

Personal reflections on a psychosocial community outreach programme and centre in Damascus, Syria

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This personal reflection describes the experiences of a Syrian psychologist who works as a (volunteer) supervisor of the mental health and psychosocial support programme of the UN Refugee Agency in Syria. Her reflections touch on the importance of psychosocial community outreach and an outreach counselling centre. The author also reflects on her background, motivation and challenges, as well as the impact of the current situation. She also highlights the impact of the transition of the programme from United Nations High Commissioner for Refugees to a national partner organisation.

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Introduction

Late in 2008, I became involved as a supervisor in the United Nations High Commissioner for Refugees (UNHCR) Syria's newly launched Psychosocial Outreach Volunteer Project, a part of a mental health and psychosocial support (MHPSS) programme.¹ At the time, I was unsure whether such a project would succeed, or if the Iraqi community would even accept the idea. Added to those concerns was the fact that I was younger than most of the volunteers, and I wondered how that would be perceived. I tried to think positively about my merits and how they could contribute to such

a project; I am Syrian, I speak Arabic and I am a psychologist. Also, I have worked with Iraqi refugees before, and am aware of the terms and concepts they use, as well as other aspects of their culture. While knowledge of these aspects is essential, it does not mean that it is enough, or that I knew everything. In fact, some of the most important lessons I learnt during this project was to be humble, and to work with understanding.

Psychosocial outreach volunteers

Psychosocial outreach volunteers are usually drawn from the local refugee community. They have good connections within their community, as well as some experience in volunteer work. Ideally, they will also have a background in psychology, social work, psychiatry or other related subjects. Many of the psychosocial outreach volunteers also have technical and/or communication skills that enable them to offer activities to other refugees at the psychosocial outreach centre, such as sewing, cooking, or yoga.² This lowers access barriers and helps to provide psychosocial support indirectly, embedded within other activities. The volunteers become the connection between the community and UNHCR, and have access to the most vulnerable community members because they are refugees themselves who

know their communities well. At the same time, they are able to disseminate accurate information to the community directly. This connection, and the growing confidence in the outreach volunteers by the community, has built bridges of trust between UNHCR, the volunteers and the community. All volunteers receive intensive theoretical and on the job training. The psychosocial outreach volunteers are part of a bigger pool of refugee outreach volunteers and coordinate their work closely with each other, and with UNHCR.

The psychosocial outreach centre

The refugee population showed a comparatively high level of psychological problems, such as depression or anxiety arising from surviving traumatic events in their country of origin. The high poverty also created persistent depression and fatigue.

The main aim of the centre was to provide psychosocial support and community activities to this population, with a primary focus on psychological problems, but also included other focal points (such as the elderly, disabled, or unaccompanied minors).

The activities in the psychosocial centre helped people to regain a sense of self-worth, connectedness, and meaning through countering isolation, emphasising the skills of refugees, and building trust and relationships through reconnecting with the community. The centre also provides a safe and healing environment, and supports personal development. Additionally, activities at the centre have allowed for an improved identification of those refugees who were particularly vulnerable, or required extra or specialised support. Each activity occurs at least once a week, and is scheduled according to the needs of the community see Box 1 for overview of activities.) The focus is on small

groups, and focused, yet non-specialised, psychosocial activities implemented by trained and supervised paraprofessionals from within the community.

Challenges

One of the main challenges facing our work is accessibility. It is not always easy for families to accept volunteers and allow them into their homes. In addition, some of those suffering from mental health disorders or heightened distress refuse any kind of support or intervention. Another challenge is financial; the volunteers engage in more tasks than initially expected and this incurs a lot of extra expenses. For example, phone bills or transportation used for follow-up of individual cases. As a result some financial support, in the form of an allowance or compensation, is very important.

Supervision

Supervising volunteers includes not only *professional* supervision, but also personal supervision. It is important for volunteers to share their problems, their grief, their happiness and the problems they face at work. Supervision is also a capacity building measure through professional discussions and following-up on their work with individuals and families. This also helps to improve the work and to encourage volunteers to introduce new activities. In addition, it helps the supervisor understand the problems and any arguments within the team, as well as the strengths of each volunteer. Supervision is also time dedicated for the volunteers to appreciate their work.

For me, as a supervisor, it was important to follow up on individual volunteers. Of course, it is important to have formal supervision and group management skills, but I believe it is far more important to make an emotional connection, and to have respect

Box 1. The psychosocial centre: an overview of regular centre activities

Psychosocial structured activities:

- Interactive theatre (drama for development)
- Life mapping and testimony groups

Semi and non-structured psychosocial activities:

- Glass painting
- Peer support groups for women, men, boys and girls
- Sewing activity and story sewing
- Handicrafts, accessories and flower decoration
- Lectures and forums on varying family related topics and psycho-education
- Music classes with the 'oud' (an Arabic string instrument)
- Beauty salon
- Traditional cooking

Other activities:

- Physiotherapy
- Yoga classes for women, men and the elderly
- First aid, community awareness raising (including health awareness)
- Library access and coffee
- Link to basic needs assistance, livelihood activities and participation in bazaars

For children:

- Drawing, structured play, child play therapy, storytelling, free and safe play areas
- Summer activities: traditional dance and environmental workshops

for their capacities and skills within that supervision. Therefore, supervision was not only limited to the formal meeting. I felt I had to 'be there for them,' whenever the volunteers (especially the Iraqi volunteers) needed me. However, this form of supervision took much more time than expected.

