



# Strengthening Mental Health and Psychosocial Support in UNHCR

## Achievements in 2021 and priorities for 2022 and beyond

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This report highlights the progress on UNHCR's action plan on '[Strengthening MHPSS in 2021](#)' and lays out the priorities for 2022 and beyond.



# ACHIEVEMENTS IN 2021

## Assessing MHPSS needs

76% of participatory assessments with refugees (n=95) in 56 countries, included MHPSS concerns. 17% of the assessments had a subsection on MHPSS but most assessments mentioned MHPSS in the context of other issues such as: GBV (15%), Community-based protection (12%), Health (8%), Child protection (7%), and Education (6%).

In a joint initiative with the World Bank, UNHCR included questions about the mental health status of refugee and host populations in various countries. In 2021, data have been collected in Uganda, Bangladesh and Kenya. A [study in Uganda](#) found that refugees were ten times more like to report depression symptoms than nationals living in the surrounding host communities.

## Country Spotlight Lebanon: Asking about mental health in participatory assessments

In Lebanon, participatory assessments in 2021 (66 Focus Group Discussions with 643 refugees) included questions on mental health and psychosocial wellbeing. Refugees reported that the mental health situation of the community deteriorated due to the economic crisis, lockdown procedures, limited possibilities for social interactions, isolation. Financial burdens, inability to access education, inability to secure basic needs, lack of job opportunities directly affected the mental health of individuals. 65% of the groups mentioned that the situation made them feel sad, 64% mentioned being angry, and 58% reported being continuously worried or fearful.

### Using an MHPSS approach

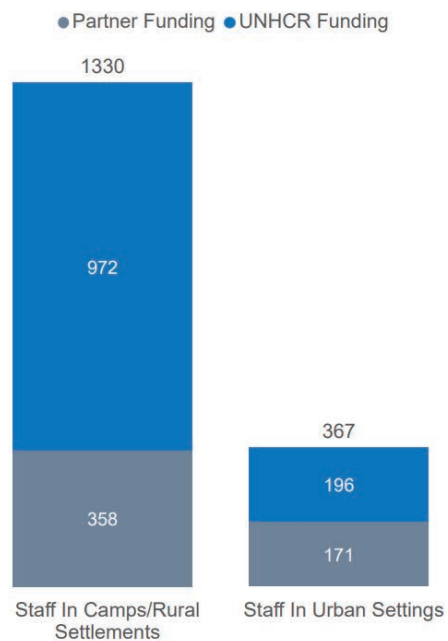
The Global Protection Cluster and Global Shelter Cluster intensified efforts to integrate MHPSS within their work. MHPSS figured prominently in the annual cluster meetings and GPC and GSC developed guidance for partners on the [Engagement of protection actors in MHPSS: the need for cross-sectoral cooperation](#) and on [Mindful Sheltering](#).



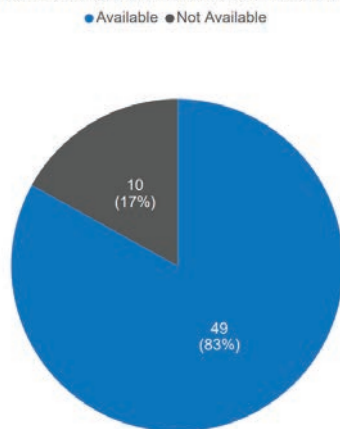
## Making mental health services available to refugees

Mental health is routinely integrated in UNHCR-supported public health programmes. This requires continuous capacity building of health workers to identify and manage mental health conditions. In 2021, 1683 primary health care staff in refugee settings in 19 countries were trained with the [WHO/ UNHCR mhGAP Humanitarian Intervention Guide](#). Most trainings (78%) were done in camps or rural settlements and 69% were funded by UNHCR.

Number of Health Workers Trained with mhGAP-HIG or IG



Mental Health Specialist Availability in 59 Camps with more than 25,000 Refugees



To ensure that people with complex and severe mental health conditions get adequate care, the target is that in UNHCR-supported primary health programmes with more than 25,000 refugees, a specialist mental health provider is available. In 2021, 49 (83%) of 59 surveyed camps with more than 25,000 inhabitants had a mental health professional, typically a psychiatric nurse or a clinical psychologist.

Mental health conditions are also monitored through the refugee health information system which has a separate module for these conditions. In 2021, psychotropics medications were routinely included in drug-orders for UNHCR country operations with direct medicine procurement.

