

Community-Based Mental Health and Psychosocial Support. Working with groups and local authorities
Guglielmo Schinina' (IOM MHPSS)



DEFINITIONS

Mental Health

“State of well-being in which an individual **realizes his or her own potential**, can **cope with normal stresses of life**, can **work** productively and fruitfully, and is able to **make a contribution** to his or her **community**” (WHO, 2002)

Psychosocial

“Pertaining ... to the **interrelation of behavioural and social factors**, ... to the interrelation between mind and society” (OED, 1997)

- Migration can be a result of one's willingness to realize his or her potential. Yet some issues with migration management may prevent this to happen.
- The stressors some migrants and refugees are facing are beyond what is normal in their environments.
- Migration is often motivated by a desire to work and be productive, yet some migration management mechanisms prevent some migrants to work legally.
- Communities for migrants and refugees multiply and become a resource of further stress (i.e. community in the home country, community in the country of first refuge, community in the country of resettlement having different expectations towards migrants' and refugees' contribution and productivity)

DEFINITIONS

Mental Health and Psychosocial Support

‘any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder’

(IASC, 2007)

Community-Based MHPSS

<https://www.youtube.com/watch?v=ICjrZrFYf0o>

MAIN TAKEAWAYS

Individual suffering

For the most part normal reactions to abnormal situations

Fear, grief, loss, confusion, mistrust, sadness.

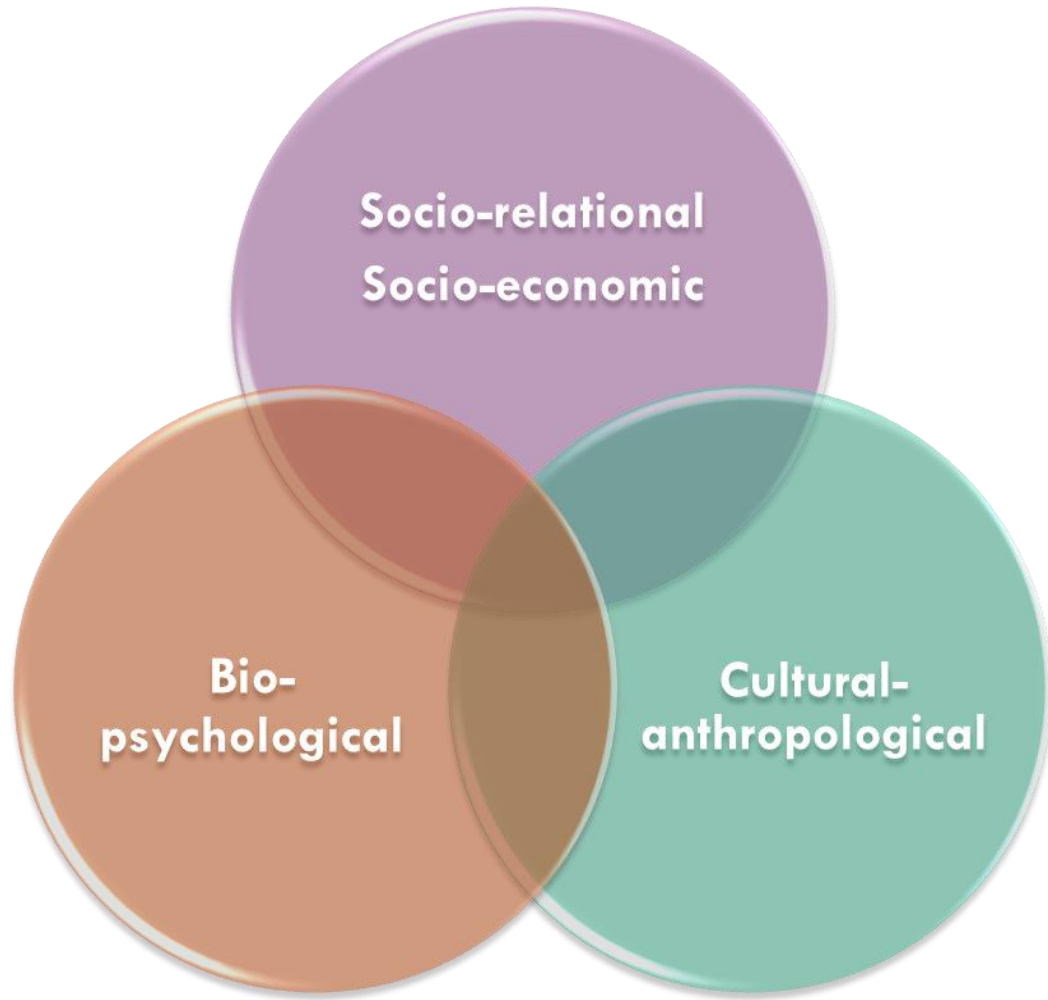
Collective suffering

Breakdown of social textures, value systems, systems of meaning and culture

Mediates individual suffering

Mistrust in others and institutions, antisocial behaviour, lack of agency and participation.

THE PSYCHOSOCIAL MODEL



Pertaining to the interrelation between the:

- a) individual and collective
- b) psychological and sociocultural

Psychosocial approach:

the interrelation of the three circles is considered in all aspects of assistance.

Psychosocial programming:

provides support to the wellbeing of migrants and displaced through recreational, counseling, cultural and social activities.

THE ADVERSITY/"TRAUMA" GRID

Elaborated in the early 1990s by Renos Papadopoulos, it defragments the interconnected consequences of disruptive events.

Adversity / 'Trauma' Grid Range of responses to adversity

Levels	Negative			Unchanged - +		Positive
	PD Psychiatric Disorder	DPR Distressful Psychological Reactions	OHS Ordinary Human Suffering	NU	PU Resilience	Adversity - Activated Development AAD
	PTSD					
Individual						
Family						
Community						
Society / Culture						

- The grid focusses on the interconnection of:
- Individual, family, community and society reaction and
 - Negative, unchanged and positive responses to adversity.