The impact of the current crisis

The current situation in Syria initially affected me only negatively. I was concerned I would lose some of the volunteers, either by returning to their country of origin or by being resettled to another country. The situation also affected the work, but there were surprisingly positive aspects, as well as negative ones. For example, despite

difficulties in accessing the psychosocial centre safely, the volunteers met there more often than before. Participants insisted on continuing to come to the centre. I saw the spirit of voluntarism and how the volunteers cared for each other. If a volunteer lived in a 'hotspot', or his/her house was destroyed due to the ongoing conflict, other volunteers offered to host him/her with their family for a while. While I was sad to see five volunteers leaving Syria as a result of the conflict, I was happy to see them building a new life elsewhere, and often continuing to provide the same activities to their new communities. If we could have made a choice between keeping the outreach volunteer programme and the psychosocial centre, I would have

Box 2. An example of psychosocial support provided by a volunteer

A UNHCR volunteer recounts time spent with young displaced Syrian children in May 2013, in one of the collective shelters in Damascus.

“I hate Smurfs”; said six-year old Housam, before burying his face in the lap of his older brother. As a volunteer, it struck me to see a child refuse to take part in the activities that UNHCR organises for children. I ran after Housam, but he carelessly kicked me and said words I could not decipher. His brother told me later that Housam has been showing a new behaviour lately; he spends his time sitting in the corner watching other children play, and if anyone comes near him, he would get very angry. “It became a daily routine to hear our mother yell at him every morning when she finds out that he has urinated during sleep”, the older brother said. “I know it’s a very hard time for everyone, but I have real concerns about my younger brother, his favourite place is now the corner and he yells and curses all the time”. I called out to other children and asked them to come and play with Housam, but the latter stood still, so I had no idea what to do in this situation. The next week I met my team to discuss the case of Housam and we agreed that what he needs was specialised, psychological support. The specialist paid a visit to the family in the shelter. The mother was interviewed in order to gain a better understanding of Housam’s problems. Housam case is followed-up individually. During my repeated visits to the shelter, I have noticed slight changes when Housam played with his friend Ahmad. I started to see his lovely smile. I am happy that he is a bit better. Housam case required specialised care that I, as a volunteer, could not provide myself. But, I can discuss Housam’s case and any other similar cases with the specialised team during our weekly meetings.

chosen the centre. It was a safe and trusted place, which provided psychosocial support at many levels, including for the supervisors and facilitators. Sadly, however, as the security situation continued to deteriorate and moving around town became very difficult and dangerous, we had no choice but to close the centre.

Then we started to think about alternatives. While the safety of the volunteers remained the top priority, many individuals and families (including Syrians) needed continued follow-up. We started to provide more follow-ups by telephone, and the volunteers were divided into groups according their areas of residence, so they could connect locally with the mental health case managers. Some of the activities that used to be provided in the centre were relocated

into different, more local communities. A psychosocial support hotline was established and provided assistance to both refugees and internally displaced in need. As part of a comprehensive contingency plan, a list of the most vulnerable cases was updated for each area of residence, in order to be able to reach them in emergency situations. As weekly meetings with the volunteers became almost impossible, this was compensated through daily telephone conversations to discuss their work and provide support.

Transition of the project from UNHCR to a Syrian organisation

In 2008, the project was launched and I was asked to become the psychosocial outreach

volunteer supervisor and manage the project. In 2011, an intensive training was conducted for the national partner, in order to take over the supervision and management of the centre. In this way, both continuity and capacity building of the national partner and Syrians benefited from this project. Not only does it help to integrate refugees and volunteers into the local community, it also increases the knowledge of the local community about the need for psychosocial support.

Having a national partner also helped to expand the project in order to integrate displaced and conflict affected Syrians, in addition to Iraqi refugees. However, the process has also brought its own challenges. Those recruited were not always the most qualified, from my perspective. In addition, the partner organisation reduced the compensation of the volunteers, which made it more difficult for them to do their work, and meet their personal needs. Sometimes, there was also a lack of recognition of the importance of supervision and support to the volunteers. As a result, many volunteers approached me for advice, which made it difficult for me to leave my role as the former supervisor.

Feedback

During the supervision meetings, we would assess steps taken and the progression and regression of individuals or families followed-up by the volunteers. It was evident that some of the volunteers work had a positive influence on many refugees' lives. For example, the following statement from an individual that was helped by a volunteer:

'The volunteer helped me deal with my family. I have always been an introvert. My wife works outside the house (as a house maid)

and when she comes home she looks after the house. I stayed at home doing nothing. I was unhappy and hated the volunteer's visits to my house (maybe because of our poor living conditions). Now, after several home visits and follow-up by the volunteer, she helped me overcome some of my problems. I have started working at home, cleaning the dishes, and helping my children while my wife is out. I am able to accept the change of my role in the family. Now I am aware that I have a role in my family. I can say that the life of my family and mine has changed.'

Final thoughts

The volunteers may come with their own pain, grief and painful memories, but they are also strong and resilient. They had the skills to make the work successful and deserved a chance to use those skills in the activities they provided in the shelters. The way they trained their community made me believe that they are capable of overcoming their pain.

Initially, I thought that my relatively young age would work against me in supervising people who were older. However, the volunteers helped me to change my mind. The weekly meetings also brought us closer to each other. A volunteer once said to me: *'you manage the group respectfully. You do not support anyone supremely (from a position of superiority) . . . we can share our emotions, even if they are negative, during supervision meetings.'* Sharing emotions was the most important thing for them, and for me. I always felt that the volunteers believed in me and in my capacity. I remember going back to my office exhausted from supervision meetings. In that moment, I experienced for myself how important support and trust from my manager was for me. She also believed in my capabilities, and gave me the space to use my skills, without intervening directly.

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¹ For more information on the programme: see Quosh (2013) and Mirghani (2013).

² See Mirghani (2013) and Ismael (2013) for more about these activities.

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