

# Psychological reactions to war and trauma:

A webinar series for psychologists, psychology students and other helpers



# **Mental health and psychosocial support (MHPSS) in humanitarian emergencies**

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&

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# MHPSS is part of humanitarian response

- Most do not develop psychopathology
- Pre-existing conditions
- Problems caused by crisis
- Problems caused by aid

THE LANCET


Log in



ARTICLES | VOLUME 394, ISSUE 10194, P240-248, JULY 20, 2019

## New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis

Fiona Charlson, PhD •

Mark van Ommeren, PhD •   •

Abraham Flaxman, PhD • Joseph Cornett, BS •

Prof Harvey Whiteford, PhD • Shekhar Saxena, MD

**Open Access** • Published: June 11, 2019 •

DOI: [https://doi.org/10.1016/S0140-6736\(19\)30934-1](https://doi.org/10.1016/S0140-6736(19)30934-1) •

# Paradigm shift in mental health

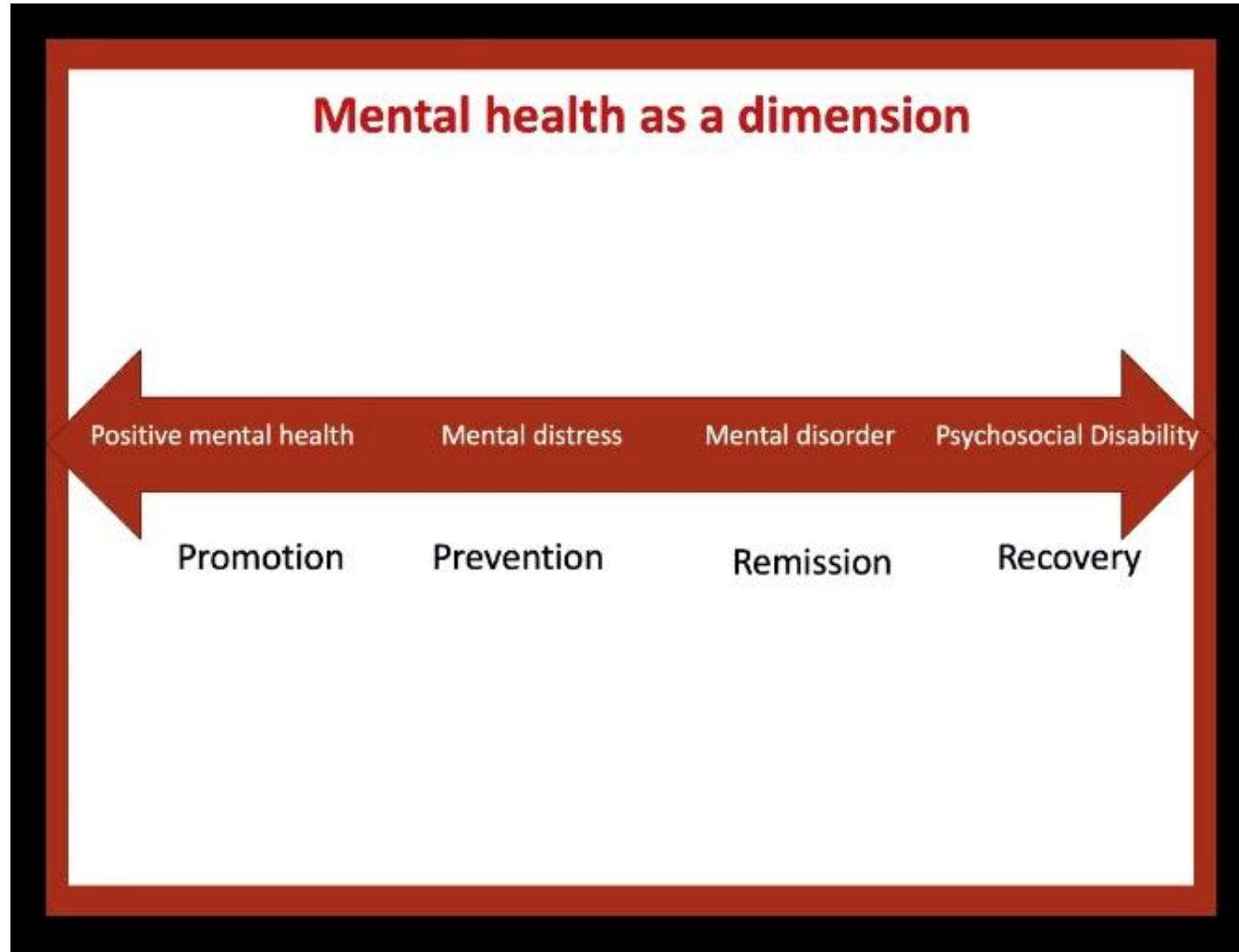
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- Treatment gap
- Lived experience

