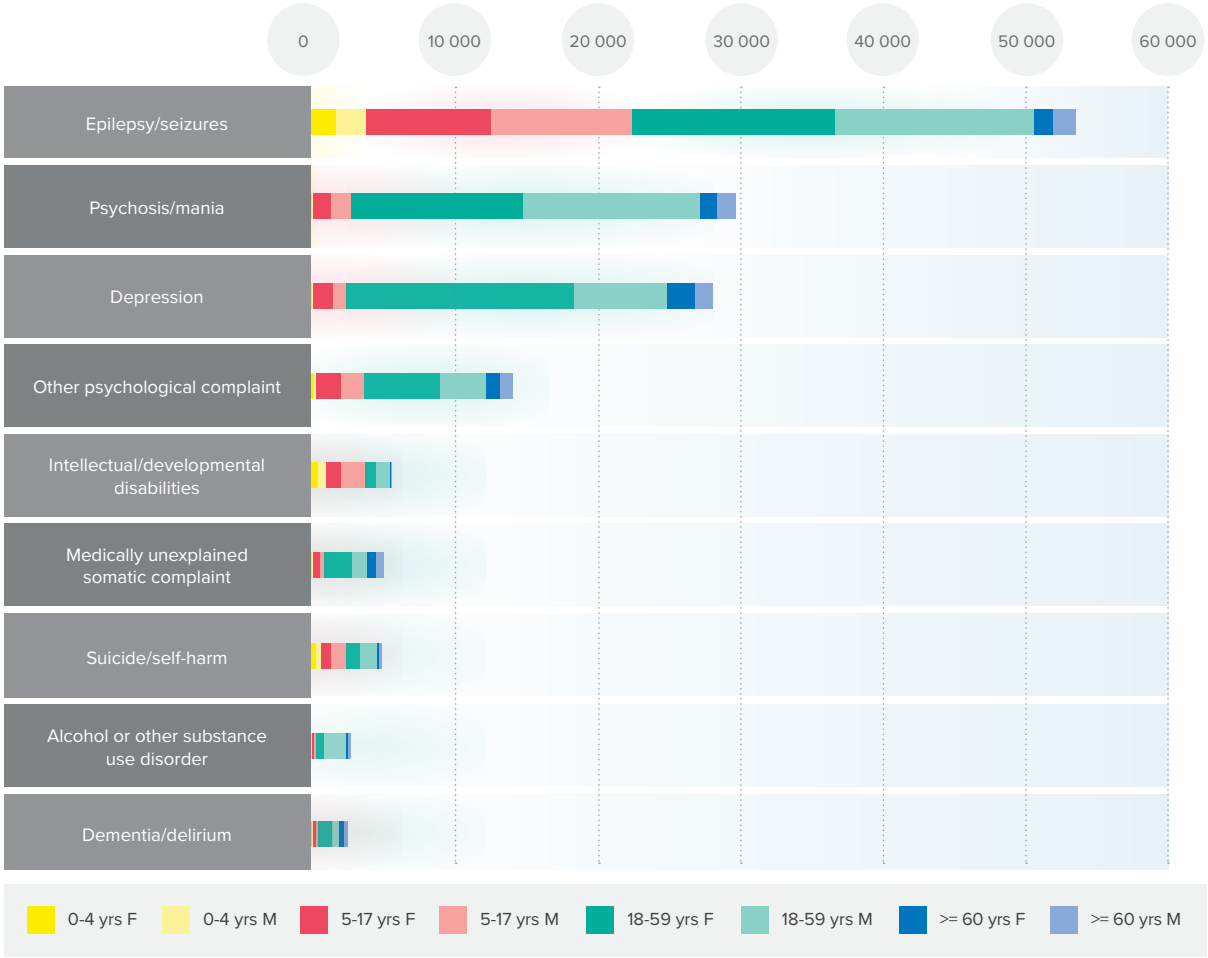
Mental health and psychosocial wellbeing are integral part to UNHCR's approach to protection, public health and education. This reports outlines some of the major achievements in 2022.

1.

MHPSS IN HEALTH

Health facilities in 21 countries, using the UNHCR integrated refugee health information system (iRHIS), reported a total of 146,166 consultations for mental, neurological and substance use conditions, which amounts to 1.8% of the total number of consultations. Three quarters of the consultations (76%) were related to just three conditions: epilepsy, psychosis and depression (see figure 1). Consultations for some of these conditions (such as epilepsy and psychosis) are gender-balanced with equal percentage of women and men seeking care, while others show marked gender differences with consultation for depression predominantly among women, while for substance use most consultations were for men.

