

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Minimum Service Package

IASC Inter-Agency Standing Committee



Why is MHPSS a core area of work for protection actors?

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- **Protection risks affect mental health and psychosocial well-being**.

Exposure to violence, abuse, displacement, family separation and other protection risks can have significant consequences on one´s mental health.



Why is MHPSS a core area of work for protection actors?

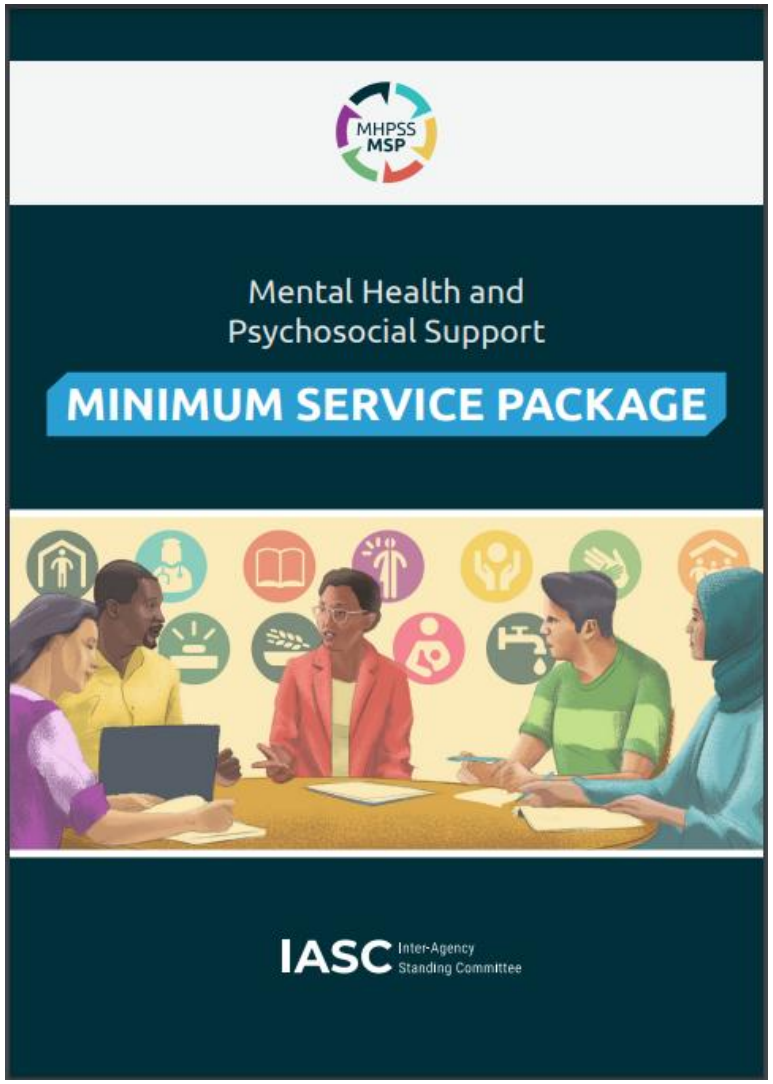
- **Mental health and psychosocial well-being influence protection outcomes.**

Distress and mental health difficulties can affect people's ability to seek support, access services, exercise their rights and participate in decisions affecting their lives.



How is the MHPSS Minimum Service Package (MSP) relevant to Protection actors?

- Identify MHPSS activities that can be integrated into protection programming.
- Provide practical guidance on how to implement these activities.
- Support advocacy efforts to strengthen the integration of MHPSS into protection programming and promote recognition of the role of protection actors in the MHPSS response.





Overview of the IASC MHPSS MSP

What is the MHPSS Minimum Service Package?

- Set of **high-priority MHPSS** activities



- Based on:
  - **Existing guidelines**
  - Best **available evidence**
  - **Consultation** & expert consensus

- **Intersectoral** – shared understanding, common language

- Designed to facilitate a **faster, more effective, better coordinated response**

Why was the MSP developed?

- **Growing interest in MHPSS**: increase in MHPSS activities integrated into many areas of work
- **Donor interest and political will**, high-level discussions
- **BUT! Variation** in what MHPSS activities look like and how they are understood, quality
- **Implementing agencies**: how to choose between different activities?
- **Donors**: what are the priority, non-negotiable activities? How much funding is needed?



MHPSS MSP Activities

Section 1: Inter-Agency Coordination and Assessment

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 programmes

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 settings

4.1	Integrate MHPSS considerations and support into clinical case management for infectious diseases
4.2	Provide mental health and psychosocial support to persons deprived of their liberty

Section 3: MHPSS programme 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 new and pre-existing group-based community MHPSS activities
3.5	Provide early childhood development (ECD) activities to support young children and their caregivers
3.6	Provide group activities for children's mental health and psychosocial well-being
3.7	Promote caregivers' mental health and psychosocial well-being and strengthen their capacity to support children
3.8	Promote the mental health and psychosocial well-being of education personnel and strengthen their capacity to support children
3.9	Provide MHPSS through women and girls safe spaces

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 case management services
3.14	Protect and care for people in psychiatric hospitals and other institutions

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No single organization is expected to implement all programme activities!

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Each activity is presented with:

- **A brief introduction**



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

Play and **positive social interactions** are crucial to a child's social, emotional, physical and cognitive development.

Emergencies greatly **disrupt** opportunities for these experiences and interrupt routines that afford a sense of security, normality and predictability.

Facilitating regular **recreational and structured group activities**[50] in safe environments[51] can provide a sense of **routine** and **stability** and provide opportunities for children to **play**, to develop **social and emotional skills** and to foster supportive **social connections**.[52] Group activities for children are **typically implemented by child protection and education actors** and integrated into wider protection and education programming. The activities often have multiple objectives; for example, they may be primarily designed to improve MHPSS, protection, learning, or a combination of these outcomes. For the purposes of the MHPSS MSP, "group activities for children's mental health and psychosocial well-being" refers to those activities that have an explicit objective related to improving mental health and psychosocial well-being and that measure associated indicators (whether or not they also have other objectives).

Each activity is presented with:

- A brief introduction
- **A checklist of actions**

ACTIVITY

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

Core actions

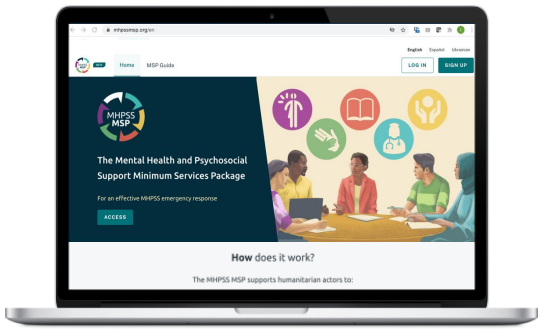
- ✓ **Develop/select and adapt structured activities and programme content** based on the needs and resources identified in assessments and community priorities **identified through participatory discussions** (*see actions on community engagement in MSP activity 2.1*). Ensure programme content is appropriate to the affected community, considering age, gender, disability, and other forms of diversity.
- ✓ Develop/select, adapt and translate **training curricula and information, communication and education (ICE) materials** for the selected activities.
- ✓ Incorporate **sessions for caregivers** into structured group activities to share information on how emergencies affect children and on supportive caregiving practices (*see MSP activity 3.7*).
- ✓ **Train facilitators** to deliver the selected structured group activities, including group facilitation skills for children of different ages (*see the recommended MHPSS training topics for facilitators of group activities for child well-being on the MHPSS MSP web platform*).
- ✓ Provide **structured group activities** for children and sessions for caregivers.
- ✓ Implement supervised **recreational activities (e.g. free play, sports, creative activities)** designed to improve psychosocial well-being (e.g. through events, workshops, festivals or campaigns).
- ✓ Facilitate access to **safe spaces** for structured group activities and recreation.
- ✓ **Provide information to affected communities and families** on why structured group activities are being offered and how to access them (e.g. the impact of crises on well-being and development; the goals and expected outcomes of the activities being offered).
- ✓ Facilitate **links and referrals** to any needed services and supports for children and caregivers (e.g. mental health services, health, protection and education services).
- ✓ Engage **staff with MHPSS technical expertise** to supervise facilitators and oversee activities.

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

- ✓ **Train teachers, child-care workers, and other community members such as youth leaders** in structured group activity curricula so that programmes can be sustained in the longer term.

Each activity is presented with:

- A brief introduction
- A checklist of actions
- **List of relevant resources**



Guidance on basic psychosocial support skills

Caribbean Development Bank & PAHO (2019). Psychological First Aid: Stronger Together. A Guide to Help You and Your Community. Available in English, Spanish.

Caribbean Development Bank & PAHO (2019). Virtual Self-Learning Course: Psychological First Aid in Disaster Management in the Caribbean. Available in English.

Colucci et al. (2016). Suicide First Aid Guidelines for People from Immigrant and Refugee Backgrounds. Available in English.

Hobfoll SE et al. (2007). Five essential elements of immediate and mid–term mass trauma intervention: Empirical evidence. Psychiatry: Interpersonal and Biological Processes, 70(4), 283-315. Available in English.

Guidance on basic psychosocial support skills for working with children

Brymer M, Elmore Borbon D, Frymier S, Ramirez V, Flores L, Mulder L, Ghosh-Ippen C & Gurwitch R (2021). Psychological First Aid for Displaced Children and Families. Available in English.

