Mental Health and Psychosocial Support (MHPSS)

Frequently Asked Questions (FAQs)

Definition of terms and orientation for development cooperation

giz Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

1. What is MHPSS?

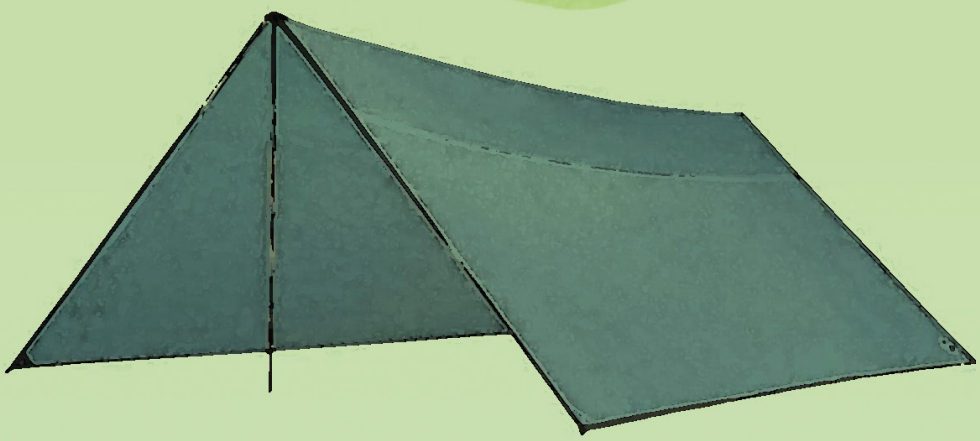
MHPSS stands for Mental Health and Psychosocial Support.

The term psychosocial combines psychological (thoughts, feelings, behaviours) and social (values, norms, significant others, life circumstances, culture) aspects of human experience.

Linking mental health with psychosocial wellbeing in the term MHPSS illustrates that social circumstances and psychological dispositions go hand in hand. Social conflicts or difficulties and psychological distress must always be seen in close relation to each other and occur frequently in interdependence.

See also: GF, p. 15 (GIZ, 2018) and IASC Guidelines (IASC, 2007).

MHPSS includes measures that aim to preserve or promote psychosocial wellbeing and/or prevent or counteract mental illness. MHPSS measures provide stability, minimise stress and strengthen constructive relationships and existing resources.



2. What are the impacts of forced displacement, violence and conflict on psychosocial wellbeing?

Crisis situations such as armed conflicts, violence and forced displacement often have a negative impact on the mental and social wellbeing of affected individuals, families and communities, as well as society as a whole. Crises entail the risk of destroying existing resources and networks and increase the potential for conflict and the risk of exacerbating social inequality.

A failure to recognise and deal with mental suffering at both an individual and collective level has a detrimental effect on social cohesion, economic productivity and stability. In addition to the devastating impact on infrastructure, security and physical health, forced displacement in the context of armed conflict and violence also leads to experiences of loss, increased vulnerability, a lack of prospects, as well as a growing risk of violence in domestic and societal settings.

The ensuing psychological and social stresses ranges from grief, anxiety, loneliness, social withdrawal, and aggression to mental illness such as anxiety disorders, depression, post-traumatic stress disorders and substance abuse. These stresses can have severe impacts on everyday life, such as a poorer ability to integrate into social settings and difficulties maintaining a regular work routine. At the same time, affected individuals and those around them have access to resources that can foster their wellbeing. Awareness of these resources and the needs of those affected are crucial for planning measures.

See also: Factsheet PSS (GIZ, 2016), IASC Guidelines (IASC, 2007) and GF, p. 9 (GIZ, 2018).

3. Why is MHPSS important in the context of international cooperation?

A large number of GIZ's partner countries are increasingly affected by crises, conflict and fragility, which impairs a country's structure, infrastructure and development. The topic of MHPSS has therefore become increasingly significant.

People who feel safe, are healthy and stable, and whose psychosocial wellbeing is enhanced have better access to resources and participate more actively in their own social context/community and in society as a whole. This enhances opportunities for long-term development. Taking psychosocial aspects into account in measures from other sectors allows planning, implementation and evaluation to be carried out in a careful, respectful and needs-oriented manner.

