



Photo by Jon Warren

NOVEMBER 2022

BRIDGING THE GAP FROM POLICY TO PRACTICE ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) SERVICES IN EMERGENCY SETTINGS

Roundtable Summary Report

INTRODUCTION: MHPSS IN EMERGENCIES AT A GLANCE

PURPOSE OF THIS LEARNING EVENT

Mental Health and Psychosocial Support (MHPSS) has emerged as a priority for InterAction's coalition of non-governmental organizations (NGOs), reflecting a growing demand for technical discussions and opportunities for collective action. The Protection Working Group has highlighted the intrinsic link between mental health and psychosocial wellbeing, and the overall wellbeing of conflict-affected populations, particularly those who have experienced violence, coercion, deliberate deprivation, or other violations of their rights.

Almost everyone forced to endure a humanitarian crisis will experience some form of **psychological distress**, but most will improve over time. However, many others will need MHPSS services to cope and recover. Instances of mental health conditions linked to acute stress reactions double in humanitarian emergencies. In conflict contexts in particular, **adults are three times more likely to develop mental health conditions**, and 22% of affected people are likely to experience depression, anxiety, post-traumatic stress disorder, bipolar disorder, or schizophrenia. **14%** of children and adolescents worldwide experience mental health disorders, and **426 million children** are living in a conflict-affected area. Furthermore, those with **preexisting mental health conditions** often face disruptions to accessing care and medications. Finally, with increased mental health care needs, demand can overburden already insufficient services.

Despite these glaring needs, access to MHPSS care globally is woefully inadequate. Between **76% and 85%** of people in low- or middle-income countries with severe mental health disorders do not receive any kind of MHPSS service. Access to specialized treatment options in many of these communities is almost non-existent with an average of just **one psychiatrist for upwards of 200,000 people**.

There is increasing momentum and investment from donors for MHPSS in emergencies and recognition that these services are critical to the well-being of affected communities. This includes the **technical resources** and support from the Inter-Agency Standing Committee (IASC) MHPSS Reference Group and other similar interagency spaces. However, as with all services and needs, the humanitarian community often struggles to keep pace with growing needs and the complex and intersecting vulnerabilities of affected communities.

Failure to address the MHPSS needs of individuals in emergencies is **detrimental** to the long-term recovery, economic productivity, stability, and equity of communities at large. Governments, donors, and humanitarian actors should prioritize comprehensive MHPSS programming in emergencies to ensure the success of humanitarian responses and long-term development objectives.

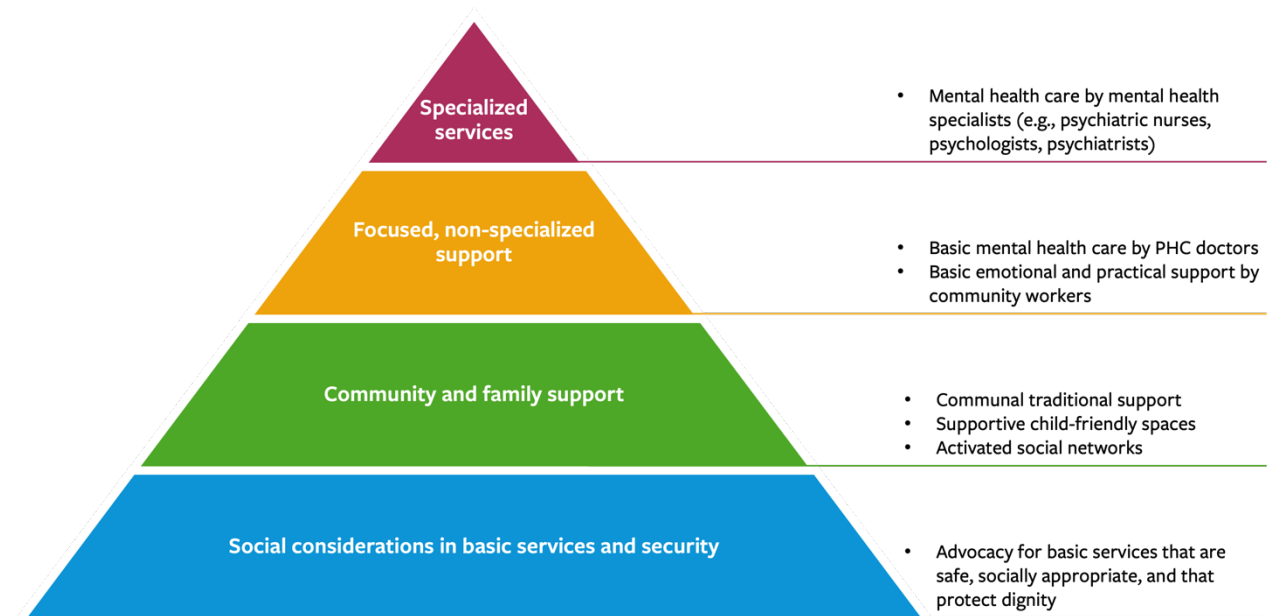
InterAction, its Members, and interested non-members—including U.N. agencies and local organizations—convened a meeting with USAID’s Bureau for Humanitarian Assistance (BHA) and the Department of State’s Bureau of Population, Refugees, and Migration (PRM) to discuss how to bridge the gap between policy and practice for improved delivery of MHPSS services in emergencies. The objective of the learning event was to agree on challenges facing MHPSS programming, highlight the scope of the need, and identify gaps in global-level service delivery to inform relevant policymakers with a particular focus on U.S. policy solutions.

