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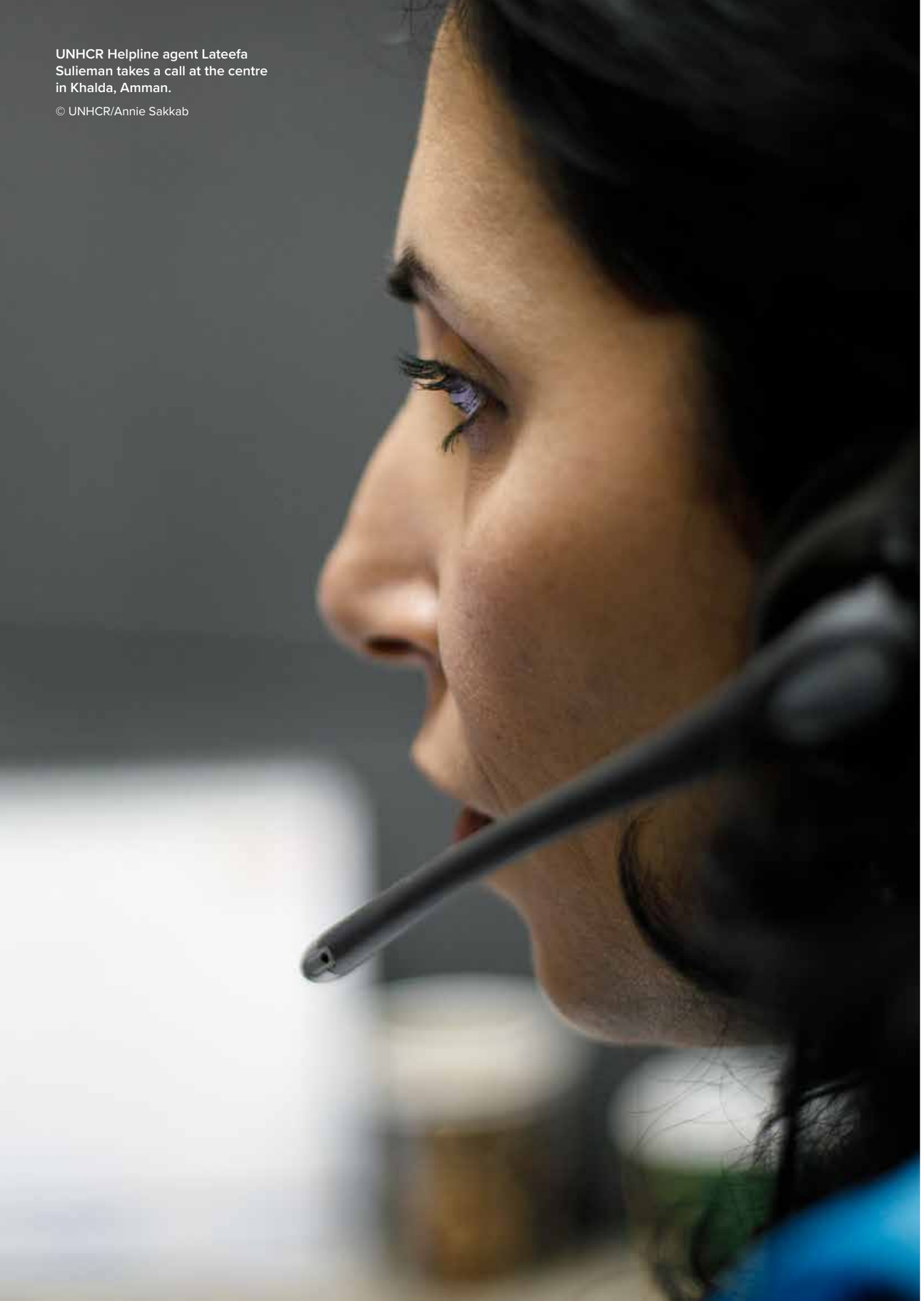
EMERGING PRACTICES: mental health and psychosocial support in refugee operations during the COVID-19 pandemic



UNHCR Helpline agent Lateefa Sulieman takes a call at the centre in Khalda, Amman.

