

**HOW TO activate a community-based MHPSS team
in an urban context:
From selection, to training, to practical skills**

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Workshop overview

This workshop will be a practical "HOW TO".

We will review the range of steps to take to activate a community-based MHPSS team in an urban context ranging from how to choose a team - the training curriculum - methods of supervision - self-care and organizational support - and maintaining motivation and positive worker attitudes.

930- 11	Workshop / Part 1
11-1130	Break
1130-1	Workshop / Part 2

Today's goals

- Understand practical application of the MHPSS multi-layered intervention pyramid as used in Egypt
- HOW to set-up a community-based MHPSS program in an urban context including hiring / training / supporting / supervising a MHPSS Team
- HOW to use Lessons Learned in Egypt in Estonia to set-up future programs

Setting up an MHPSS program? Where to start?

- Assessment of problems / needs / resources done with the cooperation-engagement of the affected people
- Analysis of how well the existing resources manage the problems- needs
- Determination about GAPS between problems / needs / resources
- Based on gaps and available resources design interventions to fill the gaps (prepare proposals – indicators - budgets - work plans etc...)
- **Prepare the working team**
- Prepare plans for support / supervision
- Prepare monitoring / evaluation of the work and means to use ongoing lessons learned to improve the services

Use PSTIC-Egypt as an example of multi-layered intervention program to help us to set-up a program for Estonia

- Discuss HOW was PSTIC set-up with community cooperation
- Review context - problems – needs of affected population
- Rationale / Goals of PSTIC's MHPSS program in Egypt
- Examine range of PSTIC interventions
- Selection of PSTIC team
- Training PSTIC Psychosocial Workers (PSW)
- Monitoring / Supervision of PSW
- Staff care

Psycho-Social Services and Training Institute in Cairo (PSTIC)

Community-Based MHPSS: Refugees assisting Refugees in the Urban Context



Dr Nancy Baron 2023



2009 Founded

Program of Terre des Hommes (Tdh)



Donors: UNHCR / BPRM / SDC

“Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it is the only thing that ever has.” (Margaret Mead)

Assessment / The start

- Engagement of refugee community leaders
- Discussions with NGO-UN-CBO about needs – cooperation
- Raised a bit of money!
- Started small – to prove value of interventions
- AND it continued

Rationale for PSTIC

Mental health and psycho-social consequences of the Refugees-Migrants in Egypt are created through a combination of:

PAST experiences and

the problems and needs which occur as a result of the
PRESENT availability of resources

and **FUTURE** opportunities.

The context

290000 refugee-asylum seekers from
58 countries – 50 % Syria (April 2023)

50% - Iraq – Yemen - Africa: Eritrea-Ethiopia-Somalia-Sudan-S. Sudan.....

Living mostly in URBAN Cairo along side 20 million Egyptians.

SUDAN CRISIS – 150,000 new arrivals this month (MAY 2023)



The context

NO CAMPS – Urban living - Required to be self-reliant

Refugees – migrants struggle alongside poorest of Egyptians 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.

Greatest distress:

- How to feed and protect oneself and family in a strange country especially if they do not speak the language????
- Overtime, refugees of Egypt like others in the world complain most about ongoing hassles of daily living rather than about memories and traumatic experiences that occurred during the initial emergency. (Now -booming inflation 60% increase in food costs)

The context

Government

- Offers public health- mental health care / education for some
- No work visas – Temporary residence – Newborns are stateless

UNHCR

- Protracted emergency so less budget annually
- Minimal financial support / not even all the most vulnerable

NGO

Offer all usual services GBV /CP /Education /Legal aid / MHPSS –not enough

WITH NEW SUDAN EMERGENCY – more NGO / UN partner interest

Network of community-based refugee-migrant workers

PSTIC trains, supervises, supports and facilitates a multilingual – multicultural – multidisciplinary network of refugees-migrants to provide primarily home – community-based support 24-7 for protection, psychosocial issues, mental health needs, health advocacy.

What issues do PSTIC helpers assist?

Most anything.... And anyone... At any time....

