

Agenda:

 Welcome – William Chemaly,
GPC Coordinator/ Nancy Polutan-
Teulieres, Deputy Coordinator
GPC

 Introduction of speakers

 Presentation on the MHPSS
MSP by Inka Weissbecker, WHO
and Caoimhe Nic a Bhaird,
UNICEF

 Overview on MHPSS MSP
engagement, Pieter Ventevogel,
UNHCR

 Questions and Answers

 Closing



MHPSS MSP ORIENTATION Webinars for Field Protection Clusters February 2022

Introduction of Speakers

 Inka Weissbecker,
WHO

 Caoimhe Nic a
Bhaird, UNICEF

 Pieter
Ventevogel, UNHCR





Mental Health & Psychosocial Support

MINIMUM SERVICE PACKAGE

MSP overview



Funding, leadership and technical areas

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Health



Child protection



Education



Protection



Gender based violence



Ministry of Foreign Affairs of the Netherlands



Foreign, Commonwealth & Development Office



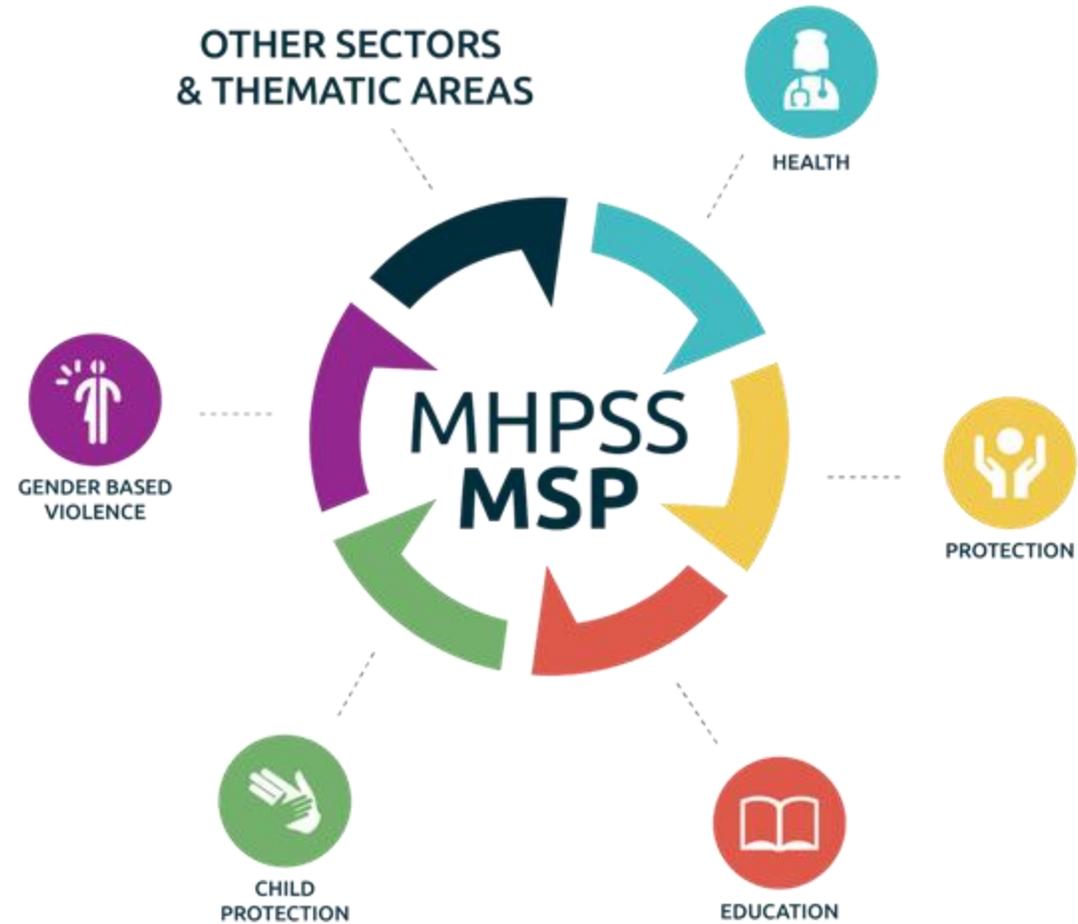
**EDUCATION
CANNOT
WAIT**



UNHCR
The UN Refugee Agency

Who is the MHPSS MSP for?