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1. COVID-19 and the mental health and psychosocial wellbeing of refugees

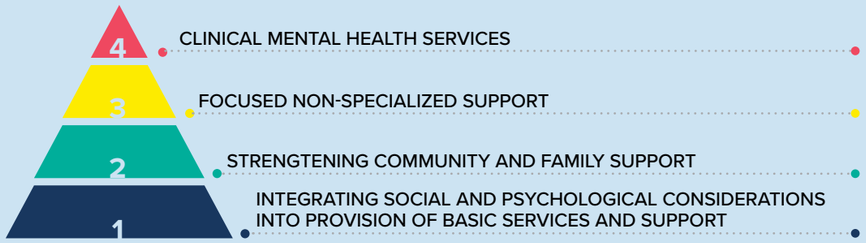
The COVID-19 pandemic and associated prevention and mitigation activities have major consequences for mental health and psychosocial wellbeing for refugees and other persons of concern. Many people who previously coped well, are now less able to cope because of the multiple stressors generated by the pandemic. The socio-ecological environment for adults and children is profoundly affected: social support systems may become dysfunctional or overburdened, caregivers may become sick or die; stress levels increase due to movement restrictions and crowded living conditions; income and livelihood opportunities are threatened. Many, particularly women and children, face increased protection risks including intimate partner violence and sexual abuse and exploitation. People with pre-existing mental health conditions may experience a worsening of their condition and have difficulties in accessing appropriate care.

This document presents a brief overview of how UNHCR adapts its activities for mental health and psychosocial support (MHPSS) to the changing context of the pandemic. Staff of UNHCR and partners, in country offices in all regions of the world, have developed innovative field practices to continue providing essential MHPSS services to refugees. The examples in this document are testimony to the commitment and creativity of our staff and can serve as inspiration and encouragement for others to continue integrating MHPSS in the humanitarian work during and after the COVID-19 pandemic.

2. UNHCR's approach to mental health and psychosocial support for persons of concern

MHPSS consists of a wide range of activities to protect or promote psychosocial well-being or prevent or treat mental health conditions. MHPSS interventions are implemented in public health, protection or education services. The delivery of these activities is often represented in a pyramid of multi-layered services and support (SEE BOX 1).

BOX 1 | Multi-layered MHPSS services and supports



Layer 4 Clinical mental health and psychosocial services for those with severe symptoms or whose intolerable suffering render them unable to carry out basic daily functions. Such interventions are usually led by mental health professionals but can also be led by specialists in social work.

Layer 3 Provision of focused emotional and practical support through individual, family or group interventions for those who find it difficult to cope with the problems within their own support network. Non-specialised workers in health, education, community-based protection, child protection or SGBV usually deliver such support, after training and with ongoing supervision.

Layer 2 Strengthening community and family support through promotion of activities that foster social cohesion and self-help and the restoration or development of community-based mechanisms to protect and support individuals.

Layer 1 Provision of basic services and security in a manner that protects the dignity of all people, including those who are particularly marginalized or isolated and who face barriers to accessing services and deliver the response in a participatory, rights-based way.

MHPSS cuts across sectors. Humanitarian actions and interventions will impact the mental health and psychosocial wellbeing of refugees in many ways. Therefore, UNHCR distinguishes between a 'MHPSS approach and 'MHPSS interventions'

- Adopting an *MHPSS approach* means providing a humanitarian response in ways that are beneficial to mental health and psychosocial wellbeing. This is relevant to everyone who assists refugees. Using an MHPSS approach does not necessarily mean that humanitarian actors should do different things; rather that they do things differently.
- *MHPSS interventions* consist of activities with the explicit goal to improve the mental health and psychosocial wellbeing of refugees. MHPSS interventions are usually implemented by health, protection and education actors.

