



Mental Health & Psychosocial Support and older people in humanitarian crises

Good practice guide

HelpAge

International

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Terminology

- **Mental Health**¹: It refers to a state of wellbeing where a person can cope with life's stresses, realise their potential, work productively, and contribute to their community.
- **Psychosocial**: The word "psychosocial" comes from two words: psycho and social. *Psychological* (internal) refers to our thoughts, feelings, beliefs, attitudes and values. *Social* (relational) refers to our relationships with our family, community, workplace and friends. The combined term 'psychosocial' describes the close relationship or connection between the psychological aspects of our experience (that is, our thoughts, emotions and behaviour) and our wider social experience (that is, our relationships, traditions and culture experiences).
- **Wellbeing**: Wellbeing refers to a positive state in which a person thrives or does well/flourishes. It includes various aspects of a person's life, including physical, psychological, social, emotional, economic, and spiritual wellbeing that impact their ability to grow, learn, cope, socialise, and reach their full potential.
- **Mental Health and Psychosocial Support (MHPSS)**:² refers to 'any type of local or outside support that aims to protection or promote psychosocial wellbeing and/or prevent or treat mental disorder'.
- **Resilience**: This refers to the ability of individuals, communities or countries to anticipate, withstand and recover from adversity – be it a natural disaster or crisis. Resilience depends on the diversity of livelihoods, coping mechanisms and life skills such as problem-solving, the ability to seek support, motivation, optimism, faith, perseverance and resourcefulness.³

1. Introduction

In humanitarian crises, whether due to natural disasters, armed conflicts, or complex and/or protracted crises, older people face unique challenges that can severely impact their mental health and psychosocial well-being. Displacement, loss of family, and the destruction of assets can exacerbate existing vulnerabilities like chronic health issues and social isolation. Despite their resilience, older people are often overlooked in emergency responses, leading to critical gaps in support and protection.

This Good Practice Guide outlines HelpAge's approach to Mental Health and Psychosocial Support (MHPSS) that aims to reduce suffering and improve the mental health and wellbeing of older people and their communities in humanitarian crises. It highlights the importance of involving older people, their caregivers and community in planning and implementing MHPSS activities, in particular, activities that address the unique needs of older people and that promote their resilience, wellbeing, and recovery. It provides recommendations for practical actions before an emergency occurs, as well as guidance for response and recovery efforts during and after the crises. It also highlights the importance of involving older people, their caregivers, communities in planning and implementing MHPSS & protection activities to ensure they are locally relevant, inclusive, and sustainable.

The Good Practice Guide is designed to be a practical guide for implementing MHPSS activities with and for older people with and without disabilities and requires adaptation to the local, country and emergency context. Minimum MHPSS actions are framed around the project cycle including:

- Preparedness phase
- Implementation or Response phase
- Recovery phase

1.1 What is Mental Health & Psychosocial Support (MHPSS)?

MHPSS refers to any support aimed at protecting or promoting psychosocial wellbeing and addressing mental health problems⁴. Its goal is to prevent the long-term impacts of crises on older people, including their caregivers and communities. By strengthening their resilience and resourcefulness, MHPSS can help older people better manage the challenges posed by crises, safeguarding their rights and supporting the wellbeing of those who depend on them.

1.2 MHPSS and older people

There is a strong link between MHPSS and the protection of human rights, particularly for at-risk populations such as older people with and without disabilities. Violations of human rights and threats to safety such as violence, displacement, and lack of access to basic services can severely impact the psychosocial wellbeing of older people and their communities. Many older people report these threats as their main sources of stress, which not only cause immediate suffering but also delay the rebuilding of social networks and community ties essential for wellbeing and recovery.

Effective humanitarian responses uphold rights, address basic needs, safety, and inclusion in communities. Addressing the MHPSS impacts of humanitarian crises strengthens older people's capacity to meet their needs, enhances their independence, reduces anxiety and isolation and helps older people cope with and overcome the challenges they may be facing. Improving access to MHPSS for all, supporting at-risk groups, and scaling up community-based protection activities are essential to positively impacting older people and families in humanitarian settings.

This guide emphasises incorporating MHPSS across all activities, ensuring older people in all their diversity are safe, engaged, and supported, with specialised care provided when necessary, respecting their rights and improving their wellbeing.

1.3 Developing MHPSS activities

MHPSS activities generally focus on one or more of the following areas of a person's wellbeing: *skills and knowledge*, *emotional wellbeing*, and *social wellbeing*. The aim is to enhance the overall wellbeing of the older person by addressing these key areas. It's important to develop activities that recognise and strengthen older people's resilience and

local capacities, as well as to consider cultural sensitivities and have a thorough understanding of the context in which these activities are implemented.

