The Mental Health and Psychosocial Support Sub Working Group (MHPSS SWG) continues to support the Borno State Ministry of Health with coordination, regular monthly meetings, capacity building activities and provision of technical support to MHPSS partners in North East Nigeria.

Regular field visits to several camps within Maiduguri and hard-to-reach areas have been conducted for monitoring and coordination purposes. The MHPSS SWG visited camps, safe spaces and transit centres, including Dalori I and II Camp, Bakassi Camp, Teacher’s Village in Maiduguri, Banki, Ngala and Pulka, where MHPSS activities are ongoing. The monitoring visits involved coordination with partners, update on protection and psychosocial support needs, and observation of partners’ psychosocial and livelihood activities.

The MHPSS SWG supported the development of the Borno State Mental Health Strategic Framework (BMHSF) 2018-2021. This included carrying out initial discussions with a WHO mental health consultant and mental health officer, coordinating a series of preparatory and meeting activities that involved partners within the MHPSS SWG. Supported by the Borno Ministry of Health, the BMHSF will be integrated into the Borno State Strategic Health Development Plan II (2017-2021).

The MHPSS SWG attended the Education in Emergencies Working Group (EIEWG) coordination meeting on 17 April 2018, and reviewed the EIEWG 2018 Response Framework as well as contributed to the discussions. One of the key objectives of the EIEWG 2018 Response Framework is to “improve the ability of school-aged children, teachers and education personnel to cope with the psychosocial and environmental impact of the conflict and rebuild individual and communal psychosocial well-being”.

A quarterly training on Staff Care and Support for Humanitarian Actors was carried out on 20 April 2018, jointly organized by the MHPSS SWG, IOM Capacity Building Unit and Humanitarian Hub Staff Counsellor. Attended by 34 participants from CBOs, INGOs, NGOs, and UN Agency. The participants considered the relevance of resilience and positive coping strategies on their daily work, the importance of identifying personal sources of stress, and the useful practical of breathing techniques, mindfulness movement and progressive muscle relaxation.

The MHPSS SWG supported Translators Without Borders (TWB) Nigeria in undertaking comprehensive research and focus group discussions with interpreters and community outreach workers to understand the local terminology, particularly on the words related to the mental health and psychosocial support. The result will be then used to support the development of MHPSS sector glossary in Hausa and Kanuri language. The glossary could be downloaded at the following link: https://glossaries.translatorswb.org/nigeria

The MHPSS SWG and its partners participated in the validation workshop on counter trafficking referral mechanism, organized by IOM Counter Trafficking unit on 1 June 2018.

A three-day training on Mainstreaming MHPSS to Shelter, DMS, CCCM, NFI actors conducted on 25 - 27 June 2018. This joint activity, between MHPSS SWG and Shelter & DMS/CCCM sector, presented outlines based on the IASC guidelines on mental health and psychosocial support in emergency settings. A total of 28 participants from various agencies participated on the training.
The World Health Organization (WHO) initiated the development of Borno State Mental Health Strategic Framework I (BMHSF) 2018-2021. The process to develop the BMHSF involved various stakeholders, including the Borno State Ministry of Health, the Federal Neuropsychiatric Hospital, the University of Maiduguri Teaching Hospital, and members of MHPSS sub working group (MHPSS SWG). The overall process was led and facilitated by WHO Mental Health consultant, Dr Florence Baingana, and supported by Dr Dereje Ayana (Health Operations Team Lead), Samuel Tarfa (Mental Health Officer) and the WHO team.

All stakeholders involved in the development process of BMHSF elaborated together the vision, mission, values, and guiding principles in several plenary meetings. The preparatory meeting took place on 24 May 2018, and was followed by a sub-committee meeting on 6 June 2018 and a final review meeting on 13 June 2018. Six sections were covered in the BMHSF: 1) Governance and Leadership, 2) Service Delivery, 3) Human Resources, 4) Essential Medicines, 5) Health Information and Research, and 6) Humanitarian Response. Members who took part in the process developed the content for the BMHSF.

The Borno State Ministry of Health recognised that the insurgency has had mental health and psychosocial impacts on citizens, and negatively impacted the ability to deliver mental health services at Primary Health Care (PHC) levels. Mental health is therefore included in the Borno State Strategic Health Development Plan II (BOSSHDP II) 2017-2021, and is explicitly mentioned as a component of the Essential Health Services Package.