3000 cases with 8000 beneficiaries monthly

INACCURATE INFORMATION / dangerous exploitive gossip

LACK OF PROTECTION

BASIC NEEDS – inadequate food / shelter / education / income generation

HEALTH PROBLEMS – access to emergency health care

PSYCHOSOCIAL ISSUES

- People without hope – distressed – feeling helpless
- Survivors of violence
- Vulnerable people without support
- Children needing support and protection
- People with special needs and no support - mental and physical disabilities, LGBTQI
- Youth involved in “gangs”

MENTAL HEALTH ISSUES

- Severe mental illness / Suicide / Substance abuse

PEOPLE WITH SPECIFIC NEEDS - disabilities

Why a Community Oriented approach
lead by Refugee Workers?

Community-based MHPSS

OUR BELIEF - “...All affected groups have assets or resources that support mental health and psychosocial wellbeing.

(IASC MHPSS Guidelines 2007)

Though community interventions often takes more time – patience.. Interventions that engage participation by the community are more likely to be meaningful and sustainable – and to help restore people’s sense of competence and self-agency to meet new challenges and be hopeful about the future. (UNICEF 2020)

Models of Community-based interventions...

“In” the community:

Original Community MH Movement in the USA – MH care in hospitals – hospitals closed – MH clinics placed in communities.

“For” community:

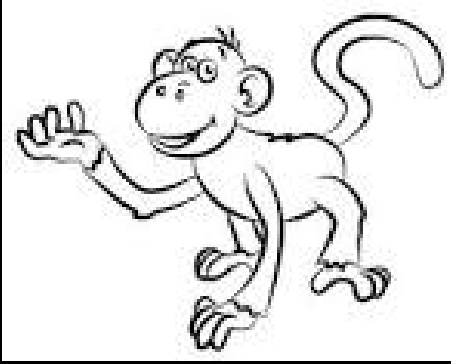
Organizations provide communities with services that are key interventions used in other countries / provide services inside a community using workers who are not members of the community.

“With” the community:

Ask communities what they need and provide what they need with the support of the community.

“Of” the community:

The community designs and provides interventions to themselves.



The monkey and the fish

ONE rationale for “OF” the community

The rationale for PSTIC:

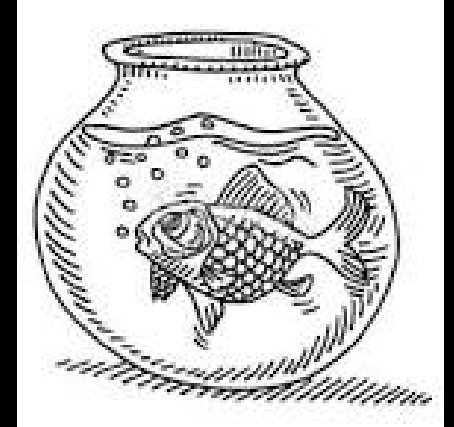
Monkey saw Fish swimming.

He did not know that Fish liked water.

He sympathized with Fish and took it out of the water thinking it would drown.

In the process, the Fish died.

Monkey cried and said he was only **helping**...



Highlights of PSTIC interventions.....

- **Team of Refugees-Migrants**
- Workers are “OF” the population / able to help other refugees in their own languages with respect for culture and context and designed to meet local needs that facilitate support - integration with community - family helping systems
- **Field-based identification** of most vulnerable people and issues
- Available when people need help / **(24-7)**
- Offer Community - Home based support
- Individual – family – community continual **rolling assessment of needs**
- **Individualized** unique case planning
- Wide range of interventions on **all layers of the pyramid** allow us to provide the services most needed
- Workers have **constant specialized training / supervision / support**
- **Care for workers essential**

PSTIC Team works in Greater Cairo and North Coast ...

209 workers / Speaking 26 languages

Refugee Team: 88% from: Eritrea/Ethiopia/Iraqi/Somali/Sudan/South Sudan/Syria/Yemen

Community Based Psychosocial Team	83
Housing Advocacy Team	22
Health Advocacy Team / Home Health Aides	14
Community Outreach	27 (Information/Hotline/Special Needs)
Youth Initiative – “Gangs”	11
Counseling Center	7
Center for Opportunities	9
Activities for special children	10

Egyptian Team: 14% Egyptian

Mental Health Team –Psychiatrists	9
Health - Doctors	2
Admin – Finance	11
Counseling Center	1
Center for Opportunities	1

Foreign: 1 American

What's special about a team “of” the affected population?

Attitude and Commitment of workers

- They care and are available because the people they help are from their communities
- In a challenging urban situation – they share a positive attitude – Encouraging people to make the most of what is available!
- Flexible – Non-Judgmental team – To offer support to anyone / anytime
- Utilize natural – community – support for sustainable answers

PSTIC follows the IASC MHPSS Guidelines in an urban context.

