



**REPORT ON 10 YEARS OF FIELDWORK AND RESEARCH
INTO MENTAL HEALTH AND CARE PRACTICES**



ACF, MENTAL HEALTH AND CARE PRACTICES: A BRIEF TIMELINE


1999

CONGO - BRAZZAVILLE: the field calls out to the organisation

ACF teams from Congo-Brazzaville working in nutrition centres are ill-at-ease what to do when confronted to people arriving straight from the bush and recounting recent stories full of murders, violence, fear and hunger: What can be done for this psychological suffering? How can they treat a patient who refuses to feed himself and take their medication? What response(s) can ACF give? How can we improve proposed services both during the emergency and in the aftermath?


2000-2001

RECRUITMENT OF THE FIRST PSYCHOLOGIST

In response to these questions, a psychologist's report is drawn up proposing the integration of mental health within **ACF along two axes:**

- **A thematic axis** which links mental health, child development and malnutrition, particularly through childcare practices.
- **A contextual axis** taking into account the psychosocial impact of the context (living in conflicts, post - conflicts and situation of extreme poverty) on populations and individuals.


2002-2004

AFGHANISTAN, SUDAN: pilot projects in two countries

In 2002, ACF positions itself as a pioneer and begins work on mental health and care practices in these programs fighting hunger. Two pilot projects are launched in two different contexts: Afghanistan and Sudan. Work focused on nutrition centres: reinforcement of careworker skills, improvement of the reception and relationship between careworkers and patients, taking into account the psychosocial element in the understanding and treatment of malnutrition, psychosocial stimulation of children suffering from severe malnutrition, parental guidance etc.

The initial results are encouraging: families appreciate careworkers' willingness to listen and consider them as partners in the care of their child and help them find solutions etc. Children that are motivated and taken care of social workers and activity leaders become more active, making surprising progress and developing skills. Eventually, medical workers are aware of care practices beyond the treatment of malnutrition.





2004

BURUNDI, NORTH CAUCASUS, SUDAN:

consolidation and diversification

Comforted by the impact in Sudan and Afghanistan, ACF decides to integrate mental health and care practices into its intervention panel. With the beginning of home malnutrition treatment, activities are redefined and deployed outside the centre at families' homes or in the community. Interventions, targeted particularly pregnant and breastfeeding women, also aim to prevent malnutrition and integrate a strong psychosocial element. Programs grow and diversify according to the country's needs.



2005

PAKISTAN, SRI LANKA:
emergency responses

Following the earthquake in Pakistan, ACF sets up its first tents for welcoming mothers and children under two. As the emergency develops, this program is refined and becomes known as the « Baby Friendly Tent ». Based on the model of the « Child Friendly Spaces », these places aim to offer a safe and secure place for parents and their very young children living in a situation of crisis and to support them regarding nutrition, as well as offering psychosocial and psychological help. Following the tsunami, a program of psychosocial and psychological care is proposed in camps in Sri Lanka through individual support, the use of traditional stories, plays about the rise in water levels, fear or alcoholism. At the same time, an intervention is set up in response to the « post disaster baby-boom » to enable parents to receive their newborns in the best possible conditions.



2008

MYANMAR, CENTRAL AFRICAN REPUBLIC:
from disaster prevention to resilience in situations of conflict

Following the Narjis cyclone in Myanmar, the Mental Health and Care Practices sector engages in preparation and risk management and sets up training in emergency psychological first aid. In Paoua in the Central African Republic, a mental health program, based on the concept of resilience is opened. It consists of strengthening skills and community protection mechanisms to confront collective trauma and regenerate revenue or recreate access to agricultural production. The beneficiaries are the villagers who had to hide in the bush to escape the violence.



2010

HAITI:

towards more holistic programs

In response to the needs of young adolescent mothers and their babies against a backdrop of stigmatisation and self-exclusion (a structural problem in Haiti), ACF launches a pilot project bringing together food safety, the livelihoods, and mental health and care practices. It consists of supporting adolescent mothers and their babies in a holistic approach: socio-professional integration, income generating activities, medical support, parenting support and child development support. The program is a success and is repeated elsewhere in the country.



2011

HAITI:

responses to epidemics

Following a cholera epidemic in the country and in particular in Haiti, the sectors of Water, Sanitation and Hygiene (WaSH) and Mental Health and Care Practices (MHCP) work together to prevent the spread of the epidemic. Workers in the psychosocial field and psychologists intervene with patients and their families, adapting the prevention messages to local cultural beliefs, motivating supervision groups for careworkers to receive patients suffering from cholera, setting up self-help groups in communities and fighting stigmatization.



