AN INTRODUCTION TO

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

KIRK PATRICK S. CASTRO,MA, RPM, RGC, CLSC

Mental Health and Psychosocial Support

MHPSS was developed in the field of humanitarian operations where humanitarian agents addresses the mental health and psychosocial needs of survivors of violence, disaster and conflict.

In 2007 the Inter-Agency Standing Committee of the United Nation High Commissioner for Refugees made the culminating Guidelines for MHPSS

In 2009 the North Atlantic Treaty Organization - European Network for Traumatic Stress (NATO-TENTS) develop the Guidelines MHPSS for people affected by disaster or major incidents.

In 2011 the World Health Organization (WHO), War & Trauma Foundation and World Vision developed the guidelines for field workers Psychological First Aid

In 2016 the International Committee of the Red Cross (ICRC) released their guidelines on Mental Health and Psychosocial Support

MHPSS CORE PRINCIPLES

Inter-Agency Standing Committee (IASC) of the United Nation (UN)
North Atlantic Treaty Organization - European Network for Traumatic Stress (NATO-TENTS)

PRINCIPLE 1

Ensure human rights and equity

Humanitarian actors should promote the human rights of all affected persons and protect individuals and groups who are at heightened risk of human rights violations and at the same time ensure participation.

PRINCIPLE 2

Do no harm

Humanitarian aid is an important means of helping people affected by emergencies, but aid can also cause unintentional harm. Work on mental health and psychosocial support has the potential to cause harm because it deals with highly sensitive issues.

PRINCIPLE 3

Build on available resources and capacities

All affected groups have assets or resources that support mental health and psychosocial well-being. A key principle – even in the early stages of an emergency – is building local capacities, supporting self-help and strengthening the resources already present.

MHPSS CORE PRINCIPLES

Inter-Agency Standing Committee (IASC) of the United Nation (UN)
North Atlantic Treaty Organization - European Network for Traumatic Stress (NATO-TENTS)

PRINCIPLE 4

Use Integrated support systems

Activities and programming should be integrated as far as possible. Activities that are integrated into wider systems (e.g. existing community support mechanisms, formal/non-formal school systems, general health services, general mental health services, social services, etc.) tend to reach more people, often are more sustainable, and tend to carry less stigma.

PRINCIPLE 5

Provide multilayered support

A key to organizing mental health and psychosocial support is to develop a layered system of complementary supports that meets the needs of different groups. This may be illustrated by a pyramid. All layers of the pyramid are important and should ideally be implemented concurrently.

PRINCIPLE 6

Anticipation, planning, preparation and advice

The services, including the psychosocial and mental health services that are required following disasters and major incidents, are much more likely to work effectively if the need for them has been anticipated and defined.

MENTAL HEALTH AND PSYCHO-SOCIAL SUPPORT

The composite term mental health and psychosocial support is used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder

MHPSS KEY POINTS

- Do not consider MHPSS services and support a ‘stand alone' sector, or let them become isolated from other services: they should be integrated in general community support and programmes and systems for public health, education and protection.
- Do not describe a whole population as ‘traumatized'. The term ‘trauma' should not be used outside clinical programmes.
- Integrate an MHPSS approach in all programmes and ensure that interventions foster the dignity and resilience of persons of concern.

MHPSS KEY POINTS

- Revive and strengthen family and community support systems and promote positive coping mechanisms of affected individuals and their families: these are key psychosocial interventions in an emergency.

- Ensure that mental health care is functionally linked to, and preferably integrated in the general health system; avoid establishing parallel mental health services.

- Take steps to introduce psychotherapeutic interventions for people with prolonged distress and take measures to avoid excessive prescription of psychotropic medication.

- Facilitate intersectoral coordination through a Technical Working Group for MHPSS with actors in health, community-based protection, child protection, SGBV, education and nutrition.