- **Skills and Knowledge:** This includes communication skills, decision-making abilities, use of culturally appropriate coping mechanisms, vocational skills, conflict management, and knowing where to seek information.
- **Emotional Wellbeing:** This involves feeling safe, trusting others, having self-worth, being hopeful for the future with realistic goals, not worrying about hunger or illness, and having a sense of belonging and support.
- **Social Wellbeing:** This includes attachment to caregivers, relationships with peers, a sense of community and belonging, resuming cultural activities and traditions.

1.4 Guiding principles & key steps

HelpAge International's approach in planning and implementing MHPSS activities is informed by the following guiding principles and considerations.⁵

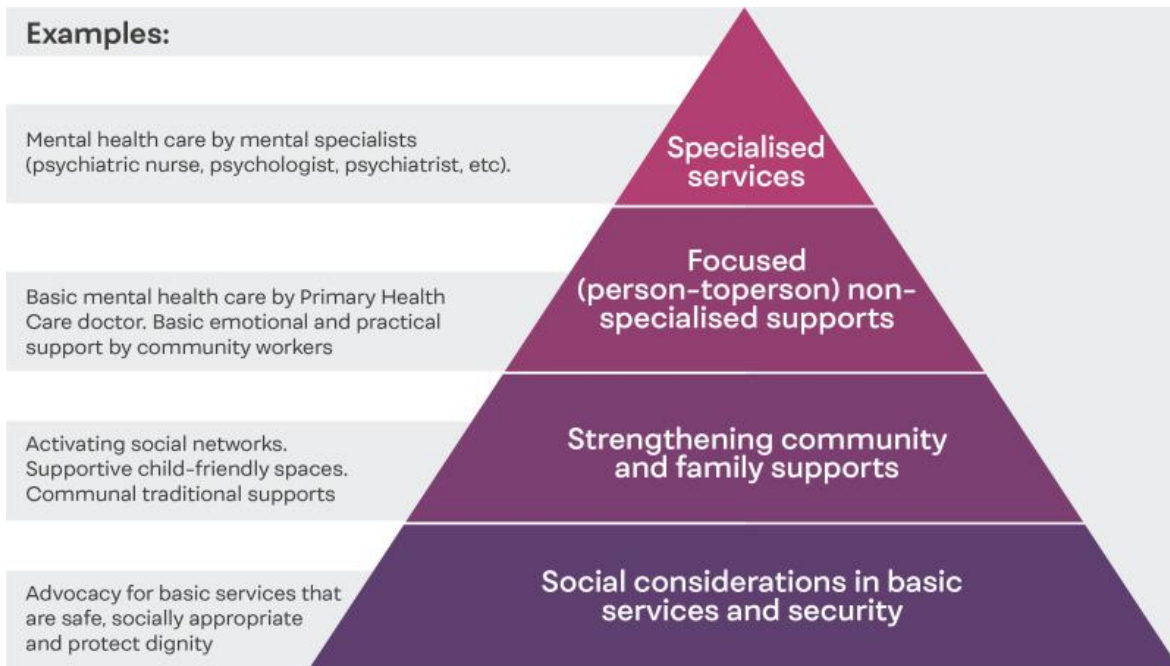
- **Promote human rights & equity** - we should uphold the human rights⁶ of all affected individuals and protect those at greater risk of violations, including older people, both with and without disabilities.
- **Participation** - In humanitarian crises, many people show resilience to cope with their situation and to help with relief and reconstruction efforts. Regardless of age, gender and/or disability, everyone affected should be involved as much as possible in the assessment, design, implementation, monitoring, and evaluation of MHPSS programmes and assistance. Therefore, it is important to consult with and involve older people, including those with disabilities, caregivers/ family to ensure their needs and views are incorporated into the response, particularly regarding psychosocial support.
- **Do no harm** -MHPSS can cause harm because it involves sensitive issues. To reduce this risk:
 - Design interventions based on adequate information.
 - Participate in coordination groups.
 - Develop cultural sensitivity and competence.
- **Building on available resources and capacities** – All people and communities impacted by humanitarian crises have assets and resources that support mental health and psychosocial wellbeing. Key tasks are to identify, mobilise and strengthen the skills and capacities of older people, caregivers/families and their communities.
- **Assess needs and resources:** Collect, analyse, use and report on sex, age and disability disaggregated data (SADDD)⁷. Identify barriers older people with and without disabilities may be facing in accessing support including MHPSS and think of ways to overcome them. Understand the important role of caregivers and families in meeting the needs of older people, including their MHPSS needs.
- **Integrated approach** - activities should be integrated as far as possible. Activities that are integrated into wider systems (e.g. community support mechanisms, general health services, social services and protection systems) tend to reach more people, often are more sustainable, and tend to carry less stigma.

