



# **Contextualising MHPSS: A Feminist, Community-Based Framework for the Middle East**

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## Summary

This document presents a feminist, community-based, and bottom-up approach to Mental Health and Psychosocial Support Services (MHPSS), centred around the experiences of marginalised communities in the Middle Eastern region. It consists of two main parts: a conceptual framework and an implementation model. Readers are encouraged to peruse both parts of the document for a deep and coherent understanding of the approach that it presents. The framework begins with an overview of the project's background and aims and a review of the theoretical and conceptual foundations that inform the approach, including feminist, community-based, and bottom-up perspectives on MHPSS. It incorporates insights from both experts and marginalised community members to address gaps in existing models and provides general guidelines for implementing feminist MHPSS interventions.

The implementation model documents a structured approach to applying the feminist MHPSS framework in El Hay El Gharbi, Beirut, Lebanon, showing how the conceptual framework works in practice and outlining the strategies, steps, and contextual adaptations that are needed to operationalise the framework. The model provides a flexible template that can be adapted and developed to suit other contexts and for working with different marginalised groups across the region, providing a practical roadmap for implementing feminist MHPSS interventions in diverse settings.



## Definitions and Key Concepts

### **Biomedical Approach to Mental Health:**

An approach to mental health that relies heavily on biological, neurological, and physiological factors to explain mental health conditions. It assumes the universality of psychological phenomena while often overlooking the social, cultural, and contextual dimensions of mental health.

### **Bottom-Up Approach:**

A method of developing MHPSS interventions that focuses on the lived experiences, perspectives, knowledge, and worldviews of the local communities that the interventions aim to support. Adopting this approach helps to ensure that interventions are informed by local needs and priorities rather than being directed by external authorities or top-down structures.

### **Collective Narrative Approach:**

A psychological intervention that employs storytelling processes to construct shared stories which reflect the lived experiences of a group of people and help to reinforce collective identity, serve collective memory, restore communal bonds, and strengthen community resilience. Such stories often serve as tools for solidarity and social change.

### **Community-Based Approach:**

A strategy used in psychological interventions that prioritises the needs, strengths, and leadership of local communities. It fosters active community participation and enhances the likelihood of reaching sustainable outcomes by ensuring that interventions are locally led and contextually relevant.

### **Context-Based Approach:**

An approach that adapts existing psychological interventions and strategies to fit the unique cultural, social, political, and historical contexts of a community. Moving away from universal models ensures that interventions are responsive, relevant, and aligned with the lived experiences and needs of the people they aim to support.

### **Everyday Resistance:**

Small and often overlooked acts through which individuals or communities push back against oppression in their daily lives. These actions can include reclaiming personal and collective narratives, strengthening community bonds, or subtly resisting unjust systems that contribute to their adversity or produce the traumas they experience. While not always overt or confrontational, everyday resistance plays a crucial role in preserving dignity, encouraging a sense of agency, and fostering long-term social change.

### **Feminism:**

A school of thought and social and political movement that advocates for gender equality and equity and the dismantling of patriarchal structures. It emphasises collective liberation, intersectionality, and the redistribution of power, and challenges social, economic, and political inequalities to create more just and inclusive societies.

### **Gender Norms:**

These usually refer to the socially constructed roles, traits, and behaviours that are accepted and expected from certain genders. They represent the dominant norms in certain societies, shaping interactions, influencing attitudes, and dictating what is considered acceptable or unacceptable. In the context of patriarchal societies they reinforce inequalities, restrict individual freedoms, and perpetuate discrimination, particularly when they rely on oppressive power structures.

### **Gendered Violence:**

Forms of violence that disproportionately target individuals based on their gender, most often affecting women and individuals with marginalised gender identities. They may take different forms, including physical, psychological, economic, and structural violence. Rooted in patriarchal power structures, gendered violence is used to control, harm, or oppress those who identify with a specific gender, particularly when this challenges or deviates from dominant gender norms.

### **Intersectionality:**

A framework and a tool of analysis that is used to examine how overlapping social identities (e.g., gender, race, class, disability, sexuality) shape people's experiences of privilege and oppression. It highlights how multiple forms of discrimination interact and calls for nuanced, inclusive approaches to justice and equity.

### **Marginalisation:**

A systemic process that pushes certain individuals or groups to the social, economic, and political peripheries or works to maintain their limited power while preserving the privileges of those who are in dominant positions. It restricts access to rights, resources, and opportunities for marginalised individuals and maintains existing social hierarchies.

### **Marginalised Communities:**

Groups that face systemic exclusion and discrimination due to social, economic, political, or cultural factors. Their marginalisation is often shaped by intersecting forms of oppression linked to power structures such as those based on race, gender, class, disability, or legal status.

### **MHPSS (Mental Health and Psychosocial Support):**

A field of mental health perspectives and interventions that promotes psychological and social well-being by addressing the impacts of distress, adversity, and trauma. MHPSS incorporates a wide range of community-based and clinical approaches to foster resilience and healing for individuals and communities, especially in the context of structural violence.

### **Power Dynamics:**

How power is distributed, maintained, and exercised within relationships, institutions, societies, and systems. Power dynamics determine who has control, influence, and decision-making authority and often reinforces systemic inequalities.

### **Structural Oppression:**

Deep-rooted systems of inequality that are embedded in institutions, policies, and societal and cultural norms, preserving discrimination across generations and maintaining power imbalances by privileging dominant groups while systematically disadvantaging or marginalising others.

### **Systematic Discrimination:**

Persistent and institutionalised biases that are embedded in the laws, policies, and societal structures that create unequal opportunities and reinforce social hierarchies while disproportionately affecting marginalised groups by limiting their access to rights and resources.

### **Transformative Intervention:**

A mental health approach or psychological intervention that goes beyond addressing immediate representations of mental health suffering by actively challenging and reshaping the underlying systems of oppression, inequality, and systemic violence that create them. It seeks to impact systems of power, foster collective empowerment, and promote long-term structural change.

## Introduction

“A Feminist Approach to Mental Health and Psychosocial Support Services in the Middle East” was led by a small team of mental health researchers from the region and supported by the German Federal Ministry for Economic Cooperation and Development, BMZ, through its implementing Agency, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). The project aimed to develop a practical, contextually grounded framework for Mental Health and Psychosocial Support (MHPSS) services to ensure that mental health support efforts in the Middle East are intersectional, community-driven, and responsive to structural inequalities. The initiative focused on reimagining MHPSS services for marginalised groups in Lebanon through a feminist lens, while also drafting a model of implementation that could be adapted to other contexts across the Middle East.

The project culminated in the development of two key guiding resources:

1. A conceptual framework outlining how feminist principles can enhance community-based approaches while using a bottom-up method, and
2. An implementation model providing practical steps for applying these principles in real-world settings, exemplifying how to operationalise the conceptual framework.

These resources are designed to serve as practical tools for policymakers, humanitarian organisations, civil society actors, mental health professionals, and other key stakeholders engaged in the development, funding, and delivery of MHPSS services. By addressing the limitations of conventional contextualised approaches, the framework and the implementation model advocate for feminist, context-grounded methodologies that prioritise communities’ diverse needs. This initiative represents a significant step towards redefining MHPSS practices in the region to better support groups who are marginalised and under-served. Furthermore, the conceptual framework and implementation model are designed to serve as resources for researchers and advocates working at the intersection of mental health and social justice.

## Rationale Behind Developing a Feminist Framework for MHPSS

Although the importance of considering environmental factors in the design and delivery of MHPSS services and the need to contextualise interventions is now widely recognised within the humanitarian sector, fully addressing the complex interconnected historical, political, and social roots of suffering remains a significant challenge. This is especially true in contexts of historical marginalisation and structural oppression, where mainstream approaches to mental health often fail to capture the deeper, systemic dimensions of distress. The challenge is further compounded when interventions are constrained by limited time and resources, making it difficult to implement truly holistic, context-grounded, and sustainable mental health support.

Failing to address the root causes of suffering risks reinforcing harmful narratives of helplessness and victimhood which ultimately diminishes the sense of agency and control among marginalised individuals and communities. While proper contextualisation remains a significant challenge for MHPSS efforts in humanitarian settings, entrenched power hierarchies within service systems are an equally pressing issue that further complicates efforts to deliver inclusive and community-driven support. Although service providers are increasingly aware of the need to reduce power gaps and strengthen community agency, decision-making authority and resources largely remain concentrated within international organisations.

Feminist perspectives on MHPSS can provide insights and inspiration on how to address these challenges. This includes recognising and mitigating the significant power gaps between international cooperation agencies, which typically serve as policymakers and funders of MHPSS programmes, and local civil society organisations, which usually provide services to marginalised communities. By integrating gender-sensitive, context-based, and bottom-up practices and explicitly addressing systemic inequalities, feminist principles can ensure that MHPSS interventions are empowering, relevant, and responsive to the diverse lived experiences and needs of women and other disadvantaged groups.

## Challenges in Providing MHPSS for Marginalised Communities

Marginalisation refers to the systematic exclusion and devaluation of individuals or groups based on disparities such as economic status, identity, or gender, which limits their access to power, rights, resources, and decision-making opportunities. Marginalization is further compounded by belonging to various disadvantaged groups (i.e., gender, ethnicity, disability) or social factors (i.e., socioeconomic status), shaping unique experiences of vulnerability or privilege.

Approximately 9.2% of the global population currently lives in extreme poverty<sup>1</sup>, and in 2024, there were more than 43.7 million refugees worldwide<sup>2</sup>. In the Middle East, conflict, war, political instability, economic crises, and limited access to essential resources have taken a significant toll on the population, especially those who are already in disadvantaged positions. Countries such as Lebanon, Syria, the Palestinian Territories, and Jordan are especially grappling with significant mental health challenges amongst marginalised communities<sup>3</sup>.

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1 SocialIncome.org. (2024). World poverty statistics 2024. Retrieved from <https://socialincome.org/en/int/world-poverty-statistics-2024>

2 UNHCR. (2024). Figures at a glance. Retrieved from <https://www.unhcr.org/us/about-unhcr/who-we-are/figures-glance>

3 Bolton, 2018. [https://opendocs.ids.ac.uk/articles/online\\_resource/Psychosocial\\_Disabilities\\_in\\_the\\_Middle\\_East/26483950?file=48259078](https://opendocs.ids.ac.uk/articles/online_resource/Psychosocial_Disabilities_in_the_Middle_East/26483950?file=48259078)

The link between marginalisation and mental health difficulties is well-documented. Poverty, for instance, is a major risk factor for distress and mental health disorders<sup>4</sup> that disrupts psychosocial functioning, education, employment, and family structures<sup>5</sup>. These compounding factors make MHPSS services crucial for many marginalised communities.

Delivering MHPSS services to marginalised populations involves common and substantial barriers and challenges, including limited resources, restrictive gender norms, financial constraints (such as travel costs for those living in remote areas), the stigma that surrounds seeking mental health support, time limitations, and a lack of awareness about the services available. Individuals might also be struggling to meet basic survival needs, such as feeding their families, and so may deprioritise mental health support, making access even more challenging. Although many of these challenges fall beyond the scope and capacity of most MHPSS programs, it is crucial to remain mindful of their impact on accessibility when designing and implementing interventions.

These factors raise significant concerns about MHPSS approaches that focus solely on intrapersonal processes and the alleviation of symptoms while neglecting the systemic and structural causes of distress. Individualising and depoliticising suffering can diminish the communal nature of personal challenges, detaching them from their broader environmental contexts.

Feminist approaches recognise the impact of structural oppression and discrimination on mental health. They advocate for addressing power dynamics, validating lived experiences, acknowledging individuals' daily acts of resistance against oppression, and promoting agency and autonomy, particularly for those who have been historically marginalised. Although these principles are not exclusive to feminist practices, they are embedded in the feminist approach which applies them in explicit and transformative ways. This expertise holds significant value in the field of MHPSS through meeting recent aspirations for genuine contextualisation, reinforcing community resilience, and addressing power imbalances.

With this understanding, the project adopts a feminist context-based perspective that acknowledges the often-political nature of mental health suffering. By moving away from dominant symptom-based biomedical models which risk overlooking the complex, multi-dimensional aspects of lived realities and the sociopolitical and cultural factors that impact psychosocial well-being, the project aims to show how a context-grounded MHPSS framework might look and how feminist principles to mental health can enrich community-based interventions.

The project was initially planned to unfold in two distinct stages with the first focusing on developing the framework and the intervention model and the second on rolling out the intervention, including its practical testing through collaboration with a local CSO in Lebanon (Tahaddi<sup>6</sup>) that works with community members in the Al Hay El Gharbi district of Beirut. However, the escalation of violence in the region severely impacted members of both Tahaddi and the community, and safety concerns led to the early termination of the intervention rollout. Despite this unexpected disruption, we have chosen to document and present the progress made in the design phase and the early stages of implementation in section B of this document, the intervention model. We also reflect on the lessons learned throughout this process within that section, offering insights that may inform future efforts in similar contexts.

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4 Burns et al., 2014; Pickett et al., 2006; Tibber et al., 2022. [https://www.researchgate.net/publication/353888889\\_The\\_association\\_between\\_income\\_inequality\\_and\\_adult\\_mental\\_health\\_at\\_the\\_subnational\\_level-a\\_systematic\\_review](https://www.researchgate.net/publication/353888889_The_association_between_income_inequality_and_adult_mental_health_at_the_subnational_level-a_systematic_review)

5 Wilkinson & Pickett, 2009. <https://psycnet.apa.org/record/2009000-11878->

6 <https://tahaddilebanon.org/>

## Challenges Pertaining to Personal Positionalities of the Researchers

It should be mentioned that this project took place during an extraordinarily intense time in Lebanon which affected the ways in which the research that led to the development of the framework and implementation plan could be conducted. The project started in July 2023, and the war between Israel and Hamas began three months later. This led to immense pain, fear, and anger emerging alongside extreme political tensions, and led to an ongoing process of reflection.

As Arab, pro-Palestine independent researchers collaborating with a German cooperation organisation (GIZ), we faced unusual challenges and heavy questions. In such a difficult moment, we wanted to produce something meaningful that could benefit researchers and practitioners in the region and beyond, while also reflecting our political views and ethical values. We had to navigate our own emotions and engage in complex, difficult discussions about the war and the ways in which our diverse positionalities and the embedded power dynamics between international collaboration organisations and local researchers and partners might shape our perspectives and influence the research process.

While this experience was deeply challenging, it was also a valuable learning journey. The experience showed us, with concrete examples, how our mental health research and practice are inherently political. It reminded us that our work will always carry ethical questions and political dilemmas which require ongoing reflection on the knowledge we produce, the processes of producing this knowledge, and the contexts in which we create it, as well as the broader environment around us.

Thanks to the support and engagement of our colleagues at GIZ Lebanon, we were able to navigate this challenging yet enriching process and produce a document that carries our voices and reflects our values and beliefs.



## Project Methodology<sup>7</sup>

As mentioned above, this project aimed to achieve two core objectives:

- a. Developing a feminist, community-based conceptual framework for MHPSS services. This is presented in Section (A).
- b. Designing an adaptable implementation model that responds to these needs. This is presented in section (B).

During the initial phase, we employed two key strategies to gather the necessary knowledge for developing the framework and the intervention model. We first conducted a desk review to examine conceptual perspectives that align with the project's vision, along with relevant existing MHPSS intervention models. Second, we conducted several in-depth semi-structured interviews and focus group discussions with a diverse range of participants including academics, mental health consultants, practitioners from the Middle East region and members of diverse marginalised groups in Lebanon. The interviews aimed to critically investigate the existing mental health and psychosocial support approaches for marginalised communities in El Hay El Gharbi to identify their limitations and discern potential needs for alternative models. The focus groups also aimed to pinpoint significant gaps within existing MHPSS services and discuss possible approaches for addressing them.

In the following section we present the framework that was developed based on the outcomes of our desk research and field data analysis. This framework served as the foundational base of the implementation model outlined in the subsequent section. Together, these two sections present a cohesive approach which transitions from general guidelines to actionable, community-focused strategies.

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<sup>7</sup> AI support was used during the editing process to improve the coherence and readability of this document.



## Section (A) - The Conceptual Framework

This section presents the theoretical and conceptual foundations of the feminist framework and provides guidelines for employing a bottom-up method to design a community-based intervention using a feminist, context-based approach. Emphasis is placed on involving marginalised groups at various stages of the design and implementation process to ensure that the voices and needs of these groups and the contextual settings in which they live are central to the intervention.

### Chapter (1) - Theoretical & Conceptual Bases of the Framework

In their critiques of the biomedical MHPSS models which underpin many widely used practices, feminist mental health scholars have shown that these dominant approaches fail to provide a sufficient theoretical foundation for context-based practices that aim to engage with the complexity of lived experiences and the inherently political nature of mental health suffering among marginalised groups. A key reason for this limitation lies in the historical foundations of biomedical models, which have been profoundly shaped by masculinist perspectives rooted in the Global North. These models define “normal” behaviour according to standards derived primarily from white, male populations within these contexts. Such framing often overlooks the historical complexities and contemporary ecological realities that shape human behaviour, contributing to the marginalisation of individuals across diverse racial, cultural, gendered, and sexual identities. This framing often overlooks the historical complexity and contemporary ecological contexts of these behaviours<sup>8</sup> and has contributed to the marginalisation of individuals from diverse races, cultures, genders, and sexual orientations. It risks reinforcing hierarchies that privilege certain groups while side-lining and othering others.

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<sup>8</sup> Roberts, S. O., & Mortenson, E. (2023). Challenging the White Neutral Framework in Psychology. *Perspectives on Psychological Science*, 18(3), 597–606.

The critique of biomedical models also extends to their over-reliance on rigid diagnostic categories which often have Eurocentric roots, such as those found in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Due to their purpose of simplifying the complex ways in which people respond to stress and adversity to create standardisation and comparability, they cannot do justice to the variety of people's experiences and risk failing to acknowledge the diverse ways that individuals and communities exhibit resistance and adaptation, which often extend beyond purely symptomatic perspectives<sup>9</sup>.

More recent biomedical models have incorporated psychosocial and environmental factors into their understanding and treatment of mental health issues, and by blending the strengths of such models with context-sensitive approaches such as feminist psychology, critical psychology, and decolonial psychology we can foster a framework that is more holistic, inclusive, grounded, and dynamic.

The feminist perspective places a higher priority on people's lived experiences and how they are interpreted. They emphasise the significance of engaging with and addressing the social and political aspects of adversity and acknowledge that mental health issues, especially among marginalised individuals and communities, often result from systemic injustice and structured violence<sup>10</sup>.

To achieve a comprehensive understanding of mental health issues among marginalised groups, it is crucial to consider contextual aspects such as power dynamics, communal ties, and culture, as well as intersecting identity characteristics such as gender, race, and socio-economic background. The next sections provide a deeper understanding of this framework's fundamental components by delving into its theoretical and conceptual foundations.

This framework is built on three fundamental components. The first, **(I) A Feminist Perspective on Mental Health**, serves as the overarching conceptual foundation, encompassing the guiding principles and defining the goals of a meaningful intervention. The other two components, **(II) The Community-Based Approach** and **(III) The Bottom-Up Approach**, form the practical arms, offering tools and strategies for implementing the framework in diverse contexts. Together, these components create a cohesive and actionable model for addressing mental health and psychosocial needs of marginalised communities.

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9 Watters, E. (2010). *Crazy like us: The globalization of the American psyche*. Free Press.

10 Carswell, K., Blackburn, P., & Barker, C. (2011). The relationship between trauma, post-migration problems and the psychological well-being of refugees and asylum seekers. *International Journal of Social Psychiatry*, 57(2), 107119-. <https://doi.org/10.11770020764009105699/>

## (I) The Feminist Approach to MHPSS Practice

The feminist approach, which is both an umbrella concept and the overarching foundation of this framework, is central to critical mental health research and social justice frameworks<sup>11</sup>. Initially focused on women's issues, it has expanded to addressing intersecting forms of oppression using an ecological and interpersonal lens.<sup>12</sup>

Feminist methods are in line with many of the fundamental tenets of MHPSS, including empowering service users, establishing secure environments, and encouraging cooperative therapeutic alliances. However, they go beyond this by actively addressing what they see as the underlying causes of mental health suffering such as prevailing social norms and the structural elements that support discrimination and violence. This entails discussing the ways in which gender norms and beliefs, including those ingrained in patriarchy and colonialism, as well as power relations, affect the psychological health of both individuals and societies.

