



Strengthening Mental Health and Psychosocial Support in UNHCR

Annual Report 2023

Acronyms and Abbreviations

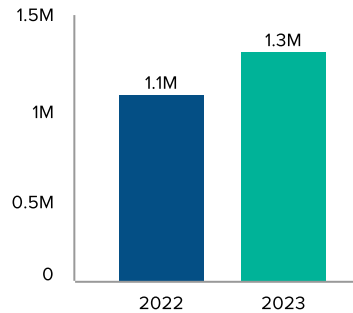
CBP	Community-based Protection
GBV	Gender-based Violence
IPT	Interpersonal Psychotherapy
iRHIS	Integrated Refugee Health Information System
mhGAP-HIG	Mental Health Gap Action Programme – Humanitarian Intervention Guide
MHPSS	Mental Health and Psychosocial Support
MNS	Mental, Neurological and Substance Use Conditions
MSP	Minimum Service Package
OV	Outreach Volunteers
PM+	Problem Management Plus
PFA	Psychological First Aid
RSD	Refugee Status Determination
SEL	Social and Emotional Learning

Key Highlights

Mental health and psychosocial wellbeing are integral to UNHCR’s approach to public health, protection, and education. This report outlines some of the major achievements in 2023.

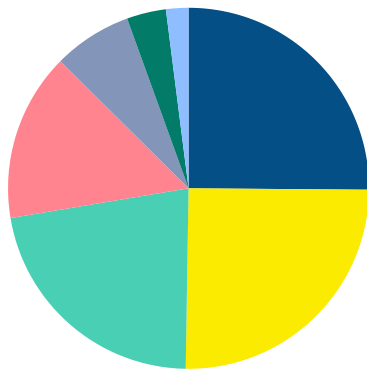
UNHCR’s multisectoral monitoring contains an indicator on the number of people who have received Mental Health and Psychosocial Support (MHPSS) services. In 2023, this number was 1.3 million, up from 1.1 million in 2022. This global indicator reports MHPSS services and support by UNHCR and partners in multiple sectors including health and protection. It shows that in 2023, the service level could be maintained, despite various operations facing significant budget reductions.

Number of people who have received MHPSS services



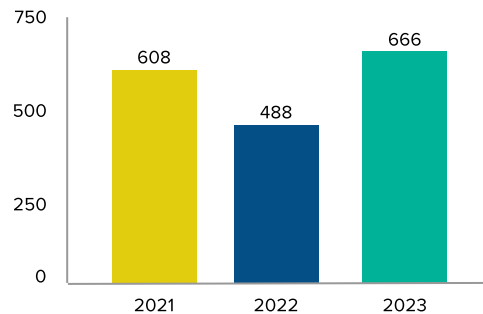
113 pledges at the [Global Refugee Forum 2023](#) were related to MHPSS

People who received Mental Health and Psychosocial Support

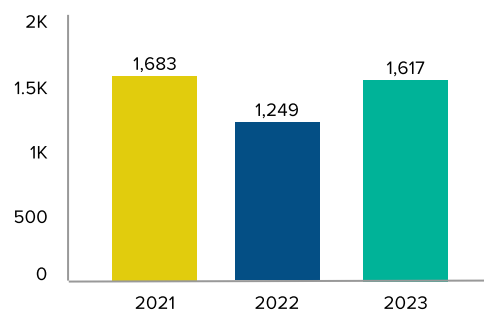


- Asia and the Pacific **25%**
- East and Horn of Africa, and Great Lakes **25%**
- Europe **22%**
- Middle East and North Africa **15%**
- Americas **7%**
- West and Central Africa **4%**
- Southern Africa **2%**

People trained in scalable psychological interventions



Healthcare staff trained in mhGAP (identification and management of mental, neurological and substance use conditions)





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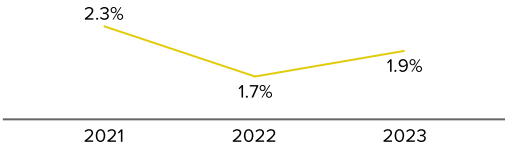
MHPSS in Health

Consultations for Mental, Neurological and Substance Use Conditions in Primary Care

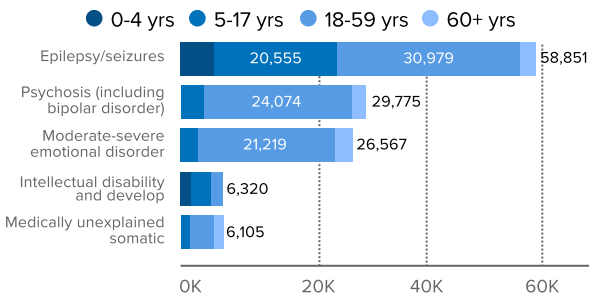
UNHCR’s integrated Refugee Health Information System (iRHIS) collects routine data from primary health care facilities in 227 refugee settlements. In 2023, consultations for mental, neurological and substance use (MNS) conditions accounted for 1.9% of all consultations, comparable to last year. The main diagnostic categories were epilepsy, psychosis, and moderate/severe emotional disorders. Among children, epilepsy was the most frequently diagnosed MNS condition. There were clear gender differences: Of the consultations for adults (18-59 years) with depression 70% were women, while only 18% of the consultations for alcohol and substance use concerned women. Consultations for medically unexplained somatic complaints (65%) and dementia/delirium (69%) were also predominantly among women. For psychosis