Key steps to consider

- Consult older people with and without disabilities to understand their situation within the household and community and the challenges they may encounter following the crises.
- Ensure discussions take into consideration factors such as language, accessibility for older people with various disabilities, timing, and communication modes and methods.
- Recognise the diverse roles and responsibilities that older people have within households and communities (e.g., caregivers for children and/or other older people).
- Develop an approach that highlights the resourcefulness and capacities of many older people, their caregivers and communities, focusing on their strengths and not just on vulnerabilities.

- Encourage close collaboration among older people, caregivers, communities, and other service providers to enhance overall support structures and services. Address barriers that older people may encounter when accessing support services.
- Put in place support and supervision for staff and/or volunteers responsible for assisting older people. Recognise that they may also be impacted by the humanitarian situation and may experience their own worries and concerns. Providing support and supervision can help safeguard their mental health and psychosocial wellbeing as they manage or deal with the practical and emotional challenges of assisting older people during crises.

1.5 IASC MHPSS intervention pyramid (2007)



The IASC MHPSS intervention pyramid is a key framework used in humanitarian settings to organise MHPSS in emergencies and helps inform and guide HelpAge International's approach. The pyramid guides how to provide different levels of support based on people's needs. It is designed to ensure that everyone gets the help they need, depending on how much support they require. It acknowledges that people and their families are impacted differently and need different types of support at each level to meet their needs. It begins with community foundations and works its way up to specialised care, with fewer people needing the services at each level:

Summary of the four levels of service provision

1. Social considerations in basic needs and security (Level 1): This level focuses on making sure that everyone has access to basic services such as food, water, shelter, and safety and they are met in a way that respects their rights, culture and special needs, such as those of older people and people with disabilities. It also aims to create safe environments that reduce stress and protect people from harm.

Example: ensuring that food distribution points are accessible for older people with and without disabilities and providing shelters that are safe and comfortable for them.

2. Community and family support (Level 2): Here, the focus is on supporting and strengthening existing community and family ties and networks to help people help each other.

Example: setting up community safe spaces where older people can meet, join activities, support each other to cope with the crisis, join intergenerational activities that strengthen family ties, receive information and awareness about health, taking care of ourselves and also basic emotional support from staff/volunteers.

3. Focused non-specialised support (Level 3): This level provides more targeted help for people who need extra support beyond what the community can provide, but don't require specialised mental health services.

Example: Providing counselling support by trained staff or volunteers or facilitated peer support groups specifically for older people and their caregivers with specific support for those facing significant stress or distress.

4. Referral to specialised services (Level 4): At the top of the pyramid, this level is about connecting people with specific needs (those with severe mental health conditions) to professional mental health care. This includes making sure there are pathways for referring people to mental health professionals for the care they need.

Example: Referring an older person with severe depression or anxiety to a trained mental health professional for specialised support.

Overall, the pyramid aims to ensure that support is available at different levels, depending on what each person or group needs, helping to promote recovery and well-being in a crisis.

1.5 MHPSS Good Practice Guide

This Good Practice Guide outlines HelpAge's approach to MHPSS that aims to reduce suffering and improve the mental health and wellbeing of older people and their communities in humanitarian crises. It highlights the importance of involving older people, their caregivers and community in planning and implementing MHPSS activities, in particular, activities that address the unique needs of older people and that promote their resilience, wellbeing, and recovery. It provides recommendations for practical actions before an emergency occurs, as well as guidance for response and recovery efforts during and after the crises. It also highlights the importance of involving older people, their caregivers, communities to ensure that activities are locally relevant, inclusive, and sustainable.

The Good Practice Guide is designed to be a practical guide for implementing MHPSS activities with and for older people with and without disabilities and requires adaptation to the local, country and emergency context. Minimum MHPSS actions are framed around the project cycle including:

- Preparedness phase
- Implementation or Response phase
- Recovery phase

2. Minimum actions - preparedness phase

An important first step in preparing for emergencies, is to engage with/talk to older people and their caregivers/community to understand their diverse situations, to learn about their different roles, capacities, possible protection risks and MHPSS issues and how they cope or manage their situation. It is essential to recognise that older people are not a homogeneous group, but rather have varying needs, risks and capacities. By recognising and addressing these risks and needs in advance, organisations and communities can lessen the impact of emergencies on older people's wellbeing and ensure their welfare is a top priority throughout crisis response efforts.

2.1 Consult older people and their communities

- It's important to understand and recognise the diversity of older women and men with and without disabilities and their different capacities, skills, needs and face different risks.
- Learn about the possible barriers they could face in accessing services including MHPSS services or support during emergencies.
- Remember some older people may not feel comfortable speaking about their 'mental health' (or psychosocial wellbeing) due to the stigma attached, so pay attention to use of language.
- Identify any community support networks and look at ways to foster their resilience and resourcefulness, access to essential services, and inclusive practices that can lessen impact of emergency on older people and safeguard their wellbeing and autonomy.