In this sense, feminist practices help individuals to see their mental health suffering as valid responses to unfair realities rather than signs of some internal deficiency. This lens informs mental health interventions that aim to be empowering, contextually responsive, and socially transformative, and so fostering greater agency and collective resilience in the face of systemic oppression<sup>13</sup>.

A study by Williams, LeFrancois, and Copperman provides an example of effective feminist intervention, as understood by the women who used the services. This study focused on women survivors of sexual and domestic violence, who described effective mental health services as 'holistic,' 'integrated,' and 'seamless.' They valued services that gave individuals a sense of control, had no time constraints, and handled therapeutic interactions and closures safely and efficiently. Notably, the survivors felt that how deeply the care providers understood the underlying dynamics and effects of the sexual and physical abuse they had endured was more important than the particular therapeutic procedures they employed<sup>14</sup>.

Feminist mental health interventions integrate both established and innovative context-based techniques. These may include psychoeducation, group support sessions, targeted awareness activities, narrative techniques, mindfulness-based practices, expressive arts therapies, body-oriented interventions (e.g., somatic experiencing), and community-based participatory activities. While these methods are not exclusive to feminist approaches, their application in feminist-informed frameworks involves an explicit engagement with cultural, societal, and structural determinants of mental health and distress.

Feminist mental health practices emphasise three core goals that should guide effective interventions: (a) gaining a personal sense of agency and self-efficacy, (b) facilitating emotional processing, and (c) fostering social connectivity and safe social bonds<sup>15</sup>.

11 Maass, V. S. (2022). Feminist psychology: History, practice, research, and the future. ABC-CLIO

12 Brown, L., & Brabeck, M. (1997). Feminist theory and psychological practice. American Psychological Association. Retrieved from [https://psycnet.apa.org/record/199736316--001?\\_ga=2.190314543.507482419.16340048591737517063.1618255250-](https://psycnet.apa.org/record/199736316--001?_ga=2.190314543.507482419.16340048591737517063.1618255250-)

13 Abidogun. (2023), Feminist Approaches in Counselling Psychology: Empowering Women's Mental Health, J. Women Health Care and Issues. 6(5); DOI:10.31579159/9756-2642/

14 Williams J, LeFrancois B and Copperman J (2001) Mental health services that work for women: Survey findings, Canterbury, UK: Tizard Centre, University of Kent.

15 Abidogun. (2023), Feminist Approaches in Counselling Psychology: Empowering Women's Mental Health, J. Women Health Care and Issues. 6(5); DOI:10.31579159/9756-2642/

Feminist MHPSS interventions recommend certain elements as guiding principles for achieving these goals, which can be used to guide therapeutic dialogues and MHPSS activities in both group and one-on-one settings. While these principles are universally applicable, their importance is particularly pronounced for marginalised groups as they directly address the systemic inequities, power imbalances, and unique challenges that disproportionately impact these communities.

### Guiding Principles for Feminist MHPSS Interventions:

1. **Depathologizing Suffering:** Recognise that mental health struggles in marginalised individuals are primarily psychological responses to power imbalances, structural violence, discrimination, and the difficulties of coping with oppressive environments<sup>16</sup>.
2. **Holistic Understanding:** Consider the full picture of service users' lives, including power imbalances and structural violence, rather than focusing solely on symptoms.
3. **Intersectionality:** Recognise how different social identities are intertwined and how they impact personal experiences. This entails examining and discussing the ways in which overlapping oppressive systems — such as those based on gender, racism, class, and sexual orientation — affect mental health.
4. **Addressing Structural Factors of Inequality:** Identify and openly discuss the structural factors that contribute to mental health suffering, which will help service users to recognise the social factors behind their distress. This includes actively addressing cultural, racial, historical, and gender inequalities
5. **Gender and Power Analysis:** Promote critical reflection on the cultural narratives and societal norms that produce gender inequality and racism to reach an understanding of how they affect one's sense of self, relationships with others, and mental health.
6. **Contextual Understanding:** Aim to understand service users' experiences within their specific contexts and values, interpreting these experiences through the lens of their cultural norms and adopted meanings.
7. **Creating Safe Spaces:** Create and maintain safe spaces for service users to share and process emotions and construct meaning from their lived experiences.
8. **Empowerment and Learning:** Acknowledge and validate service users' strengths, both individual and collective, while offering new skills that can help them manage everyday hassles and adversity.
9. **Reclaiming Control:** Maximise service users' ability to exercise choice and practice control over their daily lives. This includes fostering self-esteem, self-efficacy, and assertiveness.
10. **Challenging Power Dynamics:** Minimise power relationships between service providers and users by clearly explaining the intervention processes and involving service users in all decisions and steps.
11. **Acknowledging Expertise:** Recognise service users as the experts of their own experiences and collaborate with them to explore the challenges they face, understand their roots, and identify possible solutions that suit their worldviews and living realities.
12. **Flexibility and Openness to Change:** Ensure that services evolve and adapt to the knowledge emerging from the interactions with the service users and incorporate their experiences, narratives, and wisdom.
13. **Thoughtful Language:** Language has a significant impact on specific interactions and the overall service experience, so be mindful of the language you adopt with service users and choose your words thoughtfully. Avoid terms that express authority, disregard systemic inequalities, or lack empathy as they might hinder the development of trust<sup>17</sup>.

16 Adams, T., & Estrada-Villalta, S. (2020). Health disparities, social inequities, and the role of structural violence: Understanding health in marginalized communities. *Journal of Social Issues*, 76(4), 759–783. <https://doi.org/10.1111/josi.12435>

17 [https://www.tnlcommunityfund.org.uk/media/insights/documents/WGI-Briefings-Feminist-Services.pdf?mtime=20230420112403&focal=none%20\(June%202020\)](https://www.tnlcommunityfund.org.uk/media/insights/documents/WGI-Briefings-Feminist-Services.pdf?mtime=20230420112403&focal=none%20(June%202020))

Adhering to these principles during each practice or activity gives service users the opportunity to:

- **Be Heard:** Feel that their voices are heard, their experiences acknowledged, and their perspectives honoured.
- **Re-frame Experiences:** Reinterpret their responses to harmful events in oppressive and dangerous contexts as rational and justified.
- **Normalise Psycho-Social Responses:** Make sense of and normalise their reactions to trauma and oppression.
- **Acknowledge Resilience and Resistance:** Recognise their growing resilience and celebrate their everyday acts of resistance against oppressive realities.
- **Practice Peer Support and Learn Mutual Help:** Benefit from shared experiences and provide mutual support within their community.



## (II) MHPSS Community-Based Approaches

A community approach that is grounded in socio-ecological perspectives of mental health combines indigenous healing practices, local knowledge, social resources, and socio-cultural contexts to produce comprehensive and contextually appropriate MHPSS interventions. In line with feminist viewpoints, it acknowledges the close connections between mental health and everyday struggles, structural violence, economic hardship, and collective traumas. It questions conventional intrapersonal psychological frameworks and puts communal understandings of psychological wellbeing at the centre of MHPSS activities by utilising local languages, cultural values, community narratives, and tools. Its main objectives include going beyond simply alleviating individual symptoms to restore social fabrics, enhance community connections, bolster collective resilience, and preserve a shared sense of dignity<sup>18</sup>.

These approaches must be flexible and responsive to the unique social, cultural, and political dynamics of each community, centring on empowerment and fostering local capacity, sustainability, and self-determination. By acknowledging and addressing the interconnected dynamics of families, groups, and communities, these approaches strengthen cultural identity and equip communities with the tools they need to navigate their challenges.

The community-based approach is now at the centre of MHPSS interventions with an increasing number of examples of successful practices from different places around the globe. In situations where there is a shortage of qualified mental health experts, community members can serve as key actors providing support to their communities. The involvement of community members in service provision and relying on local tools and activities can go hand-in-hand with the specialised services that are provided by MHPSS professionals such as case management, cognitive behavioural therapy (CBT), and psychiatric treatments. In community-based approaches, these specialised practices should always be adapted to the setting of the targeted community.

The WHO's "Low Intensity Psychological Interventions" exemplify how well-established approaches can be adapted within a community-based approach. This programme was designed to train lay community members to deliver MHPSS services using simplified CBT techniques to reduce depression and anxiety. An example of these interventions is the WHO's Problem Management Plus (PM+), a transdiagnostic program aimed at helping individuals manage distress and practical problems<sup>19</sup>.

The WHO also launched the Mental Health Gap Action Programme (mhGAP) in 2008 to expand and enhance community-based services. The mhGAP Intervention Guide (mhGAP-IG) equips non-specialist health workers with tools to assess and manage mental health conditions, thus integrating care into primary health services. Beyond clinical settings, the mhGAP Community Toolkit emphasises communal networks, local knowledge, and existing resources to promote a rights-based, socially integrated approach. It fosters relationship building, vocational and educational support, and social recovery to enhance well-being and connectedness<sup>20</sup>.

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18 Bragin, Martha. (2023). Community Based Psychosocial Support-Lessons from the Global South. [https://www.researchgate.net/publication/369693324\\_](https://www.researchgate.net/publication/369693324_)

19 Schäfer SK, Thomas LM, Lindner S, Lieb K. World Health Organization's low-intensity psychosocial interventions: a systematic review and meta-analysis of the effects of Problem Management Plus and Step-by-Step. *World Psychiatry*. 2023 Oct;22(3):449462-

20 [https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme?utm\\_source=chatgpt.com](https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme?utm_source=chatgpt.com)

While the growing recognition of community approaches has proven effective in addressing widespread challenges, it is essential to understand how community-based approaches can align with feminist principles. This alignment is essential to ensure that these methods do not unintentionally reinforce existing power imbalances, oppressive social dynamics, or problematic norms and beliefs. Rather, they should actively empower those most marginalised within the community, enabling them to reclaim spaces, challenge oppressive structures, and foster more equitable communal relationships. By embedding feminist intersectional perspectives, community-based interventions can become a tool for both communal healing and social transformation. In that sense, community-based initiatives guided by feminist principles must actively engage with and challenge the gendered, class-based, racial, and other intersecting elements of oppression that define communal structures. This entails ensuring that interventions aim at changing the oppressive structures that uphold inequality and violence rather than merely integrating communities into preexisting frameworks.

For example, training local leaders to offer psychosocial support within their existing roles (e.g., teachers, religious leaders, and nurses) is a common practice within the community-based approach. Instead of limiting psychological services to private clinics, utilising more accessible spaces such as community centres, mosques, churches, and schools where trained and trusted community members can provide support can ensure sustainability and reduce the social stigma associated with seeking mental health services. However, to be aligned with feminist principles, this must be accompanied by a critical analysis of power dynamics and gender norms that may restrict women or other marginalised people's access to services, such as limitations on their mobility or barriers to assuming leadership roles. It may be crucial to challenge traditional beliefs that make it difficult for men to accept leadership by or support from women. This does not mean imposing change on the community but rather actively engaging with, questioning, and addressing the underlying beliefs and social structures that reinforce these limitations.



### **(III) Bottom-Up Approaches to MHPSS**

Aligned with the feminist approach and community-based perspectives - both of which prioritise the integration of marginalised voices - bottom-up approaches to MHPSS are centred on local knowledge, community resilience, and communal adaptive processes. Bottom-up approaches provide useful ways to guarantee that solutions are based on community members' needs, priorities, and worldviews. They place a strong emphasis on a participatory process that involves communities at every turn, from defining goals during the planning phase to implementing activities aligned with these goals and evaluating the outcomes. Bottom-up techniques empower communities as active agents in developing interventions, recognising their lived experiences and guaranteeing their meaningful participation in decision-making by shifting power between service providers and community members (service users).

However, while bottom-up approaches foster community participation and empowerment, they are not inherently feminist and without a critical lens that challenges existing power structures, these approaches risk reinforcing oppressive social norms and communal practices. Bottom-up initiatives may unintentionally reinforce harmful power imbalances if they do not incorporate an intersectional gender analysis, as previously stressed in community-based approaches. For example, unless they actively confront systemic injustices, these strategies might risk marginalising women or other marginalised groups, restricting their involvement or silencing their voices in determining MHPSS interventions. Interventions based on approaches that fail to properly engage with these socio-political dynamics run the risk of replicating the very disparities they aim to address.

Thus, while bottom-up and community-based approaches both share the goal of empowering communities and ensuring that interventions are relevant and sustainable, they must also adopt a feminist lens to explicitly confront issues of power, gender, race, and citizenship status. A feminist-informed, community-based, bottom-up approach therefore offers a more transformative response to mental health needs. Such strategies not only guarantee inclusivity and empowerment for many oppressed groups but also address interlocking forms of oppression by promoting actual community ownership and making the most of local capacities. As a result, bottom-up, community-based feminist MHPSS interventions can serve as a means of promoting both social change and recovery.

## Chapter (2): On Covering What is Missing: The Perspectives of Experts and Marginalised Community Members From the Middle East Region

In this chapter we present the second basis for developing the framework, which is represented in the findings from the field study designed to critically examine existing MHPSS practices in the Middle East. This study aimed to illuminate the limitations of current dominant approaches, explore potential alternatives, and identify the primary needs of marginalised groups in Lebanon and the region while also gathering insights on how these needs can be addressed more effectively. This chapter synthesises insights from service providers and users to lay the groundwork for proposing context-specific guidelines that emphasise community-based, bottom-up, and feminist approaches. These findings directly inform the principles of both the framework and the implementation model presented in section B.

We conducted a total of 21 semi-structured interviews; 14 with experts and service providers and 7 with community members (service users). The expert group, which consisted of 10 women, 3 men, and 1 queer person, included academics, mental health consultants, and practitioners from Lebanon, Iraq, Egypt, the Palestinian Territories, Türkiye, and Jordan. The community member group consisted of 6 women and 2 men from El Hay El Gharbi in Beirut. The interviews ranged from 30 minutes to 2 hours and 20 minutes, conducted over one or two sessions. While most expert interviews were conducted virtually via Zoom, the service user interviews took place in person at Tahaddi CSO in El Hay El Gharbi.

In addition to the interviews, we facilitated three focus group workshops. The first was held in person with 9 diverse service users including Syrian and Lebanese women from El Hay El Gharbi, Syrian women from Beqaa, and people who are migrant workers in Lebanon. The second focus group, also in person, featured 8 MHPSS practitioners and experts from local and international organisations such as Tahaddi, Women Now, Gharsa, Médecins Sans Frontières (MSF), and Médecins du Monde (MDM). The third focus group was conducted virtually and involved six experts and service providers directly engaged in MHPSS services with marginalised groups across Türkiye, Syria, the Palestinian Territories, Iraq, and Jordan.

The interviews revealed a significant expansion in service provision in the region following the “Syrian crisis” in 2011, largely driven by international organisations, including UN agencies. This growth introduced time-efficient approaches such as first-aid strategies, brief trauma-focused interventions, and psychoeducational programs. Lay personnel were trained to provide psychosocial support, addressing both mental health challenges and the broader psychosocial needs arising from displacement and conflict.

A key finding relates to the theoretical basis of these efforts: despite the conceptual distinction between traditional and non-traditional approaches, such a divide is rarely observed in practice. Practitioners often adopt hybrid strategies which combine established biomedical or clinical intrapersonal methods such as psychiatric services or cognitive behavioural therapy with more flexible, context-driven approaches such as communal activities, and this integrated approach better addresses the complex needs of individuals and communities. However, there are still several gaps in MHPSS-service provision in the Middle East region, particularly in the alignment of existing hybrid approaches and the diverse and evolving needs of marginalised groups. Some of the challenges identified are general limitations affecting the MHPSS services provided by CSOs working with marginalised communities, while others are more directly linked to the limited integration of the feminist principles which are central to this framework. We begin by outlining the general limitations and then explore those that are specifically relevant to a feminist approach.

As well as presenting numerous insights, the interviews and focus groups also revealed several limitations. Some of these limitations are general challenges related to the provision of MHPSS services, while others specifically concern the adoption of a feminist framework in service delivery. We outline both sets of limitations below.

## General Limitations

1. **Limited Resources:** The CSOs that provide MHPSS services frequently lack the resources to provide long-term, specialised services. Project-based funding models make this problem worse by limiting long-term planning, continuity of care, and the capacity to create intersectional, context-specific support for under-served populations.
2. **Community Awareness:** Limited awareness about the importance of MHPSS services within communities can hinder engagement and long-term commitment to interventions.
3. **Stigma:** Mental health stigma disproportionately affects marginalised groups, limiting access and reducing the perceived acceptability of MHPSS programs within these communities.
4. **Lack of Clarity about MHPSS Approaches and Methods:** It is often difficult for service users to comprehend the methods and strategies that MHPSS interventions employ, and this lack of clarity can lead to confusion, mistrust, and decreased efficacy, especially when working with marginalised or diverse communities.

## Limitations Relevant to the Feminist Approach

1. **Dominance of the Intrapersonal Biomedical and Clinical Approach and Limited Training on Alternative Approaches:** The lack of structured training on context-based approaches such as feminist and community-based approaches that explicitly engage with power imbalances and structural injustice can limit the effectiveness of interventions that seek to address psychological responses to structural violence and discrimination.
2. **Power Dynamics and Misaligned Approaches:** Unequal power dynamics between service providers and users, along with the use of approaches that do not align with the worldviews and needs of service users, limit the effectiveness of interventions.
3. **Restrictive Gender Norms and Attitudes:** Deeply ingrained gender norms and restrictive social attitudes create significant barriers to accessing MHPSS services, particularly for women, and especially when compounded by mobility restrictions. Stereotypes about service-providing organisations — such as the perception that they promote foreign agendas or seek to undermine traditional family structures — also discourage engagement and contribute to mistrust within communities.
4. **Masculinity Norms and Men's Limited Engagement:** Men's low participation in MHPSS services is a notable issue that could be caused by stigma, societal standards surrounding masculinity, or a lack of perceived significance. In addition to limiting men's access to help, this also makes it more challenging to question and change restrictive gender norms, which is a major objective of the feminist approach to MHPSS.
5. **Detachment from Lived Realities:** It is challenging for marginalised individuals to fully engage in mental health support since many MHPSS services do not consider their daily lived circumstances, particularly those who are dealing with discrimination, institutional violence, and meeting fundamental livelihood needs.

The limitations and insights gathered through the interviews and focus groups identified key gaps, challenges, and opportunities for change which guided the drafting of the framework, particularly in envisioning the types of guidelines that could enhance the services provided and make them more contextually grounded and transformative, following the principles of the feminist approach.

## Chapter (3) General Guidelines for Feminist Community-Based MHPSS Interventions

After laying the groundwork with a review of existing literature and insights from community members, experts, and service providers, we now present the core of this document: a set of recommended guidelines for developing and implementing feminist community-based interventions using a bottom-up approach. These guidelines focus on the following key areas:

1. **Engaging Community Members:** Strategies for meaningful participation and inclusion.
2. **Goals, Outcomes, and Indicators:** Defining relevant measures for a feminist intervention.
3. **Intervention Activities:** Types of activities that align with feminist principles.
4. **Training and Supervision:** Key insights from a feminist approach.
5. **Monitoring and Evaluation (M&E):** Essential features of feminist-informed M&E processes.

An example of how these guidelines can be practically applied will be presented in the implementation model, which follows the framework in the next section.

### (1) Engagement of Community Members

Actively and structurally involving community members ensures that the voices of marginalised individuals are integrated into shaping an intervention's goals and activities, and that their values and perspectives are both represented and reflected at every stage. It also helps to reduce power imbalances between service users and providers, which is an essential principle of feminist MHPSS perspectives.

