



MHPSS and protection outcomes

Why joint action to improve mental health and psychosocial wellbeing of people affected by conflict, violence and disasters should be a priority for all protection actors

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Introduction

This paper aims to provide coordinators and actors in Protection Clusters including its Areas of Responsibility and other areas of expertise with essential information on Mental Health and Psychosocial Support (MHPSS) as a key protection concern. The central tenet is that stronger engagement of protection actors with MHPSS strengthens the overall protection response.

This year over 100 million people were in need of protection assistance due to conflict, violence, epidemics and climate-related disasters, or a mix of all three.¹ People are affected in different ways: many have their rights abused, their lifestyle and traditions threatened or destroyed, millions are uprooted from their homes, lose their families, communities, jobs and safety nets, and have their resilience tested to its limits.

These life changing events have a monumental impact on people's mental health. One in five people living in areas affected by violence and conflict experience significant mental health conditions² which is three times the global estimates for populations not affected by conflict.³

Over the last decade, supporting people's mental health and psychosocial wellbeing has gained increasing recognition as a necessary and important part of humanitarian response. This recognition has been largely shaped by guidance⁴ that makes clear that effective MHPSS requires a collaborative approach between multiple humanitarian disciplines.⁵

However, in practice, delivery of MHPSS in emergencies remains concentrated within health, child protection, gender-based violence and mine action programmes. A closer engagement of all protection actors and other humanitarian sectors on MHPSS, would make MHPSS more effective and the protection response more comprehensive and equitable.

Protection clusters should strengthen their engagement in MHPSS work to ensure holistic MHPSS services and deliver a stronger protection response.



- 1 Improve MHPSS services to reach all affected population groups, with particular attention to cross-cutting issues and continuity of care across the lifespan.
- 2 Include MHPSS within protection work, particularly within programming related to community-based protection, communication with communities, accountability to affected populations and when using participatory and age, gender and diversity approaches. Encourage the use of MHPSS outcome indicators within protection programmes.
- 3 Promote the work and encourage further scale up of Protection Areas of Responsibility (AoRs) that have systematically incorporated MHPSS within their programming - notably Child Protection, GBV and Mine Action.
- 4 Promote inclusion of MHPSS in protection case management for at risk individuals and families in humanitarian settings. Case managers must be trained in MHPSS skills such as psychological first aid, active listening, problem solving, basic psychological support, advocacy on behalf of their clients, referrals, strength-based approaches and accompaniment of at-risk persons.
- 5 Advocate for MHPSS as a cross-cutting issue in the humanitarian response and in the humanitarian programme cycle (and include MHPSS in Humanitarian Response Plans and Humanitarian Needs Overviews).
- 6 Make MHPSS a standing item on the agenda of protection cluster meetings and inter-sectoral coordination meetings.
- 7 Support the creation or functioning of a cross-sectoral MHPSS Technical Working Group.

¹ UNOCHA (2020). Global Humanitarian Overview 2020.

<https://hum-insight.info/>

² Charlson, F., et al. (2019). New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *The Lancet*, 394(10194), 240-248.

³ Vos, T., et al. (2017). Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet*, 390(10100), 1211-1259.

⁴ IASC (2007). Guidelines on Mental Health and Psychosocial Support in Emergency Settings. <https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings-0/documents-public/iasc-guidelines-mental>

⁵ Summary Record, IASC Principals meeting, 5 December 2019. <https://interagencystandingcommittee.org/inter-agency-standing-committee/summary-record-iasc-principals-meeting-5-december-2019>

What is MHPSS?

The widely used acronym ‘MHPSS’ refers to any type of support that aims to protect or promote psychosocial well-being or prevent or treat mental health conditions.