2.2 Assessments

- Conduct needs assessments, before, during, and after emergencies to understand the unique situations, capacities, and risks older women and men with and without disabilities may experience. Ensure these assessments include Sex, Age, and Disability Disaggregated Data (SADDD) to capture their diversity.
- Consider the attitudinal, environmental, and institutional barriers that older women, men, and those with disabilities, may face in accessing MHPSS & other services.
- Encourage active participation from older people in the assessments to gain a full view of their needs and challenges.
- Link up with existing (if in place) MHPSS coordination mechanisms to ensure alignment and avoid duplication of efforts.

2.3 Mapping and linking with other organisations

- Map out the different service providers, what support they are providing and establish links with them. For example, service providers in health, shelter, protection, MHPSS, GBV/VAN⁸, shelter, etc. Think of how older people's access to such service could be improved.
- Link up with existing (if in place) MHPSS coordination mechanisms to ensure alignment and avoid duplication of efforts.

2.4 Identify or establish Community Safe Spaces

- Identify or set up Community Safe Spaces where older people can gather, interact, and access support services. These spaces should provide opportunities for social connection, mutual support, and information sharing in formats accessible to older individuals.

2.5 Address communication needs

- Understand the diverse communication needs of older people and develop a variety of communication strategies to reach and support them effectively during emergencies.

2.6 Provide training and support to staff and/or community volunteers

- Identify, mobilise and train staff and community volunteers (including older volunteers) with essential skills such as providing Basic Psychosocial Support and/or Psychological First Aid, outreach support skills with isolated older people and the necessary skills to be able to identify those needing specialised support and how to make referrals.
- Consider appointing a staff member as a Psychosocial Focal Point to provide guidance and support for MHPSS activities within the organisation.

2.7 Remote PSS support

- Think of ways in which remote support⁹ can be provided to most at risk older people during an emergency when in-person support is challenging (e.g., conflict and/or pandemics). Also, think about ways to provide remote support to staff and/or volunteers.

2.8 Monitoring and Evaluation¹⁰

- Put together a monitoring plan with practical tools/guidelines for staff and community volunteers to use to evaluate the progress of MHPSS activities and that allow for the participation of older people with and without disabilities, caregiver, community members.

Key minimum actions - preparedness phase	Links to helpful tools
<p>Engage and assess: Involve older people and their communities to understand their roles, capacities, and potential risks. Conduct thorough needs assessments, including Sex, Age, and Disability Disaggregated Data (SADDD).</p>	<ul style="list-style-type: none"> • HelpAge: Rapid Needs Assessments • Humanitarian Inclusion Standards for Older People & People with Disabilities
<p>Train and support: Train staff and community volunteers in Basic Psychosocial Support skills and/or Psychological First Aid</p>	<ul style="list-style-type: none"> • Recommend topics for basic psychosocial support skills training • IFRC: Psychological First Aid training
<p>Communication needs: Develop diverse communication strategies to effectively reach and support older people during emergencies.</p>	<ul style="list-style-type: none"> • Making Communication Accessible for All
<p>Community Safe Spaces & activities: identify Community Safe Spaces and activities with input from older people and community that can build social connections and support.</p>	<ul style="list-style-type: none"> • HelpAge (2021) Psychosocial Support with older people during COVID

3. Minimum actions - response phase

Following the onset of an emergency, it's crucial to implement targeted MHPSS interventions for older people identified as most at risk. This includes protection activities to address risks such as abuse and violence, establishing safe spaces, and ensuring access to services, especially for those with disabilities. By including protection measures into MHPSS initiatives, organisations can effectively mitigate risks, promote resilience, and uphold the dignity and wellbeing of older people during crises.

3.1 Coordination and assessment

- Link up with MHPSS coordination mechanisms that might be in place to ensure a unified response to the needs of older people.
- Work with other organisations including those providing MHPSS support and learn how their services can be accessed.
- Building on earlier assessments, collect sex, age, disability disaggregated data (SADDD) to understand the impact of the emergency on older people with and without disabilities including protection risks they may be facing, their needs including MHPSS needs, barriers they may be facing to meet their basic needs, their role in the family, coping mechanisms etc to better tailor assistance¹¹.
- Encourage and work in partnership with existing support networks within communities to maximise resources and effectiveness.

3.2 Engage older people and caregivers

- Talk and listen to older women and men with and without disabilities and their caregivers in planning activities related to their MHPSS wellbeing to ensure their needs and preferences are included.
- Share information about the common psychological reactions they may experience in relation to the emergency and also ways of coping.

- Ensure the inclusion and participation of older people at all stages of community based MHPSS activities utilising their skills and experience. For example, provide opportunities to older people who are coping well with their situation to volunteer as peer supporters¹² to provide support to those who are isolated and lonely. Such opportunities not only empower them but also enhances the effectiveness of response efforts by leveraging their knowledge and experience.