Access of refugees to services for mental health and substance use disorders remains precarious. In many refugee hosting countries such services are not available in refugee hosting areas. UNHCR is collaborating with UNODC and WHO to prepare a handbook for substance use treatment in humanitarian settings. An advanced draft was circulated for review end of 2021 and the final document will be launched mid-2022. UNHCR is also collaborating with Columbia University New York, the University of Zambia, and local NGOs to [develop and test a stepped care programme for alcohol use disorders](#) in Mantapala integrated refugee settlement in Zambia.

### Country spotlight; mental health training for nurses and midwives in Rwanda

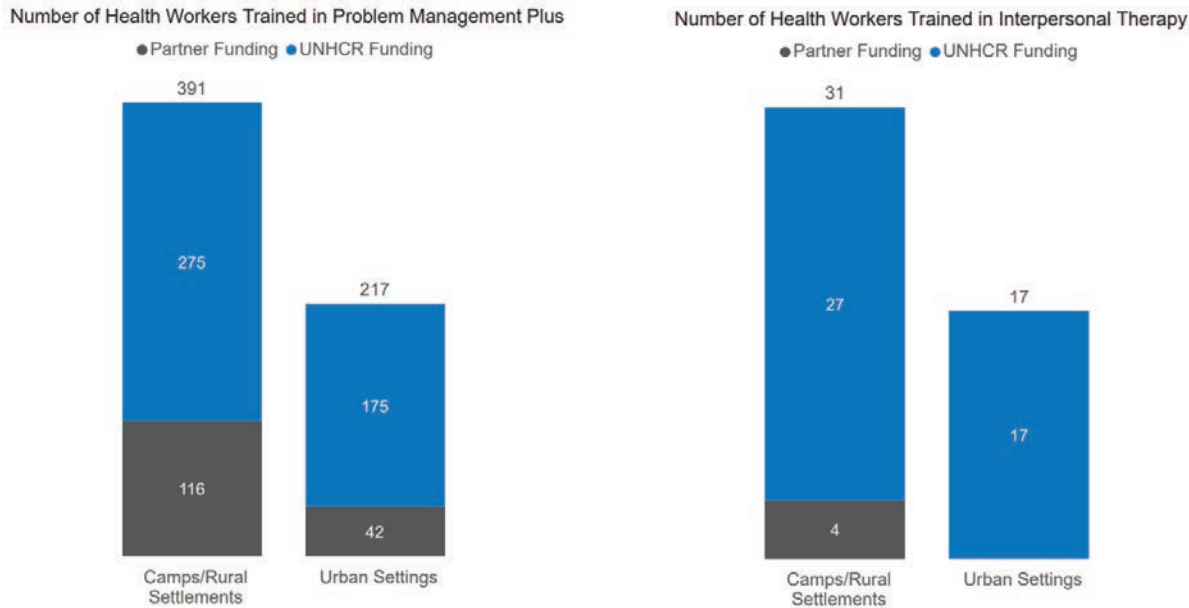
In 2021, UNHCR funded a mental health training for nurses and midwives from all refugee settings in Rwanda. The training was facilitated by a Rwandan psychiatric nurse working in one of the refugee camps with our partner Africa Humanitarian Action. Earlier in 2021, he had participated in an intensive online training and mentoring programme by International Medical Corps, with collaboration of WHO and UNHCR. The co-facilitator in the training in Rwanda was a mental health professional from the University Teaching Hospital. The pre and post-test for knowledge competency and attitude showed major improvements. Participants were very satisfied with the training. In 2022 supervision and refresher activities are being planned.



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## Using brief psychological interventions

In 2021, 608 people (psychologists, social workers, refugee volunteers) in Cameroon, Egypt, Ethiopia, Greece, Kenya, Niger, Peru and Sudan have been trained in [Problem Management Plus](#), a five-session counselling method, while capacity building with this method continued in Iraq, Jordan and Syria. New trainings in the 8-14 session psychotherapy method [Interpersonal Therapy for Depression](#) were done in Peru through the partnership with Teachers College at Columbia University New York, with ongoing trainings in Bangladesh and Tanzania.



### Country spotlight Peru: training displaced Venezuelans in Interpersonal Therapy

In Peru, 16 psychologists and social workers working with partner agencies, UNHCR and local authorities were trained in Interpersonal Therapy for Depression by international trainers. Most trainees were displaced Venezuelans. The 4-day basic training was followed by intensive weekly online clinical supervision in small groups that will continue over a year until they have completed a full psychotherapy series with three persons with depression over at least 12 sessions. The participants reported feeling greatly empowered and that they can use the skills in their daily work as a psychotherapist or social worker. They will also be certified by the International Society of Interpersonal Psychotherapy (ISIPT). In 2022, the supervision continues. An additional project with the MHPSS partner HIAS will start to train refugee community outreach volunteers in Peru in a brief three session intervention ('Interpersonal Counselling').