2012

DJIBOUTI, SIERRA LEONE:
towards a new audience...

The MHCP and WaSH sectors collaborate to approach treatment practices in a holistic way. They support populations to develop new behaviours directly through school programs introducing best practices. They respond jointly in programs to combat cholera too.

INTERVENTION FRAMEWORK IN 2012 FOR THE SECTOR OF MENTAL HEALTH AND CARE PRACTICES

VULNERABILITY LEADING TO DEATH IN THE CONTEXT OF MALNUTRITION

TREATMENT OF MALNUTRITION

- Strengthen care practices in the treatment of malnutrition so as to increase their impact
- Strengthen national and local capacities in order to integrate care practices in the treatment of malnutrition
- Advocate and provide technical support for the integration of care practices in national protocol for the treatment of malnutrition
- Limit delays in child development linked to consequences of malnutrition
- Strengthen parenting skills and the caregiver-child relationship in order to reduce the risk of relapse and abandonment

VULNERABILITY LEADING TO DEATH IN EXCEPTIONAL CIRCUMSTANCES

EMERGENCY RESPONSES

- Offer psychosocial and psychological support to pregnant women and their children following a disaster or conflict
- Promote exclusive and continuous maternal breast-feeding and the principles of nourishment for young children
- Strengthen adequate care practices given to infants born after a catastrophe
- Support people in distress psychosocially and psychologically
- Strengthen resilience skills of populations
- Protect and support victims of epidemics and their families by reducing the impact of beliefs and stigmatization, and improving training for care teams
- Train medical and psychosocial care teams to be take care of beneficiaries from a psychosocial perspective
- Promote the integration of psychosocial recommendations in humanitarian intervention

DISASTER RISK PREVENTION AND MANAGEMENT

- Give holistic support to women who are pregnant and breast-feeding, mothers of children under 5 and their family circles within the community
- Promote care practices adapted especially around the feeding of infant and young children
- Enhance psychosocial community resources through family support
- Support young adolescent mothers and their children in a holistic way
- Give psychosocial support to pregnant women affected by HIV/AIDS or mothers with children under 5 fighting against the stigmatization of the community
- Strengthen the capacities of local and national structures to support the prevention of malnutrition
- Increase awareness of care practices in schools
- Forestall premature pregnancies
- Train professionals in psychosocial care, child development and/or breast-feeding

RISK MANAGEMENT AND MANAGEMENT OF DISASTERS

- Contribute to the development of contingency plans including psychosocial and psychological aspects and care practices
- Increase resilience skills of people living in risk areas to deal with individual and community-level impacts
- Give psychological first-aid training
- Train local emergency response teams in the prevention and management of psychosocial risks

THE SIX OBJECTIVES COVERED BY MENTAL HEALTH AND CARE PRACTICES (MHCP)



1. IMPROVE THE PREVENTION OF MALNUTRITION by strengthening care practices and providing support in changing those practices.

Inadequate child care practices are a risk factor for malnutrition. ACF supports a change toward more suitable practices, helping beneficiaries to find solutions to the problems in their daily lives that can hinder these good practices. How, for example, can a mother arrange to care for her children when she alone provides for their needs and must work outside the home all day? The interventions aim to reinforce practices that are beneficial to children's health. The approach is based on local practices (Does the child eat alone, or does he/she share from a family plate despite lacking the psychomotor skills to get enough to eat before others have cleared the plates?) and includes a relationship centered on the seek of patient wellness.

2. PREVENT THE DETERIORATION OF CHILDCARE PRACTICES in crisis situations.

The crisis situations in which ACF intervenes cause social, familial, and individual crises that contribute to the degradation of care practices. Psychological and psychosocial interventions help to minimize the impact of these upheavals on social and individual health and to contribute to upholding protective care practices for the child. In other contexts (notably post-crisis and reconstruction), socioeconomic changes or urbanization can lead to new ways of living, contributing to a radical change in care practices; in that case, it deals with the support families through these transitions and working with high-risk groups to increase awareness of the possible consequences of these changes in practice.

3. IMPROVE TREATMENT and limit the negative consequences of malnutrition on the health of the child.

Malnutrition, whether acute, chronic, or linked to micronutrient deficiencies, can:

- Have irremediable negative consequences on intellectual development that carry on into adolescence and lead to difficulty in finding skilled work as an adult.
- Play upon the ability of the maternal environment to care for and respond to the needs of children in an adequate and sufficient manner, leading to weakened social and affective ties.

