

UNHCR Regional Bureau for Middle East and North Africa

# Mental Health and Psychosocial Response during COVID-19 Outbreak

June 2020

*“ The COVID-19 virus is not only attacking our physical health; it is also increasing psychological suffering. ”*

*UN Secretary-General António Guterres in a video message to launch Policy Brief: COVID-19 and the Need for Action on Mental Health, 13 May 2020*

Across the Middle East and North Africa (MENA), the COVID-19 pandemic is taking a significant toll on the mental health and psychosocial well-being of people from all walks of life. Among the most vulnerable are refugees, asylum-seekers, internally displaced and stateless people, many of whom do not know if they can feed their children and pay the rent, have been worried about their uncertain legal status, and may already have been through traumatic experiences during their flight.

**The COVID-19 pandemic has exacerbated old and contributed to new vulnerabilities among persons of concern to UNHCR, triggering or compounding a wide range of mental health conditions**, increasing levels of anxiety and uncertainty that can lead to significant long-term mental health and psychosocial consequences. Fear of eviction, discrimination, as well as loss

or reduced livelihoods remain major sources of psychosocial distress. This is also evidence of negative social reactions, including panic, stigma and discrimination in the communities. Some of the most vulnerable are showing high degrees of psychological distress. This includes individuals and families with pre-existing mental health conditions or substance abuse issues, as well as for instance:

- Persons in self-isolation, quarantine or closed settings where the feeling of “being trapped” might be heightened;
- Survivors of sexual and gender-based violence (including women and girls particularly at risk of intimate partner violence);
- People whose livelihoods have been seriously impacted;
- People with diverse orientations and gender identities;
- Children separated from their families or caregivers, children and youth who have lost access to educational and recreational activities;
- Persons with disabilities;
- Older persons;
- Persons that may be denied access to essential services due to lack of documentation – including stateless persons;
- Frontline humanitarian workers, especially refugee outreach volunteers, including UNHCR partners that are particularly exposed to compassion fatigue and vicarious trauma.



Photo by UNHCR Iraq / Rasheed Hussein Rasheed

## Key highlights from January to April 2020 (Syria situation)


**48,287**

individual mental health consultations were provided by UNHCR partners in Egypt, Iraq, Jordan, Lebanon and Turkey


**54,302**

children (girls and boys) received structured psychosocial support sessions

## Country snapshots – key challenges

Across the MENA region, **UNHCR is receiving alarming reports of increasing mental health** issues among the forcibly displaced. Mental health and psychosocial support (MHPSS) activities are being stepped up by UNHCR and partners to address this new dangerous trend.

In **Lebanon**, in April, **multiple incidents of suicide** were reported among refugees. There was a spike in instances of threats to self-harm and harm to others while family disputes, domestic violence, and divorce cases have increased. Family members and children are those primarily at risk of domestic violence, in particular women and girls. Unable to pay rent and facing evictions, refugees are forced to share sub-standard accommodation, further increasing the risk of sexual and gender-based violence (SGBV).

In **Iraq**, the most common protection risks reported by internally displaced persons (IDPs) in June included psychological trauma, stress and anxiety<sup>1</sup>. In **Tunisia**, UNHCR's partner reported an increase in individuals with mental health challenges such as insomnia, acute anxiety, and depression.

In **Israel**, UNHCR witnessed an **increase of hospital admissions due to severe psychological distress**, as well as suicide attempts or self-harm. One case of suicide of a refugee was reported in May. MHPSS partners have alerted that suicidal behaviour could be a new trend as the COVID-19 crisis evolves.

In **Libya** and **Yemen**, the COVID-19 pandemic has compounded the difficulties of already weak national health systems, affected by conflicts as well as by the **shortage of qualified MHPSS staff**. Considering the context and the situation experienced

by UNHCR persons of concern in Libya, while in transit, in detention centres, and after situations of distress at sea, the needs for MHPSS are high.

In **Jordan**, UNHCR's partner on MHPSS reported a **significant rise in consultations**, by over 50 per cent, in April. According to the latest **Multi-sectoral Rapid Needs Assessment** jointly conducted by WFP, UNICEF, and UNHCR in Jordan, 41 per cent of all respondents witnessed a negative impact on their children's well-being due to the COVID-19 crisis and curfew.

