

Advancing Advocacy for MHPSS

Report on 2018 Advocacy Events





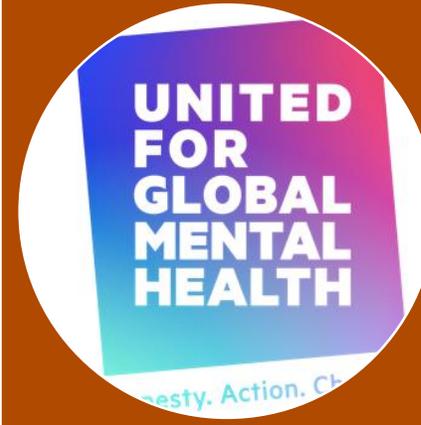
Wilton Park
(Save, DFID)



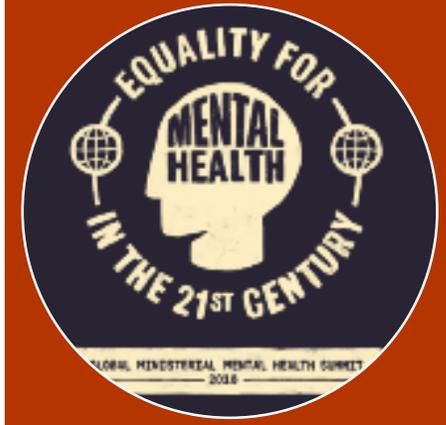
Berlin (UNICEF,
BMZ)



Inter-agency
technical group
(Dutch MFA)



The Blueprint
Group
(Wellcome
Trust)



DFID Round
Table (Inter-
agency group,
MHPSS
Collaborative)

2018 MHPSS Advocacy Events

Wilton Park: Healing the Invisible Wounds of War (Jan 2018)

- Convened by Save the Children and DFID
- Follow-on to the 2015 UNICEF/Dutch government forum: *Growing Up in Conflict*
- Inspired by Save Middle East 2017 report *Invisible Wounds: the impact of six years of war on the mental health of Syria's children*





GROWING UP IN CONFLICT:
THE IMPACT ON CHILDREN'S MENTAL HEALTH
AND PSYCHOSOCIAL WELL-BEING

Report on the symposium
26-28 May 2015, New Babylon Meeting Center, The Hague



Achieve quality and scale in MHPSS interventions



Fund innovative approaches to MHPSS programs and research



Clarify and strengthen links between MHPSS, social cohesion and peacebuilding



Strengthen multi-layered inter-sectoral approaches to children's wellbeing



Focus on resilience and the social ecology for children, adolescents & families



Attain rigor in action research for community-based MHPSS

Wilton Park Dialogue: Goals

1. Discuss and evaluate **good practice** in MHPSS for children and adolescents during and after conflict, lessons learned globally and **innovations** from new programming
2. Share best practice for making programmes **multi-sectoral, coordinated and integrated** with humanitarian missions
3. Discuss **challenges** of implementing MHPSS programmes and how to address these, including age and gender sensitivities, stigma, accessing difficult-to-reach areas and strengthening national capacity, with a focus on the Middle East
4. Develop a **global roadmap** setting out priority pathways needed, likely challenges and solutions, and necessary collaborations for scaling up

Wilton Park Dialogue: Key Themes

- How and when is it possible to go to scale?
- How can MH prevalence figures be reported so that the full spectrum of MHPSS needs and responses can be captured?
- How can we best organize and deliver MHPSS across a layered system of complementary support that meets the needs of different groups?
- How can we build on recent donor momentum for greater investment to match the magnitude of needs?
- Is the current financing system sufficient, sustainable and appropriate to needs?
- How do we avoid duplication as interest and programmes scale up? Could donors encourage a **thoughtful multi-sector consortium bid**?

“The average period of displacement of refugees is 10-25 years, and most PSS programming lasts for only 10-week cycles”

“Current funding opportunities are not set up to support genuine collaboration.”

