# Inclusion of MHPSS into Protection analysis

Updated 26/1/21 ks

Affected population consistently report psychosocial distress and mental health problems as a high protection risk. Therefore, the General Protection Cluster move forward in integrating Mental health and Psychosocial Support (MHPSS) in all its aspects of protection work.

The inclusion of MHPSS in Protection Analysis will take place on four levels: (1) what affected populations perceive as the cause of distress, (2) the community-based protection mechanisms, (3) the access to formal MHPSS services provided by humanitarian actors, development agencies, civil society actors, the private sector or the government (3) special groups of concern.

*Note on the version of 26/1/22: this is work in progress. Corrections and additions are being produced.*

1. **What affected populations perceive as the cause of distress**

This can include loss of love ones, loved ones who went missing, displacement, violence, etc.

***Sources of information***: existing analysis by agencies, surveys, DTM, HNO, KII, FGDs.

1. **Community-based MHPSS elements of protection:**
   1. **What are pre-crises existing community-based coping mechanisms:**

This can include schools, faith-based institutions, formal/informal water women group, tea gathering, sport club, etc.

**Sources of information:** KII, FGD, existing analysis (rare), HNO, literature review

* 1. **Evaluation of community-based coping mechanisms:**

Which of the above coping mechanisms are not be used anymore or have gained importance due to the humanitarian crisis. (in case of protracted crises monitor last six months)

**Sources of information:** KII, FGD, existing analysis HNO

**Methodology:** WHO/UNHCR needs analysis, Hesper.

* 1. **Coping mechanisms that came newly into existence**

**Sources of information:** KII, FGD, existing analysis HNO

1. **Access to formal MHPSS Services**

Formal MHPSS services refers to MHPSS services provided by humanitarian actors, development agencies, civil society actors, the private sector or the government that carry the name of Mental Health or Psychosocial Support e.g., Primary Health care centers that offer MH services, child friendly spaces, etc. ‘Formal MHPSS services’ excludes actors that greatly influence mental health and psychosocial well-being but do not carry this name: faith-based institutions, football clubs, etc.

* 1. **Psychosocial Support:**

**Sources of information:** 4/5W AoR and GPC + HNO/HRP, NGO and INGOs: activity, reach and caseload

* 1. **Mental health**

**Source of information:** mental health atlas (WHO), health cluster, MOH, observation

Level of integration of MHPSS into sectors, e.g. GBV

1. **Groups of concern:**
   1. Torture victims/survivors
   2. People with pre-exiting Mental Health condition or psychosocial disability
   3. Emergency related GVB victims/survivors
   4. Mine victims/survivors
   5. Children
   6. older people
   7. People with a disability
   8. Other groups depending on context

***Questions to be discussed during next meeting:***

* *Add existence of coordination mechanisms for MHPSS? (MHPSS TWG?)*
* *Where to include it in protection monitoring report? (in analysis process)*
* *Can we incorporate this in HNO/HRP guidance, PIN guidance?*
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