Family focused interventions for refugee children in the urban context
Learning objectives

By the end of this presentation, participants will have new understandings about:

- Mental health and psychosocial consequences of displaced populations in the aftermath of emergencies
- Importance of family interventions for children in the urban context
- Creative interventions that impact the well being of children in the urban context
The urban context offers unique opportunities and miseries for refugee children. Over 60% of displaced people are now living in urban contexts.

Humanitarian workers have focused on fine tuning the design and implementation of interventions for displaced children in camps. These interventions cannot be cloned and new innovation is needed in the urban context.
Specific family – not child-focused strategies and interventions will be presented in this webinar.

These interventions help to empower families so that parents have positive attitudes and responsibly guide their children to find opportunities and live safely in the urban context despite its challenges and disappointments.
Definitions
MHPSS explained:

MHPSS = Mental Health and Psycho Social Support
Psychosocial defined...

“The dynamic relationship between the psychological and social dimension of a person, where the one influences the other.

The psychological dimension includes the internal, emotional and thought processes of a person – or her feelings and reactions.

The social dimension includes relationships, family and community networks, social values and cultural practices.” IFRC 2009
Mental health defined...

“Mental and behavioral disorders are clinically significant conditions characterized by alteration in thinking, mood (emotions), or behavior associated with personal distress and/or impaired functioning. Mental and behavioral disorders are not just variations within the range of “normal”, but are clearly abnormal or pathological phenomena.”

(World Health Organization, 2001)
Mental health and psychosocial consequences after emergencies
IASC MHPSS Guidelines (2007)

“Armed conflicts and natural disasters cause significant psychological and social suffering to affected populations.

The psychological and social impacts of emergencies may be acute in the short term, but they can also undermine the long-term mental health and psychosocial well-being of the affected population.

These impacts may threaten peace, human rights and development. One of the priorities in emergencies is thus to protect and improve peoples mental health and psychosocial well-being.

Achieving this priority requires coordinated action among all government and non-government humanitarian actors.”
Consequences of emergencies

- Immediate consequences as well as consequences over time
- For individuals, families, communities and societies.
- Differ with each emergency according to context, culture and available resources.
- Each emergency impacts different sectors of society differently but includes all people.
- Commonly, marginalized and discriminated groups need special attention.
- Most consequences are negative. Can be some positive change.
Influences of past, present and future

MHPSS consequences are created through a combination of PAST experiences, the problems, needs, resources available due to PRESENT emergency and FUTURE opportunities.
Are all people traumatized after emergencies and displacement?

NO

People who are traumatized are usually suffering from Post Traumatic Stress Disorder. Fortunately, few people develop mental disorders because of emergencies.
Immediate consequences for basic survival

Immediately after an emergency most distress is caused by the struggle for basic survival.

Tremendous distress to worry about how to feed and protect yourself and your family.
It is “normal” and expected that emergencies will affect the psychosocial well-being of affected people.

Immediately after emergencies most people suffer from some periodic NORMAL signs of distress.

NORMAL responses to horrible situations!
Normal symptoms of distress

**Feelings:** Anxiety, frustration, anger, fear, grief, sadness, helpless and hopeless.

**Behavior:** Changes in eating, sleeping, motivation...

**Health:** Psychosomatic aches and pain.

**Thinking:** Cognitive difficulties including inability to concentrate and/ or constant thinking about emergency and experiences.

**Changes in social relationships**
People cope or manage the changes in their lives and reestablish well-being by using their personal strength or resilience and protective factors.
Protective Factors

Social support is most important protective factor for most people especially children.

People can experience same event and have different response due to protective factors. As example, victim of rape.

Children with support can most often cope with most of the tragedies caused through emergencies and displacement.
Factors influencing children’s capacities to cope include:

- Feeling safe / protected BY CAREGIVER
- Personality / Motivation / Positive attitude
- Feeling of possibility / personal power
- Daily plan / Reason to get up
- History of coping
- Social supports – friends
- Sense of belonging
- Practical life details are adequate
Mental illness after emergencies..

Though most adults and children cope using their protective factors...