In **Egypt**, frontline psychosocial workers are providing 24/7 online support to refugees as a major increase in psychosocial distress has been identified.



Some of the 200 asylum-seekers released from Zawiya Al Nasr detention centre in Libya are received at UNHCR's office in Sarraj, Tripoli.  
 Photo by UNHCR / Mohamed Alalem

<sup>1</sup> Iraq National Protection Cluster (NPC) remote protection monitoring tool – June 2020, available on the webpage of the NPC:  
<https://www.humanitarianresponse.info/en/operations/iraq/protection-cluster>

## Stories from the field (UNHCR partner in Syria)

In **Syria**, sadly, Fadwa\* went through a number of traumatic events in her life. She has been displaced because of conflict, and has lost multiple family members, including her own daughter. At 71 years old, she is the main caregiver for two of her grandchildren. COVID-19 has added yet more fear and anxiety. If she gets infected, she does not know how her grandchildren will survive. This constant state of anxiety has led to severe sleeping problems and psychological distress fuelled by the constant need to read news about the virus.

Through community networks, Fadwa has been visited by community outreach volunteers under a UNHCR project. They helped Fadwa to manage her stress, providing Psychological First Aid and health and safety information on COVID-19. She was then referred to a MHPSS case manager for psychological counselling. The case manager supported Fadwa to normalize these feelings and develop positive coping mechanisms. Fadwa was also provided with in-kind assistance, including a hygiene kit. When asked about the support she received, Fadwa said: "I have overcome my fears because you took care of me and showed me how to take care of myself, which made me feel that I am not alone and that I am surrounded by friends." Fadwa and her grandchildren continue to receive follow-up and support.

*\*Name was changed to protect privacy*

## UNHCR response

MHPSS is a priority for UNHCR in the MENA region. In line with Sustainable Development Goals 3 and 17, UNHCR is committed to ensuring healthy lives and promoting well-being at all ages. UNHCR is increasingly including MHPSS as a cross-cutting issue in UNHCR's protection, health and solution response. **UNHCR's MHPSS partners provide remote comprehensive mental health and psychosocial services, tailored to the specific needs of persons of concern.** These services include community-based interventions, focused non-specialized individual and group sessions, as well as mental health specialized services, including access to psychotropic medication.

Dedicated MHPSS expertise within UNHCR has been crucial, both at the regional and country levels. This has enabled UNHCR to work with and bolster coordination systems, while capacitating NGO, community and government partners.

### **UNHCR's MENA MHPSS preparedness and response plan to COVID-19 has two goals:**

1. To address new emerging MHPSS needs among persons of concern, including related to COVID-19; and
2. To ensure refugees and IDPs with pre-existing mental health conditions can access mental health and psychosocial services. Echoing the [UN-wide call for action](#), these are "essential" services and form part of national responses to COVID-19.

Following national government lockdowns, MHPSS activities had to be adjusted into remote modalities according to the specific context and measures taken by country operations ranging from partial to full lockdown, including where entry to camps was limited to critical staff. Several approaches were developed in camp and urban settings, as well as to address the needs of people in mixed movements or people in detention, while maintaining quality, dignity and confidentiality.

MHPSS teams have redesigned awareness-raising sessions on health and MHPSS messages on prevention, social distancing measures, positive coping skills and stress management.

Grounded on MHPSS preparedness and response plans, UNHCR and partners have worked to respect national COVID-19 regulations on movement restrictions and physical distancing, while maintaining the quality, dignity and confidentiality of MHPSS services for those in need. Examples of how UNHCR and partner activities have adapted include the following:

- Tele-consultation or tele-mental health services, using phone and video calls with trained psychosocial workers or mental health professionals (psychiatrist, psychologists) for specialized services;
- Helplines for psychological consultations services in different languages;
- Enhanced capacity building of UNHCR and partners' frontline workers on Psychological First Aid in the COVID-19 context;
- MHPSS-focused awareness raising and sensitization via social media, radio programmes, integrated with communication with communities, including key messages on positive coping skills (such as stress management, how to maintain a healthy life-style, reducing stigma on MHPSS), parenting skills (information and guidance on how to talk to children about COVID-19), and available services on MHPSS;
- Staff care support for frontline workers in collaboration with the MHPSS Working Group platforms.

