



# COPING DURING DISPLACEMENT

Integrating Mental Health  
and Psychosocial Support in  
Refugee Assistance Programs

Refugees participate in stress-relief activities provided by JRS and partners.



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# INTRODUCTION

## COPING DURING DISPLACEMENT



**JRS Jordan hosts a ceremony for its Protection and Psychosocial Support program.**

In the wake of the devastating impacts of the COVID-19 pandemic and global crises including those in Afghanistan, Myanmar, Syria, and Ukraine, the percentage of people considered to be displaced or hold refugee status has surged. The UN Refugee Agency (UNHCR) estimates that in 2023, 117.2 million people will be forcibly displaced or stateless.<sup>1</sup> This figure reflects a 14 percent increase from 2022 alone.

With these staggering numbers, there is a crucial need for refugee support services that address trauma and support long-term well-being. As refugees cope with daily stressors of displacement, adapt to their new circumstances, and process the experiences that led them to flee their homes, many may benefit from additional psychological and social support services, often referred to as MHPSS. Mental health and psychosocial support (MHPSS) is a composite term that refers to both protecting and promoting psychosocial well-being, as well as treating or preventing longer-term mental health conditions.<sup>2</sup>

In emergency contexts, MHPSS needs can often be diverse and varied, as they may include pre-existing issues such as poverty, marginalization, gender-based violence, and psychological problems, as well as emergency-induced problems including the social challenges of isolation and lack of protection, and new psychological conditions such as depression and anxiety as a result of the overwhelming daily stressors they experience during displacement. It is therefore critical that MHPSS approaches are comprehensively designed and implemented by actors who understand the complexity of needs of people on the move.

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**Child friendly spaces in Bangladesh offer Rohingya refugee children psychosocial support activities.**

A faith-based organization with a mission of accompanying, serving, and advocating on behalf of refugees and displaced persons, Jesuit Refugee Service (JRS) is at the forefront of delivering quality individual, family, and community-based MHPSS and educational services in a variety of emergency contexts. In 2021 alone, JRS's MHPSS services reached more than 105,000 people. JRS implements some standalone MHPSS activities and strongly promotes the integration of MHPSS activities and considerations into other sectors including education, child protection, sexual and gender-based violence, and livelihoods to improve overall well-being and enhance the effects of other services.

With a history of U.S. government advocacy in support of refugees and humanitarian causes, JRS/USA calls on the U.S. government to play a pivotal role in supporting MHPSS programs for refugees. By supporting the Mental Health in International Development and Humanitarian Settings (MINDS) Act, the U.S. can prioritize the integration of mental health services in U.S. foreign assistance programming, which will have a positive impact on the lives of refugees and displaced people around the world.

# GLOBAL NEED FOR MHPSS PROGRAMMING

Globally, mental health conditions are estimated to impact up to 15 percent of children and adolescents<sup>3</sup> yet they are largely unrecognized and untreated. Moreover, recent humanitarian crises, including the impacts of the COVID-19 pandemic, have significantly exacerbated existing mental health challenges. During the first year of the pandemic alone, the global prevalence of anxiety and depression is estimated to have increased by a massive 25 percent.<sup>4</sup>

For individuals who have experienced conflict and displacement, mental health challenges are often even more pronounced. Even prior to the global COVID-19 pandemic, nearly one in five conflict-affected people were estimated to have experienced a mental health disorder, compared to a global estimated prevalence of one in 14.<sup>5</sup> Refugees and migrants have often already faced war, persecution, and extreme hardships in their countries of origin before fleeing. In transit, many experience dangerous travel environments that threaten their safety. Factors including a lack of accessible information, uncertainty about immigration status, hostility and xenophobia, and changing policies contribute to the possibility of exploitation and can create added psychological distress.<sup>6</sup>

Likewise, fear and desperation among people on the move may prompt a greater degree of risk-taking that can harm their physical and psychosocial well-being, and mobility through many areas and countries poses challenges for proper service provision. Social protection factors, including the presence of a strong social network that shares a common language and cultural identity and the support of extended family and relatives, are often eroded through forced migration and displacement.<sup>8</sup>

**Left: A social worker and translator from JRS Greece work with an Afghan woman and her child in JRS's Women's Center.**