National Child Traumatic Stress Network (2012). Psychological first aid for unaccompanied children. Available in English.

National Child Traumatic Stress Network (2014). PFA: teachers. Available in English.

IFRC (2018). PFA for Children. Available in English, French.

Save the Children (2013). PFA Training Manual for Child Practitioners two-day programme; 2017 online PFA for Children course. Available in English.

Sector-specific guidance on basic psychosocial support skills

GBV and CP

GBV Guidelines Reference Group & Gender-Based Violence AoR (2018). GBV Pocket Guide: How to support survivors of gender based violence when a GBV actor is not available in your area. Available in English.

GBVIMS Steering Committee (2017). Interagency Gender-Based Violence Case Management Guidelines. Part II. Chapter 2: Introduction and Engagement. Available in English.

IRC & UNICEF (2012). Caring for Child Survivors of Sexual Abuse. Chapter 3: Engaging and Communicating with Child Survivors. Available in English, French.

WHO (2014). Health Care for Women Subjected to Intimate Partner Violence or Sexual Violence: A Clinical Handbook. Part II. First-line Support for Sexual Assault and Intimate Partner Violence. Available in English.

Some activities include: Key considerations

Key consideration 12: The effectiveness of MHPSS activities will be limited if a person's basic protection needs are not being met

MHPSS interventions, such as group activities and focused individual support, may have a limited impact if a person is facing ongoing abuse, neglect or violence. This should be considered in the coordination of services for each individual, so that urg
as they are
protection
diverse SC
and servic
must work
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identified

Key consideration 29: Male survivors of sexual violence

Male survivors of sexual violence are frequently overlooked in emergencies. Although GBV programming focuses primarily on violence against women and girls, GBV programme actors should understand that additional services may b
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Most services
support for m
survivors of s
is important t

Key consideration 34: Child and adolescent survivors of sexual violence

Both GBV and child protection services can support child survivors of sexual violence, as long as workers have the necessary competencies and appropriate organizational procedures are in place. It is good practice to establish inter-agency SOPs that **clarify roles and responsibilities** for providing case management to child survivors based on the capacities and expertise available.

A child shou
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adolescent.

Key consideration 32: Do not offer psychological debriefing

Do not provide one-off, single-session psychological debriefing[75] as an early intervention after exposure to an adverse, terrifying, or life-threatening event, including conflict or natural disaster.[76] Evidence shows no effectiveness of psychological debriefing and suggests that it may be harmful to some people.[77,78] Basic psychosocial support (e.g. PFA,

Some activities include: recommended training topics

Recommended MHPSS training topics for

Facilitators of group activities for child well-being

Understanding MHPSS

- Understanding child deve
- Social and emotional lea
- Recognizing and respond
- Identifying and referring
- Self-care

Communication and basic

- Communicating with chil
- Engagement, communica
- Normalization of feelings
- Active listening
- Avoiding judgement

Supporting children in dist

- Stress management and
- Responding to crises, sui
- Supporting children of di
- Supporting children to m

Recommended MHPSS training topics for

Workers providing activities that support caregiver and teacher well-being

Understanding MHPSS

- Understanding protective factors and risk
- Social and emotional competencies
- Recognizing and responding to distress i
- Self-care
- Peer support
- Identifying and referring adults in need o

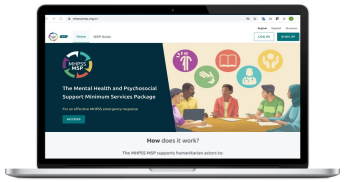
Communication and basic psychosocial su

- Engagement, communicating concern ar
- Normalization of feelings, validation and
- Active listening
- Avoiding judgement

Supporting caregivers and teachers in dist

- Stress management and relaxation techn
- Coping mechanisms and previous solutio
- Responding to crises, suicide and self-ha
- Supporting adults through grief and bere
- Survivor-centred approach and managin
- Reflecting on one's own biases and belief
- Knowing when and how to get help

Supporting at-risk adults and linking with



Recommended MHPSS training topics for

Workers supporting new and expectant caregivers and young children

Child development and nurturing care

- Understanding early childhood development
- Understanding protective factors and risk factors

Positive caregiving practices

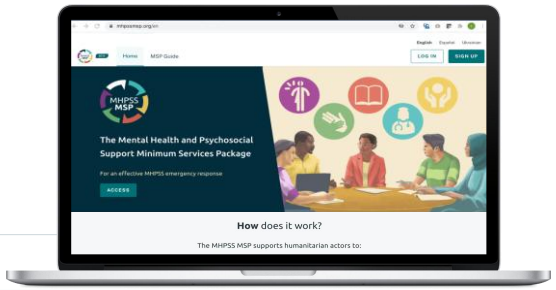
- Positive and responsive parenting
- Early stimulation and learning through play and communication

Promoting social and emotional learning

Supporting caregivers and children in distress

- Recognizing and responding to children whose behaviour signals stress and anxiety
- Recognizing and responding to distress in adults
- Stress management and relaxation techniques
- Coping mechanisms and previous solutions
- Problem-solving skills
- Responding to crises, suicide and self-harm (*see the action on crisis management procedure under MSP activity 2.1*)
- Survivor-centred approach and managing disclosure of abuse
- Reflecting on one's own biases and beliefs (e.g. on disability and gender roles)
- Identifying and referring caregivers and children in need of other services and supports (e.g. MHPSS, health services)
- Knowing when and how to get help

Key resources on MHPSS for at-risk groups



- Adolescent girls
- Children in child labour
- CAAFAG
- UASC
- LGBTIQ+
- Male survivors of sexual violence
- Older adults
- People in contact with the justice system
- People in detention
- People living with HIV/AIDS
- People with disabilities
- Survivors of torture
- Survivors of trafficking
- Survivors of armed violence, explosive ordnance and remnants of war (victim assistance)
- Refugees, asylum seekers, internally displaced persons (IDPs), stateless people, and migrants caught in crisis

Older adults

CBM International, HelpAge International and Humanity and Inclusion (2018). Humanitarian Inclusion Standards for Older People and People with Disabilities. Available in English.

People in contact with the justice system

Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action (CPMS). Standard 20. Available in Arabic, English, French, Spanish.

UNICEF (2021). Reimagine Justice for Children. Available in English.

UNODC (2017). Handbook on Children Recruited and Exploited by Terrorist Groups. Available in English.

People in detention

International Detention Coalition (2015). There are Alternatives: A handbook for preventing unnecessary immigration detention. Available in English.

IOM (2021). Advocating for Alternatives to Migration Detention: Tools Series N°2. Available in English.

People living with HIV/AIDS

REPSSI, Inger J and Sibanda B (2009). Mainstreaming Psychosocial Care and Support into Home-Based Care Programmes: For practitioners working with children and families affected by HIV and AIDS. Johannesburg: REPSSI. Available in English.

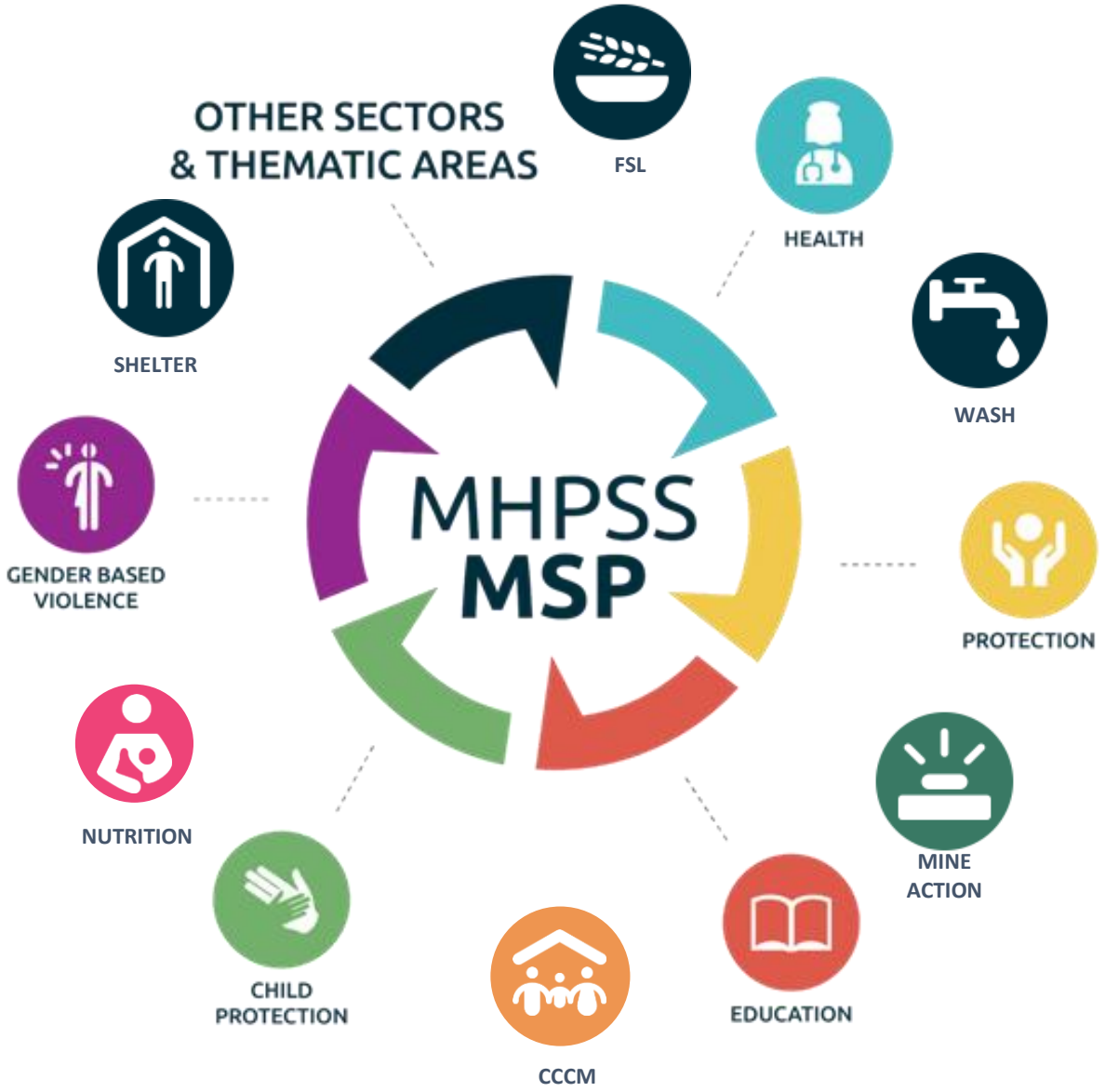
REPSSI and Rabinowitz L (2009). Mainstreaming Psychosocial Care and Support within Paediatric HIV and AIDS Treatment: for Health Care Workers working with Children and Families Affected by HIV and AIDS. Johannesburg: REPSSI. Available in English.