(52%) and epilepsy (50%) there was no preponderance of women in the consultations. For more information about UNHCR's health programmes, see the [Annual Public Health Global Review 2023](#).

Consultations for MNS conditions (%)



Main causes of mental health conditions by age

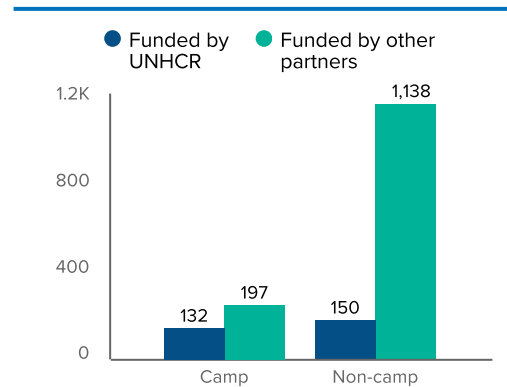


Training of Health Care Providers

In camps and settlements, treatment for MNS conditions is usually provided by trained general health professionals and/or psychiatric nurses. Training general health workers to become competent in identifying and managing mental, neurological and substance use conditions requires ongoing capacity building. This can be done with the [WHO/UNHCR mhGAP Humanitarian Intervention Guide for Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies](#). In 2023, 1,617 health staff were trained in mhGAP: 17% through UNHCR funded partners and 83% through self-funded NGOs or

national governments. Of the 145 camps hosting more than 25,000 people, 131 (90%) reported to have a psychiatric nurse available.

Number of health staff trained to identify and manage mental health conditions with mhGAP in 2023



Strengthening care for NCDs and mental health in Tanzania

In partnership with the World Diabetes Foundation, UNHCR set up activities to improve care for people with noncommunicable diseases such as diabetes and hypertension. The activities consisted of raising awareness among communities, improving infrastructure and training health care providers. Within the trainings for health workers, specific attention was paid to mental health care, including psychosocial counselling for people who are diagnosed with noncommunicable diseases. In the camps in northwest Tanzania, 22 general health workers received training in the identification and management of priority mental health conditions with the WHO/UNHCR mhGAP HIG. Trainers from the TAPCAP (Tanzania Association for Professional Counsellors and Psychologists) and MEHETA (Mental Health Association of Tanzania) will also act as clinical

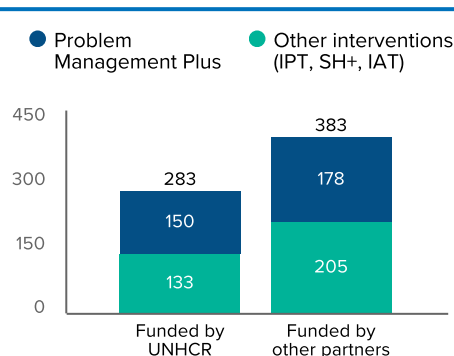


supervisors. Moreover, in Nduta refugee camp a psychiatric clinical officer is available. Community health workers were also trained in identification and referral of people with mental health issues. When people with mental health conditions need referral, they are referred to the nearby psychiatric hospital in Kasaka. Despite significant decreases in funding in Tanzania, UNHCR was able to sustain basic mental health services.

Capacity-building on scalable psychosocial interventions

Medical treatment for mental health conditions in primary care needs to be complemented by psychological interventions. UNHCR encourages the use of brief-evidence based psychological treatments, including those that can be delivered by trained non-specialists. In 2023, people in refugee settings were thus trained, in [Problem Management Plus](#) (49%) and the others on [Self Help Plus](#), [Interpersonal Psychotherapy](#) or [Integrative Adapt Therapy](#).

Number of people trained in scalable psychological interventions in 2023



Capacity-building in Interpersonal Psychotherapy (IPT) in Bangladesh and Peru

UNHCR collaborates with Teachers College at Columbia University New York to train providers of Interpersonal Psychotherapy (IPT). This form of psychotherapy addresses problem areas that can trigger depressive episodes such as grief, interpersonal conflicts, dysfunctional relationships, and role transitions. In 2023, the collaboration entered a new phase by not only training new IPT providers but also training some existing providers to become IPT trainers/ supervisors.

