PROJECT BRIEFING NOTE

Integrated Mental Health & Psychosocial Support (MHPSS) Programme

Rohingya Refugee Camps, Cox's Bazar , Bangladesh | February – May 2026

Supported by
Beyond Conflict & Global Development Consortium

Reporting Period
February – May 2026

KEY RESULTS AT A GLANCE

11	264	350,000+	22	31
Camps covered	Peer support participants	Radio reach	Peer support groups	NGO staff trained

PROGRAMME OVERVIEW

This community-driven MHPSS programme was implemented across 11 Rohingya refugee camps in Cox's Bazar, targeting children, adolescents, youth, caregivers, and frontline humanitarian workers. The integrated approach combined peer-to-peer support, frontline capacity building, media outreach, tele-health services, and child-focused recreational activities to address deep-rooted psychosocial needs within one of the world's most protracted displacement crises.

KEY ACHIEVEMENTS

- Established 22 peer support groups (male and female) across all 11 camps, directly engaging 264 community members in structured psychosocial support activities.
- Delivered 44 participatory peer education sessions covering stress management, active listening, empathy, confidentiality, and mental health referral pathways.
- Trained 31 frontline NGO/CBO staff from 13 organizations on MHPSS identification, referral, case management, and staff wellbeing.
- Reached an estimated 350,000+ beneficiaries through Radio Naf 99.2 FM via PSAs, live talk shows, radio drama, and weekly interactive programmes.
- Activated the "Manoshik Kosto" tele-mental health hotline; 15 individuals accessed remote consultations addressing anxiety, depression, PTSD, and mood disorders.
- Engaged 80 children and adolescents in creative and recreational sessions to promote emotional expression, resilience, and peer connection.
- Produced an 8-page flipchart-based training manual and standardized peer group facilitation framework for consistent field implementation.

KEY CHALLENGES

- Acute shortage of trained mental health professionals' limits service quality and coverage across the camps.
- Declining humanitarian funding threatens the sustainability and scale of MHPSS interventions.
- Persistent stigma and cultural barriers continue to discourage help-seeking behavior within the refugee community.
- Limited access to psychiatric medication and weak referral pathways reduce effectiveness for high-need cases.

- High burnout among frontline workers undermines consistent service delivery and staff wellbeing.

THE CASE FOR CONTINUED INVESTMENT

Unmet Needs

High prevalence of trauma, depression, and PTSD among a population with no pathway home. Demand for tele-counselling and psychiatric medication support is growing.

Sustainability Risk

Peer groups require ongoing mentoring and supervision; without continued funding, community structures risk collapse. Media campaigns need sustained resourcing to maintain camp-wide reach.

Scalability

The programme has proven a scalable, community-driven model. A large portion of the camp population remains unreached and can be covered with additional investment.

Frontline Worker Wellbeing

Dedicated staff care, debriefing, and self-care interventions are urgently needed to address high burnout rates among humanitarian workers.

PRIORITIES FOR NEXT PHASE (JUNE 2026 ONWARDS)

- Expand peer support networks and introduce dedicated child and adolescent psychosocial safe spaces.
- Strengthen referral pathways and improve access to psychiatric medications through health sector coordination.
- Scale Radio Naf media outreach and community awareness campaigns to reduce stigma further.
- Introduce structured staff care and debriefing programmes for frontline humanitarian workers.
- Enhance tele-support infrastructure through improved camp connectivity and coordination systems.

The February–May 2026 implementation demonstrates that community-based MHPSS is both effective and scalable in the Rohingya camp context. Continued donor investment is essential to sustain gains, expand coverage, and ensure that vulnerable individuals receive the psychosocial care they urgently need.

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