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Centre for Interactive Pedagogy (2021). Parenting on the Move: Program for empowerment and promoting the development of competencies of parents of children up to 12 years of age,

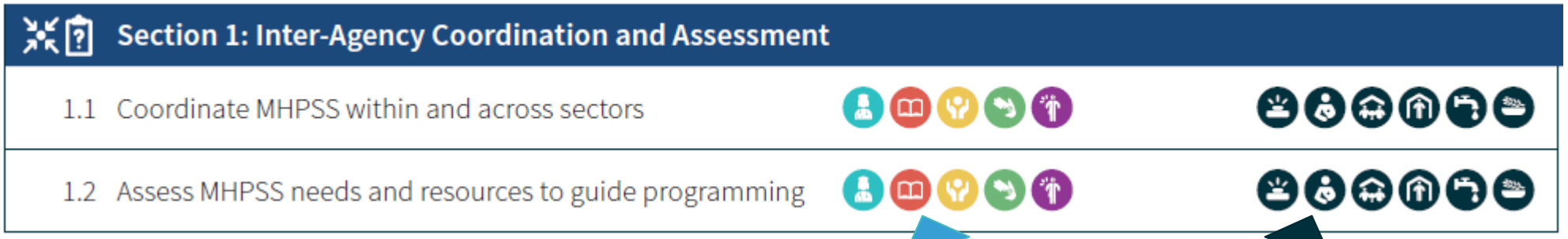
Navigating the MSP

- Each **sector/cluster** has an icon



Sector icons

- Colourful icons/icons: sectors well-placed to **implement** that activity
- Dark blue icons/icons: sectors well-placed to **contribute** to the implementation of that activity

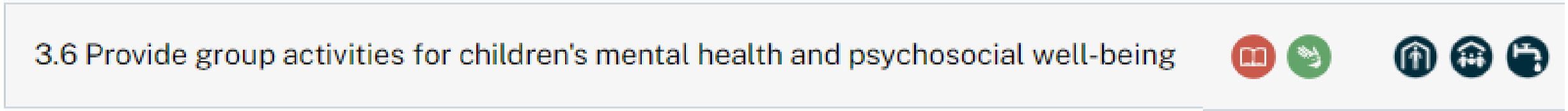


Well placed to **implement**

Well placed to **contribute** to implementation

Sector icons

Education & Child Protection: typically well placed to **provide** the activity



Not intended to be prescriptive, but a guide to who *typically* does what

Shelter, CCCM, WASH: typically well placed to **contribute** to the activity

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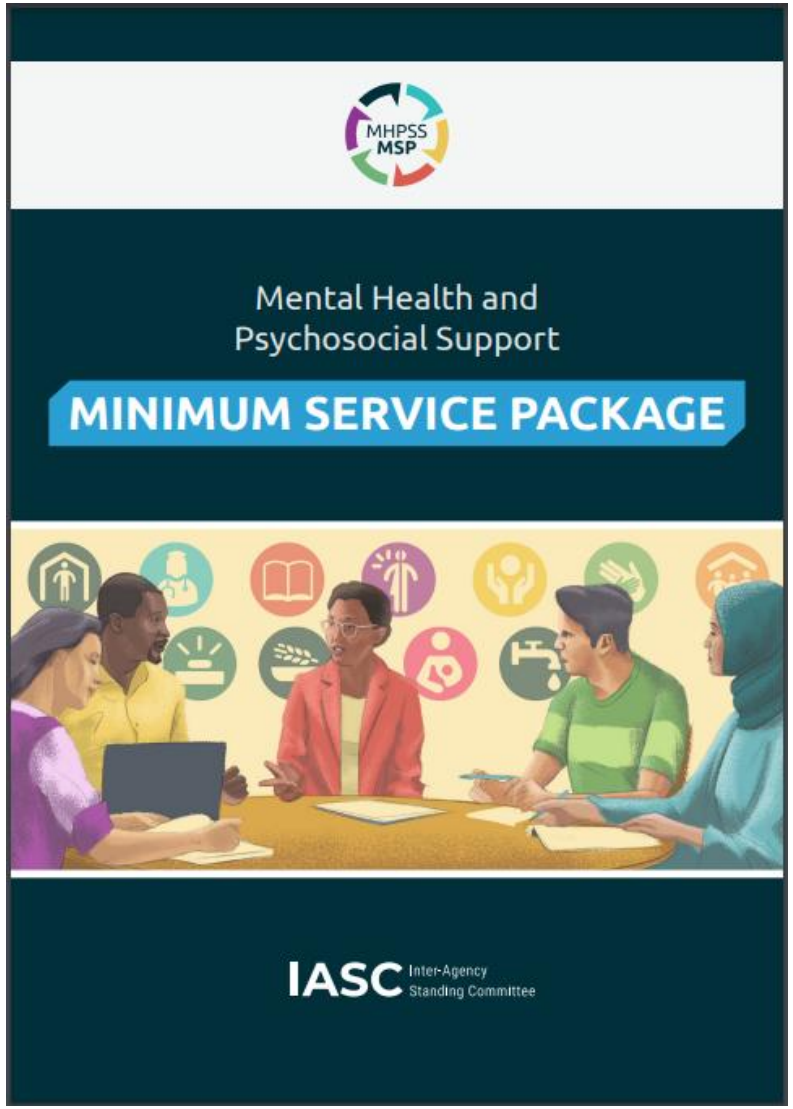
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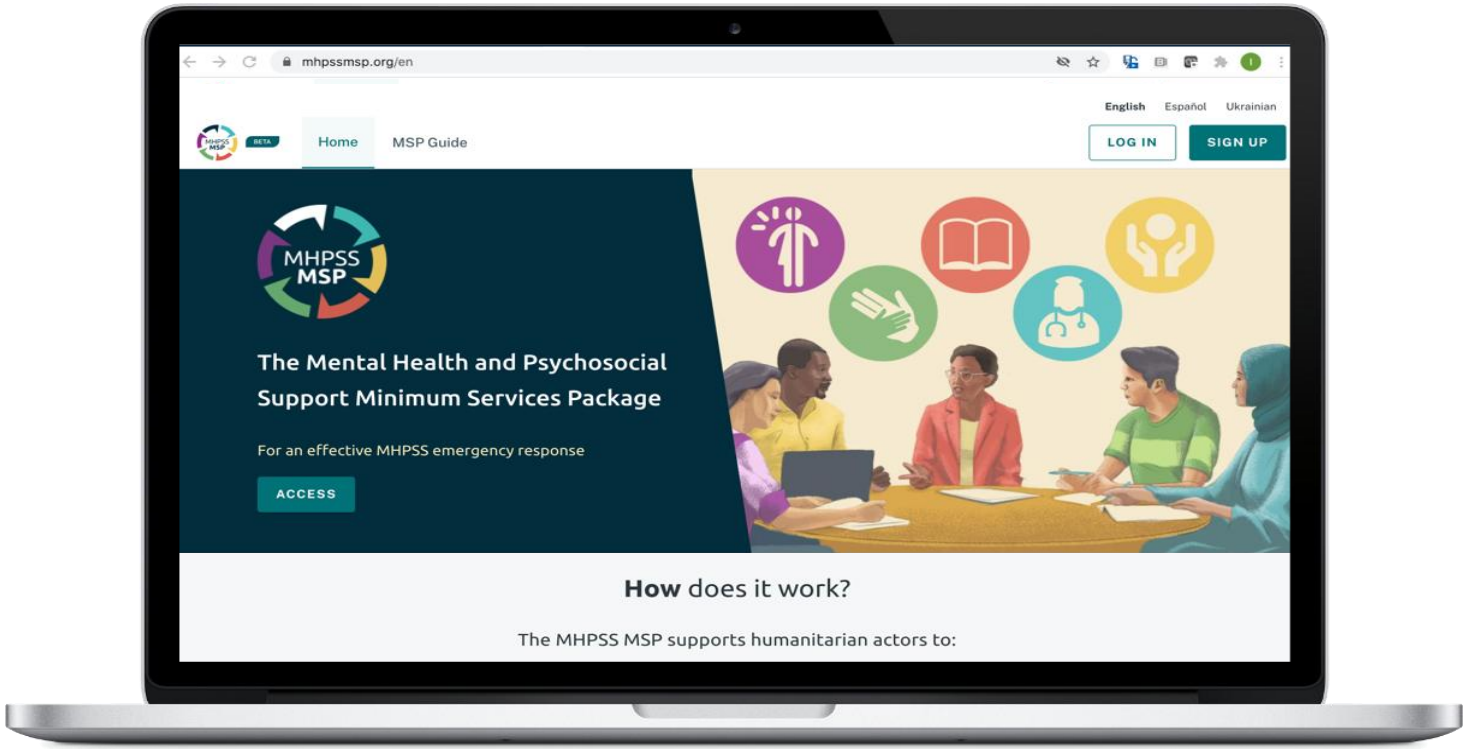
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MSP: online platform and PDF