3.3 Community engagement

- Work together with community leaders to identify older people who may be isolated or marginalised and who may be overlooked during emergency response efforts. Ensure they receive necessary support.
- Some trusted and respected members of a community such as local community organisations and/or religious leaders may already be providing MHPSS in their communities. Where possible, team up with them and work together to expand the reach of MHPSS for older people, older people with disabilities, their caregivers, and families in the community.
- Raise awareness in the community about the specific needs and protection risks that older people face during emergencies and how they can support.
- Look at ways to build or strengthen intergenerational links where younger and older people can learn from and support each other.
- It is important to build local capacities, supporting self-help and strengthening the resources already present in the community.
- Look at ways to enhance and strengthen the resilience of communities and their ability to respond to the needs of older people to ensure older women and men feel connected to their community during challenging times. For example, support groups (for older women/older men, caregiver), safe spaces (for older people), providing information on stress reactions, tips on coping and managing stress.

3.4 Community Safe Spaces and community activities

- Set up or strengthen existing accessible Community Safe Spaces for older people to rebuild or build connections with other older people and the people in their community. Provide opportunities and activities where older people can come together and support each other, share, learn and feel less isolated (e.g., peer volunteers; support groups; social or recreational activities etc.). Look to set up an informal older people's group who can help run and manage activities in safe spaces aimed at older people.
- Focus on promoting resilience, enhancing social connections, and addressing psychological distress in ways that are culturally appropriate and sensitive to the context.
- Encourage older people to actively participate in community activities to maintain their connections and links with others.

3.5 Train and support staff/volunteers

- Train and provide staff and/or community volunteers with the necessary skills to identify the protection and psychosocial needs of older people, and how to provide basic psychosocial and emotional support with (Basic PSS Skills training).
- Include training on practical tips *on managing stress; good communication skills with older people, providing homebased care to most at risk isolated older people.*
- Offer support and guidance to caregivers to help them better cope with the demands of caring for older people during emergencies and also information on available services where they can access additional resources.

3.6 Collaborate with other organisations and agree referral pathways

- Check and update mapping and know what organisations are providing what support, including MHPSS, and how it can be accessed.
- Establish partnerships and develop clear referral pathways to ensure older people have access to a range of support services, including healthcare and social services including specialised care when needed.

- It's essential that staff and/or community volunteers know when, where and how to identify, refer, most at risk older people in need of specialised care.

3.7 Share important information with older people

- Share clear and accessible information about available support services and resources with older people and their caregivers using plain language and adapted to accommodate different needs, including those related to visual or auditory impairments, to ensure information reaches everyone.

3.8 Outreach support

- Through staff and/or community volunteers reach out to isolated older people including those living alone, those with a disability and/or those taking care of others who may have difficulty in meeting their basic needs and accessing essential services. Offer practical and emotional support through befriending, sharing information on services available and how to access them, provide support to meet basic needs and access essential services.
- Look at ways to link them with others in their community to lessen their isolation and build their independence.

3.9 Homebased care

- With information from needs assessments and from community members and/or volunteers, identify older people who are bed or house bound most at-risk isolated older people who meet the criteria for homebased care. Train staff and/or community volunteers on providing Homebased Care and its objective of improving the independence of most at risk older people. Make sure staff/community volunteers have access to the necessary tools, guidance, and training to provide Homebased care including identify older people needing Assistive Products. Also, build staff/community volunteers skills and knowledge to provide appropriate palliative care¹³, including MHPSS, for older people with life limiting health conditions and also ways they can share these skills with family members/care givers (where they are present).

3.10 Spiritual support¹⁴

- Many older people are deeply connected to their religion, faith, or spirituality. Therefore, it is important to support older people to continue to practice as it strengthens their sense of community, purpose, and reduces isolation. For example, a community volunteer could accompany the older people to a place of worship, be sensitive of fasting or times for prayer when scheduling activities, etc.

3.11 Support for caregivers wellbeing and coping ability

- As in any caring role, it is important that caregivers are supported so that they can continue to support to others. Therefore, look at ways to provide support including MHPSS to caregivers. For example, linking up caregivers with each other through small support groups and/or peer support, giving them information on other services that are available and where they can access additional resources.

3.12 Staff and volunteer wellbeing

- It is important to remember that many staff and community workers may be impacted by the emergency and have their own worries and concerns. Everyone reacts differently to stress, and many staff and community volunteers may experience burnout, vicarious distress, many will have been displaced and may have lost family members and friends. It's important that ongoing support is available for them. Steps that can be taken include:
 - Promote positive coping strategies and routine self-care by providing opportunities to staff and/or community volunteers to talk about their experiences at the end of the day (debriefings).
 - Ensure staff and volunteers have advice and guidance on how to cope with stress.
 - Peer to peer support – where more experienced staff/volunteer provide support and mentoring to those with less experience.