“There are many new funding applications and many new organizations working on MHPSS, but duplication and quality are real issues.”

We’re moving towards a tipping point of having MHPSS properly into our emergency responses.”

Wilton Park Dialogue: Innovations



- Evaluating stress attunement programme for adolescents with stress bio-markers from hair samples (Mercy Corps, No Lost Generation Campaign funding)
- #Me/We Syria: changemakers and story telling with flexible approach and psychometric scale to assess behavioral changes

Sesame Seeds

- International Rescue Committee and Sesame Workshop
- Transforming children's learning and social emotional skills and mitigating the effects of toxic stress through Sesame Seeds...
 - Mass Media: reaching 9.4 million children
 - Home: home visits and digital content supporting 800,000 caregivers
 - Centers: community sites transformed into nurturing early learning centers
- Generating evidence through formative and operational research, and RCT to assess impact on physical development, literacy and numeracy, and socio-emotional skills



Wilton Park: Global Roadmap

1. Multi-sectoral programming and coordination



2. Engaging young people



3. Supporting caregivers



4. Strengthening national capacity

1. Multi-sectoral programming and coordination

- **Leadership** – MHPSS has potential to support all sectors in a sustainable way, but a key challenge is who takes responsibility/lead.
 - Change in the current hum architecture around cluster co-ordination (reducing competition for funding pools) will help meaningfully integrate MHPSS programming and reduce gaps/duplication

1. Multi-sectoral programming and coordination

- **Coordination** – need to strengthen the coordination chapter in the IASC MHPSS guidelines to make clear the group will support all clusters with technical input
 - All level 3 emergencies should have an MHPSS Technical Advisory Group under the inter-cluster group (rather than a specific sector) – TAGs at field and country levels
 - Establish globally deployable technical experts as MHPSS surge capacity
 - Expand technical expertise particularly for child/adolescent MHPSS
 - Train cluster coordinators on MHPSS for children with simple tools like a checklist to see how MHPSS fits within their sector

1. Multi-sectoral programming and coordination

- **Definitions** – improve definitions of child/adolescent MHPSS through a child subgroup within IASC MHPSS RG
 - Develop age and gender-appropriate packages, standards, tools and training across full spectrum of child/adolescent MHPSS needs
 - Provide interagency know how to MHPSS Coordination Groups and TAGs in the field
 - Build capacity and develop child-focused MHPSS indicators for each hum sector

1. Multi-sectoral programming and coordination

- **Targeting marginalized groups** – lack of knowledge currently on how to include children with disabilities and severe mental health problems in MHPSS programming & of available resources
 - Train organizations and individuals on inclusive resources/techniques
 - Ensure donors are proactive in requiring vulnerable groups to be identified and served within funding applications (children affected by SGBV, CAFAAG)
 - Develop surge roster of MHPSS technical professionals, experienced MH practitioners with both professional qualifications and field experience

“No longer is it adequate for organizations to make multiple similar funding applications to concentrate on delivering PSS activities that fail to address the needs of children and adolescent who require mental health and psychosocial support.”

1. Multi-sectoral programming and coordination

- ✓ MHPSS coordination groups → MHPSS technical advisory groups to ensure consistent standards & quality of all MHPSS cross-sectoral work
- ✓ An MHPSS Technical Advisory Group for all level 3 emergencies
- ✓ An MHPSS child and adolescent sub-group under the IASC MHPSS RG
- ✓ Donor dialogues would help to influence the needs for standards and guidelines
- ✓ Develop a roster of MHPSS technical experts for surge capacity