## Reframing mental health



# Spectrum from promotion to treatment

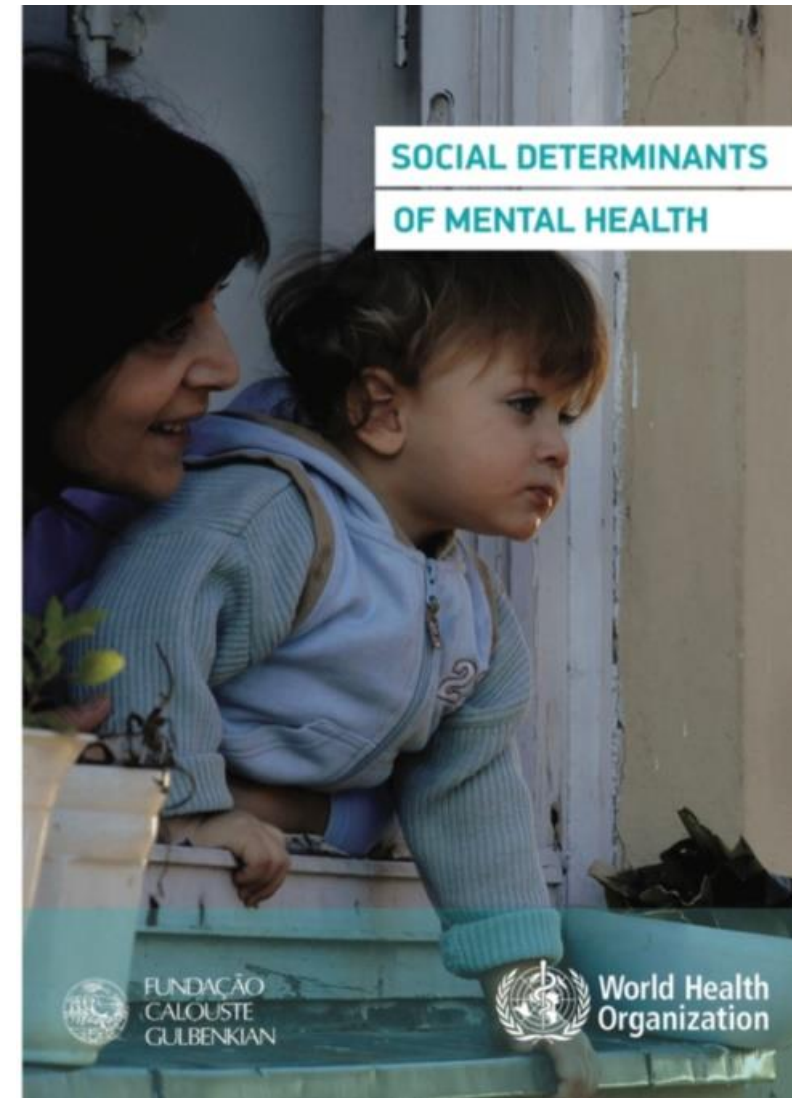




# Social and economic determinants of mental health

## War trauma versus life stressors

(Betancourt et al., 2015; Newnham et al., 2015, Montgomery 2008)



# Innovation

- Community and self-help
  - Taskshifting/tasksharing mhGAP
- 
- [https://www.who.int/mental\\_health/mhgap/en/](https://www.who.int/mental_health/mhgap/en/)

