

Community Based Psychosocial Support (CBPS)

What is Community Based Psychosocial Support (CBPS)?

CBPS is a term used to refer to actions and activities a community undertakes to support its members' psychosocial wellbeing. These can be actions with the explicit purpose of supporting groups suffering from (or at risk of suffering from) psychosocial distress or it can be general activities for social cohesion which contribute to wellbeing and connectedness among the general community.

After a humanitarian crisis, the majority of the population will be able to restore psychosocial wellbeing by support from family members, social networks and community services. CBPS, as opposed to a more clinical approach, focuses on reactivating and strengthening these community support structures, which have often been disrupted by the emergency.

What does the term "psychosocial" mean?

Psychosocial is a term to describe how a person feels and acts in relation to what happens in their environment and community. The term refers to the close relationship between the individual and the collective aspects of any social entity and how these mutually influence each other.¹

Psychosocial Support in Humanitarian Settings - common misconceptions:

"Material and physical needs should come first, psychosocial issues can wait"

There's been a shift over the last 10 years to recognize that psychological and social events in an emergency are primary dimensions of the lived experience, sometimes **affecting people more than material losses**. In response to this, the Inter-Agency Standing Committee (IASC) for coordination of Humanitarian Assistance has produced guidelines recommending that psychosocial issues are addressed as early as possible after an emergency.

"After a natural disaster or conflict a significant part of the population will be severely traumatised and professional specialists such as psychologists are needed to support their psychosocial needs"

Suffering after an emergency is a natural reaction to an unnatural event, not a sign of mental illness. It is a myth that "trauma" is widespread after an emergency. The majority of people are resilient and "bounce back" from adversity; they will have their psychosocial wellbeing restored simply with support from their community and family. Strengthening and reactivating disrupted community support structures is the core of *community based* psychosocial support.

Having said that, there will always be a small percentage of people who are more severely affected, or who had an underlying condition triggered/worsened by the events, and who should be referred to specialized mental health services if these exist.

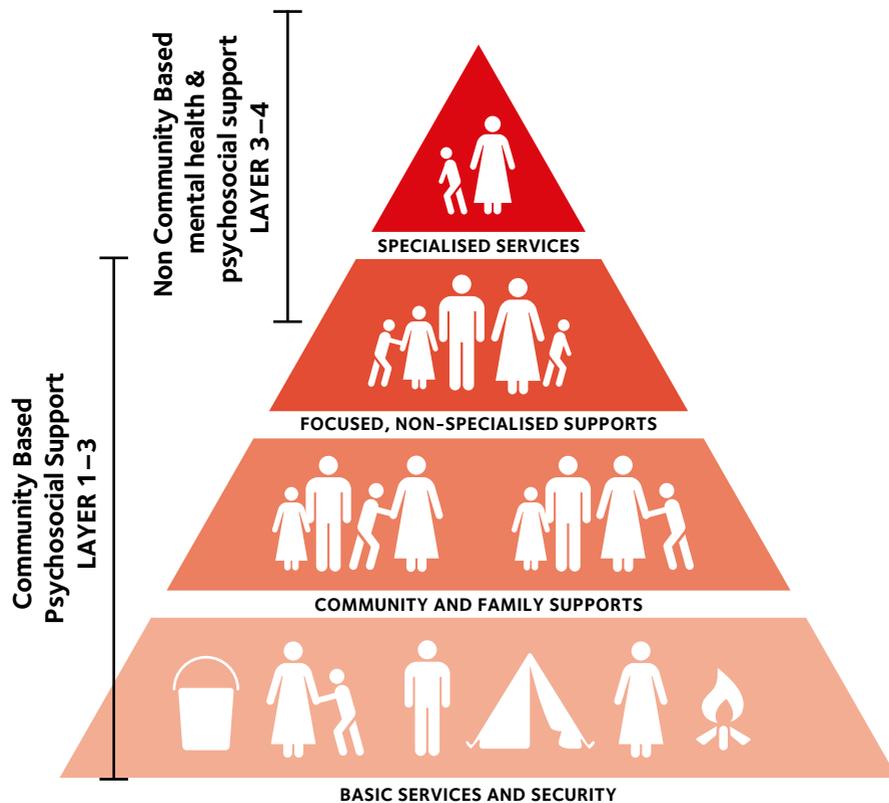
"To improve psychosocial wellbeing, separate psychosocial programmes are needed"