We usually focus only on individual and negative responses, ignoring those related to other levels and the unchanged factors that migrants and refugees bring with them during the migration process, as well as the positive reactions activated when facing adversity.

Papadopoulos, 2017

THE FRAMEWORK OF OUTCOMES

Individual Suffering

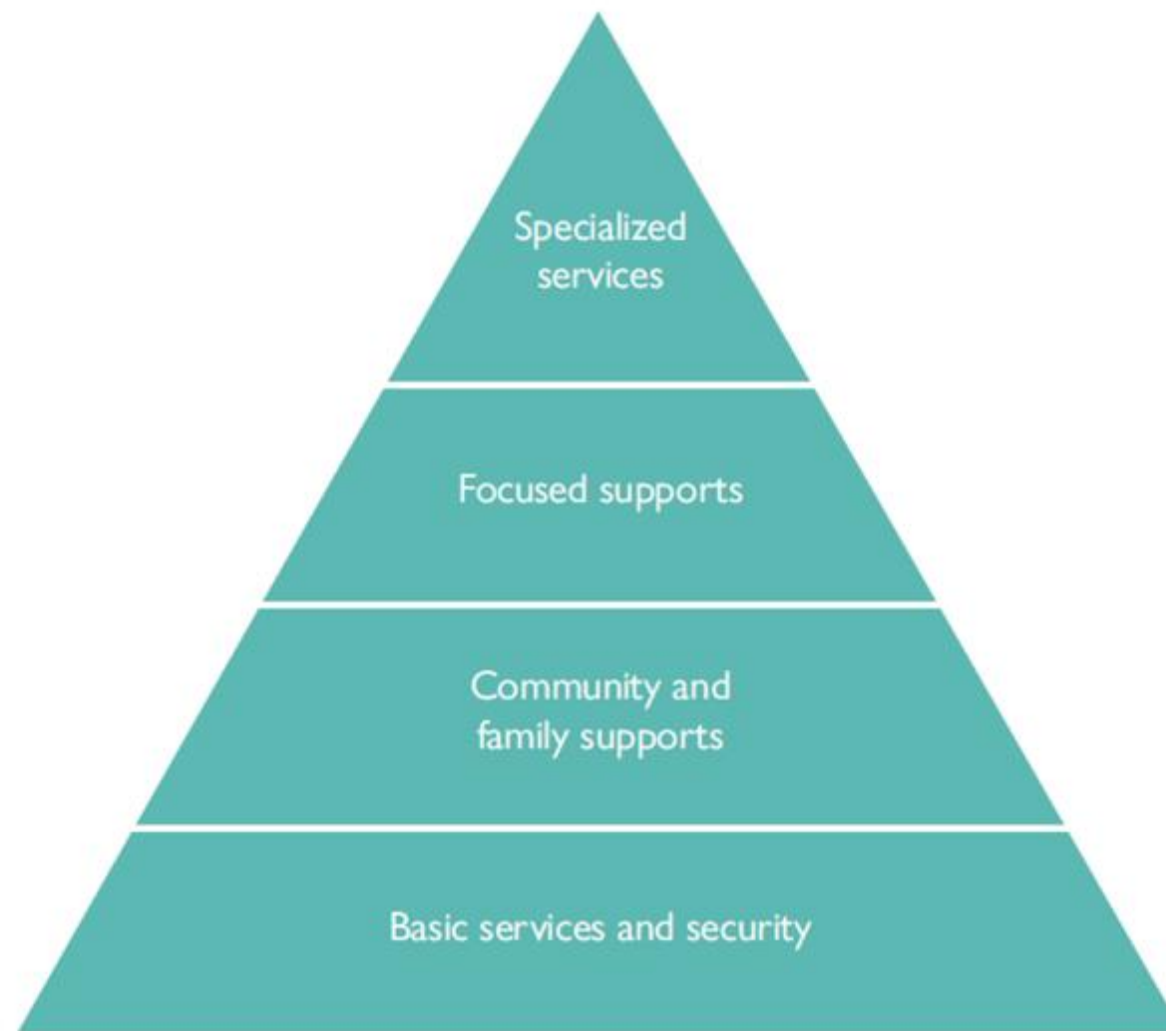
Adversity / 'Trauma' Grid Range of responses to adversity						
Levels	Negative			Unchanged - +		Positive
	PD Psychiatric Disorder PTSD	DPR Distressful Psychological Reactions	OHS Ordinary Human Suffering	NU	PU Resilience	Adversity - Activated Development AAD
	Individual	Family	Community	Society / Culture		

Supporting community resilience may be in certain situations the best way to respond to individual suffering.

Community Resilience

How do we respond?

IASC PYRAMID OF MHPSS IN EMERGENCY



Source: IASC (2007).