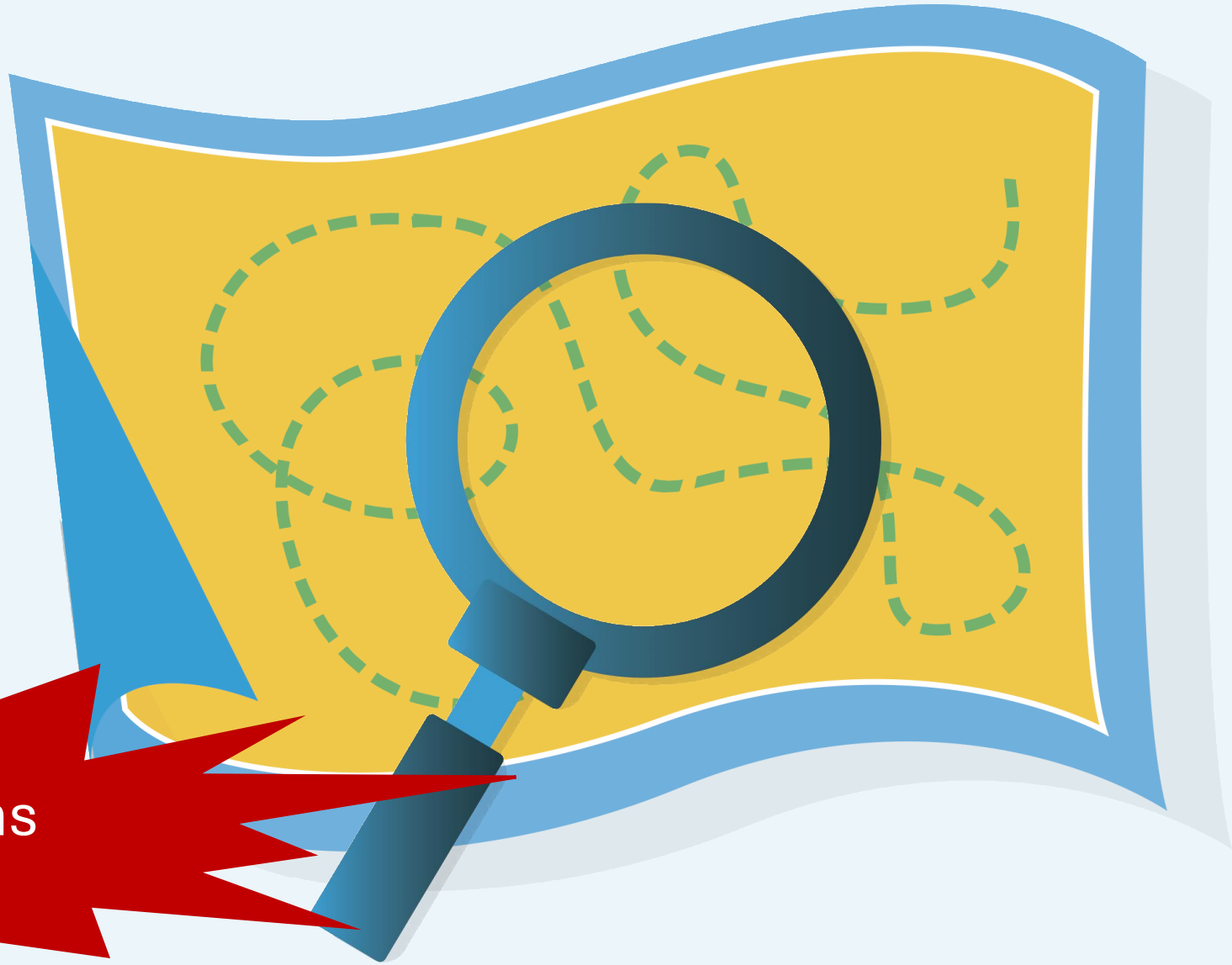
mhpssmsp.org

Multi-sectoral mental health and psychosocial support assessment toolkit



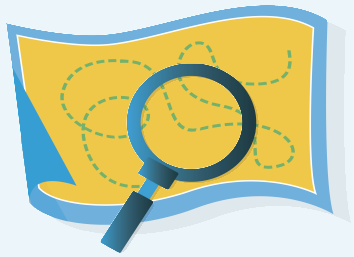
Treasure hunt

15 min



Warning! ~2 mins per question!

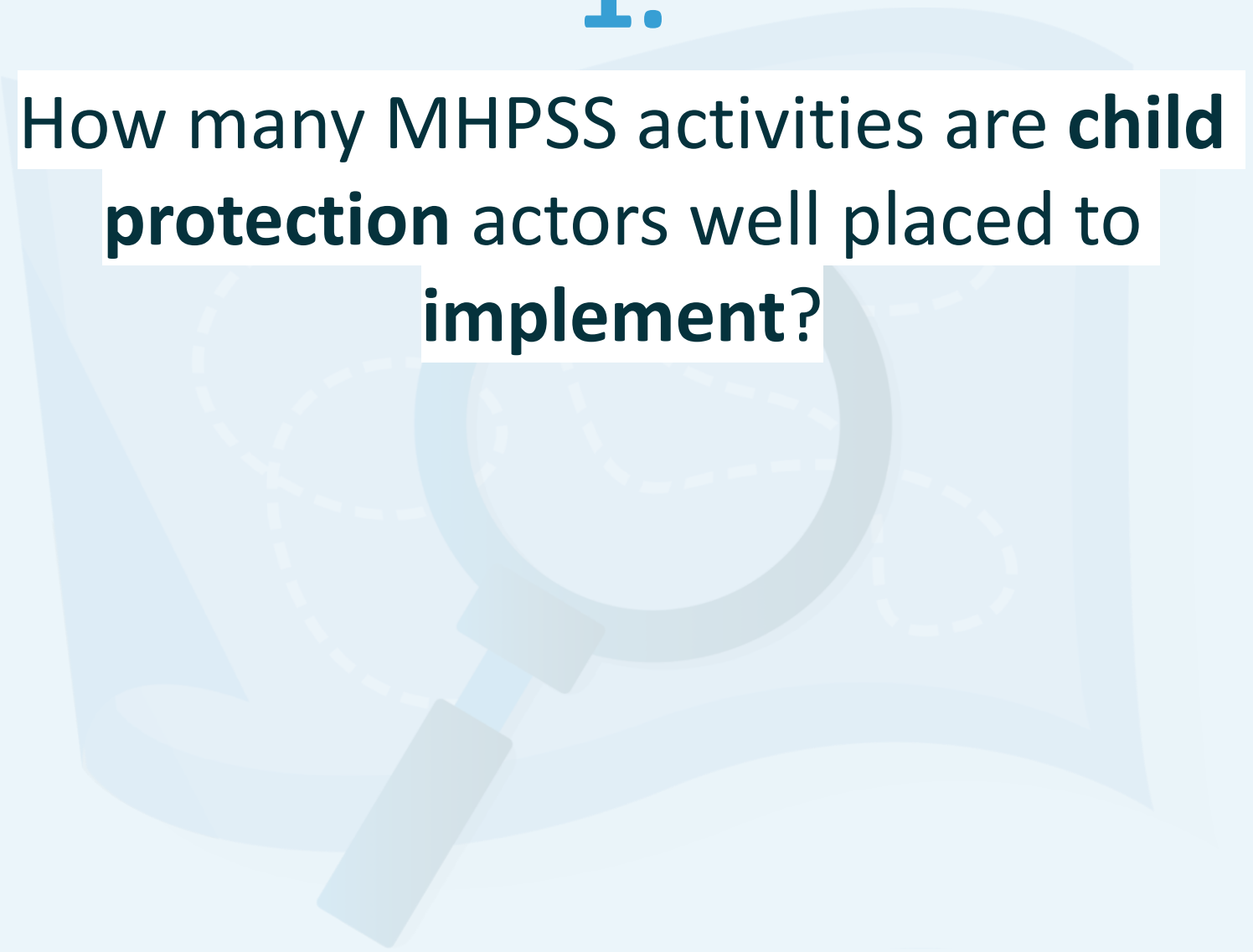
1 point



1. How many MHPSS activities are **child protection** actors well placed to **implement**?
2. How many MHPSS activities are **GBV** actors well placed to **contribute to**?
3. Name **one core action for Activity 2.3** (Care for staff and volunteers providing MHPSS)
4. What is the **key consideration** relevant to **Activity 3.5** (Provide early childhood development activities to support young children and their caregivers)?
5. What is a **tool** you could use to **support group-based community MHPSS activities**?
6. What is a **training topic** that could be included in a training for **frontline workers or community leaders supporting people who are experiencing stress**?
7. Where in the MSP can you find a summary of **how to integrate MHPSS in Child Protection**?