- Program planners
- Coordinators
- Donors
- Implementing partners
- Technical advisors

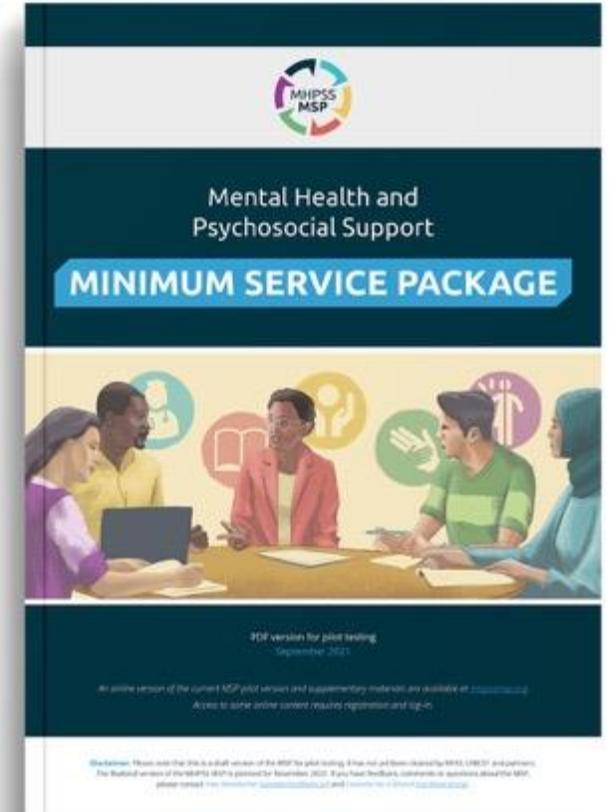
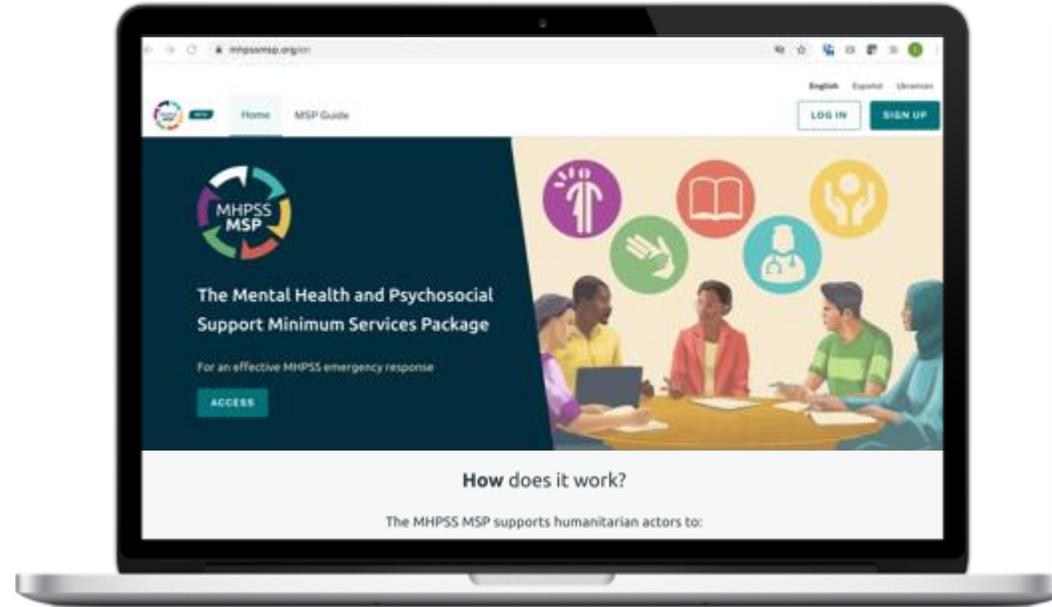


Video: MSP background and purpose



MSP format

- Interactive, accessible **digital platform** and **PDF formats**
- Links to relevant **guidance** and **implementation tools**