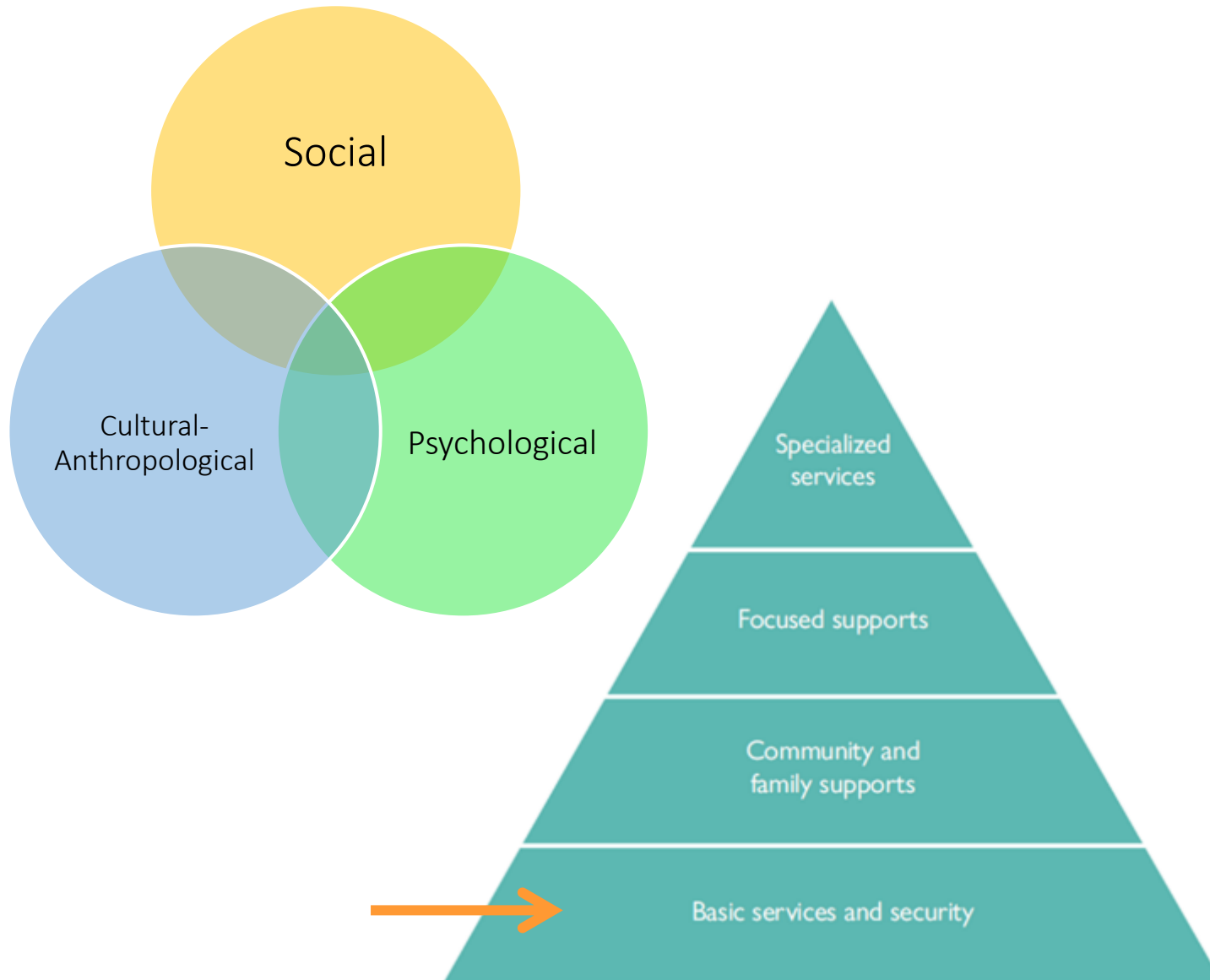
IOM MANUAL ON COMMUNITY-BASED MHPSS

- ABBREVIATIONS
- ACKNOWLEDGEMENTS
- INTRODUCTION
- CHAPTER 1. CONCEPTS AND MODELS OF WORK
- CHAPTER 2. ENGAGING WITH COMMUNITIES
- CHAPTER 3. ASSESSMENT AND MAPPING
- CHAPTER 4. PSYCHOSOCIAL MOBILE TEAMS
- CHAPTER 5. SOCIORELATIONAL AND CULTURAL ACTIVITIES
- CHAPTER 6. CREATIVE AND ART-BASED ACTIVITIES
- CHAPTER 7. RITUALS AND CELEBRATIONS
- CHAPTER 8. SPORT AND PLAY
- CHAPTER 9. NON-FORMAL EDUCATION AND INFORMAL LEARNING
- CHAPTER 10. INTEGRATION OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN CONFLICT TRANSFORMATION AND MEDIATION
- CHAPTER 11. INTEGRATED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT, AND LIVELIHOOD SUPPORT
- CHAPTER 12. STRENGTHENING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN THE FRAMEWORK OF PROTECTION
- CHAPTER 13. COUNSELLING
- CHAPTER 14. COMMUNITY-BASED SUPPORT FOR PEOPLE WITH SEVERE MENTAL DISORDERS
- CHAPTER 15. TECHNICAL SUPERVISION AND TRAINING
- CHAPTER 16. MONITORING AND EVALUATION
- ANNEX 1. INTER-AGENCY COORDINATION
- ANNEX 2. ETHICAL CONSIDERATIONS
- BIBLIOGRAPHY



MANUAL ON COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCIES AND DISPLACEMENT