The added value includes alleviating stresses and suffering and, in turn, increasing the probability that development measures will succeed. Taking into account psychological and social aspects and strengthening the resources and potential (self-efficacy) of the target groups also enhances sustainable development.

See also: GF, pp. 44 (GIZ, 2018).

4. What are MHPSS measures?

MHPSS measures aim to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder.

The United Nations Inter-Agency Standing Committee (IASC) has developed a multi-layered model that serves as an international frame of reference for psychosocial work in contexts of crisis and conflict. The model considers four interlinked layers areas of intervention (see diagram below) that ideally complement each other while also identifying and addressing the different needs of different groups. In so doing, it is important for the areas of intervention to interact with and support each other, in order to strengthen the target group's psychosocial wellbeing in a holistic manner. A majority of GIZ's programmes are situated in layers of intervention 2 to 3.

High-quality and effective MHPSS measures are geared towards quality principles that must be taken into account when planning and implementing measures and during evaluation. These quality principles range from respecting human dignity and a human-rights-based approach to taking account of the local context and the needs of people with potentially traumatising experiences, and to flexible and needs-oriented management. Holistic support for the target groups shall include establishing and using) referral mechanisms and strengthening networks between stakeholders.

Overview of quality principles with examples: =>
Guiding Framework for Mental Health and Psychosocial Support (MHPSS) in Development Cooperation, pp. 37.
See also: IASC Guidelines (IASC, 2007), GF, p. 23 (GIZ, 2018) and Factsheet PSS (GIZ, 2016).

5. Who can implement MHPSS measures?

Measures can be offered by different actors depending on the particular area of intervention. Especially in settings of protracted violence and forced displacement with scarce resources, measures should be designed to reach as many persons as possible.

Measures in intervention areas 1 to 3 can be carried out by a wide range of professionals, including social workers, nurses, teachers, community and family helpers, etc. Measures belonging to area of intervention 4 are conducted by staff with a background in psychology or psychiatry. Referral mechanisms play an important role in ensuring that measures are interlinked and provide holistic support.

In addition to professional expertise, the attitude and mind-set of the individual offering support and their capacity for self-reflection are key factors. It is also important to recognise the limits of one's own competence and to refer clients to specialised professionals (e.g. therapists) as needed without delay. Local mappings[1] and MHPSS clusters/task forces provide information on organisations that offer MHPSS measures, along with other resources.[2]

[1] Some mappings can be found at www.mhpss.net, for instance.
[2] Many organisations also offer training courses on MHPSS for different professional groups (see also AIZ's course on MHPSS).

