The Belgian Development Cooperation-funded Psychosocial Response in Lebanon.

**Capacity Building:** "Executive Professional Master in "Psychosocial Animation in War-Torn Societies"

The Executive Professional Master in "Psychosocial Animation in War-Torn Societies", run in collaboration with UNICEF, the Lebanese MSaP, and the Lebanese University and funded by the Belgian Development Cooperation and UNICEF involved more than 30 international, regional and national professors, experts and practitioners, who work in compliance with IOM MHPSS approach. They offered to 27 expert students, chosen among psychologists, social workers, artists, medical doctors and educators already involved in addressing on the field, ethics, models and practical tools to work with conflict affected displaced populations. These included on the counseling, community revitalization, conflict resolution and social communication levels, therefore responding in an integrated manner to the various psychosocial necessities of war-torn societies. The Master took place in a residential format over the weekends, in order to involve professionals already providing assistance to the populations and have an immediate secondary effect on the final beneficiaries. The combination of practical-in service training with academic standards and critical review of the work done is internationally considered a best practice.

**Direct Interventions:** "Dari: Recreational and Counseling Center for Families"

The Dari Center was established in collaboration with the Ministry of Social Affairs, UNICEF, the Municipality of Baalbeck, local NGOs and Foundation D’Harcourts in kind and financial contributions, and the continuous involvement of associations such as APEG (Association pour la Protection des Enfants de la Guerre), Catharsis (Lebanese Association for Drama Therapy) and the Islamic Orphans Association. The Center offering a combination of socializing structured and unstructured activities, and specialized therapeutic services for children, youth, women, elderly and male adults has provided more than 10,000 individuals affected by the conflict with social, community revitalization and counseling services, and act as a community center as well as a provider of non-stigmatizing mental health services. A mobile Unit attached to the Center extends services and training to schools and vulnerable neighborhoods in the region (ONGOING).

**Preparedness:** Psychosocial Expert Teams

Based on the practices elaborated during the Master program, and on the expertise and network built, IOM together with the Ministry of Social affairs, in collaboration with the Ministry of Health and the Ministry of Education, and funded by the Italian Cooperation has established 6 Psychosocial Resource Centers in Lebanon’s Regions, attached to the Social Development Centers. The Residential Centers (called Expert Teams) led by 6 IOM Masters graduates, are tasked with developing a national and 5 regional psychosocial emergency preparedness plans. The experts have mapped the existing mental health and psychosocial services in the respective region, whose complete list and description is now available on the web at. Moreover they have designed and devised trainings in psychosocial response to emergencies, psychosocial response tools and methods, coordination and the IASC guidelines for more than 2000 professionals from the above mentioned regions as well as officials from the MSaP, MHE, MHH. The work will result in the creation of plans of action. In case a new emergency will occur in each region a coordination plan will be in place, officials from all sectors, who received harmonized trainings should be able to make it operational, and professionals from different services, mapped and trained, could be activated for referral (ONGOING).

**Example of Sectoral Mental Health and Psychosocial Capacity Building, Belgian Ministry of Health Funded Mental Health Capacity Building Program in Congo (Goma and the Kivus).**

This small scale program aims at responding at the capacity needs of the MoH-Mental Health sector in Goma and the Kivus to respond to the challenges arising from the emergency displacement in the region. After a rapid assessment was conducted, a training plan was devised as well as a 5 –day induction session on psychosocial issues in displacement, and community-based response tools, based on IOM models of work, for community leaders, primary health care staff, and mental health care staff of the MoH. Three one-week trainings have been additionally conducted for primary health and secondary Mental Health staff in psychological first aid, trauma informed care, discrimination between pre-existing pathologies and normal psychological consequences of displacement, and counseling methods. Specialized trainings for secondary mental health care staff will follow in a second phase of the program.

**Definitions and scope**

Mental Health is a state of well-being in which an individual realizes his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make contribution to his or her community (WHO, 2002). The concept of Mental Health is therefore larger than the absence of mental disorders. Moreover, war, endemic conflict, and armed conflicts are not to be considered “normal” stresses of life that is why such situations are labeled as “emergency”. Therefore, the temporary inability to cope with such un-normal stresses is not to be associated to mental uneasiness or biomedical malfunctioning.