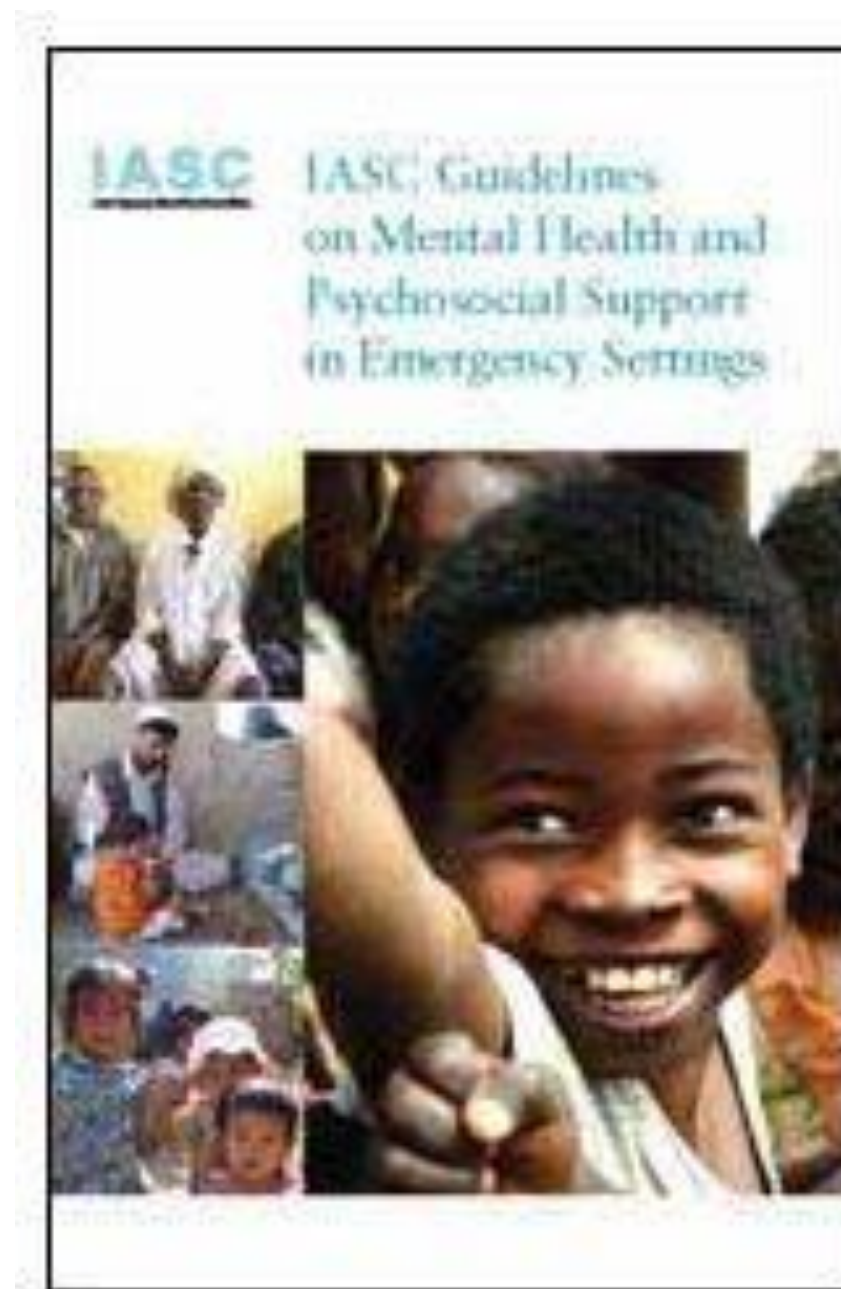


# Guidelines

- Inter-Agency Standing Committee (IASC): *Guidelines for Mental Health and Psychosocial Support in Emergency Settings*
- Sphere Project
- INEE Minimum standards
- Humanitarian *Charter and Minimum Standards in Disaster*