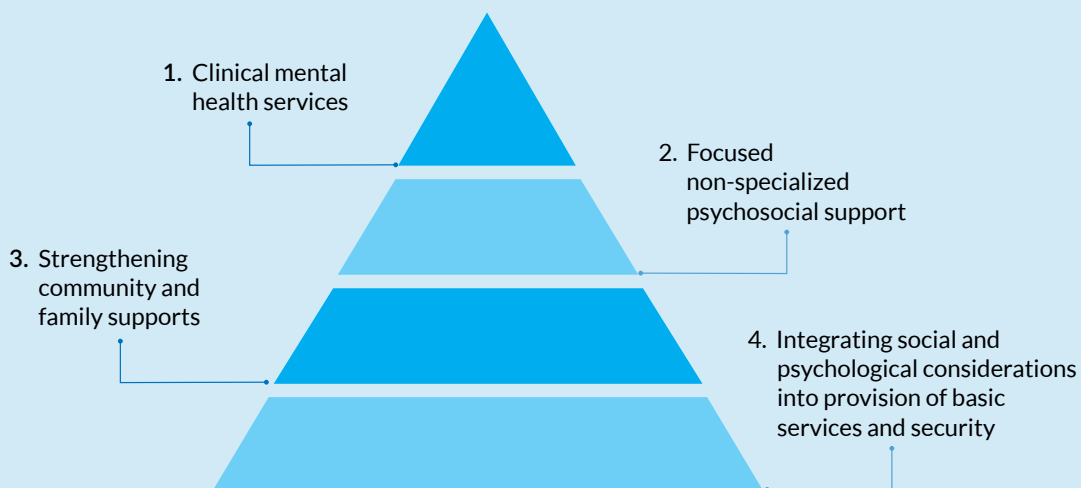
MHPSS interventions should be implemented and addressed in programmes for health, protection, education, nutrition, and camp coordination & camp management.

Within Protection work, MHPSS should be included through the various areas of expertise including when addressing human right abuses, assisting victims of violence and supporting their families, delivering community-based protection, and in programming on child protection, gender based violence, persons with disability, older people, mine action, and trafficking in persons.

The term ‘MHPSS problems’ may cover a wide range of issues including social problems, emotional distress, common mental conditions (such as depression and anxiety disorders), severe mental health conditions (such as psychosis), alcohol and substance abuse, and intellectual, developmental or cognitive disabilities.⁶

The delivery of MHPSS activities is often represented in a pyramid of multi-layered services and support. See *figure 1*.

Figure 1 | MULTILAYERED MHPSS SERVICES AND SUPPORTS



Layer 4

Clinical mental health and psychosocial services for those with severe symptoms or whose intolerable suffering rendering them unable to carry out basic daily functions. Such Interventions are usually led by mental health professionals but can also be led by specialists in social work.

Layer 2

Strengthening community and family support through promotion of activities that foster social cohesion and the restoration or development of community-based mechanisms to protect and support individuals using participatory approaches.

Layer 3

Provision of focused psychosocial support through individual, family or group interventions to provide emotional and practical support to those who find it difficult to cope within their own support network. Health, education, community-based protection or child protection workers usually deliver such support, after training and with ongoing supervision.

Layer 1

Provision of basic services and security in a manner that protects the dignity of all people, including those who are particularly marginalized or isolated and who may face barriers to accessing services and deliver the response in a participatory, rights-based way. The objectives of protection mainstreaming are strongly aligned to this layer.

(Adapted from IASC Guidelines in Mental Health and Psychosocial Support in Emergency Settings, 2007)

Interaction between protection risks and MHPSS issues

There is a bidirectional relation between MHPSS issues and protection risks.

- Conflicts, disasters and violence induce high levels of psychological distress due to direct human rights violations including torture, rape and other forms of gender-based violence, and due to losses of loved ones, homes, traditions and livelihoods.
- There can be a correlation between depression and substance abuse, particularly alcohol consumption and an increase in Intimate Partner Violence. Youth, with mental health issues, are at greater risk for abuse and exploitation. When parents suffer from depression, they are less likely to take good care of their children.
- In emergency settings, the rights of people with pre-existing mental health conditions are often violated, even more pervasively than in stable situations. Conflicts, disasters and violence increase protection risks of people with severe mental health conditions in psychiatric institutions, or who are homeless or kept locked in homes including persons with psychosocial or other disabilities.

How does MHPSS relate to the protection response?

