



PSYCHOSOCIAL SUPPORT

A review of MHPSS provision for child survivors of VAC

SUMMARY

Psychosocial support plays an important role in the protection of children from the negative consequences of experiencing or witnessing violence. It is viewed as a protective factor for the prevention of and/or recovery from violence against children. It is closely linked to mental health. Yet often the survivors of violence against children do not have access to vital psychosocial support services. This reader draws on a variety of sources to explore the concepts of mental health and psychosocial support and their importance for the wellbeing of children everywhere.

Keywords: Adversity, mental health, psychosocial support, MHPSS, safe spaces, Healing Classrooms, resilience, trauma, VAC

Introduction

Violence against children (VAC) affects the lives of up to 1 billion children, with long-lasting and costly emotional, social and economic consequences, according to the [Global status report on preventing violence against children 2020](#). In addition to VAC, children around the world experience distressing events such as violent armed conflict, epidemics like Ebola and COVID-19, and humanitarian disasters which adversely affect their mental health and psychosocial wellbeing. Whereas all children need psychosocial support for their psychological and emotional wellbeing, as well as their physical and mental development, those that have experienced extreme trauma or adversity need additional, specific psychosocial support (PSS).

PSS addresses the mental, emotional, social, and spiritual needs of children and their families. It builds internal and external resources for children and their families to cope with adversity. It also helps build resilience in children. However, effective PSS programming must be specialized in its targeting and implementation to protect children's lives and rights.

MHPSS

According to the United Nations High Commissioner for Refugees (UNHCR), the composite term [mental health and psychosocial support](#) (MHPSS) refers to any support that people receive to protect or promote their mental health and psychosocial

Box 1: Uganda

In Uganda, the Ministry of Gender, Labour and Social Development developed the [National Guidelines for the provision of Psychosocial Support for GBV Survivors/Victims](#). The guidelines provide minimum standards and procedures for duty bearers and service providers to provide appropriate PSS to victims/survivors of GBV in Uganda. The guidelines are supposed to be used alongside other GBV guidelines and regulations which include: the *Referral Pathway for Response to Gender Based Violence cases in Uganda (2013)*; *Guidelines for establishment and Management of GBV Shelters in Uganda (2013)*; and *Guidelines for Prevention and Response to Female Genital Mutilation (2012)*.

The National Guidelines provide that PSS should help survivors to:

- Understand what they have experienced,
- Overcome guilt,
- Express their anger,
- Realize that they are not responsible for the violent incident,
- Know that they are not alone and,
- Access support networks and services.

wellbeing or prevent or treat mental disorders. The term is a unifying concept that can be used by professionals in various sectors. MHPSS interventions can be implemented in programmes for health and nutrition, protection (community-based protection, child protection and SGBV) or education.

The term 'MHPSS problems' may cover a wide range of issues including social problems, emotional distress, common mental disorders, severe mental disorders, alcohol and substance abuse, and intellectual or developmental disabilities. MHPSS are essential to strengthening individuals' capacity to cope with crises and restore their ability to function.

Principles of psychosocial support

As regards children, MHPSS programmes and interventions should be based on the Convention on the Rights of the Child (CRC). In the [Guide to the Evaluation of Psychosocial Programming in Emergencies](#), UNICEF provides the following psychosocial principles that are grounded in the CRC:

- **Best interests of the child:** The best interests of the child should be the primary consideration for all activities, taking into account what will be the impact for children, and avoiding doing harm.
- **Child, family and community participation and empowerment:** The most effective and sustainable approach for promoting psychosocial well-being and recovery is to strengthen the ability of families and communities to support one another.
- **Build capacities and strengthen resilience:** Successful psychosocial programmes integrate into and build the capacity of community structures, civil society and governmental organizations. Building strengths can be done through training, awareness, community support groups, and partnerships with local structures.
- **Structure and continuity in daily life:** Programmes should attempt to bring some 'normality' to daily life by re-establishing family and community connections and routines, enabling children to fill the social roles that are customary for children, strengthening predictability in daily life, and providing opportunities for affected populations to rebuild their lives.
- **Understanding of cultural differences:** Grounding all psychosocial interventions in the culture, except where it is not in the best interests of the child, is both ethical and more likely to produce a sustained recovery.
- **Appropriate training in working with children and families:** Counselling children and exploring sensitive issues should only be carried out by trained and experienced staff who can ensure appropriate support and follow-up, and work within agreed standards. It should take place in a stable, supportive environment with the participation of care-givers.

According to [UNICEF Programming for Psychosocial Support](#), activities intended to provide PSS, whether directly or indirectly, should aim to:

- Reconnect children with family members, friends and neighbours,
- Foster social connections and interactions, including in situations where children are separated from their family or community of origin.
- Normalize daily life.
- Promote a sense of competence and restoration of control over one's life.