**Right: A JRS staff member prepares psychiatric medication for patients in Erbil, Iraq.**





**MHPSS staff from around the world participate in JRS-hosted capacity-building workshops.**

When host environments do provide necessary social services and promote human dignity, however, many conflict-affected people demonstrate great resilience in the face of adversity. For refugee children, continuous access to education and the presence of a constant and supportive caregiver play a key role in their ability to cope with adversity and mitigate the development of “toxic shock” disorders. These are typically exacerbated by prolonged exposure to traumatic events during childhood and can hinder children’s healthy development.<sup>7</sup>

**NEARLY ONE IN FIVE CONFLICT-AFFECTED PEOPLE WERE ESTIMATED TO HAVE EXPERIENCED A MENTAL HEALTH DISORDER, COMPARED TO A GLOBAL ESTIMATED PREVALENCE OF ONE IN 14.**



**Ukrainian refugees participate in a stress-relief activity organized by JRS and partners.**

Recognizing these realities in the lives of those affected by emergencies and displacement, particularly children, the need for MHPSS services in refugee assistance programming cannot be overstated. Yet, in spite of the overwhelming evidence demonstrating the prevalence of mental health conditions and the benefits of MHPSS services, support and funding for MHPSS programming have long been lacking, including at governmental levels. In developed countries, an estimated 50 percent of mental illnesses are left undiagnosed; in developing countries, this rate is estimated to be between 76 percent and 85 percent. Globally, most governments allocate less than 2 percent of their health budgets toward the provision of mental health services.<sup>9</sup>

Measures including investments in education, responsive child care, and approaches that build socio-emotional skills can significantly aid in the prevention of adverse mental health conditions, yet are largely undervalued and under-implemented. Schools are proven to provide a great sense of stability in the lives of refugee learners and also serve as a space in which refugee children can feel safe, connect with their peers, and continue their education. Moreover, many young learners benefit from the socio-emotional learning opportunities and access to school-based counseling services offered in ideal educational environments that help them to process emotions and navigate adjustment challenges. Nevertheless, the provision of education is still not guaranteed within the delivery of humanitarian aid and emergency services. In 2020, educational services received only 2.4 percent of the total budget allocated for humanitarian aid.<sup>10</sup>

It is important that MHPSS approaches be designed to bridge gaps across health, humanitarian, child protection, and education sectors, among others, and include services catered for individuals, families, communities, and societies at large. Ideally, MHPSS services will be integrated well through a layered system of complementary support to various sectors. Both individualized mental health treatment and collective, community-based MHPSS services are critical components in helping children and families to develop the skills needed to establish and maintain relationships and perspectives to support collective healing, resiliency, and social cohesion in communities.



**FOR EVERY \$1 INVESTED IN TREATING COMMON MENTAL DISORDERS, THE RETURN ON IMPROVED MENTAL HEALTH, PRODUCTIVITY, AND ABILITY TO WORK IS ESTIMATED TO BE \$4.**

**Psychosocial workshop activities in Bangladesh for members of the JRS Child Friendly Spaces staff.**



**Wadko, a JRS psychosocial team supervisor, conducts home visits in Doro Refugee Camp, South Sudan.**

The cross-sector design and impact of MHPSS services allow them to yield a high return on investment. For every \$1 invested in treating common mental disorders, the return on improved mental health, productivity, and ability to work is estimated to be \$4.<sup>11</sup> Investments in MHPSS represent investments in the futures of people and societies at large. Providing adequate mental health and psychosocial support starting in early childhood supports lifelong healthy development and aids in the prevention of harmful mental health conditions, physical disabilities, and suicide.

Access to mental health services that would allow an individual to reach their highest possible standard of health are also a fundamental human right, enshrined in several international human rights agreements, including Article 24 of the Convention of the Rights of the Child and the Convention on the Rights of Persons with Disabilities: “States have an obligation to ensure that mental health care goods, services and facilities are available in adequate quantity; financially and geographically accessible without discrimination, particularly for socially disadvantaged groups, such as children and persons with disabilities.”

Moreover, MHPSS services should be “respectful of medical ethics, culturally appropriate, and sensitive to gender and life-cycle requirements.”<sup>12</sup> Underpinned by a rights-based perspective, state governments “have an obligation to respect, protect and fulfill the right to mental health in national laws, regulations, policies, budgetary measures, programmes and other initiatives.”<sup>13</sup> Unfortunately, in practice, access to government-provided mental health programming is not always guaranteed, and many people face significant barriers in accessing their rights to mental health and psychosocial support services.

