

# World Vision's Mental Health & Psychosocial Support Programming

World Vision implements a range of Mental Health and Psychosocial Support (MHPSS) programmes in all parts of the world, during **emergency responses** and also in **development** contexts.

We provide MHPSS services in **almost 70 countries** worldwide, with especially established programmes in Kenya, Ethiopia, South Sudan, Sierra Leone, DRC, Haiti, Nicaragua, Colombia, India, Bangladesh, Indonesia, Sri Lanka, Occupied Palestinian territories, Syria, Jordan, Lebanon, Turkey and Iraq among others.



**21,000+**

Community facilitators trained to deliver universal psychosocial support



**750+**

Frontline community helpers trained to deliver targeted psychological interventions



**40+**

World Vision MHPSS staff



**7300+**

World Vision staff trained in psychological first aid

## World Vision's strategic intent

To use our global reach and grassroots connections to ensure that the impact of conflict, disaster, climate change, pandemics like COVID-19, and other drivers of poverty do not leave the most vulnerable children and families with a moderate or severe mental health disorder that can affect their everyday life and future well-being.

## Our value proposition



### Global Reach

We are already partnering with large networks of people in around 70 countries to combat the drivers and impacts of poor mental health. Our networks include 300,000 faith leaders, 181,000 community frontline workers, government and private sector partners, as well as our own humanitarian and development experts in remote, hard-to-reach, and difficult contexts around the world.



### Innovative thinking

We have a range of clinically-tested programme models for addressing MHPSS among adults and children in a variety of contexts. In particular we strive to innovate in our research and implementation in low intensity, scalable psychological interventions.

## Our history



World Vision's specific interest in MHPSS dates back to the 1994 Rwanda Genocide emergency response where staff began to realise that the psychosocial consequences of the war were just as pertinent to peoples' recovery as was their needs for safety and material aid. One of World Vision's earliest programs in MHPSS was to develop a tool for measuring depression within the post-conflict Rwanda context. Using this tool, a series of Interpersonal Psychotherapy for Groups (IPTG) programmes were developed and later implemented in Uganda, particularly amongst people impacted by HIV/AIDS, with impressive results for sustained symptom reduction. Since then, IPTG has been rolled out in World Vision's programmes in Uganda amongst others. But World Vision's interest and demand for MHPSS has grown beyond this one approach. World Vision now implements a range of MHPSS programmes in all parts of the world where we work, during emergency responses and in our transformational development programmes.

## Our organisation



Over recent years the mental, emotional and psychosocial impacts on people affected by disaster and poverty have become an increasing area of focus for our organisation. Naturally, World Vision strongly advocates for meeting the physical, familial and environmental needs of people. However, it is now well established that the mental health and psychosocial support (MHPSS) of adults and children affected by crisis and poverty is an important consideration for their holistic well-being. Mental health and psychosocial well-being allows a person to cope with the normal stresses of life, work productively and contribute to his or her family and community. It is a crucial element in poverty reduction, in peacebuilding, in addressing gender-based violence and also in recovery from disasters. This is why World Vision is making MHPSS an increasing priority across all our programming work.

## Our approach



Disasters, accidents, conflict, violence, poverty and emergencies all put significant psychological and social stress on individuals, families and communities. Humanitarian emergencies increase the risk of developing mental disorders including depression, post-traumatic stress disorder, and alcohol and substance abuse – all of which weaken the ability of people to fend for themselves and care their dependents. As part of World Vision's global strategy *Our Promise* we focus on a community-based MHPSS approach that:

- Ensures emergency responses are safe, dignified, participatory, community-owned and socially and culturally acceptable
- Maintains the protection and well-being of people in distress by strengthening community and family support
- Ensures that people distressed by mental health and psychosocial problems have access to appropriate care
- Ensures that people suffering from moderate or severe mental disorders have access to essential mental health services and to social care
- Ensure MHPSS activities are integrated into wider systems (e.g., community supports, formal/non-formal school systems, health and social services) to advance the reach and sustainability of interventions and reduce stigma of stand-alone interventions, and
- Strives to be integrated whilst building on existing capacities and upholding cultural norms, in order to reach more people and be more sustainable once our response ceases.

## Our project models

Grounded in the current Inter-Agency Standing Committee (IASC) Guidelines on MHPSS in Emergency Settings, our interventions are based on four increasing levels of need, starting with basic services and security; then increasing community and family support; focused, non-specialised support; and finally specialised mental health care services.