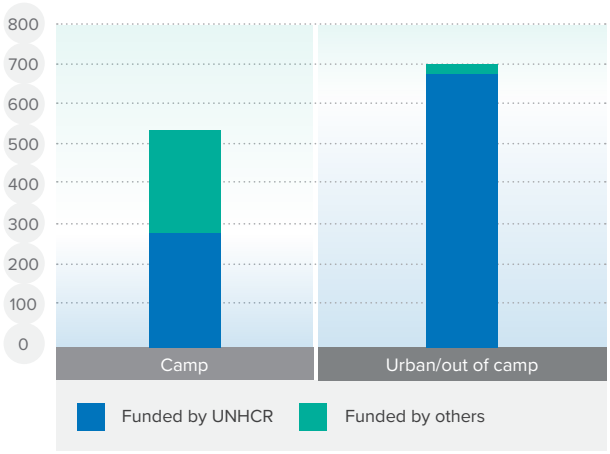
Figure 1:
Refugee consultations for mental, neurlogogical & substance use conditions in health centres



a. Mental Health Training for Doctors and Nurses

The major tool to assist clinical health personnel in identifying and managing priority mental health conditions is the WHO mental health Gap Action Programme (mhGAP). In 2015, UNHCR and WHO jointly published a humanitarian version that forms the basis of our work in refugee settings. As shown in figure 2, in 2022 a total of 1,249 health staff working in refugee settings were trained with this method, of whom 77% were funded through UNHCR. In addition, 1,596 refugee community health workers participated in workshops for Psychological First Aid or Basic Psychosocial Helping Skills.

Figure 2:
Health Workers Trained with mhGAP in 2022



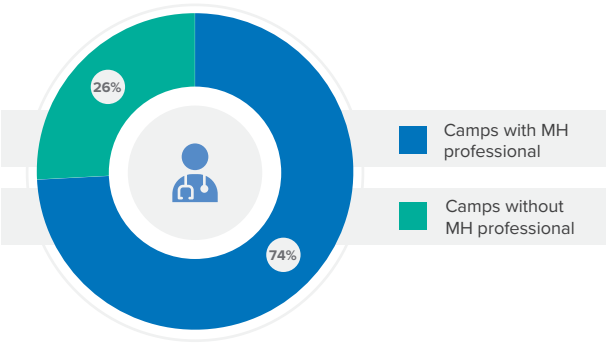
Spotlight: Mental health capacity building in health facilities in refugee hosting areas in the Democratic Republic of Congo

Mental health services in the Democratic Republic of Congo are extremely scarce including in areas hosting the more than half a million refugees who reside in the country. UNHCR partnered with the mental health unit in the Ministry of Health to strengthen MHPSS capacity in the health facilities in districts hosting significant numbers of refugees. In 2021-22, three mhGAP workshops were held for 89 staff (including provincial supervisors, doctors and nurses) in North-Ubangi, North -Kivu and South-Kivu as well as improvement of the mental health drug supply chain and training of 150 community health workers. Because people with mental, neurological and substance (MNS) use conditions can now be identified in primary health care facilities, the number of mental health referrals to secondary care dropped with 90%. Currently, 1,242 people with MNS conditions are being followed up and 1313 home visits were done in 2022.

b. Specialist Mental Health Care in Refugee Settlements

UNHCR aims to ensure that refugees have access to mental health professionals in UNHCR supported health services in refugee camps. Out of the 72 refugee camps hosting more than 25,000 refugees, 53 (74%) had a mental health professional (psychiatric nurse, psychiatrist or clinical psychologist) available.