One of the four protection principles in the Sphere Handbook is to “Assist people to recover from the physical and psychological effects of threatened or actual violence, coercion or deliberate deprivation”.⁷

This requires all humanitarian actors to pay attention to the psychological sequelae of human rights violations.

Addressing the mental health and psychosocial consequences of conflict, violence and disasters contributes to protection by strengthening the agency of people to effectively address their protection issues. The capacity of people and families to take actions to claim their rights are negatively affected by pervasive demoralisation, feelings of depression and anxiety, memories related to past events of violence and loss, and worries about current life circumstances and the future.

Moreover, addressing the mental health consequences of forced displacement can contribute to durable solutions. There is a bidirectional relation between mental health and the ability to be successful in school, job and livelihoods and including MHPSS considerations in activities for durable solutions to be more effective.

Here are some actions for Protection Clusters to ensure solid contribution of MHPSS to the protection response:

- » Promote Protection Areas of Responsibility (AoRs) to systematically incorporate MHPSS within their programming and actively support those who are already doing this - notably Child Protection, GBV and Mine Action.⁸
- » Improve and make access to MHPSS services more equitable to all population groups, including women, men, children, youth, older people, LGBTI persons, survivors of torture or arbitrary detention, survivors of forced disappearance and family of disappeared, male and female GBV survivors, people with disabilities, and people with substance use problems.

⁶ Terminology in the field of MHPSS can at times be confusing because aid agencies working in education, nutrition and protection tend to speak of ‘psychosocial wellbeing’ while health agencies tend to speak of ‘mental health’. Agencies working in disability prefer the term psychosocial disabilities for people with chronic mental health conditions.

⁷ The Sphere Handbook sets humanitarian standards for rights-based delivery of services. The latest revision of The Sphere Handbook was in 2018, and is available here: <https://spherestandards.org/handbook-2018/>

⁸ The Mine Action AoR strongly advocates that assistance to victims of mines, explosive remnants of war and improvised explosive devices should consist of a continuum of services including mental health and psychosocial support.

- » Support the humanitarian response to adequately meet the MHPSS needs of at-risk groups, which frequently remain unaddressed or are referred to specialized services, which, if they exist at all, are often focused on clinical (medical) management of more severe mental health issues and have limited capacity and understanding of protection violations.
- » Scale up community-based protection activities, including protection outreach and activities aimed at reducing stigma and discrimination of marginalised groups in communities (e.g., persons with disabilities including those with intellectual, developmental and cognitive disabilities) to positively impact on the well-being of affected individuals and families.

What is the link between protection mainstreaming and a psychosocial approach?

“Protection mainstreaming” and the “psychosocial approach” (referred to as “MHPSS mainstreaming” in some settings) are two important concepts that constitute a common ground for holistic work on protection and MHPSS. The two concepts have clear similarities and are aligned in recognising that to reach protection outcomes and ensure quality MHPSS programmes, collective and holistic action is essential.

- » **Alignment in objectives:** The outcomes and objectives of advocating for a psychosocial approach are the same as the objectives and desired outcomes of protection mainstreaming. Outcomes of MHPSS activities can be community-focused and person-focused. In table 1, this is summarized, showing how many of the outcomes of MHPSS are strongly contributing towards collective protection outcomes.
- » **Alignment in the responsibility of all clusters:** The IASC MHPSS Guidelines (released in 2007) have action sheets aimed at adopting a psychosocial approach in food security & nutrition, WASH, shelter and site management and information, education and communication. The Protection Cluster Mainstreaming toolkit also looks at specific role, checklists and inputs from all other clusters.
- » **Alignment in reporting approach:** Protection actors report on safety, dignity and rights and MHPSS actors report on improvements in psychosocial wellbeing and/or prevention of further psychological distress.

