Minimum Services Package (MSP) for Mental Health and Psychosocial Support (MHPSS) in Humanitarian Settings

Mark Van Ommeren
World Health Organization

Zeinab Hijazi
UNICEF
Why is a MHPSS Minimum Services Package needed?

- 1 in 5 people affected by conflict experiences mental health problems
- 1 in 30 people will suffer from more severe problems such as psychosis
- Mental health treatment gaps greater than 90%
- Mental health and psychosocial support in emergencies often under-funded
- Mental health and psychosocial support responses can be fragmented and inconsistent
Why is a MHPSS Minimum Service Package needed?

Despite existence of standards and tools, there remains an absence of a costed package that pragmatically operationalizes these guidelines.
What is the MHPSS Minimum Services Package?

A costed Minimum Service Package

Priority actions and interventions

Carried out by humanitarian actors

For ongoing protracted crises and new emergencies

Aims to improve availability and quality of care

Includes aspect on sustainability across sectors
Goal of MHPSS Minimum Services Package

“To ensure that humanitarian MHPSS responses are better informed, predictable, evidence-based and make more effective use of limited resources”
The MHPSS Minimum Services Package Project

HEALTH

PROTECTION

EDUCATION

World Health Organization

unicef

UNHCR

Department for International Development
The MHPSS MSP should:

- Be based on *existing* guidance, standards and evidence
- **Not duplicate or replace** existing guidance
- Be *adaptable* to needs and context
- Take *international and national resources* into account
- Include *costs* (e.g. salaries, training, supervision, medications, MH service infrastructure, materials).

**Initial consultation**

- 12 experts interviewed on essential MHPPS services in emergencies
- From 8 different agencies and INGOs
- With experience in 45 humanitarian settings
What steps are involved in creating the MHSS MSP?

1. Draft MHPSS MSP based on existing evidence-based guidelines and tools

2. In collaborative consultations

3. Demonstration and evaluation in 5 humanitarian settings

4. Training and orientation workshops

5. Dissemination of final package

3 Years
STRUCTURE OF MHPSS MSP

1. Cross-cutting components
2. MHPSS aspect of health
3. MHPSS aspect of child protection
4. MHPSS aspect of education
1. CROSS-CUTTING COMPONENTS

1.1 Ensure effective **coordination** for MHPSS

1.2 **Assess** MHPSS needs and resources

1.3 Orient staff and volunteers to **psychological first aid (PFA)**

1.4 Strengthen **community self-help** and social support

1.5. Provide **psychological interventions**
2. MHPSS ASPECT OF HEALTH

2.1 Provide clinical mental health care

2.2 Protect and promote human rights and access to care for people with severe mental illness

2.3 Strengthen mental health systems
3. MHPSS ASPECT OF CHILD PROTECTION

3.1 **Integrate MHPSS** in approaches to address child protection risks and concerns

3.2 **Strengthen MHPSS** as part of CP services and systems

3.3 Strengthen **links with education**
4. MHPSS ASPECT OF EDUCATION

4.1 **Integrate MHPSS** in approaches within formal and non-formal education to address learning and developmental needs of children

4.2 **Strengthen MHPSS** as part of education services and systems

4.3 Strengthen **links with child protection**
An example

Ensuring effective coordination for MHPSS
Ensuring effective coordination for MHPSS

“In emergencies with different MHPSS actors, an intersectoral MHPSS technical working group needs to be established early in the emergency response and may be co-led by a health organization and a protection humanitarian organization"
Checklist of indicators

✓ Cross-sectoral MHPSS technical working group established
✓ Meets regularly (e.g. once per month or more)
✓ Communicates with and has representatives from at least health, protection (including child) and education
✓ Shares and promotes MHPSS global guidelines (e.g. IASC)
Human resources and materials needed

**ESSENTIAL**

1 full-time MHPSS technical working group coordinator (senior staff experienced in MHPSS in emergencies)

**COMPREHENSIVE**

Resources for specific additional tasks depending on the context

MHPSS 4Ws mapping with staff designated for mapping (e.g. consultant)

**COSTING**
Key guidelines and resources

IASC guidelines, Chapter 3, Action Sheet 1.1 “Establish coordination of intersectoral mental health and psychosocial support”

IASC Referral Guidance

Child Protection in Emergencies, Coordination Handbook

Basic and IASC 4Ws mapping table

Sample MHPSS TOR for technical officer
Questions

• How would you use the MHPSS MSP as part of your work?

• What elements would be essential to make the MHPSS MSP useful to you?

• Do you have any feedback about the proposed structure?
Ensuring effective coordination for MHPSS

Checklist of indicators

- Cross-sectoral MHPSS technical working group established
- Meets regularly (e.g. one per month or more)
- Communicates with and has representatives from at least health, protection (including child) and education
- Promotes sharing of information
- Promotes MHPSS global guidelines (e.g. IASC)
- Conducts basic 4Ws mapping: Who does What, Where and When
- Advocates for inclusion of MHPSS in funding
- Support implementation of referral systems
- Promotes MHPSS in other sectors

Human resources and materials needed

- 1 full-time MHPSS technical working group coordinator (senior staff experienced in MHPSS in emergencies)
- One MHPSS reference group (RG) visit (e.g. 2 weeks) per 6 months
- MHPSS 4Ws mapping with staff designated for mapping (e.g. consultant)

Key guidelines and resources

- IASC guidelines, Chapter 3, Action Sheet 1.1 “Establish coordination of intersectoral mental health and psychosocial support”
- IASC Referral Guidance
- Child Protection in Emergencies, Coordination Handbook
- Basic and IASC 4Ws mapping table
- Sample MHPSS TOR for technical officer