



# Mental Health and Psychosocial Support

The impact of conflict and disasters on children's health – both physical and mental – is devastating. The psychological and social effects of emergencies can be acute in the short term, but they also undermine the long-term mental health and psychosocial well-being of those affected. Mental Health and Psychosocial Support (MHPSS), and more specifically PSS represents the majority of the programming in terms of dollar value and activities. However, in many Child Protection in Emergency contexts globally, there are considerable challenges.

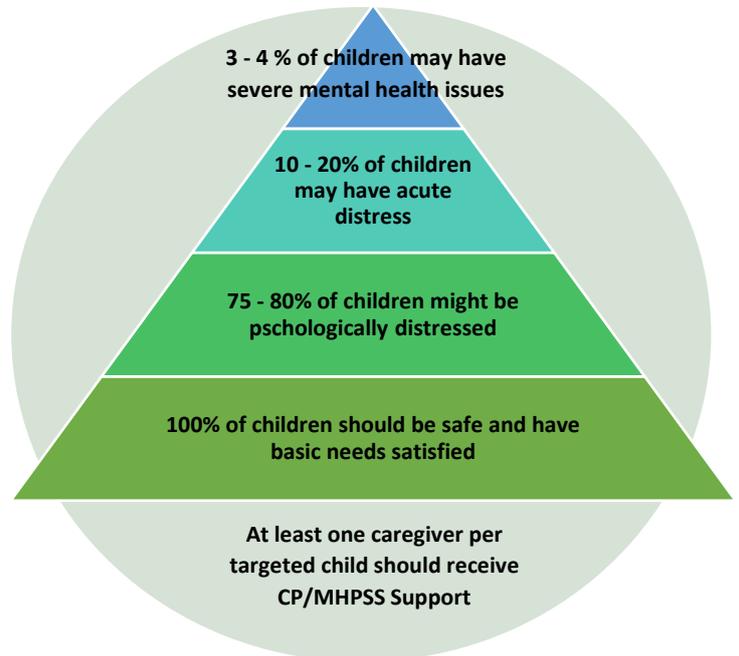
This brief describes contributions by the Global Child Protection AoR to answers these challenges, and the areas where increased focus and support is required to ensure the well-being of children affected by emergencies.

**In emergencies** it is vital that the fundamental needs of children need are covered. This includes food, shelter and a sense of being safe. Without this, the **first level** of the pyramid all PSS specific interventions will be undermined.

For most children (whose basic needs are met) the support provided by their family and community will allow them to cope. Actions are required to strengthen family and community structures and provide support to caregivers. This represents the **second level** of the pyramid.

For some children the support of their family and community is not enough. They need some help from outside that is specifically focused on them. These children make up the **third level** of the pyramid and can be provided by people who are not professionals in mental health.

Finally, the **fourth level** of the pyramid represents the small group of children who will need interventions from mental health professionals such as psychologists or psychiatrists.



## Key Challenges

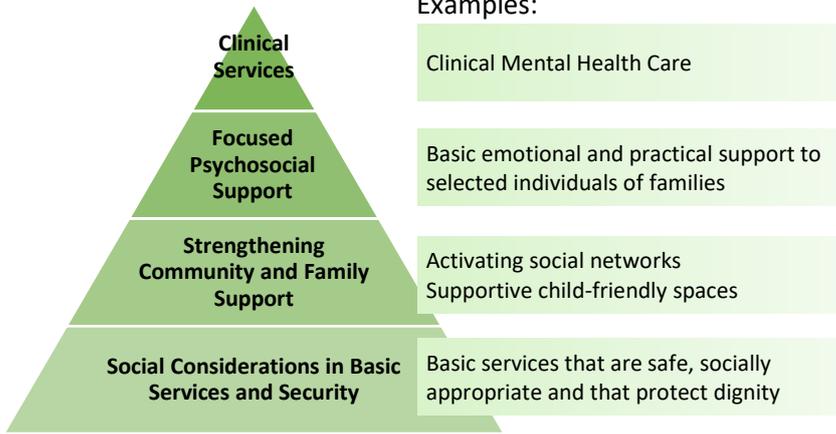
**Intersectoral Coordination:** The coordination of MHPSS programming between child protection, education and health, across psychosocial support and more specialized mental health dimensions of service delivery can be optimized to generate greater impact. Similarly, there is a need to increase the presence of MHPSS in other sectors, including Nutrition, Camp Management and WASH.