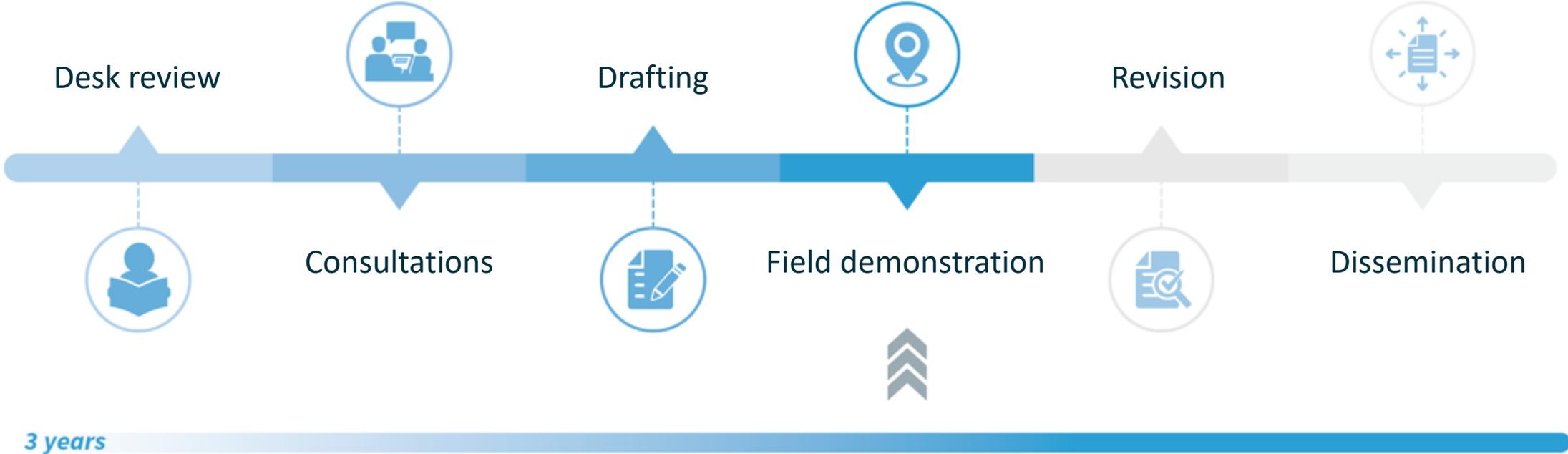
mhpssmsp.org

MSP development



Process of development

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MSP content



The MHPSS MSP includes:

- 22 activities
- Costing Tool
- Gap Analysis Tool

The infographic displays the MHPSS MSP Goal and 22 activities, each with a progress indicator (1-5 colored dots) and a summary note. The goal is to reduce suffering and improve mental health and psychosocial well-being among populations affected by humanitarian crises. The activities are organized into four sections: Inter-Agency Coordination, Essential Components, Program Activities, and Emergency Settings.

MHPSS MSP

The MHPSS MSP Goal:
Reduced suffering and improved mental health and psychosocial well-being among populations affected by humanitarian crises

Section 1. Inter-Agency Coordination and Assessment for the MHPSS Response

- 1.1 Coordinate MHPSS within and across sectors (Progress: 4/5) » The humanitarian MHPSS response is well coordinated and responsive to the context, needs and gaps
- 1.2 Assess MHPSS needs and resources to guide programming (Progress: 4/5)

Section 2. Essential Components of all MHPSS Programs

- 2.1 Design, plan and coordinate MHPSS Programmes (Progress: 4/5) » MHPSS programs are well designed, monitored and evaluated and workers are supported
- 2.2 Develop and implement an MEE System (Progress: 4/5)
- 2.3 Care for staff and volunteers providing MHPSS (Progress: 4/5)
- 2.4 Support MHPSS competencies of staff and volunteers (Progress: 4/5)

Section 3. MHPSS Program Activities

ORIENT HUMANITARIAN ACTORS AND COMMUNITY MEMBERS ON MHPSS

- 3.1 Orient humanitarian actors and community members on MHPSS and advocate for MHPSS considerations and actions (Progress: 4/5) » Humanitarian actors and community members are oriented to MHPSS and equipped with basic psychosocial support skills
- 3.2 Orient frontline workers and community leaders in basic psychosocial support skills (Progress: 4/5)

STRENGTHEN SELF-HELP AND PROVIDE SUPPORT TO COMMUNITIES

- 3.3 Disseminate key messages to promote mental health and psychosocial well-being (Progress: 4/5) » Affected communities have access to information and activities to promote their mental health and psychosocial well-being
- 3.4 Support community-led MHPSS activities (Progress: 4/5)
- 3.5 Provide early childhood development (ECD) activities (Progress: 3/5)
- 3.6 Provide group activities for children's mental health and psychosocial well-being (Progress: 3/5)
- 3.7 Support caregivers to promote the mental health and psychosocial well-being of children (Progress: 3/5)
- 3.8 Support education personnel to promote the mental health and psychosocial well-being of children (Progress: 3/5)
- 3.9 Provide MHPSS through safe spaces for women and girls (Progress: 3/5)

PROVIDE FOCUSED SUPPORT FOR PEOPLE IMPAIRED BY DISTRESS OR MENTAL HEALTH CONDITIONS

- 3.10 Provide mental health care as part of general health services (Progress: 3/5) » Persons impaired by distress or mental health conditions have access to care, protection and support
- 3.11 Provide MHPSS as part of clinical care for survivors of sexual violence and intimate partner violence (Progress: 3/5)
- 3.12 Initiate or strengthen the provision of psychological interventions (Progress: 3/5)
- 3.13 Provide MHPSS through protection case management services (Progress: 3/5)
- 3.14 Protect and care for people in psychiatric hospitals and other institutions (Progress: 3/5)

Section 4. Activities and considerations for specific types of emergency settings

- 4.1 Integrate MHPSS considerations and support in clinical case management for infectious diseases (Progress: 3/5) » MHPSS considerations and activities are appropriately integrated in specific types of emergency situations
- 4.2 Provide MHPSS to persons deprived of their liberty (Progress: 3/5)