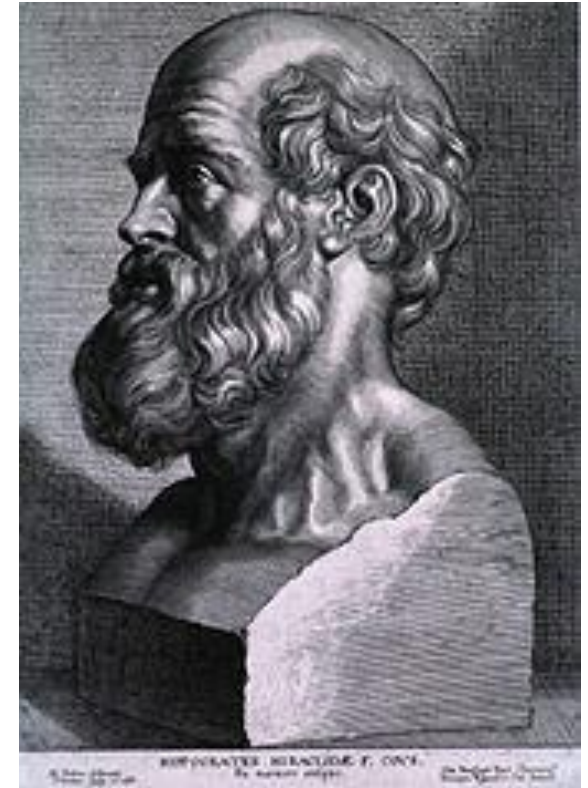




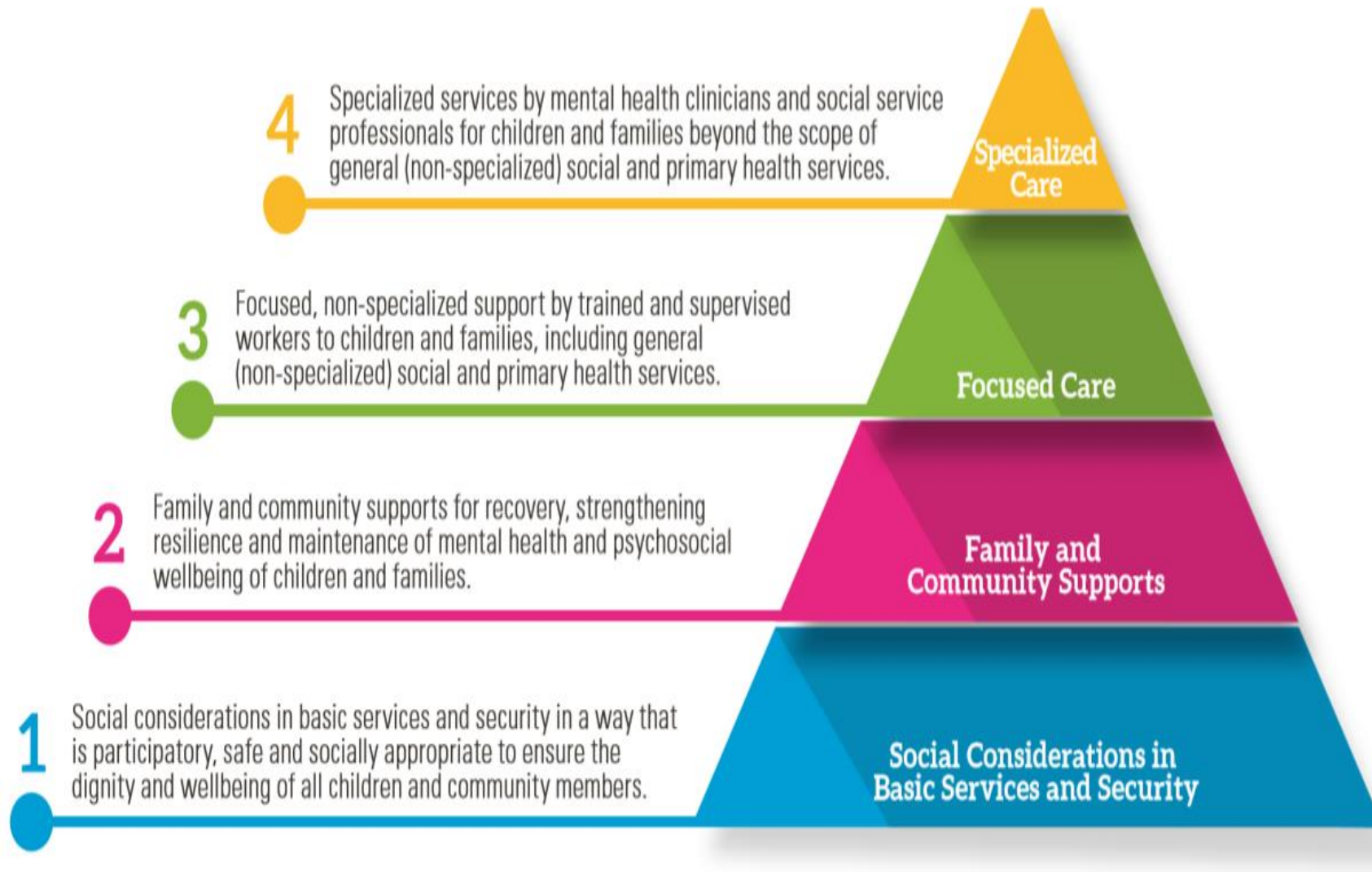
# Basic principles for psychosocial support in disasters

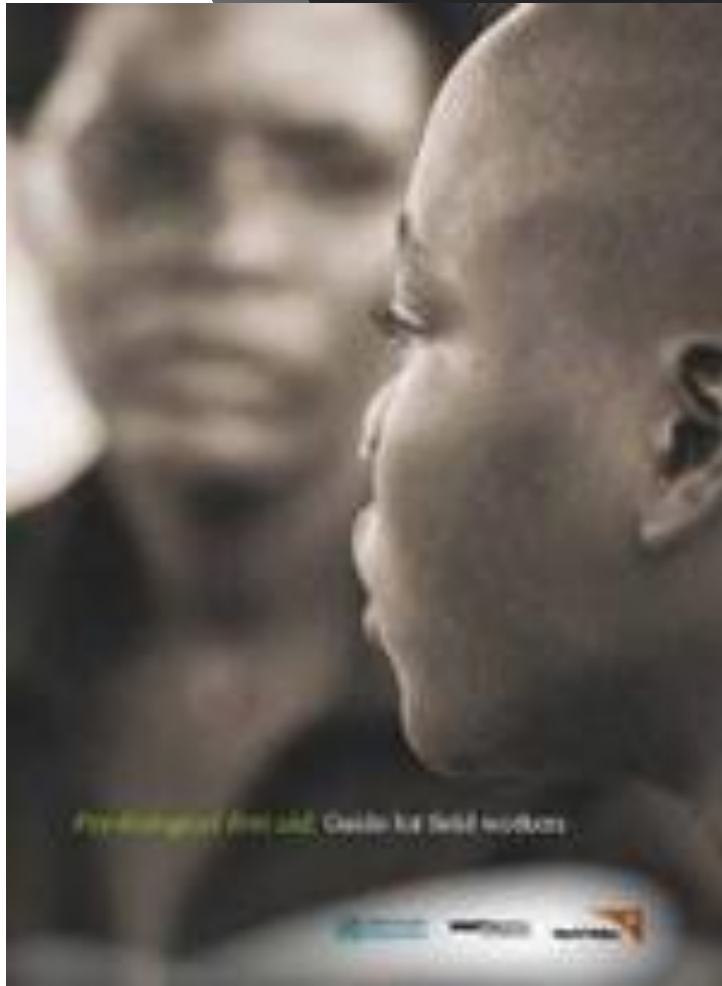
- Human rights and justice
- Participation
- Do no harm
- Build on existing resources and capacity
- Promote coping, resilience,
- Community based, culturally relevant
- Mobilise networks
- Integrated services
- Avoid stand alone interventions
- Multiple levels of needs

(IASC, 2007)



# IASC Intervention pyramid (IASC, 2007; UNICEF 2018)





# Psychological first aid

- 
- A decorative graphic on the left side of the slide consisting of two parallel diagonal stripes. The outer stripe is white and the inner stripe is a medium gray, both running from the top-left towards the bottom-right.
- Co-ordination
  - Accessibility
  - Information
  - Social support
  - Activity
  - Humanity
  - Practical help
  - Coping strategies



# Interventions to promote resilience and prevention

(Fazel & Betancourt, 2018;  
UNHCR, 2021)



PARENTS AND CAREGIVERS ARE HEROES:  
PROTECTING OUR CHILDREN IN A CRISIS.