Small numbers develop more serious problems. Particularly true for people with prior histories of mental disorders predisposition to mental disorder due to family histories or biology.
# Prevalence of mental health problems:

<table>
<thead>
<tr>
<th></th>
<th>Before emergency</th>
<th>After emergency</th>
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</thead>
<tbody>
<tr>
<td><strong>Severe mental disorder:</strong> (psychosis, severe depression, disabling anxiety disorders etc).</td>
<td>2-3%</td>
<td>3-4%</td>
</tr>
<tr>
<td><strong>Mild or moderate mental disorder:</strong> (including mild and moderate depression or anxiety disorders, even PTSD).</td>
<td>10%</td>
<td>15-20%</td>
</tr>
<tr>
<td><strong>Normal distress</strong> and other psychological reactions.</td>
<td>Unknown</td>
<td>Large %</td>
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World Health Organization (WHO)
Reasons for ongoing distress:

**Hassles of daily life**

Overtime, survivors of emergencies complain most about hassles of daily living situations rather than about memories and traumatic experiences that occurred during the initial emergency.
Change of way of life

Prior to emergency, people have a way of life that is “usual” for them. Including a routine, daily activities, purpose, expectations, norms, values, morals and customs. This is important to maintain a feeling of well-being.

Most emergencies lead to Immediate and lasting changes to this way of life. This can cause much distress!
Feelings of distress due to how aid IS or is NOT provided due to:

- Lack of information
- Poor provision of basic needs.
- Inequitable and undignified distribution of food and other supplies
- Conflict and competition for resources
- Feelings of helplessness, disenfranchisement, dependency etc.
- Boredom and inactivity
- Destruction of effective natural systems of support
- Damage to culture, norms, traditions
- Exploitation and abuse by “helping” organizations
Mental Health
And Psychosocial Support
Interventions
INTERVENTIONS intervene, assist, manage or treat issues or problems.
Assessment

Before determining what interventions are needed...

Important to assess each emergency situation and understand its specific issues.

International tools for Assessment of MH and PS issues can be found on: www.mhpss.net
What is included in a needs assessment?

Analysis of: Needs / Problems / Available Resources

Completed in accordance of a specific population’s:

CULTURE – CONTEXT – CAPACITIES
Recommendations after assessment

Findings of an assessment offer

Actions – Interventions – Recommendations that Directly – Precisely – Practically – Safely respond to the assessed issues with links to available resources.
IASC MHPSS Guidelines developed in 2007 to fill the gap and provide a global framework from which to help organizations work alongside affected communities to offer mental health and psychosocial support across all sectors of assistance.

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

GUIDE AND CHECKLIST FOR FIELD USE

FIND ON: MHPSS.net
The IASC MHPSS “guidelines reflect the insights of practitioners from different geographic regions, disciplines and sectors, and reflect an emerging consensus on good practice among practitioners.”
People have different responses to emergencies even if they are similar situations.

Different responses require a range of support and intervention...
Build on available resources and capacities

• Key principle is to build local capacities, support self-help and strengthen resources already present.

• Build on local assets and support systems that exist FROM Family – Community – local civic, government, academic and professional institutions.
Multiple layered supports

Different responses to emergencies even when experiencing similar situations.

Different responses require a range or multiple layers of support and intervention...

IASC MHPSS intervention pyramid describes a layered system of complementary supports and the likely scale of demand for each of those layers.
IASC MHPSS Intervention Pyramid

Level 1: Social considerations in basic services and security

Level 2: Community and family supports

Level 3: Focused Non-Specialized Supports

Level 4: Specialized Services
Community based interventions in the urban context
With a little seed of imagination you can grow a field of hope.
The Urban Challenge: Community based MHPSS
Refugees assisting refugees in the urban

PSTIC
Egypt has a multi-national multi-cultural – multi-lingual refugee-migrant population from Africa (Eritrea- Ethiopia- Somalia-Sudan –South – Sudan), Iraq, Syria and Yemen
Egypt struggle

In Egypt, all refugees - migrants struggle to create a life that is safe, with adequate basic needs for food and shelter, social support and community belonging and needed opportunities for education, employment and life satisfaction.

“Who keeps count of wounded hopes and dead dreams.” (Bobby Ghosh- Time 2007)
Social problems in Egypt

- Struggle to integrate
- Discrimination / Harassment / Exploitation
- Victims of crime without recourse
- Live in extreme poverty
- Limited opportunities for the future
- Refusal of education for some
- Refusal of right to work
- Limited UNHCR / NGO resources
- Most want to resettle to third country but few opportunities
Psycho-Social Services and Training Institute in Cairo - PSTIC

2009 Founded

Affiliated to Terre des Hommes (TdH)

Implementing partner of UNHCR.
The monkey and the fish

Monkey saw Fish swimming.
He did not know that Fish liked water.
He sympathized with Fish and took it out of water thinking it would drown.
In the process the Fish died.
Monkey cried and said he was only helping...
A trained team of skilled refugees can best assist their communities in their own language and in accordance with their own culture and traditions.