COMPLEX EMERGENCIES



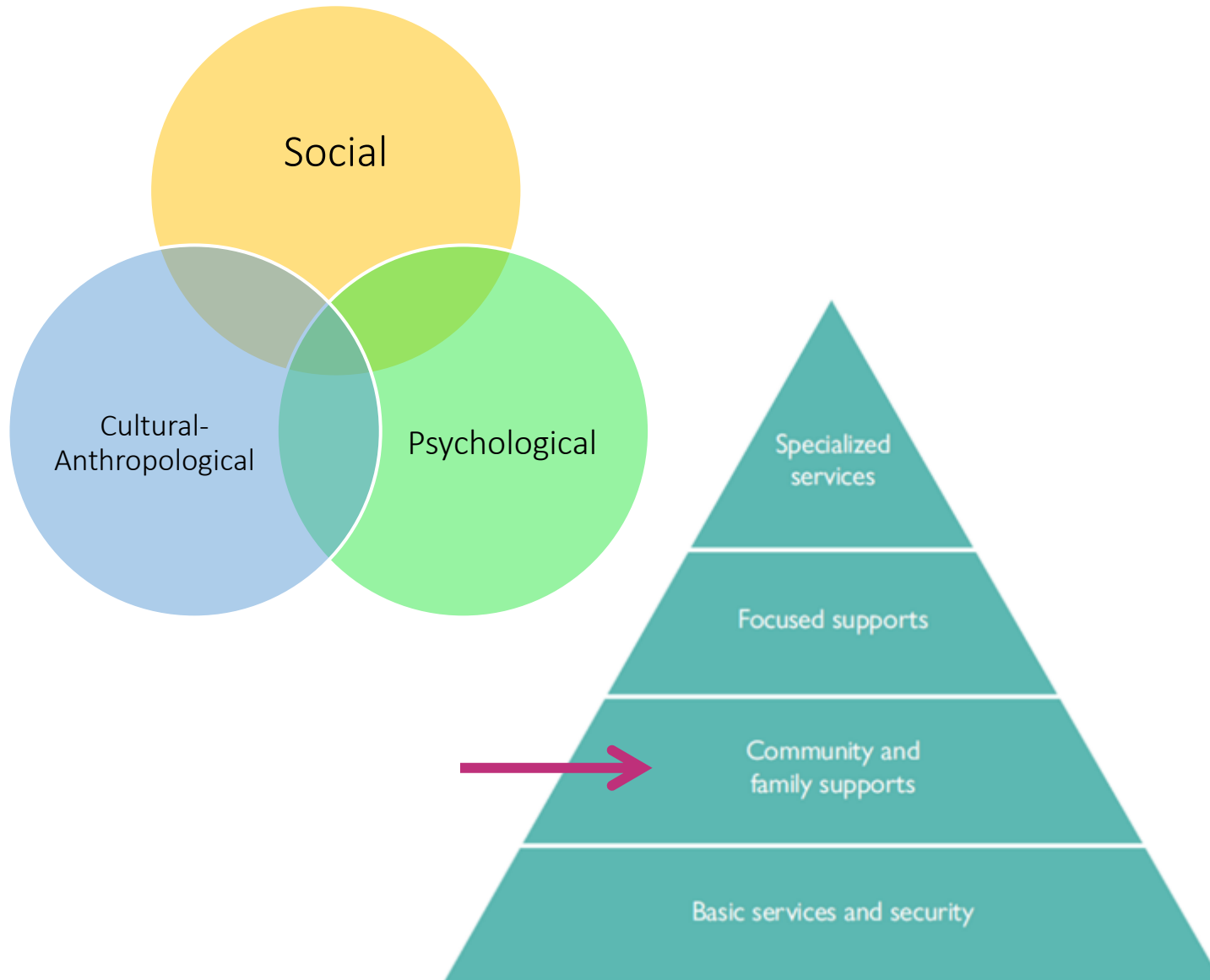
DIRECT INTERVENTIONS

- Community messaging
- Coordination with clusters
- Participation

CAPACITY BUILDING

- Psychological First Aid (PFA)
- Do no harm rules
- Psychosocial induction for all actors.

COMPLEX EMERGENCIES



DIRECT INTERVENTIONS

- Psychosocial teams provide sociocultural, educational, art-based and creative, sport, activities (psychosocial teams include educators, social workers, artists).
- Social cohesion/conflict mediation activities
- Community mobilization
- Rituals and celebrations
- Livelihoods and MHPSS

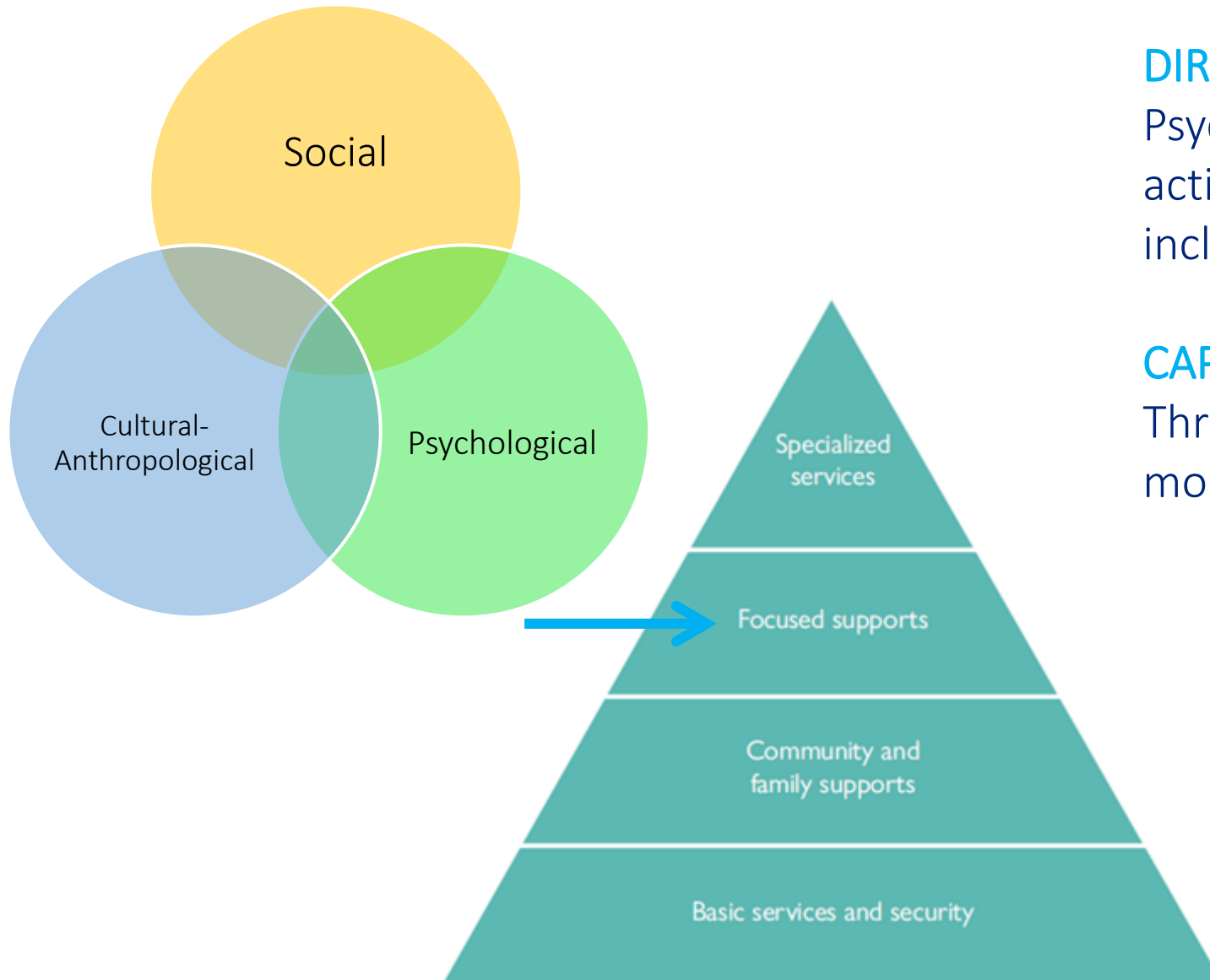
CAPACITY BUILDING

Through expert network in conflict mediation, family models, social theatre.