The MHCP programs aim to:

- Improve patient reception and the provider-patient relationship in order to promote a holistic approach to the patient, assuring his/her well-being.
- Support and stimulate the child, both directly and indirectly through the reinforcement of parenting skills, in order to limit developmental delays linked to malnutrition and potential deficiencies in the environment.
- Provide parenting guidance and strengthen the parent-child relationship.

4. PROVIDE PSYCHOLOGICAL SUPPORT TO POPULATIONS during or after the event of natural disasters and conflicts.

In these situations, ACF evaluates psychosocial needs in coordination with other involved organizations and develops psychological and psychosocial support activities. MHCP's approach is also involved in disaster risk reduction programs through the training of teams and individuals to act as intermediaries in the community, by establishing or directing people toward natural disaster support networks, through upstream coordination with governments and other actors, through the development of a contingency plan, etc.

ACF is a member of the IASC (Inter Agency Standing Committee) on "psychosocial support in emergency settings." This group has developed a manual of recommended best practices in emergency situations for all humanitarian actors, regardless of their field of expertise.

5. STRENGTHEN THE QUALITY of ACF programs.

Other technical programs or thematic fields in ACF can be supplemented by mental health or care practices activities, according to identified needs. For example, HIV prevention is efficient only if stigmatization, the mechanisms of individual resistance to notification of a diagnosis, and the consequences of such notification on choices such as breastfeeding are taken into consideration. In this area, a psychological, anthropological, and social approach is an indispensable complement to treatment. In addition, individuals affected by HIV/AIDS are at a higher risk for mental health problems, which can in turn affect overall health. This type of complete care is replicated in cases of cholera epidemics, developing an illness-specific approach to support the beneficiary in his/her struggle to survive and return home.

6. IMPROVE UNDERSTANDING OF THE CONTEXT, integrating psychological and social impacts in our analysis, and adapt our programs in the most suitable manner in order to strengthen coping adaptation mechanisms without further dismantling the familial and social environment.

The contexts of natural disasters, conflicts, extreme poverty, discrimination, and violence lead to displacement of populations, the loss of familiar environments, changes in family structure, and personal psychological impact. Deprivation, material damages, current living conditions, and assistance also have an influence at different levels (society, group, family, individual). These effects of the situation on the group, the family, and the individual are to be taken into consideration at the time of analysis of the humanitarian situation and must be included in defining and designing the methods used by humanitarian programs.

For this reason, we are particularly vigilant regarding:

- The situation that existed prior to the crisis
- The type of crisis, its duration, and its immediate consequences
- Living conditions following the catastrophe, their evaluations and repercussions
- Existing resources in the community

TECHNICAL DEVELOPMENT AND OPERATIONALS RESEARCH

For ACF, technical development and operations research aims to serve the function in the service of fieldwork. They must allow for strategic technical choices based on the most recent scientific and technical data in order to optimize the interventions and their impact. In areas where there are only a few available references, or contradictory references, ACF may be required to lead its own studies or research.



CHILD DEVELOPMENT AND UNDER-NUTRITION.

Under-nutrition often leads to delayed development, although it is difficult to isolate its role, as it often occurs in a broader context of deprivation or even neglect that themselves have an impact on child development. The MHCP sector therefore seeks, through its initiatives, to limit delayed development due to malnutrition (and to measure the impact of it) and also to intervene as early as possible to improve the child care environment, enhance child development and reduce the risk of malnutrition related to a deprived environment. Maternal mental health is an essential aspect to consider, since research emphasizes its effect on the development, growth and nutritional status of the child.

Several themes point out the link between child development and under-nutrition:

→ How to measure child development in the context of ACF initiatives within the framework of malnutrition?

In fact, there are not necessarily any standardized tools that are quick and easy to use for measuring child development in the countries where ACF intervenes. In addition, severe acute malnutrition causes regression in children development. This question of using a consistent assessment is important both for measuring the impact of our child development programs and for identifying children who are most in need of psychosocial stimulation when it is impossible to take care of everything.

→ Using « *Walking Figures* » to assess child development in the areas of ACF initiatives (2006/2013).

→ Research on the fate of severely malnourished children:

there is very little information on the fate of children after an episode of severe acute malnutrition. What happens to them, how do they develop, what are the long term consequences? Also, what are the initiatives to mitigate the effects of this episode of malnutrition in the short, medium and long term?



MENTAL HEALTH, CARE PRACTICES, CHILD DEVELOPMENT, AND THE FIGHT AGAINST HUNGER.