## TAKE CARE OF YOURSELF SO YOU CAN SUPPORT CHILDREN

- When the stress is too much, take a moment for yourself.
- Listen to your breath as it goes in and out.
- You can put a hand on your stomach and feel it rise and fall with each breath.
- Then just listen to your breath for a while.

Try this every day. You are amazing.



PARENTS AND CAREGIVERS ARE HEROES:  
PROTECTING OUR CHILDREN IN A CRISIS.



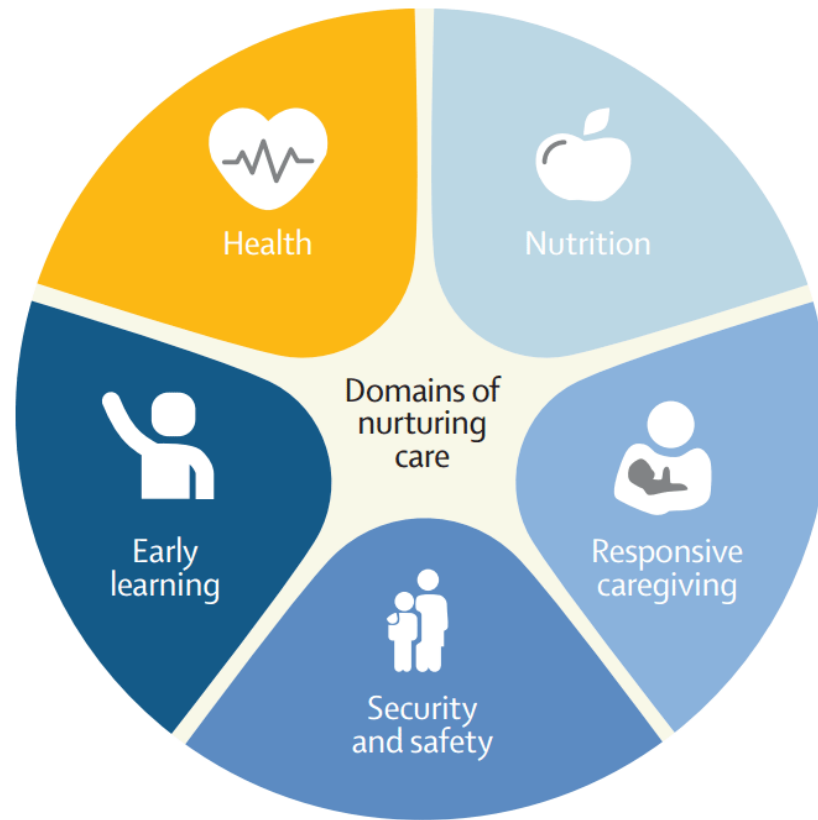
## PRACTICAL WAYS TO HELP US COPE

- Even when it feels hard, try to have some daily routines for yourself.
- Routines help children feel safe. If you can, do daily routines like meals or schoolwork.
- Helping someone else can make you feel better too.

Our children learn calm and kindness from us.



# Nurturing care



*A stable environment that is sensitive to children's needs*

THE LANCET

Advancing Early Childhood Development:  
from Science to Scale

An Executive Summary for The Lancet's Series



"Young children's healthy development depends on nurturing care—care which ensures health, nutrition, responsive caregiving, safety and security, and early learning."

# *Caregivers*



Young children's health and development is directly linked to the functioning of the family and the caregivers



**THINKING HEALTHY**

*A manual for psychosocial management of perinatal depression*



# ICDP – International Child Development programme

## Children and Mothers in War: An Outcome Study of a Psychosocial Intervention Program

*Ragnhild Dybdahl*

The present study was designed to evaluate the effects on children (age:  $M = 5.5$  years) in war-torn Bosnia and Herzegovina of a psychosocial intervention program consisting of weekly group meetings for mothers for 5 months. An additional aim was to investigate the children's psychosocial functioning and the mental health of their mothers. Internally displaced mother-child dyads were randomly assigned to an intervention group receiving psychosocial support and basic medical care ( $n = 42$ ) or to a control group receiving medical care only ( $n = 45$ ). Participants took part in interviews and tests to provide information about war exposure, mental health, psychosocial functioning, intellectual abilities, and physical health. Results showed that although all participants were exposed to severe trauma, their manifestations of distress varied considerably. The intervention program had a positive effect on mothers' mental health, children's weight gain, and several measures of children's psychosocial functioning and mental health, whereas there was no difference between the two groups on other measures. The findings have implications for policy.

