

ASSESSMENT OF THE FIRST YEAR (+) OF IMPLEMENTATION OF THE PSS GROUP PROGRAM: INSIGHTS FROM THE FIELD TEAMS

PURPOSE

This evaluation assessed the first year (+) of implementation of the Psychosocial Support (PSS) Group Program across nine MSF-OCBA projects. The purpose was to assess field teams' perceptions regarding the relevance, effectiveness, and integration of PSS groups within the broader Mental Health and Psychosocial Support (MHPSS) framework. Aiming to inform potential scaling, adjustment of implementation tools, and strategic positioning of the intervention.

Results:

- PSS groups seen **by staff** as safe spaces that promote emotional resilience and community support.
- Group activities focus any person on a community affected by violence or disaster that has some level of distress, and intend a wider community impact.
- **No direct feedback from participants** was collected or available to confirm perceived relevance and effectiveness.
- **Level 2** groups more feasible across contexts, especially in populations in the move; **Level 3** groups face challenges due to instability and space limitations.
- Staff shows **commitment and adaptability**, modifying content and format based on local realities. PSS groups are **entry points** to identify individuals needing support and **follow up** spaces for patients that were off individual care.
- **MHAM, MST and MH HQ advisory** team roles are critical for guidance, supervision, and quality assurance.
- **Clinical mindset** may overshadow group preventive work, risking under-prioritization of **community-based care**.

Conclusions:

The PSS group program is valued by field staff for addressing psychosocial needs, boosting resilience, and identifying vulnerable individuals early. Despite Level 3 challenges, ongoing adaptation supports scalability within MSF's MHPSS strategy. Future success depends on integrating participant and community feedback with current evaluation findings to refine relevance, effectiveness, and impact.

Recommendations:

- Assess participants and community's perceptions on relevance, effectiveness and impact of PSS groups.
- Reaffirm PSS groups as essential preventive care; reinforce Level 3 groups implementation.
- Strengthen MHAMs' role with time, training, and tools; and ensure MST support in implementation.
- Disseminate operational guidance and consider innovative delivery methods.

Methodology:

- Qualitative approach focusing on the experiences of those directly involved in designing, facilitating, and managing the group sessions.
- 24 Remote semi structured interviews with staff involved in design and implementation.
- Desk review.
- Limitations: Sampling bias; Heavy reliance on qualitative data from staff; Lack of participants data; High staff turnover; Self-reported confidence bias.

There is always a place and a moment to integrate PSS

- MSF field staff