- *To ensure that emergency responses are safe, dignified, participatory, community owned, and socially and culturally acceptable.*

- *To maintain the protection and well-being of persons of concern by strengthening community and family support.*

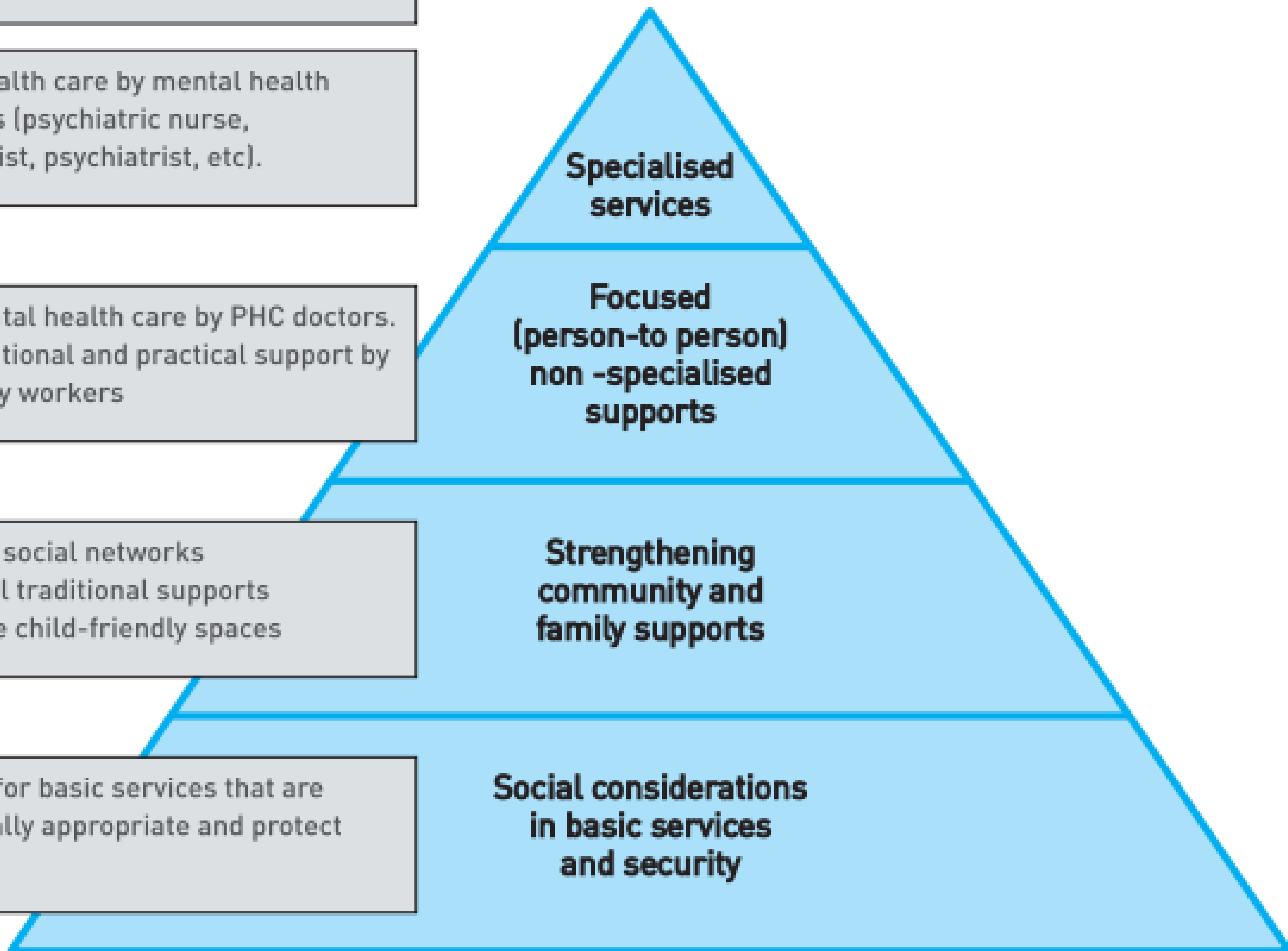
- *To ensure that persons distressed by mental health and psychosocial problems have access to appropriate care.*

- *To ensure that persons suffering from moderate or severe mental disorders have access to essential mental health services and to social care*

IASC 2007

MULTI-LAYERED MHPSS

INTERVENTION



BASIC SERVICES AND SECURITY

The well-being of all people should be protected through the (re)establishment of security, adequate governance and services that address basic physical needs (food, shelter, water, basic health care, control of communicable diseases). In most emergencies, specialists in sectors such as food, health and shelter provide basic services. An MHPSS response to the need for basic services and security may include: advocating that these services are put in place with responsible actors; documenting their impact on mental health and psychosocial well-being; and influencing humanitarian actors to deliver them in a way that promotes mental health and psychosocial well-being.