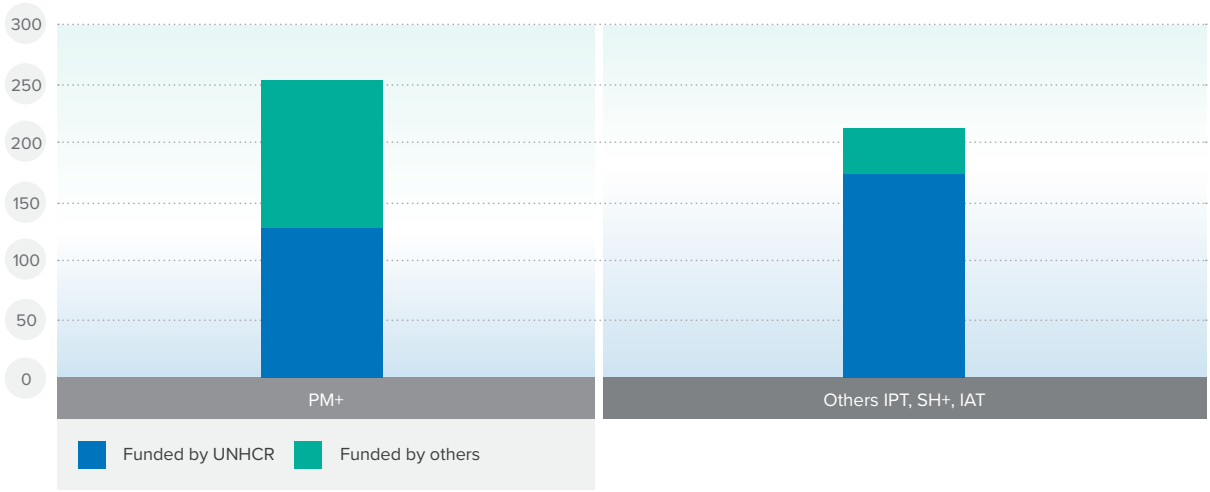
Figure 3:
Availability of Mental Health Professional in Refugee Camps > 25,000 People



b. Scalable Psychological Interventions

In the last years, UNHCR encourages the use of brief evidence-based psychological treatments, including those that can be delivered by trained non-specialists. In 2022, 488 people in refugee settings were thus trained, mostly (52%) in Problem Management Plus (PM+), and the others on Self-Help Plus (SH+), Interpersonal Therapy for Depression (IPT) or Integrative Adapt Therapy (IAT) (figure 4).

Figure 4:
People Trained in Scalable Psychological Interventions in Refugee Settings (2022)



2. MHPSS IN PROTECTION

Integrating MHPSS into UNHCR's protection work is essential to improve protection outcomes.

a. Gender-based Violence

GBV services include MHPSS, in line with the survivor-centred approach, focussing on the wellbeing, empowerment, and recovery of survivors. Multi-sectoral response services, quality case management and effective referral pathways for safe access of GBV survivors to context appropriate MHPSS services (adapted to their ages and needs) are in place. By mid-year 2022, 69% of countries (87 out of 127 of countries reporting) had GBV services available for survivors and persons at-risk of GBV.[1] GBV specialists were deployed to 14 emergencies including to Poland, Moldova, Ethiopia, Iran and Pakistan through the Safe from the Start emergency deployment scheme. They supported the establishment of GBV prevention, risk mitigation and response interventions from the onset. As a result, in 2022, access to quality GBV services was enhanced for over a million forcibly displaced persons. In 2022, the *GBV Minimum Standards @ UNHCR* global course directed to UNHCR workforce with GBV roles and responsibilities reported a strong increase in knowledge on psychosocial support (for more than 70 enrolled participants).

[1] For a country to be indicate yes, the country would have to have lifesaving (psychosocial services and health) GBV services available in at least 90% or more of the locations where UNHCR implements GBV programming. These services can be provided by any actor not just UNHCR and implementing partners.