Activities are organized into four sections



Section 1:
Inter-agency **coordination** and **assessment**



Section 2:
Essential components of all MHPSS Programs
(Design, M&E, workforce wellbeing, competencies)



Section 3:
MHPSS Program Activities



Section 4:
Activities & considerations for **specific settings**

MHPSS MSP Activities

Section 1. Inter-Agency Coordination and Assessment for the MHPSS Response

1.1 Coordinate MHPSS within and across sectors



1.2 Assess MHPSS needs and resources to guide programming



Section 2. Essential Components of all MHPSS Programs

2.1 Design, plan and coordinate MHPSS Programmes



2.2 Develop and Implement an M&E System



2.3 Care for staff and volunteers providing MHPSS



2.4 Support MHPSS competencies of staff and volunteers



Section 4. Activities and considerations for specific types of emergency settings

4.1 Integrate MHPSS considerations and support in clinical case management for infectious diseases



4.2 Provide MHPSS to persons deprived of their liberty



Section 3. MHPSS Program Activities

ORIENT HUMANITARIAN ACTORS AND COMMUNITY MEMBERS ON MHPSS

3.1 Orient humanitarian actors and community members on MHPSS and advocate for MHPSS considerations and actions



3.2 Orient frontline workers and community leaders in basic psychosocial support skills



STRENGTHEN SELF-HELP AND PROVIDE SUPPORT TO COMMUNITIES

3.3 Disseminate key messages to promote mental health and psychosocial well-being



3.4 Support community-led MHPSS activities



3.5 Provide early childhood development (ECD) activities



3.6 Provide group activities for children's mental health and psychosocial well-being



3.7 Support caregivers to promote the mental health and psychosocial well-being of children



3.8 Support education personnel to promote the mental health and psychosocial well-being of children



3.9 Provide MHPSS through safe spaces for women and girls



PROVIDE FOCUSED SUPPORT FOR PEOPLE IMPAIRED BY DISTRESS OR MENTAL HEALTH CONDITIONS

3.10 Provide mental health care as part of general health services



3.11 Provide MHPSS as part of clinical care for survivors of sexual violence and intimate partner violence



3.12 Initiate or strengthen the provision of psychological interventions



3.13 Provide MHPSS through protection case management services



3.14 Protect and care for people in psychiatric hospitals and other institutions



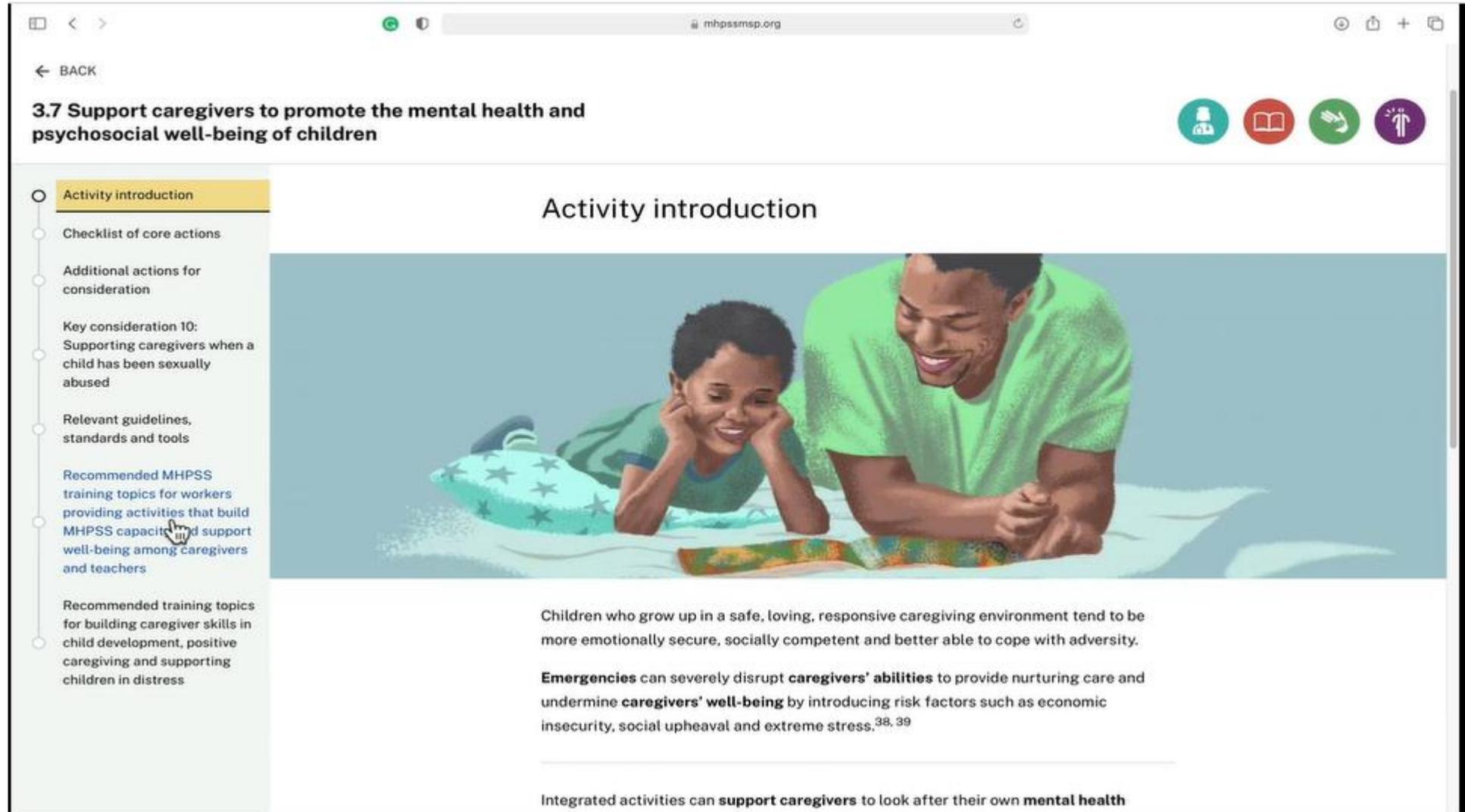
Each activity is presented with:

- A brief introduction
- A checklist of actions
- Additional actions for consideration
- Key guidelines, standards and tools
- List of budget items

The screenshot displays a structured layout for an activity page. It features four main sections, each with a dark header bar and a light content area. The 'CORE ACTIVITY' section has a light blue header. The 'Actions' section has a dark header and contains two items, each with a blue checkmark and a grey horizontal bar. The 'Additional actions for consideration (depending on context and available resources)' section has a dark header and contains two items, each with a blue checkmark and a grey horizontal bar. The 'Guidelines, standards and tools' section has a dark header and includes a blue document icon and a link labeled 'Click here' followed by the text 'to access relevant guidelines, standards and tools.'

Video: Using the Online MSP

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The screenshot shows a web browser window with the URL mhpsmsp.org. The page title is "3.7 Support caregivers to promote the mental health and psychosocial well-being of children". The main heading is "Activity introduction". On the left is a vertical navigation menu with the following items: "Activity introduction" (highlighted), "Checklist of core actions", "Additional actions for consideration", "Key consideration 10: Supporting caregivers when a child has been sexually abused", "Relevant guidelines, standards and tools", "Recommended MHPSS training topics for workers providing activities that build MHPSS capacity and support well-being among caregivers and teachers", and "Recommended training topics for building caregiver skills in child development, positive caregiving and supporting children in distress". The main content area features an illustration of a man and a child reading a book together. Below the illustration, the text reads: "Children who grow up in a safe, loving, responsive caregiving environment tend to be more emotionally secure, socially competent and better able to cope with adversity." This is followed by a paragraph about emergencies: "Emergencies can severely disrupt caregivers' abilities to provide nurturing care and undermine caregivers' well-being by introducing risk factors such as economic insecurity, social upheaval and extreme stress,^{38, 39}". At the bottom, a line of text states: "Integrated activities can support caregivers to look after their own mental health".