## Introducing measures for suicide prevention

Multi sectoral task forces for suicide prevention were set up in Bangladesh (Cox's Bazar), Kenya (Kakuma), and Uganda, which has galvanized multisectoral collaboration to reduce the incidence of suicidal behaviour. A draft guidance document 'Planning for Prevention and Risk Mitigation of Suicide in Refugee Settings: A toolkit for multisectoral action' has been developed and has been reviewed and improved with expert input. It will be released later in 2022.

### Country spotlight Uganda: Collecting and analyzing data on suicidal behaviour among refugees:

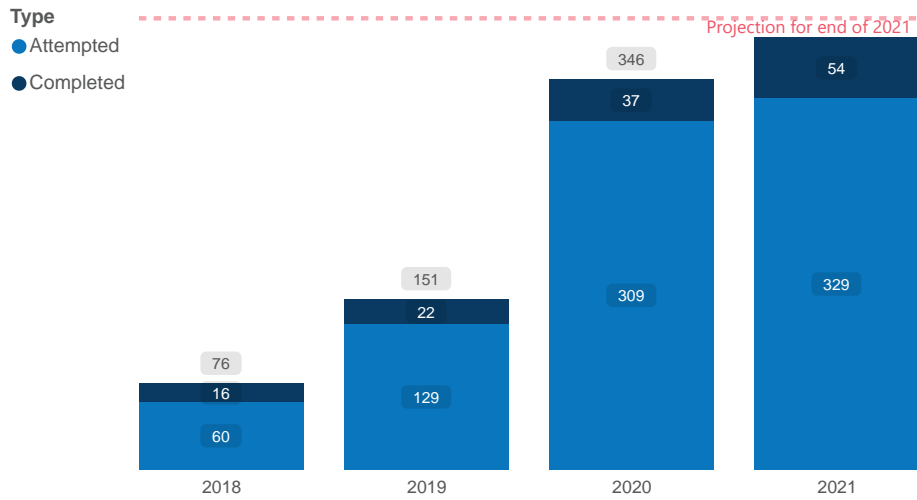
One of the main challenges in suicide prevention programming is the lack of data. In Uganda a reporting system was developed which involves local communities, partners and UNHCR. Since the system started in 2018 an increase in reported suicidal behaviour was observed from 16 completed suicide and 60 suicide attempts in 2018 to 54 completed suicides and 329 attempts in 2021. Major gender difference can be observed: Among people who attempted suicide 75% were female, while among those who died by suicide 39% were female. In response, UNHCR has increased its commitment to multi-sectoral action and has intensified its funding to MHPSS partners.



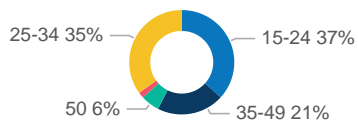
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Figures: data from Uganda Dashboard

### Total incidents (annual trend)



### Attempted suicides by age



### Attempted suicides by sex



### Completed suicides by age



### Completed suicides by sex





## Community-based psychosocial support with communities

In many countries (including Bangladesh, Iraq, Lebanon, Kenya) UNHCR and partners trained and supervised members of community structures (outreach volunteers, community committees, volunteers in community centres) in basic psychosocial skills, identification and referral of people with mental health needs.



*Video spotlight:*

*A refugee psychosocial volunteer from Bangladesh shares experiences.*

[See here.](#)



### Country spotlight: training community volunteers in Lebanon:

One of the aims of the community-based protection team in Lebanon is to improve the mental health and psychosocial wellbeing of refugees through strengthening community-based structures. To this end, UNHCR staff have trained refugee outreach volunteers to provide quality, non-specialized community-based psychosocial support to other refugees which has enhanced the existing life-skills packages in Community-Development Centers to reach the most vulnerable individuals including refugee and Lebanese adolescents, youth and caregivers. This work is done jointly with the National Mental Health Programme of Lebanon, UNICEF, WHO and Save the Children.

## Promoting the psychosocial wellbeing of survivors of gender-based violence

Gender-based violence (GBV) may have long-lasting impacts on mental health and wellbeing. GBV programming includes case management for GBV survivors based on survivor-centered approaches which includes access to mental health and psychosocial support (MHPSS) adapted to GBV survivors' ages and needs. In 2021, in 89 of 125 countries (70%) GBV services were available to survivors. In 2021, 89,742 survivors of gender-based violence incidents received psychosocial counselling. Despite the limitations in access due to COVID-19 this represents increases compared to 2020 and 2019.