2. Engaging young people

- “For adolescents and young people, what matters is their future trajectories. They’re not so concerned about the past and the current.”
 - Better understand developmental differences between younger and older children and adolescents, and how context impacts their developmental milestones
- “Approximately only 20% of young people in populations we work in actually engage in our programmes. What about the other 80%?”
 - Young people often feel “excluded” and recruitment through community leaders may not reach the most vulnerable or disengaged young people
 - Increase use of technology in delivering MHPSS awareness and addressing needs of young people (language of resilience and trauma may alienate young people)
 - Take our work to them through consistent outreach and mobile work going into their spaces (ensure programming hours are accessible to working young people)

2. Engaging young people

- “They are not beneficiaries but participants in their own lives.”
 - See young people as experts in their own worlds – design activities through their lens to foster belonging, connectedness and empowerment in their own lives
 - Caution about the donor discourse of preventing “extremism” – majority of young people are peaceful and trying to find positive paths in life
 - Hum structures not adequately set up to deal with young people – need ‘young people experts’ as strong peer mentors
 - Teach young people about their own neurobiology – how their bodies and brains respond to threat
 - Focus on belonging and connectedness, particularly where social networks have crumbled
 - Focus on tight social bonds, power, a role and a voice and promising social change!

2. Engaging young people

- ✓ Designers and implementers of MHPSS activities must better understand specific age-relevant needs of young people and their diversity
- ✓ Must be a concerted effort to ID the most excluded young people, better understand root causes of their exclusion and effects on their mental health to design appropriate & relevant interventions
- ✓ Invest in a cadre of youth experts and see young people as experts in their own lives in hum contexts
- ✓ Proactively articulate how young people can be a positive driving force in their communities with appropriate support
- ✓ Engage young people in relevant, innovative ways

3. Supporting caregivers

- Caregivers' wellbeing
 - Focus not only on caregiver knowledge, but also well-being through holistic lens of their situation, relationships between caregiver couples, family dynamics and negative coping mechanisms
 - Be sensitive to caregiver distress, not just how they should 'do the right thing'
- Cascading of MHPSS-related information
 - Make key MHPSS concepts accessible (not literacy dependent) on how stress and anxiety affect caregivers' bodies and minds
 - Promote local champions and give access to materials (social media, radio)
 - Ensure shared language/concepts between children, caregivers, staff to demystify and talk about reactions and bring everyone closer together

3. Supporting caregivers

- Maximize multi-sectoral entry points for support to meet caregiver MHPSS needs
 - Integrated case management – link CP case management with MHPSS interventions (e.g., nutrition programming for caregivers/children)
 - Keep a self-reliance and livelihood perspective to break cycles of dependency and the impact on wellbeing and mental health
- Diversify the concept of caregivers to include grandparents, older siblings (child-headed households) and other family members that play key roles
 - Engage caregiving professionals such as teachers and health professionals

3. Supporting caregivers

- ✓ Focus on caregiver wellbeing and MHPSS needs, not only on their parenting knowledge
- ✓ Mirror language, techniques and knowledge shared among children, caregivers, families and frontline workers to destigmatize MHPSS
- ✓ Ensure multi-sectoral, multi-layered approaches through various entry points to support all caregiver needs
- ✓ Diversify the concept of caregivers to include family members, grandparents, siblings, aunts and uncles

4. Strengthening national capacity

- “We need the human resource capacity to deliver this work.”
 - Despite recent growth and prioritization of MHPSS, not enough growth in well-trained, supervised, experienced MHPSS practitioners
 - Recognize the global shortage of MH professionals and meaningfully build a strong (para-) professional cadre specialized in child/adolescent MHPSS, beyond short-term capacity strengthening (and short-term funding)
 - No agency has an explicit focus on children with more specialized needs – lack of advocacy and systematic programme content development and testing → develop inter-agency pool of deployable surge of senior MHPSS professionals
- “Are we trying to walk a path we don’t have the right shoes for?”
 - Visualize national capacity in a fluid way: each layer (or organization or professional) should understand their role and how it supports the overall flow of interventions in the pyramid
 - Increasingly violent and protracted conflicts mean greater needs for children suffering severe distress – specialist services as well as services at layers 1, 2 and 3 delivered by confident, skilled and supervised staff
 - As people are mentored and coached, they can develop professionally and deliver additional services as well as mentor others