The Mental Health Strategic objective presented in the Borno State Strategic Health Development Plan is:

“To improve the mental health and psychosocial wellbeing of Nigerian populace by reducing prevalence of serious, moderate and mild mental illnesses and substance use disorders”

Interventions that are outlined in the BOSSHDP II are the following:

1. Promote legal framework for mental health practice and services in Nigeria.
2. Strengthen the generation of evidence for planning and programming.
3. Scale-up provision of comprehensive, integrated, and responsive mental health services particularly, in primary health care and community-based settings.
4. Expand access to psychosocial support services as component of mental health services in communities.
5. Strengthen interventions for mental health prevention and promotion at all levels.
6. Strengthen coordination mechanism for mental health service delivery at all levels.
7. Promote advocacy for improved financing for mental health.
8. Strengthen the supply chain system for the sustainable supply of mental Health drugs and commodities at all levels.
9. Build capacity of health care providers for mental health service delivery at all levels.

The Borno State Government recognised the importance of building up quality and sustainable mental health services, as well as ensuring mental health service accessibility to the population as much as is possible, within the available resources. The Borno State Government also acknowledged the importance of ensuring MHPSS response to the humanitarian situation is strengthened.
A three-day training on “Mainstreaming MHPSS to Shelter, DMS, CCCM, NFI actors” was conducted from 25 to 27 June 2018, in Maiduguri Nigeria for humanitarian partners responding to the crisis in the north east of the country. The training was a joint activity between MHPSS sub working group and Shelter & DMS/CCCM sector, and it was fully supported by the National Emergency Management Agency (NEMA), as the leading government agency for Shelter & DMS/CCCM sector. The training was attended by 28 participants from INGOs, NGOs, UN agencies and sector’s representatives (ACTED, AIPD, CCEPI, DRC, GISCOR, INTERSOS, IOM, Mercy Corps, NRC, and UNHCR).

The outlines of the mainstreaming MHPSS to shelter provisions, DMS (DTM), CCCM and NFI sectors were structured based on the IASC guidelines on mental health and psychosocial support in emergency settings (2007) and IASC mental health and psychosocial support in emergency settings: what should camp coordination and camp management actors know? (2012), with objectives to understand the unique mental health and psychosocial needs of displaced population, and to develop knowledge regarding practical interventions on mental health and psychosocial support, and how to integrate into multi-sectors responses.

The training sessions were delivered through lecturers and presentations, using of audio-visuals, individual and group discussion and presentations, case study, games, sharing field experiences, and sharing of handouts in print and electronic format. The mixed-methods were designed to increase active participation and to allow the participants learned as much as possible from practical experiences, observation & reflection, as well as through theory & concepts. The feedback shared by the participants showed that the training was very useful and they would like to recommend similar training to be conducted to their respective unit and agencies.

On 28 June 2018, MHPSS SWG carried out a presentation during the Shelter & DMS/CCCM coordination meeting, to provide updates on the implementation of the “Mainstreaming MHPSS to Shelter, DMS, CCCM, NFI actors” training. The sector’s lead representative, Auwal Abubakar (NEMA) expressed his acknowledgement and will support for any future training plan through the capacity building task force.

MHPSS SWG appreciated the Shelter & DMS/CCCM sector coordinators Brice Degla (UNHCR) and Robert Odhiambo (IOM) for their support throughout the preparation and implementation. MHPSS SWG also thanked IOM MHPSS in Maiduguri, specifically Amal Ataya (MHPSS Project Manager) and Brenda Nanteza (Protection Officer) for the support provided in delivering specific training sessions to the partners.
Heartland Alliance International (HAI) specializes in trauma informed mental health care and access to legal services to improve well-being and restore justice for marginalized people and communities in Latin America and the Caribbean, the Middle East and North Africa, and Sub-Saharan Africa.

HAI began working in Nigeria in 2009 with a large-scale effort to bring high quality and respectful HIV prevention services to some of the country’s most stigmatized groups. That effort has grown to become one of the largest USAID-funded HIV programs for key populations – including members of the LGBT community, sex workers, and people who inject drugs – in Sub-Saharan Africa.

