Psychosocial support in the midst of the 2012 Mali crisis: a rapid overview of the current situation

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After military officers deposed the president of Mali in March 2012, rebels seized control of the northern parts of the country, and declared independence. The resulting political instability and insecurity in northern Mali has led to mass displacement of the population to the southern parts of the country. Local and international agencies have agreed to work together to develop a coherent and pragmatic psychosocial response to the crisis. Since June 2012, a group of Malian psychosocial professionals meet regularly to coordinate this immediate response. They have established a psychosocial task force, started to map and organise activities to assist affected people, and to strengthen the local capacity of other helpers. The authors highlight the importance of building on local expertise in order to develop appropriate and sustainable mental health and psychosocial support services in response the current crisis in Mali.

Keywords: coordination, local capacity, Mali, psychosocial support

Background

Usually, articles regarding emergencies are published in professional journals long after the crisis has occurred. The authors of this report are a group of psychosocial professionals working in Mali, involved in aid response to the current humanitarian crisis there. It is an unusual decision to report on our work in the midst of an evolving emergency. This has been done for two reasons: 1) it will offer a baseline early in the crisis, and may therefore facilitate any follow-up and evaluation; and 2) perhaps it will draw the attention of aid organisations, and professional and financial donors to the actual needs of the people in the country.

This report is the result of a two-step process. The first involved a workshop on mental health and psychosocial support organised in Bamako, the capital of Mali, in June 2012. The second step revolves around outcomes of a questionnaire, focusing on field impressions of local experts, with data collected in July 2012. The initial draft was submitted to a psychosocial task force, established in June during the workshop, and reviewed by its members during a meeting in July. The final revision occurred early in August 2012. This is a testimony to the motivation that has emerged during the emergencies in Mali. It also reflects the importance of an efficient coordination mechanism, where duplication is avoided, and different skills and local expertise are used in an efficient manner.

The occurrence of psychosocial stress in the humanitarian crisis in Mali

An inconclusive military coup, in a climate of progressive loss of control over the north of Mali, led to a significant advance of rebels

into the north. The country is now effectively split in two. The south is facing a significant displacement of populations fleeing from north, while the areas around Tombouctou, Gao, and Kidal in the north are under rebel control. Overall, the crisis has displaced approximately 400,000 Malians, with more than 200,000 fleeing to neighbouring countries, and a minimum of 166,000 displaced inside Mali. United Nations Commissioner for Refugees (UNHCR) figures indicate that an estimated 64% of the displaced population are in the north, while 36% are in the south. Host families accommodate most of the displaced people in the south, while others have either established their own shelters, or settled in public places. The main displacement sites in the south are: Mopti, Bamako, Segou, Sikassou, and Koulikoro.

Both the host and displaced populations are suffering as a result of these developments. One of the main observations in the field is that forced displacement has created a different way of thinking in both the displaced and host communities. Indeed, both populations now only focus on the present. They appear to be reluctant to talk about the recent past, and unable to think clearly about the future. Local key informants observe significant levels of stress in children, women and heads of families. Anxiety, despair and fear, combined with a lack of clarity for the future, as well as fear that the situation is worsening within a dire economic context, have all significantly affected mental health. On a daily basis, field workers are faced with questions such as; '*why does the state, or other countries, not come to help us to liberate our brothers in the north*' or '*why is the army is not talking to us more?*' Field workers report that populations have '*their hearts full of bitterness and sadness*', and that a mix of shame and sometimes even hatred, is often translated into violent acts. Anxiety is present from mild to very high levels. Mothers can be extremely anxious as often they are separated from one or more of their children when fleeing to the south. They fear something terrible has happened, but there is nothing they can do as they must take care of the rest of the family.