Sociorelational, cultural and ritual activities :

https://www.youtube.com/watch?v=Nv8fAiiSu_0

COMPLEX EMERGENCIES



DIRECT INTERVENTIONS

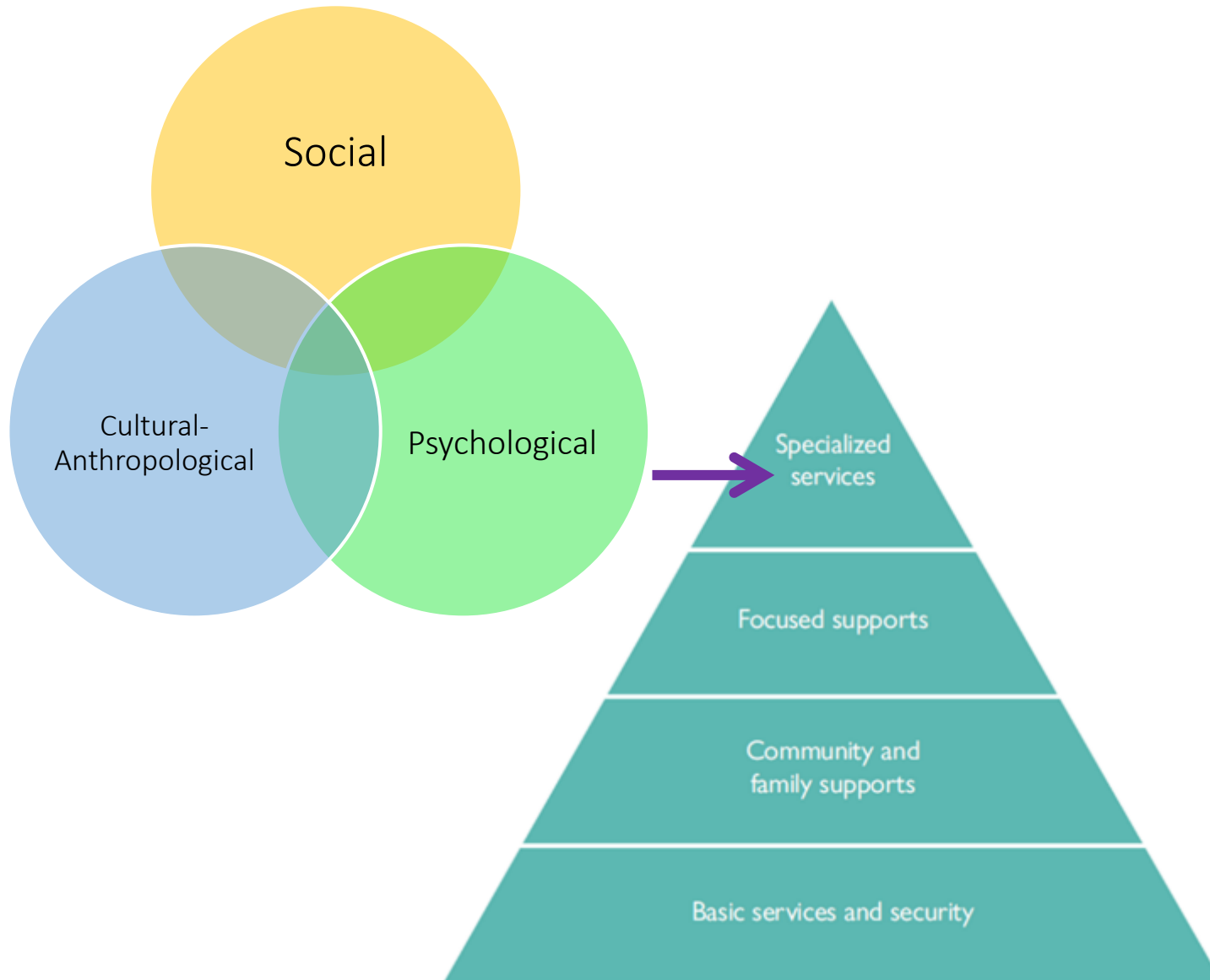
Psychosocial teams provide counseling activities and referrals (psychosocial teams include psychologists).

CAPACITY BUILDING

Through expert network in counseling, family models, art therapies, transcultural models.



