IASC
Inter-Agency Standing Committee
IASC Reference Group for Mental Health and
Psychosocial Support in Emergency Settings

Register to
discuss with us

Grief, Loss and Accompanying Rituals

Community-Based Approaches to Mental Health
and Psychosocial Support (MHPSS) During COVID-19

29 June
14.00 – 15.30
CEST

Background

❖ IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings & Thematic Working Group on Community-Based MHPSS

❖ Community of Practice on COVID-19: developed with the purpose of addressing the general gap in community-based resources on the impacts of, and responses to, COVID-19.

❖ Topic of grief and loss due to COVID-19 arose as an important reality faced by many people globally, lack of ability to process grief through existing rituals and mourning processes due to the pandemic and public health measures.

❖ Given these changing circumstances, discussions today will focus on following questions:

How has grief and loss impacted the community you are a part of and/or work with? What are the rituals that your community is engaging in? How have those been impacted by COVID-19?

What is Community–Based MHPSS?

"Community-based approaches to Mental Health and Psychosocial Support (CB MHPSS) in emergencies are based on the understanding that communities can be drivers for their own care and change and should be meaningfully involved in all stages of MHPSS responses. Emergency-affected people are first and foremost to be viewed as active participants in improving individual and collective well-being, rather than as passive recipients of services that are designed for them by others. Thus, using community-based MHPSS approaches facilitates families, groups and communities to support and care for others in ways that encourage recovery and resilience. These approaches also contribute to restoring and/or strengthening those collective structures and systems essential to daily life and well-being."

Community-Based MHPSS

Community-Based Approaches to MHPSS Programmes: A Guidance Note

1. Planning
2. Start-up & Implementation
3. Evaluation
4. Sustainability

Case Example: IOM Somalia

IOM Somalia working with communities and the Government of Somalia to address MHPSS needs and responses regarding COVID-19:

❖ Concern from communities on the topic of death and on burying the dead, given that all social activities, including religious prayers had been banned;

❖ Eventual lifting of government ban on social activities and certain religious practices were allowed such as burying the dead, through adhering to health guidelines (only certain number of men allowed to bury the dead, social distancing measures, religious prayers were allowed)

❖ IOM working with religious leaders as well: religious leaders encouraged prayers to be done at home; encouraging neighbors to support each other, particularly the families experiencing loss—these steps dissipated tension among communities.

❖ Capacity building of community stakeholders on basic psychosocial support skills, PFA, addressing social stigma, self-care; community messaging in mosques; engage in media campaigns, radio shows.

❖ Challenges of working with PSS staff remotely, but able to do so through use of technology. Importance of PSS staff to provide space for communities to share freely their perceptions of grief and loss and for staff not to compare these perceptions with western expressions of grief; importance of addressing social stigma and resulting isolation.

❖ Importance of supporting PSS staff in service provision, of staff debriefing their experiences and having space for peer support and collective problem-solving.

Subgroup Discussions

1. Planning
2. Start-up & Implementation
3. Evaluation
4. Sustainability

Planning

How do you understand the grief and loss needs of your community in pandemic response? How do you understand what your community needs around grief and loss? How do you create a plan with your community for supporting the grieving process? How do you engage with community members on issues of grief and loss, and how do you involve people in deciding what to do to?

❖ Importance of understanding the expression of grief and loss through religious beliefs - prayers, being together, good memories shared; different kind of remembrances need to be allowed; importance of trying to understand communities' perceptions of grief and loss and facilitate spaces for meaning to be created around the experiences of loss.

❖ Grief ceremonies have different activities: washing bodies; burial and fellowships; private spaces. Importance of understanding how religious tasks can be addressed and their meanings—importance of involving community members, youth, and government and health staff to understand the processes of grieving and how rituals may be observed or adapted; importance of understanding the meaning of these circumstances to communities through dialogue.

Planning

- ❖ Burials are made by government; health staff are responsible to take them to the cremation. How they are handling bodies, many mental health issues that health staff are experiencing—important to include health workers in the MHPSS process as well, and to understand the ways in which they communicate issues of loss and grief to increase empathy and sensitivity in health-related communication.
- ❖ Challenges related to lockdowns, ex: how the funerals can be watched on a video; challenges on how to accompany children and families.
- ❖ Ensuring inclusion of duty bearers at all levels; inclusion of local spiritual leaders elders and young people, and have them describe the required rituals and asking them to explain the meaning of each step- then out of that assist in the creation of health sensitive rituals; importance of checking in regularly as the substitute rituals with the appropriate leaders are tried and engage families and community members in reporting

Start-up & Implementation

What work are you doing to address the grief and loss needs of the community? How do you work with community members to support grieving and ritual processes? How do you adapt to changing situations?