In **Peru**, the training involved 40 displaced Venezuelans from community-based organizations and employees from Peruvian state health system and humanitarian workers. In **Bangladesh**, 25 psychologists and humanitarian staff were trained. Upon completion of their training, 17 new trainers and supervisors will have the opportunity to obtain certification as international trainers in Interpersonal Psychotherapy (IPT).

Problem Management Plus (PM+) in Lebanon

UNHCR and Save the Children partnered to strengthen the community's capacities to deliver psychosocial support, in coordination with the National Mental Health Programme, UNICEF and WHO. In 2023, 62 trained Outreach Volunteers (OVs) reached 5,712 persons (65% women) through group PM+ sessions (a 5-session counselling model), peer support groups sessions and psychological

first aid. Impact was significant: 77% of group PM+ participants reported improvement in functioning and reduced low-mood and distress three weeks after completion of the OV-led sessions. The trained OVs also benefitted through increased skills, greater knowledge, positive changes in personality and satisfaction from witnessing positive impacts in participants.



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MHPSS in Protection

UNHCR integrates MHPSS into existing protection work, particularly community-based

protection, child protection (CP) and GBV prevention and response.

Child Protection

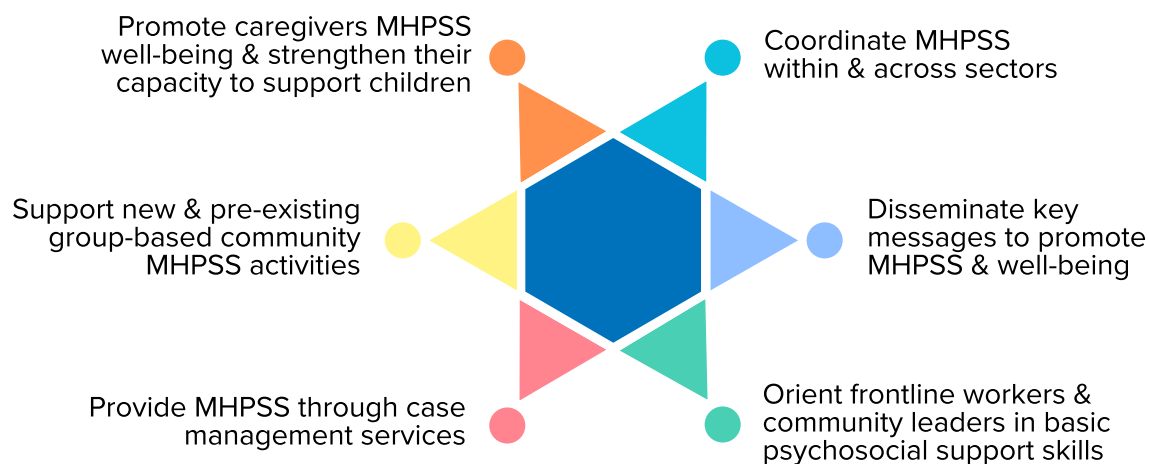
Conflict and displacement pose severe threats to the health, safety, and overall well-being of children, families, and entire communities, disrupting the very fabric of children's lives, undermining their contextual, cultural, and social environments, thereby impeding their ability to engage in daily activities comfortably and safely. Additionally, they place immense strain on parents and caregivers, who must navigate numerous challenges in meeting their children's needs while simultaneously managing significant risks to their own lives and well-being. Children affected by conflict

and displacement face neglect, violence and exploitation and are at increased risk of psychosocial distress, while psychosocial distress can in turn increase the risk of children being exposed to violence, abuse and exploitation. Integrating MHPSS into child protection interventions provides a more robust response to the safety and well-being needs of children, their families and communities. In 2023, UNHCR developed an Issue Brief on MHPSS and a Guidance Note on Child Protection and Integration to strengthen integration and complementarity between CP

and MHPSS. These documents provide clarity on the strategic investments and core MHPSS actions that UNHCR operations should

undertake in CP programming and are aligned with the [Minimum Service Package for MHPSS](#) and the [UNHCR Policy on Child Protection](#).

6 core actions for integrating MHPSS into child protection



Adapted from the IASC Minimum Service Package for MHPSS

MHPSS integrated into child protection activities in Ukraine

In Ukraine, to promote children’s well-being, development and resilience, the Child Protection Sub-Cluster provided numerous community-based protection, psychosocial and recreational activities in 2023. UNHCR made significant contributions to these achievements, reaching 54,687 children with community-based individual and group psychosocial support activities guided by trained specialists and non-specialists. Through regular, structured, and guided community-based recreational and psychosocial support group activities, children have been provided with opportunities to play, socialize, learn new skills, and promote self-

expression through diverse types recreational, sports, religious, artistic, cultural, movement-based, peer-to-peer and/or life skills activities. Children and caregivers who participated in community-based protection, recreational and psychosocial support activities also received child-sensitive information on child rights, emerging protection issues and identified risks in communities, and on the availability of critical state and humanitarian services. As part of UNHCR’s commitment to ensure that forcibly displaced children are safe where they live, learn and play, UNHCR partners established and maintained 124 child-friendly spaces and safe spaces.

