

Rebuilding Lives

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

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



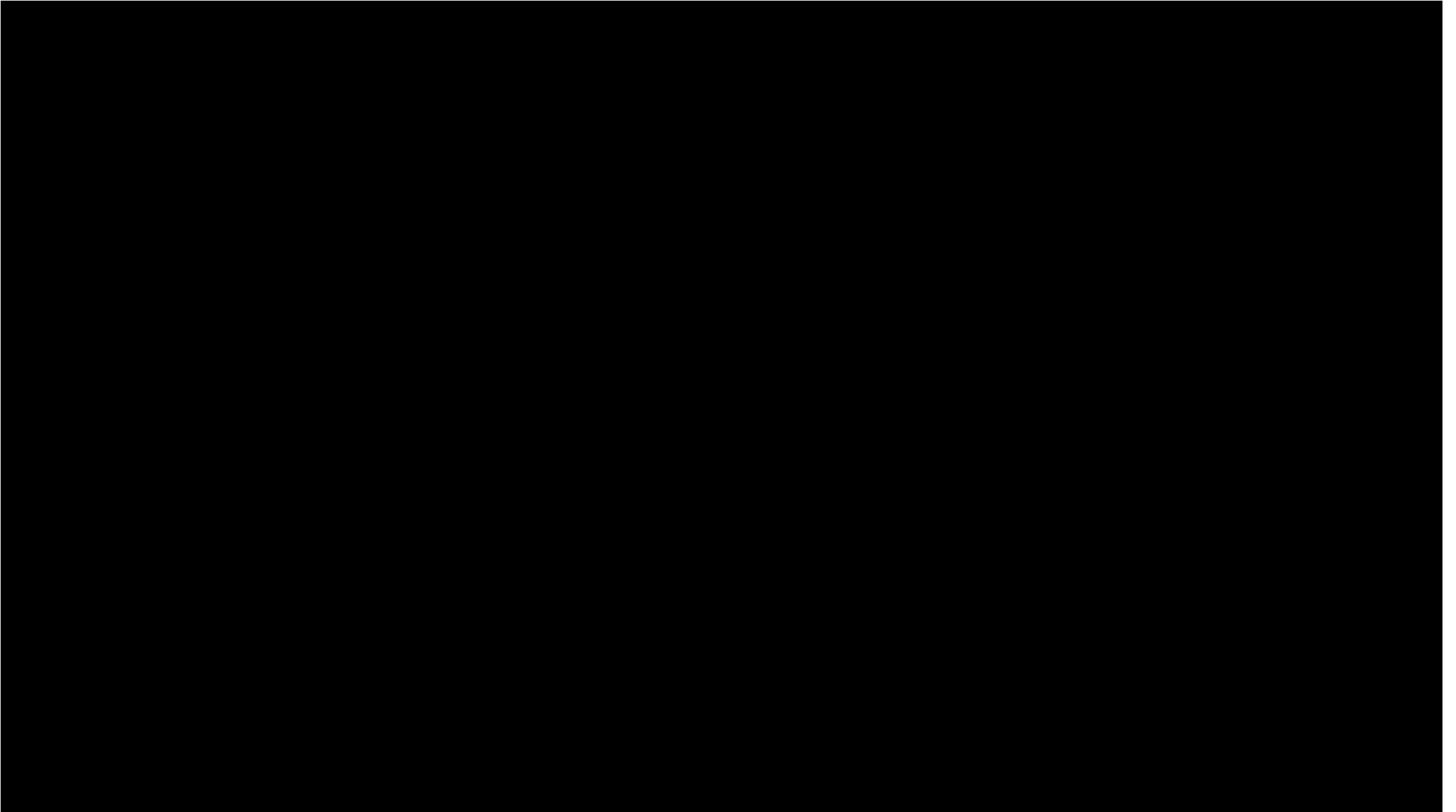
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About this meeting

The 2 day expert level meeting “**Rebuilding Lives: Addressing Needs, Scaling-up and Increasing Long-term Structural MHPSS Interventions in Protracted and Post-Conflict Settings**”, convened by BMZ and UNICEF in Berlin, represented:

“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, including **(1)** children and youth, **(2)** persons with disabilities, **(3)** survivors of gender-based violence, and **(4)** people on the move.

A Message from Dr. Elke Löbel



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 (e.g. government, and UN agencies)
- implementing agencies
- researchers.
- And other stakeholders identified by the WGs during the meeting

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 Sexual & 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).

Key Recommendations within Thematic Area 2

Actions and recommendations were created based on the priority themes and outputs established in the Working Group. The four priority recommendations were:

1. Prioritize people with disabilities to lead the mainstreaming of disability inclusion at both the international and advisory levels, and during field implementation.
2. Create accessible, targeted and tailored MHPSS interventions that are inclusive in emergencies (e.g. gender-based violence and disabilities).
3. Create awareness and mainstream actions for individuals with physical, psychosocial and intellectual disabilities in the MHPSS sector.
4. 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.

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

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)

Specific actions across different stakeholders

Policymakers and donors

- 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.

Implementing agencies

- 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

		<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.
Capacity building	Build <u>MHPSS</u> capacity within communities among:	<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>

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**

Online CONSULTATION & Feedback

Review and consolidate recommendations and actions across the 4 thematic areas developed at the meeting in Berlin.

EXPECTED OUTCOME

Consolidated Technical & Field level Feedback to revise the working draft with recommendations and actions across target groups.

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?