❖ Discussion less on starting-up as many programmes already existing but more so on adaptations, specifically on remote service provision.
❖ The Bahamas: A low amount of cases from COVID-19 currently, however, as they are still recovering from a lot of loss form recent storm, they have reached out proactively with community leaders to learn about what could be provided for support. Group funerals were held, so support was not needed there, but helping with ways to cope and move forward. It is small and close knit, so when someone is lost, it is far reaching and can complicate grief. Virtual groups have been established to continue support.
❖ Iraq: Has been locked down for three months, curfew is now starting to be lifted, and only now the number of people lost is starting to come to light. Individuals are providing one on one counseling, but also case managers are providing remote support, along with smaller messages about grief and loss on WhatsApp and Facebook. Social media is more to invite people to learn ways that they may observe symbolic rituals, and do what they can. And then they can go further to reach a case manager.

Start-up & Implementation

❖ Turkey: IMC mostly working with refugees, but don't have a breakdown of how many refugees are suffering this loss, so they are trying to adapt their program, by shifting individual counseling to remote counseling, and also provide information about COVID-19, and about their hotlines and call center. About 1,000 calls a month, very high. Keep trying to adapt the project. They conduct PFA, meeting the grief and loss needs, but aren't sure how much need there is exactly, not enough data.

❖ Importance of engaging with traditional and religious leaders; working within existing systems, including justice systems; following up with children particularly in the context of child protection; caring for caregivers.

❖ Technology has been helpful in the ritual process

❖ Ebola: talked to community and buried something meaningful even if not the body.

➢ Prior to funeral they went to a location that was meaningful, even if not a religious service

❖ India: case workers are finding challenges with phone connectivity. Many different kinds of losses with super cyclone as well

❖ Coordinating with local authorities

❖ TdH Lebanon - PSS for parents provided remotely with tech.

❖ Coordinating with local authorities for household visit

❖ Religious and other leaders having trouble following measures

❖ Lebanon - challenges with protection services and referral systems and courts

Assessment, Monitoring & Evaluati

How do you understand if what you are doing is working? How do you know if you were successful in supporting community members in the grieving process?

- ❖ Ensuring M&E throughout
- ❖ Initial phase: Assessing cultural nuances across cultural and religious considerations around grief & loss; traditions and rituals
- ❖ Adapting existing MHPSS M&E plans to include additional indicators for more comprehensive monitoring & evaluation of roll-out & impact
- ❖ Feedback mechanisms: From MHPSS service providers; from service users; impact surveys
- ❖ Documentation & dissemination of lessons learned

Sustainability

How will you plan for the community grief and loss needs in this pandemic to be met after your work is finished? How do you plan for the community to be supported after the partnership is complete? When do you know the partnership is over?

- ❖ Partnerships may be stronger later. Not ad hoc COVID partnerships. Partnerships for the future - after the lock downs. More equal partnerships. Difficult to stay in a country - many international staff left. Different distribution of power - will help
- ❖ DRC - had Ebola, now COVID. Changed dynamics in addressing grief. Stigma. Stymies grief. Community systems / structures for adults and children. Need to go through the process. Faith leaders. What they use - e.g storytelling, play, can long term sustainability. Community ways of addressing loss and grief.

Sustainability

- ❖ Preparing the community - grief, rituals, address many things - capacity to deal with grief. ME - where the ritual is coming from - from religious / faith community. Capacity building - needs of the community must be addressed. Stigma - incomplete grief. Lock down - can not have normal grief - just a few persons to bury, no funeral, why, everyone deserves to be buried.

- ❖ National NGO all over country - in different cities - sustainability needs a time frame. Partners continue with the community, part of the target group - establish trust, counselling - will be continuing - provide services - ongoing regular support is critical - for medical support, legal etc. groups meet - share common needs and find solutions, some members of community have strengths to help the others. Find solutions together

- ❖ When we know partnership is finished - community working well - observing, survey, how people are working, going well - workshops - virtual meetings - specific issue, how they are coping, wellbeing - can address many things - from the community, takes a long time before community ready to cope

- ❖ Think = long term commitment to communities, not just for the emergency - donors not always ready for that. Storytelling to increase social cohesion, people in a community - how they represent issues. Sustainability - function of social support - not when we leave, design from the beginning - empower the community, exit will be easier - ownership with the community

Follow-Up

To Provide Feedback:

❖ To inform future webinars and videos, please provide us with your key questions and best practices on community-based MHPSS here: https://www.surveymonkey.com/r/CB-MHPSS-BestPractices

Resources:

❖ Ebola Response Anthropology Platform: Management of the Dead
  ➤ For resources on past experiences related to grief and death during the Ebola response
❖ MHPSS in the COVID-19 Response: Guidance and Toolkit for the Use of IOM MHPSS Teams
❖ MHPSS COVID-19 Toolkit
  ➤ Resources for MHPSS teams delivering MHPSS during the COVID-19 response