- Build on and encourage children’s and community’s innate resilience to crisis.
- Respect the dignity of children, their caregivers and communities.

How should psychosocial support be delivered?

The Adolescents and Children, HIV incidence reduction, Empowerment, and Virus Elimination (ACHIEVE) consortium of partners, led by Pact, has documented on the OVCsupport.org website the following attributes to delivery of PSS:

- Families and communities are best placed to provide PSS to children. Interventions should work through families to keep children in supportive and caring environments and to strengthen families’ abilities to meet a range of children’s needs. PSS should not be a stand-alone activity but part of comprehensive, integrated programming.
- Effective psychosocial support builds on community resources and links families with existing systems of community support such as early childhood development programmes, school programmes, safe spaces for girls, peer support groups, and health services.
- When faced with extreme adversity and trauma, children and their families need extra support. In cases of extreme stress or adversity, children and families may benefit from family outreach programmes such as home visits that provide counseling services.

In July 2018 UNICEF and the German Federal Ministry of Economic Cooperation and Development (BMZ) convened an expert meeting in Berlin titled [Rebuilding Lives – Addressing Needs, Scaling Up and Increasing Long-term Structural MHPSS Interventions in Protracted and Post-Conflict Settings](#). The mental health expert meeting developed the following four priority recommendations for interventions targeting children and adolescents/youth:

1. Ensure that the social ecology of the child serves as the framework for all MHPSS interventions.
2. Build MHPSS capacity within communities of the non-specialist MHPSS staff, including social workers, and among care-givers and community members.
3. Improve inter-agency and intersectoral coordination as well as accountability of stakeholders to children, families and communities supported through MHPSS services and delivery, both clinical mental health and social service systems.
4. Translate available evidence on healthy development of children and youth into programmatic language and guidelines while systematically pursuing implementation research to improve the effectiveness of programmes.

The impact of psychosocial interventions

A K4D Helpdesk report (*Approaches to providing psychosocial support for children, teachers and other school staff, and social and emotional learning for children in protracted conflict situations, 2017*) reviewed literature on the impact of psychosocial interventions and highlighted some promising interventions:

- **Provision of Child Friendly or Safe spaces:** Provision of a structured and protective environment for children through Child Friendly or ‘Safe’ spaces are often the first PSS intervention in an emergency. Safe Space programmes to provide PSS are readily scalable.

- **Education based interventions:** Studies recognize that education provides the stability, structure and routine that children need to cope with loss, fear, stress and violence. Providing school routines improves mental health and resilience. International Rescue Committee's [Healing Classrooms](#) approach is designed to develop and strengthen the role that schools and especially teachers play in promoting the psychosocial recovery and well-being of children. It encourages an inclusive approach to education, and particularly focuses on expanding and supporting the positive role that teachers, parents, government officials and community members play in ensuring children can recover, grow and develop, with learning spaces providing safe environments for children. In Africa, it has been implemented in Burundi, Chad, Cote D'Ivoire, Liberia, Sierra Leone, and Uganda.
- **Sports and recreational activities:** Recreation and structured activities have helped large numbers of children 'normalise' their behaviour after exposure to violence or flight. Creative arts are increasingly employed in psychosocial interventions aimed at children affected by conflict and crisis. Programmes include music therapy, creative play therapy, dance, drama, painting and drawing as strategies that are increasingly recommended by neuroscientists to enable the processing of traumatic experiences. An observational evaluation of [Right To Play](#) programmes in refugee camps found that participation in the programmes supported wellbeing through developing peer relationships, student and teacher relationships, and the increased inclusion of young girls. The report found qualitative results in northern Uganda from a programme initiated by American Refugee Committee (ARC), now called [Alight](#), indicated a positive impact on children's wellbeing and addressed their basic psychological needs.
- **Family and community and involvement:** Contextually appropriate community-based and social ecology models were increasingly discussed in the literature as alternatives to trauma-centred interventions. A qualitative evaluation of the [Our Communities, Our Schools](#) intervention in Palestine indicated a positive relationship between community-supported school-based interventions, students' psychosocial functioning, and learning outcomes.
- **Early childhood interventions:** Early Child Development (ECD) provides health, nutrition and cognitive development to 3-6 year-olds. The value of integrating the psychosocial component in the ECD programme for conflict-affected populations is that the children may have mild developmental impairments due to limited stimulation from their mothers. UNICEF (2012) found that children in conflict zones who have attended ECD programmes centres were better able to express themselves without fear. Family communications and parents' attitudes were also reported to model healthy behaviours better.

Further Reading

Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC.

UNICEF, (2011) Inter-Agency Guide to the evaluation of Psychosocial Programming in Emergencies. New York: United Nations Children's Fund.

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