Community-based Protection (CBP)

CBP and MHPSS are strongly linked and reinforce each other. When communities can influence decisions, are enabled to exercise their agency and are empowered to address the protection needs in their community, this gives individuals a sense of purpose and meaning, strengthens social bonds, and can reduce anxiety and stress and so create a positive impact on their psychosocial wellbeing. Communities with strong psychosocial support systems can better handle challenges and setbacks, and individuals are motivated to engage in community activities contributing to the wellbeing of the community to which they feel a sense of belonging. Applying a community-based protection approach helps UNHCR to identify protection issues communities, to

support positive community self-protection measures and to work with communities to mitigate negative coping mechanisms. In 2023, UNHCR enhanced participation of displaced persons, including in the context of the Global Refugee Forum, by 1) establishing an advisory board of organizations led by displaced and stateless people to advise on meaningful participation; 2) supporting community action through grant agreements and the refugee-led innovation fund, and 3) develop tools to systematically analyse data received during participatory assessments to support programme design and adaptation. Many partners already integrate MHPSS in the work of community outreach volunteers and community centres including in urban settings in Egypt, Lebanon, Syria, and Iraq.



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MHPSS case management for adults and children in Syria

UNHCR in Syria has a long history of providing mental health and psychosocial support through case management. Robust [technical capacity](#) was developed for [over 15 years](#), initially to address MHPSS issues among Iraqi refugees, and then expanding it to meet the MHPSS needs of IDPs affected by the Syria crisis. As funding decreased, UNHCR Syria was able to maintain robust MHPSS case management in 2023. Through 18 partners working within a network of 110 community centres, and multi-disciplinary clinics spread out across 14 governorates, 10,106 people (of whom one third were children) received MHPSS case management. This includes refugees and asylum seekers, IDPs, returnees, and others in the host community. Most beneficiaries (78%) were female, many of whom had experienced traumatic events, had mental health conditions, or were survivors of gender-based violence. Poverty, parental

problems, and lack of social support were among the main issues compounding vulnerabilities. Client feedback surveys showed positive experiences with case managers, satisfaction with the services received, and a high likelihood of recommending case management to others.

About 12% of the cases for case management were referred by outreach volunteers and mobile teams who had been trained on the provision of psychological first aid and basic psychosocial support. In addition, 62,136 children and caregivers benefited from social/recreational events and awareness-raising sessions. Topics were selected based on communities' needs and concerns such as expected psychosocial reactions to natural disasters among children, signs/coping mechanisms, the management of anxiety and stress, depression and suicide prevention, bed wetting in children and stuttering.