While certain international guides drew a connection between child care practices and undernutrition, when ACF launched its operational activities in 2002, few organizations had interventions of this type in place in the field. Therefore, a first line of technical development and research consisted in identifying and demonstrating the connections between mental health, care practices, child development, and malnutrition, and promoting interventions that incorporate these different components.

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- Bizouerne, C.: *Taking care on mental health within ACF ; humanization of the program integrating anthropological and psychosocial dimensions in to the fight against hunger*, 2001 (versions in French and English).
- Bizouerne, C.: *Il est temps d'intégrer la santé mentale dans les programs nutritionnels d'urgence*, in *Action Contre la Faim, Géopolitique de la faim - faim et responsabilités*, PUF, 2004, pages 205 – 215.

→ **Study with children** who have experienced an episode of acute malnutrition during the previous 6 to 12 months, Afghanistan, 2004/2005.

→ **Research on the fate of severely malnourished children:** This research aims to follow a group of children after recovery from an episode of acute malnutrition and to compare their development and nutritional state according to whether they received a psychosocial intervention in addition to medico-nutritional treatment or not, 2010/2016.

→ **Integration of care practices and psychosocial stimulation in the treatment of severe acute malnutrition.**

This component consists of developing approaches and tools to operationalize care practices in the treatment of severe acute malnutrition. It requires constant adaptation based on the evolution of the treatment of malnutrition (from being taken care of in a hospital environment to treatment at home, and integration into the health services base). It also involves measuring the impact of different approaches to determine the most effective and least expensive.

→ **Study on the impact of the implementation of a psychosocial component in the management of severely malnourished children,** Afghanistan, 2002/2007.



PSYCHOLOGICAL AND SOCIAL CAUSES OF UNDER-NUTRITION AND PREVENTION PROGRAMS.

A major problem is to understand what leads to an episode of malnutrition so as to better prevent it. The works of anthropologists and psychologists in particular show the importance of psychosocial factors in the risk of malnutrition. How do we better learn and understand the psychosocial risk factors in a particular context? Also, what kind of programs are effective in preventing malnutrition? How do we support the support of behavior changes?

→ Study in Sudan on **familial reorganizations and care practices**, 2002/2003.

→ Study on **the impact of the prevention program in MHCP with pregnant and lactating women**, Bangladesh, 2012/2013 (in collaboration with ICCDR-B).

→ Contribution to the **research on a methodology of the causes of malnutrition** (NCA), 2010/2013.

→ Contribution to the **research on the impact on malnutrition of a familial prevention support program**, 2011/2015.

→ Study on **maternal depression and malnutrition**, 2012/2015.

PUBLICATIONS

- ACF: *Manual of the integration of care practices in nutritional programs*, 2006.
- Bardiot, A.: *What is the contribution to the use of a motor indicator tool in nutritional programs in a context of endemic poverty?*, Thesis in Development, psychopathology and psychoanalysis, Transcultural Clinic, 2009, University of Paris 8, 82p.
- Bizouerne, C.: Chapter 8, *psychosocial aspect of malnutrition management, Management of Acute Malnutrition in Infants project, technical review: current evidence policies, practices and program outcome (MAMI)*, endorsed by ACF, ENN, London School of Hygiene & Tropical Medicine, UCL, 2010.

CONTRIBUTIONS

- ACF, CARE USA, ENN, IBFAN, Linkages, OMS, PAM, UNICEF, UNHCR, TDH: *Feeding children in emergencies (Module 2 Version 1.1)*, 2007.
- WHO: *Mental Health and Psychosocial Well-Being among Children in Severe Food Shortage Situations*, 2006.
- UNICEF, WHO: *Integrating Early Childhood Development (ECD) activities into Nutrition Programs in Emergencies. Why, What and How*, 2012.

CD-ROM

- ACF *Self-study module on child care practices*, 2006.

PUBLICATIONS

- ACF: *Methodology on family support (to be published in 2013)*.
- ACF: *Support change in behavior (to be published in 2013)*.
- ACF: *Guidelines on care practices (info nut 8)*, 2005.
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- Bizouerne, C., Wilkinson, C.: *Babies in the turmoil of war and famine*, in Szejer, Myriam (edited by), *The Art of Infant Feeding*, Albin Michel, 288p.





LACK OF BREAST MILK AND INFANTS OF LESS THAN 6 MONTHS.

