



A Trauma-Informed Understanding of Mental Health and Psychosocial Support (MHPSS)

There is growing interest in mental health and psychosocial support (MHPSS) for refugees, asylees, and other humanitarian immigrants. This guide reviews key MHPSS concepts relevant to those who are designing and implementing services that seek to improve resettled refugees' mental health and psychosocial wellbeing.

What is mental health and psychosocial support (MHPSS)?

Mental health “includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.”¹ The ways in which we conceptualize, talk about, and act on mental health are heavily influenced by culture.



In refugee resettlement contexts, **mental health and psychosocial support (MHPSS)** refers to a range of activities that address and improve the psychological and social impacts of conflict and displacement.

¹ *What Is Mental Health?* (n.d.). MentalHealth.Gov. Retrieved August 10, 2021, from <https://www.mentalhealth.gov/basics/what-is-mental-health>

Definitions of mental health often include several interrelated, yet distinct concepts. One key concept is **wellbeing**, the positive state of being in which a person thrives. In MHPSS work, wellbeing is often understood in terms of three domains:

1. Personal wellbeing (positive thoughts and emotions such as hopefulness, calm, self-esteem and self-confidence)
2. Interpersonal wellbeing (nurturing relationships, a sense of belonging, the ability to be close to others)
3. Skills and knowledge (capacities to learn, make self-informed decisions, effectively respond to life challenges, and express oneself)

Psychosocial is a term that recognizes that we do not exist as entities separate from the world around us. Our opportunities and abilities to form relationships, meet basic needs, participate in society, learn, and so much more impact our mental health. Conversely, our mental health impacts our ability to seize opportunities, form relationships, participate in society, etc. This is a bi-directional relationship, meaning that it goes both ways. It is also a dynamic relationship, meaning that it changes all the time.

Therefore, the term **mental health & psychosocial support (or MHPSS)** refers to the state of emotional, behavioral, and cognitive health; all of the factors that impact it; *and* all of the factors that it impacts. This broad definition encapsulates services designed to improve the wellbeing of individuals and communities and to treat mental conditions—including activities that can address the psychological and social impacts of conflict and forced displacement.

MHPSS interventions, strategies, or actions aim to:

- Promote safety and trust
- Offer connection and belonging
- Promote psychosocial skill development
- Enhance coping strategies
- Encourage mind-body awareness
- Facilitate self-care routines
- Educate about/normalize the effects of trauma
- Bolster personal/communal strengths and traditional healing practices
- Nurture help-seeking

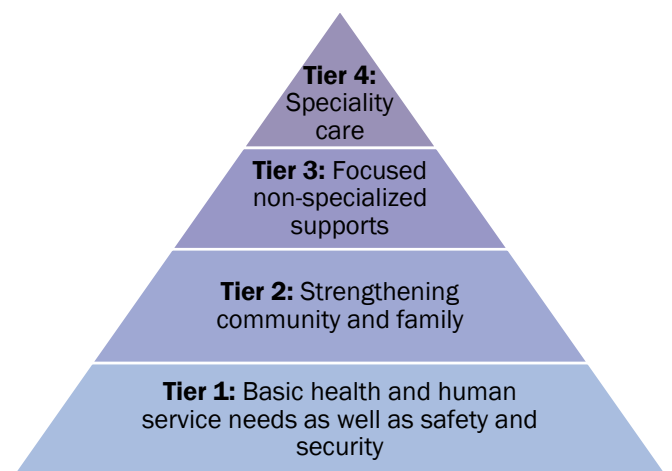
MHPSS interventions may also support the identification, prevention, and treatment of acute mental health issues, including psychiatric conditions like depression, anxiety and post-traumatic stress disorder (PTSD).

It is important to note that this model of MHPSS has roots in a white, western cultural worldview. It incorporates mind-body dualism, the concept that mind and body are two separate entities. However, many cultures have different models of mental health, including spiritual, historical, humoral, etc. Most cultures with holistic medicine consider the mind and body to be the same, and have worked towards integrating their management. The National Partnership for Community Training developed several [Refugee Wellness Country Guides](#) which discuss cultural expressions of mental health; [EthnoMed](#) provides additional resources.

MHPSS in Humanitarian Settings

The term “MHPSS” originally referred to services in international humanitarian settings, typically situations of crisis, active conflict, or other emergencies. The Inter-Agency Standing Committee (IASC) refers to MHPSS in the humanitarian context as “any type of local or outside support that aims to protect or promote psychological well-being and/or prevent or treat mental disorder.”² The pyramid below, developed by IASC, organizes MHPSS services into four tiers:

Intervention pyramid for mental health and psychosocial support in emergencies.³



² Interagency Steering Committee (IASC) 2008. [IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings: Checklist for Field Use](#), p.5.