# CHALLENGES IN ACCESSING MHPSS IN DISPLACED SETTINGS

As an overwhelming body of evidence demonstrates, MHPSS services yield tremendously positive impacts across a range of indicators, including financial return on investment, as well as on individual, family, and community health and well-being. Nevertheless, the realities of implementing MHPSS services in practice are often challenging.

There is no “one-size-fits-all” form of MHPSS service provision, as people’s exposure to conflict, violence, and daily stressors associated with displacement usually varies significantly and could range from reliving haunting memories of violence and the destruction of homes, schools, and communities to experiencing ongoing daily conflict in home, work, or school environments. Furthermore, individuals have different protective and risk factors that leave them more resilient or more vulnerable to the compounding adverse experiences forced displacement exposes them to. As such, given both the scale and range of needs, MHPSS programming should include layered, nuanced, and innovative approaches that address existing challenges and also identify effective long-term solutions. Given the multitude of sectors that MHPSS programming touches upon, the necessary coordination efforts needed to deliver truly effective MHPSS services are extensive and challenging.

Financing models for humanitarian emergencies can also pose barriers for effective MHPSS service implementation, as emergency funding usually requires immediate program rollout. This short window of time during which service delivery must commence can hinder the time needed for effective capacity building or the integration of MHPSS across sectors. Likewise, needs assessments in humanitarian settings do not always feature MHPSS, and there is often confusion over which sector should own it, for example child protection, health, education, etc.

As a result, integrating MHPSS across a wider range of sectors does not always happen, especially with staunch competition for funding. The nature of short-term emergency funding can also create limitations in addressing the medium- and long-term consequences of a conflict setting and the implications on sustainable service design and delivery.<sup>14</sup> Likewise, assessing needs and providing relevant and thoughtful MHPSS services is likely to be a challenge in a makeshift or temporary environment such as a transit shelter where migrants may only stay for a limited period of time. The constant turnover of staff and volunteers, as well as MHPSS service recipients, can significantly hinder program effectiveness.



**A women's group meets for their weekly psychosocial counseling session in Maban, South Sudan.**

The far-reaching impacts of the COVID-19 pandemic on MHPSS services are still being brought to light, though it is widely understood that the pandemic added significant stress and posed challenges for MHPSS service delivery at all levels and across sectors. As a result of the added pressures due to the pandemic, social support systems became overburdened and dysfunctional, stress levels increased due to movement restrictions and crowded living conditions, and income and livelihood opportunities were threatened. Many vulnerable people, particularly women and children, faced increased protection risks including intimate partner violence and sexual abuse and exploitation. People with preexisting mental health conditions may have had challenges in accessing appropriate care and experienced further decline.<sup>15</sup>

Particularly for refugee children and youth, continuous access to schooling is critical for their socio-emotional well-being; personal development; adaptation to the new host environment through the bonds they create with peers and teachers, language learning, etc.; and ongoing learning and growth. However, in being forced to flee their homes, often in tumultuous circumstances, personal identification documents, such as birth certificates and passports, may get left behind or lost in transit. Without these documents, enrolling in schools and accessing services can be challenging. As such, flexible and comprehensive services, like those offered by JRS across its programs, are needed to improve inclusive MHPSS services for all.

# JRS'S APPROACH

JRS recognizes that the most effective mental health and psychosocial supports are implemented through layered, complementary services capable of meeting a variety of complex experiences and needs. Forced displacement can disrupt relationships and practices that foster resilience and healing in individuals, families, and communities. In the wake of such disruptions, displaced persons may require additional psychological and social support as they adapt to new, unexpected circumstances.

A cornerstone of the JRS mission is to offer holistic human services through companionship, warmth, and recognition of human dignity; through this mission and JRS's lens of accompaniment, we provide mental health and psychosocial support to those in need.

JRS provided quality individual, family, and community-based mental health and psychosocial support to over 105,000 people in 2021. JRS implements some standalone MHPSS activities and strongly promotes the integration of MHPSS activities and considerations into other sectors including education, child protection, sexual and gender-based violence, and livelihoods to improve overall well-being and enhance the effects of other services.

The psychosocial programs provided by JRS aim to strengthen community and family supports by building hope, restoring human dignity, and strengthening social cohesion. JRS staff provide safe spaces and activities for vulnerable groups, awareness-raising sessions, case management services, individual and group counseling, and training and supervision of non-specialists recruited from the communities we serve, among other MHPSS services. JRS also strives to include MHPSS considerations into all of its programming to ensure that MHPSS activities are cross-cutting and multi-sectoral, therefore enhancing the impact of all programming.