Infants and very young children are often a forgotten group in emergency situations and/or in the management of acute malnutrition. And yet, they are particularly at risk because of their immaturity and their dependence on adults to survive. This problem emerged especially in Afghanistan in the early 2000s when about 40% of the severely malnourished children treated in feeding centers were less than 6 months old. Their mothers explained that the malnutrition was due to their lack of milk. ACF has therefore taken up this matter on several levels: what treatment to give to severely malnourished children under 6 months of age? How to stimulate maternal re-lactation? How to measure the breastfeeding ability of the mother? How to prevent malnutrition in this age group? How best to support pregnant women and nursing mothers regarding breastfeeding? To address these issues, ACF participates in the «Infant Feeding in Emergencies» Group and contributes to various research projects while leading support programs for pregnant women, nursing mothers and young children in various countries.

- Research on the relationship between maternal mental health, lack of milk and severe acute malnutrition, Afghanistan, 2002/2008.
- Comparative study on treatment practices and maternal mental health among mothers of malnourished children and mothers of non-malnourished children, Afghanistan, 2005/2006.
- Research on the management of acute malnutrition in infants, 2008/2010 (in collaboration with the University College of London (UCL) and the Emergency Nutrition Network (ENN)).
- Study on an evaluation test of breastfeeding, 2012/2014.

PUBLICATIONS

- ACF: *Holistic Approach for Pregnant, Lactating Women and their children in Emergency (Baby friendly Tents), Guidelines, (to be published in 2013).*
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CD-ROM

- ACF: *Self-study module on breastfeeding, 2006*



MANAGEMENT OF PSYCHOSOCIAL AND PSYCHOLOGICAL DISASTERS, CONFLICTS AND EPIDEMICS.

ACF intervenes in emergency situations. How, in these contexts, do we assess the mental health needs (the expression of which we know varies culturally) and child care practices requirements? How do we ensure that humanitarian aid does not add to the upheavals of the crisis and is not deconstructive? Since 2007, the MHCP sector has participated with the IASC Reference Group on psychosocial matters in emergencies and promotes the integration of psychosocial recommendations in all technical areas.

- Study on methodologies of the evaluation of care practices and mental health in emergency settings, 2010/2013.

PUBLICATIONS

- ACF: *Manual of evaluation of emergency mental health and care (to be published in 2013).*
- ACF: *The psychosocial impact of humanitarian crises: better understanding for initiatives. (to be published at the end of 2012).*
- ACF: *Policy cholera positioning paper, 2012.*

CONTRIBUTIONS

- IASC: *Guidelines on Mental Health and Psychosocial Support in emergency settings, 2007.*
- OMS: *Psychological first aid: Guidelines for field workers, 2012.*



CHALLENGES FOR THE COMING YEARS



10 YEARS IN FIGURES

10 YEARS ON THE FIELD

- **More than 70** psychologists, psychiatrists, psychomotors
- **More than 100** local employees psychologist and social worker
- **4** psychologist in ACF France head quarter
- **22** countries
 - Asia: Afghanistan, Bangladesh, Myanmar, Indonesia, Nepal, Pakistan, Philippines, Sri Lanka
 - Africa: Burundi, Djibouti, Ethiopia, Liberia, Madagascar, Niger, Central African Republic, Sierra Leone, Somalia, Sudan, Chad
 - America: Haiti
 - Europa: North-Caucasus
- **More than 60** programs developed in the worldwide



10 YEARS OF TECHNICAL DEVELOPMENT AND RESEARCH

- **More than 50** field visits with recommendations left
- **5** masters, **1** doctoral thesis
- **7** workshops with or without other sectors from ACF (Khartoum, Dourdan, Uganda, Paris, Ile de Ré, Miramas...)
- **13** researches including 7 on going
- **More than 15** articles published and external communication
- **6** technical documents, 3 to be published in 2013
- **2** CD Rom e learning: care practices and breastfeeding practices
- **1** reference book published: «History of psychologist, history of care»

Donors have repeatedly put their trust in us. Thanks to them, thousands of children and their families have benefited from the programs we have put in place throughout the world.

Thanks to AECID, BPRM, CIAA, Swiss Cooperation, Dfid, ECHO, EuropeAid, FCA (Norway), Agnès b Foundation, Elle Foundation, IOM, Dutch Ministry of Foreign Affairs, French Ministry of Foreign Affairs, Afghan Ministry of Public Health, OFDA, SIDA, UBS, UNICEF, UNHCR...

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Design graphic: Céline Beuvin - Cover copyright: © ACF - Bangladesh, Sadeque Rahman Saed
Printed in november 2012 by Cap Impression, 9 rue Salvador Allende – Z.I. des Glaises, 91140 Palaiseau
Recycled paper Cyclus Print - Legal registration: November 2012

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