At the same time, it is crucial to consider power imbalances among the community members themselves. It is recommended that a power mapping and analysis is conducted at the outset of the intervention. This process should also examine potential conflicts between different subgroups that could create tensions during implementation. Common examples are tensions between refugees and host communities or between individuals from different sectarian, ethnic, or political backgrounds. Identifying these dynamics early allows for proactive strategies to be put in place to foster inclusive participation and mitigate conflicts that could otherwise hinder the intervention's effectiveness. This approach ensures fairness, diversity, and equity in access to services, as well as in leadership roles, aligning with the feminist principles of equity and justice.

While local CSOs often have insights into these dynamics, their understanding can be further enriched through structured discussions with community members, such as focus group workshops. Several existing resources<sup>21</sup> can also support a structured mapping and analysis of power dynamics, helping to ensure that interventions are equitable, inclusive, and responsive to the diverse realities within the community.

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21 [https://www.crs.org/sites/default/files/tools-research/basic\\_guide\\_-\\_social\\_power\\_dynamics\\_assessments\\_final\\_sept\\_2023.pdf?utm\\_source=chatgpt.com](https://www.crs.org/sites/default/files/tools-research/basic_guide_-_social_power_dynamics_assessments_final_sept_2023.pdf?utm_source=chatgpt.com)

### (a) Selecting Community Members as Co-Facilitators for Implementation of Activities

Community members can support processes as co-facilitators, acting as bridges between facilitators from implementing organisations and the broader community and ensuring that interventions resonate with local realities. Co-facilitators may include teachers, healthcare providers, or laypersons with a genuine interest in supporting their community.

Co-facilitators must take on this role voluntarily and receive adequate training to equip them with the necessary skills to navigate community dynamics, provide support without causing harm, and manage their own well-being. Proper training helps to prevent burnout and ensures that facilitators can engage effectively while also finding personal and professional fulfilment in their roles. The type of training that can be provided, as well as the form of supervision approach that aligns with feminist principles, will be presented in a separate section at the end of this chapter.

Local CSOs play a crucial role in identifying suitable community members who can serve as co-facilitators, as they usually have a deep knowledge of the community's nature and existing dynamics. CSOs may also consider publishing ads to reach a wider pool of potential co-facilitators and select among those interested through an interview process. This approach can help attract individuals who may not be directly connected to the organisation, but who have the motivation and relevant skills to contribute effectively to the intervention.

The selection process should carefully consider intersectional identity elements such as gender, age, educational level, socioeconomic status, religion and sect, race, citizenship status, language and dialect, and political affiliations or views. A balanced representation of different subgroups and identities is necessary, but potential tensions or conflicts within and between these groups must also be considered to ensure a cohesive and constructive working environment.

From a feminist perspective, the selection process should actively challenge underlying power dynamics related to identity dimensions that may limit certain community members' opportunities to take on leadership roles.

To ensure success and effectiveness, co-facilitators must embody a unique combination of personal qualities and professional skills that not only foster trust and engagement but also promote sustainable, supportive environments for healing. Co-facilitators are ideally trusted community leaders / advocates with the following qualities:

- **Charismatic:** Able to inspire and engage participants.
- **Empathetic:** Understanding and sharing the emotions of others.
- **Motivated:** Dedicated to making a positive impact.
- **Respectful:** Valuing the dignity of all community members.
- **Mindful of Power Dynamics:** Aware of existing imbalances and sensitive to them.
- **Reflective:** Thoughtful and capable of self-assessment.
- **Sensitive:** Attuned to participants' needs and emotions.
- **Communication Skills:** Demonstrate strong and effective communication abilities.
- **Community Engagement:** Maintain strong relationships with community members from diverse backgrounds and have a deep understanding of their needs and circumstances.
- **Basic Knowledge of Mental Health and a Positive Attitude Toward Psychosocial Support:** Understand fundamental mental health concepts and recognise the value of psychosocial support.

Finding a group of co-facilitators who fully embody all these qualities can be challenging. However, it is important to prioritise essential qualities such as charisma, empathy, sensitivity, and motivation. The CSO can then provide training and capacity-building to strengthen other necessary skills such as facilitation techniques and knowledge of MHPSS topics. A multi-step screening process can help ensure that selected facilitators have a strong foundation in key areas while also allowing room for growth and development through ongoing training and mentorship.

### **(b) Assigning Co-Facilitators to Different Roles and Groups**

Once co-facilitators are selected, it is crucial to carefully assign them to different roles and groups while continuously monitoring their interactions throughout the intervention. Adaptations may be necessary based on group dynamics, participant needs, and emerging challenges. Key considerations for assigning co-facilitators effectively include:

- **Impact of co-facilitator gender on group dynamics:** Gender can significantly affect participation and interactions within groups. Depending on the context, assigning men and women facilitators or adjusting facilitation styles may help ensure inclusive engagement. In some cases, having same-gender co-facilitators for sensitive topics can create a more comfortable environment for active participation.
- **Participants' comfort levels with co-facilitators:** Understanding how participants perceive facilitators is crucial for building trust and ensuring effective group dynamics. Comfort levels may be influenced by interpersonal relationships, gender, age, citizenship, or other identity factors. Recognising how these dimensions intersect to shape power hierarchies and group interactions is essential, as explained earlier.
- **Ethnic or cultural conflicts within groups:** Pre-emptively identifying and openly discussing potential conflicts enables co-facilitators to manage tensions effectively. It is important to prepare strategies to mitigate such communal tensions, whether between co-facilitators and participants or among participants themselves. Possible strategies that can be used include:
  - Facilitating open constructive discussions among community members about existing power dynamics and tensions.
  - Emphasising the harm that these tensions and power imbalances can cause to the most vulnerable members of the community.
  - Providing a context on the historical and socio-political roots of these tensions, emphasising that they stem from structural inequalities rather than individual differences.
  - Focusing on shared experiences of structural marginalisation and common challenges that impact all community members.

These discussions should be handled delicately, ensuring they foster understanding and solidarity rather than division. A gradual and non-confrontational approach is key to encouraging dialogue without exacerbating existing conflicts.

To maintain responsiveness and adaptability, it is important to establish regular feedback mechanisms to assess the participant's experiences with co-facilitators. This can include short evaluation surveys, anonymous feedback boxes, or periodic check-ins to identify potential concerns and make necessary adjustments to ensure that facilitation remains effective and responsive to the diverse needs of the community.

### (c) Co-Facilitator Involvement Across Different Stages

Co-facilitators should be involved in every stage throughout the implementation. Examples of the different roles they can play in each stage can include the following:

- **In the Design Phase:** Co-facilitators can contribute to the selection of activities, the formation of different activity groups, the identification of targeted objectives, and the recruitment of participants. One effective approach to involve the co-facilitators from the onset of the intervention is to organise inception workshops, which can serve as collaborative spaces for the co-creation of the intervention's different elements. These workshops can bring together co-facilitators from the community, CSO staff with responsibility for implementation, and other technical personnel involved in the MHPSS project. This collaborative process can foster a sense of ownership and accountability among community members, establishing a solid foundation for an initiative's long-term sustainability.

Moreover, community members can play a pivotal role in the recruitment process of the intervention participants by leveraging their trusted networks to engage a broader and more diverse cross-section of the community. Their involvement enhances accessibility while strengthening trust and collaboration between the implementing organisation and the community.

However, it is also essential to remain mindful of the potential power dynamics and interpersonal ties that may influence recruitment. Community members involved in this process may act as gatekeepers, intentionally or unintentionally selecting certain individuals while excluding others based on social, political, or personal biases. To mitigate this risk, it is crucial to analyse the underlying power structures and relationships within the community from the outset, openly discuss them with co-facilitators, closely monitor the process, conduct regular assessments, and intervene directly in the recruitment process when necessary. Additionally, using complementary recruitment methods - such as publicly posted ads in accessible locations - can help to ensure an open, inclusive process that reaches diverse community members.

- **In the Implementation Phase:** Co-facilitators should take on active roles during intervention sessions, helping to implement activities while developing leadership, communication, and facilitation skills. This process not only empowers them but also strengthens their ability to lead future community-driven initiatives, contributing to long-term capacity building and sustainability.
- **In the M&E Phase:** Co-facilitators may support M&E efforts by collecting regular feedback from the participants. Their close engagement allows them to gather insights into challenges, effectiveness, and areas for improvement. They may also assist in final evaluations by helping with data collection, facilitating reflective discussions, and ensuring participant voices remain central to the assessment process

## (2) Objectives, Outcomes & Indicators

In this section we outline the **objectives**, outcomes, and indicators that can guide a feminist MHPSS intervention. Objectives define the broad goals that the intervention seeks to achieve. **Outcomes** represent the expected changes in behaviours, relationships, and internal processes at the level of individual, community, and involved organisations resulting from the intervention. **Indicators** provide concrete measures to assess the extent to which the targeted outcomes have been achieved. Clearly defining these elements ensures a structured and intentional approach to the intervention and allows for the systematic tracking of its progress and a meaningful evaluation of its impact.

### (a) Objectives

In line with the overarching goals of feminist MHPSS interventions (page 13), we have identified several key objectives to guide the design of MHPSS activities for marginalised groups in the Middle East. These objectives emerged from both our fieldwork study and an extensive literature review<sup>22</sup>. While these objectives provide a valuable foundation for feminist MHPSS efforts – particularly those that seek to engage with contextual factors and challenge existing power structures – their relevance and significance may vary depending on the specific context of the intervention and the priorities of the target communities. Therefore, in line with the principles of the bottom-up approach, it is essential to assess their relevance within each context and adapt them as necessary to ensure they remain responsive to the lived realities of the communities involved.

1. **Contextualising Mental Health Awareness:** Increasing awareness about mental health and its intersection with discrimination, structured oppression, and positions of power within the community is a feminist strategic goal that can help to reduce stigma and encourage the utilisation of available services.
2. **Raising Awareness of Power Structures:** Feminist practices increase awareness of gender norms and the broader power structures that sustain them. They not only address individual mental health needs but also analyse and challenge the power dynamics that influence those needs. This involves empowering participants to recognise the societal, cultural, and institutional forces shaping their lives. By doing so, feminist interventions help to dismantle unequal power relations and promote agency, critical consciousness, and social change.
3. **Promoting Self-Care and Self-Compassion:** In feminist MHPSS interventions, self-care is not just about engaging in self-care activities but about reclaiming autonomy over one's body, mind, and emotions in a world that often demands significant emotional labour from marginalised individuals. Encouraging self-care and self-compassion empowers individuals to prioritise their well-being in the face of oppression and hardship. It reframes self-care as resistance and critiques the undervaluation of emotional labour, particularly in marginalised communities.
4. **Enhancing Assertiveness:** Assertiveness in feminist practices extends beyond helping individuals to express their needs by actively challenging the societal norms that silence marginalised voices. By fostering assertiveness, feminist interventions empower individuals to advocate for their rights, challenge oppressive structures, and make decisions that reflect their needs, which promotes agency and self-determination.
5. **Reinforcing Resilience:** In a feminist framework, resilience is not just about recovery but about recognising and valuing how individuals and communities have resisted and survived oppression. Feminist-informed resilience builds on existing strengths, shifting from a deficit-based model to one that honours survival, strength, and resistance as central to healing.

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22 Moruf A. Abidogun. (2023), Feminist Approaches in Counselling Psychology: Empowering Women's Mental Health, J. Women Health Care and Issues. 6(5); DOI:10.31579159/9756-2642/

6. **Acknowledging Everyday Resistance:** This goal directly aligns with feminist theory by emphasising the often-overlooked acts of resistance that marginalised individuals engage in daily. These everyday acts are not just coping mechanisms but expressions of strength and empowerment. Recognising and valuing them validates individuals' experiences, reinforces their agency, and supports their psychological well-being, especially in historically silenced communities.
7. **Empowering Individuals:** The ultimate goal of feminist MHPSS practices is to strengthen individuals' sense of agency, control, and autonomy. Empowerment, which is rooted in the feminist principles of equality and power transformation, enables individuals to define their own narratives and act with confidence. It also includes improving livelihoods by enhancing skills, providing access to job opportunities, and promoting economic independence, which fosters self-efficacy and overall psychological well-being.
8. **Creating a Sense of Community and Building Safe Bonds:** This involves fostering environments where individuals feel connected and supported, which enhances their sense of security and belonging. Strengthening communal ties and encouraging supportive interactions helps to reduce feelings of isolation and promote wellbeing among marginalised populations. Equipping community members with the skills to support themselves and others in managing mental health challenges is essential for building sustainable and resilient communities.

#### **(b) Outcomes**

Outcomes serve as a foundation for identifying adaptive behaviours and relationships while highlighting areas where positive change can occur. This process is not just about reclaiming what was lost but also about fostering new, adaptive patterns. Defining clear outcomes is essential for guiding and evaluating interventions as they establish the pre-intervention baseline and defines its scope.

Ideally, outcomes should not be predetermined but should be developed in collaboration with the community through group discussions and workshops to reflect local perspectives, aspirations, and goals. Possible outcomes of feminist community-based MHPSS interventions are given below. Through interviews with community members and service providers in the region, we identified these outcomes at three levels (individual, community, and systemic) among marginalised communities in the Middle East. These outcomes serve as guiding examples and can be adapted, refined, or expanded through discussions with community members to better align with different contexts and the specific needs of other projects.

## Individual Outcomes

Individual outcomes refer to changes in behaviours and internal processes that occur on a personal level, such as thoughts and emotions. Although these changes happen at an intrapersonal level, they are not isolated. Recognising the intersectional and ecological relationships that individuals have with their surroundings, these outcomes are deeply interconnected with changes at the broader community level changes which will be presented in the section that follows. The individual outcomes may include:

- **Increased Awareness of Rights:** Raising awareness of one's legal rights challenges oppressive structures that deny women, and marginalised groups, their autonomy and agency. Feminist MHPSS efforts then emphasise empowering individuals with knowledge of their rights to resist oppressive systems and reclaim control over their lives.
- **Increased Accessibility:** Feminist practices focus on advocating for equitable access to services, ensuring that marginalised groups, especially women, can benefit from mental health support and resources. Addressing barriers such as poor referral networks, lack of documentation, and financial constraints becomes crucial in a feminist framework which seeks to dismantle exclusionary practices and ensure that all community members can access the care they need.
- **Better Access to Basic Needs:** In feminist MHPSS frameworks, access to basic needs such as clean water, shelter, education, hygiene, and fair wages is not just about survival, but also about challenging the gendered nature of the distribution of resources. Integrating MHPSS with basic needs provision helps to address structural inequalities and empowers marginalised individuals.
- **Enhanced Sense of Control:** Psychosocial distress often manifests as a loss of control over one's thoughts, emotions, and actions. Feminist MHPSS interventions seek to restore a sense of control, particularly for marginalised individuals whose autonomy is often undermined by oppressive structures. Empowering individuals to regain a sense of control over their behaviour and emotions becomes an act of resistance, restoring their agency and challenging forces that seek to diminish their sense of self and power.
- **Enhanced Sense of Empowerment Among Women:** A feminist lens emphasises restoring agency, especially for women who experience oppression. Empowerment in feminist MHPSS is not just about individual recovery but also about challenging the societal norms and structures that limit women's freedom, choices, and opportunities. By enhancing women's sense of empowerment, interventions contribute to both individual and collective resistance against gender-based violence and discrimination.
- **Improved General Health:** Physical health is a significant indicator of overall well-being, but it also reflects the social and psychological pressures that individuals face. In a feminist framework, addressing general health issues goes beyond physical symptoms to examine their root causes, including gendered roles, unequal access to care, and psychological distress, highlighting the intersection between mental and physical health.
- **Better Awareness of Mental Health:** Raising mental health awareness reduces stigma, especially in communities where mental health issues are often dismissed. Feminist approaches highlight the connection between mental health and social and gendered power dynamics, validating experiences and empowering individuals, particularly women, to reclaim their mental well-being.
- **Increased Sense of Well-being:** Well-being is a core goal of MHPSS, but feminist approaches see it as something beyond emotional or mental stability and recognise the various ways in which intersecting forms of oppression can impact mental health. Feminist approaches seek to create spaces that foster well-being which is not defined solely by individual healing but also by collective resistance to the systems that create and sustain harm.

- **Healthier Family Relationships:** Mental distress can strain family relationships, leading to conflict and emotional turmoil. Addressing family dynamics is crucial both for individual healing and for challenging patriarchal family structures that may reinforce gender inequality or gender-based violence. Feminist interventions seek to foster healthier, more equitable relationships by critically examining power dynamics in ways that are both safe and contextually appropriate, with the goal of creating family environments where all family members can express their needs, desires, and perspectives without fear of repression or violence.
- **Stronger Relationality:** Connectedness is vital for mental health. Feminist MHPSS practices foster the building of support networks that go beyond individual healing to combat isolation and promote collective healing and resistance. This interconnectedness challenges individualistic notions of mental health and promotes solidarity by recognising the strength in shared experiences.
- **Improved Coping Strategies:** Feminist MHPSS approaches recognise how gendered experiences shape coping mechanisms. They promote adaptive strategies that empower individuals, especially women, to resist harmful societal pressures and navigate adversity. These strategies are tailored to the unique experiences of gender oppression and designed to strengthen resilience in the face of adversity.
- **Better Quality of Sleep:** Sleep quality is often disrupted by trauma and stress, which are exacerbated by gendered power imbalances. A feminist approach to improving sleep quality is not only about addressing the immediate symptoms but also understanding how societal and structural factors — such as gender-based violence and discrimination — contribute to sleep disturbances.

## Community Outcomes

Community outcomes within a feminist framework refer to the safety, strength, and functionality of the social and communal networks that are essential for collective well-being. Traumatic events, displacement, and severe adversity often dismantle communal bonds, making their restoration crucial. Rebuilding and reinforcing communal ties can foster resilience, mutual support, and a sense of belonging. These outcomes include strengthened psychosocial support networks that help individuals to navigate challenges more effectively. Key community outcomes include:

- **Challenging and Reconstructing Gender Norms and Beliefs:** A feminist approach to mental health recognises oppressive and restrictive societal gender norms as key sources of emotional burdens, distress, and gendered traumas. Critically engaging with these norms and transforming the harmful psychological patterns associated with them is therefore a central component of any feminist-informed MHPSS intervention. In this way, MHPSS activities aim at empowering individuals to question and challenge restrictive expectations, fostering both personal and collective change. The impact of these efforts should be reflected in shifts in community attitudes and behaviours toward women, examples of which could include a greater acceptance of women in leadership roles, the dismantling of harmful stereotypes, increased participation of men in household responsibilities, and a decline in both the acceptance and practice of gender-based violence.
- **Higher Sense of Community:** Beyond having a sense of belonging, a higher sense of community actively addresses structural inequalities that may undermine cooperation and inclusivity, negatively impacting community cohesion. It aims to reimagine the community as a space where cultural norms do not perpetuate harmful gender roles, and where psychosocial support networks are both accessible and responsive to the mental health needs of all members.

