

THE ROLE OF MENTAL AND PSYCHOSOCIAL WELLBEING AND SUPPORT IN HOUSEHOLD RESILIENCE IN SOMALIA

Research Brief: Somalia Resilience Population Measurement (RPM) Activity

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While famine in Somalia has been averted during the first quarter of 2023, 6.5 million people are still need humanitarian assistance.\(^1\) Moreover, a sixth consecutive rainy season with below average rainfall is expected, and the risk of famine (Integrated Phase Classification (IPC) Phase 5) remains possible. The global community must take urgent action to protect communities on the frontline of the global climate crisis and help them to be more resilient in the face of worsening climate shocks.

The Somalia Resilience Population Measurement (RPM Activity conducted a qualitative and quantitative study to understand if and how households are coping during the ongoing drought. RPM is a five-year USAID-funded project coordinated and co-implemented by Mercy Corps. Through a five-year panel survey and recurrent monitoring survey (RMS), the project seeks to improve upon current resilience measurement approaches in order to inform program adaptation and better decision-making. In this first round of the RMS, the research team focused on agro-pastoral households living in select geographics zones (livelihood zones 15 & 16²), as they are the most severely affected by the drought.

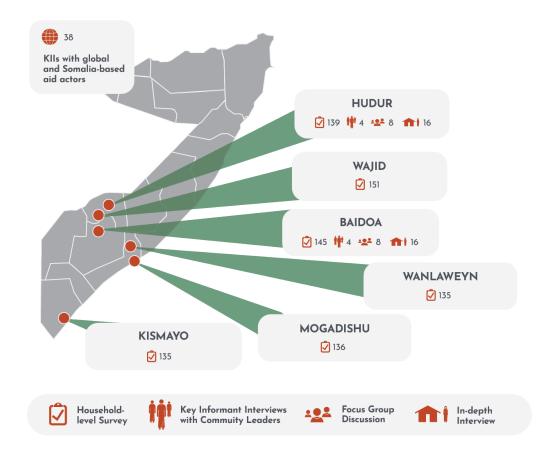
WHAT CAN WE DO?

Early research suggests strong links between psychosocial factors, such as optimism, commitment to hard work (e.g. a sense of self-efficacy and future-oriented thinking), social connections, and seeking comfort in religion and spirituality and resilience.³ Conversations with global and local aid actors, community leaders, and program participants in Soma-

¹ Meaning Integrated Phase Classification (IPC) Phase 3) or worse; FEWS NET (2023).

² A livelihood zone is an area within which people share broadly the same pattern of livelihood, including options for obtaining food and income and market opportunities. See <u>FEWS NET Somalia Livelihood Zone Map.</u>

³ Béné et al. (2019); Béné et al. (2016); USAID (2018); Collins, Matthews, & Gottschalk (2022); Frankenberger (2017).



lia helped inform vital shortterm strategies that account for psychosocial factors to address the immediate impacts of the drought, as well as long-term programming to strengthen household resilience.

Invest in and develop locally-relevant mental health and psychosocial support (MHPSS) interventions that are focused on reinforcing key sources of support within communities, such as local and religious leaders.

Given the acute nature of the current crisis, aid actors should identify and partner with key sources of psychosocial support within communities. This can include partnering with

local and religious leaders and community health workers to invest and train them in evidence-based approaches, such as psychological first aid, for example, and work with them to adapt and refine such approaches to ensure that they are contextually relevant to the needs of communities.

Design resilience activities to include components that bolster the psychosocial factors contributing to resilience, including informal support networks and social connections.

Activities that establish and support group-based forums, such as self-help groups or Village Savings and Loans Associations (VSLAs), provide an entry point and opportunity for aid actors to maximize on the psychosocial benefits they provide. This recommendation is echoed by early evidence from two of Mercy Corps' economic recovery interventions in Northeast Nigeria, which found that a combination of livelihood-support and economic collectives such as VSLAs helped develop financial and social sources of resilience.⁴

Research Priorities

The protracted nature of the drought combined with several decades of compounding shocks have had significant implications for the psychosocial wellbeing of households. Some estimates suggest that as many as one in three Somalis are struggling with some form of mental illness, with only three psychiatrists serving a population of nearly 16 million. Key informants described increasing levels of sadness, depression, disturbed sleep or lack of sleep, and anxiety and worry about the future among individuals. This initial round of qualitative data collection of the RMS consisted of interviews and focus groups and informed the design of a quantitative field survey. The research was guided by an initial set of learning questions that examined the role of psychosocial support in household resilience in coping with the current drought.

