

# MHPSS IN COMMUNITIES



COVID-19 response  
Program Adaptation



## HOW HAS COVID-19 AFFECTED THE MENTAL HEALTH AND WELLBEING OF OUR CLIENTS?

As the COVID-19 pandemic has spread, it has impacted the health and wellbeing of communities across the globe. Mental health and psychosocial support (MHPSS) needs have steadily increased since the beginning of March 2020. Fundamental to the mental health of women, girls, boys and men is for them to feel a sense of power, safety and security. Those who already have less power in their communities and homes, due to inequality based on age, gender, disability and other intersecting inequalities, often have increased needs for MHPSS support to recover from trauma and displacement.

IRC COVID-19 protection monitoring data from Iraq shows that the most common protection risks reported by respondents include trauma, stress and anxiety, as cited by 49% of the overall community, 62% of women and girls, 52% of children, 52% of persons with disabilities and 59% of older people.[1] There is strong evidence for links between violence and a range of negative outcomes, including increased risks to mental health and psychosocial wellbeing across the lifespan.[8]

Girls and boys have lost access to schools and safe spaces, and are cut off from peers, facilitators and PSS.[2] Caregivers have additional stress due to reduced ability to provide for the basic needs of their families and the additional responsibility of having their children at home. This stress often deteriorates the relationship between parents and their children, which can result in increased violence in the home.

Restrictions on movement and therefore access to basic needs and social networks have worsened the wellbeing of those groups who were already at high risk of discrimination and rights violations, such as refugees and those without civil documentation.[3] Isolation has also had significant impacts on the well-being of older people and others with limited mobility. [4] IRC protection monitoring data from Lebanon shows that households with persons with disabilities were more likely to report feeling extremely isolated compared to those without a person with disabilities (34% to 20%, respectively).[5]

During the pandemic, women and girls displaced by crisis have faced additional challenges to staying safe, meeting their basic needs and caring for their families. Social distancing measures imposed by governments have left women further isolated and at risk of abuse by male partners.[6] Women and girls across IRC country programs have reported that they are worried about isolation, lack of access to support groups, restricted livelihoods and increasing violence in the home and in the community.[7]

Clearly there is a significant impact from this pandemic on the mental health and wellbeing of communities in humanitarian settings. Violence prevention and response programming at the IRC leads the way in delivery of MHPSS services for diverse clients, and has continually adapted those services to reach clients during COVID-19. Additional vital MHPSS services are also provided by IRC through health, education and economic recovery and development teams. All points of entry for MHPSS work, as well as strong referral pathways between service providers, are critical.

## ADAPTATIONS AT A GLANCE

VPR programs provide critical MHPSS services through both individual and group interventions. To ensure continuity in MHPSS for our clients, country teams have adapted services in Child Protection (CP), Women's Protection & Empowerment (WPE) and Protection Rule of Law (PRoL) programs. Adaptations include shifting to remote or community-based service provision, or adjusting face-to-face services to be as safe as possible while delivering critical, lifesaving care to our clients.

### Risk Analysis, Information & Awareness Raising

In-person protection analysis activities are now being conducted through remote and phone-based monitoring to assess changes in trends in safe and equitable access to aid, including MHPSS services. Protection teams are also actively engaged in risk communication and community engagement (RCCE) for COVID-19 response, including the integration of MHPSS messages within IEC materials that promote access to violence response services. Signpost, which uses digital platforms to engage in two-way communication with clients, is one effective way to address critical MHPSS information gaps and link clients to MHPSS services.

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### Training on Essential MHPSS Skills: *Psychological First Aid*

Protection teams are leading training on PFA to provide initial MHPSS support to people at risk during COVID-19. PFA is a skill all humanitarian actors need as it reduces the initial distress caused by traumatic events and fosters short- and long-term adaptive coping. PROL teams in Uganda, Kenya and South Sudan are training community workers on PFA to ensure psychological first aid is provided across all sectors of the humanitarian response. In addition, CuéntaNos (Signpost) El Salvador is conducting specialized psychological first aid (PFA) training for moderators to provide remote delivery of PFA through phone calls and texts.

### Safe Spaces, Parenting and Group PSS

WPE safe spaces have adapted programming to sustain crucial MHPSS services for at risk women and girls, including GBV survivors. A [snapshot from Tanzania](#) highlights how safe spaces can be adapted so that women and adolescent girls can continue to meet together by including handwashing stations, shorter and more frequent sessions for smaller groups, and education on COVID-19 prevention. MHPSS activities across the world are led by women from displaced communities trained in GBV response, ensuring that women can still come together in solidarity and support. Where in-person services have been closed, remote support through hotlines and phones held by trusted community focal points have helped women reach out for information, support with safety planning, and vital emotional support.

In some child protection programs, safe spaces have remained open by reducing the number of children attending. In Mali, IRC is organizing activities for children with smaller groups and games that allow social distancing. Where safe spaces are not able to continue, CP teams are supporting parents to provide MHPSS to their children through PSS kits with games and activities to help them understand what is going on with COVID-19, address their fears and cope with the situation. CP teams are also using the [Families Make the Difference](#) parenting curriculum to share PSS messages for parents to address their own mental health needs.

In northwest Syria PROL teams are organizing PSS group sessions using a new curriculum, *To the Safe Side*. The sessions have been adapted for COVID-19 by reducing the number of men participating in each group, conducting them remotely via webinar, and including COVID-19 prevention messaging.

### Protection Case Management and Referral

Case management has continued to provide ongoing psychosocial support to individuals in safe spaces, community settings and remotely. Protection teams are reaching large numbers of clients with MHPSS through case management. Across country programs, referral pathways are also being



adapted and strengthened between protection teams and key services such as healthcare services, cash and food distributions, and beyond to help families meet their basic needs and ensure comprehensive support during the COVID-19 response.

## ADDITIONAL RESOURCES

Key guidance documents within the [IRC COVID-19 Technical Toolkit](#) outline how to support continuity of existing MHPSS service and anticipate how to adapt programs based on the increased demand for MHPSS during COVID-19 within [Women's Protection and Empowerment](#), [Child Protection](#), [PROL](#), [Health](#), [Education](#) and [Economic Recovery and Development](#). A seminal global document for reference in the program adaptation process is the Inter-Agency Standing Committee (IASC) Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak.

## NOTES

- [1] COVID-19 VPRU Global Protection Monitoring Tracker, April 30, 2020.
- [2] The Alliance for Child Protection in Humanitarian Action, [Technical Note: Protection of Children during the Coronavirus Pandemic](#), Version 1, March 2020.
- [3] VPRU Global COVID-19 Monthly Protection Monitoring Snapshot, April 2020.
- [4] [UN Report on the Impact of COVID on Older Persons](#), May 2020.
- [5] [VPRU Global COVID-19 Monthly Protection Monitoring Snapshot, April 2020](#).
- [6] [UN Women brief on COVID-19 and ending violence against women and girls](#), 2020.
- [7] COVID-19 VPRU Risk Analysis Tracker, April 30, 2020.
- [8] See: [Peterman et al., 2020](#); [Brooks et al., 2020](#); and [Wathen & Macmillan, 2013](#).
- [9] MHPSS consists of any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental health conditions. See the [IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#) (2007).