3. Adaptation of MHPSS services in the pandemic

During the pandemic, it is critical that people with MHPSS problems receive support. This requires new interventions and novel ways of service delivery. Existing MHPSS activities need to be carefully reviewed to define how essential they are to reduce symptoms/suffering and to maintain functionality of service users. During periods of movement restrictions and lockdowns, activities that are less essential need to be scaled down or stopped.

BOX 2 | Adaptions of humanitarian MHPSS services during the COVID-19 pandemic

- Deliver messages, in appropriate languages with context-appropriate dissemination methods, on strategies for maintaining psychosocial wellbeing, managing anxiety, activities at home, and good parenting.
- Reduce activities involving face-to-face contact.
- Consider stopping group activities or reducing the size of groups maintaining physical distancing and hygiene.
- Adapt services, with prioritization of care for people with moderate to severe mental health conditions. In case of lockdown: Provide direct clinical services with appropriate protection against COVID-19 infection) when they are important for survival and/or for the reduction of severe symptoms and suffering.
- Make individual safety plans with service users who have increased risks for COVID-19 related to health complications and/or protection risks.
- Train facility-based MHPSS staff in remote delivery of services, including psychological therapies.
- Train community-based staff for potential new or expanded roles.
- Set up systems for remote supervision and technical support.
- Strengthen links with protection services: increased COVID-19-related medical issues such as hospital admissions may lead to an increase in psychosocial problems, e.g. due to family separations and stigma.
- Implement plans for personal protection of staff who continue to have direct contact with service users.

Adapted from: IASC (2020). Operational considerations for multisectoral mental health and psychosocial support programmes during the COVID-19 pandemic.

Detailed guidance and tips on adapting MHPSS services in humanitarian settings can be found in the interagency guidance from the IASC (2020) Operational considerations for multisectoral mental health and psychosocial support programmes during the COVID-19 pandemic.

4. How UNHCR integrates MHPSS within the COVID-19 response

UNHCR integrates mental health and psychosocial support (MHPSS) within its activities for health, protection (e.g. community-based protection, SGBV, child protection) and education through direct implementation or through partners. Examples of adaptations and new activities include both using MHPSS approaches in the COVID-19 response as well as development/adaptation of MHPSS interventions.

4.1 Community messaging about coping with distress

The pandemic and the related public health measures have created high levels of stress all over the world. The overflow of information, sometimes contradictory or false, can fuel stress levels. It is important to communicate clearly about risks and ways people can protect themselves. The messages should contain information about promoting mental health and wellbeing: strategies to manage distress, ways to continue activities at home and tips for parenting and healthy coping. Such messages should be delivered in appropriate languages using contextually relevant dissemination methods.

Country examples:

- In Tanzania, IRC in partnership with Radio Kwizera, one of the most popular Kiswahili radio stations in the Kigoma region, disseminated mental health messaging to promote positive coping mechanisms. The messaging uses jingles, educational dramas, and live interviews with psychologists.
- In Bangladesh, UNHCR in cooperation with Translators without Borders, made audio versions of the interagency children's book 'My hero is you' to help children learn about COVID-19 and understand how they can assist in combatting the virus. The audio recordings in Rohingya, Burmese and Bangla languages are used by community outreach volunteers through their smart phones in sessions with families (in small groups ensuring physical distancing) and in psycho-education sessions with children.
- In the Kurdistan Region of Iraq, UNHCR and partners prepared key messages on mental health and wellbeing, communicated during interactive live radio broadcasts. Tips and advice about well-being were translated to different Kurdish dialects.

4.2 Training first responders in Psychological First Aid and basic psychosocial skills

People in stressful situations or who are confronted with threatening events may display many different emotional reactions including fear, anger, sadness or withdrawal. The way people respond to others in distress can make a major difference. Psychological First Aid (PFA) is a set of skills to provide supportive and practical help to people suffering crisis events. The principles of PFA need to be adapted to the COVID-19 context in which helpers must provide support while keeping distance or working remotely. In many countries, UNHCR and partners have organized trainings and workshops for medical personnel, protection staff, outreach volunteers and other frontline workers to build basic psychosocial helping skills to people directly or indirectly affected by COVID-19.