The IASC Guidelines for Mental Health and Psychosocial Support (MHPSS) in Emergencies were produced as a response to evidence showing that humanitarian interventions in sectors such as WASH or health and food security can sometimes play a more crucial role in restoring and promoting psychosocial wellbeing than separate psychosocial programmes which risks singling out and stigmatizing vulnerable groups. The guide includes checklists for all main humanitarian sectors on how their programmes can promote psychosocial wellbeing.

¹IFRC Reference Centre for Psychosocial Support: <http://psp.drk.dk/sw38265.asp>

What is the IASC “Psychosocial Pyramid” and how does it relate to CBPS?

The IASC MHPSS guidelines use the image of a pyramid to illustrate how people restore psychosocial wellbeing after an emergency. Most people affected by an emergency will be fine if basic services and security are restored (pyramid layer 1). Some people will need extra attention from family and community, or more focused support (layer 2 and 3), and only a small number will need specialized mental health services (layer 4).



LAYER 4: Specialised mental health and psychosocial support (MHPSS)

Responses provided by specialised professionals (psychiatrists, psychologists, qualified counsellors etc.). At this level interventions are not referred to as *community-based* psychosocial support.

LAYER 3: Specific/stand-alone/focused psychosocial support activities

Responses target a narrower at-risk group(s). Interventions are provided by staff trained in psychosocial support, but not necessarily specialized professionals (e.g. self-help groups, community mentoring projects).

LAYER 2a: Specific/stand-alone psychosocial support activities

Responses aim to strengthen social and community structures. Usually have a wide target group (recreational, sports, gatherings to mark special events etc.). At this level there is often need of a separate psychosocial team to run activities.

LAYER 2b: Interventions contribute to psychosocial wellbeing by *mainstreaming* psychosocial considerations and support into community/family support interventions (education, child friendly spaces, family tracing etc.)

LAYER 1: Mainstreaming psychosocial support (PSS)

Interventions contribute to psychosocial wellbeing by *mainstreaming* psychosocial considerations and psychosocial support (PSS) into basics services and security. IASC MHPSS guidelines include sector specific checklists for mainstreaming, see next page.

What does it mean to mainstream CBPS?

The rationale behind mainstreaming psychosocial support into humanitarian sectors which provide basic services and security (pyramid layer 1) is not only that this is found to be the most efficient way to reach a lot of people, but also that if psychosocial considerations are taken here, it will prevent that people's psychosocial wellbeing deteriorate to a point where they "move up in the pyramid" and more specialized support is needed.

The IASC MHPSS guidelines contain sectors specific checklists for WASH, food security, shelter, health and education, and have separate guides for camp management and protection - offering practical tips on how each sector can contribute to psychosocial wellbeing. The guidelines serve as a checklist to ensure that humanitarian interventions become more holistic and do not only cover material and physical needs, but social and emotional needs as well.

Control and information over issues which affect you, participation and possibilities to give something back to your community, as well as being treated with dignity and respect even when in a seemingly helpless situation - these are key factors to psychosocial wellbeing, and factors all humanitarian interventions, regardless of sector, can contribute to.

Further information:

ACT Psychosocial Website: <http://psychosocial.actalliance.org>

CoS contact: cbps@churchofsweden.se

IASC Guidelines on MHPSS in emergencies:

<http://mhpps.net/iasc-guidelines-on-mental-health-and-psychosocial-support-in-emergency-settings/>

PHOTO: PAUL JEFFREY/ACT



A woman cooks a meal for her family in Bor, a city in South Sudan's Jonglei State, that has been the scene of fierce fighting between the country's military and anti-government rebels. ACT Alliance members were among the first humanitarian agencies to enter the city in January 2014, and are providing services to thousands of people.

When integrating psychosocial considerations into humanitarian responses a key word is participation and making people feel in control of their situation. Giving people the opportunity to cook for themselves, rather than providing ready-made food, is an example that may seem insignificant but considerations like these can contribute greatly to an increased feeling of empowerment and wellbeing.

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