- **Stronger Community Capacity:** Empowering community members to support themselves and one another by fostering skills, expanding access to resources, and strengthening local networks enhances mutual aid, encourages collaboration, and builds resilience within the community, thus ensuring sustainable, community-driven solutions to mental health and psychosocial challenges.
- **Building New Networks:** Feminist-informed MHPSS practices promote the creation of inclusive and empowering interpersonal and psychosocial networks that strengthen community ties. These networks also integrate essential services such as healthcare, mental health care, and education, reinforcing the interconnectedness of these services within a framework that challenges discrimination and inequality.
- **Creating Safe Spaces:** Safe spaces that offer a refuge from violence, stress, and oppression are an essential part of feminist-informed MHPSS interventions. Beyond physical shelter, they create environments where individuals can reclaim agency, find mutual support, and share experiences without fear of judgment. These spaces foster solidarity and collective resistance, contributing to both personal and community healing.
- **Increased Inclusivity:** In feminist MHPSS interventions, inclusivity means actively challenging discriminatory structures and practices that marginalise individuals based on their gender, identity, or status. These interventions aim at breaking down the barriers that exclude certain groups and creating accessible and supportive environments where all community members can engage, heal, and grow without fear of rejection or stigmatisation.
- **Reducing Stigma:** Feminist approaches recognise the gendered and intersectional nature of mental health stigma and work to normalise mental health care and make it accessible to all. Feminist practices aim at shifting cultural attitudes and challenging harmful stereotypes that prevent individuals from seeking help or acknowledging their mental health needs. This stigma reduction promotes a healthier environment where mental wellbeing is acknowledged as a right and a collective responsibility.
- **Mutual Respect:** This principle acknowledges the dignity and value of every individual, particularly those whose voices are often marginalised or silenced. Respecting diverse experiences — especially those shaped by gendered oppression — creates a sense of equality and partnership, which is essential for collective healing and transformation.
- **Understanding Diverse Experiences:** This understanding goes beyond tolerance to foster empathy and solidarity, particularly in the face of structured oppression. By acknowledging and validating each person's unique struggles, feminist interventions aim at ensuring that everyone's experiences, particularly those shaped by structural inequalities, are recognised and addressed in ways that foster healing, connection, and shared strength.

## System Outcomes

Within this framework, system outcomes refer to the impact of an intervention on the Civil Society Organisations (CSOs) involved in its implementation. As MHPSS initiatives are dynamic processes involving both community members and organisations, we should also expect growth and change to occur within these organisations to improve their services and achieve sustainability once the intervention is over. Examples of key system outcomes include:

- **Higher Level of Accountability:** Feminist MHPSS frameworks prioritise organisational accountability, focusing on addressing power imbalances and the specific needs of marginalised groups. Accountability measures should be participatory, responsive to community concerns, and ensure that harm is addressed while fostering organisational learning. Feedback mechanisms in feminist frameworks must create safe spaces where marginalised voices are heard, and their concerns addressed. These mechanisms should be action-oriented, transforming harmful practices and improving services through community input.

- **Enhanced Collaboration and Partnerships:** Strengthening collaboration with other organisations, governmental bodies, and stakeholders is crucial. Feminist MHPSS efforts emphasise collaboration built on equality, mutual respect, and shared responsibility. This ensures marginalised communities also have a voice in decision-making, and that power structures within partnerships are dismantled.
- **Better Referral Networks:** Referral networks in feminist interventions should be inclusive and equity-driven, connecting marginalised groups to services that respect their gendered, cultural, and socio-economic realities. These networks promote sustainability by ensuring services are accessible and sensitive to intersectional needs.
- **Sustainability:** Feminist MHPSS efforts promote sustainability by empowering communities to recognise and address their own needs. It emphasises the long-term dismantling of oppressive structures, fostering community resilience and self-sufficiency.
- **Adopting Bottom-Up Approaches:** Feminist MHPSS develops the agency of marginalised community members by empowering them to lead interventions. This bottom-up approach ensures that solutions are co-created with the community, incorporating and respecting their knowledge and experiences.
- **Higher Level of Flexibility and Adaptability:** Organisations must be able to quickly adapt to changes and remain flexible in the face of different challenges. Sticking rigidly to manualised and traditional approaches can be counterproductive when applying bottom-up and community-based strategies. Feminist MHPSS practices must remain flexible and adaptable, particularly in contexts shaped by gendered power relations. This allows for culturally responsive solutions that integrate community knowledge and diverse ideas.
- **Improved Training and Capacity Building:** Organisations should focus on continuous training and capacity building for their staff to ensure that they are equipped with the latest knowledge and skills. Feminist MHPSS training equips staff with skills to recognise and challenge gendered based oppression and support community empowerment. Ongoing training is necessary to address the evolving needs of the community and the challenges of intersectional work.
- **More Transparent Communication:** Clear and open communication channels between the organisation and the community are vital. Transparency builds trust and ensures that community members are informed about the project's progress, challenges, and successes.
- **More Innovative Approaches:** Encouraging innovation within organisations helps them to develop new methods and solutions that are tailored to the community's needs. In feminist MHPSS, innovation challenges traditional mental health care approaches and explores non-hierarchical methods and community-driven solutions. This encourages more inclusive, equitable, and culturally responsive interventions.
- **Better Monitoring and Evaluation Process:** Regularly monitoring and evaluating a project's processes and outcomes helps in assessing its impact and making any necessary adjustments. This continuous improvement cycle ensures that projects remain relevant and effective. In the context of feminist MHPSS work, M&E should be sensitive to the unique needs and circumstances of the populations it serves and use participatory quantitative and qualitative approaches to capture outcomes related to empowerment, agency, and the reduction of gendered and intersectional oppression, with continuous feedback loops for improvement.

By including these system level outcomes, CSOs can enhance their operational effectiveness and the sustainability of their initiatives and better serve the communities they work with.

### (3) Suggested Activities and Guiding Principles

The purpose of feminist interventions extends beyond the personal to encompass the political. They actively engage with issues of diversity, gender inequality, sexism, and discrimination, with a commitment to fostering both individual growth and societal change. A core aim is to amplify the voices of those who have been marginalised, recognising their experiences and contextualising their mental health struggles within larger systems of oppression.

In this context, activities serve as tools to achieve the desired outcomes of the intervention. Through our field study and literature review, we identified diverse forms of MHPSS activities that can be designed to be well aligned with feminist principles and effectively support marginalised communities. Combining these activities goes beyond addressing immediate mental health needs and extends to challenging oppressive structures, fostering collective healing, and strengthening community resilience. In the next section we will briefly introduce suggested activities, which will be further detailed and operationalised in the intervention model. This will be followed by a discussion of key principles that should guide community-based approaches within a feminist MHPSS intervention.

- **Psychoeducation and Awareness Raising:** Psychoeducation in a feminist framework goes beyond providing knowledge; it actively empowers participants by connecting their personal experiences to larger social and systemic issues. By addressing topics such as gender-based violence, discrimination, bases of racism, and everyday resistance, this activity aligns with the feminist principles of raising consciousness about oppression and fostering critical reflection. It promotes agency and resilience by equipping the participants with practical tools to navigate and challenge structural inequalities, which is a core tenet of feminist community-based approaches.
- **Spaces for Emotional Ventilation, Active Listening, and Sharing:** This activity embodies the feminist principles of creating safe, inclusive, and non-hierarchical spaces where participants can openly share their emotions and experiences. It challenges the traditional power dynamics that are often present in therapeutic settings and emphasises empathy, mutual respect, and the absence of judgment or advice giving. By fostering connection through both shared and diverse experiences, this practice embodies the feminist values of solidarity, collective empowerment, and community-based healing.
- **Collective Storytelling and Communal Narratives:** Collective storytelling aligns with feminist approaches by emphasising the relational and communal aspects of healing. It challenges the individualistic nature of traditional therapy by intertwining personal stories with shared narratives to highlight the interconnectedness of personal and collective struggles. The use of fictional elements respects participants' privacy, aligning with the feminist ethics of care. This method also disrupts power imbalances by ensuring that all voices are heard and valued to foster a sense of solidarity and shared meaning, which is critical in feminist community-based interventions<sup>23</sup>.
- **Creative Art-Based Interventions:** Creative methods such as drawing, dance, and playback theatre reflect feminist principles by providing accessible, non-verbal means of expression. This can be particularly empowering for participants who might struggle with traditional forms of communication. These activities facilitate emotional exploration while challenging the dominance of verbal and cognitive approaches that are often rooted in patriarchal structures. Drama and playback theatre, in particular, emphasise collaboration and shared creativity, which aligns with the feminist values of inclusivity and community building. This approach recognises the diversity of expression and honours individual and collective experiences.

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23 Denborough. (2208) Collective Narrative Practice. <https://dulwichcentre.com.au/collective-narrative-practice/>

- **Somatic Activities:** Somatic activities resonate with feminist approaches by integrating the body into the healing process, challenging the mind-body dualism that is often perpetuated by patriarchal and biomedical models. Activities such as yoga, mindfulness, and dance empower participants to reconnect with their bodies as a source of agency and resilience. By addressing the physical manifestations of emotional distress, these practices honour the holistic nature of well-being and provide an inclusive, accessible means of processing emotions that value the participants' diverse capacities and preferences.
- **Vocational Training:** Vocational training reflects feminist principles by addressing structural inequalities and promoting economic empowerment. Equipping participants with practical, marketable skills tackles systemic barriers to livelihood and self-sufficiency, particularly for women and marginalised groups who face disproportionate economic challenges. The collaborative nature of vocational training fosters a sense of community and shared purpose, while its emphasis on skill-building underscores the feminist values of self-reliance, empowerment, and the dismantling of systemic dependency.

### Values and Principles Incorporated in Feminist MHPSS-Activities

The following are key feminist values and principles that guide group community-based activities to ensure safety, inclusivity, and respect during sessions. These principles should be clearly explained to participants in simple and accessible language at the start of an intervention and reinforced in each session to maintain a secure and supportive environment, especially during activities that involve emotional expression or personal sharing. Upholding these guidelines will help to create safe spaces where participants can feel heard, valued, and protected throughout the intervention. The following are examples of the feminist values and principles that guide different group activities to ensure safety, inclusivity and respect during the sessions.

#### a. Values

- **Trust - Believing Each Other's Experiences:** Believing each other's testimonies fosters an environment of trust.
- **Equality - Every Experience is Equally Valuable:** (a) Recognising that every life experience holds equal value. (b) Avoiding comparisons of experiences, as each is unique and significant. (c) Rejecting any hierarchy of pain.
- **Intersectionality:** Acknowledging that multiple identities shape who individuals are, their perspectives and experiences of the world, and their varying degrees of privilege and disadvantage.
- **Caring:** Valuing and understanding each other's experiences and emotions. Striving to comprehend each other's experiences using individual interpretative frameworks.
- **Responsibility:** Sharing the responsibility for maintaining a safe and comfortable space for everyone.
- **Free Will – Collective Will:** This principle emphasises balancing individual autonomy with collective decision-making, ensuring that personal desires align with the shared goals of the group while fostering unity and inclusivity. (a) Balancing individual desires with the collective process: This emphasises the need to align personal choices with collective objectives, especially in group or community-based actions, while maintaining unity for the larger purpose. (b) Honouring the right to change one's mind: This acknowledges that personal views and commitments can evolve, and participants should feel safe to revise their beliefs or actions without fear of exclusion. This supports empowerment and personal growth within the group.
- **Acknowledging One's Privileges and Disadvantages:** Recognising and understanding one's own privileges and disadvantages as part of the collective effort to create an equitable environment and a sense of community.

## b. Principles

- **Confidentiality:** Protecting personal stories aligns with the feminist ethics of care and prioritises safety and autonomy within the group. This principle creates a space where individuals, particularly those from marginalised backgrounds, can reclaim their narratives without fear of exposure or exploitation.
- **Active Listening:** Feminist theory emphasises relational understanding and the deconstruction of power hierarchies in communication. Practices like non-judgmental listening and refraining from offering advice or diagnoses support mutual respect and dismantle the authority of the “expert,” fostering egalitarian dialogues and collective empowerment.
- **Equal Participation:** The emphasis on equal power during sessions is rooted in feminist critiques of hierarchy and domination. Encouraging all voices, particularly those that are often marginalised, challenges patriarchal structures and validates diverse perspectives as being equally important.
- **Space for Emotions:** Creating a judgment-free environment for emotional expression acknowledges the feminist focus on emotional labour and the historical silencing of women’s and marginalised groups’ emotional experiences. This principle validates all forms of emotional expression as integral to healing and resistance.
- **Assertiveness and ‘I’ Statements:** Feminist approaches advocate for self-determination and the reclamation of agency. Using “I” statements empowers participants to own their narratives and dismantles collective assumptions that can erase individual experiences, particularly for those whose voices are heard less often.
- **Withdrawal From the Session:** Allowing participants to step back without judgment reinforces autonomy and emotional boundaries, principles which are central to feminist theory. This recognises each person’s agency to care for themselves in a system that often demands self-sacrifice.

While many feminist principles naturally overlap with foundational MHPSS principles, since both aim to create inclusive, equitable, and empowering spaces for healing, feminist approaches bring a critical lens to these principles by explicitly addressing power imbalances and the intersectionality of identities. For example, confidentiality and active listening in feminist MHPSS practices are not only about ethical care but also about challenging societal norms that have historically silenced or dismissed marginalised voices.

#### (4) Training and Supervision

Comprehensive training and ongoing supervision for both facilitators (professionals from the CSO) and co-facilitators (selected community members) are essential for the successful implementation of an intervention. Comprehensive training equips them with the essential skills required for their roles, while ongoing supervision provides critical technical and emotional support. This continuous guidance fosters their professional growth and ensures that the intervention remains effective, impactful, and sustainable.

**Training:** Comprehensive training in feminist MHPSS is crucial both to equip facilitators and co-facilitators with the technical skills they need and to prepare them to navigate and challenge the power dynamics that often exist within support settings. Facilitators and co-facilitators must be trained to understand the intersectionality of mental health experiences and to recognise how gender, class, and other identity factors can shape an individuals' needs and access to support. Training should go beyond technical competencies and should emphasise the importance of situating mental health within its broader social, political, and cultural contexts.

**Supervision:** Regular supervision is particularly vital in feminist MHPSS to provide both technical and emotional support, while acknowledging the political nature of MHPSS work. Facilitating spaces that challenge existing societal and cultural norms and engage with the difficult living realities of the marginalised communities requires emotional labour, making supervision a critical component for ensuring the sustainability and wellbeing of facilitators and co-facilitators.

- Feminist supervision involves creating a reflective space where facilitators and co-facilitators can explore how their work aligns with the core purpose of feminist interventions, which is challenging the sociopolitical root causes of mental health suffering. It also serves as a platform for facilitators and co-facilitators to examine their own biases and values, fostering self-awareness and accountability.
- Supervision should also address the emotional and psychological toll of working with marginalised communities and engaging in heavy conversations about discrimination, oppression, and marginalisation. This helps prevent burnout, ensures the quality and sustainability of interventions, and minimises the risk of causing harm to both participants and facilitators.
- Supervision in feminist-informed MHPSS should also empower both facilitators and co-facilitators to maintain a collaborative, non-hierarchical approach, ensuring that their work supports the community's agency and dignity. Having supervision sessions overseen by a qualified counsellor or psychologist can help to address complex issues that arise while providing professional guidance and ensuring that facilitators are equipped to navigate the challenges of their role effectively.

## (5) Monitoring and Evaluation (M&E)

Feminist bottom-up approaches to M&E bring the experiences and voices of marginalised groups to the centre and emphasise participatory, inclusive, and reflexive practices that seek to uncover structural inequalities and foster empowerment. They are rooted in feminist principles and prioritise relationality, intersectionality, and the co-creation of knowledge. Community members should be actively involved in every stage of the M&E process from planning and design to data collection and analysis to ensure that the process reflects their lived realities, priorities, and aspirations. This participatory approach fosters a sense of ownership, builds trust, and challenges the power imbalances that are often inherent in traditional M&E frameworks. Engaging participants as co-creators rather than research subjects ensures that the evaluation process becomes more relevant, equitable, and impactful and enhances the validity and depth of the findings by incorporating diverse perspectives, particularly those of marginalised groups, thus ensuring that results are meaningful and actionable within local contexts.

A feminist bottom-up approach to M&E should ideally employ a mixed method approach that integrates both quantitative and qualitative tools. This allows for a comprehensive understanding of change by capturing both measurable trends and the complex lived experiences of individuals and communities and ensures that M&E does not rely solely on numerical data but also considers the participants' nuanced realities, making the evaluation process more inclusive and reflective of diverse perspectives. Quantitative methods provide measurable insights into patterns and trends, mapping the extent and nature of change by comparing data against baseline measurements. Common tools include surveys, structured questionnaires, and rating scales to assess well-being, coping strategies, and community cohesion. While simple statistical analyses help to identify shifts in key intervention outcomes, qualitative methods offer deeper insights into the participants' experiences and allow for a richer understanding of community concerns, organisational dynamics, and structural barriers. These methods help to uncover power dynamics and context-specific challenges that are often overlooked in purely quantitative approaches. Techniques such as in-depth interviews, participatory focus group discussions, and open-ended questionnaires encourage dialogue and shared reflection. Observations and creative methods, such as storytelling or mapping exercises, further capture emotions, narratives, and social interactions.



## Examples of Tools and Frameworks that Align with Feminist Principles

The following examples are drawn from the MHPSS community-based interventions literature. These tools and approaches can be modified to align with feminist principles by centring marginalised voices, challenging power imbalances, and ensuring participatory and inclusive evaluation methods. A key aspect of adapting these tools is reflexivity — the ongoing process of self-awareness and critical reflection on how one's biases, positionality, and power dynamics may influence the evaluation process. After presenting the tools, we will briefly outline key principles to guide their adaptation to feminist values. These principles will provide practical guidance on how to apply evaluation methods in ways that challenge existing hierarchies, promote agency, and contribute to meaningful, transformative change.

### SEE-PET (Socially Embedded and Empowering Participatory Evaluation Toolkit)<sup>24</sup>

SEE-PET is designed to engage the targeted population primarily from marginalised groups in evaluating programs that affect their lives. It prioritises collective learning and decision-making, encouraging participants to define evaluation criteria and processes. The toolkit combines participatory mapping, storytelling, and creative visual methods to identify hidden power structures and amplify voices that are often excluded from traditional M&E frameworks.

### Most Significant Change (MSC)<sup>25</sup>

MSC is a participatory, qualitative evaluation method that focuses on identifying and analysing the most significant changes brought about by a program or intervention. Community members share stories of transformation, which are then collectively reviewed to determine the most impactful outcomes. This approach values subjective experiences and highlights the diverse ways that programs affect individuals and communities.

### Gender-Responsive Results-Based Monitoring (GR-RBM)<sup>26</sup>

GR-RBM integrates a feminist lens into traditional results-based monitoring by embedding gender-specific indicators and participatory processes. It emphasises tracking outcomes related to equity, empowerment, and social transformation, ensuring that interventions address structural gender inequalities.

### Participatory Video (PV)<sup>27</sup>

PV is a creative, inclusive tool that empowers communities to document and analyse their own realities through video production. Participants take the lead in designing, filming, and editing the videos, thus creating narratives that reflect their lived experiences. This method is particularly effective in contexts where traditional data collection methods might not capture the depth of local knowledge, or where literacy barriers exist.

### Outcome Harvesting<sup>28</sup>

Outcome harvesting collects evidence of changes (outcomes) and works backwards to determine whether and how an intervention contributed to those changes. Unlike traditional methods, it doesn't start with predefined objectives but identifies emergent outcomes as reported by stakeholders.

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24 Bragin, Martha. (2023). Community Based Psychosocial Support-Lessons from the Global South. [https://www.researchgate.net/publication/369693324\\_Bragin\\_-Community\\_Based\\_Psychosocial\\_Support\\_Community\\_Based\\_Psychosocial\\_Support-Lessons\\_from\\_the\\_Global\\_South\\_Chapter\\_X](https://www.researchgate.net/publication/369693324_Bragin_-Community_Based_Psychosocial_Support_Community_Based_Psychosocial_Support-Lessons_from_the_Global_South_Chapter_X)

25 Davies, R., & Dart, J. (2005). The 'Most Significant Change' (MSC) technique: A guide to its use. MSC International.

26 Brock, K., & McGee, R. (2002). Knowing poverty: Critical reflections on participatory research and policy. International Development Research Centre.

27 Prosser, J., & Loxley, A. (2007). Creating new narratives: Participatory video and the politics of representation. *Participatory Learning and Action*, 56, 8998-.

28 Wilson-Grau, R., & Britt, H. (2012). Outcome harvesting. Ford Foundation and Monitoring and Evaluation Capacity Development.

## Case Studies and Stories of Change<sup>29</sup>

Case studies and stories of change are in-depth qualitative methods that provide detailed accounts of how individuals, groups, or communities experience and respond to an intervention. They capture the complexity of personal and collective transformations, emphasising context and process.