- Interventions at all layers of intervention pyramid
- Special focus due to urban context on Layers 1 and 2 since much emotional distress is due to hassles and distress due to lack of protection and basic needs, range of interventions to minimize distress by facilitating basic needs in a dignified way.

PSTIC IASC MHPSS Intervention Pyramid

Level 4 / Intervention assisting people with mental disorders

- Emergency MH response 24-7.
- MH awareness raising – reduce stigma – encourage community support.
- MH assessment.
- Child-Adolescent MH Clinic
- Adult-Family therapy clinic
- Substance Abuse Program
- Referral to public adult/adolescent/child MH services.
- MH Inpatient referral-discharge planning and follow up.
- Community based case management to ensure compliance to MH treatment.

Level 4 Specialized Services

Level 3 / Interventions for people with emotional distress needing added support

- Emergency response 24-7
- Case management
- Psychosocial First Aid in urgent situations.
- Counseling Center with refugee Counselors provision of Problem Management Plus (PM+) counseling.
- Community – Home based individual / family psychosocial support.
- Individual, Family Group counseling

Level 3 Focused Non Specialized Supports

Level 2 / Interventions for family-community support

- Emergency response with community support 24-7.
- Community based PSW.
- Community MHPSS awareness raising – Facilitate community support.
- Promotion of community responsibility and mobilization.
- Community support groups / Men – Women – Youth...
- Conflict mediation – problem solving.

Level 2 Community and Family Support

Level 1 / Interventions for provision of basic needs – protection with dignity

- Emergency response 24-7.
- Advocacy to UNHCR-NGO for basic needs.
- Community based information sharing.
- Health Advocacy Team / Emergency Response / Access to health care.
- Housing Advocacy Team / Protection.
- Awareness of refugee issues to Egyptian neighbors.
- Center for Opportunities – life and income generating skills for disabled- MI
- Food vouchers
- Temporary shelters

Level 1 Social considerations in basic services and security

Beginning at Layer 1

Interventions that minimize distress and maximize well being..

Since much emotional distress is due to hassles and distress due to lack of basic needs, PSTIC has interventions to minimize distress by facilitating basic needs in a dignified way.

Layer 1 Interventions

for securing basic needs in a dignified way

24-7 Community – Home based teams...

- **HELPLINES** 24-7 giving information, advice, referral and facilitate emergency response
- Community based **information sharing** teams / new arrival sessions
- **Housing support**: Shelter support in cooperation with communities to facilitate protection by finding – renting – safe housing
- **Health access**: Emergency health advocacy / Home based health care
- **Center for Opportunities** – livelihoods for people with disabilities
- **Urgent basic needs** i.e.: food vouchers

Layer 2: Family and Community Support

All field workers are refugees. All services facilitate familycom-munity support.

Interventions include:

- Community-home based psychosocial support by refugee workers.
- Raise community awareness/training/capacity bldg on suicide prevention, substance abuse, minimizing stigma, referral , to promote support for vulnerable
- Community mobilization to assist the most vulnerable
- Emergency response in cooperation with community
- Family and community conflict mediation and problem solving
- Community integration of vulnerable members.
- Facilitating safe community households for people with specific needs
- Support and activities groups for adults/children-families with specific needs
- Child protection - Parenting support and education
- Youth program for managing youth violence “gangs” in schools / street
- Socialization groups for people with specific needs

Layer 3: Non-specialized support



- 24-7 emergency response for psychosocial / protection issues
- Individualize case management
- Home based assessment -Identification of vulnerable needing support
- Home – Community based individual – family – counseling and psychosocial support
- Counseling Center with trained refugee counselors offering PM+ / couple and family counselling
- Community-based support groups bldg. skills for stress management
- Psychological First Aid in crisis

Layer 4: Mental health care

- 24-7 community-based emergency response by PSW with Psychiatrists
- Facilitation of risk Assessments
- Identification of people with mental illness
- Individualized case management
- Specialized Child-Adolescent Clinic
- Specialized “Trauma” Clinic
- Referral to public outpatient clinics
- Arrange inpatient mental health care in public – university – private hospitals
- Discharge planning / Follow up those released from psychiatric facilities
- Home visits to ensure compliance to treatment
- Support to families of people with mental illness
- Cooperation / Training of Ministry of Health hospitals and clinics
- Substance abuse program / Detox-Rehab-Aftercare

Starting an MHPSS community-based program in Estonia

THE CONTEXT:

You are now preparing an MHPSS plan that will have interventions to help your people IF there is an emergency.