Advocacy for basic services that are safe, socially appropriate and protect dignity

Social considerations in basic services and security

COMMUNITY AND FAMILY SUPPORT

The second layer represents the emergency response for a smaller number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports. Useful responses in this layer include family tracing and reunification, assisted mourning and communal healing ceremonies, mass communication on constructive coping methods, supportive parenting programmes, formal and non-formal educational activities, livelihood activities and the activation of social networks, such as through women's groups and youth clubs.

Strengthening community and family supports

FOCUSED, NON-SPECIALIZED SUPPORT

The third layer represents the supports necessary for the still smaller number of people who additionally require more focused individual, family or group interventions by trained and supervised workers (but who may not have had years of training in specialised care). For example, survivors of gender-based violence might need a mixture of emotional and livelihood support from community workers. This layer also include psychological first aid (PFA) and basic mental health care by primary health care workers.

Basic mental health care by PHC doctors.
Basic emotional and practical support by community workers

Focused
(person-to person)
non -specialised
supports

SPECIALIZED SERVICES

The top layer of the pyramid represents the additional support required for the small percentage of the population whose suffering, despite the supports already mentioned, is intolerable and who may have significant difficulties in basic daily functioning. This assistance should include psychological or psychiatric supports for people with severe mental disorders whenever their needs exceed the capacities of existing primary/general health services.

Mental health care by mental health specialists (psychiatric nurse, psychologist, psychiatrist, etc).

The MHPSS responses:

- Psychosocial support groups (sharing experiences with other families of missing persons)
- Group sessions to share information and develop life skills
- Community sensitization activities
- Individual activities that address the families’ mental well-being
- Family visits and support for individuals who are more psychologically or geographically isolated
- Referrals to local service providers for more specialized psychological support

ICRC, 2016

Specific Components of Initial Response (Within the First Week)

- The initial response requires practical help and pragmatic support provided in an empathetic manner.
- Information regarding the situation and concerns of individuals affected should be obtained and provided to them in an honest and open manner.
- Written leaflets containing education about responses to traumatic events, helpful coping and where to seek help if necessary should be provided.
- Individuals should be actively provided with education about reactions to trauma if they are interested in receiving it.
- Psychological reactions should be normalized during the initial response.
- Individuals should be neither encouraged nor discouraged from giving detailed accounts
- The creation of a database to record personal details should be considered.

Specific Components of the Early Response (Within the First Month)

- Individuals with psychosocial difficulties should be formally assessed for further input.
- Treatment with trauma focused therapy should be available for individuals with acute stress disorder or severe acute post traumatic stress disorder.
- Evidence based interventions for individuals with other mental health difficulties should be available.
- Individuals with high levels of distress should be contacted proactively to maintain contact.
- The option of further pro-active contact should be made to those affected and their families.

Specific Components of the of the ongoing response (Beyond 3 Month)