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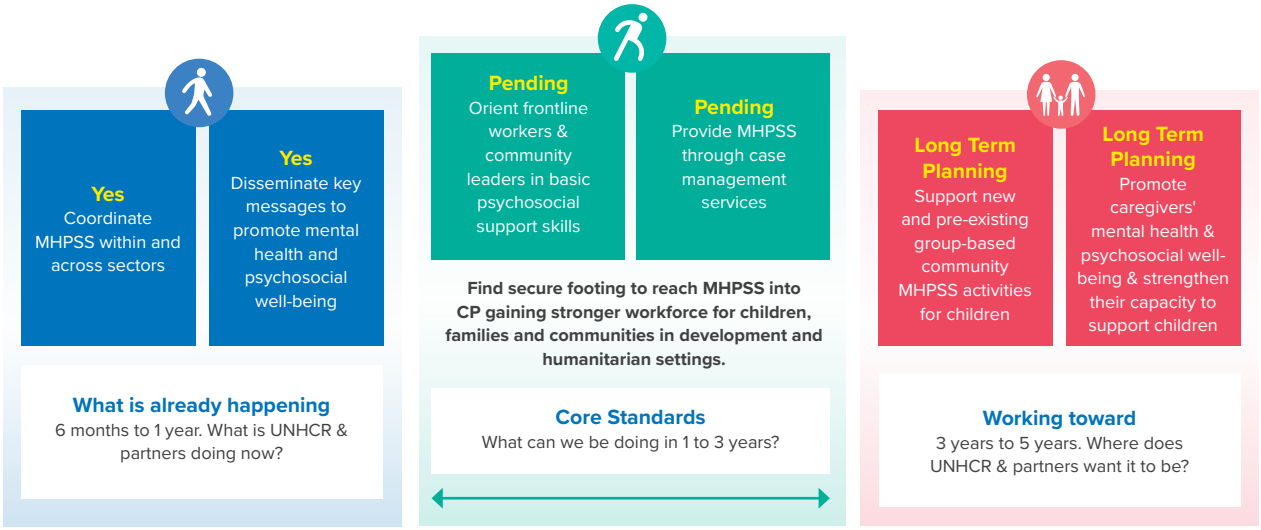
Spotlight: Training on MHPSS and GBV in Slovakia

In Slovakia, a GBV specialist deployed through the Safe from the Start emergency deployment scheme reinforced MHPSS services by developing the capacity of local partners on GBV Minimum Standards and Guiding Principles. Ukrainian mental health providers from different regions in Slovakia benefitted from a training tailored to their specific needs as providers of MHPSS services to Ukrainian refugees via hotline and in-person counselling. The training covered the application of a survivor-centred and trauma-informed approach to respond to calls related to GBV, make relevant referrals, and ensure safeguards to mitigate risks related to remote service provision when working with GBV survivors. The training resulted in improved relationships with MHPSS partners and more consistent and effective collaboration with GBV colleagues at the country level to ensure continued capacity building and technical support.

b. Child Protection

UNHCR continues to strengthen the MHPSS elements in child protection work. A major tool to realize this is the Minimum Service Package for MHPSS. The UNHCR Bridge of Core MHPSS Actions (See figure 4) represents UNHCR's process for integrating MHPSS into child protection programming in the next five years. On the left side are actions that are already commonly being undertaken. The activities in the middle are already being done in some settings, and UNHCR strives to implement them in all settings, while the activities at the right will take more time (3-5 years) to be systematically integrated into UNHCR programming.

Figure 4:
UNHCR approach to integrate MHPSS into child protection - Adapted from Minimum Service Package (MSP)



c. Community-based Protection (CBP)

The goals of CBP are strongly related to MHPSS, particularly when it comes to strengthening family and community support. Most communities already employ protection measures to support their wellbeing and to support vulnerable members, but certain coping strategies may harm or disadvantage the wellbeing of some. To encourage CBP staff to engage with MHPSS, the CBP learning programmes integrate MHPSS in the curriculum. Many partners already integrate MHPSS in the work of community outreach volunteers, including in urban settings in Egypt, Lebanon, Syria, and Iraq.

Spotlight: Community-Based Sociotherapy in Uganda

In Uganda, UNHCR and its local partner TPO Uganda introduced community-based sociotherapy that aims to restore and strengthen feelings of safety, trust, dignity and social cohesion in communities affected by conflicts, disaster and displacement. Groups of 10-15 persons, participate in weekly group sessions for a period of 15 weeks facilitated by two trained facilitators who themselves are refugees. During the sessions, the group is guided through various phases related to: safety, trust, care, respect, engagement in rule-making and processing emotional memories. In three refugee settlements (Nakivale, Rhino and Imvepi), 52 refugee facilitators were trained in 2022 and subsequently had group sessions with 710 refugees (72% women) in need of psychosocial support.

See below a testimony of a Congolese refugee who participated in the 15-session group community-based sociotherapy in Nakivale refugee settlement in Uganda:

- 66-year-old Paul;[2] "*Nine years ago I became a refugee. In the settlement where I live, people call me a useless father because I could not look after myself and family, they saw me as a drunkard. I always felt I did not fit in. It made me hopeless and isolated. I felt worthless and did not see I had a future. In the sociotherapy groups I learnt a lot and was touched by the different experiences shared and how people struggled. This opened my eyes and I changed. I feel I am now a better person in my community.*"

[2] Not his real name. Testimony provided through Grace Obalim, MHPSS Advisor with TPO Uganda.

