

Overview of MHPSS response in UNHCR Cox's Bazar

"The term 'mental health and psychosocial support' (MHPSS) is commonly used to refer to 'any type of local or outside support that aims to protect or promote psychosocial well-being or prevent or treat mental disorders'. Although mental health is an inseparable part of health that must be addressed in an integrated way to health programmes", it is important to acknowledge the broader spectrum of MHPSS. The prevalence rate of mental health disorders in conflict settings is around 22% and many more faced distress due to adverse events faces before, during and after displacement. Issues around lack of access to basic services like health, food security concerns leading to malnutrition, protection concerns for both adults and children, issues relating to referrals and linkage with services and lack of education are some of the leading causes of distress in conflict settings. Due to the variety in causes of distress, UNHCR has adapted a multi-sector approach to overcome MHPSS problems faced by refugees in Cox's Bazar. This factsheet is designed to highlight the multi-sectorial approach to MHPSS response and providing an overview of UNHCR MHPSS response in Cox's Bazar.

The MHPSS response is divided into four sections to highlight the multi-layer services covered by multiple sectors. The 4 sections are specialized services, individual psychosocial support, psychosocial group activities and trainings.

Key highlights of the year

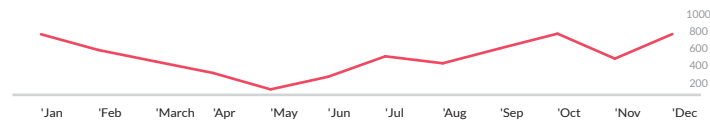
- 1 Tele-counselling modality that was put in place to support COVID-19 positive patients, their families and others that were in isolation
- 2 Utilization of community-based systems to provide support during restricted access
- 3 Utilization of globally developed tools and trainings to support MHPSS response since the beginning of COVID-19 pandemic

Key challenges

- 1 Restriction that were imposed due to pandemic, which lead to decreased access and shutdowns of services
- 2 Difficulty of shifting to tele/digitalized modules to provide services and trainings with limited in phone and internet access in the field
- 3 Not having enough qualified community members trained to be able to provide quality MHPSS services with minimal supervision

Specialized services by psychiatrist and mhGAP trained doctors

Total: 7,734



As per the approved 'Minimum Services of Essential Health Services' each PHC is required to have integrated services for mental health. In UNHCR funded facilities we have minimum of one doctor trained in mhGAP module to identify and manage mental health conditions. mhGAP is a module designed by WHO to support the mhGAP Action Programme. This programme focuses on capacity building of general health staff in contexts where there is lack of appropriate number of available mental health specialists. The health care providers are trained by mental health professionals to provide specialized services for mental health cases. The services cover identification of symptoms, psychoeducation, and medication management as needed. This graph shows the number of consultations over the course of the year.

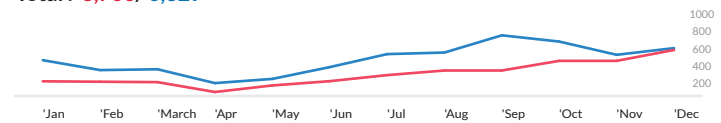
Individuals receiving psychosocial support

Individual psychosocial support is provided through two modalities: psychologist and para-counsellors. Psychologist/counsellors have extensive training in MHPSS if not formal training in psychology. Para counsellors are from the refugee community and are trained in specific modules to provide individual level MHPSS support within their own communities. The need to increase capacity in community based MHPSS interventions became clear during the pandemic. Individual services are offered by multiple sectors through counsellors and para-counsellors.

The graph shows the support provided by psychologist/counsellor and para-counsellor in CP, CBP, SGBV and MHPSS programmes. Impact of pandemic is visible in the trend analysis of 2020. Restrictions started in March and by April most services in camp were shut down. As MHPSS was part of essential services approved for continuation end of April. Also, efforts in dissemination of information on COVID-19 supported decreasing the fear of accessing services, which explains the increasing of numbers through April through July.

Paracounsellors Psychologist

Total: 3,766/ 6,329



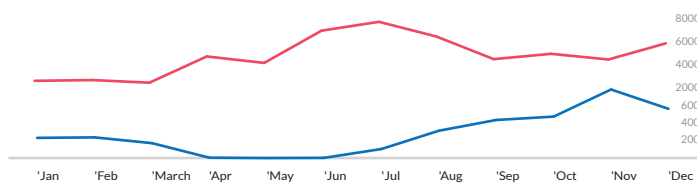
Participants attending community psychosocial group activities

The psychosocial group activities have two objectives; first, to increase awareness on MHPSS issues and decrease the stigma and second, is to increase wellbeing through forming and strengthening social support network. This is a key activity that has been highlighted and adapted by multisector actors.

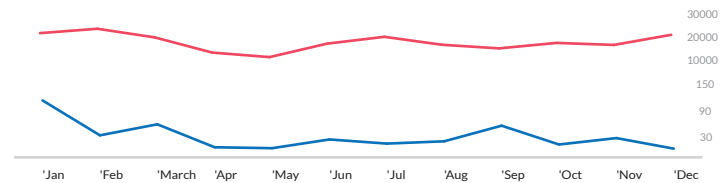
The graph shows the number of psychosocial group activities provided by implementing CP, CBP and MHPSS. As MHPSS highlighted as essential service, the community-based activities shifted toward dissemination of key messaging about COVID-19. These activities worked on decreasing fear and stigma attached to COVID-19 and increasing self-care to ensure wellbeing.

Health Protection

Total Sessions: 58,152/ 3,366



Total Participants: 238,074/ 548



Training to staff

For each sector tailored training has been developed in collaboration between MHPSS and respective sector. For education, there is a joint training that focuses on increasing the capacity of teachers to better respond to children that face difficulty in classroom. It focuses on how to identify psychological needs of children, the effects of trauma on learning and classroom management techniques. For protection, there is a training designed for community protection volunteers to understand what MHPSS is and services that are provided as well as to increase their ability in identification and referral for MHPSS problems and services. This table shows the different staff that has been trained in these components.



Training for health care actors



Training for psychologist



Training for education actors



Training for protection actors



Psychologist trained in IPT