The three breakout sessions for the learning event were:

- Cross-sectoral integration of MHPSS in emergencies
- How to address capacity and workforce scarcity in emergency situations
Implementing a comprehensive and multi-layered approach to address the spectrum of MHPSS needs

MHPSS PROGRAMMING IN EMERGENCIES

Solutions to maintain and promote mental health and psychosocial wellbeing in crisis response vary greatly based on the context and available funding, among other factors. An ideal MHPSS response is integrated across sectors, such as health and protection, and comprised of complementary and interconnected supports and services designed to meet the various needs of the affected population. This is illustrated by the multi-layered approach to the provision of MHPSS in emergency settings agreed and endorsed by the IASC MHPSS reference group below.



IASC MHPSS intervention pyramid. Original available [here](#).

Social considerations in basic services and security: Services designed to meet basic needs, and which provide for the protection of the affected population (e.g., food, non-food items (NFI), shelter, and water), should be socially appropriate. Relevant MHPSS responses may also include advocating for the provision of these services or ensuring access to these services for affected communities.

Community and family support: Loss, displacement, family separation, community fears, and distrust can cause standing community and family support structures to be severely impacted during emergencies. Maintaining or rebuilding family and community networks can benefit the mental health of affected persons and limit the number of people who may need to access more formal MHPSS care. The MHPSS sector can facilitate this by supporting activation of social networks, assisting mourning and communal healing ceremonies, promoting communication on positive coping methods, and providing supportive parenting programs, as well as linking people in need to other services, such as formal and non-formal early childhood development, educational activities, and livelihood activities.

Focused, non-specialized support: Individuals or groups experiencing mental health and psychosocial issues, but who may or may not have been diagnosed with a mental health condition—such as people experiencing high stress levels, as is common in conflict settings—may require focused, non-specialized

support with a more pronounced focus on mental health and psychosocial care. These services include psychological first aid, brief psychological interventions, basic counseling and assessment, and identification and treatment by mental health gap action program (mhGAP) healthcare providers. These are service providers with basic knowledge and training in the relevant types of care, but not professional psychologists or psychiatrists, and therefore not equipped to provide more specialized support.

Specialized services: Psychological or psychiatric support, such as psychiatry and psychotherapy, delivered by highly trained mental health professionals to people with more severe mental health conditions.

International experience and evidence-based best practice strongly advocate for MHPSS responses in emergencies to include adapted and culturally appropriate supports and services at all four levels of the pyramid. Approaches must be integrated and interconnected between the levels of the pyramid and other sectors to ensure a holistic model of MHPSS service provision is available for all who need it.

KEY TAKEAWAYS OF THE LEARNING EVENT

CHALLENGES

Workforce: There is a significant lack of resources for training, monitoring, and supervision to enable provision of multi-layered services, particularly focused and specialized services (levels 3 and 4). Without these specialized services, the burden of meeting the urgent mental health and psychosocial needs of conflict-affected communities lies disproportionately on community members and paraprofessionals who do not have the professional skills to meet their mental health care needs.

“Globally, there is a need to increase the understanding and visibility of community based MHPSS workers. Often, community members themselves are taking on the role of mental health service provider, from basic to specialized. There needs to be more investment in capacity building and in specialized services so we can refer people in need. Members of the community, many of whom are also exposed to the stress of conflict or displacement, are being asked to provide comprehensive services without always receiving the required training or resources.”

- Local NGO actor

Funding: The limited availability of multi-year funding prevents sustainable and long-term investments in capacity building, infrastructure, and systems that are needed for the provision of holistic and high quality MHPSS programming. Humanitarian actors reported that the already limited funding is competitive, predominantly short-term, and associated with strict donor regulations. Flexible funding would encourage implementing partners to take iterative approaches to programming and adapt interventions to meet changing and dynamic needs of conflict affected communities.



Assessment: The lack of comprehensive and quantitative data on MHPSS needs and program efficacy impedes advocacy on the importance of MHPSS programming to donors, policymakers, and other stakeholders. This can result in underfunded programming that does not meet the scope and prevalence of need.