COMPLEX EMERGENCIES

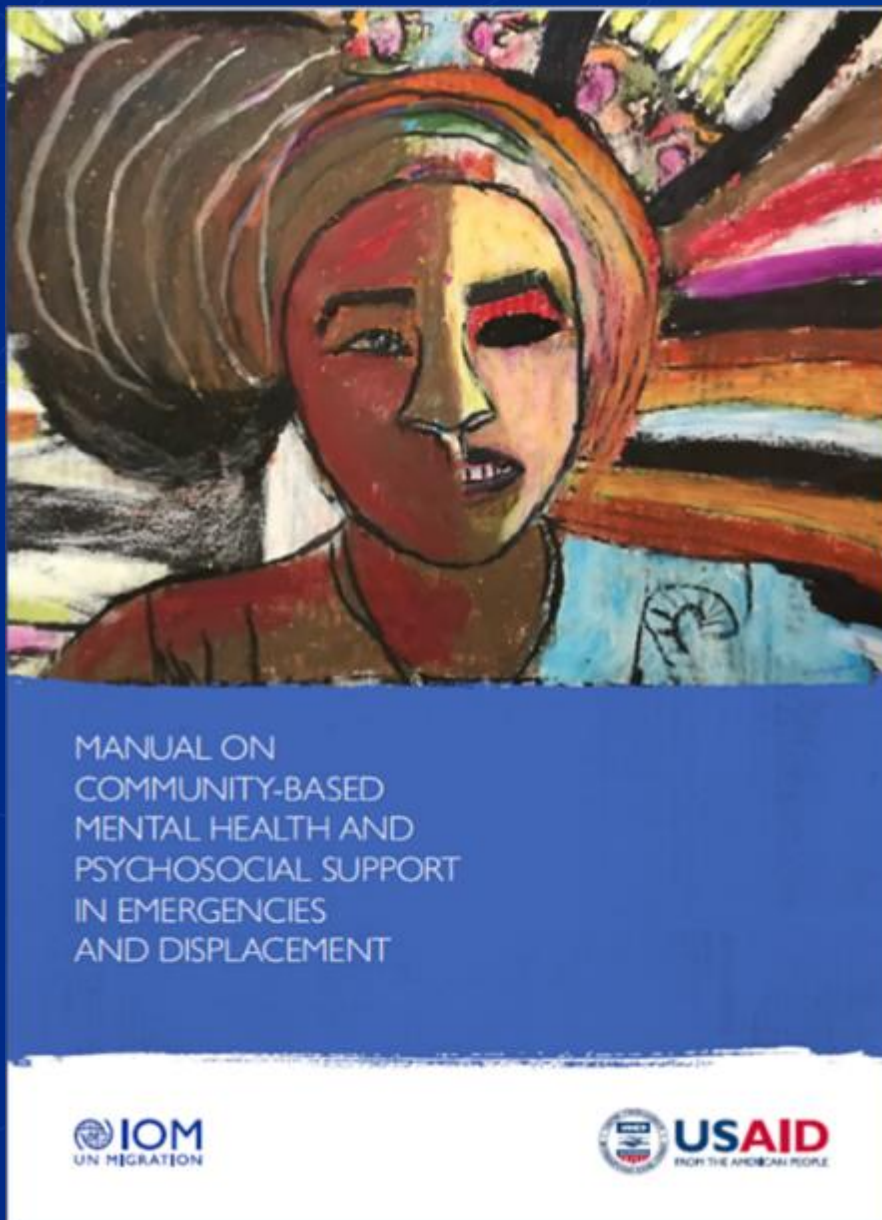


DIRECT INTERVENTIONS

- Only as last resort
- Protection in psychiatric clinics
- Transportation from camps to facilities and support to families.
- Follow up
- Translation/cultural mediation

CAPACITY BUILDING

In transcultural, ethnic, systemic, emergency approaches for mental health professionals



IOM Manual on Community-based MHPSS in Emergencies and Displacement”.

While designed for IOM MHPSS programmes, the manual was compiled with the support of 100 experts from various agencies, NGOs and academic centres and links to more than 200 tools, articles and technical websites. As such, the manual is meant to be a reference for MHPSS experts working in the field, beyond IOM programming.

<https://www.iom.int/mhpsed>

Online training course on “Community-based Mental Health and Psychosocial Support in Emergencies and Displacement”.

IOM recently launched an online training course on “Community-based Mental Health and Psychosocial Support in Emergencies and Displacement”.

This self-paced course aims to support MHPSS managers and experts in designing, implementing, monitoring and evaluating community-based MHPSS programmes, projects and activities in contexts impacted by emergencies and displacement within humanitarian responses. The course is free and open to everyone.

<https://www.ecampus.iom.int/login/index.php>

For more information: contactpss@iom.int

We will zoom into

Community engagement

Work with groups

Work with local structures

Prevalence estimates of mental disorders in conflict settings

	GLOBAL 12-month prevalence (median across countries and across level of exposure to adversity) ^b	AFTER EXPOSURE TO EMERGENCY & DISPLACEMENT 12-month prevalence (median across countries and across level of exposure to adversity)
Severe mental disorder (e.g., psychosis, severe depression, severely disabling form of anxiety disorder)	2-3%	3-4% ^c
Mild or moderate mental disorder (e.g., mild and moderate forms of depression and anxiety disorders, including mild and moderate PTSD)	10%	15-20% ^d
"normal" distress / other psychological reactions (no disorder)	No estimate	Large percentage

Summary Table of Generic WHO (2009) Projections

	Point prevalence (95% uncertainty interval)
Severe disorder (severe anxiety, severe post-traumatic stress disorder, severe depression, schizophrenia, and bipolar disorder)	5.1% (4.0-6.5)
Moderate disorder (moderate anxiety, moderate post-traumatic stress disorder, and moderate depression)	4.0% (2.9-5.5)
Mild disorder (mild anxiety, mild post-traumatic stress disorder, and mild depression)	13.0% (10.3-16.2)
Total	22.1% (18.8-25.7)

Table 1: Point prevalence estimates for mental disorders in conflict-affected populations, adjusted for comorbidity

Source:

<https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2930934-1>

COMMUNITY ENGAGEMENT

Definition

Community engagement is considered a cornerstone of all humanitarian responses and can be summarized as **an operational approach that involves the affected communities in the different phases of the programme and the provision of services**, not only as users, clients or beneficiaries, but to varying extents as agents of their own individual and collective well-being.

Community engagement contributes to...