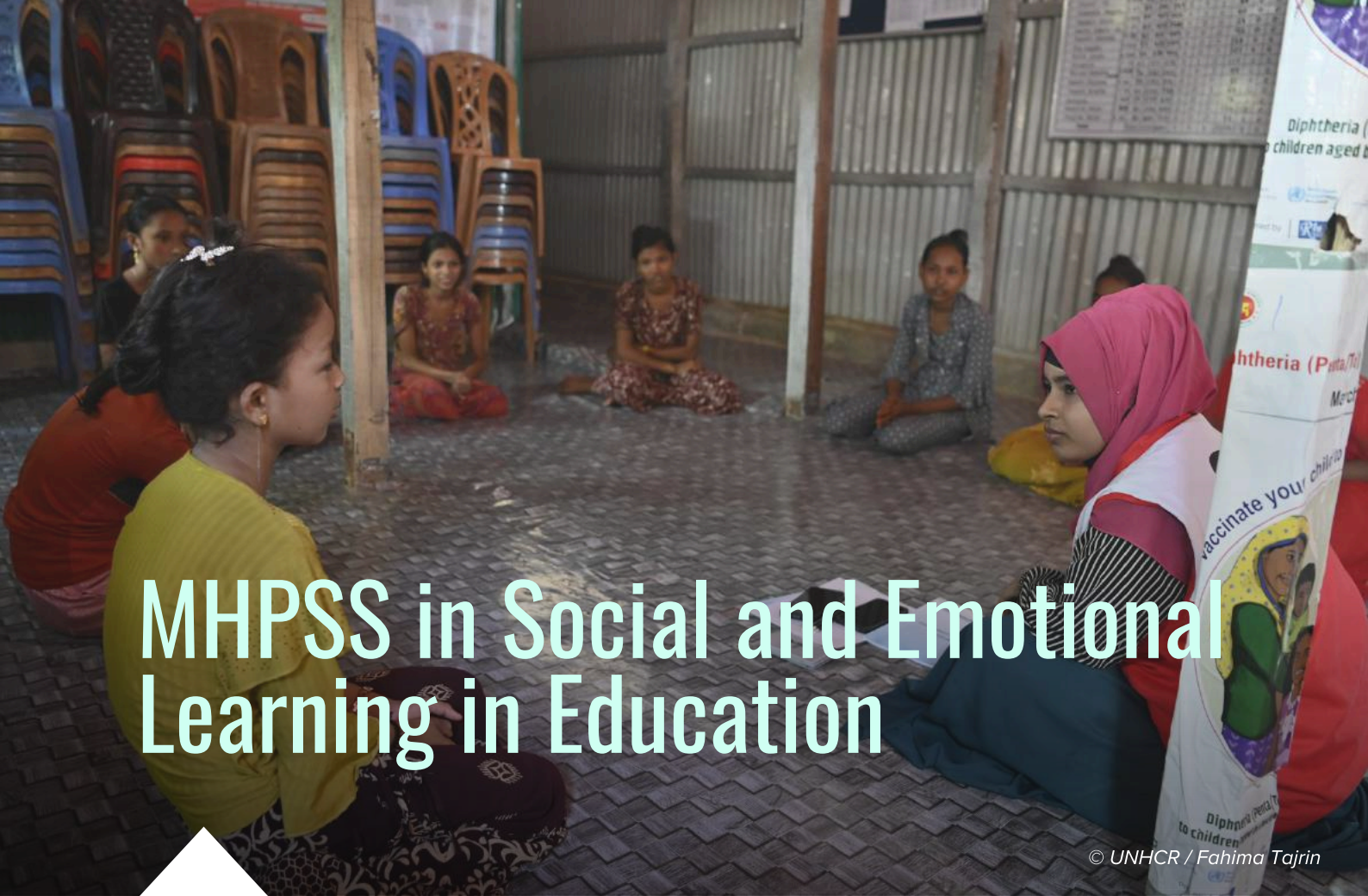
MHPSS in Gender-based Violence Programming

MHPSS and GBV interventions are mutually reinforcing in terms of response, prevention and building resilience. GBV has significant and long-lasting impacts on mental health and well-being. A central part of UNHCR's GBV programming is to ensure quality case management for GBV survivors based on a survivor-centred approach and GBV guiding principles. This means safe and meaningful access to MHPSS adapted to GBV survivors' ages and needs. UNHCR has prioritized this year improved institutional capacity around engagement with GBV survivors and survivor-centered approaches through the development of key guidance and trainings on safe disclosures and the translation and dissemination of the Interagency GBV Standard Operating Procedures. The [Safe Disclosure Facilitation Package](#) (2023), aims to build capacity of frontline workers from all sectors to handle disclosures of GBV incidents. Health facilities, including MHPSS services, are key entry points for GBV survivors, especially in situations – such as in Afghanistan - where GBV services cannot be directly provided. Therefore, health service



providers are being provided with tools to respond to GBV disclosures, and to improve referral for survivors to specialized GBV services.

To improve the quality of referrals, UNHCR and the GBV Area of Responsibility (AoR) translated the revised GBV Standard Operating Procedures Guidance Package, into French, Spanish and Arabic in 2023. The revised SOPs have enhanced guidance on MHPSS, encouraging GBV coordination mechanisms to develop SOPs in coordination with MHPSS actors. However, service providers for MHPSS and GBV may have limited understanding of the interlinkages between protection from GBV and MHPSS. Therefore, in 2023, UNHCR conducted a “*Global GBV Minimum Standards Course*” for personnel with a focus on GBV coordination in refugee and mixed settings. By the end of the training, participants reported feeling confident in implementing the GBV minimum standards on health care and on psychosocial support.



MHPSS in Social and Emotional Learning in Education

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Mental health and psychosocial wellbeing and social and emotional skills are essential for better quality of learning and teaching in forced displacement contexts. [UNHCR's 2030 Education Strategy](#) articulates the importance of creating conditions for refugee learners and teachers to feel safe and supported, enabling

social and emotional learning (SEL) and improving learner and teacher wellbeing. In 2023, UNHCR prioritized MHPSS+SEL in education through advocacy, strategic partnerships, collective learning, and innovative programming.

Collective Learning

A major focus of HQ Education Section activities in 2023 was to identify best practices and practical approaches to integrate MHPSS+SEL interventions into the education sector through collective learning and knowledge exchange opportunities between country, regional and HQ UNHCR and partner staff. In September, the Education Section and MHPSS Unit at HQs, coordinated a webinar for

22 UNHCR and partners' staff involved in education programming in Pakistan. Participants received an orientation on the MHPSS Minimum Service Package and discussed how to integrate MHPSS and SEL elements within education interventions, with a specific focus on enhancing teacher wellbeing and training and group activities such as sport and play.