The term psychosocial pertains to the influence of social factors on an individual’s mind and behaviour, and to the interrelation between mental and society (OED, 1997). Psychosocial activities are therefore looking at the interconnectedness of social-collective issues, individual-personal internalized states, and the cultural and anthropological constructs around this relation, and not merely at the social implications of mental care, or at the psychological implications of social needs and related responses.

Mental health and psychosocial wellbeing, based on the above-mentioned definitions are in fact synonyms. This is also IOM policy. However, in interagency and humanitarian languages psychosocial is usually referred to the continuum of care, as illustrated in the pyramid below, while mental health refers to specialized mental care, such as to the apex of the pyramid.

Displacement due to conflict, war and natural disasters, and more generally living in a conflict, post-conflict, or post-disaster situation generally requires major adaptations, as people need to redefine personal, interpersonal, socio-economic, cultural, and geographic boundaries. This implies a redefinition of individual, familial, group, and collective identities, roles and value systems, and may represent an upheaval and a source of stress for the individual, the family and the communities involved. Conflict and war create specific psychosocial vulnerabilities that, if combined with other risk factors, including pre-existing conditions and social and security predicaments of the present, can affect the mental health of the individuals involved.

Providing psychosocial assistance to conflict and disaster affected populations in educational, cultural, community, religious, and primary health setting reduces vulnerabilities, and prevents their stagnation, which may in turn result in long-term mental problems, and social pathologies.

The same mental health and psychosocial issues affect the population who doesn’t flee the displaced, and the returnees. Indeed, the breakdown of the socioeconomic, cultural and anthropological environment caused by armed conflict requires major re-adaptations as it does the necessity to adapt to a new environment in the case of displacement. Returnees are usually equally affected, since the environment changed or deteriorated during the time of displacement, bringing to a breakdown of known structures, and changes took place in the individual psychosocial status of the displaced during the same period.

Finally, populations affected by the conflict or the disaster include individuals with pre-existing psychiatric and psychological vulnerabilities, whose effects may be enhanced by the emergency and the displacement, due to presence of stressors, accessibility of adequate services, displacement, and different cultural and medical approaches to mental uneasiness between the host and the receiving country.

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**International Organization for Migration, IOM**

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Psychosocial Approach-Psychosocial programming

A psychosocial response to emergencies encompasses the psychological, social, and cultural anthropological dimensions in an integrated manner. This could take the form of psychosocial programs, which respond to all three aspects in an integrated fashion, or of a psychosocial approach to different humanitarian responses. In this case, the aim is to address the interconnectedness of the three realms in such humanitarian actions, including health, food and non-food items, shelter, water, and sanitation.

Psychosocial programming is most used by IOM in emergencies and forced displacement, since in those situations it is impossible to separate the individual and the collective dimension of the experience, and the social, emotional, and anthropological impact of certain occurrences, by instance when someone has a loved one killed or the head of the household is dead.

Psychosocial approach to different humanitarian programs can be illustrated by the following examples. A psychosocial approach to food distribution is one that considers the psychological consequences of certain modalities of distribution, and the anthropological impact of distribution on the family structure and the role of the household in patriarchal societies, reducing to the minimum the possible negative psychological and anthropological side-effects in the adopted model. A psychosocial approach to mental health is instead one that considers the social reintegration of the affected individual, the cultural relevance of certain illnesses, and the protection of the emotional well-being of the affected individual throughout the healing process.