³ Ibid, p.9.

MHPSS in the U.S. Resettlement Context

While refugee services in the U.S. are very different from services in humanitarian crises, the IASC pyramid is still a helpful framework. Social worker and scholar Hyojin Im and colleagues adapted the multi-tier MHPSS model in the context of refugee resettlement. It summarizes actions that facilitate psychosocial healing, provide trauma-informed care, and identify community support structures. Im's model emphasizes four tiers comparable to the IASC pyramid:⁴

- **Tier 1** focuses on basic needs and resource acquisition, including welcoming support to refugee newcomers, cultural adjustment, and maintenance of cultural practices.
- **Tier 2** focuses on strengthening positive coping mechanisms and bolstering social connection through community- and peer-based services, e.g., support groups, wellness groups, health education and promotional, and family interventions. Strategies include stress management, preventive mental health, and education on domestic violence, family risk, and substance use.
- **Tier 3** is designated for more specialized services, such as support groups for common trauma-related mental conditions, and connection to more mental health services that are culturally responsive, trauma-focused, and survivor-centered.⁵
- **Tier 4** is designated for specialty services like psychiatry and counseling.

It is worth emphasizing **community-based MHPSS interventions**, which may be categorized under Tier 2 or Tier 3 within Im's model. Community-based interventions support mental health and wellbeing by bolstering individual and community resources and relationships. These approaches prioritize community-led participatory processes (such as a family or social support groups) that increase natural supports, coping mechanisms, networks of relationships, and other sources of social connection.⁶⁻⁷

Key MHPSS Principles

Do No Harm

While we strive to do work that is beneficial to our clients, at a minimum we must ensure that the individuals, families, and communities we work with are not injured by our actions, even unintentionally. This includes emotional, physical, economic, social, and environmental injury. "Do No Harm" promotes self-determination; compels us to treat people with dignity, respect, and equality; and prompts us to practice in a compassionate way, knowing that many people we work with have experienced trauma. Ensure that you:

- Only practice within the scope of your role
- Only do work for which you are appropriately trained, educated, or licensed
- Refer to other providers when there is an identified need beyond your experience and knowledge
- Receive sufficient supervision or consultation to help monitor the quality of your work
- Be aware of the impact of your own mental and physical health on your ability to work safely, competently, and compassionately
- Seek to understand the disparities of power between you and your clients, the structures in which you work, and the society overall

"Do No Harm" also means that we exercise careful judgement and regularly examine programming and processes to ensure that they do not unintentionally damage individuals, families and communities. This means that sometimes it is better to do nothing rather than risk harm.

Client-centered Care

Client-centered care affirms that clients are the best people to decide their own goals and priorities, are the most reliable reporters of their history and reality, and should determine which programs and processes meet their needs. Client-centered work is individualized;

⁴ Im, H., Rodriguez, C., & Grumbine, J. M. (2020). A multitier model of refugee mental health and psychosocial support in resettlement: Toward trauma-informed and culture-informed systems of care. *Psychological Services*.

⁵ Tribe, R. H., Sendt, K. V., & Tracy, D. K. (2017). A systematic review of psychosocial interventions for adult refugees and asylum seekers. *Journal of Mental Health, 28*(6), 662–676.

⁶ For more, see: HIAS (2021). [Mental Health and Psychosocial Support Curriculum: Promoting Newcomer Mental Health and Wellness through Support Groups](#).

⁷ For more, see: Jordans, M. J. D., Pigott, H., & Tol, W. A. (2016). Interventions for Children Affected by Armed Conflict: a Systematic Review of Mental Health and Psychosocial Support in Low- and Middle-Income Countries. *Current Psychiatry Reports, 18*(1).

promotes empowerment, choice, and independence; upholds dignity, respect, and equality; recognizes that every client has equal rights to care and support; and fosters collaboration and partnership. The objective is to empower the client through implementation of a plan of care that reflects their priorities, wishes, and choices; ensuring clients have the support they need and the advocacy they deserve.

Client-centered care is responsive in nature and changes as needs, aspirations, and contexts change. It also varies across the lifespan, taking into account the evolving capacity of children as they age, while also recognizing the important role and responsibility of caregivers. Client-centered care must also include key considerations for those who may be marginalized or oppressed due to a wide variety of identities and abilities, including age, sex, gender identity, ethnicity, race, religion, disability, and many more. For a closer look at social identities in the context of refugee services, see Switchboard’s information guide [Fundamentals of Equity and Resettlement: Understanding Social Identities in Resettlement Services](#).