Table 1 | SUMMARY OF THE COMMON FRAMEWORK

Goal: Reduced suffering and improved mental health and psychosocial well-being		
Outcomes		
Community-focused	(1) Emergency responses do not cause harm and are dignified participatory, community owned and socially and culturally acceptable	(2) People are safe, protected, and human rights violations are addressed
Person-focused	(4) Communities and families support people with mental health and psychosocial problems	(3) Family, community and social structures promote the well-being and development of all their members (5) People with mental health and psychosocial problems use appropriate focused care

Underlying core principles : 1. Human rights and equity, 2. Participation, 3. Do no harm, 4. Integrated services and supports, 5. Building on available resources and capacities, 6. Multilayered supports

Source: IASC (2018) Common Monitoring and Evaluation Framework for MHPSS programmes in emergency settings.

<https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common>

Who is responsible for MHPSS in humanitarian settings and cluster system?

No single cluster agency or cluster is, on its own, responsible or accountable for MHPSS. It is a shared responsibility of multiple agencies and clusters.

At the global level, the IASC MHPSS Reference Group⁹ is the primary platform for coordination, operational support, policy-advocacy within the humanitarian system and the development of technical guidance around MHPSS.

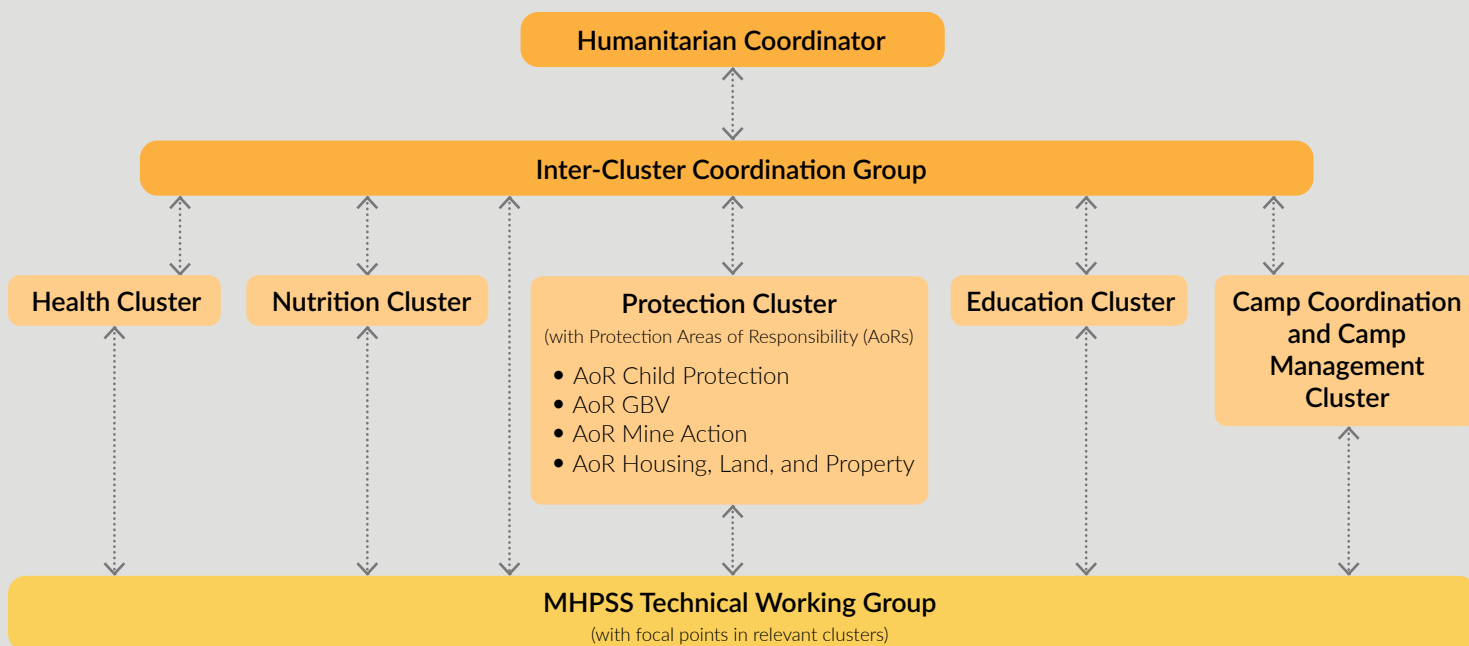
At the country level, MHPSS is not a separate cluster or a sub-cluster but relevant area of work for various clusters, including Protection.