More recently, HAI has expanded its programming in Nigeria to focus on the needs of women and girls, particularly those who are extremely marginalized and hard to reach. With a strong background in gender equity and expertise in trauma treatment and mental health, HAI has been training service providers to work with women and children who have been trafficked by Boko Haram and other militarized groups in Northeast Nigeria.

With support from the U.S. Department of State’s Office to Monitor and Combat Trafficking in Persons (J/TIP), HAI is implementing Strengthening Services for Victims of Human Trafficking in the Lake Chad Basin. This is a two-year grant to improve the capacity of governments, civil society, and communities to protect and provide comprehensive services for survivors of trafficking in Nigeria and Cameroon, particularly former child soldiers and women and girls trafficked by combatants for forced labor and/or sexual exploitation. The project focuses primarily in Northeast Nigeria, where the majority of identified former abductees are currently located. It will build the capacity of existing local partner institutions providing services to survivors of trafficking. In the second year of the project, HAI will expand capacity building activities to Cameroon, where trafficking by militant groups also occurs.

Before starting any activities in the area and as part of this humanitarian response, HAI wants to understand the existing social services, how MHPSS services are delivered, to whom and by who, and identify any obvious gaps in MHPSS services and ways to support the existing interventions.

HAI hired a consultant Georgina Grundy Campbell, a trained psychiatric nurse and a mental health professional with 15 years of clinical experience in delivering MHPSS in communities, hospitals and humanitarian settings, to design and execute a needs assessment in Northeast Nigeria to assess social services available to victims of trafficking and conduct organizational capacity assessment of the neuro-psychiatric hospitals in Borno and Adamawa States.

The consultant Georgina Grundy Campbell conducted a rapid MHPSS needs assessment in Borno State during the period June 18-30, 2018. With three main objectives:

**Objective 1:** To assess the provision of MHPSS services currently available in Borno and Adamawa states to victims of trafficking (VoTs) and identify gaps in those services and provide recommendations to improve services.

**Objective 2:** To conduct an MHPSS capacity assessment of local institutions and federal neuropsychiatric hospitals in Borno and Adamawa states.

**Objective 3:** To identify the MHPSS needs of the women and girls, kidnapped by insurgents for forced labor, forced marriage and sexual exploitation and former child soldiers in Northeast Nigeria.

The assessment focused on identifying strengths and gaps in MHPSS service delivery as well as understanding how the VoTs were accessing those services and developing their own coping mechanisms. The assessment concludes with inter-sectoral recommendations based on the findings. The information is intended to guide HAI’s MHPSS activities with a focus on finding ways to strengthen the existing services and support mechanisms. It is consistent with global IASC guidelines and participatory approaches.

Key informants Interviews were held with 12 MHPSS service providers in Northeast Nigeria: two Government bodies (NAPTIP and MoWASD), two UN agencies (IOM and WHO), two INGOs (International Alert and IMC), two NGOs (NEEM Foundation and Life at its Best Development Initiative), and five direct service providers (NEMA and SEMA Camp managers, MoWASD social worker, UNFPA GBV and PSS workers, and a NEEM Foundation psychologist).

Additional information was gathered from attendance at a monthly MHPSS sub working group meeting and email communication with INGOs including MDM and INTERSOS.

Key Informant Interviews (KII) and an organisational capacity assessment were conducted with: a Consultant Psychiatrist from the Federal Neuropsychiatric Hospital (FNPH) in Borno State, site visit to the FNPH, site visit to two primary care centers in IDP camps KII and Focus Group Discussions (FGD) included: Individual KIs with two female victims of trafficking, focus group discussion with four female IDPs over the age of 18, focus group discussion with four male IDPs over the age of 18. In the original methodology, only women were going to be interviewed as key informants to understand the MHPSS needs and resources of the VoTs, IDPs and general community; however, after KIs with GBV specialists, it became clear that social problems were occurring amongst the population due to an over targeting of women and girls by aid agencies. The men were described as feeling ashamed, embarrassed and ignored by humanitarian organisations resulting in an increase in intimate partner violence. It was the decision of the consultant to include an FGD with male IDPs and community members to understand the needs and resources of the men as well as the women and gain a comprehensive understanding of the social situation.

HAI will finalize the full report of the assessment in Q3 2018.
IOM has been a key partner as pertaining to the provision of MHPSS in North-East Nigeria since the beginning of the insurgency. IOM provides direct psychosocial support and services to the affected population via MHPSS safe spaces and the deployment of MHPSS mobile teams: These services are provided in Borno, Adamawa and Yobe States, the three states most affected by the insurgency. MHPSS mobile team deployed is multidisciplinary in nature (17 MHPSS mobile teams and 9 safe spaces).