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*The following examples demonstrate how an integrated approach to MHPSS programming can create real change in the lives of those impacted by displacement. Whether through education, livelihoods, sports, or stand-alone programming, investments in MHPSS are critical interventions.*

# Lebanon

Leila\* and her family fled to Lebanon from their home in Syria in 2013. “I was very little when we left Syria, and all I can recall are the sounds of the fighting and my father’s visibly terrified face, watery eyes, and his obvious fear of losing us. As we were being forced to leave our home, I also recall my mother’s pale face and tears running down her cheeks,” Leila recounts.



Upon arrival in Lebanon, Leila initially struggled to enroll in public school as her official identification documents had been left behind in Syria. Challenges enrolling in school are common among displaced and refugee children and youth.

When they learned about the JRS school in Mikseh, Lebanon that offers a high-quality, free education, Leila’s parents took swift action to enroll her. The school’s staff and teachers, who had received training in delivering MHPSS-sensitive education, helped Leila learn and express her emotions in a healthy way. In speaking about the staff and support she receives at school, Leila said, “They inspire me to express my emotions more at my school. I am grateful that I discovered my talents and developed my skills here in a safe environment.”

Leila also explains that psychosocial support activities, including sports, arts, and crafts, have helped her to express her feelings and cultivate her talents: “[Through these activities] I discovered my talent and passion for drawing and painting. I now use my feelings to draw on paper anytime I am either happy or upset.”

Leila has been recognized by many staff and educational personnel at her school, including her art tutor, school principal, and the school social worker, for her artistic abilities. Her drawings are often exhibited on the school walls and at school events.

Leila’s story emphasizes the importance of providing children with educational support in a secure and caring atmosphere that supports their socio-emotional healing and well-being and allows them to cultivate their talents and abilities. Partnering with host country governments in the provision of education, when possible, to ensure that students receive a valid school certification is also of utmost importance. In Leila’s case, she joined JRS’s program because she knew that her education would be recognized.

\* Name has been changed

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# Nigeria

JRS-supported MHPSS groups have been instrumental in helping adult refugees adapt and succeed in new environments, as demonstrated by the story of Wirngo.

At 41 years old, Wirngo was aspiring to be a legal practitioner in his home country of Cameroon

when inescapable violence arrived at his town. He was first detained in October 2017 for speaking out against the human rights abuses in his country, and upon release from detention, returned to his home to find it had been burned down by the military. His neighbor had been killed by soldiers, and Wirngo was told that they had been looking for him as well.



**Wirngo, a refugee from Cameroon, opened his own shop in northern Nigeria with support from his MHPSS group.**

Wirngo immediately fled his home on foot and walked for the next three days until he arrived in Nigeria. In attempting to process his legal documents at the immigration office, he first met representatives of JRS Nigeria, who supported him. “They helped me facilitate my refugee paperwork and gave me food,” said Wirngo.

Later, JRS also introduced Wirngo to an MHPSS group where he met several other refugees from Cameroon. He joined the group, and they continued to meet to share experiences and receive support. Together, the MHPSS group decided to form a Village Savings and Loan Association (VSLA) to support themselves.

“Through the VSLA, we contribute financially to help each other start businesses,” Wirngo explained. “When my turn came, I used my money to open a small shop where I sell some food and secondhand clothes. I also employed someone to stay in the shop while I go to the school where I teach.”

Participation in the MHPSS group provided Wirngo with the stability he needed and allowed him to develop relationships with others, which helped him grow and thrive.

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# Poland

As the Ukraine crisis unfolded, JRS has been on the frontlines of the humanitarian response, accompanying and serving more than 56,000 people by providing them with emergency aid, shelter, psychosocial support, education, and integration.

JRS has provided support to refugee populations entering Poland from Ukraine since the beginning of the crisis. This includes group and individual psychological support for adults and young refugees as well as integrated programming to provide psychosocial support in education, child protection, and livelihoods programs to improve overall well-being.



**Yuliia, a Ukrainian refugee living in Poland, has benefited from JRS's MHPSS programs as she rebuilds her life in a new country.**

Yuliia, a 31-year-old Ukrainian refugee from Donetsk, has been in Poland since March 2022. She has had to cope with some level of conflict and displacement since 2014 when separatists took power in her hometown. After moving to Crimea and then to Kyiv, Yuliia now finds herself living on her own in Poland having left her family behind.