## Community-based approaches to MHPSS: awareness raising, Psychological First Aid and referrals

Across the region, community-based psychosocial support is being provided by community outreach teams trained on Psychological First Aid (PFA) as well as focused non-specialized scalable psychosocial interventions.

In collaboration with the ministries of health (e.g. in **Jordan**, **Turkey** and **Egypt**) UNHCR partners have activated hotlines to receive and respond to mental health and psychosocial concerns.

In **Morocco**, the Ministry of Health and partners have developed specific material on the MHPSS response to COVID-19.

In **Egypt**, a Facebook page offering MHPSS-related information on COVID-19 including advice on mental health, recreational and educational activities at home, has been developed in six languages by UNHCR's partner. This includes support groups online in Arabic, Oromo and Tigrinya languages. In addition, UNHCR's partner developed a unique model of regional, confidential psychological counselling services accessible online and provided by trained psychosocial workers. Similarly, thanks to the collaboration with UNHCR Iraq in sharing resources, it is now accessible in 10 languages, including Kurdish.

In **Iraq**, in the refugee camps, trained MHPSS community workers provide PFA to primary healthcare staff, camp management, NGO front-line workers, and community outreach volunteers, among others. IDPs across the country are able

to access information and referrals by contacting the Iraq Internally Displaced Persons Information Centre (IIC), a toll-free helpline whose staff have been trained on remote PFA. **In the Kurdistan Region of Iraq (KR-I)**, to ensure stronger and interactive communication with communities, UNHCR MHPSS staff designed, translated and broadcasted live key messages promoting psychosocial well-being on a local radio station. This radio station reaches Duhok governorate, which hosts the highest refugee and IDP population in the KR-I.

In **Libya**, during the first three months of 2020, 30 children were supported through MHPSS case management services. Other vulnerable children identified through outreach activities have participated in focused MHPSS sessions by psychologists. So far in 2020, UNHCR's partner in Libya has provided MHPSS support to 74 adults with psychosocial distress as a result of the high number of referrals from outreach activities. UNHCR MHPSS partners have developed remote interventions for supporting persons with disabilities and their care givers on psychoeducation. As part of the UNHCR Risk Communication strategy, almost 800 refugees and asylum seekers have been reached through a social media video on MHPSS during the COVID-19 pandemic prepared by UNHCR and partners.

In **Turkey**, frontline workers were trained on PFA for remote management in response to COVID-19.

In **Morocco**, since the beginning of confinement, UNHCR's medical partner has been providing awareness raising sessions

on COVID-19 which also include key messages on MHPSS.

In **Israel**, in several cities, UNHCR collaborated with the municipality psycho-educational services to provide parental guidance using online platforms. In one city, more than 100 participants attended. In addition, UNHCR and community members formed a working group to address mental and psychosocial distress within the community. This platform raises challenges and defines new initiatives on MHPSS.

In **Lebanon**, refugee outreach volunteers have been able to reach over 4,000 persons with community-based psychosocial support messaging since the beginning of the COVID-19 pandemic. Since February, outreach volunteers, community groups and other structures have reached more than 332,000 individuals (over 50% women) through virtual information and awareness sessions, including on general COVID-19 prevention messages, community-based MHPSS, and parenting skills, among others. Those awareness sessions are conducted through social media platforms, WhatsApp and Zoom, and follow-up sessions were conducted through phone calls. UNHCR and partners also continue to provide individual psychosocial support sessions remotely, via voice or video call. Psychosocial support sessions are taking place face-to-face for high-risk urgent cases, including but not limited to refugees with suicide ideation, survivors of SGBV, children in the worst forms of child labour, and persons of concern with pre-existing mental health or psychosocial distress, while taking precautionary measures for the safety of refugees and frontline workers. UNHCR and partners continue to provide case management support remotely to medium-to-high risk child protection and SGBV cases as well as persons with specific needs.

