



JRS MHPSS Communication Guide

Preferred language, glossary and terms to describe
JRS's MHPSS programming and activities

JRS Global MHPSS Unit
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JRS MHPSS Communication Guide

This guide defines key Mental Health and Psychosocial Support (MHPSS) concepts and terms used in JRS humanitarian programming to promote consistent use, understanding, and communication among practitioners and stakeholders' organization wide. The guide aligns JRS MHPSS language with globally accepted best practice.

Using compassionate, inclusive, and accessible language in MHPSS is essential to promote dignity, inclusion, healing, and reduce stigma—especially in humanitarian settings. The way we talk about mental health can either build trust or create barriers to care.

According to the [Inter-Agency Standing Committee \(IASC\) Guidelines for MHPSS in Emergency Settings](#), using clinical or diagnostic terms outside medical contexts may alienate individuals or reinforce stigma, particularly where services are limited.

Focusing on people's experiences, strengths, and resilience—rather than labels—helps create safe, culturally sensitive environments and encourages greater understanding and uptake of MHPSS services.

Recognized Definitions

Mental health – the World Health Organization defines this as a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.

Psychosocial – the Inter-agency Network for Education in Emergencies (INEE) defines this as interaction between psychological and social aspects that a person experiences which affects their wellbeing. This is inclusive of how we think, feel, or behave, and our social connections, relationships, and cultural contexts.

Mental health and psychosocial support (MHPSS) – the IASC Guidelines for MHPSS in Emergency Settings defines this as a composite term describing services or activities that protect or promote psychosocial well-being and/or prevent or treat mental health conditions.

Community-based MHPSS (CBMHPSS) - focuses on the strengths, needs, and active participation of individuals and communities affected by forcible displacement in design and delivery of support. It offers culturally relevant and accessible activities—like psychological first aid, peer support, creative expression, and vocational training—that support well-being, resilience, and social connection. CBMHPSS prioritizes prevention, early support, and integration with services such as health and education, fostering local ownership, reducing stigma, and strengthening long-term recovery.

Standardized JRS MHPSS Narrative

Forcibly displaced individuals and communities face a wide range of stressors, including exposure to violence, loss of loved ones, disruption of social and community networks, and lack of access to basic services and safety.

These experiences, combined with the ongoing adversity and uncertainty of displacement, can significantly affect mental health and psychosocial wellbeing.

Mental Health and Psychosocial Support (MHPSS) is an umbrella term used to describe any support that aims to protect and promote psychosocial wellbeing and prevent or treat mental health conditions.

Most people affected by emergencies experience distress that is natural and expected. The majority can recover and adapt when supported by family, community, and access to basic services. In crisis or post-conflict settings, there is often a lack of resources to adequately address the mental health and psychosocial needs of displaced populations.

Through MHPSS, JRS aims to reduce the suffering and improve the mental health and psychosocial wellbeing of the forcibly displaced. MHPSS has historically been an integral part of JRS's programming, and the organization has been a global leader of best practices, contributing to the foundational global guidance document- IASC MHPSS Guidelines in Emergency Settings (2007).

JRS is known for our holistic and community-based approach to MHPSS programming. Rooted in the Society of Jesus' tradition of *cura personalis* – the holistic care of the individual person – and aligned with international humanitarian standards, we meet people where they are, with humility and respect for their agency, culture, and faith traditions. We walk with people and their communities as they navigate hardships, recognizing and supporting their own capacities to recover, grow, and flourish. We work to ensure communities are involved in co-creating contextualized solutions. We strive to integrate MHPSS across our core priority areas of advocacy, education, livelihoods, and reconciliation, and to respond to the multi-dimensional needs.

Common JRS MHPSS activities include those that build social connection through art, theatre, games, and sports, psychoeducation, Social and Emotional Learning, support for parents, teachers, and caregivers, Psychological First Aid, support groups, individual counselling, and referrals to specialized mental health services.