### INTRODUCTION

The war in Bosnia and Herzegovina (1992–1995) caused immense suffering to the entire population in a variety of ways. The United Nations reported severe atrocities and that about half the population of Bosnia and Herzegovina were driven from their homes (UNHCR, 1995). The majority of the refugees were displaced within the former Yugoslavia to live in relative poverty for long periods. During the war

ner, 1993; Ladd & Cairns, 1996; Macksoud, Dyregrov, & Raundalen, 1993). Studies have also emerged from the war in the former Yugoslavia (e.g., Ajdukovic & Ajdukovic, 1993; Goldstein, Wampler, & Wise, 1997; Kocijan-Hercigonja, Rijavec, Parry-Jones, & Remeta, 1996; Kuterovac, Dyregrov, & Stuvland, 1994; Mangoud, 1996; Zivcic, 1993). As Cairns and Dawes (1996) point out, however, the field is in many ways immature. Knowledge about the psychosocial functioning and needs of children in ethnic and political

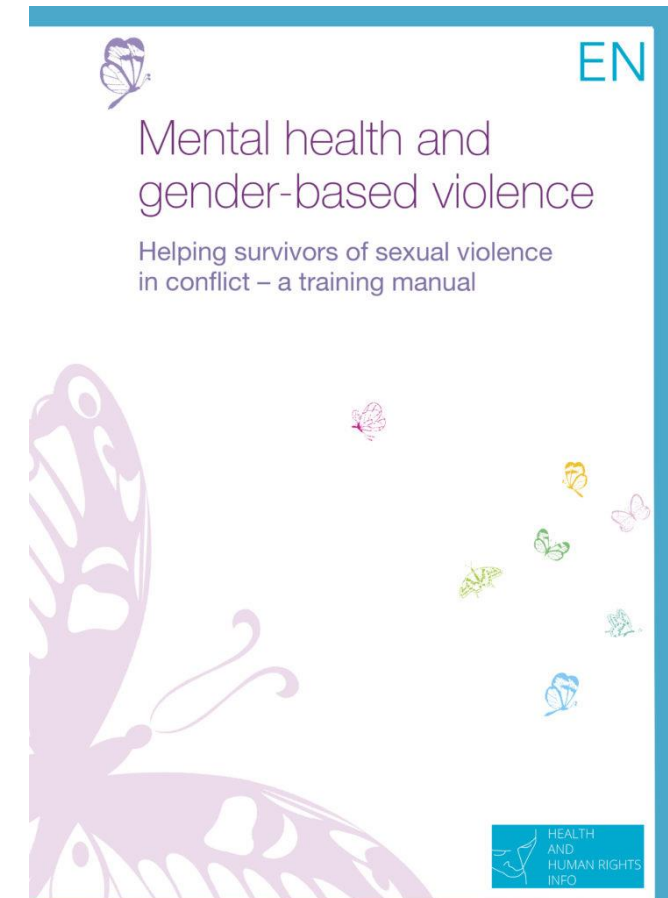
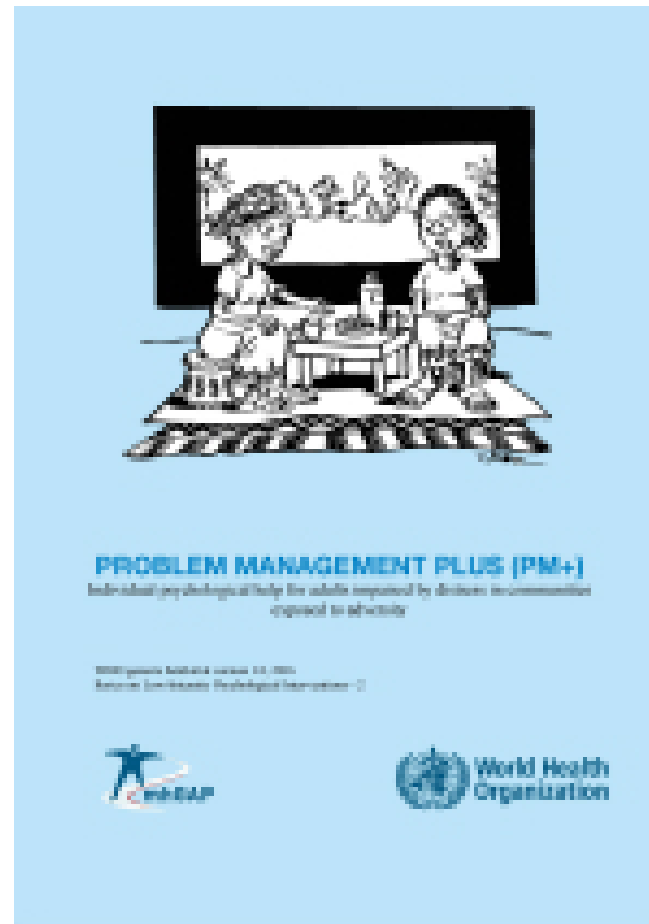
# Psychological support



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News about the TRT manual



# Bringing psychological interventions to scale

(van Ommeren, 2016; Patel, 2014)

- Primary health services
- Community based services
- non-specialists
- One treatment for multiple problem
- Diagnostic assessment?
- Skills and self-management

# Doing What Matters in Times of Stress: An Illustrated Guide



- Section 1: GROUNDING
- Section 2: UNHOOKING
- Section 3: ACTING ON YOUR VALUES
- Section 4: BEING KIND
- Section 5: MAKING ROOM