## Key Guidelines & Principles for Feminist M&E Methods

As mentioned earlier, feminist M&E methods are grounded in values of equity, agency, collective well-being, and social transformation. They resist extractive evaluation practices and instead aim to centre the voices and experiences of marginalised communities. The following guidelines and principles support M&E processes that are not only methodologically sound but also politically and ethically aligned with feminist values:

- **Defining the Meaningful Change and Defining Indicators:** Feminist M&E begins with community members defining what meaningful change looks like to them. From the earliest planning stages, they should co-create the intervention's goals and identify the outcomes that matter most to their lives and well-being. Together with facilitators, they can define indicators that are rooted in lived realities, using examples from similar contexts to make the process tangible and accessible. This approach ensures that change is not imposed but shaped by those most impacted. Ensuring Cultural Relevance: Indicators used to assess post intervention changes must align with the community's values, experiences, and priorities regarding psychological well-being. Contextualising evaluation tools ensures that outcomes resonate with the community's own definitions of resilience and healing. For instance, if emotional expression in social contexts is seen as a sign of strength, it should be considered a valid and meaningful indicator—rather than defaulting to clinical symptom reduction frameworks.
- **Centring Marginalised and Overlooked Voices:** Feminist M&E prioritises the perspectives of those who are often excluded—such as women, gender-diverse individuals, refugees, or people with intersecting marginalised identities. Evaluation processes should create safe and accessible spaces for all participants to express their views, define success, and influence decisions. This ensures that interventions are shaped by those most affected, rather than by external actors or dominant groups.
- **Applying Intersectional Analysis:** To uncover inequalities and avoid generalisations, data must be disaggregated by factors such as gender, age, race, class, disability, and migration status. Intersectional analysis helps reveal how different groups experience the intervention, not just in outcomes but also in engagement and inclusion. It highlights gaps, identifies systemic barriers, and ensures adaptations are made to support those most in need.
- **Practicing Reflexivity and Mutual Accountability:** Feminist evaluators must be critically aware of their own power, positionality, and biases. Reflexivity is an ongoing practice—one that includes acknowledging how we shape the evaluation process and how we are shaped by it. Transparent communication, feedback loops, and participatory validation of findings reinforce accountability to participants and the community as a whole.
- **Building Collaborative and Participatory Processes:** M&E should be a collective process, not an extractive one. Community members must be engaged as co-researchers—defining indicators, participating in data collection and analysis, and shaping conclusions. Capacity-building efforts should be integrated into the process to ensure that communities have the tools to lead or co-lead evaluations, thereby shifting power and reinforcing agency.

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29 Kirkhart, K. E. (2010). Reframing accountability: Exploring the impact of participatory approaches to evaluation. *American Journal of Evaluation*, 31(2), 199220-.

- **Evaluating Relationships and Organisational Role:** A feminist evaluation looks beyond outcomes to assess the relationship between the organisation and the community. It asks critical questions: How did the organisation support or hinder community goals? Did the process reinforce trust and mutual respect? This reflection supports learning, improves practices, and holds organisations accountable to feminist values.
- **Measuring Transformative and Sustainable Impact:** M&E must assess not only short-term outcomes but also long-term, structural, and relational changes. Has the intervention contributed to shifts in power dynamics, gender roles, or community cohesion? Has it fostered self-organised efforts, mutual care, or resistance to oppression? Transformative change is measured by how communities continue to thrive and support one another after external support ends.
- **Supporting Community-Led Initiatives and Agency:** Evaluations should explore how interventions reinforce or align with existing community initiatives. Have women taken on leadership roles in mental health or advocacy spaces? Have new networks or support groups emerged from the intervention? A feminist M&E framework values and strengthens local initiatives rather than overshadowing or replacing them.
- **Practicing Ethical and Transparent Data Use:** Ethics and transparency are non-negotiable. Informed consent must be clear, accessible, and ongoing. Participants should know exactly how their data will be used, stored, and protected, and they should be free to withdraw at any time. Regular updates, anonymisation, and restricted access are essential for trust and safety. Findings should be shared in formats that support community learning and advocacy—not just organisational reporting.





## Conclusion

This document presents a feminist guiding framework for Mental Health and Psychosocial Support Services (MHPSS) that is tailored to marginalised groups in the Middle East, rooted in feminist principles, and incorporates community-based and bottom-up approaches. The framework challenges conventional models by emphasising the inclusion of contextual, intersectional, and participatory methodologies to address the unique challenges faced by marginalised communities in this region.

By integrating theoretical foundations with practical guidelines, the framework, combined with the implementation model, highlights the importance of community engagement at all stages — from design and planning to implementation and evaluation. It underscores the value of combining local knowledge with innovative tools, fostering inclusivity, and dismantling power imbalances within MHPSS practices. This approach acknowledges the social, cultural, and political dimensions of mental health while promoting sustainable interventions that prioritise empowerment, resilience, and equity.





## Section (B) - The Implementation Model

This implementation model, which is grounded in feminist approaches to mental health, how feminist principles can be effectively integrated into community-based MHPSS interventions. The model was co-designed in collaboration with Tahaddi<sup>30</sup>, a local civil society organisation in Beirut, Lebanon, and community members living in El Hay El Gharbi (a disadvantaged neighbourhood in Beirut where Tahaddi offer their services), and was specifically developed to address the mental health needs of marginalised communities in El Hay El Gharbi. Unfortunately, rollout of the intervention had to be stopped when the war between Israel and Hezbollah escalated.

### What We Did Before the Implementation was Stopped

A considerable amount of work had been done before we had to stop the intervention. The planning phase was complete, co-facilitators from the community had been selected in collaboration with Tahaddi, and an inception workshop had been conducted with the staff from Tahaddi who were responsible for the intervention and the community co-facilitators. This workshop had identified the intervention's objectives and expected outcomes, established the criteria for selecting participants, outlined the planned activities and timeline, and developed a supervision strategy and M&E plan. The participants were selected through public advertisements in El Hay El Gharbi to minimise the risk of selection bias and ensure broader community participation. They were divided into two groups, each consisting of 1215- participants. One group was women-only and one mixed-gender to facilitate a comparative analysis of the impact of single-gender versus mixed-gender dynamics within feminist community-based MHPSS interventions.

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30 <https://tahaddilebanon.org/>

As part of the M&E process, we conducted a baseline assessment of the intervention outcomes before launching the activities and successfully carried out the first psychoeducation session for each of the two groups before the escalation of violence in Beirut forced us to terminate the intervention.

While the intervention could not be fully implemented, the developed model remains a scalable and adaptable blueprint that offers a structured methodology for integrating feminist MHPSS interventions in diverse Middle Eastern contexts. It serves as a case study on the co-creation of an intervention with local actors, documenting both the planned and actualised components of the intervention while also reflecting on the challenges, recommendations, and lessons learned in the process. The model details the core strategies and steps involved in designing, implementing, and evaluating the intervention's outcomes and covers the following key elements:

- 1. Selecting the target community and implementing local CSO**
- 2. Selecting co-facilitators**
- 3. Identifying outcomes**
- 4. Designing program activities, including general guidelines and a detailed description of each type of activity**
- 5. Selecting participants**
- 6. Supervision**
- 7. Monitoring and evaluation**

Each of these elements provides a roadmap for adapting feminist mental health interventions in similar socio-political contexts, with an emphasis on resilience, agency, and collective care. We hope that by describing our context, community, and procedure, we can offer an example of how a feminist approach to MHPSS based on the framework might look in practice as an inspiration for others who want to implement MHPSS-activities based on feminist principles.

## **Selection of the Implementing CSO**

Choosing a community-based and locally trusted CSO with a deep knowledge of the specific realities of the communities they serve is a crucial first step for a model based on feminist principles that relies on local partnerships and co-creation. It is also important to ensure from the outset that the organisation's vision and values are aligned with a feminist perspective to reinforce a shared commitment to equality, equity, inclusivity, and social change. Moreover, partnering with organisations that have already established psychosocial support structures, such as a mix of specialised and non-specialised providers/services and clear referral systems, ensures that the necessary infrastructure exists and will support long-term sustainability. This approach recognises that mental health support should be embedded within community settings rather than confined to traditional clinical spaces. Based on this vision, we chose to partner with a local Lebanese CSO named Tahaddi that provides a range of services to the marginalised community of El Hay El Gharbi to ensure that the intervention would be integrated, community-driven, and responsive to local needs.

## Context of the Marginalised Community and the Local CSO

Adopting a feminist, context-based approach to designing and implementing MHPSS interventions requires a deep understanding of the setting in which the intervention will take place. This includes understanding the characteristics of the targeted community and a thorough knowledge of the partner organisation that will deliver the intervention.

While we present this intervention model as a blueprint that can be adapted to different contexts, we feel it crucial to outline the specific setting in which it was developed as this will help to explain the rationale behind certain decisions regarding design and strategy. We strongly recommend that future implementations prioritise efforts to understand the relevant contextual factors before designing specific interventions. El Hay El Gharbi is an unrecognised informal settlement in Beirut that is largely underserved and excluded from public services such as healthcare, education, sanitation, and security. The neighbourhood borders the Camille Chamoun Stadium to the west, the Shatila refugee settlement that is historically populated by Palestinian families to the east, and a large wholesale market to the south. The diverse population of El Hay El Gharbi includes poor Lebanese families, Dom communities, displaced Syrians, and a minority of South Asian and African migrant workers. Significant tensions exist between these groups, often rooted in historical conflicts and intensified by competition over scarce resources. The lack of formal infrastructure and equitable access to basic livelihood services exacerbates these divisions, reinforces social hierarchies, and deepens intersectional marginalisation within the community.

Tahaddi is a community-based organisation with a longstanding presence in El Hay El Gharbi that provides a variety of interventions to combat poverty, including education, primary health care, psychosocial support, and livelihood training programmes. The selection of this CSO was based on their existing holistic approach to well-being, the involvement of community members in its activities, and having a PSS team that can ensure the sustainability of the intervention's objectives.

## Selection of Co-Facilitators

We asked members of the Tahaddi team who had worked closely with the community to nominate active community members who had previously participated in Tahaddi activities, including MHPSS programs, as co-facilitators. The selection criteria focused on leadership and facilitation skills, prior community engagement, and a strong motivation to support their community. After reviewing the initial list, we worked with Tahaddi staff to narrow it down to those individuals who best met the criteria outlined in the framework (see page 24). Tahaddi staff then conducted interviews with the shortlisted community members to:

1. Explain the intervention and assess their readiness to support it as co-facilitators.
2. Screen for potential concerns that might hinder their participation, such as severe mental health challenges (assessed through screening questionnaires) or communication barriers that could affect their facilitation.

Following this process, we finalised the selection of six co-facilitators — two men and five women — who demonstrated strong leadership qualities, prior community involvement, and some facilitation experience.

Once selected, the co-facilitators underwent an intensive four-day training program alongside Tahaddi staff facilitators to equip them with the necessary skills and knowledge to effectively deliver the intervention activities. Key training components included:

- Facilitation skills to foster inclusive and engaging discussions
- Safety protocols to ensure a secure and respectful environment
- Implementation steps and the overall structure of the intervention
- A focus on the collective storytelling technique, as this approach was new to the Tahaddi team and the community.

We closely monitored the attitudes and interactions of the co-facilitators throughout the training to ensure that they were aligned with the requirements of their roles. After further discussions with Tahaddi staff we excluded one member of the group who had exhibited dominant and aggressive behaviour towards other participants. The final group of five co-facilitators were then ready to support the intervention, ensuring a community-led, participatory approach that was rooted in feminist and MHPSS principles.

## Identifying Objectives and Outcomes

A feminist approach to MHPSS integrates the voices of community members throughout the design and implementation process to ensure that the intervention's objectives and outcomes are grounded in their lived experiences and tailored to the specific needs of diverse community members. In the framework section we outlined key objectives that were identified as central to feminist MHPSS interventions with marginalised communities. These objectives serve as a flexible pool that can be selected from, adapted, or expanded based on the specificities of each context and the needs and priorities of the targeted community.

During the design phase of this implementation, we conducted an inception workshop at Tahaddi to bring together members of the Tahaddi team and people from the community who had been selected to serve as co-facilitators for the activities (the selection process will be elaborated later).

In the inception workshop, we employed a semi-open strategy to identify the intervention outcomes. To facilitate this process, we built on the pool of outcomes presented in the framework section (pages 28-32), which had been identified in the earlier phase of the research through a combination of literature review and field research. To structure the discussions, we split the participants into 2 small working groups and asked them to discuss and agree on their top priorities across the three levels of intervention (individual, community, and system). The latter focused specifically on the changes envisioned within the operational practices of civil society organisations. Following these discussions, we opened a broader conversation with the entire group to collectively refine and reach a consensus on the final set of intervention outcomes to be prioritised.

Through this participatory process, and guided by the established criteria we mentioned above, the group agreed on 10 outcomes that covered all three intervention levels. This participatory approach, which employed a bottom-up methodology and reinforced the feminist principles of inclusivity, ensured that the intervention's objectives were both relevant and achievable within the specific context of El Hay El Gharbi.

**The selected outcomes included the following (as mentioned in the framework):**

**On the Individual Level**

1. Increased Sense of Well-being
2. Enhanced Sense of Control
3. Healthier Family Relationships
4. Acknowledging Everyday Resistance

**On the Community Level**

1. Challenging and Reconstructing Gender Norms and Beliefs
2. Stronger Community Capacity
3. Mutual Respect

**On the System Level**

1. Adopting Bottom-Up Approaches
2. Improved Training and Capacity Building
3. Encouraging Innovative Approaches

A detailed definition of the individual, community, and system levels, along with a description of each outcome, is presented in the framework section.

For future implementations we recommend that intervention outcomes should be identified collectively through workshops and structured group discussions involving key CSO staff and a diverse group of community members. The criteria we adopted in identifying outcomes – and recommend for other interventions to follow – include:

- **Alignment with Feminist Principles:** Outcomes should uphold feminist mental health values by promoting agency, emotional processing, and social connectivity.
- **Impact on Community Psychological Well-being:** Outcomes should contribute to improving overall psychological well-being within the community.
- **Achievability:** Outcomes should be realistic and feasible within the project's capacity, timeframe, and available resources.
- **Relevance:** Outcomes should align with the broader project goals and the CSO's vision and mission.

## Program Activities

As part of the MHPSS framework presented in the previous section, we conducted a field study to inform the development of the implementation model. This study involved a series of semi-structured interviews and focus group discussions with MHPSS experts, service providers, and users, including members of our target community in El Hay El Gharbi (see page 21). The objective was to identify key MHPSS needs, challenges, gaps, and group-based activities that would be both relevant to the community's needs and aligned with a feminist approach to mental health. This alignment was essential, as the identified activities aimed to (a) support individuals in developing a sense of personal agency and self-efficacy and so empower them to reclaim control over their narratives and lived experiences, (b) facilitate emotional processing by creating structured spaces for individuals to express, reflect on, and make meaning of their emotions, and (c) foster social connectivity by cultivating safe, supportive social bonds and reinforcing community resilience.

The findings from this field study served as a preliminary blueprint for the proposed MHPSS activities. These initial recommendations were further refined through collaborative discussions with Tahaddi staff and community members during the inception workshop, which was a key preparatory step for the implementation model. This process ensured that the selected interventions were not only theoretically sound but also contextually relevant and responsive to the evolving needs of the community.

Building on both our assessment discussions and a review of the relevant literature, we identified collective storytelling as a core technique. This approach, which relies on the power of shared storytelling and meaning making, was chosen for its ability to validate personal and collective experiences while strengthening a sense of community and collective resilience. To further expand its impact, we integrated complementary activities such as psychoeducation, support groups, somatic sessions, and arts-based practices. However, the structure of these activities remained intentionally flexible to allow for adaptation or substitution in response to the community's shifting emotional, social, and psychological needs.

In our specific case, we combined creative art-based methods with collective storytelling work, and drama training with the intention of presenting the collective stories to the wider community in public theatre performances. This final component, which was planned in collaboration with a psychodrama specialist, was designed to deepen self-expression, facilitate emotional processing, and enhance community engagement.

The following section provides recommendations for managing activities, outlines the timeline we developed for their delivery, and offers a detailed exploration of each type of activity, using the MHPSS interventions designed with Tahaddi as case examples. Through these illustrations, we demonstrate how feminist MHPSS approaches can be structured and implemented in ways that are both contextually relevant and transformative. We also offer recommendations to guide the design of similar programs for marginalised groups across the region to help ensure that future interventions remain responsive, inclusive, and impactful.

## Management of MHPSS Activities

Each MHPSS activity in this project was originally planned to be managed by a professional facilitator from the CSO team and co-facilitated by a community member. The CSO facilitator was expected to be a psychologist, social worker, or nurse, depending on the type of activity, the required skill set, and the resources available within the CSO.

In our implementation model, the roles were intended to be distributed as follows:

- **Collective Storytelling and Communal Narrative Activities** were to be led by a trained psychologist in collaboration with a drama specialist, integrating therapeutic and creative expression techniques.
- **Group Support Sessions** were planned to be facilitated by a psychologist or social worker to provide a structured yet flexible space for emotional support and shared experiences.
- **Psychoeducation Sessions** were to be delivered by psychologists, social workers, or nurses, depending on the topic, ensuring that relevant knowledge and strategies were tailored to participants' needs.

### A Note on Gender Dynamics and the Feminist Approach

Discussions with community members during the inception workshop revealed a preference for male co-facilitators in mixed-gender group sessions, reflecting traditional views on gender roles and leadership. While we acknowledged and respected the perspectives of the community, we also recognised that supporting women in leadership roles within the intervention and challenging gendered attitudes around women's leadership is a central component of the feminist approach to MHPSS. To address this, we facilitated discussions with the co-facilitators from the community members to critically examine and deconstruct these beliefs, creating space for reflection on how leadership roles are gendered and how these perceptions impact both women and men. Through this process, we reached a consensus that women, alongside men, would also serve as co-facilitators, ensuring a more gender-inclusive approach to leadership within the intervention.

Contrary to our initial expectations, the nationality or sub-community affiliation of the co-facilitators was not a significant concern for the community. This allowed for greater flexibility in the selection process and ensured that the primary focus remained on leadership skills, facilitation experience, and commitment to community well-being, rather than identity-based considerations.

## General Facilitator and Co-facilitator Roles

While the specific roles of facilitators and co-facilitators vary depending on the type of activity they are facilitating, each had certain general responsibilities. There were also shared roles that facilitators and co-facilitators could collaborate on across all activities. These roles are as follows:

### Facilitator Responsibilities:

- **Planning and Preparation:** Design session agendas and prepare necessary materials.
- **Leadership and Guidance:** Lead sessions, provide clear instructions, and maintain supportive atmospheres.
- **Facilitate Collective Dialogue:** Centre participants' voices, encourage critical reflection, and help co-construct knowledge.
- **Acknowledge Intersectionality:** Facilitate open dialogues while creating inclusive spaces that respect diverse identities, lived experiences, and power dynamics.
- **Ensure Psychological Support:** Inform the participants of available resources while recognising systemic barriers to care.
- **Disrupt Power Imbalances:** Foster equitable participation, amplify marginalised voices, and carefully address dominant group dynamics.
- **Engage in Reflexive Practice:** Continuously assess and adapt the sessions based on feedback to stay accountable to the community's needs.
- **Monitoring and Support:** Monitor group dynamics, provide immediate support when needed, and manage conflicts.
- **Referral:** Refer participants to individual interventions where necessary.
- **Project Alignment:** Ensure activities align with the scope of the project.
- **Guarantee Non-Harm:** Ensure a safe and non-harmful environment for all participants.

### Co-Facilitator Responsibilities:

- **Create a Safe Space and Accessible Space:** Adapt the space to the participants' needs, ensuring collective security.
- **Facilitate Participatory Engagement:** Guide interactive activities, valuing different forms of expression and participation.
- **Offer Emotional and Practical Support:** Be attuned to signs of discomfort within the group and ensure all participants feel seen and cared for.
- **Strengthen Collective Learning:** Gather feedback to challenge dominant narratives and refine facilitation approaches.
- **Assist in Planning and Logistics:** Help with session organisation and logistical arrangements.
- **Promote Engagement:** Encourage inclusive participation and monitor group capacity.
- **Facilitate Communication:** Assist in communications between facilitators and community members when needed.
- **Crisis Management:** Help manage emotional crises and calm tense situations.
- **Documentation and Follow-up:** Document key points and support evaluation and follow-up activities.

