

Rebuilding Lives

Addressing Needs, Scaling-up and Increasing Long-term Structural MHPSS Interventions in Protracted and Post-Conflict Settings



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MHPSS Expert-level Meeting, Berlin, 4th – 5th July 2018

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Planning and foundations for the meeting

The meeting content, sessions and content, built on findings from:

- The Hague and Wilton Park meetings.
- Key literature on MHPSS gaps and priorities

“A call for collective action to **advocate for and invest in mental health and psychosocial support** for people displaced by conflict, especially vulnerable groups who are at most risk for developing mental health issues”

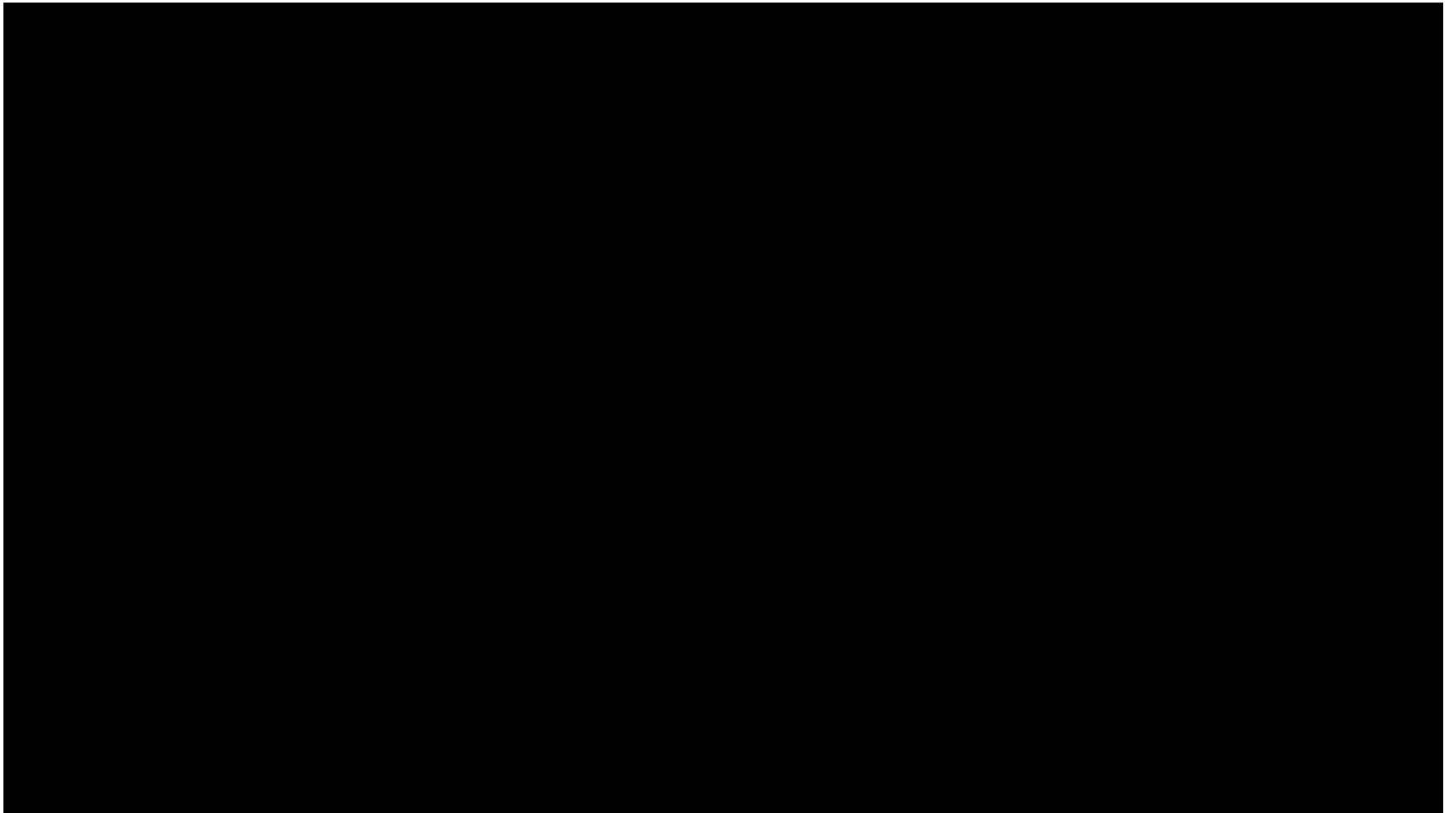
Expected Outcome

An advocacy document to promote institutional uptake by participants and their partners

Beginning of a process for developing a roadmap for commitments by donors, policy makers, MHPSS practitioners, and researchers

A Message from Dr. Elke Löbel

BMZ Deputy Director General and Commissioner for Refugee Policy



<https://youtu.be/ZWXXgbCCxyE>

Working Group Session

The WG session was the primary segment of the meeting and aimed to address gaps in knowledge and action and develop specific recommendations for the different stakeholders that are essential to making shifts in the current MHPSS dialogue, including:

- Donors
- Policy makers (especially, governments and UN agencies)
- implementing agencies
- researchers.
- And other stakeholders identified by the WGs during the meeting (e.g. coordination bodies)

How were the working groups divided?