1.

How many MHPSS activities are **child protection** actors well placed to **implement**?



2 points!



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2.

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3.

Name **one core action for Activity 2.3** (Care for staff and volunteers providing MHPSS).

ACTIVITY
Care for staff and volunteers providing MHPSS

Core actions
✔ Establish policies and concrete **organizational mechanisms** to protect and promote the mental health and psychological well-being of workers delivering MHPSS programmes.
✔ Cite potential work-related stressors in **recruitment** postings and discuss these with candidates during the recruitment process to assess their suitability for the post.
✔ Provide workers with information on the support services available during **onboarding induction**, including MHPSS services (e.g. peer-to-peer support systems, self-care resources) and how to access support.
✔ Define **working hours**, monitor **overtime** and provide for **rest and recuperation** for both national and international workers (e.g. by ensuring that staff have sufficient paid time off and promoting an expectation that workers will take sufficient breaks during the working day).
✔ **Assess work for potential stressors and risks to mental health**, including any specific requirements of workers with disabilities. Take action to address, mitigate or eliminate these risks. Monitor workforce wellbeing and evaluate progress at regular intervals, and in response to relevant changes in circumstances (e.g. increased insecurity); and ensure that data on workforce well-being are collected, stored and reported confidentially.
✔ Train MHPSS workers (including frontline workers, managers and support staff) on **self-care and basic psychosocial support skills** to help them to look after their own mental health and psychosocial well-being and to interact with each other in a supportive way (*see MSP activity* 3.2).
✔ **Train** all managers, team leaders and supervisors of MHPSS workers on their roles in monitoring and mitigating **work-related stressors**, and on how to respond to workers who are experiencing distress or have experienced or witnessed extremely distressing events (i.e. by using basic psychosocial support skills, guiding the staff member through reporting protocols and connecting them with available supports) (*see MSP activity* 2.1).
✔ Develop an explicit **HR protocol** for reporting on and responding to **highly adverse/distressing events** (e.g. client suicide, sexual harassment, assaults, other security incidents), which should include offering basic psychosocial support immediately after the event (*see MSP activity* 3.2).[38]
✔ Provide a **forum for workers** to ask questions, express concerns about risks to themselves and their colleagues, and share ideas for improvement.
✔ Prevent and mitigate the effects of stress, including by providing easy, equitable and affordable access to **culturally appropriate emotional support** for all workers.[39]
✔ Where external providers are contracted to provide workforce support, ensure that their **services** are evidence-based, of high quality and consistent with global guidance.

4.

What is the **key consideration** relevant to **Activity 3.5** (Provide early childhood development activities to support young children and their caregivers)?

3.5 Provide early childhood development (ECD) activities to support young children and their caregivers

- Activity introduction
- Checklist of actions
- **Key consideration: Integrating early childhood development activities into nutrition programmes**
- Relevant guidelines, standards and tools
- Recommended MHPSS training topics for workers supporting new and expectant caregivers and young children

Key consideration: Integrating early childhood d

Key consideration 24: Integrating early childhood development activities into nutrition programmes

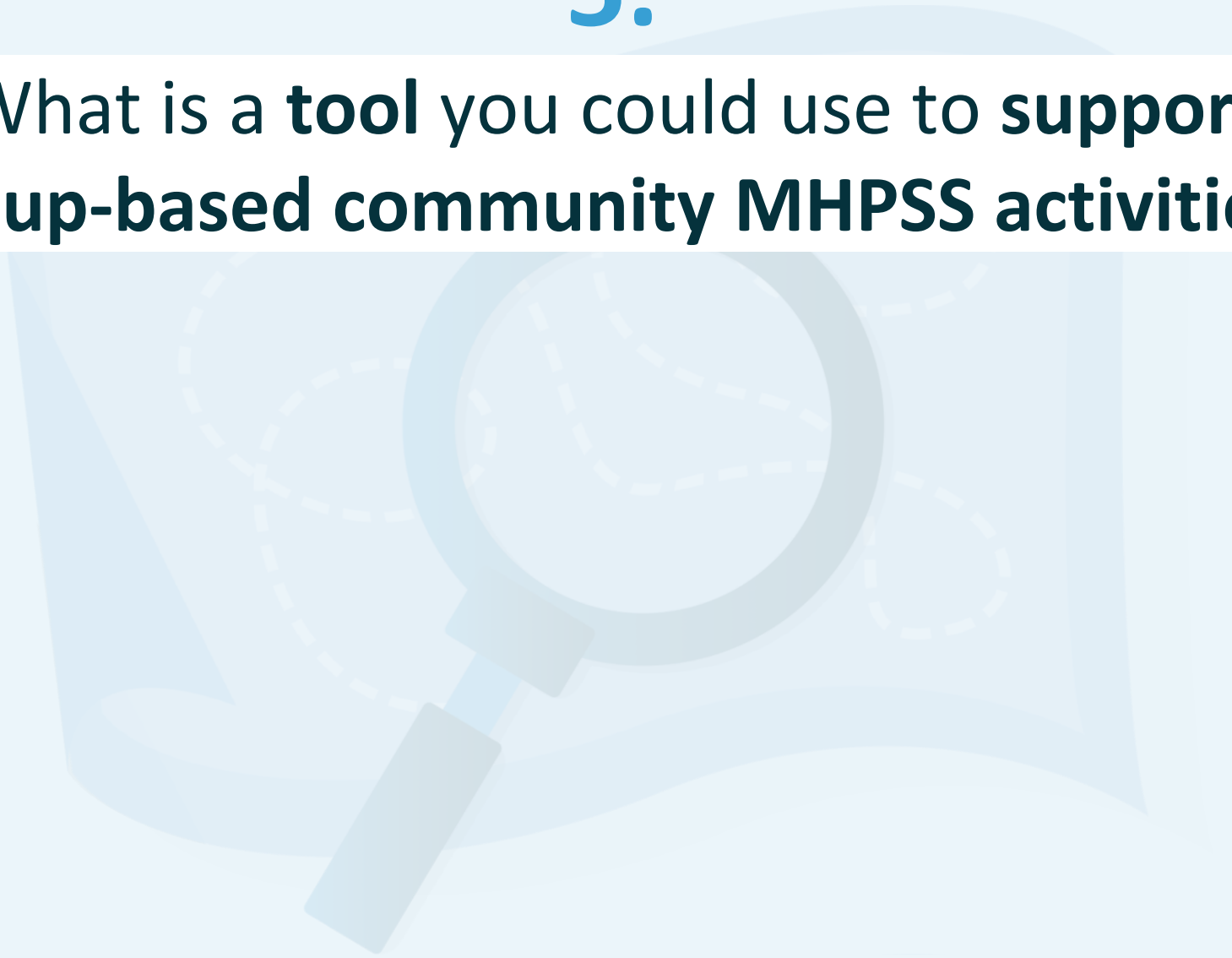
In situations of food insecurity, including situations of emergency and famine (IPC 4 and 5), caregivers of young children are themselves likely to be deprived of food, are often distressed, and are thus less able to provide children with positive and emotionally nurturing environments. Children's growth and brain development depend on good nutrition as well as on stimulation and emotional responsiveness from caregivers.

Combined ECD and nutrition programming can have a mutually reinforcing impact on child development, mother-child interaction and caregiver mental health. Together, they can equip caregivers with greater levels of confidence and responsiveness while enhancing their ability to nurse and feed their children. Examples of such programming include:

- Integrating key ECD messages into infant and young child feeding activities, such as nutritional counselling (e.g. while weighing/assessing children and distributing supplements; see Sphere Management of malnutrition standard 2.2);
- Organizing regular mother-baby and child group activities (e.g. at outreach therapeutic programme and supplementary feeding programme sites);
- Setting up baby-friendly spaces (e.g. in tents for feeding, therapeutic feeding centres) that provide a safe space for babies and young children to interact with their caregivers and with each other, while caregivers can learn about ECD by watching others and "learning by doing".

5.

What is a **tool** you could use to **support group-based community MHPSS activities**?



3.4 Support new and pre-existing group-based community MHPSS activities

Activity introduction

Checklist of actions

Relevant guidelines, standards and tools

Relevant guidelines, standards and tools

GUIDANCE ON COMMUNITY ENGAGEMENT AND SUPPORT

Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Actions (CPMS). Standard 17. Community-Level Approaches. Available in Arabic, English, French, Spanish.

IASC (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, Chapter 3, Action Sheets 5.1–5.4: Community mobilization and support. Available in Arabic, Chinese, English, French, Portuguese, Russian, Spanish, Ukrainian, Other languages.

IASC (2019). Community-Based Approaches to MHPSS Programmes: A Guidance Note. Available in English.

IFRC (2014). Strengthening Resilience: A Global Selection of Psychosocial Interventions. Available in English, French.

IOM (2021). Manual on Community-Based Mental Health and Psychosocial Support (MHPSS) in Emergencies and Displacement. Available in English, French, Spanish, Ukrainian, Other languages. See also accompanying online course.

Lutheran World Federation and Islamic Relief Worldwide (2018). A Faith-Sensitive Approach in Humanitarian Response: Guidance on Mental Health and Psychosocial Programming. LWF and IRW: Geneva and Birmingham. Available in English.