3.

EDUCATION

UNHCR's education strategy 2030 explicitly expresses the ambition to provide conditions for children in school that foster social and emotional learning (SEL) which are social, emotional and related "non-academic" skills, attitudes, behaviours and values that help a person direct their thoughts, feelings and actions in ways that enable them to be successful in school, work and life, allowing them to concentrate, learn and develop healthy relationships. The UNHCR-commissioned Cambridge Education on learning outcomes for refugees review found 33 studies that assessed social emotional learning (SEL or other measures of psycho-social well-being in refugee education. However, there was a wide spread of tools to measure SEL skills, highlighting the range of constructs of interest, as well as the diversity of settings and the need for contextually relevant tools.

4.

MHPSS AS A MULTI-SECTORAL APPROACH

UNHCR strives for all sectors to use an MHPSS approach: providing assistance in ways that support the mental health and psychosocial well-being of the people we serve.

a. Coordination

Effective MHPSS service delivery requires close coordination between various actors in different sectors. In addition to the MHPSS coordination through the working groups for public health, education and protection working groups, there are 20 active technical working groups on MHPSS to enhance cross sectoral collaboration.

Spotlight: Setting up MHPSS coordination in Sudan

In Sudan, UNHCR and WHO joined forces to establish a national Technical Working Group for MHPSS, the first time this happened in Sudan. Meeting once a month, this group works on creating synergies to enhance the MHPSS response across sectors (health and protection).

The meetings were attended by the Ministry of Public Health, different UN agencies, INGOs and local actors. The meeting fosters multi-sectoral collaboration around MHPSS, which has resulted in joint activities among staff in health, GBV and education.

b. MHPSS in Settlement, Shelter and WASH Programming

Shelter & Settlements, WASH and MHPSS organized a learning event and Working Together report, how improved intersectoral collaboration will benefit well-being and health for people living through crises.

Spotlight: MHPSS and peacebuilding for South Sudanese refugees

As part of the efforts to strengthen social cohesion and foster peacebuilding, UNHCR engaged the NGO Health Right International to provide training in a tool called Self Help Plus to 129 Peace building mentor trainers from West Nile. These mentor trainers identify and respond to issues arising from psychological distress resulting from stress or underlying common mental health conditions.

c. Executive Committee of the High Commissioner's Programme (ExCom) Conclusion

In October, UNHCR's ExCom adopted a conclusion acknowledging the mental fortitude of displaced people, urging increased availability of mental health and psychosocial support services to refugees and other displaced and stateless people, including access to national health and social services. Member states strongly endorse UNHCR's approach to integrate MHPSS throughout its sectoral responses.

d. MHPSS in Emergency Responses

Mental health and psychosocial support needs are particularly high during emergencies when many affected people are distressed. This requires attention for MHPSS from the onset an emergency. UNHCR partnered in an interagency development of the Mental Health and Psychosocial Support Minimum Service Package (MSP), that will facilitate planning, coordinating implementing and evaluating humanitarian activities within health, protection, education and other sectors. Using the MSP will lead to better-coordinated, more predictable, and more equitable responses that make effective use of limited resources and thus improve the scale and quality of programming. The tool was endorsed by the Inter-Agency Standing Committee in December 2022. In 2023, UNHCR will support the introduction of the MSP within various operations.

Spotlight: MHPSS in the emergency response for Ukrainian refugees

In the Ukraine refugee situation, MHPSS emerged as an early priority in the response and was quickly and effectively integrated across multiple sectors, including health, protection, livelihoods, and education. Central to this was the rapid deployment of technical specialists by WHO, UNHCR and others and the subsequent introduction and establishment of MHPSS technical working groups in the region. These groups completed service mappings, created comprehensive contact lists of service providers and developed and translated information, education and communication materials which were shared across the region. Through coordination, advocacy and direct services provided by governments and members of the TWGs, over 327,000 clinical mental health and psychosocial support counselling were provided to Ukrainian refugees across the region. Additionally, through partners in protection, health, GBV, child protection, livelihoods, and education, hundreds of thousands of individuals received community-based MHPSS services such as psychological first aid at Blue Dots, parenting groups for caregivers, informal support groups for older adults, psychosocial recreational and arts-based groups for children and other community-based individual and group supports.

g. Operational Research

The evidence-base around MHPSS interventions has significantly increased over the last decade. UNHCR has engaged in various research projects that aimed to learn about the effectiveness of brief psychological interventions in refugee contexts including in Bangladesh, Rwanda, Uganda, Tanzania and in eight countries hosting Syrian refugees through the European Commission-funded STRENGTHS project. In Bangladesh UNHCR and the DFID-funded Gender and Adolescence: Global Evidence project did a clinical validation study of mental health questionnaires. The results will become available in 2023 and are expected to lead to reliable estimates of mental health conditions in Rohingya and Bangladeshi adolescents and to improved screening tools.