MHPSS mobile team provide culturally appropriate structured recreational activities for adults, teenagers and children, as well as informal education for adults and youths. Activities are tailored according to the age and gender categories, taking the cultural context into consideration. MHPSS mobile team also provides focused psychosocial support services through lay counselling, including basic emotional support, family support, GBV sensitization and referral of GBV cases. The focused services are tailored on an individual or problem based basis, taking into account culture, age and gender categories. MHPSS teams provide small-scale conflict mediation activities; and provide psychological first aid, hygiene sensitization, and health awareness and sensitization. IOM ensures integration of psychosocial support in livelihood activities to promote positive coping mechanisms and resilience among displaced populations.

For referral of cases in need of specialized services, IOM MHPSS is in partnership with the Federal Neuropsychiatric Hospital in Maiduguri and Mental Health facility in Yola. This include direct referral of cases in need of specialized services, dedicated follow-up for the referred patients, psycho-education to their families, and the deployment of six (6) psychiatric nurses to support safe and equitable access in the hard to reach areas in Borno state.

IOM also continues to co-chair the MHPSS Working Group (WG) in coordination with State Ministry of Health.

In May, the MHPSS WG facilitated a short session on self-care and support for humanitarian actors in a Training of Trainers program on mainstreaming GBV, counter trafficking and PSEA in CCCM.

The Working Group further supported MHPSS mainstreaming activities within the Shelter, NFI & CCCM coordination sectors through the facilitation of a 3-day training on Mainstreaming MHPSS to Shelter, CCCM, and NFI actors in June, with the aim of promoting understandings of the unique mental health and psychosocial needs of displaced population; and developing knowledge regarding practical interventions on mental health and psychosocial support.

For more details on the MHPSS WG’s activities, see June 2018 quarterly update https://reliefweb.int/node/2649109

From 27 - 29 June 2018, IOM conducted regular MHPSS training and technical support to the MHPSS teams.

RENOVATION OF PSYCHIATRIC WARD IN THE ADAMAWA STATE SPECIALIST HOSPITAL, YOLA

IOM supported the Adamawa State Ministry of Health with a refurbishment of psychiatric ward in the Adamawa State Specialist Hospital, Yola. The proposal to carry out the renovation work was kick-started in 2016 due to the significant need of specialized mental health services to the conflict-induced displaced population in Adamawa, Taraba, and Gombe State.

The first phase of renovation work was completed in 2017 with provision of solar powered borehole, procurement of 40 units of hospital beds and mattresses and other construction works including two blocks of VIP latrines. The borehole is now the only reliable source of water to the Ward.

In June 2018, IOM has completed the second phase of the renovation, where the remaining old windows, doors, and all toilet fittings were replaced, painting and plumbing work were also carried out in the ward. With this works, IOM has completed a total overhaul of the Psychiatric Ward. In the future, IOM plans to conduct a training for the psychiatric nurses working in public hospitals and health institutions in Adamawa State to support the capacity-building of government officials.

For more details on the MHPSS WG’s activities, see June 2018 quarterly update https://reliefweb.int/node/2649109

INTERNATIONAL ORGANIZATION FOR MIGRATION
INTERSOS trained recently 62 people in protection (GBV) and MHPSS. From this, 15 are PSS officers or PSS team leaders.

This training included:

- Basic introduction to the IASC MHPSS guidelines,
- overview of the trauma discourse,
- PFA,
- focused PSS service for GBV survivor (based on the solution focused brief therapy model and PM+),
- stress management.

The trained staff is a group of case worker and case assistants, which mainly deal within the sphere of GBV and will provide PFA, and specific PSS team leaders and officers who will provide individual and group counselling in a specific community center for those who have been referred by the case workers and case assistants. Group counselling will be done by trained PSS experts that we recruited, and will be combined with recreational and livelihood activities. Some of our PSS staff started activities in Magumeri.

Additionally INTERSOS trained nine staff members including two PSS officers in KAP survey technology and interview techniques.