All humanitarian contexts (should) have an MHPSS technical working group (TWG), which serves as a forum where agencies involved in MHPSS programming (either standalone or integrated into their work in sectors – such as nutrition and education) can meet to discuss technical programming issues related to the humanitarian response.

Importantly, accountability for activities remains within the respective clusters, as does reporting on 5Ws, Humanitarian Needs Overviews and Humanitarian Response Plans. MHPSS TWGs do not replace the role and functioning of clusters in a country, they are technical forums (similar to cash-based programming). MHPSS TWGs are ideally co-chaired by a health agency and a protection agency to balance diverse and complementary approaches. The exact configuration should be decided at country-level by the involved MHPSS actors. In many country-based TWGs non-governmental organisations play key roles.

The below diagram (figure 2) outlines the preferred structural position of an MHPSS TWG within the coordination structures:

Figure 2 | MHPSS COORDINATION WITHIN THE HUMANITARIAN SYSTEM



⁹ This group has 57 member agencies. Its leadership is rotational, currently the International Federation of Red Cross and Red Crescent Societies (IFRC) and the World Health Organization (WHO) co-chair the group.

Recent policy developments

“Too often we overlook one of the most important aspects of what helps us as humans to survive. And that is our state of mind. People caught in crisis do need water, food and shelter and other material things – but they also need help to cope and recover from calamity. They need help to restore their mental wellbeing.”

– **Mark Lowcock**, United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator¹⁰

The relevance of mental health as a major issue within humanitarian responses is increasingly recognized by humanitarian actors in meetings organized in Germany, the UK and the Netherlands.^{11,12,13} Moreover, the IASC Principals in their meeting of 5 December 2019 agreed to:

- Treat MHPSS as a cross-cutting issue that has relevance within health, protection, nutrition, education and CCCM sectors/clusters, in all emergencies.
- Reflect MHPSS indicators in relevant planning documents and establish dedicated budget lines, as well as specific MHPSS codes within financial tracking systems.
- Support the creation and the work of country-level MHPSS Working Groups in all migration, refugee and humanitarian contexts as crosscutting groups.¹⁴

The recent Global Humanitarian Response Plan for the COVID-19 pandemic, contains multiple references to MHPSS throughout the document.¹⁵ Three UN agencies (WHO, UNICEF & UNHCR) are developing a Minimum Service Package for MHPSS which will include interventions in health and protection for children and adults.

Conclusion

Through closer engagement of the protection clusters and AORs with MHPSS experts and agencies, issues of mental health and psychosocial wellbeing can gain a more prominent role in supporting people affected by crisis to address their protection risks and needs. Moreover, the inclusion of MHPSS services within protection programming would benefit the affected population especially in reference to community-based protection and accountability. Protection actors and coordinators should ensure that MHPSS is a standing agenda item with the protection section of the Humanitarian Country's team agenda and promote inter-sectoral collaboration with other actors in the protection response.

Good practice example: MHPSS Working Group in South Sudan

The mental health and psychosocial support (MHPSS) infrastructure in South Sudan has improved. Progress is being made with building capacity for provision of mental health and psychosocial support in the country. The MHPSS Technical Working Group collaborated and supported the wider network of MHPSS stakeholders in the country including universities and relevant ministries.

Activities that have taken place include nationwide mapping of mental health and psychosocial resources, trainings on understanding the Inter-Agency Standing Committee MHPSS guidelines; prevention of suicide; and understanding MHPSS needs for people with a disability. The Technical Working Group cooperates with Juba University to set up long term and short-term training programmes. Progress is being made to agree on using MHPSS principles in religious institutions.

¹⁰ Remarks at the International Conference on Mental Health and Psychosocial Support in Crisis Situations, Amsterdam, 8 October 2019. <https://www.government.nl/topics/mhpss/documents/speeches/2019/10/08/speech-mark-lowcock-mhpss-conference>

¹¹ Wilton Park meeting No 1581: [Dealing with the mental health needs of children and adolescents affected by conflict](#). 17-19 Jan 2018.