Spotlight: Scalable psychological interventions with Syrian refugees

A synthesis of the outcomes at the end of the five-year STRENGHTS project demonstrated overall effectiveness of Problem Management Plus, a five-session counselling method that can be delivered by trained people without prior experience in providing psychological interventions, for example in Jordan and the Netherlands. Syrian refugees who received the intervention had significantly lower levels of depression and anxiety than care-as-usual controls, however in a follow up after twelve months the effects of this relatively light intervention had washed out, highlighting the need for sustainable programmes that can prolong benefits gained through Problem Management Plus.

Spotlight: Implementation research with Problem Management Plus for Venezuelan refugee women in Colombia

A research trial led by universities in the United States of America (USA) and Colombia, in partnership with UNHCR partner HIAS in Barranquilla, Colombia studied the effectiveness and implementation of Group Problem Management Plus (gPM+) delivered by women without prior training in counselling.
The study compared two modalities: 1) the initial phase in which non-specialist providers were trained/supervised by external specialists from Colombia and USA, and 2) a next phase in which the training and supervision was fully done with local resources, with minimal expert input. The trial enrolled 128 Colombian and Venezuelan women. Results indicated comparable reductions in symptoms of depression and posttraumatic stress between the two study conditions. These findings suggest that gPM+ implementation quality and effectiveness may be maintained when delivered under routine and sustainable community-based delivery models. Following the trial, HIAS is now training more people in the gPM+ intervention.

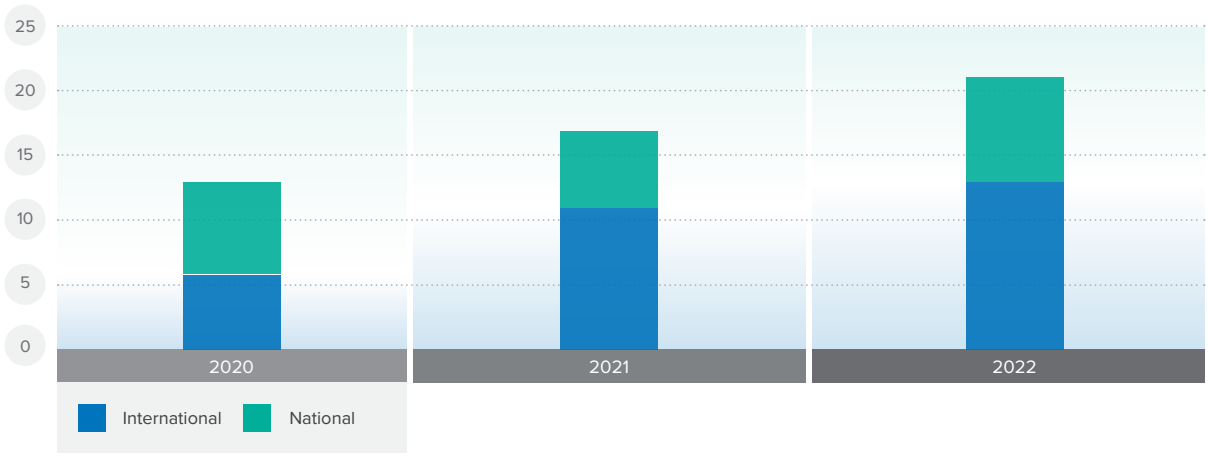
5.

PERSONNEL CAPACITY

In 2022, UNHCR employed 21 dedicated MHPSS specialists of whom eight were national staff.

Nineteen (19) UNHCR personnel completed the 15-week online course 'Mental Health in Complex Emergencies' which UNHCR organizes in collaboration with Fordham University in New York and partners. In the last five years, 91 UNHCR personnel participated in this intensive foundational course for MHPSS.

Figure 5:
Dedicated MHPSS Personnel Employed by UNHCR



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