Country examples:

- In Niger, more than 300 responders (UNHCR and partners) were trained in Psychological First Aid through online sessions.
- In Peru, UNHCR staff working on the newly established telephone hotline were trained in remote Psychological First Aid.
- In Egypt, a rise in anxiety and depression among refugees has been observed, particularly due to the challenging socio-economic conditions. UNHCR Egypt organized trainings for volunteers and community leaders to prepare them in delivery of psychological first aid and nonspecialized psychosocial support.

4.3 Providing psychological support through helplines

In order to keep in contact with persons of concern and to link those in need to available services, many UNHCR operations have set up or expanded telephone help lines. Some of these helplines have a generic switchboard function (people can call with all kinds of questions) while others are more specifically meant for people with psychological difficulties. In both types of helplines, staff need to be able to handle calls from people with strong emotions: people who are anxious, angry, sad or despairing. In some cases, people can be aggressive, consider self-harm, or think of suicide. Workers in helplines need to have a good overview of existing MHPSS services to refer to and be able to make a plan of action in case of mental health emergencies.

Some country examples:

- In Uganda, the staff of the national interagency helpline (Feedback, Referral and Resolution Mechanism - FRRM) are trained to answer and discuss issues around emotional wellbeing.
- In Ecuador, UNHCR established 15 information and emergency hotlines – including a national chatbot - who constantly share key messages on access to basic services, humanitarian assistance and MHPSS messages.
- In Iraq, UNHCR's MHPSS staff provided training on remote psychosocial support during the COVID-19 pandemic to the helpline operators of the Iraq Information Center, a nation-wide interagency humanitarian telephone service that provides information and referral assistance to IDPs and refugees.

4.4 Increasing capacity to provide psychological therapies for refugees with mental health issues such as depression, anxiety, posttraumatic stress and bereavement

The provision of psychotherapy during COVID-19 situations is often difficult due to movement restriction and physical distancing. Group-based therapies may have to be stopped or to continue in adapted forms (for example with smaller group sizes). If person-to-person delivery of psychological therapies continues, specific measures must be taken to prevent transmission during consultations. It is possible to provide psychotherapy online, but this requires adaptions by the therapist and sometimes clients need support to use such services.

Country examples:

- In Lebanon, psychologists of UNHCR partner RESTART are trained in new ways of working: from in-person group counselling to individual psychotherapies that can be delivered remotely through telephone and Skype if needed.
- In Colombia, UNHCR provides psychosocial care for refugees and migrants in the border area with Venezuela by telephone and face-to-face including people with disabilities. They are referred for face to face consultations when necessary, to hospital level mental health services, psychiatric assessment and access to controlled medications.
- In Tunisia, asylum seekers and refugees can access psychosocial counselling services through phone and videocalls, with up to three MHPSS sessions per week.

4.5 Ensuring continuous care for persons with moderate to severe mental health conditions

Person with moderate to severe mental health conditions should have access to clinical and other services, which may be provided in primary health care facilities by trained and supervised health workers, or in dedicated mental health programmes. Some services can be delivered through remote support, but in many cases, it is important that direct person-to-person support continues to be provided in safe ways. This can be done by more extensive use of community-based workers and by adapting facility-based care to prevent infections.

Country examples:

- In Gambella, Ethiopia, UNHCR's partner International Medical Corps suspended most facility-based activities for mental health and psychosocial support and focuses on home visits for people with severe and complex problems. Many services user received two months' supply of medication, in order to reduce the need for clinic visits and face-to-face contact.
- In Zambia, the restrictions on large gatherings forced UNHCR Zambia to cancel planned refresher trainings for primary health care staff who had previously been trained in the identification and management of priority mental health conditions through the mhGAP programme. Instead of having one training for all participants in a central location, the two trainers from the National Mental Health Resources Centre in Lusaka travelled to the three settlements to provide on the job supervision and train participants in smaller groups with physical distancing and other protective measures. The training was adapted to include COVID-19 related mental health issues.
- In the Kurdistan Region of Iraq, when movement restrictions prevented the consulting psychiatrists to perform their weekly clinics in some of the camps, continuity of care was ensured through video psychiatric consultations with the support of camp based MHPSS staff.