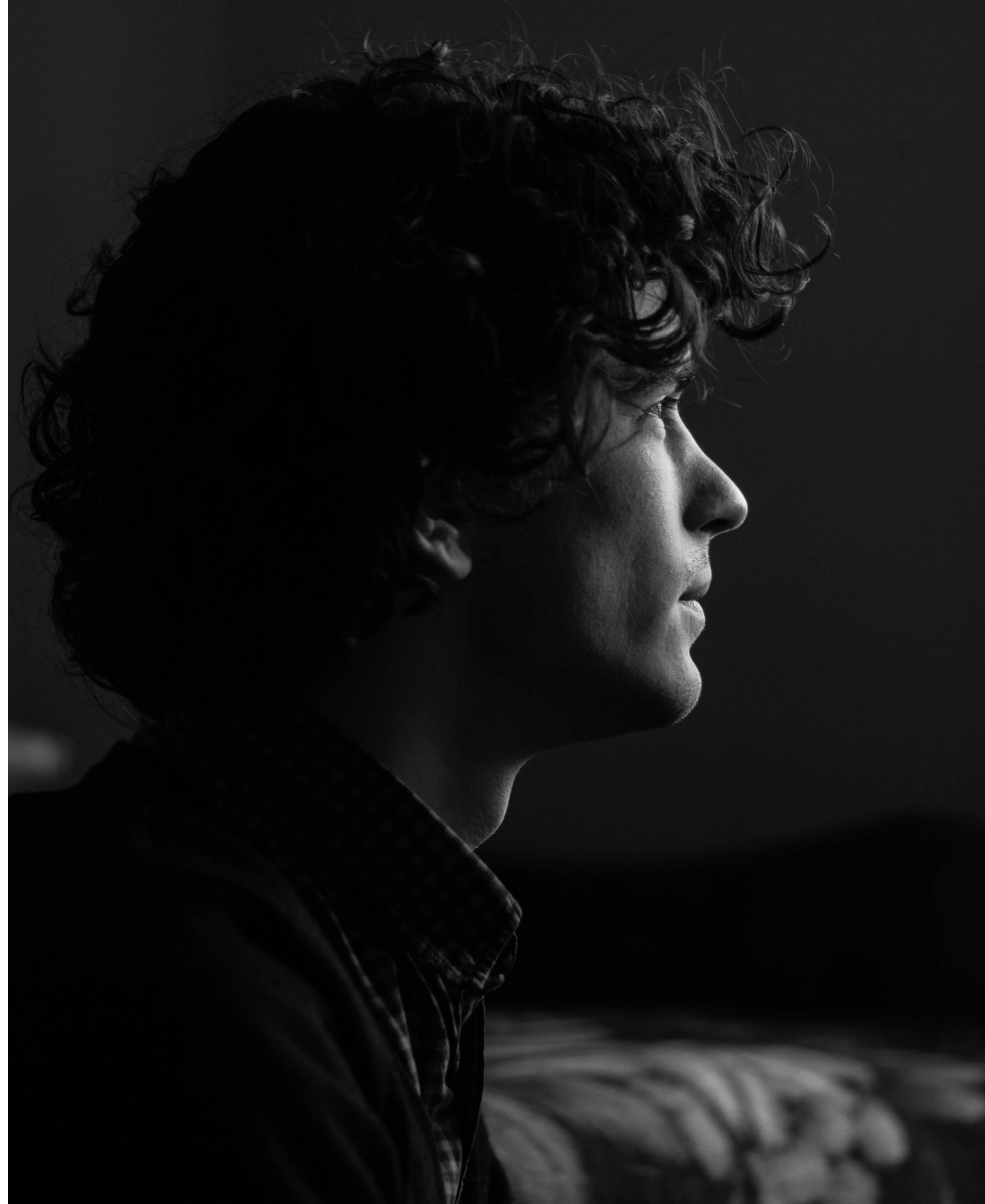
- Individuals with psychosocial difficulties should be formally assessed by a trained professional with consideration for their physical, psychological and social needs before receiving any specific intervention.
- Evidence based interventions for individuals with mental health difficulties should be available.
- Work/rehabilitation opportunities should be provided to enable those affected to re-adapt to everyday life routines and be independent.
- Detailed planning should occur with local authorities/governments and existing services to fund and provide appropriate extra provision to support local services for several years following the disaster.

NATO-TENTS, 2009

International Committee of the Red Cross

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

2016 Guidelines



VICTIMS OF VIOLENCE

may experience symptoms indicative of depression and anxiety, as well as other stress and trauma related difficulties. They are frequently stigmatized and rejected by their communities and even by their own families due to the nature of the violence experienced or resulting mental health difficulties.