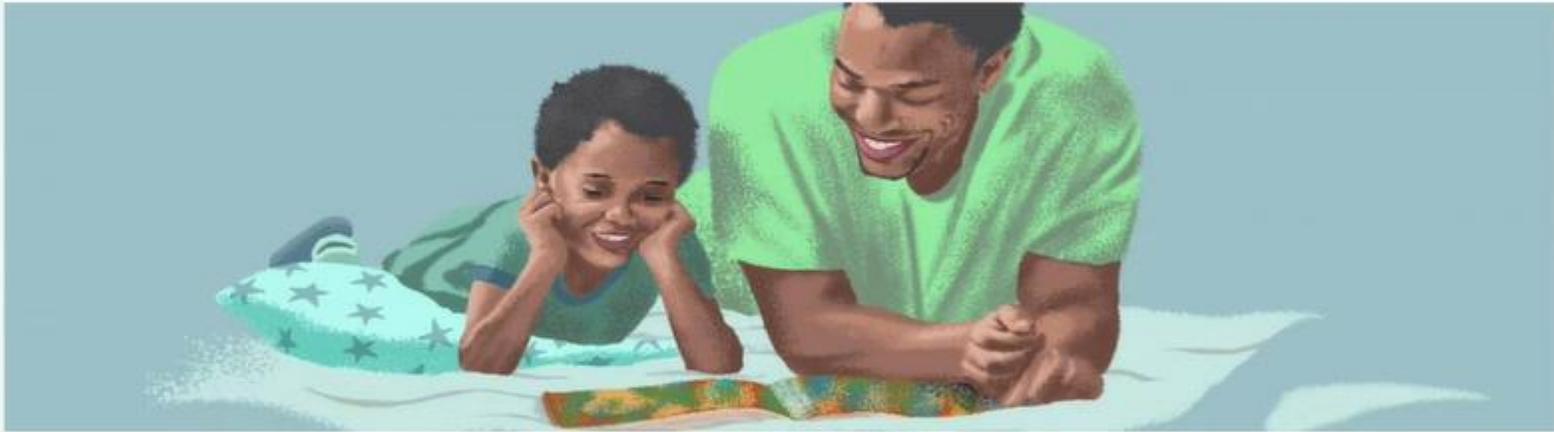
mhpsmsp.org

← BACK

3.7 Support caregivers to promote the mental health and psychosocial well-being of children

Activity introduction

- Activity introduction
- Checklist of core actions
- Additional actions for consideration
- Key consideration 10: Supporting caregivers when a child has been sexually abused
- Relevant guidelines, standards and tools
- Recommended MHPSS training topics for workers providing activities that build MHPSS capacity and support well-being among caregivers and teachers
- Recommended training topics for building caregiver skills in child development, positive caregiving and supporting children in distress



Children who grow up in a safe, loving, responsive caregiving environment tend to be more emotionally secure, socially competent and better able to cope with adversity.

Emergencies can severely disrupt **caregivers' abilities** to provide nurturing care and undermine **caregivers' well-being** by introducing risk factors such as economic insecurity, social upheaval and extreme stress,^{38, 39}

Integrated activities can **support caregivers** to look after their own **mental health**

Example activity



3.14 Protect and care for people in psychiatric hospitals and other institutions

During humanitarian crises, people with **mental, neurological and substance use (MNS) conditions** or with **intellectual, developmental and psychosocial disabilities or cognitive impairments** who are living in psychiatric hospitals and institutions are at high risk of **human rights violations** such as physical and sexual abuse, punishment, neglect, abandonment and lack of shelter, food or medical care.

Although **community-based mental health care is recommended**, many countries affected by humanitarian crises rely mainly on institutional care (e.g. psychiatric hospitals, social care homes, residential homes, substance use rehabilitation clinics).

These **institutions** are typically limited to major cities and are **often not accessible** to crisis-affected populations. The care in such institutions is **often grossly inadequate** even before the onset of a crisis.

Humanitarian emergencies can **damage physical structures** and **diminish staff numbers**. People in psychiatric hospitals and institutions may be abandoned by staff and **left unprotected** from the effects of natural disaster or armed conflict. Living in an institution also **isolates** people from potential **family protection and support**, which may be essential for survival in emergencies.

Furthermore, **sudden discontinuation of psychotropic medications** can be harmful and even **life-threatening**.

CORE ACTIVITY

Protect and care for people in psychiatric hospitals and other institutions

Actions

- ✓ Visit **psychiatric hospitals and other institutions** on a regular basis from the beginning of the crisis to assess needs (in coordination with relevant government authorities).
- ✓ Support efforts to ensure the **physical security** of persons in institutions and staff as needed (e.g. protection of civilians and health facilities as per international humanitarian law, protection from infectious disease outbreaks or diseases endemic in the country).

DRAFT VERSION

- ✓ Implement or strengthen **human rights surveillance** by external review bodies (if available, human rights organizations or protection specialists).
- ✓ Address **protection concerns** of men, women (including older persons) and children in institutions (e.g. protection from neglect, abuse or coercive treatment by others, including by staff or other institutionalized persons).
- ✓ Ensure that the **basic physical needs** of people in institutions are met in coordination with other sectors (e.g. potable water, adequate food, shelter, clothing and sanitation), as well as their physical health needs (e.g. access to treatment for physical disease and injury).
- ✓ Facilitate **family tracing and communication** with families for people living in institutions.
- ✓ Ensure that proper **evacuation, disaster response and emergency plans** are in place (e.g. drafted, disseminated and tested).
- ✓ Ensure the provision of **basic mental health care** throughout the emergency (i.e. essential psychotropic medications and psychosocial support).
- ✓ Facilitate **discharge** whenever possible (e.g. if there is availability of family support and community-based mental health care and access to basic needs including shelter, food and physical health care).
- ✓ Provide an uninterrupted supply of **psychotropic medications** and other essential medical supplies and equipment (based on a needs assessment of the facility), if needed.
- ✓ If the crisis creates staff shortages, **mobilize human resources** from the family, the community and the health system to assist with care.
- ✓ Provide basic **training and continued support and supervision** to staff as needed (e.g. human rights in mental health, managing crises without using coercive practices such as physical, mechanical or chemical restraints and seclusion; ongoing care and ways to improve patients' self-management; staff self-care).