Additionally, the MHPSS+SEL was a critical component within the Basic Education Regional Workshop co-convened by the HQ Education Section and the Regional Bureaus for MENA and Asia and Pacific that was held in Istanbul in November and attended by 34 UNHCR education staff.

The workshop offered a space to share country examples and strategic insights into successful existing approaches to embed MHPSS+SEL in education interventions in and around the school community.

Training teachers on MHPSS+SEL in Bangladesh



UNHCR, in partnership with BRAC Institute of Educational Development, offered a certified teacher professional development programme in participatory pedagogy to a total of 4,006 Rohingya refugee teachers and Bangladeshi teachers (2,745 refugees and 1,261 host teachers) across refugee camps in Cox's Bazar, along with ongoing supervision and on-the-job support. Additionally, a Training of Trainers scheme was established, focusing on MHPSS and trauma-informed care for teachers and school-based staff. These interventions had positive impacts in the classroom and led

to improved relationships between teachers and learners and an increase in the overall wellbeing of teachers who reported feeling equipped with the necessary skills to address learner needs. Participatory teaching and learning techniques incorporating social and emotional elements and play-based methods contributed to enhancing the classroom environment. An increase in teacher retention rate and higher levels of motivation were also recorded. Of note: while positive outcomes were observed, no formal assessment or impact study was conducted.



Working in Partnership

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MHPSS in the Global Refugee Forum

At the Global Refugee Forum 2023 a total of 113 newly submitted pledges were related to the multi-stakeholder pledge to [foster sustainable and equitable access to mental health and psychosocial support \(MHPSS\) and related services at affordable costs for all refugees and host communities](#).

Among these pledges was a Joint Global Policy and Technical Support pledge around MHPSS that was developed by the European Commission, Germany, the Netherlands, joined by 13 other entities, States, UN agencies, INGOs, and academia. Significant pledges were announced around MHPSS by governments, private organisations and NGOs.

On December 13, 2023, these pledges were presented at the High-Level Event “*Achieving health and wellbeing for all: Strengthening .health systems and mental health & psychosocial support for refugees and host communities*”. Over 200 participants attended this event.

In the lead-up to the Global Refugee Forum (GRF), a thematic Task Team on MHPSS+SEL in education was established within the [GRF Education Alliance](#) to work together to increase awareness and support for MHPSS+SEL for students and teachers in refugee contexts. Under the stewardship of IRC, the LEGO Foundation, Right to Play International, UNICEF and UNHCR, the Task

Team comprised of over 50 stakeholders including UN agencies, INGOs and local NGOs, philanthropy, private sector, and refugee youth advocates. The Education MHPSS+SEL Task Team coordinated and facilitated a session at the Education Campus, an education-themed GRF linked event organised by UNHCR and the GRF Education Alliance. As part of its advocacy efforts, the

Education MHPSS+SEL Task Team authored an [advocacy brief](#) and formulated a global multistakeholder pledge “Promoting MHPSS+SEL as an enabler to education outcomes for refugee, displaced, and host community children and youth that has been endorsed by over 25 entities, that will convene annually to review and advance progress.



Minimum Service Package for MHPSS

The new [Minimum Service Package for MHPSS](#) (2022) describes priority activities to address the mental health and psychosocial support needs of affected populations in humanitarian settings. It is a multisectoral package that guides different sectors how to integrate MHPSS into their programming. The tool was developed by UN agencies, with the support from the European Commission

(ECHO) and the Government of the Netherlands, who both have committed to promote to use of the package in their humanitarian portfolio. UNHCR, together with UNICEF, WHO and UNFPA, worked to support the implementation of the package in a range of countries (Myanmar, Mozambique, Iran, Belarus, NW Syria, Ethiopia, and Pakistan).

Using the Minimum Service Package (MSP) to strengthen MHPSS activities in Ethiopia and Pakistan

In **Ethiopia**, a UNHCR consultant worked closely with the UN partners and the national MHPSS Technical Working Group chaired by the Ministry of Health (Ethiopian Public Health Institute) and the Ministry of Women and Social Affairs. In three regions (Gambella, Tigray and Addis Ababa) orientation workshops (88 participants) helped participants to strengthen MHPSS activities and programming. A Training of Trainers with 34 participants from all regions of the country, including government, NGO, and UN stakeholders developed the capacity of participants to use the MSP for advocacy, programme planning and design, and strategic planning. Subsequently, an MSP Task Force with representatives from each region was formed to support dissemination efforts across the country. In depth workshops were held by task force members in various regions including Amhara (21 participants), Assosa (20 participants), Shire (27 participants), Afar (18 participants), Mekelle (25 participants) and Gambella (25 participants). At the national level, MSP trainers from the ToT held a 1-day advocacy workshop for government

representatives from the Ministry of Health, the Ethiopian Public Health Institute and the Refugees and Returnee Services.