“When I arrived in Warsaw, I had no job and only some savings. JRS surrounded me with warmth and attention and helped me in many ways. JRS assigned me a social worker, and I had a chance to talk about everything for the first time.”

Yuliia now balances several jobs as she tries to rebuild her life, alone. She meets regularly with a psychologist who has helped her navigate her new reality and come to terms with her past.

“I didn’t even realize myself how much I was hurt. Our Ukrainian society is traumatized now. It’s one thing to come to a new country as an immigrant; it’s another when you’re fleeing war. You can’t adjust quickly.” Yuliia initially met with a social worker in Poland and was able to start talking through her experiences. She now meets regularly with a psychologist and says the support she’s receiving is “treatment for the soul.”

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# South Sudan



**Martial arts students in South Sudan perform during celebrations for International Peace Day.**

In Maban, South Sudan, JRS has provided a safe space for refugees to express themselves through sports since 2013. Martial arts are among the most popular activities available to youth as part of JRS's MHPSS programs there. Engaging in physical activities provides young boys and girls with the opportunity to express themselves and grow their confidence in a safe and supportive environment.

Martial arts students, known as “acrobats,” are led by instructor Issac Ayub, who is also a refugee. Issac first studied martial arts at the World Mission School in Ethiopia before becoming the martial arts director at JRS Maban. Issac now helps more than 250 boys and girls test their limits, grow, and develop teamwork skills.

According to Issac, martial arts teach his students about discipline, teamwork, and how to overcome personal challenges. He emphasizes: “I want (my students) to have respect, and then to have competence and to build trust amongst themselves. I want them to (develop) relationship skills; I want them to be good leaders in the future.”

MHPSS programs, including physical activities like martial arts, help refugees address their immediate physical, as well as longer-term psychosocial needs, in order to regain and develop strength, confidence, and focus on their futures. Engaging in sports and physical activity has proven to yield tremendous positive impacts for individuals and communities.

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# United States



**Maria Torres, Director of Domestic Programs for JRS/USA, provides mental health and psychosocial support to a young migrant.**

Originally from Guatemala, Maria Torres has been working with refugees, asylum seekers, and migrants in the U.S. for years and currently serves as the director of domestic programs for JRS/USA. Based in El Paso, Texas, Maria and her team implement MHPSS programs that address the needs of forcibly displaced people so that they can recognize their own strengths and find new hope for the future.

Working in shelters that house migrants and asylum seekers who were expelled from the U.S. or refused entry, Maria organizes mental health and psychosocial support as well as recreational activities for groups, trying to brighten up their day. She also supports individuals through one-on-one conversations and asking them how they are feeling, what they need, and helping them understand and manage their emotions and thoughts.

“I am not trying to ignore the circumstances,” Maria explains. “All the wounds that they bring, all the problems that they have faced, the injustice and inequality.” And yet, she also wants them to see “how much they can give and how much they can overcome.” When Maria prepares an activity, people wait eagerly for her and look forward to the time spent together — that, in her eyes, is hope.

*“All the wounds that they bring, all the problems that they have faced, the injustice and inequality.”*

# ROLE OF THE U.S. GOVERNMENT

The U.S. government has long been a global leader in the provision of foreign and humanitarian assistance to people in crisis and conflict situations. U.S. humanitarian assistance worldwide in fiscal year 2021 amounted to nearly \$13 billion, most of it funneled through programming through the United States Agency for International Development (USAID) Bureau for Humanitarian Assistance (BHA) and the United States Department of State Bureau of Population, Refugees, and Migration (PRM). U.S. funding provides life-saving assistance to tens of millions of displaced and crisis-affected people, including refugees, worldwide.

As the U.S. government lead for international disaster assistance, USAID's Bureau for Humanitarian Assistance provides life-saving humanitarian assistance — including food, water, shelter, emergency healthcare, sanitation and hygiene, and critical nutrition services — to the world's most vulnerable and hardest-to-reach people. This includes helping internally displaced people who have been forced to flee their homes, as well as providing food assistance to refugees who have crossed national borders.

USAID has taken measures to promote and center MHPSS activities across all of its humanitarian responses, including by supporting WHO and UNICEF in the development of a global tool to train organizations to provide quality MHPSS services, and developing the first mental health treatment protocol designed to be delivered by community workers to treat multiple disorders. Yet, there is room for improvement in the true integration of MHPSS within humanitarian plans. USAID MHPSS practices are commonly referenced in the context of longer-term development programming, but could be more explicitly referenced in humanitarian response plans.