3.13 Monitoring and evaluation

- Engage with older people and community volunteers in ongoing M&E activities to identify changing needs, assess MHPSS outcomes and assess satisfaction.
- Conduct regular participatory reviews of M&E data to generate lessons learned and inform ongoing programme improvements.
- Consult IASC Common M&E Framework for MHPSS for guidance in the assessment, design, implementation and monitoring and evaluation (M&E) of MHPSS activities in humanitarian settings.
- Find out what aspects of the MHPSS programme are or are not working well for older women and men by triangulating information from caregivers and older people.

Key Minimum Actions - response phase	Links to helpful tools
<p>Coordination and assessment: Link with MHPSS coordination mechanisms and work with other organizations to ensure a unified response and collect SADD data including needs/MHPSS needs, risks and access to services.</p>	<ul style="list-style-type: none"> • IASC (2024) multisectoral MHPSS assessment toolkit • IASC MHPSS Minimum Service Package
<p>Engage older people and caregivers: Involve older people and caregivers in planning MHPSS activities.</p>	<ul style="list-style-type: none"> • HelpAge (2020): Psychosocial support for older people in the context of COVID • HelpAge (2012): Ensuring inclusion of older people in initial emergency needs assessments
<p>Community Safe Spaces & activities: With input from older people set up CSS where they can meet and join activities that build connections reduce isolation, promote their resilience and address psychological distress in culturally appropriate ways.</p>	<ul style="list-style-type: none"> • Ensuring Safe & Inclusive Spaces (Fhi360) • Tips on activities in CSS – social and recreational activities • Tips on setting up CSS for older people • Tips on peer support
<p>Outreach support including homebased care: Reach out to isolated older people with and without disabilities and offer practical and emotional support through befriending, help to meet basic needs, linking them with the community, and access essential services, to strengthen their independence.</p>	<ul style="list-style-type: none"> • HelpAge (2020): Psychosocial support for older people in the context of COVID • HelpAge Ukraine: Homebased Care through case management • PSS Guidelines HelpAge Lebanon (2023) Chapter 12 • HelpAge HOPE training Module 3: Health, community-based, Homebased Care

4. Minimum actions - recovery phase

During emergencies, there's an opportunity to enhance humanitarian assistance for older people by integrating MHPSS. Collaboration with local service providers is crucial to boost their capacity in delivering tailored MHPSS. It's essential to strengthen support mechanisms and ensure the integration of robust protection measures to safeguard the rights and wellbeing of older people throughout the crisis and beyond.

4.1 Advocacy and awareness

- Highlight the specific MHPSS needs, and protection risks of older people in different contexts (e.g., urban, rural, displaced populations) and advocate with local authorities and other service providers on the importance of ensuring older people have access to humanitarian support including MHPSS to enable them to rebuild and re-strengthen their social connections with the community.
- Advocate for inclusive humanitarian support, including MHPSS services, for older people. Stress the importance of addressing age-related barriers and ensuring inclusivity in service provision.
- Develop targeted advocacy campaigns to raise awareness among local authorities, NGOs, and other service providers about the unique MHPSS needs of older people.
- Create and distribute age-friendly information materials on available MHPSS services and how to access them.

4.2 Local community networks, resources and capacities

- Work with communities and older people to think about and plan ways to ensure the sustainability of the MHPSS activities beyond the immediate emergency response phase. Promote community ownership and participation in MHPSS initiatives, empowering local stakeholders to take the lead in addressing ongoing psychosocial needs.
- Identify local resources, capacities, and community networks that are capable of supporting ongoing MHPSS initiatives tailored to older people. Tap into existing community structures, such as community-based organisations and informal support networks to strengthen & ensure long term MHPSS support as needed.
- Encourage older people and community members to take ownership of MHPSS initiatives, fostering self-reliance and resilience-building efforts within their respective communities.
- Provide training and capacity-building support to older people and community leaders, enabling them to advocate for their own needs and mobilise community resources effectively.

4.3 Inclusive service provision¹⁵

- Advocate for the inclusion of older people in general MHPSS activities and ensure adaptations are made to accommodate their needs (e.g., accessible venues, appropriate timing, slower-paced activities).
- Promote intergenerational activities that foster social connections and mutual support between older people and younger generations.

4.4 Knowledge sharing

- Organise community meetings and interagency meetings to share lessons learned and best practices in providing MHPSS support to older people in humanitarian contexts.
- Document case studies and success stories to demonstrate the impact of inclusive MHPSS approaches.

4.5 Continuous improvement

- Establish inclusive ways for older people to provide feedback that can help inform and shape MHPSS activities according to their changing needs and preferences.
- Regularly review and update MHPSS approaches and plans based on learning, changing contexts and engagement with older people and their community to ensure continuing relevance and effectiveness.

