PSYCHO-SOCIAL SUPPORT FOR CHILDREN

Background
The detrimental effect that the conflict in Ukraine has had on children is clearly visible. Symptoms reported by children include feelings of fear, problems with sleeping and concentration, bedwetting, loss of hair, avoidance behaviour, intrusive memories, hyperactivity and social isolation. These symptoms have been observed in the majority of children who have been directly affected by the conflict. One assessment indicated that in many cases these symptoms last more than six months after the incident that the child experienced, indicating they may have clinical Post Traumatic Syndrome (PTSD). Statistics from a major children’s hotline, which averages 4000 calls per month, show that more than 40% of the calls refer to issues concerning the mental health of children. Of particular concern is the increasing reference to suicidal thoughts among conflict-affected youth, especially those who have lost a parent. Most alarming is the situation of the approximately 400,000 children who are still left in the NGCA. These children are unable to access any psychosocial support following restrictions imposed by the de facto authorities. Organizations who have been able to interact directly with children in these areas describe an increase in aggressive behaviour, particularly amongst boys under twelve years of age.

At the same time, the conflict has severely weakened the protective environment for children in Ukraine, making them even further vulnerable to violence, abuse, exploitation and neglect. Some of these risks existed before but have been exacerbated by the conflict, for example, domestic violence and neglect, which both severely undermine children’s resilience to handle the effects of the conflict. Other risks are new, such as the presence of mines and UXOs, or recruitment of children to armed forces and armed groups. According to UNICEF, the following eight elements need to be in place to effectively strengthen protection and reduce vulnerability of children: 1) governmental commitment to fulfilling protection rights (including appropriate policies and budgets); 2) legislation and law enforcement; 3) attitudes, traditions, customs, behaviour and practices; 4) open discussion, including the engagement of media and civil society; 5) children’s life skills, knowledge and participation; 6) capacity of those in contact with the child; 7) basic and targeted services, and 8) monitoring and oversight. The effects of the conflict have in one way or another undermined all of these components.

Most people will experience a range of reactions after a stressful event. It is important to understand that these reactions are normal reactions to stressful situations, and not necessarily a sign that a person is suffering from a serious mental disorder or severe depression. We know from research that a majority of the population will be able to deal with their reactions with the aid of their own inherent resilience, and with external resources such as the support of their families, friends and community.

Children’s reactions to stress are different from those of adults and sometimes this difference is interpreted by adults as if children quickly forget and adapt. This is not the case, even though some children may not demonstrate their feelings in words. Children are vulnerable to crisis and stress, and need care and support from adults around them. It is therefore highly worrying that one survey of conflict-affected children in Ukraine showed that only one third of the children questioned reported that they had received sufficient support from adults to help them get over their experiences and one third of the children reported that they had not received any adult support at all.

The IASC MHPSS working group has developed an intervention pyramid to illustrate the different ways that psychosocial support can be provided. If the affected population receives adequate support for the first three levels in the pyramid, only a small percentage will experience long-term mental health problems, such as severe depression, anxiety disorders or PTSD. These persons will require specialized care by trained mental health professionals such as psychiatrists and specialized psychologists.

Definition of psychosocial support
The term ‘psychosocial’ denotes the inter-connection between psychological and social processes and the fact that each continually interacts with and influences the other. The IASC describes mental health and psychosocial support as ‘any type of local or outside support that protects and supports psychosocial wellbeing and/or prevent or treat mental health disorder.’

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Children who may cause harm to themselves or others, those with persistent signs of distress, depression, or anxiety.

Children who show normal signs of distress, requiring some support to return to pre-emergency behavior.

Children who need support and routine to re-establish mental wellbeing.

Children with high resilience, show normal signs of distress initially, find own way of coping, return to pre-emergency behaviour quickly.

Relationship with peers and family needs to be restored and social connections and interactions should be encouraged. Children may behave aggressively towards caregivers or other children, while at the same time clinging to their caregivers and showing signs of separation anxiety. There may be changes in behaviour, e.g. regression to the behaviour of younger children, such as bedwetting, thumb sucking, or not being able to sleep alone. This shows loss of trust and in such situations, stable and secure relationships are very important resources. As parents and other caregivers are under pressure at the same time, trying to deal with consequences of the conflict such as displacement, ensure a source of income, etc., it may be difficult for parents to react to their children in a supportive manner. However, many parents who have received training on psychosocial support expressed that when they understood why their children were behaving in a certain way, it was easier for them to react in an appropriate manner.

Following a stressful event, children need as much normality, play and fun as possible and to be given a chance to regain their feelings of trust and safety. Children’s grief is often abrupt and they may switch quickly from intense grief reactions to play and having fun. Almost all children play, even if they have gone through an intense crisis event. For this purpose, it is important to create safe spaces for children where they can play and come together. It is also important that children are provided with an opportunity to express grief and emotions.

The positive impact of psychosocial activities has already been documented in Ukraine. For example, one assessment conducted in the Luhansk and Donetsk areas, the level of children who demonstrated a high level of post-traumatic stress reactions decreased from 37% at the start of the program to 5.7% when it ended.

Mental healthcare by MH specialists (psychiatric, nurses, psychologists, psychiatrists, etc). CFS Referral to specialist services for diagnosis & support for those 6-8 weeks after emergency still not showing signs of improvement.

Psychological first aid, basic mental health care by primary healthcare doctors, referral activities in CF Spaces, basic emotional & practical support by community workers.

Promote and / or provide everyday activities such as schooling, activating social networks & communal traditional supports, supportive age-friendly spaces

Re-establish security, safety & basic services (water, food, shelter & health services) – advocacy for basic services that are safe, socially appropriate & protect dignity.

Key messages:

- Most people will experience a range of reactions after a stressful event and it is important to understand that these reactions are normal reactions to abnormal situations, and not necessarily a sign that a person is suffering from a serious mental disorder or severe depression.

- Children are best supported by keeping daily routines, going to school if possible, or participating in other regular activities. Restoring some kind of routine as soon as possible, such as maintaining eating and sleeping routines, is important.

- Even though most children are resilient, a crisis event can have longer lasting detrimental effects on children than on adults if they are not supported in a timely and appropriate manner.