As the humanitarian bureau of the State Department, PRM promotes U.S. interests by providing protection, easing suffering, and resolving the plight of persecuted and forcibly displaced people around the world. PRM has stated policies on "At-Risk Populations," "Children and Youth," "International Migration," and "Protracted Refugee Situation," among others, that thoughtfully highlight important issues of education, access to resources, employment, and freedom of movement. Sufficient attention to the importance of building out mental health and MHPSS services appears to be lacking in these policies.

As the United Nations Global Fund for education in emergencies and protracted crises, Education Cannot Wait (ECW) plays a leading role in protecting children's rights to learn in humanitarian emergencies. The United States has played a pivotal role in supporting ECW since its inception in 2016 at the World Humanitarian Summit, and continued U.S. government support of this multilateral partnership is crucial for its success and ability to uphold children's rights to access continuous education and MHPSS services in their educational environments.

Nevertheless, there is a need for more direct coordination and provision of MHPSS services within U.S. government-funded humanitarian programming, which would be guaranteed through the MINDS Act.

## MINDS ACT

The Mental Health in International Development and Humanitarian Settings (MINDS) Act is legislation focused on supporting the integration of mental health services in U.S. foreign assistance programming, with a particular focus on children and their families. Recognizing that mental health challenges are particularly acute for those living in humanitarian settings yet are not always addressed or included in humanitarian assistance efforts, the MINDS Act aims to address these challenges.

The MINDS Act directs the U.S. Agency for International Development (USAID) and the Department of State to integrate mental health and psychosocial support (MHPSS) activities across all U.S. foreign assistance programs, with a particular focus on children and other vulnerable populations.

To facilitate this integration, the bill makes organizational changes at USAID, including the appointment of a coordinator to oversee and direct mental health and psychosocial support activities, and the provision of a working group to facilitate interagency efforts to promote best practices for, and ensure sustainability and continuity of, mental health and psychosocial support activities. Likewise, the MINDS Act requires USAID and the State Department to brief Congress about the amount of foreign assistance spending on mental health and psychosocial support activities and related matters.

# RECOMMENDATIONS

Although in recent years significant steps forward have been taken to integrate MHPSS services across private and public-led humanitarian responses, there is still much progress to be made to truly mainstream MHPSS in all humanitarian programming. JRS recommends that the following steps be taken to make access to inclusive mental health and psychosocial services a reality for all displaced people:

## 01

Mainstream the inclusion of MHPSS services and programming in initial needs assessments for humanitarian program design and delivery across all sectoral programming (education, health, early childhood development).

## 02

Ensure the minimum services for MHPSS are implemented within an appropriate timeframe and in coordination with other key sectors to promote integration.

## 03

Ensure that programming is intentionally inclusive of the most marginalized populations least likely to receive mental health support (girls and women, people with disabilities, etc.), culturally relevant, and appropriate for people of all ages and backgrounds.

## 04

Position individuals impacted by conflict and displacement to lead the development of MHPSS services that fit their unique needs and circumstances by ensuring that they are consulted and supported.

## 05

Increase funding and political will for MHPSS programs so that governments uphold their obligation to provide mental health services for all housed within their borders.

## 06

Pass the Mental Health in International Development and Humanitarian Settings (MINDS) Act in the 118th U.S. Congress to support integration of MHPSS programs in U.S. foreign assistance programs.

# CONCLUSION

Access to inclusive mental health and psychosocial support services is critical for upholding personal well-being and supporting the adjustment, education, and futures of all refugees and displaced populations. Moreover, MHPSS services are proven to offer a high return on investment at both the individual and societal level. These case studies from across the world demonstrate the importance of these services to supporting personal resilience, as well as educational and professional advancement in new settings. Nevertheless, additional steps must be taken to truly integrate and ensure MHPSS programming throughout all humanitarian responses, including through programs funded by the U.S. government. Passing the MINDS Act will ensure that these critical steps are taken so that all people living in conflict and crisis settings have access to life-saving mental health support.

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Jesuit Refugee Service (JRS) is an international Catholic organization serving refugees and other forcibly displaced people. JRS's mission is to accompany, serve, and advocate on behalf of refugees and other forcibly displaced persons, that they may heal, learn, and determine their own future. Founded as a work of the Society of Jesus (Jesuits) in 1980, JRS today works in 57 countries worldwide to meet the educational, health, and social needs of almost one million refugees.