- Conduct regular participatory evaluations involving older people to gather feedback on MHPSS activities and identify areas for improvement.

Key Minimum Actions – recovery phase	Links to helpful tools
<p>Advocacy and awareness: Work with local authorities and service providers to ensure older people have access to humanitarian support, including MHPSS. Address age-related barriers.</p>	<ul style="list-style-type: none"> • HelpAge Rights and Advocacy resources
<p>Local community resources and capacities: Tap into existing community structures to strengthen long-term MHPSS support. Encourage older people and community members to take ownership of initiatives.</p>	<ul style="list-style-type: none"> • IASC (2022) MHPSS Minimum Service Package
<p>Training and capacity building: Provide training and support to older people and community leaders to advocate for their needs and mobilise community resources effectively.</p>	<ul style="list-style-type: none"> • HelpAge (2023) Human Rights Training Toolkit

Resources

HelpAge and partner organisation resources

1. [HelpAge International \(2020\): Psychosocial support for older people in the context of COVID-19.](#)
2. [HelpAge Lebanon \(2023\): Psychosocial Support Guidelines for older people \(QUDRA 2: Resilience for refugees, IDPs, returnees and host community in response to the protracted Syrian and Iraqi Crises\).](#)
3. [HelpAge International \(2022\) Caregiver's Manual](#)
4. HelpAge Ukraine (2021): *Homebased Care through case management approach*
5. [HelpAge & REPSSI \(2012\): Psychosocial care and support for older carers of orphaned and vulnerable children: Policy Guidelines](#)
6. Convite A.C. and HelpAge International (2020): *Community-oriented and remote psychosocial support during the Covid-19 pandemic. Toolbox*
7. [HelpAge \(2022\): Bringing generations together for change: Learning from intergenerational approaches to address issues facing older and younger people](#)

External resources

1. [IASC \(2022\): MHPSS Minimum Service Package. IASC](#)
2. [IASC MHPSS Reference Group \(2021\): Living with the Times: a mental health and psychosocial support toolkit for older adults during the COVID-19 pandemic.](#)
3. IASC (2007): *Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings.* Geneva.
4. [CBM \(2023\): Community Mental Health Good Practice Guide: Inclusive Mental Health and Psychosocial Support \(MHPSS\) in Humanitarian Emergencies.](#)
5. [IFRC – PS Centre \(2017\): Caring for Volunteers – A psychosocial toolkit](#)
6. [CBM \(2021\): Community Mental Health Good Practice - Peer Support](#)
7. [IASC \(2024\): Information Note on Disability and Inclusion in MHPSS](#)
8. [IASC \(2021\): The Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings](#)

Annexes

Snapshots from HelpAge's humanitarian work with partners/Network Members

HelpAge Ukraine (2023-2024): Urgent support and protection for at risk older women and men in Eastern Ukraine during ongoing conflict.

In the context of the ongoing conflict in Ukraine, urgent support and protection were provided to at-risk older women and men through home visits and home-based care. Displaced older people, who often face isolation and significant hardships, reported that the regular visits from HelpAge's trained social care workers were invaluable in building meaningful, trusting relationships. These visits went beyond the provision of basic care, as they offered important emotional support, allowing older people to share their stories, interests, and experiences in a safe, caring environment.

The social care workers not only helped address the basic needs of older people but also played a vital role in reducing their sense of loneliness and isolation. Through consistent engagement, they created strong bonds that fostered a sense of belonging and community among older people who might otherwise feel forgotten. This link provided reassurance, reminding older people that they are cared for and valued, which significantly contributed to their overall emotional and mental wellbeing. These relationships became lifelines for many older people during challenging times, helping them maintain their dignity and sense of self-worth during the uncertainties of displacement and conflict.

Hope Revival Organization (HRO) NW Syria and HelpAge International (2023/2024): Response to Earthquake Türkiye and NW Syria (in February 2023).



HRO provided a range of MHPSS support to older people, with and without disabilities, as part of their NW Syria earthquake response, integrating these services with broader protection efforts. This included homebased care, awareness-raising sessions, and two earthquake support lines specifically targeting older individuals. Older women and men received protection and psychosocial support within their communities through face-to-face sessions covering topics such as health, nutrition, protection, legal matters, and emotional wellbeing. Unstructured PSS activities, such as group sessions and MHPSS education, addressed issues like depression, anxiety, sleep disturbances, self-care, sadness, and loss. Religious proverbs were used to ensure cultural relevance, and home visits provided personal care and social support to the most at-risk older people. Additionally, hotline services was activated to offer further access to support.

Two older people committees were also established, consisting of community leaders and trained on topics like protection, the rights of older people, Psychological First Aid (PFA), and medical first aid. These committees implemented community initiatives and played a key role in advocacy. Combining MHPSS and community engagement helps empower older people and enhance community resilience. Peer support sessions with project staff were also conducted by a technical supervisor, ensuring the wellbeing of those delivering services.