## Children and war: the work of the Children and War Foundation

William Yule<sup>1</sup>, Atle Dyregrov<sup>2\*</sup>, Magne Raundalen<sup>2</sup> and Patrick Smith<sup>1</sup>

<sup>1</sup>Department of Psychology, Institute of Psychiatry, King's College London, London, UK; <sup>2</sup>Center for Crisis Psychology, Fortunen, Bergen, Norway

The Children and War Foundation was established after the authors' experiences following the civil war in former Yugoslavia in the mid-1990s. Many organizations tried to mitigate the effects of the war on children but few interventions were based on evidence and fewer were properly evaluated. The Foundation was established in Norway with the aim of promoting better evidence-based interventions to help children after wars and natural disasters.

The Foundation has developed a number of empirically grounded manuals that aim to help children learn strategies that will lessen the stress reactions that they have developed. The manuals are designed to be delivered by personnel who are not necessarily very experienced in child mental health. They are aimed at groups of children using a public health approach to reach large numbers in a short space of time. The strategies are not intended as individual therapy.

The *Teaching Recovery Techniques* manual has been used following a number of earthquakes and other natural disasters and data from a number of these will be discussed. A *Writing for Recovery* manual is aimed at helping adolescents and is based on the seminal work of James Pennebaker. It is currently being evaluated in three separate studies. A group-based manual to help children bereaved by war or disaster has recently been developed.

**Keywords:** Children; war; disasters; evidence-based interventions

For the abstract or full text in other languages, please see Supplementary files under Article Tools online

Received: 26 March 2012; Revised: 14 December 2012; Accepted: 14 December 2012; Published: 15 January 2013

It is difficult to reconstruct the reactions and feelings of children exposed to the conflict in World War II (Stargardt, 2010). The contemporary data base consists of very patchy written records and their representativeness remains unknown. During this period, child mental health professionals had very different conceptual frameworks compared to today. In the 1940s, they were still heavily influenced by psychoanalytic constructs, which have failed to stand the test of time. Moreover, Stargardt pointed out that even Anna Freud was highly selective in using records to support her theories rather than examining the evidence in an unbiased fashion.

From contemporary official records, it is clear that in the 1940s, both lay and professional, people were totally divided on to how best to help children deal with their reactions to war experiences. How should they advise children to deal with distressing intrusive memories? Should they encourage children to talk about them, or to suppress them? There were no empirical findings to guide them.

Things had not improved greatly by the time of the outbreak of the civil war in Yugoslavia 50 years later. There were very few studies on how to ameliorate the psychological distress of children. However, there was one big difference: the United Nations had been created

Based on a paper presented at the symposium "Children and War: Past and Present", University of Salzburg, September 2010.

European Journal of Psychotraumatology 2013, 4: 18424  
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Citation: European Journal of Psychotraumatology 2013, 4: 18424 - <http://dx.doi.org/10.3402/ejpt.v4i0.18424>  
(page number not for citation purposes)

# Teaching Recovery techniques



# TRT - Teaching Recovery techniques



Elisabet Rondung, Anna Leiler, Anna Sarkadi, Anna Bjärtå, Elin Lampa, Sandra Gupta Löfving, Rachel Calam, Brit Oppedal, Brooks Keeshin, Georgina Warner, (2022). [Feasibility of a randomised trial of Teaching Recovery Techniques \(TRT\) with refugee youth: results from a pilot of the Swedish Unaccompanied yOuth Refugee Trial \(SUPpORT\)](#). *BMC Pilot and Feasibility Studies* s. 1-15. doi: [10.1186/s40814-022-00998-1](#)

# Specialized interventions



## A Full Systematic Review on the Effects of Cognitive Behavioural Therapy for Mental Health Symptoms in Child Refugees

Katie Lawton<sup>1</sup> · Angela Spencer<sup>2</sup>

Accepted: 22 January 2021 / Published online: 15 February 2021  
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### Abstract

Global conflict in 2019 created record numbers of displaced children. These children have experienced multiple traumas and subsequently suffer high levels of mental health symptoms. Cognitive-behavioural therapy (CBT) is commonly used for post-traumatic stress disorder (PTSD), depression and anxiety, however the current evidence-base of CBT in child refugees is sparse, with mixed results. This study aimed to assess the effects of CBT on symptoms of PTSD, depression and anxiety in child refugees/AS. Ethics were reviewed and granted by the University of Manchester ethics committee. Medline, Embase, Cochrane, PsycINFO and CINAHL were systematically searched. Studies were included if CBT was delivered to refugee/AS children with pre and post-intervention measures of symptoms. Sixteen studies fulfilled criteria. In all studies, mental health symptom scores post-intervention had reduced, suggesting an improvement in mental health following CBT. This reduction was statistically significant in twelve studies ( $p < 0.001$ – $0.5$ ), clinically significant in eight studies and maintained at follow-up periods. No adverse effects of CBT were identified. This is the first systematic review to focus solely on CBT in child refugee populations, with unanimously positive results. Its use is cautiously recommended, however the need for more methodologically rigorous studies in this population is highlighted.

## MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT HUMANITARIAN RESPONSE IN UKRAINE AND NEIGHBOURING COUNTRIES

Resources in English, Hungarian, Latvian,  
Lithuanian, Polish, Romanian, Russian,  
Slovakian, and Ukrainian Version 2.0.

### KEY RESOURCES

IASC Guidelines on Mental Health  
and Psychosocial Support in  
Emergency Settings. (IASC, 2007).

E U R

Psychological first aid: facilitator's  
manual for orienting field workers.  
(WHO, 2013).

E U

Advocacy package.  
(IASC MHPSS RG, 2011).

E U



IASC MHPSS RG Assessment Guide.  
(IASC MHPSS RG, 2012).

E U



Psychological first aid: Guide for field  
workers. (WHO, World Vision, War  
Trauma Foundation, 2011).

E U R Ro



Doing What Matters in Times of  
Stress. (WHO, 2020).

E U R Ro  
H L

E : English U : Ukrainian R : Russian Ro : Romanian

H : Hungarian L : Lithuanian P : Polish La : Latvian S : Slovakian

**IASC**  
Inter-Agency Working Committee  
on Mental Health and Psychosocial Support in Emergencies



## 2 of 3

**IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: With means of verification (Version 2.0).** (IASC, 2021).

E



**Who is Where, When, Doing What (4W's) in MHPSS: Service mapping Ukraine.** (Ukraine MHPSS TWG, 2021).

E

**Ukraine MHPSS Technical Working Group.**

E

**The Mental Health and Psychosocial Support Minimum Services Package (MHPSS MSP) - field-test version.**

E

U



**Who is Where, When, Doing What in MHPSS: 4W Tool.** (IASC, 2014).

E

**mhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical Management of Mental, Neurological and Substance Use Conditions in Humanitarian Emergencies.** (WHO, 2015).

E

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R

### GENERAL RESOURCES

**IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, Checklist for Field Use.** (IASC MHPSS RG, 2008).

E

U



**IASC, Mental Health and Psychosocial Support in Emergency Settings: What should Protection Programme Managers Know?** (IASC MHPSS RG, 2011).

E

U

**Group management plus (GROUP PM+): Group psychological help for adults impaired by distress in communities exposed to adversity.** (WHO, 2020).

E



**Problem management plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity.** (WHO, 2016).

E

U

R

**How you can support your child during bombing? Tipsheet.** (CP AoR).

E

U

R



**Mental Health and gender-based violence: Helping survivors of sexual violence in conflict- A training manual.** (Health and Human Rights Info, 2016).

E

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**IFRC Ps Centre Resources.**

E

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R



**Inter-Agency Referral Form and Guidance Note.** (IASC MHPSS RG, 2017).

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## 3 of 3

### MHPSS DURING COVID-19

**IASC Interim Briefing Note on COVID-19 Outbreak Readiness and Response Operations – MHPSS.** (IASC, 2020).

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**IASC Guidance on Operational considerations for multisectoral mental health and psychosocial support programmes during the COVID-19 pandemic.** (IASC, 2020).

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**Basic Psychosocial Skills: A Guide for COVID-19 Responders.** (IASC, 2020).

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**Living with the Times: A MHPSS Toolkit for Older adults during COVID-19.** (IASC, 2021).

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R

**My Hero is You: How kids can fight COVID-19.** (IASC, 2020).

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**Action for Heroes: A Guide for heart-to-heart chats with Children to accompany reading of My Hero is You.** (IASC, 2021).

E

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L

**My Hero is You 2021: How kids can hope with COVID-19.** (IASC, 2021).

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Ro



**Overview of tools and resources for MHPSS during COVID-19.**

E

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Ro

**Social Stigma associated with COVID-19.** (WHO, IFRC, UNICEF, 2020).

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### UKRAINE MHPSS TECHNICAL WORKING GROUP

Ukraine MHPSS technical working group (MHPSS TWG) was created in October 2015 as part of the cluster system in Ukraine focused on relevant MHPSS activities and issues. At the moment MHPSS TWG is a cross-sectoral working group that works with local points in each of the sectors and with accountability in sectors under health, protection, and education. MHPSS TWG is part of and guided by the global IASC Reference Group on mental health and psychosocial support in emergency settings (IASC MHPSS RG). Ukraine MHPSS TWG is co-chaired by WHO and IMC at the national level in Kyiv.

Ukraine TWG co-chairs contact: [mhpss.twg.ukraine@gmail.com](mailto:mhpss.twg.ukraine@gmail.com)

Ukraine TWG resources: [Ukrainian](#), [English](#), [Russian](#)

To submit relevant resources missing from this overview or to request information please send an email to IASC MHPSS RG at: [mhpss.refgroup@gmail.com](mailto:mhpss.refgroup@gmail.com).

To submit activities for the mapping of activities in Ukraine and neighbouring countries, please contact Valeria Florez at: [valeria@mhpss.net](mailto:valeria@mhpss.net) with [mhpss.refgroup@gmail.com](mailto:mhpss.refgroup@gmail.com) in the copy.

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# Thank you for your attention

Questions can be directed to:  
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