### Shared Responsibilities:

- **Cultivate Shared Power:** Ensure equal opportunities for participation and value all contributions.
- **Uplift Silenced Voices:** Gently encourage participation while respecting individual comfort levels.
- **Foster Solidarity:** Co-create a supportive, non-hierarchical, and affirming group atmosphere.

## Timeline of Activities

The program was designed to be implemented over a six-month period with a structured yet flexible approach to accommodate any emerging needs.

Month 1:	Weekly psychoeducation sessions to introduce key mental health concepts, build awareness, and provide foundational knowledge for the participants.
Month 2:	Weekly support group sessions to create a space for shared emotional processing, peer support, and strengthening community bonds.
Months 3 – 6:	Weekly collective storytelling sessions, forming the core of the intervention and focusing on co-constructing personal and collective stories, fostering empowerment, and integrating creative expression.

**Somatic Activities:** Available throughout the entire duration of the program, offering weekly sessions on two different types of somatic practices. Participation in these sessions was optional, allowing greater flexibility for those participants who may have other commitments or varying levels of engagement.

Given that collective storytelling sessions are central to the program's objectives, a minimum of 10 sessions is recommended to allow sufficient time for storytelling, reflection, and meaning-making. However, the number and frequency of psychoeducation and support group sessions can be adjusted based on the needs of the participants and the contextual dynamics of the intervention.

## Guidelines for Activity Design and Implementation

### (a) Collective Storytelling and Communal Narratives

Collective Storytelling and Communal Narratives' serves as a transformative tool for deep sharing and healing within a group setting that engages multiple narrators and listeners. Blending personal stories with shared communal narratives tied to the participants' collective identity and their shared living realities, while also incorporating fictional elements, minimises the risk of re-traumatisation and protects the participants' privacy. This approach fosters a welcoming and engaging environment where participants can use their stories to connect, reflect, discover commonalities, and construct new meanings.

Collective storytelling cultivates a shared sense of purpose that is enriched by the group's diverse range of memories and perspectives. It provides a powerful method for "re-authoring" individual identities and links personal narratives to broader collective themes. However, one of its primary challenges lies in balancing the strengthening of "unity" with the preservation of "diversity" when integrating individual stories into a collective narrative<sup>31</sup>.

The storytelling process prioritises attentive listening and encourages meaning making without disputing, reinterpreting, or judging the storyteller's experience. This approach ensures that storytellers feel heard and respected, which enriches the communal narratives and enhances the collective healing process.

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31 <https://dulwichcentre.com.au/collective-narrative-practice/>

## Drama Component

In line with feminist approaches, we chose to incorporate a creative, art-based element — specifically a drama component — into the storytelling technique to offer the participants an opportunity to express themselves and explore their emotions in a non-confrontational and creative manner. Drama interventions help to balance the intensity of sharing heavy personal stories and offer a more engaging and manageable approach to collective processing and meaning making. This approach also creates spaces for participants to collaboratively construct collective narratives through artistic expression, fostering deeper connections among community members. We designed it to culminate in a performance event where the participants could share the collective story they had created with a wider audience from the community. This final event was included to both strengthen communal bonds and promote a shared sense of understanding and solidarity, celebrating the collective journey of healing and connection.

As previously mentioned, narrative activities are the core component of our feminist intervention model. Although its main goals are closely aligned with the overarching objectives of feminist interventions, narrative work is less well known than some of the other activities that form part of our model, and it is not often used as an intervention in MHPSS efforts. We will therefore describe the different elements of this activity in detail to support and encourage its integration into future interventions.

We begin by outlining the key goals of narrative activities, followed by a recommended model for designing the sessions and a proposed structure for delivering them. We also offer a facilitation guide that details the roles of facilitators and co-facilitators from the community to ensure an inclusive and participatory approach.



## Goals of the Collective Storytelling Activity

In this section, we outline the five key goals of the collective storytelling technique, emphasising their alignment with the objectives of the feminist MHPSS approach.

### 1. Contextualising Suffering:

- **Why:** As a key feature of the feminist approach, this goal seeks to situate both individual and collective suffering within a broader socio-political context and highlight the power structures that contribute to and sustain this suffering. Understanding this connection will help the participants to recognise that their struggles are not isolated but are actually part of larger systemic issues, which will help foster a sense of solidarity and shared experience.
- **How:** Encourage the participants to explore how their common personal struggles are influenced by broader social and economic conditions. Facilitate discussions that connect individual experiences to systemic challenges within their community, helping participants recognise patterns and shared realities.
- **Sample Questions:**
  - How does each of you perceive the links between your living conditions and any powerful emotions, stress, or suffering you might be feeling?
  - How are your living conditions shaped by the wider social, political, or economic context around you?
  - How do external factors, such as government policies, economic hardships, or social norms impact your daily struggles?

### 2. Meaning Making:

- **Why:** Collective storytelling also aims to help community members find meaning in their suffering and recognise the motivations that keep them striving for a better life. By reflecting on their experiences, the participants can develop a deeper understanding of their struggles and draw strength from both personal and communal narratives. This process fosters resilience, reinforces agency, and promotes a sense of purpose.
- **How:** Encourage the participants to explore the personal significance of their experiences by facilitating discussions that highlight sources of motivation, resilience, and perseverance. Create a space where participants can share what has helped them to endure challenges and how they have found ways to keep moving forward.
- **Sample Questions:**
  - What do these experiences mean to you?
  - What has enabled you to move forward despite these challenges?
  - What keeps you motivated to continue striving for a better life?
  - How have your experiences shaped your sense of identity, purpose, or hope for the future?

### 3. Acknowledging Resistance:

- **Why:** As a cornerstone of the feminist approach, activities should help community members to validate their ongoing efforts to navigate and resist difficult conditions. They should recognise and affirm everyday acts of resistance, highlighting how individuals can challenge oppressive realities. Acknowledging both small and large forms of resistance reinforces agency, self-worth, and collective empowerment.
- **How:** Facilitate discussions that bring attention to the acts of defiance, perseverance, and resistance that are embedded in the participants' narratives. Encourage the participants to recognise ways in which they, whether consciously or unconsciously, challenge, object to, or push against oppression in their daily lives. Create a space where different forms of resistance — whether personal, social, or political — are acknowledged and celebrated.
- **Sample Questions:**
  - What forms of resistance can we see in today's stories?
  - In what ways have you or others around you resisted difficult circumstances, even in small ways?
  - How do acts of everyday resistance help to challenge oppressive systems or create change?
  - What strengths or coping strategies have you used to push through adversity?

### 4. Acknowledging Resilience:

- **Why:** Feminist MHPSS-activities should help community members to identify and recognise the tools and strategies they use to cope with challenging living conditions and sustain their resilience. Acknowledging these coping mechanisms will help the participants to develop a greater sense of self-efficacy and confidence in their ability to endure and overcome hardships. This recognition also highlights the strengths and resources already present within the community, reinforcing continued resilience and adaptability.
- **How:** Facilitate discussions that identify, validate, and celebrate the coping strategies that the participants are using in their daily lives. Encourage them to reflect on how they have persisted, adapted, and maintained hope despite difficult circumstances. Guide the conversations toward personal growth and help the participants to recognise how these challenges have shaped their resilience and capacity for change.
- **Sample Questions:**
  - What tools have you used to keep going despite difficult situations?
  - How have you adapted to challenges in ways that have helped you or those around you?
  - What inner strengths or external resources have supported you during hard times?
  - What strategies have helped you to maintain hope?
  - In what ways have difficult circumstances contributed to your personal growth or shaped your perspective on life? How have they influenced your sense of strength, purpose, or connection with others?

## 5. Fostering Communal Bonds:

- **Why:** Strengthening a sense of community and fostering communal bonds is essential for collective healing. Collective storytelling creates a shared space for connection, reflection, and mutual support that enhances social cohesion and reinforces the participants' sense of belonging. By nurturing strong communal ties, individuals can find strength not only in their personal journeys but also in their relationships with others.
- **How:** Facilitate discussions that explore ways to strengthen community ties and support networks. Encourage the participants to share their ideas for fostering solidarity, mutual assistance, and collective care within their community. Help them reflect on how meaningful relationships contribute to emotional well-being and resilience.
- **Sample Questions:**
  - How can we build healthier relationships and strengthen our connections with the people in our community?
  - In what ways can we support one another to create a stronger, more connected community?
  - How has being part of a collective space or group helped you feel a sense of belonging?
  - What actions can we take to foster solidarity and mutual support in our daily lives?
  - How do you think shared experiences contribute to strengthening communal bonds?

By focusing on these purposes, collective storytelling serves as a powerful tool for empowering individuals, validating their experiences, and strengthening the whole community. Carefully crafted questions and reflective discussions allow each session to contribute meaningfully to the overarching goals of a feminist MHPSS approach. Centring the participants' voices and experiences within a shared space helps this approach to nurture solidarity, agency, and collective healing while challenging the structural factors that shape mental health struggles.



## Designing Collective Storytelling Sessions

It is highly recommended to collaborate with a drama specialist from the beginning of the storytelling activity and co-design the details of the sessions together. Early integration allows the drama specialist to build trust with the participants, gain a deeper understanding of their stories, and support them in transforming their narratives into a creative performance for the final stage of the program.

### 1. First Session: Introduction - Establishing a Safe and Participatory Space

- Transparently present the storytelling method, its purpose, structure, and potential risks.
- Collect informed consent, ensuring that the participants understand their rights and the voluntary nature of their participation.
- Co-create safety rules and ethical guidelines with the participants, emphasising mutual respect, confidentiality, and shared decision-making.

### 2. Second Session: Visual Collective Storyline – Situating Stories in Context

- Facilitate the creation of a visual storyline that highlights key common experiences, centring collective narratives rather than individual experiences. These shared experiences could include stories about the neighbourhood they live in, their experiences of displacement, or any other aspects that connect them with each other.
- Guide the participants to identify themes that reflect their lived realities and structural conditions, reinforcing a feminist lens that connects personal experiences to broader sociopolitical contexts.

### 3. Subsequent Sessions (Sessions 3-9): Themed Storytelling - Reclaiming Narratives and Challenging Silence

- Each session focuses on a theme identified by the participants, ensuring that discussions align with their priorities and concerns.
- Storytelling is facilitated in ways that promote agency, allowing the participants to shape how they narrate their experiences.
- Power dynamics within the group are acknowledged and navigated to ensure an inclusive space where all voices are valued.

### 4. Tenth Session: Closing and Review - Collective Meaning-Making

- Participants collaboratively review and refine the constructed collective story, ensuring shared ownership of the narrative.
- Discussions emphasise how these stories contribute to resistance and solidarity.

### **5. Session Eleven & Twelve: Drama as Embodied Storytelling**

- A drama specialist facilitates exercises that integrate creative expression, movement, and voice, supporting the participants in reclaiming bodily agency.
- Training emphasises confidence-building, collective affirmation, and storytelling as political acts of visibility and resistance.

### **6. Final Performance: Public Testimony and Collective Visibility**

- The participants present the co-constructed narrative to a wider audience, reclaiming space and fostering community dialogue.
- The performance serves not only as a closure to the process but as an act of public witnessing, challenging dominant narratives and reinforcing the power of collective storytelling as a feminist tool for social transformation.

## **Delivering Collective Storytelling Sessions**

All sessions should be facilitated by a qualified psychologist from the hosting organisation, with co-facilitation by a community member to ensure cultural relevance and active community engagement.

- The facilitator is responsible for creating and maintaining a safe space and guiding the narrative process.
- The co-facilitator supports by establishing safety guidelines and mitigating risks, particularly those related to communication and group dynamics, and by bridging communication between facilitators and community participants.
- A drama specialist can also accompany the sessions from the beginning of the activity to provide ongoing support and creative input. They may intervene as needed to help shape the final narrative, which will be performed at the conclusion of the intervention. The specialist can introduce drama techniques to help the participants build their confidence, refine their storytelling, and explore expressive ways of conveying their narratives in less overwhelming ways.

The model we developed for facilitating storytelling sessions within our implementation is introduced below. It provides a guided yet flexible framework to ensure that the sessions are engaging, reflective, and aligned with feminist MHPSS principles. It encourages participant-centred dialogue, critical reflection, and collective meaning-making, fostering an inclusive and supportive environment that allows for constructing communal narratives. It also highlights potential risks that may arise during the sessions and outlines mitigation strategies to ensure a safe and empowering experience for all participants.

### **1. Opening: Creating a Safe and Inclusive Space**

- Welcome the participants and co-create safety guidelines that allow a safe and comfortable space for everyone.
- Reinforce key ground rules that emphasise consent, confidentiality, emotional boundaries, non-judgment, and mutual respect, especially if the participants do not mention them, to ensure a secure and supportive environment.
- Introduce the method and the session's theme, ensuring that the theme is clear and aligned with participants' priorities and lived experiences.

#### **Potential Risks & Mitigation:**

- Power dynamics within the group may influence whose voices are heard more: Be mindful of such dynamics, encourage equitable participation, and intervene when necessary to prevent dominance or silencing.
- Some participants might show aggressive or dismissive behaviour: Monitor any signs of hurtful comments or gestures. Reinforce group agreements and address concerns individually with sensitivity, encouraging understanding and learning rather than punishment.

## 2. Storytelling: Reclaiming Narratives and Centring Voices

- Facilitate storytelling through guiding questions that encourage reflection on specific themes without pressuring disclosure.
- Promote free association and imaginative storytelling, embracing contradictions and ambiguities.
- Use open-ended questions and avoid interrogating or challenging the narrative, which can alienate or trigger the narrator.
- Allow the participants to share their stories in whatever manner feels most comfortable for them, whether through words, art, or other forms of expression.
- Promote active listening and non-judgmental engagement to foster solidarity and shared meaning-making.
- Encourage the participants to seek clarification on specific aspects of each other's stories to enhance understanding, communication, and empathy. Ensure that this process is conducted gently and respectfully to foster deeper connections and mutual respect.

### **Potential Risks & Mitigation:**

- Some participants may feel uneasy about sharing personal experiences: Emphasise that sharing is voluntary and that participants should only engage at their comfort level.
- Some participants may feel triggered when listening to certain stories: Offer them the option to step away from the session for a supportive one-on-one conversation.
- The group as a whole may become distressed or overwhelmed: Introduce “pause and ground yourself” moments when necessary to help the participants check in with themselves before proceeding. Shift the focus to collective care exercises rather than individual distressing experiences to ensure that the session remains safe.
- Some stories might be too distressing or overwhelming, risking retraumatising the participants: Gently redirect the discussion or offer alternative ways for participants to process their experience.
- Some participants may share deeply and later regret it: Normalise different levels of sharing and remind the participants that they have control over their stories. Provide follow-up support, such as one-on-one check-ins.

### **3. Discussion: Collective Reflection and Feminist Meaning-Making**

- Encourage the participants to reflect on their shared stories and draw connections between their personal experiences and structural issues (e.g., gender oppression, displacement, violence).
- Foster mutual understanding and empathy to reinforce the political nature of storytelling as a tool for resistance and collective care.

#### **Potential Risks & Mitigation:**

- Discussions may evoke strong emotions or negative group dynamics: Acknowledge that intersecting identity factors such as gender, class, and race can shape each person's experiences differently. Avoid generalisations and ensure that diverse perspectives are honoured.
- Comparing their stories may lead some participants to minimise their own pain or invalidate others' suffering: Challenge the notion of a "hierarchy of pain" by validating all emotions and emphasising the significance of each person's lived experience.
- Some participants may judge each other's reactions, categorising others as "weak" or "strong.": Break the binary between weakness and strength. Create a space where participants feel safe to share their vulnerabilities and discuss moments of weakness. Reinforce that all coping mechanisms are valid and that openness about one's struggles and pain is a form of resistance.

### **4. Clarification: Deepening Understanding Without Over-Exposing**

- Seek clarification on unclear aspects of stories where necessary to ensure that collective meaning is co-constructed rather than imposed.
- Maintain a balance between curiosity and respect and avoid intrusive questioning that may retraumatise participants.

#### **Potential Risks & Mitigation:**

- Participants may feel pressurised to explain or justify their experiences: Frame clarifications as ways of enriching shared understanding rather than requests for additional disclosure. Explain that choosing not to elaborate is also a normal and valid response. Use open-ended invitations (e.g., "Would you like to expand on that?") rather than closed questions (e.g., "Why did that happen?").
- Some stories might bring discomfort, grief, or unresolved emotions: Acknowledge without dismissing such emotions, and allow the participants to acknowledge and express their experiences without feeling under pressure to find closure or hopeful resolutions.
- Some participants may prefer to remain silent during sessions: Respect their autonomy and acknowledge silence as a valid form of engagement. Avoid framing storytelling as the only path to healing. Focus on meaning-making rather than reenactment.

## 5. Conclusion: Affirmation and Looking Ahead

- Summarise the key themes that emerged in the session, emphasising strength, resilience, and collective wisdom.
- Thank the participants for their contributions and reinforce the value of their voices.
- Provide a brief overview of the next session's theme to ensure continuity and emotional preparedness.

### Potential Risks & Mitigation:

- Some participants may leave the session feeling emotionally unsettled: Check in with the group before closing and allow space for final reflections or grounding exercises. Offer optional one-on-one follow-ups for those who need additional support.

## (b) Psychoeducation and Awareness Raising

Psychoeducation is a widely used psychological support approach that aims to provide individuals and groups with knowledge about mental health difficulties, along with techniques for managing these challenges — either through individual or group strategies or by seeking professional mental health services<sup>32</sup>.

From a feminist perspective, psychoeducation and awareness-raising sessions serve to de-pathologize psychological symptoms and frame them as expected responses to stressful and unjust realities rather than as individual deficits. This reframing helps to politicise mental health struggles, a core principle of feminist MHPSS practices, by linking personal distress to broader systemic injustice. In the context of El Hay El Gharbi, these sessions aimed to highlight how structural factors — such as economic precarity, displacement, and social marginalisation — affect mental health and shape social interactions.

## Goals of Psychoeducation and Awareness Raising Sessions

We indicated the following main goals for the psychoeducation activity:

### 1. Sharing Knowledge

**Why:** To support the participants in reframing their mental health challenges, helping them move away from self-blame and a sense of vulnerability towards recognising their struggles as valid responses to difficult conditions. This allows them to develop a deeper understanding of their psychological experiences and fosters the emotional insights they need to begin the process of healing and regulation.

**How:** By offering structured sessions that integrate psychosocial knowledge to support the participants in making sense of their emotions, thoughts, and behaviours while exploring the psychosocial impact of adversity and structural conditions on their mental health. These sessions should provide clear, accessible information and frame both individual and collective mental health struggles within broader social, political, and structural contexts.

32 Lukens, E. P., & McFarlane, W. R. (2004). Psychoeducation as evidence-based practice: Considerations for practice, research, and policy. *Brief Treatment and Crisis Intervention*, 4(3), 205–225. <https://doi.org/10.1093/brief-treatment/mhh019>

## 2. Building Skills

**Why:** Developing both individual and collective skills will help the participants to regain a sense of control over their lives and foster a sense of agency and resilience, enabling them to navigate their current struggles and approach future challenges with greater confidence and emotional strength.

**How:** By equipping the participants with practical techniques to manage stress, anxiety, and other psychosocial concerns, alongside strategies for effective communication and problem-solving. The sessions should also introduce collective strategies — such as community engagement and advocacy — to help the participants foster supportive environments and push for positive societal change.

## 3. Challenging Beliefs

**Why:** To deconstruct the social and gender biases that often influence mental health perceptions and social interactions. This promotes more inclusive and equitable perspectives on mental health and reduce stigma, discrimination, and violence.