**Including Caregivers:** The life of children is embedded in an ecology in which their main support comes from their caregivers their community and others in their school. Caregivers carry an enormous weight in supporting the well-

being of the children who have been through the harrowing experiences of conflict and disaster and it is essential that any response must include services targeted at the caregiver's emotional well-being.

**Quality of Services:** There is clear evidence that recreational activities help children to recover from distress in myriad ways. Yet, for some children recreation is not enough and more structured PSS activities must be implemented. Such interventions require a higher level of technical expertise and understanding, and this expertise must be strengthened to ensure a better quality of service provision.

### Intervention Pyramid



**Deeper Integration of Mental Health And PSS:** The basis of delivery of MHPSS Services are set out in the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. For MHPSS to reach its goal, services must be delivered in an integrated way. The four layers of the MHPSS Pyramid all need to be active in service-delivery. Moreover, these should be a strong interconnectivity through the existence of referral pathways and casework. Psychosocial support is mostly seen as the focus of Protection actors whereas mental health services are provided by Health actors. It is essential for a quality and efficient response that efforts are made to improve integrated programming across these sectors.

### Facing the Challenges: The Efforts of the Global Child Protection AoR

Today, the Global Child Protection AoR provides high quality, rapidly deployable child protection coordination capacity in humanitarian situations, with a specific focus on MHPSS. An interdisciplinary team of child protection specialists includes a full time senior MHPSS coordination specialist (made possible through a partnership with Save the Children International).

At global level the CP AoR is working hard to ensure mental health and psychosocial support programming is included within other clusters and AoRs, including health, education, and GBV. This work is also strengthened through its active participation in the IASC MHPSS Reference Group.

The CP AoR promotes compliance with minimum standards, including quality of service delivery and accountability to child beneficiaries and their families and consistent collection and analysis of data across a wide variety of interventions. At country level child protection working groups and MHPSS WG working groups build coordination and information management systems that promote equity focussed, comprehensive and coordinated mental health and psychosocial support services.

In-country support for MHPSS is also provided through multi-language helpdesks, where guidance, tools and information can be translated for non-English speaking contexts.

### The Scale of the Response

In 2019 child protection working groups covered 19 emergencies with a total caseload of:

**Safety and Basic Needs** (level 1): 28 million children and 6.7 million caregivers.

**Restoring and Strengthening Social Cohesion** (level 2): 22.4 million children and 5.3 million caregivers.

**Focused Support** (level 3): 5.6 million children and 1.3 million caregivers.

**Specialised Support** (level 4): 1.1 million children and nearly a quarter of a million caregivers.

There is a gap of just over seven million children who are not being reached with MHPSS programmes. The global CP AoR is working with all country offices and donors to close this gap.

### Looking Forward

To improve the global situation for children suffering psychological distress the child protection sector needs to work in a more coordinated way. This should involve response planning with other key sectors, for example education, ensuring child protection is adding value in level 2 activities, via the establishment of agreements between country coordination groups on temporary learning services or child friendly spaces. In addition, there needs to be a step up in the provision of more advanced services, beyond level 2 activities. This will require an investment in capacity building of the sector in order to meet critical gaps at level 3.

### CASE STUDY: Cox’s Bazar, MHPSS specialist support to the child protection coordination group

In support of a request from the CP coordination group at Cox’s Bazar, the Global CP AoR deployed an MHPSS specialist for 4 weeks, providing a combination of in-country and post-mission support resulting in many positive outcomes:

- MHPSS capacity development was provided to 15 local staff.
- Strategic response documents were analysed for MHPSS components and recommendations for 2020 planning (including an MHPSS strategy for children) were put forward.
- In collaboration with local partners a baseline survey for PSS activities was adapted based on international good practice.
- Progress was made in harmonising all PSS materials used by implementing partners.
- A stakeholder consultation was implemented to support the optimisation of various working groups.
- The implementation of PSS in teacher training and other education interventions was supported.



Displaced Rohingya children play in a child friendly space in a camp in Bangladesh