Additional actions for consideration (depending on context and available resources)

- ✓ Conduct a more **comprehensive assessment** of the facility, involving various stakeholders including service users (e.g. using [WHO QualityRights assessment and transformation tool](#)).
- ✓ Engage in **community awareness raising and education** to reduce discrimination and stigma and promote community support, social inclusion and human rights (while actively involving people with lived experience of mental health conditions).
- ✓ Support the development of individualized **person-centred recovery plans**, involving **multidisciplinary teams**.
- ✓ Support and ensure access for residents to a **wide range of services and supports** (e.g. rehabilitation, recreation and spiritual services).
- ✓ Provide **additional training and supervision** to staff (based on a training needs assessment).
- ✓ Support steps towards **deinstitutionalization** and provide appropriate **community-level care** for persons with severe mental illness (e.g. acute psychiatric units in general hospitals, provision of clinical mental health care as part of general health facilities, case management, community support and social inclusion).

Guidelines, standards and tools

- ✓ [Click here](#) to access relevant guidelines, standards and tools.

Additional tools



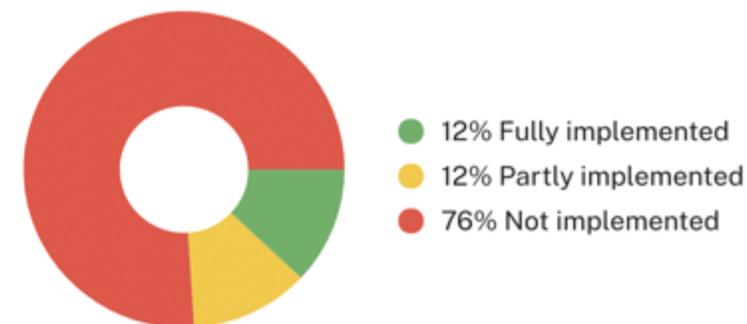
Gap analysis Tool

Purpose:

To provide information on **MSP activity coverage** and **gaps** in MSP activities (and change over time)

24%
Implemented

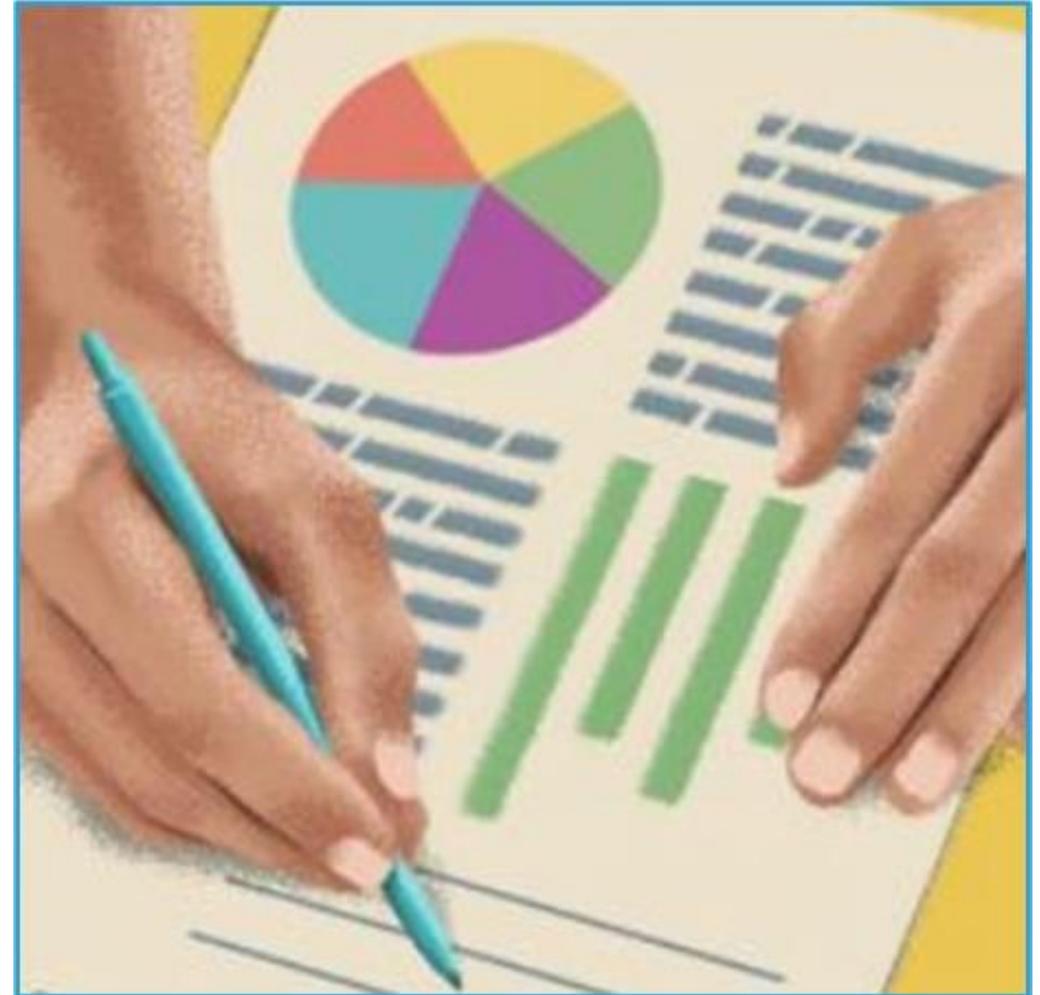
Country: Switzerland
Geographical Region: Geneva
Analysis conducted: 09/2021