MHPSS.net/Institute for Health Policy along with TPO Nepal and The Asia Foundation in Sri Lanka, Timor-Leste and Nepal (2022). Supporting people in difficult times [online course]. Available in English, other languages.

6.

What is a **training topic** that could be included in a training for **frontline workers or community leaders supporting people who are experiencing stress**?

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

- Activity introduction
- Checklist of actions
- Key consideration: Guidance on psychosocial support skills for specific groups or types of emergency
- Key consideration: Training for protection actors with specific roles
- Key consideration: Providing basic psychosocial support in health care settings
- Relevant guidelines, standards and tools
- **Recommended training topics on basic psychosocial support skills for frontline workers and community leaders**

Recommended training topics on basic psychosocial support skills topics for frontline staff, volunteers and community leaders

Workforce well-being
• Self-awareness and self-care
• Peer support
• Recognizing signs of distress and burn-out
• Stress management
• Seeking care
Supportive communication in everyday interactions
• Communicating with adults and children of different ages and capacities
• Engagement, communicating concern and relationship building

7.

Where in the MSP can you find a summary of **how to integrate MHPSS in Child Protection**?



2 points!

2 points!

Home MSP Guide Al

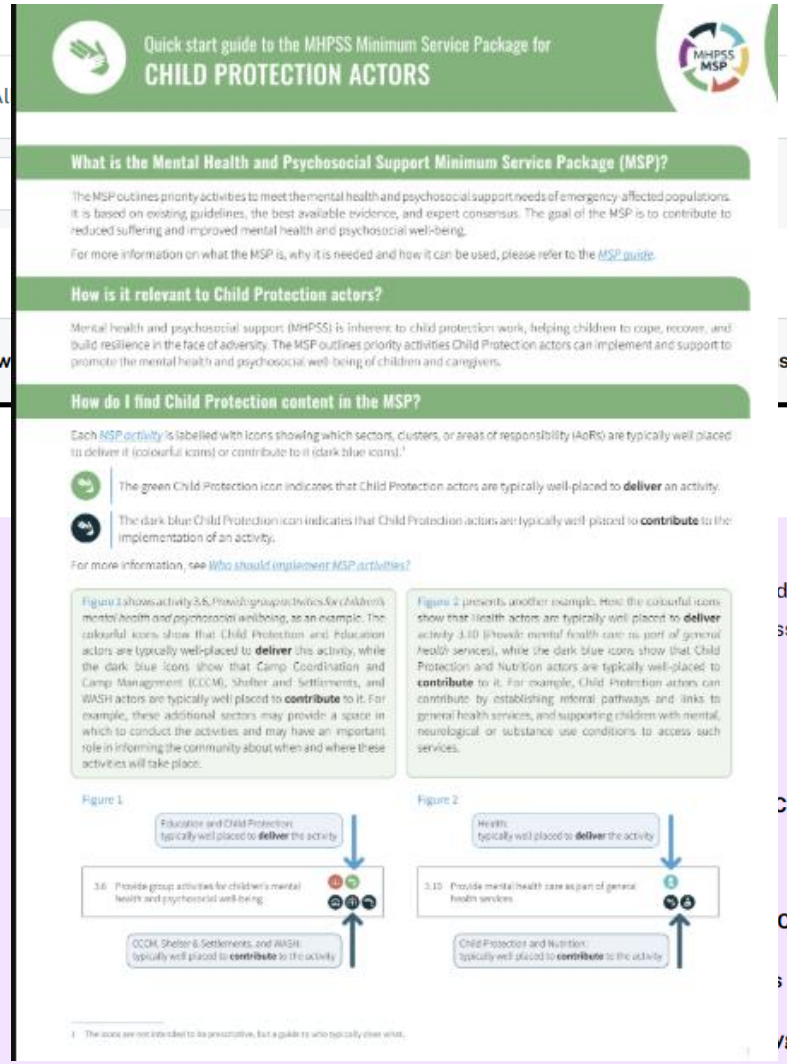
Search guide and activities

MHPSS MSP Guide

Introduction to the MSP Guide

12 parts

- Why is responding to MHPSS needs important in emergencies?
- What is the MHPSS MSP?
- Why is the MHPSS MSP needed?
- How can the MHPSS MSP be used?
- Who should implement MHPSS MSP activities?
- **How can MHPSS be integrated into programming across different sectors and areas of work?**
- How is the MHPSS MSP structured?



Quick start guide to the MHPSS Minimum Service Package for

CHILD PROTECTION ACTORS

What is the Mental Health and Psychosocial Support Minimum Service Package (MSP)?

The MSP outlines priority activities to meet the mental health and psychosocial support needs of emergency-affected populations. It is based on existing guidelines, the best available evidence, and expert consensus. The goal of the MSP is to contribute to reduced suffering and improved mental health and psychosocial well-being.

For more information on what the MSP is, why it is needed and how it can be used, please refer to the MSP guide.

How is it relevant to Child Protection actors?

Mental health and psychosocial support (MHPSS) is inherent to child protection work, helping children to cope, recover, and build resilience in the face of adversity. The MSP outlines priority activities Child Protection actors can implement and support to promote the mental health and psychosocial well-being of children and caregivers.

How do I find Child Protection content in the MSP?

Each MSP activity is labelled with icons showing which sectors, clusters, or areas of responsibility (AoRs) are typically well placed to deliver it (colourful icons) or contribute to it (dark blue icons).[1]

The green Child Protection icon indicates that Child Protection actors are typically well-placed to **deliver** an activity.

The dark blue Child Protection icon indicates that Child Protection actors are typically well placed to **contribute** to the implementation of an activity.

For more information, see Who should implement MSP activities?

Figure 1 shows activity 3.6, Provide group activities for children's mental health and psychosocial well-being, as an example. The colourful icons show that Child Protection and Education actors are typically well-placed to **deliver** this activity, while the dark blue icons show that Camp Coordination and Camp Management (CCCM), Shelter and Settlements, and WASH actors are typically well placed to **contribute** to it. For example, these additional sectors may provide a space in which to conduct the activities and may have an important role in informing the community about when and where these activities will take place.

Figure 2 presents another example. Here the colourful icons show that Health actors are typically well placed to **deliver** activity 3.10 Provide mental health care as part of general health services), while the dark blue icons show that Child Protection and Nutrition actors are typically well-placed to **contribute** to it. For example, Child Protection actors can contribute by establishing referral pathways and links to general health services, and supporting children with mental, neurological or substance use conditions to access such services.

Figure 1

Figure 2

1 The icons are not intended to be prescriptive, but a guide to who typically does what.

Key consideration 4: Integrating MHPSS into child protection programming

Child protection is the prevention of and response to abuse, neglect, exploitation, and violence against children. MHPSS is inherent to this work, helping children to cope, recover, and build resilience in the face of adversity.

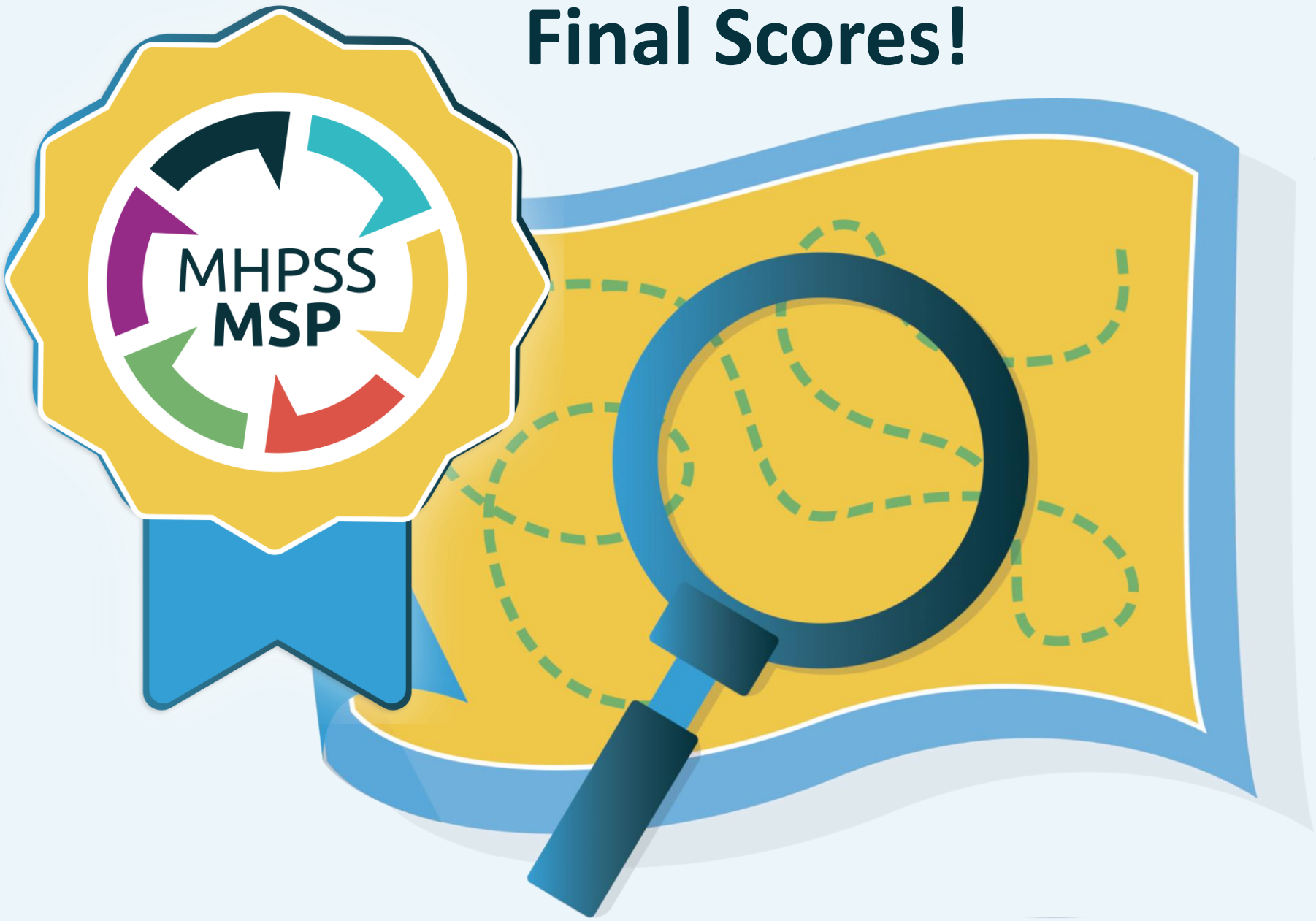
Child protection actors can integrate MHPSS into programming by:

- Including the mental health and psychosocial well-being of boys and girls of different ages in child protection **needs assessments** (*see MSP activities 1.2 and 2.1*).
- Providing and advocating across sectors for the provision of services in ways that are **inclusive**, **participatory**, **child-centred**, **rights-based**, and promote the **dignity** of children and adolescents.
- Advocating to **address social determinants** of mental health and psychosocial wellbeing among children, adolescents, and caregivers, including risk and protective factors.
- Orienting all frontline child protection staff in **basic psychosocial support** for children and adults (*see MSP activity 3.2*).
- **Training** child protection case managers on relevant MHPSS topics (*see MSP activity 3.13 and the recommended MHPSS training topics for case managers*).
- Incorporating **key MHPSS messages** for children, adolescents, and caregivers (*see MSP activity 3.3*) into child protection activities and informational materials.
- Providing **MHPSS services** for children and caregivers as a part of child protection work (*see MSP activities 3.4 to 3.8, 3.12 to 3.14, and 4.2*).
- Working closely with actors in **education**, **ECD**, **GBV**, **health and other areas of work** to ensure MHPSS activities for children, adolescents and caregivers are consistent and mutually-reinforcing.
- Establishing **joint referral pathways and SOPs** for the referral of children, adolescents, and caregivers to needed services, including facilitating access to the full range of child-friendly MHPSS activities and services as needed.
- Ensuring that child protection activities are **accessible** and meet the needs of children and adolescents with **mental health conditions**.
- Monitoring **MHPSS-related outputs and outcomes** (e.g. improvements in knowledge, attitudes and skills of caregivers participating in MHPSS orientations and trainings; improvements in subjective well-being among children and adolescents following participation in structured group activities).

See *relevant resources* on the MHPSS MSP web platform.

- Food Security & Livelihoods (FS

Final Scores!



MSP tools



Sector-Specific Quick-Start Guides to the MSP

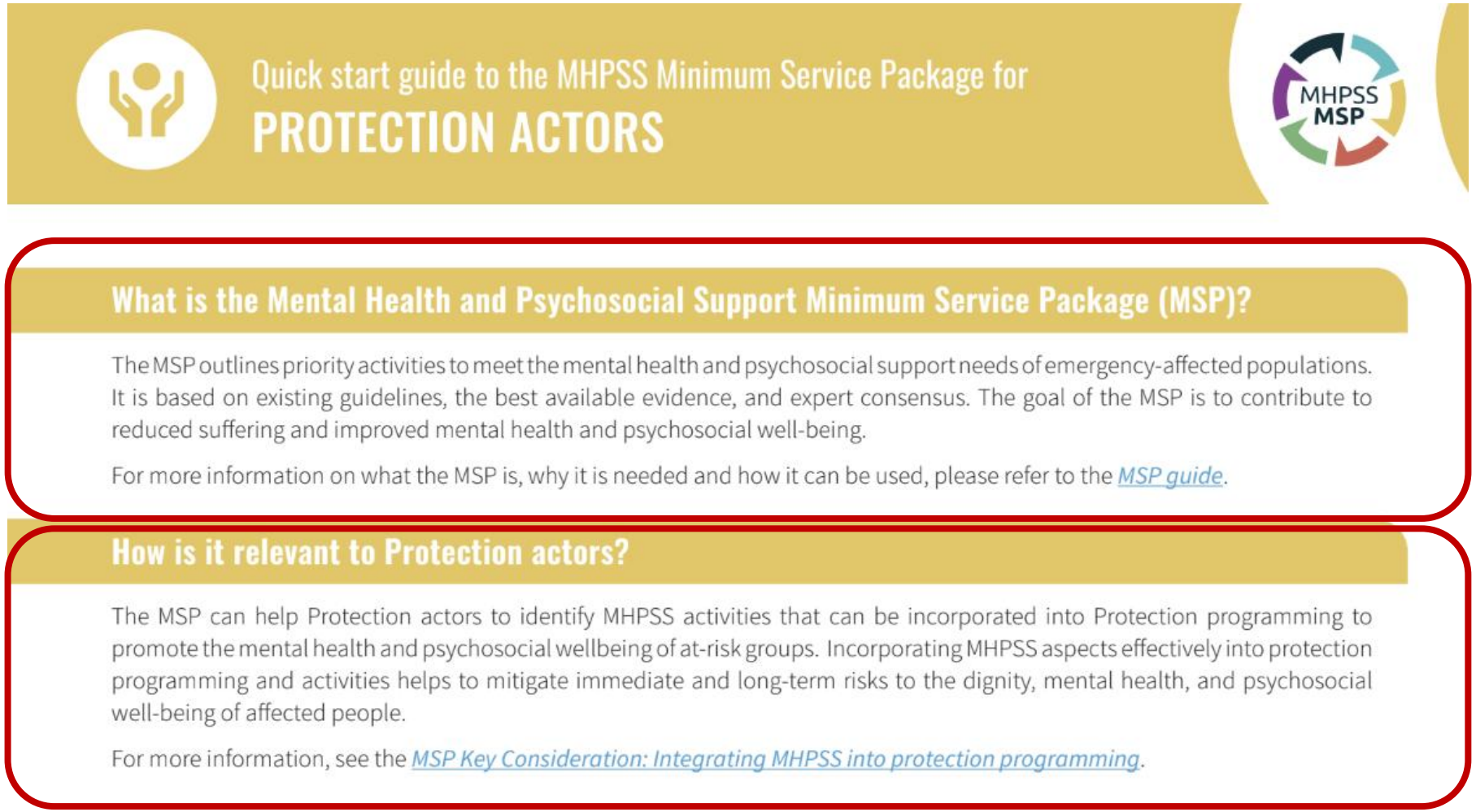
- ✓ find the information that is most relevant to integrate MHPSS into the sector programming

- ❖ developed with input from clusters



Sector-Specific Quick-Start Guides to the MSP

1. Why is MHPSS relevant to your sector?



Quick start guide to the MHPSS Minimum Service Package for

PROTECTION ACTORS

MHPSS MSP

What is the Mental Health and Psychosocial Support Minimum Service Package (MSP)?

The MSP outlines priority activities to meet the mental health and psychosocial support needs of emergency-affected populations. It is based on existing guidelines, the best available evidence, and expert consensus. The goal of the MSP is to contribute to reduced suffering and improved mental health and psychosocial well-being.

For more information on what the MSP is, why it is needed and how it can be used, please refer to the *MSP guide*.

How is it relevant to Protection actors?

The MSP can help Protection actors to identify MHPSS activities that can be incorporated into Protection programming to promote the mental health and psychosocial wellbeing of at-risk groups. Incorporating MHPSS aspects effectively into protection programming and activities helps to mitigate immediate and long-term risks to the dignity, mental health, and psychosocial well-being of affected people.

For more information, see the *MSP Key Consideration: Integrating MHPSS into protection programming*.

Sector-Specific Quick-Start Guides to the MSP

2. What is the role of the sector in the MHPSS response?

- **which activities are you well placed to <u>implement</u>**

The programmatic activities that **Protection actors** are typically well placed to **deliver** are:		
3.1 Orient humanitarian actors and community members on MHPSS and advocate for MHPSS considerations and actions		Orienting Protection actors on **MHPSS and interlinkages** between MHPSS and Protection. Ensuring that Protection activities and services are **accessible** to and consider the specific needs of people **with mental health conditions**. Advocating to address the **social determinants** of mental health and psychosocial well-being (e.g., levels of social support, exclusion, deprivation, poverty) amongst affected populations, including risk and protective factors. Reinforcing **joint advocacy** between Protection and MHPSS to consider MHPSS as a cross-cutting issue in the humanitarian response. Advocating for the **provision of services in ways that are inclusive, dignified, community-based, participatory, people-centred, and rights-based**. Advocating with duty bearers for **non-discrimination**, **access** to social services, and equal enjoyment of **basic human rights** by people with mental health conditions and psychosocial problems.

Sector-Specific Quick-Start Guides to the MSP

2. What is the role of the sector in the MHPSS response?

- which activities can you contribute to?