MHPSS Needs

- Somatization (medically unexplained bodily symptoms such as headaches, backaches and abdominal pain), and psychosomatic problems that are triggered by psychological difficulties
- Anxiety

MHPSS Response

- Individual consultations
- Outreach, information and sensitization in the community about both mental and physical health topics
- Home visits for severe cases
- Increased awareness and understanding of the consequences of violence-related MHPSS issues

VICTIMS OF SEXUAL VIOLENCE

Sexual violence can have multiple health and social effects on victims/survivors, their social networks and their communities.

MHPSS Needs

- Guilt, shame and severe stigma surrounding sexual violence
- Anxiety
- Suicidal tendencies
- Fear, alarm, disorientation, anger
- Fears of coming forward after an attack

MHPSS Response

- Sensitization and information sessions for whole communities to address the stigma surrounding sexual violence
- Awareness-raising about available services and the importance of using them immediately after an attack
- Intensive training and coaching of key community actors (who are trusted by the victims and easily accessible) so they can provide basic psychosocial and psychological support and, when necessary, refer to mental health professionals

CHILDREN AFFECTED BY VIOLENCE

Children separated from their primary caregiver as a result of armed conflict, other situations of violence, natural disaster or migration become more vulnerable to hunger, disease, violence and sexual assault. Unaccompanied minors are thus subject to a range of MHPSS issues.

MHPSS Needs

- Aggression
- Insomnia
- Sleepwalking (and trying to escape even when they are safe)
- Constantly reliving what they witnessed or were forced to do
- Rejection by families and communities
- Problems of social reintegration

MHPSS Response

- MHPSS Response is specialize which means it would require special training in mental health and psychosocial issues. As such, psychological support for children will be done by mental professionals such as psychologist, psychiatrist and MH Counselors

MHPSS SUPPORT FOR HELPERS

Helpers are people who are active in a service-oriented front-line position. They may work in on-site recovery or emergency response or in education, health training, community mobilization, advocacy or social services. Because helpers are part of the community affected by violence, they are often going through the same difficulties as their community (death of friends and family, and loss of their home and public services) at the same time as they are providing help every day to others. This daily exposure to stressful and distressing situations means that first-aiders, first responders and other groups bear a double burden. As a result, they are often beset by mental health and psychosocial difficulties of their own.