4.6 Ensuring that person with severe protection risks continue to receive psychosocial support

In any humanitarian setting, people in difficult situations that cause additional protection risks need to be offered psychosocial support. Examples are people in detention, SGBV survivors, unaccompanied or separated children and survivors of torture. In the context of COVID-19, those in quarantine or isolation often have additional risks. They often have challenges to access MHPSS services due to the combination of COVID-19 risks and protection risks. Therefore, additional measures to provide such services are warranted and many UNHCR operations have found ways to do this.

Country examples:

- In Colombia, the work of the Regional Safe Space Network (RSSN) along the border with Venezuela continued with services to SGBV survivors provided by telephone and in-person in safe shelters. In these homes, a psychologist provides in-person psychosocial support to women who are victims of trafficking.
- In Niger, MHPSS staff is present in the quarantine and isolation sites to support psychosocial needs of affected persons and families.
- In Syria, the home-based training programme for older persons was adapted to a remote modality. Volunteers established remote communication channels with the older persons through phone or social media platforms. See case history in box 3.

BOX 3 | Fadwa's story (Syria)

One of the volunteers in the home-based training programme for older persons in Syria provided support to Fadwa, a 71-year-old Syrian woman who had previously been displaced and has gone through many traumatic events in her life including the violent death of her daughter and her family. The two grandchildren who survived were now living with Fadwa who felt very responsible for them; Fadwa was constantly worried about her grandchildren and what should happen to them if she would get infected. This caused her sleeping problems and feelings of anger and irritation. The volunteer who contacted Fadwa, realized how stressed she was and provided her with information about common psychological reactions to the COVID-19 situation. Fadwa was also referred to a psychosocial case manager for counselling. The case manager helped her identify her feelings and worked with her on healthy coping mechanisms and how to include her grandchildren in activities such as light physical exercises, cooking and reading. Fadwa was also linked to in-kind assistance, where she was provided with a hygiene kit containing disinfectants, detergents and other cleaning materials. The state of distress subsided and when Fadwa was asked for feedback on the programme, she 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 are still being followed up and supported.

4.7 Attention for mental health and wellbeing of refugees supporting others in their community

It is essential to pay attention to the mental health and wellbeing of all responders, including refugees who work as volunteers. Many local UNHCR offices and partners have taken measures to provide mental health and psychosocial support for humanitarian responders.

Country examples:

- In Egypt, the staff of UNHCR's partner PSTIC are almost all refugees themselves. During the pandemic, the organization continues to offer their workers support, ongoing training, and appreciation. A daily 'Corona Newsletter' gives workers updates about the virus. A Facebook 'fun page' is filled daily with jokes and workers lead a nightly DJ or comedy show. To ensure support and maintain quality of care, workers are divided into teams that talk daily on WhatsApp groups and meet on Zoom to confidentially discuss cases. All psychosocial workers have regular individual online supervision and a monthly online team support group.
- In Niger, a national staff member called a colleague and indicated she was very stressed, and not able to sleep or eat well. She had continuous palpitations and dizziness, all following the discovery that her father had tested positive for COVID-19. She had become very frightened of the idea that she might have contracted COVID-19 herself, and, contrary stated to visit various clinics from where she was sent away. She felt rejected and stigmatized. A colleague talked with her through telephone at length and this regular peer support helped her overcome her stress and manage the situation.
- In Iraq, after noticing the increased needs among partner staff in the refugee camps, psychosocial support sessions were organized for them by the MHPSS Community Workers who are themselves residents of the camps and had been trained in providing psychological support.

Internally displaced Congolese woman, Jaelle Kavira Mabau, 24, receives a mobile phone and sim card at a distribution site in Beni, North Kivu, in DRC's North Kivu province. Democratic Republic of the Congo.