Strengths-Based Approach

A strengths-based approach recognizes that all people have inherent strengths, including lived experiences, talents, knowledge, and resilience; that all people the capacity to grow and change; and that all people have many internal and external resources that contribute to their resiliency. This approach seeks to recognize and promote strengths and amplify assets, as opposed to deficits. The objective is to assist individuals to fully participate in available supports and services, while helping them to identify and use their strengths. For practical tips on incorporating a strengths-based approach in your role, see Switchboard’s information guide: [Demystifying Strengths-based Services: Fostering Refugees’ Resilience in Resettlement](#).

Trauma-informed Approach

There is no single definition of **trauma**. However, trauma does contain some common elements:

- It may be deeply disturbing, frightening, or life-threatening

- It may be outside of what would be considered “ordinary” or “normal”
- It may result in feelings of being overwhelmed, helpless, or at someone else’s mercy
- It may have short- or long-term negative physical, emotional, psychological, and/or spiritual impacts

When working with refugee clients, it is important to note that every person is unique. What may be traumatic to one person may not be to another.

A **trauma-informed approach** centers healing by recognizing that the experience of trauma can have profound impacts. This approach is grounded in the belief that all people have the capacity for resilience and recovery, while also recognizing that exposure to trauma can have detrimental impacts on people’s health and wellbeing, whether short- or long-term. Keep in mind that a trauma-informed approach is not trauma treatment, nor does it assume that people who have experienced trauma are traumatized. Instead, this approach prioritizes the restoration of physical, psychological, and emotional safety, as well as a sense of self-efficacy and control. To learn more about trauma and ways to incorporate trauma-informed care in your work, see Switchboard’s information guide [Trauma-Informed Care: Movement towards Practice](#).

Socio-ecological Perspective

The socio-ecological approach uses multiple nested layers to understand the relationship between people and their environment. On each level, there are factors that affect one another. In order to think about human development, the entire ecological system in which growth occurs needs to be taken into account: ⁸



⁸ For more, see: Miller, K. (2008). Forced Migration and Mental Health: Rethinking the Care of Refugees and Displaced Persons. *Global Public Health*, 3(4), 451–454.

Switchboard's information guide [Access to Mental Health Services for Refugees and Other Vulnerable Immigrants in the U.S.](#) reviews evidence-based factors that enable and impede access to care from a socio-ecological perspective.

Cultural Considerations

Culture can be defined in many different ways. It includes knowledge, attitudes, artifacts, beliefs, roles, language, customs, world views, and historical context shared by a group of people. People can be part of multiple cultures at one time. People may also be part of a certain culture and find differences in that culture according to generation or other factors. When implementing MHPSS programming, it is impossible to detail an exact approach that honors all individual cultural identities. However, there are some guiding principles that can be helpful:

- Engage with cultural humility. To learn more, see Switchboard's information guide [Cultural Competence in Refugee Service Settings: Guidance for Service Providers based on a Scoping Review of the Literature.](#)
- Learn ways in which languages and cultures express distress, hopelessness, stress, and mental health and psychosocial wellbeing
- Listen deeply to life experiences, perspectives and historical backgrounds and circumstances
- if you are uncertain or unfamiliar with what an expression means, respectfully ask
- Ensure language access through appropriate interpretation and translation (see Switchboard's e-learning modules [Introduction to Working with Interpreters](#) and [Overcoming Challenges in Interpretation](#))
- Reinforce confidentiality
- Recognize stigma and shame with compassion; use language that normalizes mental health (for instance: "Thank you for sharing that with me. I'm hearing you say that you feel stressed, upset, and angry. It's completely normal to feel those things. Many people feel this way.")
- Implement strategies that align with clients' beliefs and values; examine and compare dominant and non-dominant values, such as individualism vs. collectivism.

For recommendations on building cultural awareness into referral partnerships, see Switchboard's information guide [Building a Culturally Informed Network of Mental Healthcare Providers.](#)

Conclusion

In resettlement contexts, mental health and psychosocial support (MHPSS) activities should follow a multi-tiered model that seeks to address the impacts of conflict and displacement on individuals, families, and communities. Effective MHPSS interventions honor cultural considerations and incorporate several key principles: "Do No Harm," client-centered care, a strengths-based and trauma-informed approach, and the socio-ecological perspective.

Additional Resources

[Community-based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families:](#) These UNICEF guidelines review community-based MHPSS programs.

[What is the evidence for strengths-based and trauma-informed approaches?](#) This Switchboard evidence summary reviews research on trauma-informed care.

[What works to improve mental health of refugee children and adults?](#) This Switchboard evidence summary reviews research on mental health services.

[Building Capacity to Support the Mental Health of Immigrants and Refugees: A Toolkit for Settlement, Social, and Health Service Providers](#) This toolkit, from the Canadian Centre for Addiction and Mental Health, offers various resources for refugee service providers.

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