A community-based approach is key to enable effective referral pathways for safe access of GBV survivors to context-appropriate mental health and psychological services and case management focusing on the wellbeing, empowerment and recovery of survivors.

### Country spotlight Ethiopia: integrating MHPSS in the emergency GBV response

During the emergency in Tigray, UNHCR, through the roving Safe from the Start GBV in Emergencies scheme, deployed a senior GBV officer specialized in MHPSS to strengthen multi-sectoral MHPSS response. UNHCR contributed to the rapid GBV interagency assessment, expanding Women and Girls' Safe Spaces and contributed to interagency advocacy efforts to emphasize the critical response and capacity needs. UNHCR also facilitated training on GBV in Emergencies for non-GBV actors, local authorities, and partner staff to promote better understanding of GBV, referral pathways, and handling safe disclosure. UNHCR also provided remote support to strengthen information management and case management to the Ethiopia operation. Furthermore, GBV standard operating procedures (SOPs) for the emergency refugee response were successfully adopted.



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## Attending to the psychosocial needs of children at risk

MHPSS was among the top-10 most frequently reported interventions for Child Protection by UNHCR. Families and caregivers are critical to children's safety and wellbeing. They are a key source of support and care. UNHCR supports parents and caregivers, including biological and foster families, to better equip them to protect children by providing practical and psychosocial support for caregivers, offering legal counselling and support for families, and by helping families meet their basic needs.

### Country spotlight: Learning through Play in Ethiopia:

A 'Learning through Play' pilot programme is being implemented in Ethiopia with caregivers and primary school aged children in schools and Child Friendly Spaces in refugee camps in Gambella and Assosa. It enables 37,500 refugee and host community children to continue their education during the COVID-19 pandemic. Partners include the governmental Agency for Refugee and Returnee Affairs, NGOs and Arizona State University. Pedagogical mentors, community mobilizers and teachers started trainings on learning-through-play and child-centered teaching methods. The programme uses a training-the-trainers model where UNHCR and partners first train pedagogical mentors who conduct training for teachers and community mobilizers who then start using learning-through-play methods and content in their daily interactions with children in schools and Child Friendly Spaces.



## Promoting the social emotional learning of refugee children

Increasingly UNHCR promotes the integration of social emotional learning in education programmes.

### Country spotlight Jordan: the integrating social and emotional learning in after-school clubs

The [Masahati After-School Clubs](#), an after-school remedial support programme for Syrian students attending national schools in Jordan, focusses on social cohesion and social-emotional learning. The experiences are positive and the programme is being scaled up with support of the [Humanitarian Education Accelerator](#) (HEA).

# Strengthening coordination and operational MHPSS capacity in refugee emergencies

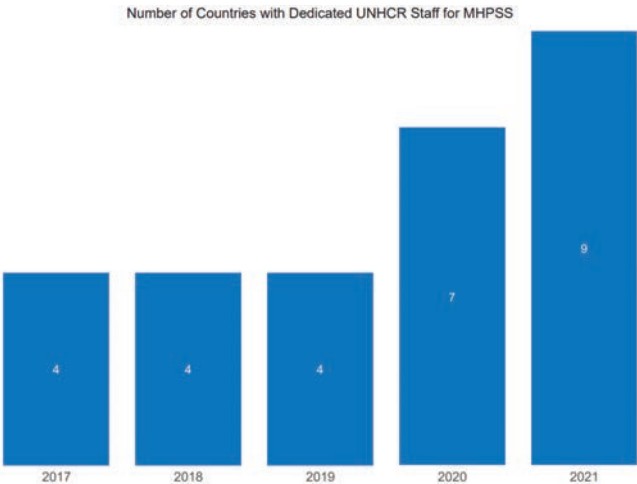
Through the Dutch Surge Support, MHPSS experts were deployed to support the operations in Kenya, Chad and Sudan. UNHCR operations in Ethiopia and Uganda recruited international MHPSS experts.

UNHCR, together with WHO, UNICEF and UNFPA, worked on a field-testing version of the [Mental Health and Psychosocial Support Minimum Services Package](#).

The largest UNHCR operations with dedicated MHPSS personnel include Bangladesh, Egypt, Iraq, Lebanon, Niger, Syria, Uganda.

In nine countries UNHCR had dedicated MHPSS personnel in 2021 (UNHCR staff or deployments of 3-6 months): Bangladesh, Chad, Ethiopia, Iraq, Kenya, Niger, Sudan, Uganda, Syria plus regional staff in MENA. This number is increasing over the years.

