

# Essential Concepts and Best Practices in Delivering MHPSS to People who have Experienced Forced Displacement

Conflict and displacement can disrupt financial well-being, relationships, sense of opportunity and connection, the ability to meet basic needs, and much more. Sexism, racism, other forms of oppression and marginalization, and constant toxic stress also degrade numerous areas of a person's life and are often made worse during conflict and displacement. All these factors can negatively impact individual, community, and societal safety and well-being and therefore require interventions at multiple levels to fully address.

Everyone who works with people who have experienced forced displacement can contribute to an increased sense of safety and well-being. How an individual or agency does this will vary by their scope, role, education, skills and training. The [Inter-Agency Standing Committee's MHPSS Intervention Framework](#) can be helpful for individuals and agencies to determine how they can best contribute. In this document, you will find an overview of MHPSS foundational concepts, a description of the MHPSS intervention pyramid, and suggested best practices and communication tips for providing MHPSS services to individuals, families and children who have experienced forced displacement.

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## What is MHPSS?

Mental health and psychosocial support (MHPSS) is a composite term used to describe support that aims to protect or promote psychosocial well-being and/or prevent or treat a mental disorder. It recognizes the bi-directional and symbiotic nature between mental health and the context in which people live. It combines two key terms:

## MENTAL HEALTH

A state of wellbeing in which an individual, family or community can realize their abilities, cope with the stresses of life and can function to meet normal demands of life.

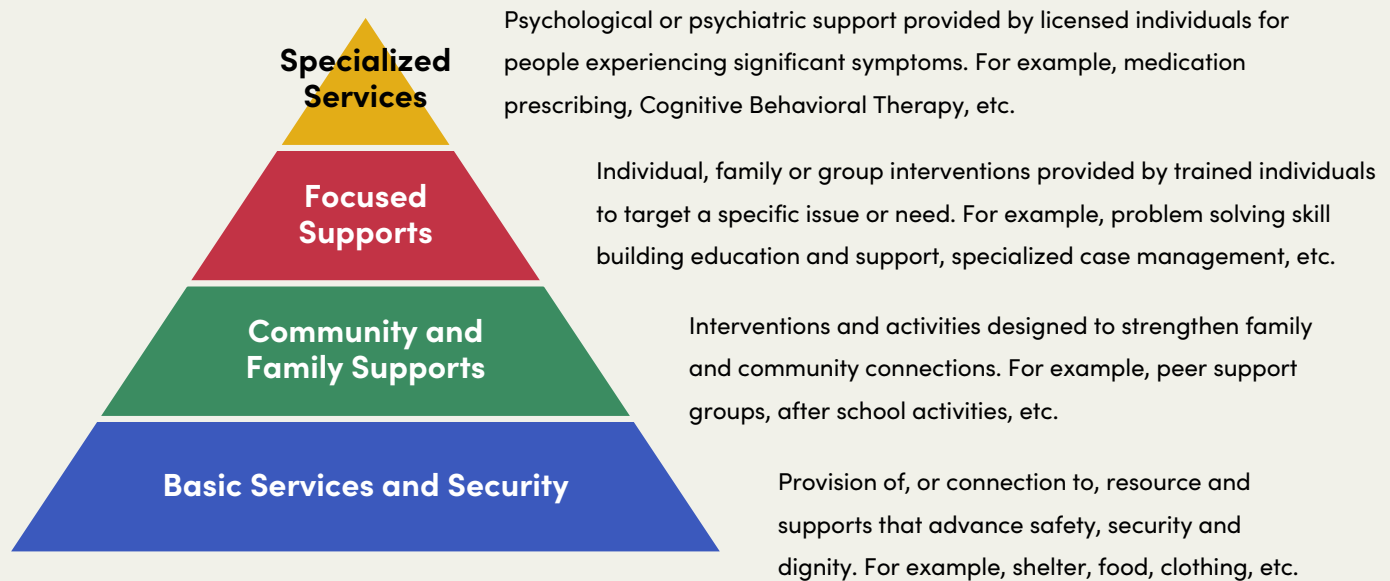
## PSYCHOSOCIAL

A term used to emphasize the close connection between psychological factors such as mood, attitudes, beliefs, motivations, etc., and social factors such as financial well-being, relationships, sense of opportunity and connection, the ability to meet basic needs, etc. Because of the dynamic and interrelated nature between psychological and social factors, they must be considered together to fully address well-being.