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World Vision works to facilitate access to **basic needs and service** as a core area of focus because in all of our programming. Supporting people to meet basic needs plays a significant role in promoting psychosocial wellbeing, and we advocate for services to be provided in a safe, socially appropriate and **dignified** manner.
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World Vision promotes the capacity building of staff, faith-based leaders, community leaders and community members in **Psychological First Aid** to respond to people in distress in an appropriate and sensitive manner. We work with local health workers to provide basic mental health care through **mhGAP**, and with community workers and faith leaders to provide basic counselling in programmes like **Channels of Hope**.
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**Walking with children enduring hardships** is a model developed in partnership with the Petra Institute in South Africa in 2019, which is now being piloted in communities in Nicaragua and DRC. The programme model equips faith leaders to provide psychosocial support to children and families in their communities. The programme can be applied anywhere, and is easily localised to specific contexts by faith leaders within their communities. The model is also designed to allow training to be cascaded and self-sustaining.
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During humanitarian emergencies, children in our child-friendly spaces benefit from an **enhanced package of psychosocial activities, an activity catalogue**, that help foster normalcy and prevent distress and suffering from developing into more severe conditions. These sessions, target activities that facilitate peer social engagement, stress management and problem solving, and providing space for arts, games and physical fitness.
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**The Go Baby Go! Parenting Programme** targets the first 1,000+ days of life and aims to build knowledge, skills and resilience-promoting techniques to improve parenting practices at the household level integrating physical, cognitive, social, and emotional support across each phase of a child's development—especially for the most vulnerable.
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**Interpersonal Psychotherapy for Groups (IPTG)** that was developed and implemented in response to the need our teams saw. IPTG was rolled out in World Vision's programs in Uganda, particularly amongst people impacted by HIV/AIDS with impressive results for sustained symptom reduction. It's still one of only three clinically-attested non-drug interventions for depression.
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**PM+ (Problem Management Plus)** is a brief, individual, and group intervention for adults (e.g., caregivers). It aims to help people improve their management of practical (e.g. unemployment, interpersonal conflict) and common mental health problems (e.g., depression, anxiety, stress or grief). The "plus" refers to the evidence-based cognitive behavioural strategies are added to problem-solving counselling to create PM+. These include approaches for managing stress, managing problems, to get going and keep doing (known as behavioural activation), and strengthening social supports. Additional strategies include psychoeducation, motivational interviewing to encourage clients to engage with PM+ as well as relapse prevention.
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**Trauma-Focused Cognitive Behaviour Therapy (TF-CBT)** is a psychotherapeutic model, designed to address the unique needs of children with (diagnosed) PTSD and other problems related to traumatic life experiences. Its implementation requires professional support for management and supervision plus a full apprenticeship model of training and supervision for counsellors. This is used only in rehabilitation or trauma recovery programmes with small highly vulnerable groups such as former child soldiers, trafficked and abused children, survivors of gender-based violence.

**Specialised services** are usually only required for a small number of people who may need specialised psychological or psychiatric support when their needs exceed the capacities of primary/general health or social services. Where World Vision is not in a position to implement these services, the staff hold the responsibility of establishing and documenting effective systems for referring and supporting severely affected people to access these specialised mental health services. In certain contexts, World Vision works with Ministries of Health and the World Health Organization to support the strengthening of the Primary Health Care system to respond to mental, neurological and substance abuse disorders.

## Our impact

Examples of World Vision's MHPSS impact:



More than 500,000 people identified with common mental health problems are being reached with a psychological intervention.



More than 91,300 faith leaders were supported to provide psychological support programming



More than 3,600 people affected by neurological and substance abuse disorders receive specialised treatment.



2.3 million children and caregivers have been reached with messages and tools to support their psychosocial well-being including positive parenting skills.



Worked with 20 governments to develop frameworks that helped each Ministry of Health realise its goal of attaining the highest standard of mental health care.

## Our coordination



World Vision contributes to the following groups:

- United Nations' IASC MHPSS Reference Group and the Inter Agency Coordination Group for MHPSS in Emergency Settings
- The Scientific & Practice Advisory Board of a Mental Health and Psychosocial Support in Humanitarian Crises initiative:
- Steering Committee Member for the Faith-sensitive Mental Health and Psychosocial Programming with children in fragile settings research study led by the International Partnership on Religion and Sustainable Development (PaRD)
- WHO mhGAP Community Toolkit task force
- WHO Ensuring Quality in Psychological Interventions (EQUIP)
- WHO and UNICEF MHPSS Minimum Service package
- Technical Trial Steering Committee Conflict, Alcohol and Mental Health Trans-diagnostic Study (CHANGE) led by the London School of Hygiene and Tropical Medicine

The organisation is pleased to partner with the following donors and partners:

Grand Challenges Canada, BHA, ECHO, World Bank Development Market Place, Sexual Violence Research Institute, Aktion Deutschland Hilft, German Government, KOICA, and UNDP.