In **Yemen**, leaflets on COVID-19 and stress management during a lockdown were developed in collaboration with partners and WHO including on topics for older people, children, persons with pre-existing mental health conditions, healthcare workers, women and girls, persons with disabilities, care givers of persons with disabilities, and children care givers. Examples of key messages include:

*“ Listening or watching repeatedly the news can feed anxiety. Try to rely on trusted sources of information, such as World Health Organization or the Ministry of Health in your country. ”*

*“ Caregiving for someone with mental health conditions can be very stressful and overwhelming. Take care of yourself and don't neglect your physical and emotional needs. ”*

*“ Your feelings are valid. A pandemic is a major stressor and it's normal to experience feelings of sadness, numbness, fear and anger. ”*

In **Mauritania**, UNHCR partners in Nouakchott ensured the continuity of psychosocial support through counselling sessions by phone by a trained psychosocial worker. A total of 60 refugees were assisted in March and April. In Mbera camp, community mobilizers were trained to enhance the capacity for the identification and referral of cases. Community-based psychosocial sessions were also conducted with reduced group of participants, reaching around 100 refugees. UNHCR and partners also developed awareness messages for parents and caregivers on psychosocial support and positive parental skills.

As part of the **UNHCR cross-border operation in Gaziantep, Turkey**, even though there have been no confirmed cases of COVID-19 in north-west Syria so far, some MHPSS activities by partners are being implemented remotely. Trained psychosocial workers continue to provide individual consultations to persons of concern, coordinating with other agencies in the response and referring them to specialized mental health services whenever needed.

Across the MENA region, the **importance of psychological well-being and staff-care measures for frontline workers** providing MHPSS has been taken into considerations by several country operations, especially when frontline workers are refugees themselves. In **Lebanon, Turkey and Jordan**, frontline staff received training and awareness sessions on psychosocial well-being. In **Yemen**, UNHCR collaborates closely with the MHPSS Working Group which organized online staff-care sessions. In **Egypt and Iraq**, psychosocial workers also benefit from regular supervision. In **Algeria**, a psychologist contracted by UNHCR provides regular support to frontline workers engaged in UNHCR help-line on COVID-19 for refugees and asylum seekers.

## Focused and specialized mental health services during COVID-19

Across the MENA region, the continuation of comprehensive mental health care and psychosocial support despite COVID-19 restrictions remains a priority

In **Iraq** and **Jordan**, specific strategic guidance on the continuation of comprehensive and clinical MHPSS care during COVID-19 was developed. These include considerations on remote provision of MHPSS services, identification of persons in need of mental health and psychosocial support and referral to specialized services.

MHPSS partners ensured that psychotropic medications were provided for several months to decrease clinic visits and avoid mass gatherings at health care facilities, especially for beneficiaries with epilepsy. To prevent relapse of persons with pre-existing mental health conditions, UNHCR partners also maintained constant communication with patients and families. For severe cases, face-to-face consultations are still in place, taking all the required precautionary measures for the safety of frontline workers and persons of concern.

In **Morocco**, in addition to ensuring the continuity of comprehensive mental health care and the distribution of psychotropic medication, UNHCR's partners developed dedicated hotlines to provide psychosocial support to refugees and asylum seekers. For persons of concern in need of specialized services, online consultations with a psychologist are available. UNHCR Morocco also set up a specific hotline for women survivors of SGBV in need of psychological support while in confinement. Since the beginning of the confinement measures, 242 individuals received remote psychosocial support.

Tele-consultation guidelines aligned with global standards

In **Libya**, several primary health care centers have worked intermittently, making it difficult for humanitarian health partners to support these local public health structures in increasing their capacity to serve UNHCR persons of concern. From early January through March, 90 mental health consultations were conducted by a UNHCR partner psychiatrist.

In **Turkey**, UNHCR maintained its specialized services led by two contracted psychiatrists (for children and adults). Eleven individuals received specialized mental health consultations through this remote modality since March. An additional 43 individuals benefited from mental health consultations with a psychiatrist through a UNHCR contracted clinic in Ankara.

In **Jordan**, UNHCR and its partners transferred 80 per cent of MHPSS services online through either phone or video calls. Refugee users of MHPSS services in the COVID-19 context showed positive appreciation of the newly implemented online mental health consultations. Shifting to remote modalities played a key role in facilitating access to services and adhering to the follow-up sessions.

*“ We thought that we would be left alone, but I felt comforted to be connected to my therapist and have access to my psychotropic*

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