**How:** Through structured, reflective discussions that invite the participants to examine and question dominant norms and stereotypes — particularly those rooted in power hierarchies and systemic inequalities. The sessions should create spaces for a dialogue that acknowledges lived realities and encourages participants to imagine alternative, more inclusive ways of relating to themselves and others.

## Designing Psychoeducation Sessions

The following recommendations outline key insights to consider when designing psychoeducation sessions. They serve as guiding principles for developing activities that meaningfully engage the community, centre their lived experiences, and foster collective empowerment. The aim is to create content that is not only informative but also relevant and responsive to the participants' realities.

### 1. Identification of Needs and Topic Selection:

- Conduct a needs assessment to identify the main topics or themes that would help the participants to better understand and manage their mental health challenges.
- Develop content that goes beyond symptom management to include discussions on systemic stressors and resilience strategies, connecting individual experiences with structural and political contexts.
- Adapt topics and discussions to account for any needs that emerge during the sessions, allowing space for changing priorities.
- Ensure that the selected topics align with feminist intervention goals and outcomes (see page 16 in the framework).

### 2. Interactive Methods:

- Prioritise dialogue over lecturing, using open discussions and participatory activities to reinforce learning.
- Use videos and slides where relevant to enhance understanding, responding to different learning styles.
- Incorporate both individual and group exercises to facilitate shared learning and strengthen collective resilience. These exercises can include role-playing scenarios, group discussions, and Q&A sessions to promote both emotional processing and critical awareness.

### 3. Relevant Materials:

- Ensure that the content and structure of the sessions speaks directly to the participants' everyday realities, using real-life examples that reflect structural issues such as gender-based violence, displacement, and economic hardship.
- Select training materials that are grounded in the participants' cultural, social, and political contexts.
- Provide resources that encourage reflection and discussion and have practical applications beyond the session.
- Make sure that all materials and activities are inclusive, considering the participants' literacy levels and language preferences.

## Delivering Psychoeducation Sessions

Ensuring effective delivery of psychoeducation sessions requires a facilitation approach that fosters inclusivity, respect, and collective learning. The following principles guide the process to create a supportive and empowering learning environment.

### 1. Setting Clear Rules:

- Begin with co-creating group norms with the participants to ensure a shared understanding of what makes the space safe for everyone. This collaborative approach will help the participants to feel ownership over the process and be more comfortable expressing themselves.
- Establish clear guidelines to manage difficult and sensitive discussions to encourage mutual respect and maintain a sense of accountability. These norms should reflect feminist values such as equity, dignity, and collective care (see pages 16-17 on feminist principles in the framework section).

### 2. Maintaining Effective Communication:

- Use clear, simple language and accessible speech to ensure that all participants can follow and engage.
- Incorporate non-verbal cues — such as gestures, eye contact, and tone — to support understanding and connection.

### 3. Encouraging Discussions:

- Foster open dialogue to ensure that the participants feel actively engaged and see their lived experiences as valuable contributions to the session's content.

### 4. Inclusive Participation:

- Actively encourage quieter participants to share, ensuring that all voices are heard and equally valued.
- Apply feminist facilitation practices that intentionally create inclusive spaces for shared learning while acknowledging and addressing existing power dynamics.

### 5. Staying Composed:

- Remain calm and grounded during intense discussions to ensure emotional safety for all participants.
- Model emotional regulation, empathy, and active listening to create a supportive environment where difficult conversations can unfold constructively, allowing the participants to engage without fear of judgment or harm.

### 6. Managing Problematic Behaviours:

- Address disruptive behaviours to uphold group norms and prevent power imbalances or harm.
- Ensure accountability and transparency and maintain clear boundaries to safeguard a safe and inclusive environment.
- Use a feminist facilitation approach to acknowledge and manage power dynamics, fostering mutual respect and collective responsibility.

### 7. Encouraging Contributions:

- Validate all contributions, with particular attention to amplifying quieter participants, to build confidence.
- Emphasise affirmation and empowerment through a feminist facilitation approach, ensuring that the participants feel respected and valued.

## 8. Feedback Mechanisms:

- Collect feedback from the participants to assess content and facilitation style, ensuring continuous improvement and alignment with participants' expectations and needs.

Considering these principles, we prepared a plan for delivering the psychoeducational sessions which included the following:

- **Frequency:** Sessions were planned to take place on a weekly basis. The duration of each session was set to range between 1.5 to 2 hours, depending on the topic being addressed.
- **Facilitators:** Each session was planned to be facilitated by an expert from the hosting organisation (Tahhadi) who would be selected based on the topic, with social workers or nurses leading sessions that aligned with their expertise, while psychologists were designated for more complex activities. Sessions were also planned to be co-facilitated by a community member to enhance community engagement and ensure a participatory approach.
- **Suggested Topics:** The suggested topics for the psychoeducation sessions were designed to provide in-depth explorations of how gender, race, and other intersecting identities shape mental health struggles. The topics selected included the following:
  1. **Gender, Gender Roles, and the Social Construction of Femininities and Masculinities:** How do we develop our gender identity and understand gender roles and gender beliefs in light of the social hierarchy of power?
  2. **Racism and Sexism From an Intersectional Perspective:** How do our different identities determine our privileges and disadvantages within a certain community?
  3. **The Psychological Responses to Structured Adversity:** Understanding stress, depression, and burnout as psychological responses to traumatising and oppressive contexts.
  4. **Stress and Coping:** How to better cope with stressful living realities and conditions through individual and group techniques.
  5. **Emotions and Managing Emotions:** Understanding, accepting, and managing emotions.
  6. **Building Safe Bonds and Social Relationships:** How to build safe and healthy attachments to our social circle and wider community?
  7. **Everyday Resistance, Resilience, and Control:** What does resisting oppression in everyday life look like? When to resist and when to cope? How to practice control over our environment, and how to appreciate our ability to find some measure of control, despite difficult realities?

### (c) Group Support Sessions

Guided by feminist principles of safe spaces, group discussions, and emotional sharing, this activity aims to create an environment where the participants can openly express their feelings, experiences, and thoughts. The focus is on fostering empathetic listening and encouraging reflection on both shared experiences and individual differences. The space is intentionally designed to eliminate judgment, advice-giving, hierarchical comparisons, and power imbalances to ensure that all participants feel genuinely heard, seen, and respected. It promotes emotional expression and venting, active listening, mutual learning, and a sense of solidarity among participants.

#### Goals of Support Group Sessions

We indicated the following main goals for the group support sessions:

##### 1. Create a safe space:

**Why:** To foster an environment in which participants feel comfortable sharing and reflecting on their emotions, thoughts, and experiences in relation to the selected topics and how they intersect with their lived realities.

**How:** By setting clear safety principles such as maintaining confidentiality, encouraging active listening and participation, ensuring equal participation among group members, and creating spaces for emotions to emerge without judgment. The participants should also feel supported in practicing assertiveness by expressing their needs and setting personal boundaries. In addition, they must be given the right to withdraw from a session if they experience discomfort (see the elaborated principles in the framework on pages 34-35). These principles should be explained in simple, accessible language and illustrated with practical examples.

##### 2. Encourage peer learning:

**Why:** To create a space where the participants feel that their experiences matter — not only to themselves, but also to others from their community. Peer learning allows for shared understanding, combats isolation, and validates individual and collective struggles.

**How:** By Promoting an atmosphere in which the participants are encouraged to listen to, reflect on, and learn from one another's experiences. This can be facilitated through open dialogue, group reflections, and collaborative activities that highlight the adaptative skills they already use to manage their living conditions.

##### 3. Foster a sense of connectedness:

**Why:** To create a feeling of solidarity and shared experience amongst the participants to help them recognise that their struggles are not isolated but are part of a broader, collective experience of navigating structural injustice. This reinforces belonging and builds collective strength.

**How:** By fostering group dynamics that centre on empathy, shared reflection, and mutual support. Encourage moments of connection through storytelling, group exercises, and discussions that highlight common challenges and collective forms of resistance.

## Designing Group Support Sessions

We developed an overall outline for the group support sessions as part of our implementation model, but we were unable to deliver any of these sessions as they were scheduled to take place after the psychoeducational sessions. Despite this, the research and preparation we conducted to align the group sessions with the principles and objectives of the feminist MHPSS perspective provide valuable guiding insights. Based on this groundwork, we can share the following key considerations for structuring and facilitating feminist-informed group support sessions.

- 1. Define session goals** while integrating a feminist perspective that highlights the structural and collective nature of the participants' struggles and moves beyond an approach that blames individuals for their suffering.
- 2. Prepare open-ended questions** on the selected topics to facilitate discussion and encourage meaningful engagement.
- 3. Integrate questions** that promote critical reflections on power dynamics, systemic oppression, forms of resistance, and resilience to ensure that the participants explore these themes collectively.
- 4. Include questions** that help to connect personal experiences with broader social and political contexts that underlie marginalisation, shifting the focus away from individual issues to a more systemic understanding of mental health struggles.
- 5. Design group activities** that foster shared learning, mutual support, and collective agency. Activities should encourage engagement, strengthen group cohesion, and allow the participants to express themselves through dialogue, creative expression, or movement-based practices.

## Delivering Support Group Sessions

We recommend the following steps to create safe spaces that support achieving the goals of the group support sessions:

**Setting Session Rules for Psychological Safety:** Establishing clear rules on confidentiality, respect, and non-judgment ensures that the participants feel safe while sharing their experiences. Without these agreements, discussions may reinforce power imbalances or re-traumatisation and could silence marginalised voices. A feminist approach encourages co-creating these rules with the participants to recognise their agency in shaping a collective, supportive space rather than enforcing top-down guidelines. A more detailed description of the feminist principles guiding group sessions can be found in the Framework (pages 34-35).

**Session Moderation:** Facilitating discussions with a co-facilitator from the community helps to create a more inclusive and representative space. Without intentional moderation, dominant voices may overshadow marginalised perspectives and limit meaningful participation.

**Session Evaluation:** Regular assessment using targeted, reflective questions helps to refine sessions to better meet the participants' needs. Without this, spaces may unintentionally reinforce exclusionary practices or fail to provide meaningful support. A feminist evaluation prioritises participant agency and feedback and ensures that the process remains adaptable, responsive, and empowering.

Building on these principles, we developed a plan for facilitating group support sessions which includes the following key components:

- **Frequency:** Sessions should be held weekly or biweekly with each session lasting between 1.5 and 2 hours, depending on the total number of participants and their level of engagement. The recommended number of participants is between 8 and 12, which should ensure that the sessions maintain a balance between integrating diverse perspectives, allow meaningful participation, and maintain psychological safety without overwhelming the group.
- **Facilitators:** Each session should be facilitated by a psychologist from the hosting organisation and co-facilitated by a community member to **provide professional guidance while centring local knowledge and lived experiences**.
- **Topic Selection:** We recommend selecting topics collaboratively with CSO management, frontliners, and community members to ensure that the topics are both relevant to the communities' needs and aligned with their priorities. The facilitators can guide the conversation by brainstorming potential topics, grouping similar themes, and using ranking or voting techniques to collectively decide on the most pressing issues to address. They should also remain flexible and allow space to add or adjust topics based on the participants' emerging needs and challenges.

#### **(d) Collective Somatic Activities**

In our implementation model, we integrated somatic activities as a complementary technique to promote bodily autonomy and self-expression. Integrating these movements helps the participants reconnect with their physical selves and supports emotional regulation and stress relief.

Somatic activities also provide a non-verbal outlet for engaging with intense or overwhelming emotions, which reduces the risk of re-traumatisation. They create a safe space where individuals can connect with their emotions in ways that may feel less overwhelming than direct verbal expression. For many, these practices foster self-awareness by reconnecting them with their inner body and emotions, enhance agency by giving them a sense of control over their bodies, and build collective resilience by strengthening community bonds through sharing embodied experiences.

The community members of El Hay El Gharbi selected two main somatic activities: sports, which were predominantly requested by men, and yoga, primarily requested by women. The plan was to offer both activities throughout the program while keeping participation optional for those who were interested and able to take part. This approach aimed to provide accessible and flexible options that accommodated varying levels of comfort, preference, and physical capacity.



## Participant Selection

In preparation for implementing the intervention model's activities, we designed a structured plan for participant recruitment, screening, and group composition. Tahaddi team members, in collaboration with the community co-facilitators, used this plan to form two groups. The steps outlined below reflect the approach that we followed. While they can serve as a basis for future interventions, they should be adapted to fit the specific context of the implementing CSO and the unique dynamics of the target community.

### Recruitment Process

To ensure broad community engagement, Tahaddi implemented a multi-channel recruitment strategy that included social media outreach, printed materials, co-facilitator outreach, and direct invitations

- **Social Media Outreach:** Information about the sessions and activities was shared through the WhatsApp groups that community members commonly used. Future interventions can expand outreach by identifying additional communication channels that are frequently used within the community.
- **Flyers and Printed Announcements:** Flyers were posted in various locations within Tahaddi community centres and other accessible areas across El Hay El Gharbi to maximise visibility and reach a broader audience.
- **Community Outreach Through Co-Facilitators:** Co-facilitators played an active role in spreading information about the program within the community, while encouraging participation and addressing any questions that potential participants had.

- **Direct Invitations and Nominations:**

- Direct invitations were sent to individuals who had participated in the inception workshop and had expressed an interest in joining the program.
- Additional invitations were extended to those community members identified by the Tahaddi team as having a high need for MHPSS services.
- Co-facilitators also nominated individuals within their communities whom they believed would benefit from MHPSS support.

This comprehensive approach ensured that the program reached those most in need while maintaining a community-driven and inclusive recruitment process. Other suitable outreach methods can be added based on the specific context, the implementing CSO's resources, and the communities' communication preferences to enhance accessibility and engagement.

## Participant Filtering

Based on the number of people expressing interest, Tahaddi initially screened participants using the following criteria to ensure their suitability for the program:

- **Age:** Above 18 years old.
- **Language Proficiency:** Native Arabic speakers.
- **Interest:** Expressed an interest in participating in the MHPSS program.
- **Need:** High need for MHPSS services, as identified by Tahaddi psychologists.
- **Safety Concerns:** No history of violent behaviours that could pose a risk to the safety of the other group members.
- **Motivation:** Demonstrated a clear motivation and willingness to engage in the program.
- **Commitment:** Could commit to the program with all its components.
- **Family Ties:** To maintain privacy and reduce potential discomfort, the group should not include more than one member of the same family.
- **Consent:** Provided informed consent to participate in the program.
- **Mental Health Challenges:** Those who exhibited severe mental health symptoms, such as suicidal thoughts, acute or severe trauma responses, delusions, or hallucinations were excluded

Additional criteria can be adapted based on the specific context of the intervention and the demographic characteristics of the target community, such as gender and ethnicity, to ensure group diversity, inclusivity, and balance.

Psychologists from Tahaddi conducted screening interviews to ensure that the participants met the inclusion criteria. For future interventions, we recommend making the selection criteria transparent and ensuring that those who are not selected are told why and offered the possibility of joining other activities in the future. Relevant screening questionnaires can also be utilised to identify any applicants who are experiencing severe mental health issues. Those in need of specialised support should be referred to the appropriate services, such as individual psychological or psychiatric care, to ensure that they receive the necessary assistance.

## Group Composition

Careful consideration should be given to group composition, as this can significantly influence an implementation by negatively affecting participant engagement and group dynamics, reducing the overall effectiveness of the intervention.

- Before the inception workshop with community members, our approach to group composition was guided by the following assumptions:
- We believed that most women would prefer to be part of women-only groups, and that single-gender environments would therefore provide greater comfort and openness for discussing sensitive topics and allow for better emotional expression.
- We initially considered segregating people from different minority groups since we felt that tensions between diverse sections of the community, such as Lebanese citizens, undocumented individuals, and Syrians (a significant refugee population), might negatively affect group dynamics and the overall success of the intervention.
- We were concerned that familiarity amongst the participants might make some of them afraid that their shared experiences could be disclosed outside the group, leading to discomfort or distrust.

However, our assumptions did not entirely hold in practice. During the inception workshop, when we discussed group formation preferences, many women expressed a preference for being in mixed-gender groups, particularly for discussions about gender-based violence and discrimination. They believed that men should hear women's perspectives firsthand and engage directly in these conversations to foster understanding and promote change. Additionally, participants from different minority backgrounds demonstrated an openness to being in groups that included people from diverse communities, such as Lebanese, Syrians, and undocumented individuals. The concern about familiarity among participants also proved less significant than anticipated, as community members in the workshop showed flexibility and a willingness to engage with individuals from various backgrounds, as long as the facilitators ensured the reinforcement of safety principles.

Based on these insights, we planned to form one women-only group and one mixed-gender group and allow the participants to choose which one they wanted to join, while remaining mindful of potential subgroup tensions and familiarity concerns. An additional benefit of having these two groups was the opportunity to compare how gender composition impacted group dynamics and the overall effectiveness of the intervention.

We therefore suggest that, in similar future interventions, careful attention be given to the community's dynamics and the participants' preferences through in-depth conversations that challenge initial assumptions. Proactively addressing these assumptions and remaining flexible in group composition can lead to more inclusive and effective interventions. By adapting to the needs and perspectives of the community, the intervention will be better suited to facilitate meaningful engagement and promote positive, long-term outcomes.

## Supervision

In alignment with feminist supervision principles, we developed a tailored supervision plan after assessing the specific needs of both the Tahaddi staff responsible for implementation and the community co-facilitators. Based on this assessment, we outline the following recommended guidelines to ensure effective, supportive, and reflective supervision throughout the intervention.

All facilitators and co-facilitators should receive comprehensive training before the implementation activities begin to ensure that they are well-prepared and equipped with the required skills, knowledge, and attitudes to effectively facilitate the intervention activities. Once the activities commence, regular supervision sessions should be held to provide ongoing support and guidance, and a space for reflection and problem-solving.

Supervision sessions should be provided by licensed clinical psychologists in the CSO or a partner organisation. During supervision, the facilitators and co-facilitators should provide detailed reports on the implementation sessions. Any technical, group dynamic-related, or content-related issues can be discussed during the supervision sessions.

It is recommended that supervision sessions are conducted in a group format, with 2-hour sessions held every two weeks from the beginning to the end of the implementation period. All facilitators and co-facilitators involved in the intervention activities are required to attend these sessions. The exact timing of the sessions can be determined in consultation with the CSO and the co-facilitators, ensuring alignment with everyone's availability. These sessions can be conducted either online or in person, depending on what is most convenient and effective for all participants. The supervision sessions should provide:

- **Technical support:** Ensuring facilitators have the necessary guidance for effectively delivering the intervention activities, including methodologies for collective storytelling and other facilitation techniques.
- **Emotional support:** Providing a space for facilitators and co-facilitators to process their experiences, manage emotional challenges, and promote staff well-being.
- **Accountability:** Ensuring that the intervention maintains high-quality support for the participants, adheres to ethical guidelines, and avoids any unintentional harm.

The supervision sessions should provide a space for facilitators and co-facilitators to share their experiences, express their emotions, reflect on their positionalities, and address any potential biases. These sessions should also allow them to navigate their shared challenges collaboratively. This reflective and supportive process aligns with the core principles of the feminist supervision model by fostering self-awareness, accountability, and collective care. In addition to these principles, other supervision methodologies can complement the process, including the Integrated Model for Supervision for organisations working in humanitarian contexts, more details of which can be found here<sup>33</sup>.

In addition to group supervision sessions, individual supervision can be provided upon request to support facilitators in managing any difficult situations that may arise. In such cases, decisions on the timing and duration of the support will be based on need.

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33 <https://supervision-mhpss.org/about/about-the-ims/>

## M&E plan

A well-structured M&E plan is essential for ensuring the effectiveness and accountability of any MHPSS project, ensuring a systematic approach to tracking progress while measuring impact and informing any necessary adaptations. The preliminary plan we developed for this implementation model was built on key feminist and bottom-up principles such as participatory engagement, context-specific indicators, continuous learning, collective reflection, and community-led evaluation. This approach ensured that the assessment process would remain responsive, inclusive, and rooted in the participants' lived experiences.