HelpAge Tanzania (2023): Support in Nduta refugee camp

HelpAge Tanzania in partnership with BMZ and UNHCR established a rehabilitation centre in the Nduta refugee camp in Tanzania to provide psychosocial support to refugees like Pili, a 61-year-old man from Burundi. Pili experienced significant distress, which affected his daily life. He described his memories as haunting and traumatic, leading to anxiety, depression, and thoughts of revenge. Life in the refugee camp offers little in terms of activities,



exacerbating the stress and trauma experienced by asylum seekers and refugees. The lack of engagement and support often leads to heightened mental health issues.

The centre offered a holistic approach to mental health and psychosocial support (MHPSS), addressing the mind, body, and spirit. Services included one to one counselling sessions to help people manage their distress and develop coping strategies, sports and games to engage the mind and body and provide a sense of normalcy and

relaxation, and age-friendly activities that catered to the needs of older people and helped manage their distress, anxiety, and depression. Pili shared that participating in these activities had significantly alleviated his emotional burden, allowing him to feel more relaxed and supported. Over 100 people from the camp benefited from these wide-ranging services, which aimed to help them reach their full potential.

Convite A.C. Venezuela & HelpAge International (2021): Contribute to improve health and protection of the most vulnerable populations, including prevention of the spread of COVID-19 in Venezuela.



In response to Venezuela's humanitarian crisis and the onset of the COVID-19 pandemic, Convite A.C. and HelpAge implemented a multi-layered, integrated community approach to support the most at-risk older people. This included outreach services such as homebased care and access to assistive products for older people with disabilities and those who were homebound. Additionally, remote MHPSS was offered through regular "wellbeing check-in" phone calls conducted by staff from the Outreach Teams. Over 100 older people were trained as 'Peer Supporters' to provide remote social and emotional support via daily or weekly phone calls to other older people, particularly those with disabilities who were

struggling with isolation. This peer-to-peer model not only addressed the immediate needs of vulnerable older people but also empowered the older volunteers by giving them a sense of purpose. The initiative was highly successful, with over 90% of recipients reporting improvements in safety, dignity, and independence. The support network also proved sustainable, continuing even after the project ended, underscoring the long-term benefits of peer support in crisis settings.

To further support the older Peer Volunteers during the pandemic in 2021, Convite organized weekly Zoom meetings. These sessions provided a platform for volunteers to connect, share experiences, and discuss challenges, such as grief management and family dynamics. Peer volunteers were encouraged to suggest topics and provide feedback, ensuring that the sessions remained relevant and responsive to their needs. This initiative not only helped improve the skills and confidence of the peer volunteers but also fostered a strong sense of community and collaboration, which significantly enhanced the quality of support provided to older people through the phone-based psychosocial support efforts.

Endnotes

¹ [WHO definition of Mental Health](#)

² [Inter-Agency Standing Committee \(IASC\) \(2007\). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings \(page 1\). Geneva.](#)

³ [Sphere Standards \(2018\)](#)

⁴ See IASC (2007) *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*

⁵ [IASC \(2022\): MHPSS Minimum Service Package; HelpAge International \(2020\): PSS guidelines \(during Covid\); IASC \(2007\): Guidelines on Mental Health and Psychosocial Support in Emergency Settings; HelpAge \(2011\): Psychosocial care & support for Older Carers of orphaned and vulnerable children: Programme guidelines](#)

⁶ <https://www.helpage.org/human-rights-toolkit/>

⁷ [Humanitarian Inclusion Standards](#) for older people and people with disabilities

⁸ [Tip Sheet \(2004\): The Inclusion and Participation of Older Women in GBViE Programs \(GBV AoR Helpdesk\)](#)

⁹ Conville A.C. and HelpAge International (2020): *Community-oriented and remote psychosocial support during the Covid-19 pandemic. Toolbox*

¹⁰ See IASC (2021) *The Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings*

¹¹ [Ensuring-inclusion-of-older-people-in-initial-emergency-needs-assessments.pdf \(helpage.org\)](#)

¹² CBM & HelpAge resources

¹³ [HelpAge Ukraine \(2024\): 'At home, even the walls help': Exploring the Palliative Care Needs, Experiences, Preferences and Hopes of Older People with Serious Illness in Ukraine](#)

¹⁴ [The Lutheran World Federation and Islamic Relief Worldwide \(2018\): A faith-sensitive approach in humanitarian response: Guidance on mental health and psychosocial programming](#)

¹⁵ [CBM \(2023\): Community Mental Health Good Practice Guide: Inclusive Mental Health and Psychosocial Support \(MHPSS\) in Humanitarian Emergencies.](#)

HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.

Mental Health & Psychosocial Support and older people in humanitarian crises

Good practice guide

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