Gaps in knowledge & action-oriented recommendations

Identified through a thorough review of discussions & findings from the Hague and Wilton Park meetings

Structure of expert engagement

WGs give attention to promoting inclusion of all people across age, ability, gender, and living situations in the recommendations.

Working Groups by Thematic Area

WG1. Children & Adolescents/Youth | Three tiers of the social-ecological framework: children, family/caregivers, and community (including elderly) | Chairs: CP Alliance/UNICEF (Hani M.) & Save the Children (Leslie S.)

WG2. Persons with physical & developmental disabilities | Support & Inclusion | Children and adults | Chairs: Humanity and Inclusion (Sarah R.) & CBM (Julian E.)

WG3. Survivors of Gender Based Violence | Prevention & Response | Children, women and men | Chairs: MHPSS.net (Ananda G.) & Hawar (Düzen T.)

WG4. Refugees & IDPs | People on the move | Transitions from short term emergency to longer term development as part of protracted conflict and emergencies | Chairs International Medical Corps (Inka W.) & UNHCR (Amit).

Where we are at now?

A Working
Document for
Stakeholder
Consultation

Review and
Feedback by
Key
Humanitarian
Actors

UNICEF and BMZ will be facilitating a series of consultations as part of a comprehensive review of the working document:

Phase 1: An expert meeting in Berlin, that developed recommendations and actions across different stakeholders within 4 thematic areas linked to MHPSS in humanitarian settings (This work aimed to build off of the findings from Wilton Park and the Hague) – Berlin July 2018

We are here

Phase 2: A period of online consultation facilitated through MHPSS.net through a dedicated consultation page.

Invites through social media channels and email will call for participation in feedback and discussion around draft version of the recommendations and actions from the initial meeting in Berlin- Ongoing through end of November 2018.

→ **Final Technical Revision** led UNICEF and BMZ with support from co-chairs of the WGs at the Berlin

Summary of Recommendations from the 4 Working Groups

Key recommendations “Children and Adolescents/Youth”

- Ensure that the **social ecology of the child** serves as the framework for all MHPSS interventions.
- Build **MHPSS capacity within communities** among the MHPSS workforce and among **carers and community members**.
- Improve **inter-agency and inter-sectoral coordination as well as accountability of stakeholders to children, families, and communities** supported through MHPSS services and delivery.
- **Translate available evidence** on healthy development of children and youth **into programmatic language and guidelines** while systematically pursuing **implementation research** to improve the effectiveness of programmes.

<http://bit.ly/MHPSSForum2018>

We invite you to rank the recommendations in thematic area 1 by priority (1 is highest priority)



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Key recommendations “Individuals with physical and mental disabilities”

- Prioritize people with disabilities to **lead the mainstreaming of disability inclusion** at both the international and advisory levels, and during field implementation.
- Create **accessible, targeted and tailored MHPSS interventions** that are inclusive in emergencies (e.g. gender-based violence and disabilities).
- Create **awareness and mainstream actions** for individuals with physical, psychosocial and intellectual disabilities in the MHPSS sector.
- Better understand the **unique needs of individuals with physical, psychosocial and intellectual disabilities**, and of their **caregivers** in order to create MHPSS programming that addresses these needs.

<http://bit.ly/MHPSSForum2018>

**We invite you to rank the
recommendations in thematic area 2 by
priority (1 is highest priority)**



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Key recommendations “Gender Based Violence Survivors”

- Ensure that the **design and implementation of gender-based violence (GBV) prevention and response services** is based on an **analysis of the prevalent forms of violence, their impacts on survivors** across the life-cycle, and factors affecting accessibility within the social, educational, cultural, economic and political context of each setting.
- Ensure that **MHPSS services, referral and integration within GBV** services are delivered as part of a broad prevention and response strategy.
- Create **accessible, inclusive and tailored MHPSS interventions** within GBV services.
- Adapt **current guidance and standards to support the integration and coordination of MHPSS services and approaches within GBV prevention and response.**

<http://bit.ly/MHPSSForum2018>

We invite you to rank the recommendations in thematic area 3 by priority (1 is highest priority)



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Key recommendations “Refugees and Internally Displaced Persons”

Coordination

- Include and involve national governments and authorities in MHPSS coordination.
- Strengthen donor coordination to support complementary humanitarian response and development programmes.

Capacity building

- Support broad and long-term capacity building that includes governments, academic institutions and civil society.
- Recognize that establishing quality, sustainable national MHPSS services and systems is a long-term commitment and that emergencies also present new opportunities to strengthen MHPSS systems.

Provision of MHPSS services and activities

- Ensure accessibility of MHPSS services and activities for all.
- Track and support the implementation and scale up of effective (and cost-effective) MHPSS interventions.

Staff care

- Recognize that staff and volunteers are also affected by emergencies and need adequate support systems.