⁴ Krishnan, V. (2021). Role of Markets in Strengthening Social Resilience Capacities in Northeast Nigeria. Produced by Mercy Corps as part of the Resilience Evaluation, Analysis and Learning (REAL) Associate Award.

- 1. What are some of the main psychosocial determinants of household resilience against shocks?
- 2. In what ways is the current crisis affecting the mental health and psychosocial well-being of shock-affected households?
- 3. What are some of the main barriers towards mental health and psychosocial support (MHPSS) services in Somalia? In what ways can MHPSS activities be incorporated into resilience and drought-response activities?

What Did We Learn?

While the literature on psychosocial factors and resilience remains nascent, some research suggests that failure to account for psychosocial factors in resilience programming may end up blunting the impact for program participants and undermine investments.⁶ While much of the research has focused largely on externally defined factors, it nonetheless provides a promising opportunity to develop more holistic activities that address both the objective and subjective factors that contribute to resilience. Participants highlighted a number of psychosocial capacities that helped them cope and develop a sense of purpose and engaging in meaning making during difficult circumstances. This ultimately helped reinforce the role of community and social connections as well as their internal locus of control. Another key finding is that community and religious leaders were a key source of emotional support for many. Their in-depth knowledge of their communities and capacity to mobilize resources and social support often meant that these leaders were decisive when it came to a households' ability to cope.

"At a time when I lacked food for my kids and lost half of my livestock and farm, I nearly went crazy because I was thinking non-stop every day. I stopped communicating with others and remained home alone. That is when the village sheikh and friends began coming to my house regularly, encouraging me to stay strong and providing me with some of the resources...From then on, it is hard for me to have a broken heart."

-Male FGD participant, Morshinile IDP camp, July 2022

The quantitative survey revealed that the majority of households reported multiple mental health challenges, such as sadness (72%), feeling overwhelmed/constantly worrying (59%) and inability to cope with stressful events (51%). There is broad agreement that these problems have worsened personally and communally and that they are exacerbated by drought conditions. The survey found moderate awareness of sources of support for mental health distress (53%), and that most respondents favorably viewed the potential of NGOs in mental health programming. Nevertheless, there are high levels of personal hesitation around receiving help (75%) due to fear of judgment and material consequences (i.e. negative impacts on livelihoods). These challenges should be taken into account when considering MHPSS programming.

Furthermore the qualitative research drew out more nuanced findings below.

- While participants described increases in stress, anguish, and isolation, with their struggle and/or inability to provide for their children and household contributing to a heightened sense of guilt and anxiety, they also highlighted the psychosocial capacities that helped them cope. These capacities included optimism, commitment to hard work (e.g. a sense of self-efficacy and future-oriented thinking), social connections, and seeking comfort in religion and spirituality. These capacities helped them to engage in meaning making regarding their current circumstances and reinforced the role of community and social connections.
- Social connections in particular proved to be an important source of emotional support and resilience, with participants describing a strong sense of solidarity within their community that extended beyond exchanging tangible support. This sense of solidarity was especially prevalent in agro-pastoral sites where households were linked by their livelihood activities and among those who had been living in IDP camps for some time and had developed strong networks.

Future rounds of data collection will more closely examine the specific psychosocial factors that religion and spirituality cultivate within households and communities for possible linkages to resilience. This may shift our understanding of the links between psychosocial wellbeing and resilience, encouraging practitioners to apply a more relational rather than individual lens when designing and implementing programming. As these initial rounds of data collection and analysis and other research has demonstrated, individual and household resilience is inextricably linked with the resilience of the broader community and informal support networks.

CONTACT INFORMATION

Jaafarsadiq Hassan Mohamed Chief of Party Email: <u>imohamed@mercycorps.org</u> Phone: +252 614 773 332

PHOTO CREDIT

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