The SEE-PET model<sup>34</sup> is a community-based evaluation toolkit that helps to build indicators with communities that are based on their own definitions of the desired outcomes (as explained further in the framework section, page 38). We used SEE-PET as a guiding tool, but we also adjusted it to better align the evaluation procedure with the specific context and needs of our project. Unfortunately, due to time and resource constraints, we had to streamline the process and were unable to follow every step outlined in the model or incorporate both interviews and focus group discussions as originally suggested.

We involved the participants in focus group discussions to define the outcomes and build the indicators, and used individual, open-ended questionnaires rather than in-depth interviews. This approach allowed us to gather rich, community-driven insights while also adapting to the practical realities of the project.

Despite these adjustments we remained committed to the core principles of the model, particularly the emphasis on active community engagement. By working with the participants to define the outcomes and collaboratively set the indicators, we ensured that the evaluation was grounded in the community's perspectives and experiences and provided a relevant way to measure the success of the intervention.

After using focus group discussions and open-ended questionnaires during the baseline phase, we planned to add the following evaluation elements to deepen our understanding and capture a more comprehensive picture of the intervention's outcomes:

- **Self-Rating Questionnaires:** including tools such as:
  - A well-being questionnaire to assess the participants' mental and emotional health.
  - A gender beliefs questionnaire to evaluate a baseline and monitor shifts in attitudes and perceptions towards gender.
- **Continuous Feedback Mechanism:** Utilising various methods and channels to systematically collect participant feedback, such as feedback boxes and structured reflection sessions, to ensure ongoing program improvements.
- **Project Outputs:** Relying on tangible outputs, such as drama performances, as qualitative indicators of the project's impact on both the participants and the broader community.

The M&E plan is structured into four stages: planning, beginning of implementation (Baseline assessment), middle of implementation, and end of implementation. In our intervention, we successfully carried out the first two stages before being forced to halt implementation.

In the following section, we present our findings from the planning and beginning of implementation stages while briefly outlining the remaining two stages as recommendations for future interventions.

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34 <https://www.mhpss.net/toolkit/community-based-mental-health-and-psychosocial-support-resource-collection/resource/the-see-pet-a-participatory-method-for-developing-and-measuring-the-effectiveness-of-psychosocial-programs>

## Planning Stage

This stage focused on determining the desired outcomes. It took place during the inception workshop, and involved:

- Developing desired outcomes with community members, resulting in the identification of 15 outcomes across three levels: individual, community (referring to changes in El Hay El Gharbi), and system (related to changes in the implementing organisation).
- Collaborating with community members and the Tahaddi team to create measurable indicators for each of these outcomes.
- Filtering out outcomes that were not directly linked to the implementation activities or that fell outside the scope of the implementation.
- Establishing a final list of outcomes to be assessed at the end of the implementation. This included 5 individual-level outcomes, 2 community-level outcomes, and 3 system-level outcomes. The table below outlines the outcomes at each of the three levels and how we planned to measure them.

## Baseline Assessment

At the start of the implementation, we conducted assessment sessions with each of the two participant groups to establish a baseline. During these sessions, we measured three key indicators using self-rating questionnaires: well-being, a better sense of control, and gender norms.

We first translated the PSYCHLOPS questionnaire<sup>35</sup> into Arabic, then used it to assess well-being and a sense of control. For gender norms, we developed a tailored gender norms questionnaire based on insights gathered during the inception workshop and the training sessions with community members. Given that gender norms are highly context-specific, we recommend that future interventions involve the implementing CSO and M&E experts in developing a customised questionnaire that reflects the specific characteristics and cultural context of the targeted community.

All outcomes other than gender norms were assessed qualitatively through focus group discussions (FGDs) using the SEE-PET tool<sup>36</sup>. During these discussions, the participants collaboratively defined the meaning and significance of each outcome (see table 1 below). The goal of this process was to identify community-driven indicators that could be used to measure meaningful progress throughout the project.

We also recommend that these sessions include a discussion on the initial status of and current behaviours in the target community related to each outcome, to help establish a clear baseline for what the intervention aims to change. This approach ensures a comprehensive and in-depth understanding of the starting point, making it possible to track meaningful changes over time.

We had also planned to conduct another focus group discussion with Tahaddi staff to assess system-level outcomes, recognising the importance of evaluating the organisational and structural changes influenced by the intervention.

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35 <http://www.psychlops.org.uk/sites/default/files/Arabic%20PSYCHLOPS,%20pre-therapy.pdf>

36 <https://www.mhpss.net/toolkit/community-based-mental-health-and-psychosocial-support-resource-collection/resource/the-see-pet-a-participatory-method-for-developing-and-measuring-the-effectiveness-of-psychosocial-programs>

The following outcomes table summarises the key elements identified during the discussions with community members and Tahaddi staff. It includes the operational definitions of each outcome, indicators for measuring changes after the intervention, the measurement tools to be used, and the intervention activities that were expected to contribute to those changes. This structured approach ensures that the evaluation process remains clear, measurable, and aligned with the intervention's objectives, serving as a model for future interventions.

### Individual Outcomes:

Outcome	Operational Definition	Indicators	Measurement Tools	Related Activities
<b>Improved level of well-being</b>	Improving overall well-being, encompassing mental, emotional, and psychosocial aspects. This includes learning and practicing self-care and self-compassion.	Better coping techniques for managing stress.  Better awareness about mental health, practicing self-care activities.	Focus group discussion using SEE_PET.  PSYCHLOPS questionnaire (Wellbeing domain)	Psychoeducation sessions, group support sessions, Collective storytelling sessions, somatic activities
<b>Better Sense of Control</b>	Helping individuals regain a sense of control over their lives. This involves empowering them to navigate their own circumstances more effectively.	Better sense of control.  Able to overcome daily challenges.	Focus group discussion using SEE_PET.  PSYCHLOPS questionnaire (Problems and Functioning domains).	Collective storytelling session
<b>Improved Family Relationships:</b>	Enhanced family dynamics and interactions, reflected in less conflict and violent behaviour at home.  -Better quality of communication within families.  More quality time spent on common activities.	Ability to resolve family conflicts peacefully and effectively.  - Family members increasingly engage in common activities.	Focus group discussion using SEE-PET.	Psychoeducation sessions & group support sessions.

Outcome	Operational Definition	Indicators	Measurement Tools	Related Activities
<b>Challenging and Reconstructing Gender Norms and Beliefs</b>	<p>Encouraging individuals to question and redefine their beliefs about gender norms.</p> <p>Increased equality in sharing household responsibilities between women and men.</p> <p>Reduced acceptance and lower occurrence of violent behaviour against women.</p>	<p>Increased female involvement in decision-making.</p> <p>Greater male participation in household chores.</p> <p>Greater acceptance of women in leadership roles</p> <p>Decreased practice of violent behaviour towards women.</p>	A tailored self-rating questionnaire regarding gender beliefs and attitudes was developed.	Psychoeducation sessions.
<b>Acknowledging Everyday Resistance</b>	Recognising and appreciating acts of everyday resistance as signs of strength, highlighting how individuals survive, cope, and push back against difficult living conditions.	Better sense of resistance in the face of everyday hassles.	Focus group using SEE-PET.	The collective storytelling sessions

## Community Outcomes:

Outcome	Operational Definition	Indicators	Measurement Tool	Related Activities
<b>Stronger Community Capacity</b>	Empowering community members to support themselves and each other. This includes developing skills, resources, and networks to enhance mutual aid, collaboration, and resilience within the community.	Increased sense of trust amongst community members, allowing them to share their emotions, thoughts, fears, and aspirations more openly within their social circles. Improved ability to both seek support from others in the community and offer support to those in need.	Focus group using SEE-PET.	The collective storytelling sessions & group support sessions.
<b>Mutual Respect</b>	Promoting respect for everyone's individual dignity and experiences, contributing to a more cohesive community.	Reduction in harmful or dismissive attitudes among community members, particularly between individuals affiliated with different subgroups, such as those divided by gender, nationality, or other identity markers.	Focus group using SEE-PET.	The collective storytelling sessions, the group support sessions, and the somatic activities.

## System outcomes:

Outcome	Operational Definition	Indicators	Measurement Tool	Related Activities
<b>Adopting Bottom-Up Approaches:</b>	Involving community members in decision-making processes, giving them control over initiatives and fostering a sense of ownership and agency.	Incorporating the community's needs and perspectives into the CSO's services.	Focus group discussions with Tahaddi team members.	The overall project.
<b>Improved Skills</b>	Providing ongoing, comprehensive training programs for staff to enhance their skills and knowledge.	The knowledge and skill sets needed to deliver the implementation model	Focus group discussions with Tahaddi team members.	The overall project.
<b>Encouraging Innovative Approaches</b>	Promoting the development and implementation of new, community-specific methods. This involves using bottom-up approaches to capture real needs on the ground and ensuring that innovations are informed by the community's direct experiences and insights.	The new methods and tools introduced during the implementation model, including the bottom-up approach and collective storytelling approach	Focus group discussions with Tahaddi team members.	The overall project.

## Mid-Point Assessment Stage

We recommend conducting the same quantitative and qualitative assessments to track progress and measure changes in key indicators in the middle assessment stage. A general evaluation of the participants' satisfaction with the intervention activities should also be carried out, including an assessment of the attitudes and behaviours of the facilitators and co-facilitators.

Furthermore, this stage should also include a space for the participants to provide general recommendations or suggestions for improvement, allowing for potential adaptations and refinements to the intervention based on their feedback.

## End-Point Assessment Stage

At the conclusion of the evaluation, in addition to conducting the same quantitative and qualitative measurements of the indicators, we recommend incorporating additional questions to provide a comprehensive evaluation of the intervention. This final assessment should explore the participants' overall experiences, the perceived value of the activities, any areas for potential adaptations or improvements, and the intervention's alignment with feminist MHPSS principles. Key aspects to assess could include:

- Detailed feedback on each type of activity, including its perceived impact, effectiveness, and any recommendations for future adaptation or improvement.
- Evaluation of group composition, including reflections on group size, structure, and the dynamics of mixed-gender versus single-gender groups.
- How power dynamics were managed during the intervention.
- Feedback on facilitation style.
- Assessment of the relevance and effectiveness of the topics covered in the group support and psychoeducation sessions across different participant groups.
- Identification of any challenges or barriers that the participants faced during the intervention and suggestions for overcoming them in future implementations.
- Reflections on the personal and collective changes that group members experienced throughout the intervention and how these aligned with the intended outcomes.

The collected data should then be analysed and compared across different groups, taking account of key comparative elements such as single-gender versus mixed-gender groups. This comparative analysis will help to identify patterns, strengths, and areas for enhancement, informing the design and adaptation of future programs to better serve diverse participant needs.

## **Recommendations to Increase the Reliability of the M&E Process From a Feminist Perspective**

### **1. Increasing reliability while centring community ownership**

- The feminist perspective acknowledges the presence of power dynamics between the CSOs that provide services and those who receive them. It should be explicitly communicated to the participants that their evaluation of the intervention will not affect their relationship with the CSO or their access to services, and this assurance must be backed by concrete measures to ensure transparency and trust.
- Assessments should be conducted by someone familiar with the intervention but not directly involved in its implementation. This helps to create a more comfortable space for the participants to reflect on their experiences without being influenced by the presence of facilitators or CSO staff.

### **2. Conducting reflexive session-based assessments**

- Facilitators and co-facilitators should conduct brief assessments after each session to capture reflections, engagement levels, and emerging challenges.
- Facilitators and co-facilitators should engage in self-reflection to examine their positionality, potential biases, and the power dynamics that may shape their interactions with participants.

### **3. Providing safe and accessible feedback mechanisms and complaint channels**

- Provide anonymous feedback options, such as suggestion boxes, and consider using regular peer-led small-group discussions to create safer spaces for honest inputs.
- Address potential power imbalances that might discourage open feedback and ensure that all voices are heard.
- Establish an independent, clear, and supportive mechanism for the participants to report any concerns or complaints without fear of repercussions.

### **4. Increasing transparency**

- Clearly communicate the evaluation process and objectives and explain how participant feedback will be used.
- Share key findings with the participants to promote collective learning and ensure that they see the impact of their contributions.

### **5. Using a mixed method approach in the assessment**

- Use diverse quantitative and qualitative tools, including self-rating questionnaires, focus groups, and storytelling, to capture multiple perspectives and validate lived experiences as legitimate data sources.

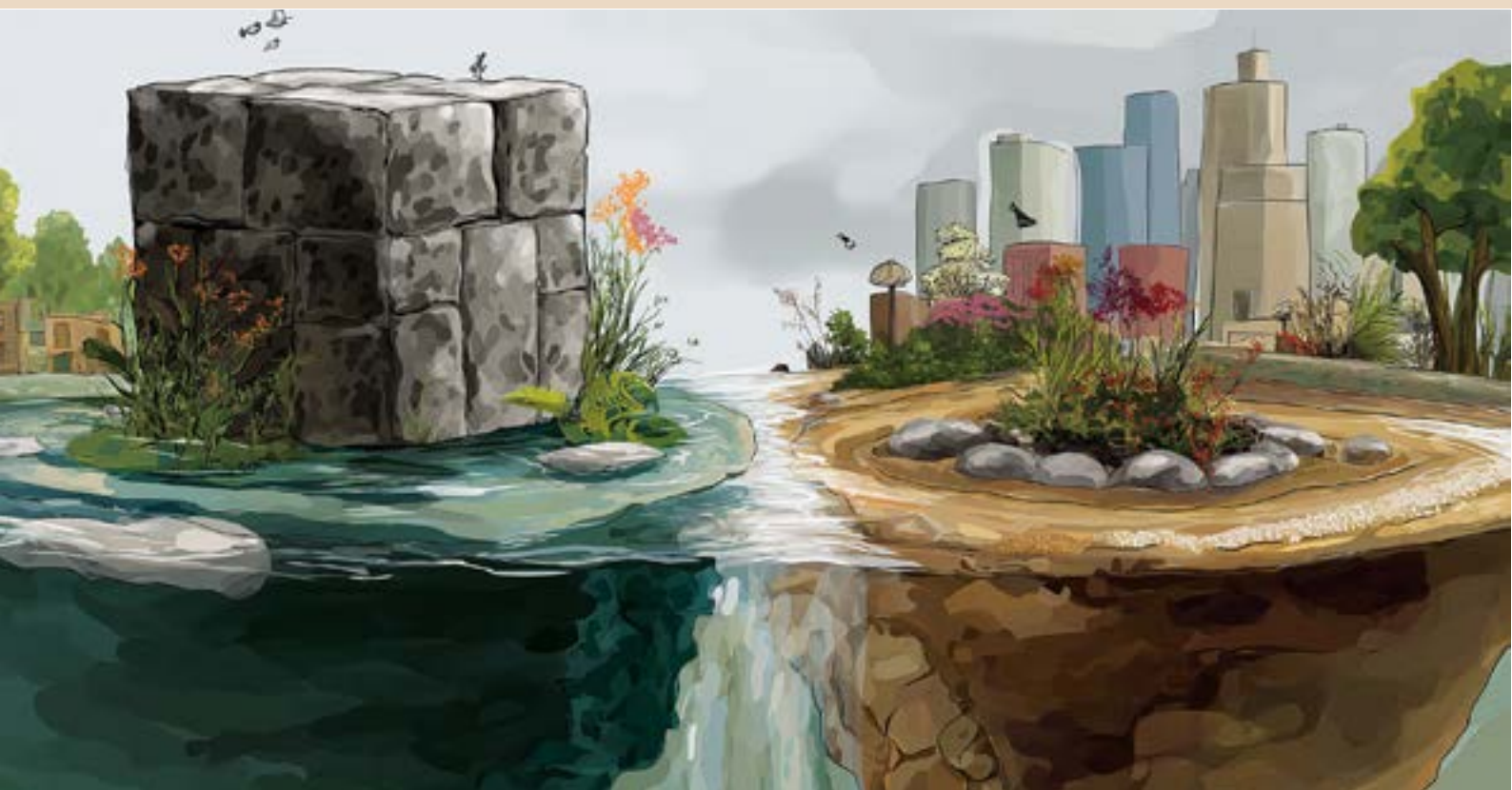
### **6. Continuous review and learning**

- Conduct regular check-ins to assess the effectiveness of M&E tools and adapt them based on emerging needs.

### **7. Accountability through collective reflections**

- Establish clear accountability measures and share them with the participants to reinforce trust in the evaluation process.
- Use M&E findings as tools for community reflection and advocacy, ensuring that feedback on structural barriers such as gender discrimination informs future interventions and broader efforts for social change.

Integrating these feminist principles allows the M&E process to become more inclusive, reliable, and transformative, which fosters agency, intersectionality, and justice in mental health and psychosocial support interventions.



## Conclusion

Traditional Psychology training usually teaches that interventions must be meticulously planned and highly structured from the outset to ensure effectiveness. However, one of the key lessons we learned from this experience is that context-based feminist MHPSS interventions that follow a bottom-up approach demand adaptability, flexibility, and the ability to navigate ambiguity. Planning is indeed crucial for successful and organised interventions and distinguishes structured MHPSS efforts from informal support. However, feminist, bottom-up approaches require a balance between meticulous planning and an openness to learning from the field. While this balance is not easy to achieve, when it happens it adds significant value by ensuring that interventions are responsive to the lived realities of communities rather than rigidly following predetermined frameworks.

Our implementation journey was filled with unexpected challenges and surprises, and we had to adapt our initial plans multiple times to accommodate the needs, perspectives, and capacities of both the community and the implementing CSO. Our initial assumptions about the community were also challenged, requiring us to remain open to learning from the field. We adapted our approach based on these emerging insights, particularly regarding the gender and nationality dynamics we encountered which did not align with our expectations. As reflected in the section on group formation, these dynamics were more fluid than anticipated, which reinforces the importance of listening to the community rather than imposing pre-conceived notions. This experience highlighted the need to continuously question assumptions, remain adaptable, and let realities on the ground shape the intervention's direction.

The outbreak of attacks on Beirut was unforeseen event that forced us to halt implementation. During the war, Tahaddi redirected all their resources to humanitarian aid and emergency responses for the affected community in El Hay El Gharbi. After the crisis subsided, we held a debriefing session with Tahaddi staff to reflect on the overall experience of developing an MHPSS intervention together.

At that point, Tahaddi resumed group support sessions, primarily focused on stress relief and managing trauma responses related to the war. They observed a notable shift in the community's openness and motivation to seek MHPSS support — far more people than usual were approaching Tahaddi for psychosocial assistance. According to the team, this reflected a probable decrease in the stigma around seeking mental health support, as well as an increased awareness of its importance. Staff reported that some of the participants who had received MHPSS support were now speaking openly about their experiences and encouraged others in their circles to seek help. This alone was a significant success. They also noticed a growing motivation amongst men to participate in MHPSS activities — an encouraging development given the longstanding challenge of recruiting men for such support programs.

On an organisational level, Tahaddi staff shared that they had always recognised the value of community engagement in MHPSS work but were unsure how to implement it effectively. Through this collaboration, they learned bottom-up strategies for engaging the community at every stage — from planning to evaluation — and expressed their intent to incorporate these strategies into their future work.

They also appreciated gaining an understanding of the feminist lens to mental health, stating that it helped them to see how mental health is shaped by structural conditions while providing insights on how to challenge these conditions to push for transformative changes.

Finally, Tahaddi staff highly valued the collective storytelling technique that was introduced during our collaboration. Although they were unable to see the approach in practice due to the intervention's early termination, they found it to be a powerful and innovative method. However, they felt that given the community's recent exposure to war-related trauma, it was not the right time to implement such an approach, as it could be overwhelming for those who were still struggling with fresh trauma.

Despite the premature termination of the intervention, the process itself generated meaningful shifts at both community and organisational levels. This experience reinforced our belief that while challenges and uncertainties are inevitable, embracing them as opportunities for learning and adaptation leads to more responsive, impactful, and sustainable mental health support efforts.

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