The programmatic activities that **Protection actors** are typically well placed to **contribute** to are:	
3.7 Promote caregivers' mental health and psychosocial well-being and strengthen their capacity to support children	**Referring caregivers** to appropriate MHPSS activities and services and **linking** them with other Protection services as needed.
4.1 Integrate MHPSS considerations and support into clinical case management for infectious diseases	**Establishing links between Protection services and health facilities** providing MHPSS as part of clinical management of infectious diseases.

MHPSS MSP M&E Indicator Bank



- Indicators to measure **reach** and **impact**
- Relevant to 11 sectors/AoRs
- Indicators for each MSP activity
- Indicators to monitor interagency MHPSS response as a whole (coordination, referral systems, overall MSP implementation etc.)
- Indicators to monitor MHPSS activities within their specific areas of work (e.g. Protection)

Multisectoral MHPSS Assessment Toolkit

Field test version



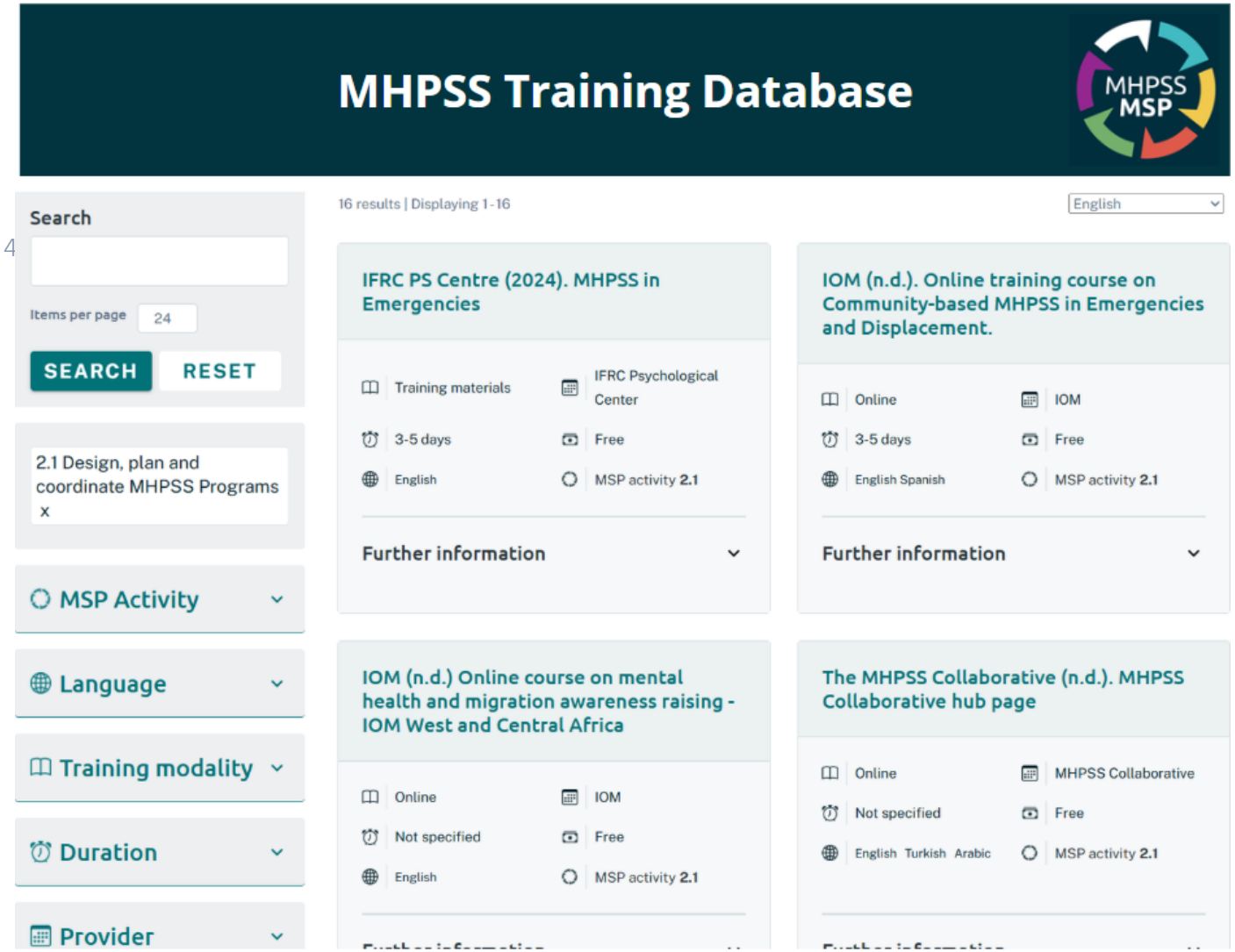
- Guidance, steps, considerations (e.g. steps of an MHPSS assessment, integrating MHPSS into sectoral and multi-sectoral needs assessments)
- 15 tools covering:
  - Desk reviews
  - Service mapping
  - Household surveys
  - Interviews & FGDs
  - Facility & site visit checklists

MHPSS Key Message Bank for Children and Caregivers





MHPSS Training Database

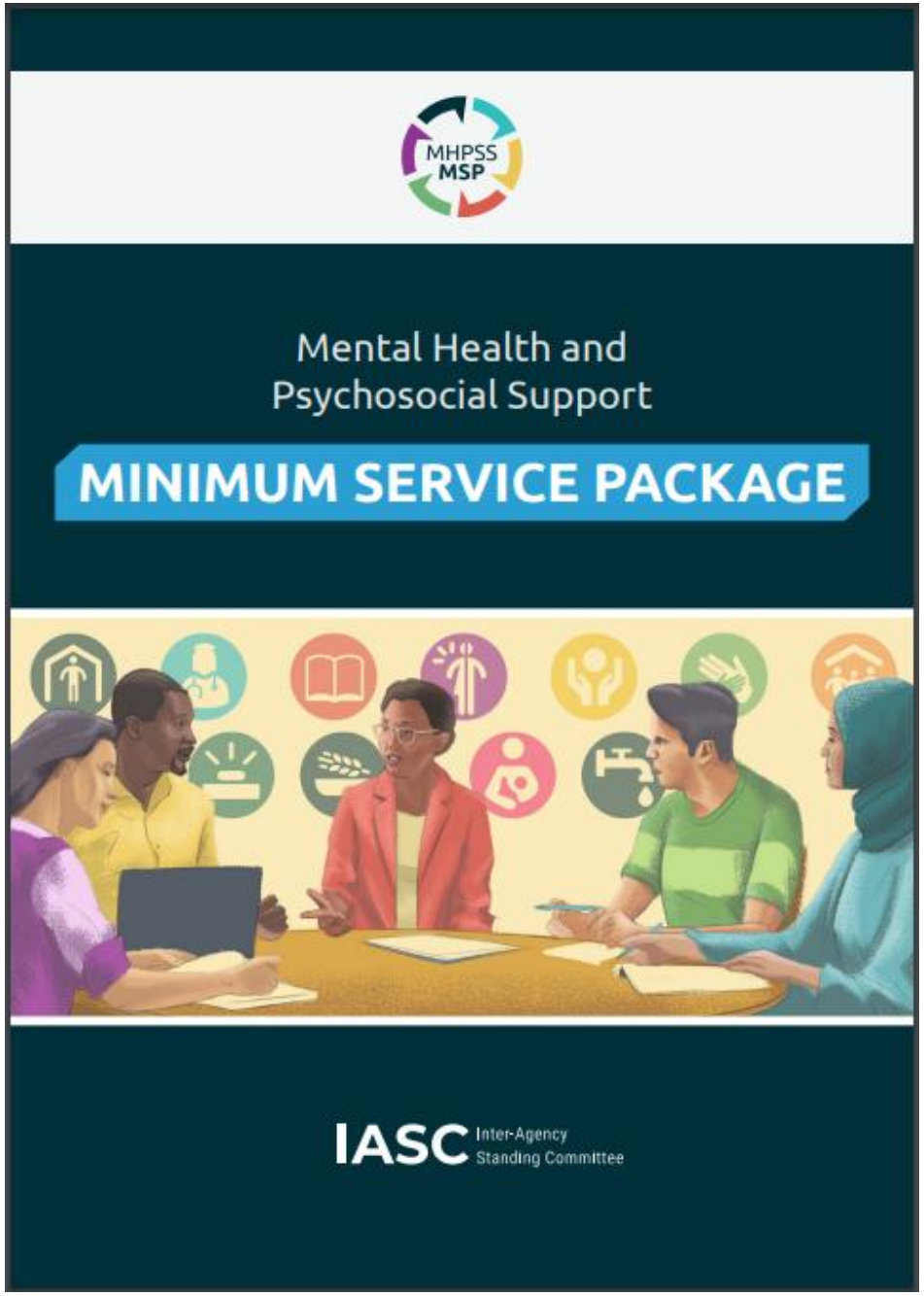


A regularly updated compilation of training and courses offered by (inter)national organizations and universities.

✅ Filter by modality, duration, language, cost, and MSP activity

✅ Auto-translation for easy access worldwide





MHPSS MSP Helpdesk

mhpss.msp@gmail.com

We can help with

- Orientations / workshops on the MSP
- Navigating the MSP website
- Integrating MHPSS into different areas of work
- Accompanying tools
  - Multi-sectoral MHPSS Needs and Resources Assessment Toolkit
  - M&E Indicator Bank
  - Key Message Bank
  - MSP Costing Tool, etc.
- Signposting to additional resources
- Other relevant queries.

Questions, Reflections

Thank you!

MHPSS MSP