5. Spotlights: country examples from work of UNHCR and partners worldwide

BANGLADESH: MAINTAINING COMPREHENSIVE MHPSS SERVICES IN THE LARGEST REFUGEE CAMP OF THE WORLD

The MHPSS team of UNHCR Bangladesh supported the partners in the Rohingya refugee camps to continue essential service delivery. They trained 43 national psychologists from partners using interagency guidance of the IASC. The partner staff subsequently trained over 500 community psychosocial volunteers, para counsellors and community health workers in the promotion of healthy coping and maintaining psychosocial wellbeing. They also translated key messages around positive coping and COVID-10 awareness in Rohingya and Bangla languages and develop audio podcasts with BBC Media.

Staffing in the health centres was reduced due to access restrictions to the camps but people with clinical mental health conditions continued to get services in the health centres where 63 general health staff had previously been trained in identification and management of mental health conditions.

Psychologists in the health centres also continued their work, albeit with reduced staff levels and respecting strict physical distancing rules. Psychological group treatment with the Integrated Adapt Therapy stopped and clients were followed individually. Partner staff who were trained in group Interpersonal Therapy for Depression were trained remotely through our partners from Teachers College Columbia University New York to provide the services in an individual format.

UNHCR, with IOM and other partners in the MHPSS working group in Cox's Bazar, organized regular webinars and online courses for staff, including about self-care and wellbeing.

CHAD: SUPPORTING REFUGEE VOLUNTEERS TO PROVIDE ESSENTIAL MHPSS SERVICES IN REMOTE REFUGEE CAMPS

UNHCR partner HIAS supports around 340,000 refugees from Sudan hosted in 14 camps in the East of Chad. This includes community-based MHPSS services by Chadian psychosocial assistants who are supported by refugee community mobilizers. Jointly they adapted forms. For example, HIAS staff, with support of UNHCR, partnered with a local radio station to provide public messages, to facilitate radio discussions on COVID-19, and audio drama sketches. The new way of working was hard for staff and volunteers, but overall experiences are positive and have empowered the refugee volunteers.

COLOMBIA: INTEGRATION OF MHPSS IN PROTECTION WORK FOR PEOPLE WITH PROTECTION RISKS

UNHCR Colombia supports various public health and protection initiatives in which MHPSS is an integrated part of the support provided to persons with specific protection risks. Some examples:

- An association of Venezuelan Health Professionals offers psychological care services to refugees and migrants. Psychological consultation is provided remotely. People requiring in-person attention continue to be seen on appointment.
- In Maicao, UNHCR's partner Humanity & Inclusion (HI) provides psychosocial support for vulnerable refugee and migrant population with disabilities. They assist in-person and through videoconferences. This support is also carried out in temporary accommodation that hosts refugees and migrants during quarantine periods.
- In Cúcuta, the regional project for psychosocial care and support has a multifunctional team of psychologists to support survivors of sexual violence, unaccompanied and separated minors and families with difficulties. They coordinate with mental health hospitals and organize referrals. During the pandemic many activities are through telephone, but face-to-face consultations are still done. So far, the project has reached 1,000 beneficiaries.
- In a health care centre in Villa del Rosario psychosocial and psychotherapeutic service are provided. Due to the pandemic they are doing follow-up home visits and telephone consultations.

EGYPT: COMMUNITY-BASED PSYCHOSOCIAL WORKERS CONTINUE THEIR WORK IN AN URBAN SETTING

UNHCR Egypt funds the programme of the Psychosocial Services Training Institute Cairo (PSTIC) which has 200 workers, the vast majority of whom are refugees who live and work within their communities in urban neighbourhoods. They offer a range of services including home-based psychosocial support, crisis response, mental health care and follow up, psychological counselling, safe housing and youth activities. The staff also operates a helpline that is available 24 hours each day.

During the pandemic, the staff continued to do their work in the communities, taking precautions. Early in the pandemic, despite the safety measures, some refugee workers became sick with COVID-19. Much of the field-based work was replaced by telephone work, but not all interventions could be done by telephone. Despite their personal fears, the refugee workers wanted to continue helping their communities and the workers; donning masks, gloves and carrying disinfectant, they continued to make field visits to