Hard to prepare without imagining what you are preparing for.

If there was an emergency in Estonia it might include bombing – shelling – people injured – property damaged. No one likes to imagine such a thing – but this is why we are here.

You are planning to have interventions to help people if this happens.

You need to understand what are their problems so you can imagine, what you are trying to assist. Interventions should be directly related to managing the specific problems of the people.

1- The problems – needs due to an emergency

What do you imagine will be the people's problems / needs

First, general problems.

Then, problems specific to MH / PS well-being.

What are the problems you imagine that could be specific to your urban context?

2- The pyramid

Draw the IASC MHPSS pyramid

Place the problems on the layers of the pyramid where you imagine they will have interventions.

3- Interventions

Add 1-2 interventions for these problems on the pyramid according to the layers of intervention

In particular – add interventions on Layer 2-3.

4- The helpers

Who are the helpers – workers assisting these interventions?

What is the role of these helpers?

PSTIC PSW are on Layers 2 and 3.

5- Choosing the helpers

How will you choose workers that can fill these roles?

Selecting PSTIC workers / Profile of a PSTIC worker

6- Layer 2 – Training the helpers

Concentrating on Layer 2

Using the interventions and workers you suggested,
what training will prepare the team of helpers to do these interventions?

REMEMBER: Curriculum of training needs to focus only on what they need to learn to do their work.

Present PSTIC curriculum for PSW.

NEW PSW TRAINING OUTLINE

5 weeks / 7 hours a day – 6 days a week

ADULT LEARNING MODEL / BUILDING CONFIDENCE:

- Participatory training / Case studies / Discussions /Example: Day 2 / Case studies – What would a PSW do?

BUILDING A TEAM:

- Spirit of cooperation! Open communication! Buddies.

APPRECIATING CULTURAL DIFFERENCES

UNDERSTANDING THEIR ROLE / EXPECTATIONS

- Role of PSW / Characteristics of an effective PSW
- Ethical standards of PSW / Ethical dilemmas that PSW might face
- Guidelines for community based psychosocial work
- 11 Spiral Steps

SELF-CARE

- Self-care individual skills
- Encouraging family / friend / community cooperation
- Work skills – time management

Review of PSTIC services / Think about whether want to join PSTIC. Talk to friends, family etc.

Make a decision / Sign Agreement

Knowledge

CONTEXT:

- Who is a Refugee
- Roles and Responsibilities of UNHCR- Government
- Service providers
- Referral / Advocacy

MHPSS:

- MHPSS definitions
- Understanding Bio-Psycho-Social consequences of problems
- Coping? What are the Protective Factors that help people to cope?
- Pyramid of intervention

Mental health

- Understand mental health and psychiatric care
- Risk assessment
- Suicide prevention
- Basic diagnosis

SKILLS: Using role play – practice – class client

- Assessment-communities: Problems, needs, resources
- Assessment-individuals/families
- Good communication skills
- How to lead a first interview
- Practice what you say after hello
- Skills for interviewing
- Counseling skills /Class client
- Case management
- Plan of action
- Working with families
- Preventing mental health relapse
- Child protection assessment / parenting skills
- Field visits
- Team visits

Attitudes: Case studies / Discussions

- Stigma / Mental illness
- Gender-based violence
- Women-Men relationships
- Child protection- child rearing
- LGBTQI
- People with specific needs

7- Supporting the helpers

How can you do to best support / supervise workers to do this work?

PSTIC model of supervision / support

8- Training skills

How to train people the skills to do their role?

Example of role play to teach skills

What did you learn today?

To read:

Forced Migration Review, Baron, Nancy (2021)

Urban mental health and psychosocial support in Egypt
([www.fmreview.org/issue 66](http://www.fmreview.org/issue%2066))

Training for professionals about MHPSS in Urban Context

URBAN LIFE

Training in affiliation with Psycho-Social Services and Training Institute in Cairo (PSTIC)

Offers specialized residential Classroom and Field based training:

- **URBAN Mental Health and Psychosocial Intervention**
- **Training of Trainers of URBAN Mental Health and Psychosocial Intervention**

See website urbanlifemhpss.com

For more information:

www.mhpss.net

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