Essentials of MHPSS Communication

Recognize common stress responses.	Most people affected by crises will experience signs of emotional distress—such as anxiety, sadness, fatigue, or irritability—which are common and usually improve with time.
Avoid overemphasis on posttraumatic stress disorder (PTSD).	Do not focus heavily on PTSD in communications. Most reactions are natural responses to abnormal events and don't require a diagnosis, which can only be given by certified mental health specialists.
Be cautious with language.	Instead of using terms like “traumatized,” describe individuals as “distressed” or “experiencing strong emotional reactions.”

	Use of terms such as trauma can hinder coping and resilience and reinforce stigma or a sense of helplessness.
Mental health and psychosocial support are holistic.	Communicate that MHPSS involves multiple layers of care: from basic needs and safety to specialized clinical services—each supporting different groups based on psychosocial need.
Children and adults cope differently.	Children express stress differently depending on their age, and most recover well with safety, support, and care. Avoid reducing children to their stress reactions in communication materials—focus on their resilience and needs and ways to address those.
Respect boundaries.	Don't pressure individuals to recount difficult events unless they choose to. Instead, encourage conversations about their identity and life before the crisis, if they are comfortable sharing, or ask about hopes and aspirations. Understand their identity beyond their difficulties.
Highlight local community resources and capacities.	Highlight the capacity and resilience of affected individuals. Focus on fostering dignity, community ties, and the social conditions that promote well-being.

When describing people receiving MHPSS services, use humanizing and person-centred language that respects dignity and avoids stigma—for example: people experiencing distress, individuals feeling overwhelmed, people with mental health conditions, persons diagnosed with a mental condition, or individuals facing psychosocial challenges.

When describing MHPSS activities, use clear, inclusive, and non-clinical language that highlights their purpose in supporting well-being, coping, and resilience. The IASC Guidelines recommend avoiding technical or diagnostic terms in non-clinical settings. Instead, describe activities by what they offer—such as “safe spaces for children,” “peer support for distress,” or “tools to manage stress and build community connection.” Emphasize that MHPSS is culturally grounded, strength-based, and supports dignity during crisis. Avoid or use carefully terminology like “therapy,” “treatment” “trauma/traumatic.”

Recommended Terminology

When using the correct terminology, we can empower individuals and communities affected by forcible displacement and decrease stigma that is already commonly associated with mental health conditions or psychosocial distress. We recommend using the following terminology.

Wellbeing	Widely refers to a positive state of physical, mental, and social health that is defined by the individual's experience and interpretation. It is dynamic and can be assessed through feelings of belonging and social connection, ability to cope, ability to complete daily tasks, amongst other variables.
Distress	A feeling of intense suffering caused by difficult circumstances which can encompass a range of emotional, physical, social and cognitive reactions. Commonly reported feelings include anxiety, fear, anger, sadness, and grief. It is normal for people to experience distress because of displacement, and early and appropriate interventions can help people cope.
Resilience	The ability to cope and recover from adversity. People have an innate ability to

	be resilient. Psychosocial support can promote resilience for individuals, families, and communities.
Community-Based	Promotes active participation of communities in designing and implementing relevant MHPSS activities.
Community-led	Goes beyond community-based and describes a process where communities are leaders in identifying needs, creating solutions, acting as implementors, and having ownership over evaluating impact of MHPSS interventions in their own communities.
Cope/coping	The ability to deal with or have the appropriate resources to manage the type and amount of stress experienced.
Daily Stressors	The on-going, persistent conditions that threaten wellbeing, including lack of access to basic needs, education, livelihoods, religious observances, as well as xenophobia, racism, discrimination, isolation, and often causes significant amounts of distress.
Multi-layered services	Referring to the IASC MHPSS intervention pyramid and the 4 areas of MHPSS work that are needed to ensure individuals, families, and communities can recover from forcible displacement. The layers include (1) Basic Services and security, (2) Community and Family Supports, (3) Focused, non-specialized support, (4) Specialized Services. JRS primarily

	implements layers 1 and 2, less frequently 3, and rarely 4.
Support	Commonly used to describe the types of services we provide. It can be linked with an additional descriptor such as, 'psychosocial support,' 'peer support,' etc.
Psychosocial Accompaniment	Rooted in Ignatian Spirituality, in JRS, psychosocial accompaniment refers to meeting the forcibly displaced person where they are at, providing a safe space to listen and link individuals to their own personal resources, and resources within their communities.