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## The IASC's MHPSS Pyramid

People respond to forced displacement and its associated stress and distress across a continuum, with most people needing basic supports to increase psychosocial wellbeing and others requiring more specialized and higher levels of support, like those experiencing mental health conditions. The pyramid below helps illustrate the larger number of people who will need and benefit from universal services and security and the smaller number of people who will need and benefit from more specialized and targeted services at each incremental layer. Layers of the pyramid should be seen as complementary, and not linear in progression of care or need.



## Best Practices in Providing MHPSS Support to People Who Have Recently Experienced Forced Displacement

### DO NOT HARM

Be clear about where your work falls on the MHPSS pyramid and make sure that it is properly aligned with your training, skills, scope and role.

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### AVOID PATHOLOGIZING

Recognize that symptoms such as trouble sleeping, anger, fatigue, sadness, etc. are common and normal reactions to recent or ongoing conflict, violence, loss, uncertainty and profound stress and usually get better over time. Understand that children will express distress and emotion in different ways according to their developmental stage.

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### AVOID RETRAUMATIZING

Unless it is specifically related to your role and scope, don't probe or ask people to provide details about what they have been through. However, if someone voluntarily approaches the subject, be ready to listen and validate.

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### LISTEN & VALIDATE

Through actively listening and having an affirming response you can convey to people that you see them, hear them, and that they matter. Some helpful expressions are, *"Thank you for sharing that with me."* *"That sounds difficult."* *"Given what you have been through, it makes sense to me you would feel that way."* Learning the basic skills of [Psychological First Aid](#) can help.

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### DON'T MINIMIZE

Avoid trying to decrease people's reactions or comfort them with cliches, false reassurances, or inappropriate comparisons. For example, don't say things like: *"What doesn't kill you makes you stronger."* *"Everything will be better."* or *"Lots of other people had it way worse; think of how lucky you are."*

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### PRIORITIZE AND PACE

Accept that people will likely have a multitude of needs and be prepared to sequence your response with safety and security at the forefront.

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### APPROACH WORK HOLISTICALLY

Have established strong referral pathways for services and supports up and down the pyramid.

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### MAKE LEARNING INVESTMENTS

If you are working across languages, make sure you build skills to [effectively work with an interpreter](#). If you are working across cultures, start by examining your own culture, beliefs and values so you have greater awareness of bias and places of discomfort.

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### TRUST IN PEOPLE'S INHERENT CAPACITY TO RECOVER

People are incredibly resilient and over time most are able to heal from very difficult events.

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## Communication Tips

- ✓ Avoid describing people as “traumatized” or assuming that reactions are all conflict or crisis related. Instead, affirm that realities of being displaced are complex and multifaceted by instead referring to ‘the impacts of very difficult events’ or ‘reactions to all you have been through.’
- ✓ Be sure to describe any symptoms, in simple, easy to understand and non-pathologizing terms. For example, use words like ‘sad’ rather than ‘depression’, or ‘worries’ instead of ‘anxiety’.
- ✓ Because the term “mental health” may be highly stigmatized, talk about ‘wellness’ or refer to how someone is thinking, feeling, or functioning.
- ✓ If you are offering a referral to psychiatric or therapeutic support, explain in concrete terms why you are offering a referral and what they can expect from these supports. For example:
  - “I know you spoke about not having slept more than two hours a night in the last several months and that you are crying almost every day for a good part of the day.

That sounds really hard. I am wondering if you would find it helpful to talk to someone who is trained to support people who are experiencing sleeplessness and persistent sadness. This person is called a counselor. They meet with people and ask them about what difficulties they may currently be experiencing and how it is affecting how they are thinking, feeling and functioning. They then explore with the person what might help.”

- ✓ Wherever possible, point out specific and concrete demonstrations of strength and resilience that you observe. For example:
  - “Despite everything you have gone through, I really admire how patient you are with your children.”
  - “You asked such good questions during our interview today.”
  - “I am so impressed that despite everything that you have going on, you made time to come today.”