Psychosocial support

Many agencies have responded to the crisis by establishing, or strengthening, psychosocial support activities. The current psychosocial response includes a large variety of activities targeting children and adults, including group talks, recreational activities, and art and sport based activities. For example, '*causeries*' (e.g. discussions) with children are organised, based on what they hear on the radio, or on the streets. Experts reports that they are impressed by the knowledge young children have accumulated on the crisis, and their sensitivity to the ongoing changes in the country. However, they often try to express this knowledge and sensitivity through anger. As a result, field workers try to redirect this anger in a more positive direction. For example, one of the activities was for children in the south to make drawings for the children of the north, with messages of support and encouragement. Sometimes interventions can be very practical and simple: one worker explained how they managed to locate a separated child and organised a phone call with his mother. Later that week, they were reunited. In this case, a simple phone call brought instant relief to both the mother and the child, and was therefore a significant psychosocial intervention.

Challenges in coordination and overcoming them

Major challenges in establishing psychosocial support in the midst of the crisis have

been the lack of coordination mechanisms among mental health and psychosocial response organisations, and the difficulty for field workers to fully grasp the concept of psychosocial support and related activities. In order to face these challenges, local and international agencies agreed to work together to develop a coherent and pragmatic psychosocial response. With the support of the country office of the United Nations Children's Fund (UNICEF), Mali psychosocial actors gathered in Bamako in June 2012 and agreed to take the following actions:

- Establish a psychosocial task force
- Carry out initial mapping of activities
- Reinforce capacity of mental health and psychosocial support concepts for local experts
- Develop capacity of psychological first aid for local experts

The task force meets regularly in Bamako in order to coordinate and strengthen the overall response. Recent activities of the task force have included: adjustment of a recreational kit for children, the adaptation/development of psychosocial culturally sensitive messages, and design of printed materials. Another major step is the initial development of a common plan of action regarding the psychosocial response, with the significant input of local actors. The aim is to establish a common framework for psychosocial intervention for short, mid and long terms. To facilitate exchange of information between all actors, directly or indirectly involved, an internet based group has been established (www.mhpss.net).

However, many needs remain. These needs include: additional capacity development, better monitoring and ongoing coaching of MHPSS actors, development of inter-agency projects, and an increase of human resource capacity, particular in the north, where psychosocial support to children through recreational activities has recently started.

An additional challenge was that much of the directly affected population could not be reached, as the north was inaccessible for many psychosocial organisations. Therefore, activities focused on assisting people who had fled to the south. Other challenges include a lack of human resources involved in the overall psychosocial response, and the insufficient numbers of specialised structures to deal with individuals who have complex mental health problems. The major challenges, in establishing the psychosocial support in the midst of the crisis, were the lack of coordination mechanisms amongst organisations involved in mental health and psychosocial response, and the difficulty encountered by field workers trying to fully grasp the concept of psychosocial support and related activities. This may lead to a lack of synergy between the different sectors, despite the United Nations coordination system for humanitarian assistance (the '*cluster system*') that is now operational in Mali.

Conclusions

The crisis in Mali is far from over. Even if, as many people in Mali believe and hope, a solution is near, the effects of the crisis will persist for a long time. The authors expect that long term displacement may have significant effects on the psychological well-being of the population. Moreover, it is feared that the relations between host and displaced populations will deteriorate. Psychosocial activities are being established to prevent further complications, but the current situation is fragile, considering the limited resources of local agencies involved

in psychosocial support. The authors believe it is essential to continue to strengthen the capacities of field workers, especially in non specialised activities, maintain the existing psychosocial coordination mechanism and harmonise activities to avoid duplications. Priority actions include, but are not limited to: the dissemination of psychosocial support information among the population, investment in the existing mental health system, and deployment of community based, psychosocial activities in the north of the country, as soon as it becomes fully accessible again.

This article is a testimony to the fact that Malian MHPSS workers are not only eager to help alleviate the suffering of their brothers and sisters, but are also able to efficiently organise the psychosocial response, despite limited resources. We believe that a sustainable MHPSS response can only be realised through capitalising on local knowledge and expertise.

Disclaimer: This field report contains the views of the authors and does not necessarily represent the views of the organisations where they work.

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