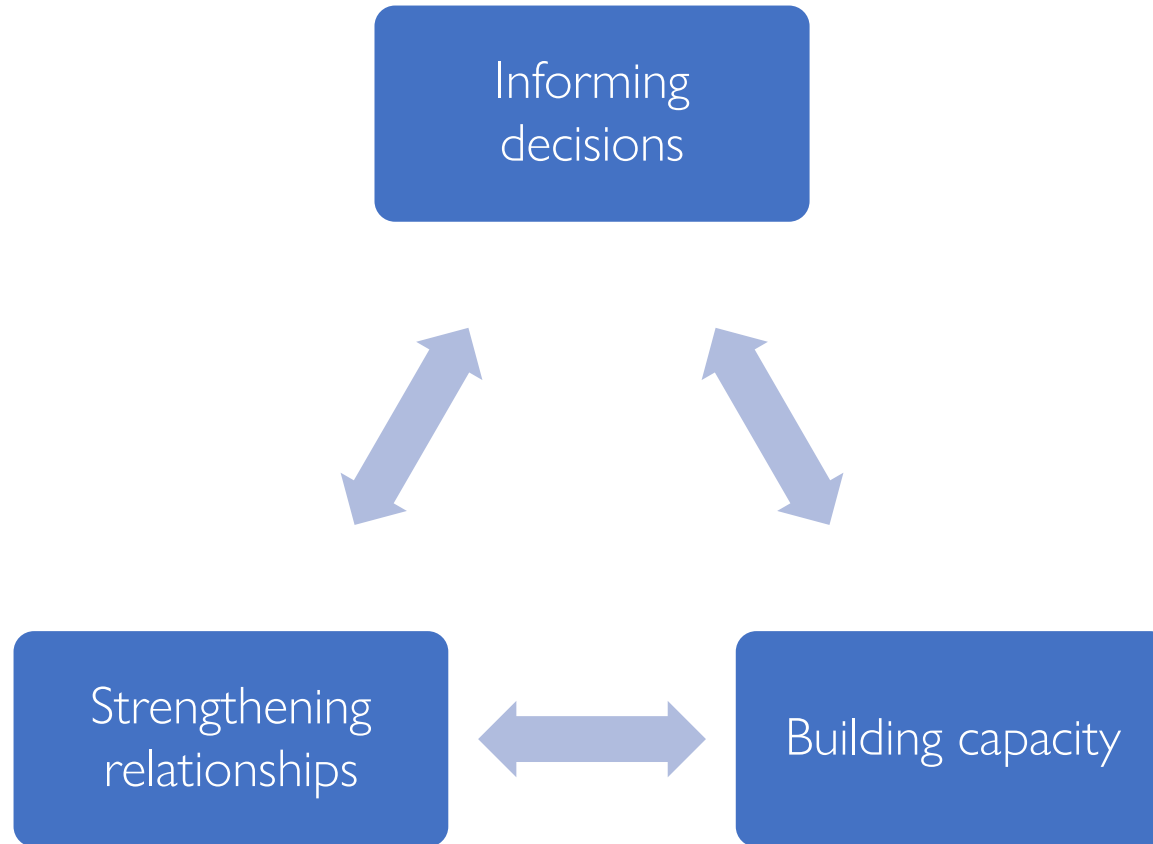
As a process:

- Reduced conflicts and enhanced trust;
- More timely and effective programming;
- Better access to the most vulnerable populations.

In terms of results:

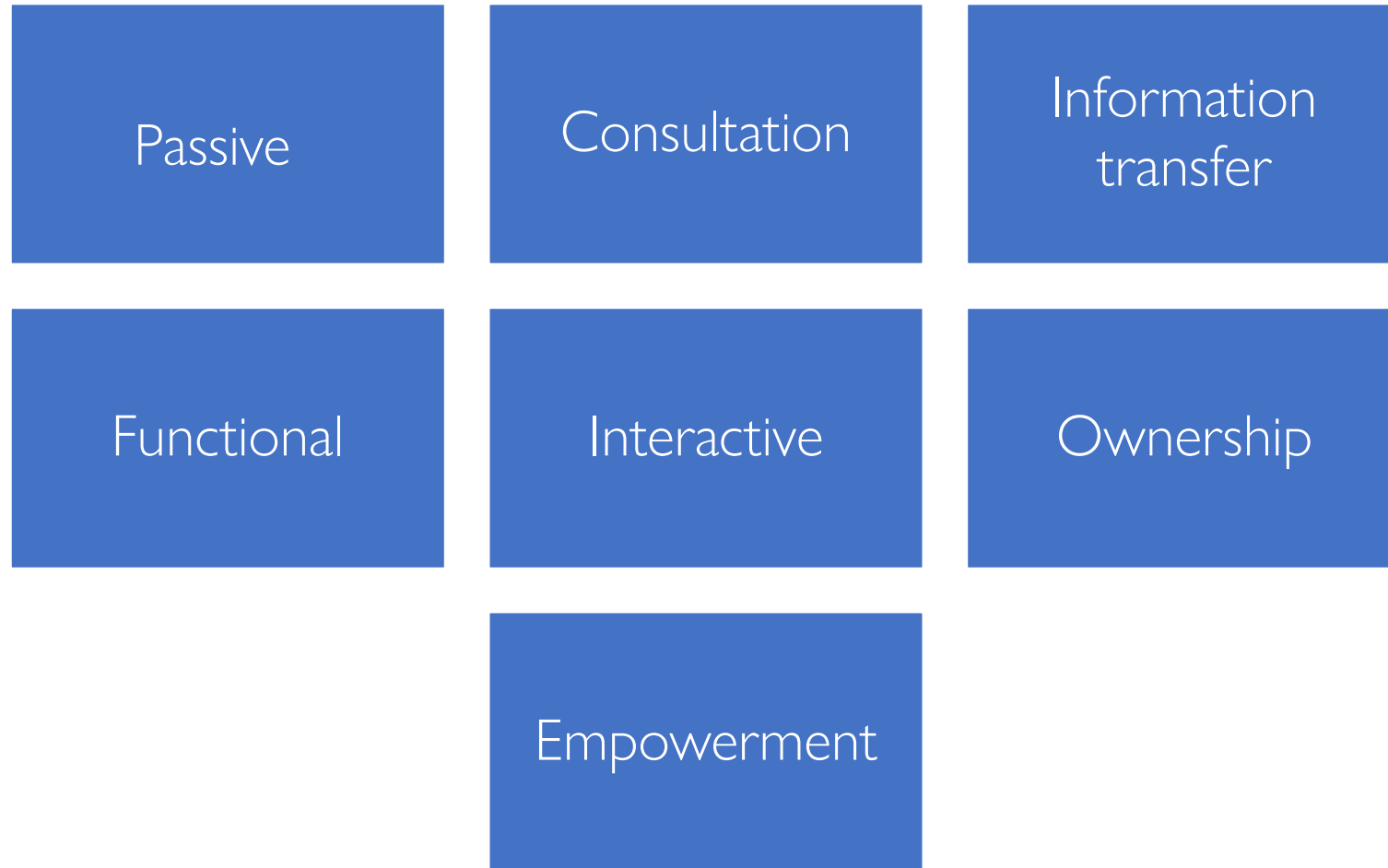
- Facilitating long-term recovery;
- Protecting individual and community agency;
- Strengthened social relations;
- Helping mend the social fabric where disruptions have torn it.