These activities come under two projects from ECHO and OFDA. The ECHO project (Integrated Multi-Sectorial Life-Saving Assistant to Conflict Affected Population) will target Kukawa with specific focus on Cross Kauwa. While the OFDA project will focus on Magumeri, Bama, Dikwa and Ngala (see red circles for our PSS project sites on the implementation coverage map).

All PSS officers and team leaders will be trained, supported and supervised by INTERSOS MHPSS Focal Point who is stationed in Maiduguri. INTERSOS seeks cooperation and synergies and is always interested in working together with partners.

The MHPSS Focal Point is Thomas Eliyahu Zanghellini, and can be contacted under pss.maiduguri.nigeria@intersos.org
PSS Summary of Program Response from April 2018 – June 2018

Children hospitalized for severe acute malnutrition (SAM) with medical complications have low levels of cognitive development and low school performance which lasts into adolescence. The importance of integrating both emotional and physical stimulation into the treatment of severely malnourished children to reduce the risk of permanent mental retardation and emotional impairment, and to promote growth and development of the child’s motor skills cannot be over emphasized.

Dealing with cultural barriers based on knowledge attitude and practices is a key in teaching parents the importance of relapsed prevention, as well as encouraging them to adopt the use of locally made toys within their vicinity to promote child sensory stimulation with focus on sustainability.

The IRC Stabilization Centers have witnessed unprecedented influx of patients with severe acute malnutrition and medical complications who were predominantly form IRC OTP sites within M.M.C, Jere, Konduga and host communities including other INGOs OTP sites. A total of 565 (M=275/F=290) children from 0-59 month’s years old with severe acute malnutrition have been admitted into therapeutic feeding program, of which 523 (M=258 /F=265) were successfully managed and discharged home in the past three months. Similarly, about 565 mothers/care givers of children admitted with severe acute malnutrition with medical complications had series of psychosocial support and counseling from individual to group psychotherapy on building resilience and coping skills strategies in other to reduce the risk of maternal depression with focus on support for breast feeding, babies’ stimulation during play sessions and relaxation for women.

Family interviews were conducted to reduce the risk of defaulting, explaining the treatment schedules to the fathers and to the rest of the family, especially in case of family conflict. They were also advised on the basic needs for family support and how to help the family at home at the same time.
Since 2016, Médecins du Monde (MdM) has been engaged with providing support in areas of health services to IDP camps serving both IDPs and host community. MdM has been providing holistic health packages in areas where its mobile clinics are situated. The MHPSS component has been deeply concerned with the delivery of quality mental health and psychosocial services to clients through rendering individual and group counselling, psychoeducation, training of co-staff and other services.

MdM carried-out MHPSS activities that include psychoeducation and sensitizations, individual counseling, group counselling, and psychotherapeutic session. To strengthen the services, MdM has built a good coordination with WHO in terms of referrals for specialized services under the WHO mental health package.

Working closely to continue mainstreaming MHPSS into all MdM’s components, MHPSS team has trained most staff and other community actors. MDM staff capacity building has mainly centered on MHPSS topics such as Major Depression, PTSD, identifying signs and symptoms of Psychological Distress, PFA, Stress Management, Assertive Skills training, etc. MdM has had joined training with IOM, and intending to have more with other organizations.

Within the next quarterly period, MdM will continue to increase the capacity building activities, as well as to continue providing MHPSS services to the beneficiaries with individual and group counselling sessions, psychotherapy, and support group activities.
Neem Foundation have been establishing support groups therapy for beneficiaries in the host communities as one of the MHPSS interventions to bring together people who are going through or have gone through similar experiences including: symptoms of PTDS, depression, anxiety, stress, psychosomatic pains, complicated grief, stigmatization and rejection among others.

This support group approach provides an opportunity for the beneficiaries to share personal experiences and feelings, coping strategies and resilience. A support group among beneficiaries with shared experiences do serve as an opportunity for emotional relief, coping and resilience.

**STRUCTURE OF THE SUPPORT GROUPS**

The beneficiaries often choose someone who shares or has shared the group’s common experience to lead the support group and periodically supervised by a trained lay counsellor. The support groups often discussed their coping abilities and strengthen their resilience. Any group member that relapse is reported to the lay counsellor on supervision for follow up.

Thirty-two (32) support groups involving approximately 320 beneficiaries, and 10 members in each group on average with various healing names (hope group, love group, peace group etc.) of the beneficiaries’ choice are formed in Moramti, Dubai, Mairi, and Kaleri host communities in Konduga, Maiduguri, Jere and Mafa LGAs of Borno State respectively.