Research and *monitoring evaluation, accountability and learning* (MEAL)

- Ensure accountability and oversight when conducting research.
- Monitor programmes and ensure flexibility to meet the needs of the affected populations in line with 'do no harm' principle.

Integrating MHPSS in different sectors

- Ensure that MHPSS considerations are included in programming by other sectors.

<http://bit.ly/MHPSSForum2018>

We invite you to rank the recommendations in thematic area 4 by priority (1 is highest priority)



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Annex1. Working Document for Ongoing Consultations

The following section highlights the priority themes and outputs identified in the four working group sessions conducted in Berlin on 4–5 July 2018.

Sample table that details the recommendations & actions

Thematic Area 1. Children and Adolescents		
Working Group Co-Chairs: Hani Mansourian, UNICEF and CP Alliance representative; Leslie Snider, Director of the Global Collaborative for Child and Family MHPSS (hosted by Save the Children)		
Specific actions and recommendations		
Priority area	Recommendations	Specific actions across different stakeholders
Social ecological framework	Ensure that the social ecology of the child serves as the framework for all MHPSS interventions (with attention to carers and care environments)	<p>Policymakers and donors</p> <ul style="list-style-type: none"> • Ensure that funding is targeted to MHPSS programmes that incorporate the broader social ecological environment of children (with attention to carers and community structures, resources, local context and environment). • Prioritize and fund multisectoral approaches. • Provide longer-term funding to ensure a long-term focus in response, recovery and maintenance of mental health and psychosocial well-being for children and families. <p>Implementing agencies</p> <ul style="list-style-type: none"> • Shift MHPSS programming to systematically incorporate the social ecological environment of children to improve their well-being and prevent more severe impacts of distress and trauma (e.g., increased community and family engagement with basic psychosocial interventions such as child friendly spaces (CFS); integrated psychosocial models with education services; engagement of and support to teachers; community-based public mental health care models; community-based MHPSS models in urban settings). • Emphasize community-initiated approaches over externally imposed models. • Ensure that MHPSS approaches work through a range of delivery platforms relevant to children and adolescents in different circumstances (e.g., children out of school, children in the workforce) and for different types of help-seeking behaviours (e.g., different types of help seeking for adolescents, former child combatants) • Work with researchers to synthesize available evidence and translate (including a clear Theory of Change) into programmatic approaches in contexts and communities experiencing serious adversity. • Build and maintain structures and partnerships that facilitate functional referral systems across all layers of the IASC MHPSS intervention pyramid.

			<p>Researchers</p> <ul style="list-style-type: none"> • Identify key elements of success in the most effective models of <u>MHPSS</u> programming in different contexts and with different population groups (e.g. children/families on the move, child/adolescent-headed households). • Identify key risk factors for children to inform preventative <u>MHPSS</u> approaches. • Identify the short- and long-term impacts on children and adolescents who faced severe adversity in different circumstances in order to best understand how environmental and other factors shape outcomes (e.g. children/families who do not flee, are in detention, are resettled and experience a change in their usual support networks). <p>Inter-agency forums</p> <ul style="list-style-type: none"> • Seek clear agreement at the global and country levels across sectors on how they contribute to <u>MHPSS</u> outcomes, including those sectors that are not traditionally considered part of <u>MHPSS</u>, such as livelihoods.
<p>Capacity building</p>	<p>Build <u>MHPSS</u> capacity within communities among:</p>	<p><u>MHPSS</u> workforce</p>	<p> Policymakers</p> <ul style="list-style-type: none"> • Fund long-term training initiatives that build the <u>MHPSS</u> workforce at all levels, including a specialized workforce to address the specific needs of children, adolescents and families who have experienced severe adversity (e.g., trauma specialists) and/or who suffer from pre-existing mental, neurologic and substance abuse disorders. • Institutionalize capacity-building models through certification programmes (including intensive, quality training) for social workers, para-social workers, psychologists and others. <p>Implementing agencies</p> <ul style="list-style-type: none"> • Implement longer-term training initiatives that incorporate coaching and supervision for <u>MHPSS</u> staff at all levels, linked with competency frameworks (see inter-agency forums recommendation below). • Ensure that capacity-building initiatives are incorporated within current structures to build long-term engagement and sustainability. • Consider an incentive system linked with capacity-building programmes in low- and middle-income countries to allow staff working in different layers of the <u>IASC MHPSS</u>.

Let's see the results of the
prioritization exercise

<https://www.surveymonkey.com/results/SM-B6QCHGFKV/>

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Dedicated page via
MHPSS.net:

<https://app.mhpss.net/rebuilding-lives-consultative-process/>

Where you can:

- Access details of the meeting in Berlin
- Download the working document in word format for direct input
- Access online feedback form developed to collect feedback more widely

Mental Health & Psychosocial Support Network

...ing global platform for connecting people, networks
...ons, for sharing resources and for building knowledge
...alth and psychosocial support both in emergency setti
...ons of chronic hardship. The network functions as an c
...community of practice for mental health and psychosocial sup
...challenging humanitarian and development contexts

Any Questions?