In **Pakistan**, remote and in-person technical support was provided to strengthen MHPSS activities and capacities. Workshops for programme managers, supervisors and organizations executives were held in Peshawar, Quetta, Karachi, and Islamabad (90 participants). Besides, a cohort of psychologists learned how to organize competency-based training on basic psychosocial support skills for frontline workers. A workshop was held to reinforce MHPSS + SEL within primary education programming in Pakistan. These workshops helped in priority setting for MHPSS as important strategic area for UNHCR Pakistan and partners. The MSP also provided an opportunity improve coordination in each province. As a result, in Khyber Pakhtunkhwa, a MHPSS Technical Working Group was created.



MHPSS as a Cross-cutting Issue

The ExCom Conclusion on MHPSS (2022) galvanized attention for MHPSS as a multi-sectoral issue, see new chapters on MHPSS in UNHCR guidance ranging from emergencies (see: [UNHCR Emergency Handbook](#)) to durable solutions (see: [UNHCR's Integration Handbook for Resettled Refugees](#)).

UNHCR also developed a Job Aid for personnel involved in refugee status determination (RSD) to assist interviewing applicants with mental health conditions and intellectual or psychosocial disabilities. Targeted resources, guidance, training, and tools developed since, in addition to the RSD PS: Job aid (translated in Arabic, French,

Spanish Russian) and referral form for Psychological Assessment for RSD purposes. The Interviewing for Protection e-Learning Course contains guidance on interviewing persons with mental health conditions, intellectual and psychosocial disabilities. An e-learning tool to assist RSD staff is being finalized and will be released in 2024.

In 2023, UNHCR's Innovation Service's Digital Innovation Programme launched a call for proposals with a specific attention for digital MHPSS, building on the review on '[Designing Safe Digital Mental Health and Psychosocial Support \(MHPSS\) for Displaced and Stateless Adolescents](#)' (2023).

Regional Training of Trainers on Community Arts in Bulgaria

UNHCR, in partnership with Artolution, gathered 18 refugee and host community artists from nine countries across Europe (Moldova, Ukraine, Bosnia and Herzegovina, Bulgaria, Romania, Slovakia, Hungary, Czech Republic, Poland) to attend a Training of Trainers on the use of the arts in community-based supports. The training was held over two weeks in Sofia, Bulgaria and culminated in the painting of a mural by Bulgarian, Afghan, Syrian and Ukrainian children and youth. The objective of the regional project was to strengthen the implementation of arts-based community activities to provide creative outlets for expression, recovery, and resiliency building. These activities foster a sense of belonging, connection, and empowerment among community members, contributing to overall well-being and social cohesion

Following the training the artists returned to their respective countries and were supported by UNHCR to facilitate community-arts projects, engaging refugee and host community children, youth, and families from across the region and world.



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Emergency support in Chad

Since April 2023, Eastern Chad received over half a million new arrivals from Sudan, adding to the existing 500,000+ Sudanese refugees. The government and UNHCR identified MHPSS a key priority for the response. UNHCR hosted a six-month inter-agency deployee from the [MHPSS Surge Mechanism](#). Despite major shortages in funding and harsh conditions for humanitarian programming, significant achievements were realized, including: **1)** the establishment of a Technical Working Group for MHPSS in Adré in which 18 partner organisations in protection, health and education participate under the leadership of the Ministry of Public Health; **2)** training of 114 NGO and health service workers in psychological first aid, psychosocial rehabilitation, basic MHPSS skills and group

rehabilitation, basic MHPSS skills and group activities to support children; and **3)** training over 200 members of the refugee community (including volunteers and teachers) in basic psychosocial helping skills. Within the public health facilities of each camp a staff trained in the identification and management of priority mental health conditions was available (13,144 consultations for mental, neurological and substance use conditions in 2023). The psychiatrist of health partner International Rescue Committee organized training and supervision using mhGAP methodology. Psychosocial group activities for more than 1,600 children were organized in child-friendly spaces. Mass awareness campaigns around positive coping mechanisms and mental health were also set up.



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Global Clusters

The **Global Cluster for Camp Coordination and Camp Management (CCCM)** published a new Coordination Toolkit that contains a [section on MHPSS](#) that describes what CCCM actors can do to contribute towards individual and communal wellbeing, for example through the engagement of settlement residents in decision making and the provision of support to community-led initiatives and by training on Psychological First Aid. The new CCCM Training Package includes a section on ‘MHPSS and related minimum standards for camp management’. At the Global CCCM Cluster Annual Meeting, a session was dedicated to MHPSS with the purpose to further improve CCCM practitioners understanding of MHPSS, familiarize them with the Minimum Service Package for MHPSS.

