Adolescents, Mental Health and Psychosocial Support Fact Sheet

Why are adolescent mental health and psychosocial support important during emergency situations?

While mental health and psychosocial support are not areas of focus during implementation of the MISP, they are critical components of overall health and are inseparable from physical health. Nevertheless, mental health and psychosocial aspects of health are commonly overlooked in times of crisis. Emergencies create fissures in community and family networks, and the loss of protective support functions can have a disproportionate impact on adolescents. During an emergency, social and psychological problems (e.g., social stigma due to membership within a marginalized group, alcohol abuse, GBV) persist and may be amplified, and new psychological problems such as anxiety, grief, post-traumatic stress disorder and depression can emerge. Within the context of a humanitarian emergency, adolescents may experience extremely stressful and traumatic events, such as witnessing atrocities, being displaced, becoming separated from loved ones, being subject to physical and sexual violence, or being forcefully recruited to serve in fighting forces.

How do mental health and psychosocial support impact reproductive health?

Mental health and psychosocial problems may be both causes and consequences of SRH problems among adolescents. Mental, psychological and emotional barriers are important factors to consider for access and adherence to FP-related services. Mental health and psychosocial issues can impair decision-making capacities and increase high-risk behaviors, such as unprotected sexual intercourse. This, in turn, leads to the risk (and the associated distress) of unwanted pregnancies and to acquiring or transmitting HIV and other STIs.

In the developing world, 1 in 3 to 1 in 5 pregnant women experience a significant mental health problem, such as depression, during pregnancy and after childbirth; in the developed world, 1 in 10 women experience depression during pregnancy or in the post-partum period. Depressed women are less likely to seek and receive prenatal or postpartum care, and perinatal depression is associated with an increased risk of obstetric complications. The mental health of the mother also has an impact on the child’s health and survival. A mother’s poor mental health is associated with an infant’s increased risk of low birth weight, malnutrition, diarrheal disease and infectious illnesses. It is important that pregnant and post-partum women have access to mental health and psychosocial support services.

Adolescence is a period of tremendous growth and development, and navigating the social, behavioral, cognitive and physical changes under “normal” circumstances, let alone during a crisis, can be extremely challenging. Although not every person will develop psychological problems in a crisis, adolescents are at increased risk of experiencing social and/or psychological problems. Addressing mental health and psychosocial issues can help adolescents to develop resilience, enabling better decision-making capacity and healthier risk-taking behavior. It is therefore important to integrate mental health and psychosocial support into emergency-response mechanisms. Studies show that nearly one in three survivors of GBV develops mental health problems (WHO 2008), underscoring the vital nature of mental health and psychosocial support services for survivors of GBV.

WHAT IS MEANT BY MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT?

Mental health and psychosocial support (MHPSS) is a composite term used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.

From IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

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support services to protect them and their infants from increased morbidity and mortality.

PLHIV, their partners and their families may suffer from mental health and psychosocial problems due to fear, stigma and other stressors; HIV and AIDS themselves can biologically induce mental health problems such as depression, psychosis and dementia. Up to 44 per cent of persons living with HIV suffer from depression (WHO 2008). Mental health and psychosocial problems can also interfere with adherence to treatment regimens. Sexual experimentation is a normal part of adolescence and HIV-positive adolescents require psychosocial support and counseling to help them plan their reproductive lives.

What program interventions should be implemented to address adolescent mental health and psychosocial support in emergencies?

It is important that program personnel, including health workers, are aware of the risks and consequences of mental health and psychosocial problems among adolescents and that they are alert to signs of mental health and psychosocial issues, particularly among high-risk sub-groups. Health staff should be trained to identify mental health and psychosocial problems and to make appropriate interventions and referrals, if needed. Referral networks should be multi-sectoral, involving health, protection, livelihoods, education, social services, etc. Community-based and peer-to-peer support structures (peer counselors, adolescent groups, women’s groups, etc.), should be considered once the situation has stabilized. If these networks are already established, they may be helpful in reaching those adolescents with disabilities and those who are marginalized or otherwise unable to access services during an acute emergency.

The core principles of emergency mental health and psychosocial interventions are: (1) Promote respect for human rights and equity; (2) Promote community (adolescent) participation; (3) Do no harm; (4) Build on available resources and capacities; (5) Integrate activities and programming into wider systems (such as health programs, education programs, etc); and


The following diagram, from the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, shows the suggested “intervention pyramid” for response in emergency settings. This illustrates the multiple layers of mental health and psychosocial interventions in an emergency, which should, ideally, be implemented simultaneously.

**FIGURE 2**: Intervention pyramid for mental health and psychosocial support in emergencies. Each layer is described below.

- **Specialized services** - provide professional support to the small group of people with severe mental health problems, which cannot be addressed by the other supports. Agencies should either establish a system to refer people for specialized services, or should train health staff to provide these services.
- **Focused, non-specialized supports** - provide supports for smaller groups of people who may require individualized care by trained and supervised workers. An example of this is a program for survivors of sexual violence which combines livelihoods activities with emotional support and protection.
**Community and family supports** - provide support to a smaller number of people, and may include the activation of social networks (adolescent clubs, women’s groups), livelihoods and education activities. An example would be a system of adolescent community outreach workers who link child-headed households with livelihoods activities, health services and education programs.

**Basic services and security** - ensure the wellbeing and protection of the entire community, including safety, food security, and health. Agencies should take special steps to see that these services are accessible to vulnerable adolescents.

While all SRH programs should integrate mental health and psychosocial support services, no single agency is expected to address all issues related to adolescent mental health and psychosocial support independently. Agencies and the community should collaborate to ensure that adolescents’ mental health needs are identified and addressed.

**SUGGESTED READING:**


**Endnotes**

10 IAFM, Chapter 2.


12 IAFM, Chapter 2.

13 The term **standard precautions** refers to infection control measures that reduce the risk of transmission of blood-borne pathogens through exposure of blood or body fluids among patients and health care workers (IAFM, 2009). This term replaces the term **universal precautions**, which was used previously.


17 ibid.


20 MISP Distance Learning Module, p. 39

21 Formulas for calculating male and female condom needs are available in the IAFM and MISP module.

22 WHO, **Improving Maternal Mental Health,** 2008.