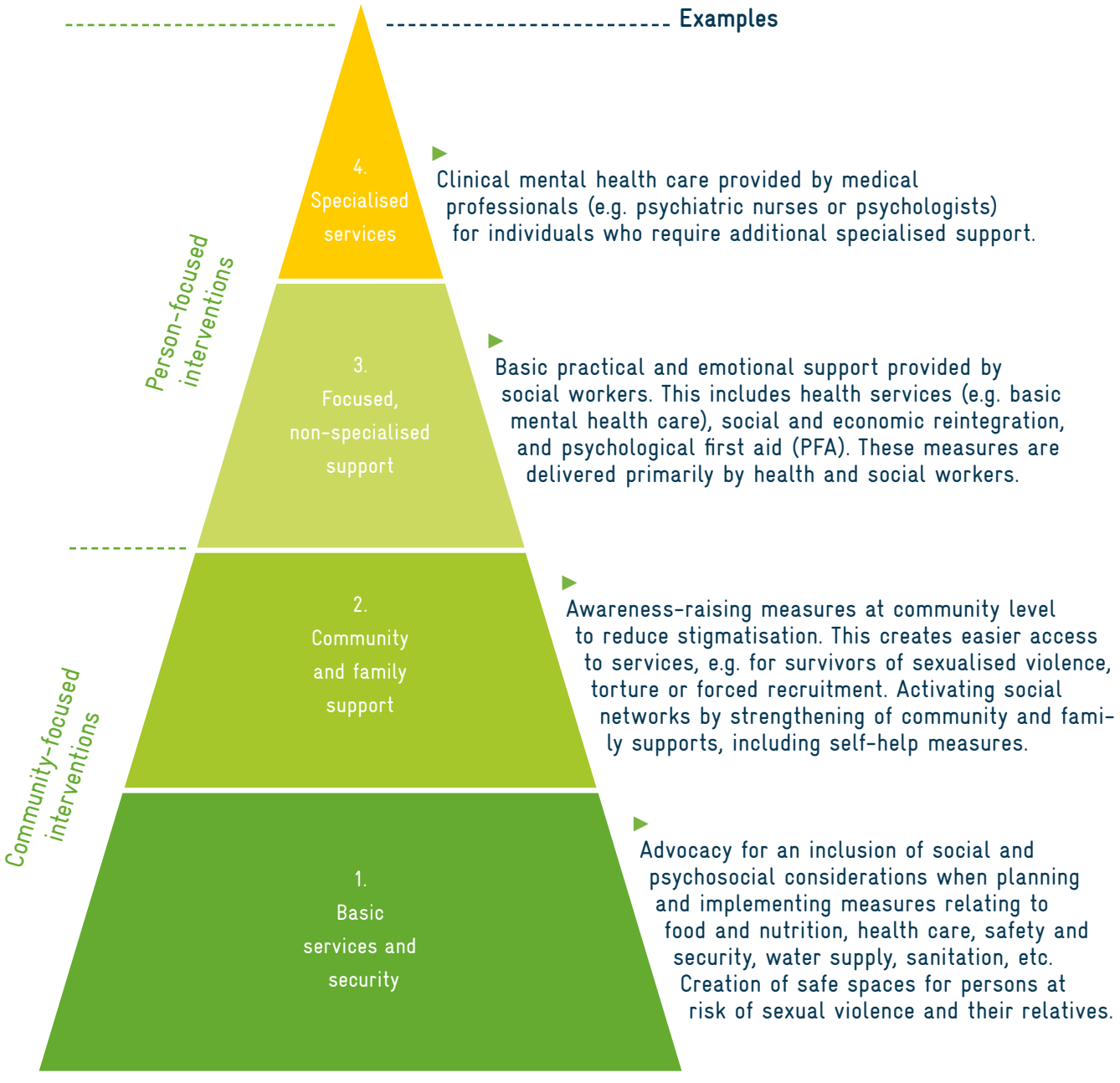


Diagram 1: The four areas of intervention according to the IASC multilevel model (2007)

6. Who are beneficiaries of MHPSS measures?

Any population group may potentially be affected by mental or psychosocial stresses, especially in contexts of forced displacement, violence or other crises.

In particular, vulnerable and marginalised population groups are at an elevated risk of mental or psychosocial distress due to insufficient access to resources, a lack of social networks, dependency relationships and structural disadvantages. These persons may include refugees and displaced persons, women, children and young people, older people, people with disabilities, people with mental disorders, the LGBTQI+ community,[3] ex-combatants, and survivors of sexualised violence, torture and imprisonment.

Thus, psychosocial wellbeing is relevant in all contexts of development cooperation. Persistent poverty, unsafe living conditions, social isolation and chronic diseases, etc. also affect wellbeing.

[3] LGBTQI+ stands for lesbian, gay, bi, trans, queer and intersex and describes people with different gender identities or sexual orientations.

7. When can MHPSS measures be offered?

Generally speaking, MHPSS measures can be offered at any time, depending on their focus. During a crisis, measures often aim at restoring security (providing protection, shelter and food). Furthermore, stabilising measures (e.g. strengthening existing (individual) resources, reactivating, establishing and maintaining social networks) are required that can also be continued after a crisis. Measures can also have a preventive effect through the continued strengthening of individual resources.

It is important to note that long-term (trauma) therapy approaches in particular should not be offered unless the continuity of the therapy can be ensured and the affected individual is integrated into a stable social environment. In acute situations of forced displacement or in the case of insecure living conditions, in which it is likely that therapy will be abruptly discontinued (i.e. when there is a risk of deportation), it is advisable not to offer such therapy in order to prevent additional harm.

The target group in question, its needs and willingness to help shape and accept measures should always be the focus of any measure while being geared towards strengthening psychosocial wellbeing based on existing resources.

8. What does 'wellbeing' mean?

Wellbeing refers to a positive physical and mental state that fosters personal growth. This enables an individual to relate to other people in constructive ways and to contribute to their social environment. Wellbeing is a continuum and varies according to time and circumstances.