PSTIC trains, supervises, supports and facilitates a network of refugees to provide 24-7 community-home based psychosocial, mental health, protection, health advocacy support.
PSTIC team...

Paid – Professional trained team

Multi-national – Multi-cultural – Multi-lingual

Provides community with capacity to help itself.

• Is OF the community
• Works in the community
• Selected in cooperation with the community
• It’s voice speaks on behalf of the community
What issues do PSTIC workers assist?

Most anything.... And anyone... At any time... Adults-Children

INACCURATE INFORMATION

LACK OF BASIC NEEDS

EMERGENCY HEALTH PROBLEMS

PSYCHOSOCIAL ISSUES / People without hope! Little opportunity.
  • Women: SGBV / Single mothers without support
  • Survivors of violence
  • People rejected by community
  • People with disabilities
  • Neighbors / Communities in conflict with each other

MENTAL HEALTH ISSUES
  • Severe mental illness / Despair / Risk of suicide etc

And the list goes on........and on....
PSTIC Team today ...

135 workers

120 are refugee workers from:
Eritrean / Ethiopian/ Iraqi/ Somali/ Sudan/ South Sudan/ Syrian/ Yemen

Assist about 2000 cases with 7000 beneficiaries monthly
Interventions to assist children
Designing children’s interventions

Assessment is necessary to determine the problems – needs of children AND their families and the available resources.
Design of interventions

Interventions should be designed to reduce, control, stop, manage the problems-needs by building the capacities of the available resources.

These AVAILABLE resources include:

Child – Parent – Community – School  capacities
Common interventions to assist children
Case management
Child friendly spaces
Play / Sport groups
Group counseling - support
Individual counseling - support
Art therapy – using art to express feelings and modify behavior
Drama – theater – to express feelings
Home visits to monitor conditions and help with problems

9/21/17
Problems of interventions

Often interventions are based on what workers know how to do.

Interventions need to be designed that specifically respond to the needs and problems of that population.
Interventions need to address the problems.

As example.

Problem: Child is unusually fearful.
Goal: Child feels safe-protected-less fearful.
Intervention: Play football. Attend open play groups at child friendly space.
Intervention: Child draws about horrible experiences that occurred during his-her displacement.

How do these interventions help the child become less fearful?

9/21/17
As example

Problems:
Child is lonely and has no friends or activities.

Interventions:
Play football.
Attend open play groups at child friendly spaces.

How do these interventions help the child become less lonely?
Effective interventions are judged according to the sustainable impact they have on the problems.
Child-Parent/Caregiver Intervention Styles

1) **Assists children** and **does not include caregivers** in its activities.

2) **Assists children** and invites caregivers to participate **sometimes** in activities.

3) **Assists caregivers** to assist their children but **does not include children**.

4) **Assists caregivers** and **sometimes** invites children to participate in their activities.

5) **Assists children** and **caregivers** together.
The design of a intervention is based on the problems of the children.

Problem: Child is fearful or wets his/her bed or has regressed behavior.

Child needs to feel safe.

Child needs help to control his/her body.

Child needs help to modify his/her behavior.

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Who is responsible for helping children to feel safe and in control?

CAREGIVERS

Child needs to build stronger relations of trust and get needed support from caregiver-family. This is sustainable.
The role of the HELPER

Helpers / social workers need to take care to not replace – or bypass caregivers. Helpers judge the impact of their work NOT only on change in child but change in child’s support system. Only this change is permanent.

A child who makes change with a HELPER or in a children’s program often is unable to sustain that change unless the parent-family also changes.

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Caregiver-Family Involvement
MORE Complicated

Activities facilitating caregivers-families to help their own children can be more complicated to set up.

Problems can include:

- Difficulty to engage the adults – especially fathers
- Days and hours of the activities / Must be when parents-caregivers are available (ie evenings-weekends)
- Often needs to include home visits
- Takes longer

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Examples of FAMILY FOCUSED Interventions
Family focused counseling group

As example:

Child fearful going out on the street in urban areas due to harassment.

Role play exercise with caregiver – child practicing how to manage the problem.

Builds understanding – listening – compassion – trust – direct help from caregiver to child.

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Children with special needs

FAMILY play group includes weekly play group that includes child with special need and caregiver and sibling.
Children experiencing extreme neglect or abuse

Daily – even multiple - home visits to monitor care and assist parent in proper care.

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Summary

Emergency affected populations have psychosocial and mental health issues that can benefit from intervention.

Children are affected by emergencies similarly to adults. Assessment to understand problems-needs-available resources are necessary in order to design interventions that can specifically assist that affected population.

Interventions that effectively and sustainably assist children need to be family focused.
For more information:

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