MHPSS Needs

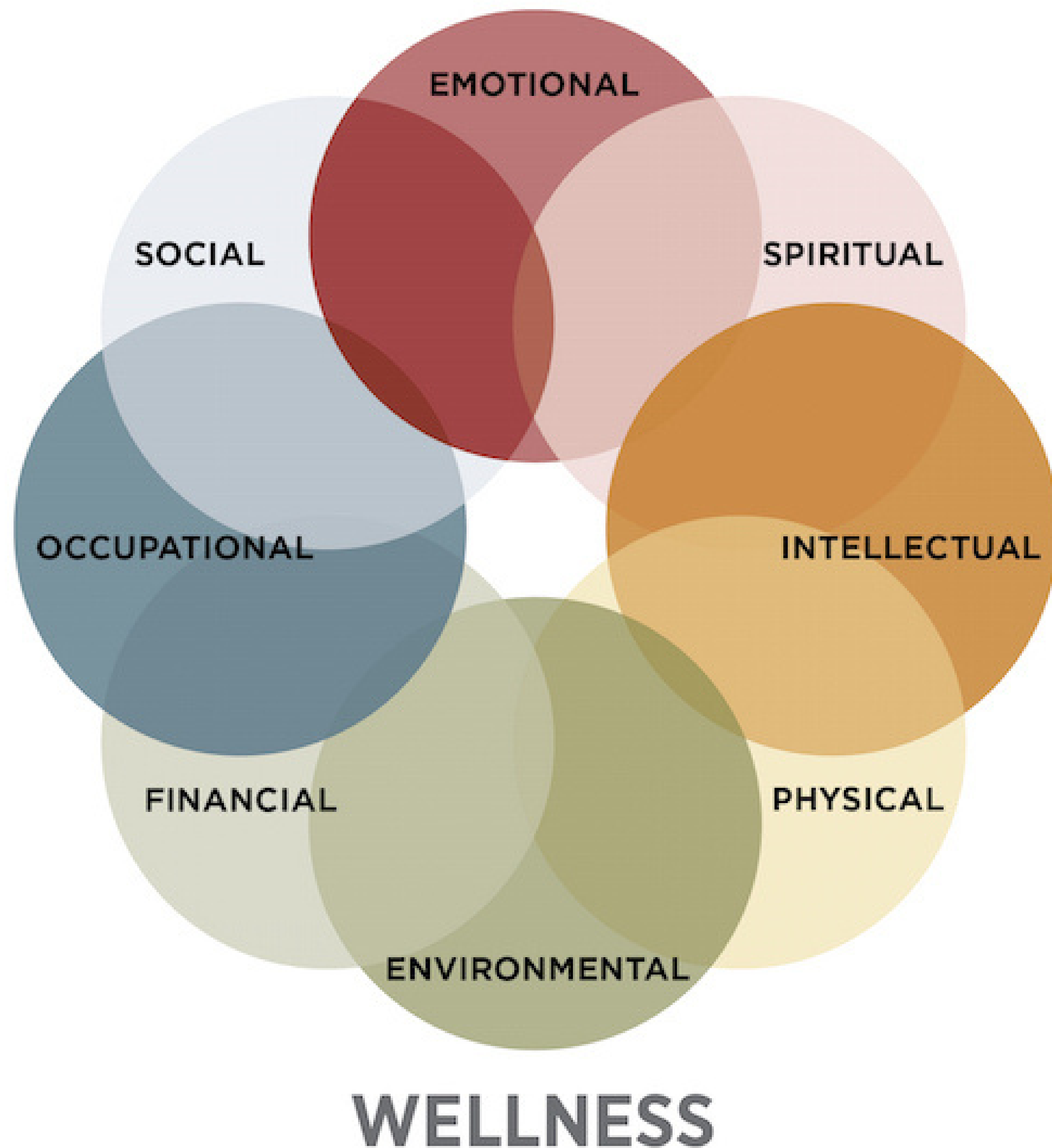
- Acute stress
- Vicarious trauma
- Secondary traumatization
- Cumulative stress reactions
- Insufficient information, guidance and support

MHPSS Response

- Setting up focus groups
- Holding individual consultations
- Creating and gathering peer support groups
- Organizing stress management activities
- Working with those who manage helpers to develop logistical/structural rules and schedules to prevent burnout
- Establishing emergency procedures to handle trauma and critical incident care
- Making referrals to external clinical staff for MHPSS follow-up

FOCUSED AND SPECIALIZED RESPONSE: MENTAL HEALTH FIRST AID

AND PSYCHOSOCIAL SUPPORT GROUP



8 DIMENSION OF WELLNESS

- **Emotional**—Coping effectively with life and creating satisfying relationships
- **Environmental**—Good health by occupying pleasant, stimulating environments that support well-being
- **Financial**—Satisfaction with current and future financial situations
- **Intellectual**—Recognizing creative abilities and finding ways to expand knowledge and skills
- **Occupational**—Personal satisfaction and enrichment from one's work
- **Physical**—Recognizing the need for physical activity, healthy foods, and sleep
- **Social**—Developing a sense of connection, belonging, and a well-developed support system
- **Spiritual**—Expanding a sense of purpose and meaning in life

SAMHSA, 2017

POOR MENTAL HEALTH

LEADS TO MENTAL HEALTH CRISIS

Be aware of indicators

SIGNS OF POOR MENTAL HEALTH AMONG ADULTS

- Confused thinking
- Prolonged depression (sadness or irritability)
- Feelings of extreme highs and lows
- Excessive fears, worries and anxieties
- Social withdrawal
- Dramatic changes in eating or sleeping habits
- Strong feelings of anger
- Strange thoughts (delusions)
- Seeing or hearing things that aren't there (hallucinations)
- Growing inability to cope with daily problems and activities
- Suicidal thoughts
- Numerous unexplained physical ailments
- Substance use

SIGNS OF POOR MENTAL HEALTH AMONG CHILDREN

- Changes in school performance
- Poor grades despite strong efforts
- Changes in sleeping and/or eating habits
- Excessive worry or anxiety (i.e. refusing to go to bed or school)
- Hyperactivity
- Persistent nightmares
- Persistent disobedience or aggression
- Frequent temper tantrums

LIVE

LISTEN

LINK

LOOK

American Red Cross

MENTAL HEALTH FIRST AID

ACTION PLAN

American Red Cross

Practicing Psychological First Aid: LOOK

LOOK for signs of stress and distress (i.e., signs that the person is not coping well).