Activity	Status
Section 1: Inter-Agency Coordination and Assessment	
1.1 Coordinate MHPSS within and across sectors	Implemented
1.2 Assess MHPSS needs and resources to guide programming	Not implemented
Section 3: MHPSS Programme Activities	
3.1 Orient humanitarian actors and community members on MHPSS	Not implemented
3.2 Orient frontline workers and community leaders in basic psychosocial support skills	Partly implemented
3.3 Disseminate key messages to promote mental health and psychosocial well-being	Partly implemented

Costing tool (under development)

- To calculate the costs of MHPSS MSP activities
- Useful for coordinators, implementing partners and donors
- User **inputs basic information** (e.g. country and affected population numbers)
- Cost **estimates are automatically** generated based on available data



Costing Tool

MSP Activity Budget Tables

Section 1. Inter-agency coordination and assessment for the MHPSS response

1.1. Coordinate MHPSS within and between sectors

Human resources and materials needed	Notes
Full Time (100%) MHPSS Technical Working Group Co-Chair [Staff experienced in MHPSS in emergencies, international staff, P4 level]*	May be provided and budgeted by agencies as additional tasks of staff members (e.g. 2-3 part time staff co-chairs) or may need to be budgeted for as full-time staff position or as part of surge capacity mechanism
Copies and printing of relevant MHPSS materials and guidelines	
Possible additional resources needed	
Computer and email to send out announcements and resources to group members	
Translation during meetings/of meeting documents/of guidelines	If there is a significant language barrier to local actors/organizations participating
*If at least 15 actors are present who are planning or implementing MHPSS programs. 50% (of Full Time Equivalent/FTE) if there are fewer actors	

Program personnel	Annual salary	Number of full time equivalent	Fringe benefit rate	% of resource used to Coordinate MHPSS Within and Between Sectors	Subtotal
International: MHPSS TWG co	100,000.00	1.0	28.0%	100.0%	128,000
International: Staff with MHP	70,000.00	0.0	28.0%	100.0%	-
International: MHPSS consulta	70,000.00	0.0	28.0%	100.0%	-
National: Staff with MHPSS te	24,000.00	0.0	16.0%	100.0%	-
National: MHPSS officer/coorc	14,400.00	0.0	16.0%	100.0%	-
National: Outreach/incentive	5,000.00	0.0	16.0%	100.0%	-
Personnel lumpsum	-	1.0	0.0%	100.0%	-
Subtotal					128,000

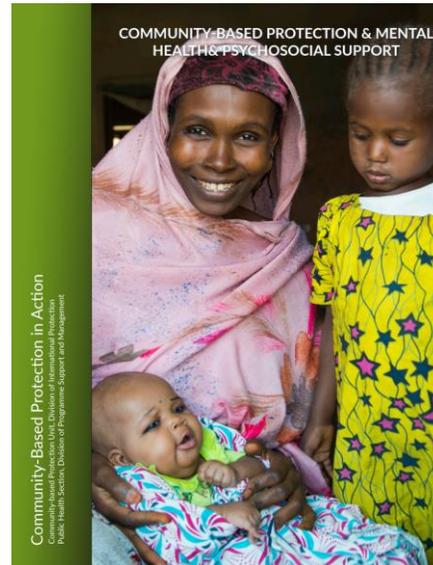
Capital items	Unit cost	Quantity	% of resource used to Coordinate MHPSS Within and Between Sectors	Subtotal
Building construction (per squ	300.00	-	100.0%	-

The MSP & Protection



Why protection actors need to engage with MHPSS

- Equity: not only GBV survivors or children are 'at risk' for MHPSS issues
- Enhancing protection outcomes through MHPSS
- Empowering effects on conflict-affected populations



UNHCR involvement in MSP

- Protection
 - Fostering integration of MHPSS within protection
 - Protection mainstreaming within MSP.
- Making MSP optimally useful for refugee settings

Protection consultant through GPC to be part of MSP team

- Consultations with protection actors
- Engagement of AoRs (GBV, MA)

Results:

- Protection considerations & survivor-centred approaches mainstreamed
- Protection specific aspects:
 - women and girls' safe spaces
 - protection case management
 - People deprived of their liberty

Questions or comments





Thank you!

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