There is no universal definition. Wellbeing can comprise a wide range of aspects, such as physical and mental health, as well as a sense of purpose, attachment, the ability to function, spirituality, personal growth, the ability to form positive social relations, etc. Wellbeing goes beyond the absence of fear, worry and threat (including economic concerns and a feeling of hopelessness).

The individual definition of wellbeing may differ depending on an individual's socio-cultural context and value system.

9. What does resilience mean in the context of MHPSS?

Each individual reacts differently to crises and distress. Not every person develops symptoms of stress or mental illness in such situations. Social, psychological and biological factors influence the way people deal with crises.

Resilience refers to the ability to cope with adversity, deal with stress and cushion negative impacts. Resilience is influenced and can be strengthened by different intrapersonal and interpersonal resources, individual and collective attitudes, social contacts, self-confidence, etc.

It should be borne in mind that the term 'resilience' has taken on a strong political connotation in recent years and often refers exclusively to the individual. Structural violence/inequalities and human rights violations must not be ignored in this context. Psychosocial support cannot replace the responsibility of society and policy-makers in dealing with (past) experiences of violence.

10. What is trauma?

The term 'trauma' originates from the Greek word for 'wound' and refers to an emotional injury caused by one or more events that exceed an individual's ability to cope. The term 'trauma' is not uniformly used and, depending on the context, refers to both the triggering event as well as the suffering caused by it, such as severely stressful symptoms after a life-threatening experience.

In psychology, the term post-traumatic stress disorder (PTSD)[4] is often used, which is associated with physical and neurophysiological processes and symptoms, such as reliving the traumatic event, avoidance behaviour and negative changes in thinking and mood.

However, the emotional and social impacts of conflict, violence and forced displacement vary widely among individuals. Focusing exclusively on PTSD can cause other (more common) psychosocial problems to be ignored. It is advisable to consider the situation in detail and focus on resources, as well as use non-clinical, easy-to-understand terms in development cooperation. This also includes the judicious use of the term 'traumatised', in order to prevent stigmatisation of affected individuals.

See also: GF, p. 18 (GIZ, 2018).

[4] According to WHO, the occurrence of severe mental disorders doubles in conflict settings (to around 5%). The prevalence of mild and moderate forms of disorders is at around 17% (compared to 10% before crises). In addition to PTSD, depression, anxiety disorders and schizophrenia are the most frequent disorders (cf. Charlson et al., 2019).

11. What does staff care mean, and why is it needed?

Staff care is an umbrella term for measures offering care for all staff members. The measures aim to ensure long-term work ability and to protect employees from work-related risks to physical and mental health (a company's legal duty of care). In line with the principle of shared responsibility, measures can take place at company level, team level and individual level (self-care).

Staff care concerns all staff members. The employees' own psychosocial health and professionalism are at the core of MHPSS measures. Feelings of being overwhelmed and exhausted can have negative consequences for the psychosocial wellbeing of the staff (culminating even in burnout or secondary traumatisation). Only staff who are able to recognise and reduce their own stress levels can help others to process and reduce stress. In so doing, care is taken to ensure that no further harm is caused by transferring the staff's own stressors to the participants in a measure ('do-no-harm principle').

See also: Staff Care Factsheet (GIZ, 2019) and GF, pp. 34 (GIZ, 2018).

12. What distinguishes an MHPSS measure from a psychosocial approach?

GIZ projects focusing on MHPSS have the primary aim of maintaining and improving the mental health and psychosocial wellbeing of the target group using MHPSS measures explicitly geared towards this goal.

GIZ projects with other sectoral focuses (e.g. employment promotion, education, good governance) are also paying increasing attention to the psychosocial wellbeing of their target groups. While projects pursuing a so-called psychosocial approach address psychosocial wellbeing in planning, implementation and evaluation of measures (as a cross-cutting issue), they have a different primary objective. This increases the potential of projects while simultaneously reducing or mitigating (unintended) negative results.

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Additional resources:

- Exchange and information platform: The Mental Health & Psychosocial Support Network (www.mhpss.net)
- Academy for International Cooperation (AIZ): Training courses on MHPSS

This overview of the topic of mental health and psychosocial support serves to provide common guidance and to define terms within GIZ. The paper intends to provide GIZ staff with a compact overview of FAQs associated with MHPSS. It does not claim to be exhaustive.

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