The beneficiaries decide when and where to meet. Sometimes they meet once in a week or twice, in a venue that is convenient for them. Whenever they meet, the lay counsellor supervising the group is informed and updated for follow up.

**BENEFITS OF THE SUPPORT GROUP MAY INCLUDE:**

- It makes beneficiaries to feel less lonely, isolated or judged
- Helps to reduce distress, depression, anxiety or fatigue
- It enables the beneficiaries to share their feelings and coping abilities
- It also improves the beneficiaries’ skills to cope with psychosocial distress
- Support group enhance the beneficiaries sense of empowerment, control or hope
- They also learn about health, economic or social resources that improve their life.
Street Child of Nigeria is an INGO that believes every child deserves the right to be cared for and to be empowered through education. Working in some of the toughest parts in the world, we strive to ensure that every child has the chance to go to school and to learn. Our child protection work, including mental health and PSS services for children and their families, is designed to create a safe and protective environment so they can focus on learning and developing with the appropriate support.

Street Child has been piloting specialized mental health service provision this quarter, in order to develop and strengthen our offering of community-based protection support. In combination with PSS activities in child-friendly spaces and community child protection committees, referrals from our case management workers have revealed a key need for professional mental health care. Particularly for Children Associated with Armed Groups (CAAFAG) and Unaccompanied and Separated Children (UASC), interventions were initiated in the form of individual therapy, group and family therapy. MHPSS components have also been integrated into training on alternative caregiving and positive parenting, so foster parents are more aware of the effects of psychological distress.

Psychological assessment was conducted for new arrivals in Dikwa in June 2018, during which it was discovered that majority of the children were experiencing PTSD, depression, stress, anxiety and fear. In Mubi, Adamawa State, Street Child also conducted psychological assessment on CAAFAG and other vulnerable children. After the assessment, professional clinical psychologists provided psychotherapy sessions.

COORDINATION WITH OTHER PARTNERS
Street Child works through a partnership model with local NGOs and government agencies. Representatives of the Ministry of Women Affairs in Borno and Adamawa, and the Ministry of Youth and Sport in Yobe were trained as ‘Master Trainers’ to deliver support to community PSS facilitators at a local level. Staff at the Child Help Desks in Street Child learning centres are being trained to recognize children that may need more specialized mental health care.

Street Child was pleased to have been involved in the strategy roadmap exercise in June 2018, collaborating with other partners in the MHPSS SWG to find a way forward to more holistic and effective mental health provision in the Northeast. Street Child looks forward to continuing their active participation in the working group as their activities in this area expand.

For the following quarter, as part of a new program launching in July 2018, Street Child will scale-up MHPSS activities across Borno, Adamawa and Yobe. With a dedicated team of clinical psychologists, Street Child will take referrals from their local partners and other agencies to conduct psychological assessment and psychotherapy. Developing the organizational capacity of partners through training and field-mentoring is also a specified target of the activity.
Language Support to MHPSS Sub Working Group Partners

As part of an ECHO-funded program, Translators without Borders (TWB) is collaborating with the International Organization for Migration (IOM) to provide language support to partners in the mental health and psychosocial support (MHPSS) sector and address the language barriers hampering communication efforts with conflict-affected people.

A key activity of the program is to improve the consistency and accuracy of translation and interpreting through the development of the **TWB Glossary for North-East Nigeria**. This glossary provides text and audio translations in English, Hausa, and Kanuri of humanitarian terminology relevant to the protection, mental health, and psychosocial support, with more languages and sectors to be added. The app can be accessed on a computer, tablet, Android or iOS device and is available both on- and offline.

During the months of April-June 2018, TWB worked with IOM’s MHPSS team to conduct an initial field testing with affected communities to ensure the glossary conveys nuanced concepts in the best way possible and avoids stigmatizing words. This process showed that:

1. **The standard direct translation for ‘mental health’ in Hausa is literally ‘services for mad people’**. This suggests that understanding how affected individuals would prefer mental health and psychosocial support to be referred to, that will be central to overcoming communication issues and improving the uptake of these services by vulnerable people exposed to conflict and displacement. Translators without Borders would be happy to help the sector consult with affected people on an appropriate communication strategy.