- Pay attention to **nonverbal communication.**
  - Nonverbal communication is the sharing of information and feelings through body language, including gestures, body position, movement, facial expressions and tone of voice.
  - For example, what can you tell about how a person who is not making eye contact and is hunched over is feeling, versus a person who is paying attention and sitting upright?
- Assess the person's **resiliency** (the ability, based on skills, knowledge, experience, actions and behavior, to cope and realign from an adverse experience).

American Red Cross

Practicing Psychological First Aid: LISTEN

LISTEN to determine what kind of support the person may need.

- Ask the person about their needs and concerns.
  - Be calm, be open to listening to the person's experience, be attentive and make good eye contact.
  - It is important for the person to perceive that you are listening and you are concerned about what they have to say.
- Listening requires more than just hearing; it is showing that you care and are there to help, which in turn can promote a sense of calm and hope.
- Use the following guidelines to be a supportive listener:
  - Be present and respectful.
  - Be compassionate.
  - Consider characteristics such as the person's age, gender and cultural background.
  - Pay attention to verbal and nonverbal communication.
  - Leave space for silence. Sometimes just being there and not saying anything can be comforting.
  - Empathize.
  - Be aware of the tone and inflection of your voice.

American Red Cross

Practicing Psychological First Aid: LINK

LINK to the support systems in place to help cope with stress. These include:

- **Self:** Actions the person does individually to cope with stress (e.g., exercise, listen to music)
- **Relationships:** Healthy relationships with family, friends or colleagues (e.g., a mentor)
- **Community:** Neighborhood, club, workplace or volunteer organizations; outreach organizations for those with mental health issues (including depression and anxiety); government or not-for-profit groups offering mental health support during COVID-19
- **Culture and society:** Cultural, societal and religious support networks

Practicing Psychological First Aid: LIVE

LIVE with coping strategies in place.

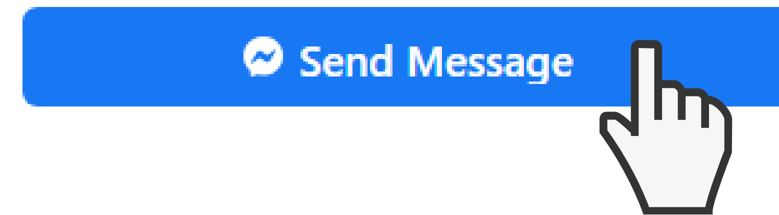
- Take breaks.
- Develop realistic expectations.
  - For example, it may not be realistic for a parent with a child at home to expect to maintain their usual level of productivity at work while stay-at-home orders are in place. Accepting this, and setting daily goals based on what can reasonably be accomplished, is an effective coping strategy.
- Listen to and support others.
- Maintain healthy habits.
- Practice stress management techniques (e.g., breathing, mindfulness, relaxation techniques, exercise).
- Maintain healthy relationships.
- Ask for help if you need it.

Virtual Mental Health and Psychosocial Chat Support

How to avail:

Step 1: Visit our FB Page

Gestalt Wellness Institute Southeast Asia Inc.
Mental Health Service



Step 2: Send your Information with this format:

Name/Alias: Juan Cruz
Age: 22
Concern: Anxious, No Sleep

Step 3: Wait for response from our Chat Support

GWISEA Team:

Kirk Patrick S. Castro, RPm, RGC, CLSC
Chief Executive Director

Rennyvonne Fae Ledesma, RPsy
Quality Management Director

Sameera Sachdev, MA
Managing Director

Lynn Rocelle Indolos, MD
Psychiatrist

Philipp Chen Tan, RPsy
Psychologist

Chinmie Mildin M. Cervantes, RPm
Ara May Niña B. Real, RPm
Orchid Janine Quidano, RPm
Psychometricians