Three clusters of objectives



GRADATIONS OF COMMUNITY ENGAGEMENT

GRADATIONS OF COMMUNITY ENGAGEMENT



GRADATIONS OF COMMUNITY ENGAGEMENT

1. **Passive:** information is shared with communities, but they have no authority on decisions and actions taken
2. **Information transfer:** information is gathered from communities, but they don't have decision-making power
3. **Consultation:** communities are asked for their opinions, but do not have an active role in setting program goals and strategies
4. **Functional:** communities are involved from the inception of the program in planning some activities, but still assigned a limited role in decision-making.

GRADATIONS OF COMMUNITY ENGAGEMENT

5. Interactive: communities are involved in various ways in the decision-making, but the humanitarian organisation is still the ultimate decision maker

6. Ownership: communities are the decision-makers on the objectives, the implementation and the evaluation of the program. The humanitarian organisation acts as technical partner of enabler-broker

7. Empowerment: communities respond to their own MHPSS needs with limited external support. This support takes usually the forms of capacity building, on issues identified by the community as gaps in their formation.

➤ **Strive for as much community engagement as possible**

WHOM TO INVOLVE?

1. Individuals

- The first point of contact for IOM MHPSS managers should be MHPSS professionals and resources.
- Social, administrative, political and religious structures, relevant to MHPSS
- It is important to identify community gatekeepers (local leaders).



WHOM TO INVOLVE?



2. Families

- Key aggregations in MHPSS programs
- Prioritizing those whose members:
 - a) have intellectual, cognitive and/or physical disabilities;
 - b) have mental, neurological and substance abuse disorders (MNS);
 - c) are survivors and/or witnesses of violence;
 - d) are associated with or part of minority ethno-religious or political or gender groups;
 - e) Single-headed families.

WHOM TO INVOLVE?



3. Social and Cultural Groups

- Existing groups and subgroups, in both the host and the migrant community, can be key local partners of MHPSS Programs:
 - Youth and women's associations, professional associations and sports clubs, community-based organizations, etc.



WHOM TO INVOLVE?



3. Social and Cultural Groups

- Typically, socio-cultural groups are weakened by conflict and displacement.
- It is good to involve this groups in community-based psychosocial activities.
- **Religious groups** are usually very community-based, they have networks and infrastructures that can be mobilized in emergency.
- **Inclusion of religious groups** and their leaders in MHPSS Programs is **key in community engagement**.

WHOM TO INVOLVE?



4. Institutions

- Social, cultural, educational, religious and administrative institutions related to MHPSS services should be engaged.

HOW TO INVOLVE?

We look today at

How to involve groups through activities

Types of groups

Interest Groups: gather around a specific interest, value, passion

Activity Groups: gather around an activity, like playing chess, crocheting, play football, clean the church on Saturdays.

Problem-based Groups: gather around a shared problem.

Traditional Groups: folk, elderlies, etc etc.

Structured Groups: scouts, students associations, red cross volunteers.

HOW TO INVOLVE?

1. Transparency and accountability
2. Accessible and timely information
3. Clarity about structures, processes, policies, capacities and limitations
4. Project committee consists of people who are a representation of different facets of the community, including MHPSS experts, leaders and representatives of different groups
5. Regular meetings
6. Psychosocial mobile teams
7. Structured forms of feedback collection
8. Availability of cultural mediators and translators

COMMUNITY-GENERATED ACTIVITIES

- Community-generated activities protect, support and reactivate existing resources
- Examples of community-generated creative activities
 - Choirs,
 - Painting classes,
 - Music gatherings or troupes,
 - Traditional and other dances groups,
 - Storytelling
 - Poetry readings,
 - Theatre,
 - Sports
 - Crocheting together
 - Play backgammon in the park



PROGRAMME-FACILITATED ACTIVITIES

- Programme-facilitated activities build on existing community-based activities, creating occasions for additional networking, mobilization, communication
- Examples of programme-facilitated creative activities
 - Events,
 - Festivals,
 - Contests,
 - Caravans,
 - Exhibitions on a given theme,
 - Displays.



PROGRAMME FACILITATED ACTIVITIES

- Programme-facilitated activities build on existing community-based activities, creating occasions for reaching psychosocial objectives
 - Train group leaders and informal coaches in group support techniques, basic MHPSS, group building
 - Train painting groups in painting animation
 - Ask theatre groups to conduct social theatre experiences
 - Add psychologists to informal crocheting gatherings

Through

- Barter/incentives/capacity building

PROGRAMME-GENERATED ACTIVITIES

- Programme-generated activities mobilize community resources in specific activities and workshops with a clear psychosocial support aim, targeting specific problems or vulnerable groups
- Examples of programme-generated creative activities
 - Social theatre, forum theatre and theatre of the oppressed,
 - Theatre/music/dance animation-therapy
 - Theatre in education,
 - Oral history and archives of memory,
 - Educational puppetry
 - Etc etc etc



And which activities

Rituals and celebrations

Sport and play

Socio relational

Creative and art-based

Educational

Livelihood

Collective Healing from Collective Trauma

- Collective trauma – the shared injuries to a populations' social and physical ecologies
- Collective trauma requires collective responses – mobilizing community engagement and resilience to promote recovery and sustain well-being
- Recovery involves the restoration of moral, social, and political agency through the creation of shared narratives and collective action