2. **Direct translations of ‘safe space’ are understood to mean places with armed guards, not one where a person can feel physically and emotionally safe, comfortable, and able to express themselves**. Confusion and misunderstanding around mental health and psychosocial support among affected people can lead to underreporting of cases and underutilization of available services. A translation closer to ‘acceptance space’ may be more accurately understood.

3. **‘Abuse’ is understood in the sense of ‘verbal abuse’ unless explicitly qualified as physical or sexual**. Generic terms and technical jargon cause confusion as there is often no comparable term in Hausa or Kanuri. Avoiding technical terminology and spelling out what may be implicit in the English term can improve comprehension.

TWB invites all MHPSS sector partners to download and share the glossary with staff to help them communicate more effectively with affected people. The glossary can also be used to train psychosocial support staff pre-deployment, and enumerators before assessments. TWB welcomes feedback and questions on the glossary, which will help TWB improve it over time.

TWB is planning training sessions for staff of MHPSS partners and others on the basics of humanitarian interpreting. TWB is also seeking partners to carry out further research on language and mental health in north-east Nigeria; interested organizations please contact - alice@translatorswithoutborders.org

Field testing translations of MHPSS terminology for the TWB Glossary at Teacher’s Village camp in Maiduguri on 29 May 2018
WHO has continued with provision of specialized services (top layer of IASC MHPSS Humanitarian Intervention) in selected primary health care facilities and IDP camp health facilities. Ten mental health specialists conducted 294 outreach sessions, where 5,031 patients got treatment. Two hundred and eighty-two (282) of them were referred to Federal Neuro-Psychiatric Hospital (FNPH), Maiduguri for further management, and 99 of them have been admitted for inpatient management.

### ADDING PHC CENTER MAINOK, KAGA LGA FOR MENTAL HEALTH OUTREACH

Mainok PHC Center in Kaga LGA, was added to the PHC centers where mental health outreaches are provided by WHO in collaboration with the Borno State Ministry of Health, SPHCDA, and Federal Neuro-Psychiatric Hospital Maiduguri to provide specialized services, the fourth layer IASC intervention pyramid for mental health and psychosocial support in emergencies. This is as a result of a number vulnerable population in need of this specialized mental health services.

### DEVELOPMENT OF BORNO STATE MENTAL HEALTH STRATEGIC FRAMEWORK (BMHSF)

Due to the impact of the current insurgency on mental health and psychosocial wellbeing of vulnerable citizens in Borno state, as well as the impact on the ability to deliver mental health services to these vulnerable populace, WHO supported the development of the (BMHSF) 2018 - 2021. The draft version has been submitted, awaiting final version for printing and sharing. WHO appreciates all that collaborated towards the success of the framework development.

### APRIL - JUNE 2018 MENTAL HEALTH PATIENTS SEEN

<table>
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<tr>
<th>DIAGNOSIS</th>
<th>BOYS</th>
<th>GIRLS</th>
<th>MEN</th>
<th>WOMEN</th>
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<tr>
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<td>181</td>
<td>432</td>
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<tr>
<td>7 Medically unexplained somatic complaints</td>
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</tbody>
</table>

### NUMBER SEEN BY DIAGNOSIS

- Mental retardation/intellectual disability
- Other psychological complaints
- Alcohol and other substance use disorders
- Psychotic disorders
- Medically unexplained somatic complaints
- Epilepsy/seizure disorders
- Severe emotional disorders

### NUMBER SEEN BY SEX

- BOYS: 2,338
- GIRLS: 1,864
- MEN: 414
- WOMEN: 415

Dr. Florence Baingana with some BMHSF Task Force during editing on 27th June, 2018

Mdh, Mainok PHC workers and WHO at Mainok, Kaga LGA discussing the addition of the PHC for mental health outreach and taking over of MdM patients requiring specialized mental health services.
Government Agencies:
Adamawa State Ministry of Women Affairs and Social Development, Borno State Ministry of Health, Borno State Ministry of Women Affairs and Social Development, Federal Neuro-Psychiatric Hospital, Presidential Committee on the North-East Initiative, Yobe State Ministry of Youth, Sports and Social Development.

Community Based Organizations, National and International NGOs, UN Agencies:

Acknowledgment to partners for their contribution to the MHPSS SWG Quarterly Update (Q2 April – June 2018)

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