Capacity building on MHPSS was a focus; 34 personnel working in 16 countries followed the 75-hour course, Mental Health in Complex Emergencies, which UNHCR organized in cooperation with Fordham University in New York.



## Spotlight: Experiences from participants in the Mental Health in Complex Emergencies course

“The training was beyond my expectations because it allows me to develop the capacity of UNHCR partners in integrating MHPSS approaches and aspects in all sectors of the humanitarian response (health, protection, education, shelters, WASH, etc.). I learned from case studies with practical experiences of MHPSS programmes from experts in the field and from other participants” (Ibrahim Moussa, Public Health Associate, Niger)

“The course equipped me with skills and knowledge to provide adequate services to PoCs with mental and psychosocial conditions and ensure that we work closely with the community and all sectors, to provide basic and specialized services. MHPSS should not be a ‘stand-alone’ sector or become isolated from other services; It should be integrated in general community support and systems for public health, education and protection.” (Agnes Mutele, community-based protection associate, Kenya)

“The course has given me the knowledge on the different components that are required to set up a comprehensive MHPSS response. At the same time it has provided the guidelines and tools to successfully establish and implement activities. I’m intending to make them available to all the Public Health Officers and MHPSS focal points in the region, supporting them throughout the implementation across the Americas, where very much is needed.” (Cecilia Lopez, Snr Regional Public Health Officer for the Americas)

# PRIORITIES FOR MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN 2022 AND BEYOND

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UNHCR will continue its efforts to promote support and services for the mental health and psychosocial wellbeing for refugees, asylum-seekers, internally displaced and other vulnerable populations. UNHCR works in close partnership with governments, UN agencies, non-governmental organizations, academia, community-based and local partners and development actors. Whenever possible, UNHCR will work through and link vulnerable populations to existing national systems under the leadership of host governments.

## **Key considerations for upscaling of MHPSS in UNHCR:**

### **1. MHPSS approaches will be used throughout UNHCR's work**

UNHCR will systematically include mental health and psychosocial wellbeing in needs assessments, and highlight MHPSS needs in Refugee Response Plans and Humanitarian Response Plans. UNHCR will also reinforce the capacity of staff in Refugee Status Determination and Resettlement to work with applicants with mental health conditions. All people involved in protection and operational delivery should be provided with the skills to respond to emotional and psychological needs of refugees, internally displaced, asylum-seekers and stateless persons and understand how their actions influence mental health and psychosocial wellbeing. First line responders, including community outreach volunteers or community health workers, will be trained to identify, safely refer, and assist people in emotional distress or demonstrating challenging behaviour. The forthcoming 'Toolkit for multisectoral action on Planning for Prevention and Risk Mitigation of Suicide in Refugee Settings' will be field tested.

### **2. MHPSS is a core component of health interventions**

In UNHCR-supported primary health facilities, mental health is made a routine component of service provision, through 1) providing routine training and supervision of general health workers (nurses, doctors) using the [mhGAP Humanitarian Intervention Guide](#); 2) ensuring routine supply of essential medication for mental disorders; 3) making mental health professionals available to manage refugees with complex conditions and to provide clinical supervision to other health workers; 4) training community health workers in identification and follow-up of people with mental health conditions; 5) providing scalable psychological interventions such as [Problem Management Plus](#) or [Interpersonal Therapy for Depression](#) by humanitarian staff and refugee workers/volunteers.

### **3. MHPSS is an intrinsic part of protection**

Programming for protection including child protection, GBV and community-based protection will routinely integrate MHPSS. Community-led initiatives, including for and by refugees and other persons of concern, such as community centres, community-led organisations, outreach volunteer networks and self-help groups will be strengthened to foster social connectedness and community support for refugees and other persons of concern. Safe spaces are important entry points for MHPSS services. MHPSS aspects will be integrated throughout the case management cycle for children in need, survivors of GBV and others with serious protection needs.

#### **4. Quality education for refugee children requires attention to their social and emotional well being**

Education partners can support educators to promote the skills and abilities that help children and young people interact and learn, by integrating social and emotional learning into education interventions that support refugee learners in formal and non-formal educational environments.

#### **5. Staff will be appropriately trained and supported to work on MHPSS**

UNHCR aims to strengthen technical competencies of staff and partner personnel through new and ongoing partnerships with academic institutions. In new refugee emergencies MHPSS support will be included from the start.



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**MORE INFORMATION**

<https://www.unhcr.org/mental-health-psychosocial-support>  
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