The **Global Shelter Cluster** facilitates increasing awareness of the connections between living conditions, humanitarian shelter responses and mental health and well-being. A policy paper on ‘Shelter and Settlements, MHPSS and well-being outcomes’ was developed in 2023, showcasing the linkages between MHPSS and living conditions in humanitarian contexts. Through its working group on “[Inclusion of Persons with Disabilities in Shelter Programming](#)”, the GSC is supporting country teams to include considerations that go beyond “standardized solutions” at shelter and settlements level with Checklists and guidance ([‘All under one roof’](#)).

The **Global Protection Cluster** monitors quarterly the severity of protection risks across 31 operations. On average, the protection risk of psychological/emotional abuse or inflicted distress is reported as high

across all protection cluster operations. Syria, South Sudan and Ukraine presented the highest levels, followed by Afghanistan, Burkina Faso, Cameroon, Chad, DRC, Ethiopia, Mali, Myanmar, Niger, Palestine, Sudan and Yemen. These results demonstrate the need to consider MHPSS issues at the onset of a crisis through a multi-sectoral approach. In order to facilitate this, the Global Protection Cluster continued to promote that protection perspectives are integrated into multi-sectoral MHPSS coordination efforts and joint analysis of protection risks, as highlighted in the IASC Handbook of MHPSS Coordination (2022) and by facilitating the introduction and implementation of the IASC [Minimum Service Package for MHPSS](#) and by encouraging Protection Cluster Areas of Responsibility (AoRs) to systematically incorporate MHPSS into their programming.



Operational Research

In many operations UNHCR is actively involving refugees in delivering psychological interventions, including in Bangladesh and Peru (through collaboration with Columbia University New York), and in Lebanon and Uganda (through the multi-agency PROSPECTS programme). This has led to various research publications from MHPSS work with refugees in [Colombia](#), [Egypt](#), the [Netherlands](#), [Peru](#), [Uganda](#), and [Zambia](#).

UNHCR was also involved in publications that synthesize what is known about culture and context and MHPSS of refugee groups. In 2023 this led to review papers on

- [Culture, context and mental health and psychosocial well-being of refugees and internally displaced persons from South Sudan](#) and on
- [Afghan mental health and psychosocial well-being: thematic review of four decades of research and interventions](#).

Research on Problem Management Plus with displaced Venezuelan women in Colombia

In Barranquilla, Colombia, UNHCR facilitated a research project around implementation of a 5-session group counselling ('Problem Management Plus'). The intervention was delivered by trained female volunteers who supported Venezuelan and displaced Colombian women. A 6-minute video of the project can be found [here](#). Problem Management Plus is part of UNHCR-recommended tools for Mental Health and Psychosocial Support and is widely used by partners in the Middle East and Africa but not so much yet in Latin America. The research

findings are important for the MHPSS programming of UNHCR globally and in Latin America. A [protocol paper](#) was published in 2023. Preliminary findings show that delivery of the intervention by volunteers who were fully trained and supervised by mental health professionals was similarly effective to deliver the intervention by volunteers who were trained and supervised by other volunteers. Another finding is that participants in more stable, less marginalized positions improved most. Also, women who were GBV survivors tended to benefit more.

Addressing substance use conditions in refugee settings

Prevention and treatment of substance use conditions is a major unaddressed need in humanitarian emergencies and settings of displacement. To address this, UNHCR, WHO and UNODC (the United Nations Office on Drugs and Crime) co-lead a thematic working group of the IASC Reference Group on MHPSS.

The group has prepared training/orientation materials for community workers to assist them in supporting people with substance use issues in their communities. These materials will soon be piloted in a selected number of settings. The group was also involved in an [editorial](#) in *Addiction*, a leading academic journal on substance use.

Capacity Building

UNHCR supports partner organisations to integrate MHPSS into their work. In 2023, this was done by 14 expatriate and 12 national MHPSS experts working in our various operations.

Twenty UNHCR colleagues from 13 country operations took part in the intensive 75 hours online course Mental Health in Complex Emergencies (MHCE) by Fordham University. Most of these were national staff who learned to improve MHPSS programming in their operations:

- *“The MHCE course provided me with the tools to focus on practical actions that can bring relief to the individuals I have trained, including the Mexican government and UNHCR partners on MHPSS. It has helped me mainstream mental health across all operational axes. Learning new tools and receiving ideas on how actions are implemented in other parts of the world involving the community has sparked interest and hope.”* **(Ximena Arroyo, Senior Protection Assistant, UNHCR Mexico)**

- *“The MHCE course gave me invaluable insights into the nuances of psychological support in different humanitarian settings. The course delivered knowledge, tools, and perspectives which have profoundly enhanced my understanding of MHPSS work universally, allowing me to offer more comprehensive and effective support that directly contributes into the well-being of the Sahrawi refugees in Tindouf.”* **(Ferhat Barour, Senior Public Health Associate, UNHCR Algeria)**



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