4. Strengthening national capacity

- “We need to develop a stepped approach – but what does that actually look like on the ground?”
 - Siloed efforts, staff trained only on their organization’s manuals, reinforced by donor aims and requirements and short-term funding cycles results in only short-term training
 - Wide donor engagement needed for long-term upskilling in MHPSS
 - Strengthen lateral relationships with academic and government partners, as well as ‘wrap-around’ service models
- “We need to see beyond the agency imperative, and look at the individual need level.”
 - Develop collaborative, multi-partner, lateral relationships for continuing professional development with integration into mainstream systems (accreditation)
 - Look toward tech companies’ “boot camps” to see if 12-week intensive training programmes could provide an alternative to 4-year degree courses or as a helpful addition.
 - Strengthen supervision and build well-trained supervisors

4. Strengthening national capacity

- ✓ Comprehensively identify crucial gaps
- ✓ Develop skills/knowledge and the codesign of age and gender sensitive activities together with communities (not manualized)
- ✓ Develop pool of senior child/adolescent MHPSS experts on deployable surge capacity for emergency response and longer-term capacity strengthening
- ✓ Use innovation from tech companies and look for further creative models ('barefoot psychologists') to support work in remote locations
- ✓ Develop inter-agency MHPSS staff training package on child/adolescent needs
- ✓ Advocate for funding of long-term MHPSS capacity building
- ✓ Expand to a broader focus in capacity building, including clinical and counseling skills, leadership, management, proposal writing, supervision and coaching

Wilton Park Next Steps

- Save the Children proposes to:
 - Work with MHPSS.net and IASC MHPSS RG to widen dialogue through series of webinars inviting a wide range of experts and specialists with the aim to continue to develop the roadmap
 - Through inception period of new Global Collaborative for Child and Family MHPSS, work closely with RG members to fill the gaps in child-focused care
 - Work with donor groups on funding streams to better support the work needed, reduce duplication and promote inter-agency collaboration
 - Initiate temporary child/adolescent working group in the RG
 - Ensure attention to children with more specialized needs so they no longer fall through the cracks
 - Learn from our experts on young people, SGV and disability to bring them into the discussion – and young people themselves

Wilton Park Next steps

- Wilton Park proposes to:
 - Include MHPSS learning with future Youth Dialogues and explore further dialogue with Save the Children on responses to young adolescents associated with armed groups, and the needs of adolescent girls in humanitarian settings
- DFID proposes to:
 - Host a roundtable discussion as a follow-on to Wilton Park Dialogue to share outputs with wider civil society and gain traction on taking forward the recommendations

Blue Print Group: 3 x Meeting Objectives

July 23 2018 in NYC, Oct 8 2018 in London, 1 planned meeting (date/location TBD)

1. Provide an **informal forum** to share different streams of work that are happening at a global level, providing opportunity for increased collaboration
2. To **develop a global blueprint for action**, taking advantage of key opportunities in 2018 - 2019
3. Discuss and agree **joint way of working** beyond these 3 meetings

CAMPAIGNING



We **work with others** to create the campaigns they want, combining the resources of a broad-based coalition of stakeholders and sectors.

We are **recruiting global champions** to help advance greater action on mental health.

With lived experience campaigners and our partners around the world, we are **building a global mental health campaign** to launch in 2019.

ADVOCACY



Initiate and coordinate global advocacy efforts to **raise funding and political will** for global mental health. We aim to **improve service provision and rights**, particularly in low and middle-income countries (LMICs), and **support voices to be heard at a national and international level.**

FINANCING



Identify the **best new and existing ways of generating funding, promoting those to potential funders**, and helping to ensure that additional funding is **most efficiently allocated.**