¹² Federal Ministry of Economic Cooperation and Development of Germany and UNICEF [‘Rebuilding Lives: Addressing Needs, Scaling-up and Increasing Long-term Structural MHPSS Interventions in Protracted and Post-Conflict Settings’](#). 4-5 July 2018.

¹³ Government of the Netherlands. [International Conference on Mental Health and Psychosocial Support in Crisis Situations](#) Amsterdam, 7-8 October 2019.

¹⁴ IASC [Summary Record and Action Points of Principals Meeting](#), Geneva, 5 December 2019.

¹⁵ [Global Humanitarian Response Plan COVID-19](#).

Key documents related to MHPSS

1. IASC (2007). [Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#).
2. IASC (2017). [Inter-Agency Referral Guidance Note for Mental Health and Psychosocial Support in Emergency Settings](#).
3. IASC (2017). [Common Monitoring and Evaluation Framework for MHPSS Programmes in Emergency Setting](#).
4. IASC Reference Group for MHPSS (2011). [Mental Health and Psychosocial Support: What Should Protection Programme Managers Know?](#)
5. [Sphere Handbook](#) (2018).
6. [International Mine Action Standards on Victim Assistance](#) (2020 update)
7. WHO and UNHCR (2012). [Assessing mental health and psychosocial needs and resources](#). Toolkit for humanitarian settings.
8. [Minimum Standards for Child Protection in Humanitarian Action](#) (2019): Standard 10: Mental health and psychosocial distress)
9. [The Inter-Agency Minimum Standards for Gender-based Violence in Emergencies Programming](#) (2019): Standard 4: Health Care for GBV Survivors, Standard 5: Psychosocial Support, Standard 6: GBV Case Management, Standard 8: Women's and Girl's Safe Spaces.
10. [Mind the Mind Now](#) (2019): Declaration of International Conference on Mental Health and Psychosocial Support in Crisis Situations.
11. United Nations Policy Brief: [COVID-19 and the Need for Action on Mental Health](#) (2020).

IASC materials on MHPSS and COVID-19

- IASC (2020). [Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak](#).¹ Provides basic guidance on the effects of COVID-19 on mental health and psychosocial wellbeing and how MHPSS can be integrated in the overall COVID-19 response.
- IASC (2020). [My Hero is You, Storybook for Children on COVID-19](#). An illustrated book for parents, teachers and other caregivers to explain to children in humanitarian and non-humanitarian settings what they can do keep themselves and other safe.
- IASC (2020). [Basic Psychosocial Skills- A Guide for COVID-19 Responders](#).⁸ An illustrated book to support staff and volunteers in the COVID-19 response in coping with the stresses of the pandemic and effectively supporting others.
- IASC (2020) [Operational considerations for multisectoral mental health and psychosocial support programmes during the COVID-19 pandemic](#).¹ Contains detailed guidance and tips on adapting MHPSS services in humanitarian settings. identification and management of high-risk service users.

Where can I find out more information on MHPSS in humanitarian settings?

For more information and/ or to join the mailing list, please contact the global Co-Chairs of the IASC MHPSS reference group:

- » Fahmy Hanna, World Health Organization: hannaf@who.int
- » Sarah Harrison, International Federation of Red Cross Red Crescent Societies: mhpss.refgroup@gmail.com.
- » www.mhpss.net – an open, global, platform for MHPSS actors. Country-level groups are activated for current emergency contexts.
- » IASC MHPSS RG [webpage](#) under the IASC Secretariat.

Harrison, S., Hanna, F. Ventevogel, P., Polutan-Teulieres, N & Chemaly, W.S. (2020). MHPSS and protection outcomes: Why joint action to improve mental health and psychosocial wellbeing of people displaced due to conflict, violence and disasters should be a priority for all protection actors - Policy Discussion Paper. Geneva, Global Protection Cluster and IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings.

For queries and comments please send an email to Global Protection Cluster (gpc@unhcr.org) or the Reference Group for MHPSS (mhpss.refgroup@gmail.com)