Keeping these essential communication tips in mind, consider adjusting language and terminology when discussing MHPSS to avoid common stereotypes and biases. In humanitarian settings, a psychosocial and human rights approach to MHPSS recognizes the inherent dignity of individuals, addresses the social determinants of distress, and promotes equitable access to culturally appropriate care while safeguarding protection and agency.

Instead of...	Use...
Trauma	Distress, Anguish, Psychological and social effects, Emotional suffering,
Traumatic events	Adverse/terrifying/horrific/shocking/life-threatening/overwhelming/crisis events
Traumatized people	Severely distressed people, People exhibiting signs of distress/suffering/overwhelm
Trauma Healing	Mental health and psychosocial support
People suffering from	People experiencing, People living with

Symptoms (<i>unless linked to a clinical diagnosis</i>)	Reactions to difficult situations, People with extreme/severe reactions to the emergency
Mental disability, Mental illness, Mental disorder, Pathology	Mental health condition, Psychosocial disability, Emotional or psychological challenges, Difficulties related to mental well-being
Victims	Survivors, People affected, Individuals with lived experience, People experiencing, People living with
Treatment	Support, Care, Services, Assistance, Psychosocial accompaniment
Counselling	Psychosocial support - unless the service is clearly articulated as counselling, which JRS does infrequently
Therapy	Activity, psychosocial support, support, unless clearly aligning with a clinical intervention which JRS does rarely (ex. Instead of art therapy, use art activities)
Patient (<i>in non-clinical setting</i>)	Participant, Individual receiving support, Community member seeking care, People with lived experience, affected population
Normal (<i>vs. abnormal</i>)	Typical or expected in the context, Common under the circumstances,
Addict	Person who uses substances, Individual experiencing substance dependence

Committed suicide, Failed suicide attempt, Suicidal tendencies, Suicidal person	Died by suicide, Attempted suicide, suicidal thoughts, suicidal ideation, person with lived experience
Retarded	Person with intellectual disabilities, Individual with developmental delays
Cured	Recovered
Beneficiary/Beneficiaries	<p>Depending on the context:</p> <p>Participants – emphasizes active involvement.</p> <p>Community members – highlights belonging and inclusion.</p> <p>People we serve – relational and respectful.</p> <p>Individuals and families – humanizing and clear.</p> <p>Clients – suitable in MHPSS/clinical settings.</p> <p>Rights-holders – grounded in a human right, based approach.</p> <p>Affected population – common in emergency/humanitarian settings.</p> <p>Target group – technical, useful in project design/MEAL.</p> <p>Survivors – when referring to GBV or trauma-informed contexts.</p> <p>Children / youth / caregivers / teachers – specify groups instead of using generic terms.</p> <p>Service users – reflects participation and agency.</p>

Additional Resources related to MHPSS.

Mental Health Europe. (2024). *Mental health Europe's glossary (2024 edition)*. <https://www.mentalhealtheurope.org/wp-content/uploads/2025/02/Mental-Health-Europes-Glossary-2024-edition-FINAL.pdf>

Inter-Agency Standing Committee. (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*.
<https://interagencystandingcommittee.org/sites/default/files/migrated/2020-11/IASC%20Guidelines%20on%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings%20%28English%29.pdf>

Poland MHPSS Technical Working Group. (n.d.). *Essential concepts and best practices for mental health and psychosocial support (MHPSS): Ukrainian refugee response*.
<https://chat.openai.com/share/file-HXEehNREkgTa5Q5t7bWP25>