ICOM Expertise

ICOM’s Central Unit for Mental Health, Psychosocial Response, and Cultural/Medical Integration provides its expertise in the fields of psychosocial well-being, mental health, community-based response, creative and arts-based intervention, and cultural integration. IOM has been active in psychosocial support in emergencies since 1998, developing intervention, trainings and researches in Albania, Colombia, Colombia, Georgia, Iraq, Kenya, Kosovo, Jordan, Lebanon, Liberia, Macedonia, Myanmar, Palestine, Serbia, Syria, and Sri Lanka. Along with the more established psychosocial tools, the IOM also uses other instruments and languages, including social theatre, community animation, creative arts, oral history, systemic and narrative counseling, trans-cultural approaches, and small-scale conflict management. The methodology adopted is active and participatory, adapting to different cultural contexts and the varying needs of the affected populations. In this perspective the general objective of IOM’s psychosocial interventions is to:

1. De-pathologize migrants, displaced and war affected populations
2. Strengthen their internal and communal support systems, in order to confront their complex experience
3. De-stigmatize emotional occurrences related to migration and war
4. Avoid use of fabricated culturally inappropriate tools, after the active participation of national and local experts, and beneficiaries in designing the intervention
5. Strengthen the capacity of national and local actors
6. Create international networks of excellence to promote a quality and critical standard of intervention also in emergency situations

ICOM has included capacity building for professionals, Governments, Agencies, ICOM Departments through

a. Assessments, analysis, researches: including the Assessment on Psychosocial Needs of Iraqis in Jordan and Lebanon, with Lebanese returnees after the 2006 war events, with Iraq (IOM) after the 2006 operations, with Kenyan IDPs following the 2006 post-electoral violence, with children former combatants in Liberia, with the introduction of PTSD assessments in the first three months after the occurrences and in all those situations, where the psychosocial implications of the present may bias the assessments results, and normal reactions to ongoing occurrences may be misdiagnosed as symptoms of persisting reactions to traumatizing occurrences of the past.

b. Knowledge dissemination initiatives, including the publication of 4 psychosocial notebooks on emergency related matters, and the organization of the two "Helping the War" international conferences held in Rome (2006) and Geneva (2007).

c. Interagency coordination, through the active participation to the Inter Agency Standing Committee on Mental Health and Psychosocial Response in Emergency Settings, and the efforts in mainstreaming the relevant Interagency Standing Committee Guidelines. IOM has led the Inter Agency Mental Health and Psychosocial Working Group in Kenya and Myanmar, and is leading the mainstreaming of the Guidelines in the Camp Management and Camp Coordination Cluster.

d. Support to Governments in the development of policy papers, guidelines, national strategies, including the “Psychosocial Policy Paper” of the Lebanese MHPA, the “Mental Health and Psychosocial National Response Strategy” of the Kenyan Ministry of Health and Special Programs, the authorship of the IOM-UNICEF

1. Medicalize communities and individuals, who are just having normal reactions to abnormal situations
2. Use culturally inappropriate investigation and early diagnostic tools
3. Have non professionally equipped staff to perform diagnostic assessment and or early counseling
4. Initiate psychosocial processes which lack of sustainability
5. Perform inappropriate explorations of the stressful experience, this may harm the person.
6. Indulge in awareness raising, when a referral system is lacking
7. Go against traditional and faith oriented coping mechanisms, that are a valid response on the short-term
8. Provide widespread and short-term trauma counseling
9. Focus the programming on a single diagnosis (e.g. PTSD) and support instead a programming considering the wider range of urgent pre-existing neuro-psychic needs.
10. Fragment the assistance provided between the more established psychosocial National and local experts, and beneficiaries in designing the intervention.

“Principles and Guidelines for Psychosocial Programming in Emergency Displacement”, and the co-authorship of the Inter Agency Mental Health and Psychosocial Guidance notes in Jordan.

e. Capacity building initiatives. IOM has developed more than 30 tested 1 to 5 days training modules in various aspects of Mental Health and Psychosocial Response in Emergencies, and in service Executive Master Programs in “Psychosocial and Trauma Response”, “Psychosocial Animation in War Torn Societies”, as the ones conducted in Lebanon, Serbia, Kosovo.

f. Direct interventions, devising innovative medical approaches for Ressourcing and Counselling Centers for Families, Mobile Teams, Psychosocial Resource Centers, in Kosovo, Lebanon, Kenya, Myanmar.

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