Integration and mainstreaming: MHPSS is often siloed and deprioritized in the design of emergency response strategies. While participants highlighted improved coordination with some protection colleagues, such as those working on child protection and gender-based violence (GBV), referrals from other sectors, such as water, sanitation, and hygiene (WASH) and nutrition, remain a challenge.

Localization: Participants highlighted the lack of inclusion of local organizations. In particular, participants indicated a lack of representation of local organizations within global level coordination mechanisms and in non-English speaking contexts. Exclusion exacerbates when global actors coordinate in English, assessments are done in English, and meetings or written outcomes are not translated.

RECOMMENDATIONS FOR POLICYMAKERS

BHA and PRM should continue to advocate for increased MHPSS funding and best practices by developing a comprehensive approach across technical and programmatic elements that incorporates MHPSS across the humanitarian-development nexus and sectoral responses supported by the U.S. Government.

- BHA and PRM should continue their leadership on MHPSS by publishing a vision paper¹, and articulating publicly its position on MHPSS and the approach it seeks to take into the future. This vision should acknowledge the mental health and psychosocial needs of communities affected by conflict and that it should be prioritized from the outset of every humanitarian response as a lifesaving intervention. This vision should be aligned with a clear plan for communicating improved technical expertise and the baseline of funding available.
- In addition to advocating for increased MHPSS funding, BHA and PRM should seek to improve U.S. government funding for MHPSS by:
 - **Increasing multi-year, flexible funding** to allow for more responsive and higher quality programming.
 - Working closely with colleagues across the humanitarian-development nexus to agree on a **comprehensive approach** and best practice for MHPSS programming, using both short- and long-term financing mechanisms.
 - Increasing funding for **specialized services and pharmaceuticals**.
 - Increasing funding for the **education, supervision, and training of MHPSS specialists** from entry-level to high-level professionals.
 - Expanding **funding for local organizations** through convening a donor coordination group with BHA and PRM and reforming the regulations and requirements on who can access funding.

¹ **Vision Papers:** A vision paper is an aspirational statement orienting the Agency regarding an issue of high significance. Vision papers constitute a public statement about the importance USAID places on a development issue and articulates the Agency's position or approach to the issue. A vision paper often outlines an end state that USAID aims to contribute (e.g., ending extreme poverty; ending child marriage; full inclusion of LGBTQIA+ persons).

RECOMMENDATIONS FOR OPERATIONAL ACTORS



Capacity Building

- **Increase investment** across the board for training of new MHPSS professionals. This must go beyond short-term training to include continuous professional development and ongoing support such as technical follow ups, monitoring, supervision, and/or mentorship components to improve quality of service delivery. This could also include knowledge exchange opportunities and other approaches for sharing best practices across different contexts. To build a qualified workforce that can provide quality MHPSS services across all levels of the pyramid, stakeholders from across the humanitarian and development community must collaborate to invest in system strengthening and targeted, in-depth training opportunities for mental health provisions and psychosocial support services.
- **Integrate MHPSS into relevant workforce training**, such as pre-service training for teachers and nurses to build capacity within affected communities.
- **Improve accessibility of MHPSS programs for particularly vulnerable groups** using plain language materials and innovative, accessible technologies.



Programming/Monitoring, Evaluation, and Learning

- **Undertake meaningful community engagement, assessments, and service mapping** to ensure that programs are building on existing resources and capacities and addressing the needs of the affected community.
- **Increase responsible and comprehensive data collection** to inform quality context specific analysis that can contribute to the design multi-sectoral, outcome oriented MHPSS programming.
- **Measure learning** to assess the impact of capacity building efforts over time and use that information to inform updates and modifications to training and programming.
- Ensure programs have **monitoring tools** to effectively measure outcomes and the impact of programming to inform future activities and stakeholders on the importance of MHPSS activities.



Coordination

- **Improve two-way referral pathways** between MHPSS and other sectors through cross-sectoral service mapping, training, and coordination.
- **Promote localization** by increasing support to established actors and local initiatives that are responding to the MHPSS needs of their communities.
- Ensure **coordination mechanisms are inclusive**, such as operating in multiple languages, inviting local organizations to lead or co-lead, avoiding creation of parallel structures, and operating in collaboration with the relevant government stakeholders to standardize tools for sustainability.



Staff Wellbeing

- Ensure there are **adequate resources** and support available for MHPSS staff wellbeing. This should include **supervision and support**.
- Bring in **independent and external support** for staff wellbeing to avoid reliance on MHPSS specialized staff. This should be in alignment with MHPSS best practice.

ABOUT INTERACTION

InterAction is a convener, thought leader, and voice for nearly 200 NGOs working to eliminate extreme poverty, strengthen human rights and citizen participation, safeguard a sustainable planet, promote peace, and ensure dignity for all people.