



MENTAL HEALTH AND PSYCHOSOCIAL TECHNICAL NOTE

This technical note synthesizes information on UNICEF's approach to MHPSS, and references existing MHPSS operational guidance and standards that are detailed across sectors.

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MENTAL HEALTH AND PSYCHOSOCIAL TECHNICAL NOTE

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This technical note was developed jointly by [Zeinab Hijazi \(MHPSS specialist\)](#) and [Cristina de Carvalho Eriksson \(Health\)](#).

Revisions and input were received from colleagues working in CPiE, Health, HIV, Education, ADAP, ECD, Disability, Data and Analytics, and technical staff working in LACRO and ESARO.

For more information about the content of this technical note, or guidance on receiving technical support in the area of MHPSS, please reach out to:

[Zeinab Hijazi, MSc, PsyD](#)

Mental Health & Psychosocial Support Specialist | Child Protection in Emergencies | Child Protection Section, Program Division | UNICEF, New York

 zhijazi@unicef.org

[Willibald Zeck, M.D.](#)

Senior Adviser Health and Chief | Maternal, Newborn & Adolescent Health Unit (MNAH) | Health Section, Program Division | UNICEF, New York

 wzeck@unicef.org



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INTRODUCTION

Mental Health and Psychosocial Support (MHPSS) is an [institutional priority for the UN](#), and for UNICEF. UNICEF promotes a holistic, community-based approach to child and adolescent health, development and protection programming. The [UNICEF Strategic Plan 2018-2021](#) identifies MHPSS as an emerging area of importance and is now working to reaffirm and better operationalize the MHPSS commitments across sectors in development and humanitarian contexts.



UNICEF's MHPSS approach promotes the inclusion for people of all ages, genders, abilities, ethnicities and living situations. Children and adolescents are particularly prioritized, and all sectors are encouraged to incorporate MHPSS approaches to support children and family's mental health and well-being.

This technical note has been developed for UNICEF staff and explains:

- **WHAT** Mental Health and MHPSS is,
- **WHY** MHPSS needs to be included and delivered across sectors, and
- **HOW** to deliver effective, multi-sectoral MHPSS in both development and humanitarian contexts.

It gives an overview of guidance, evidence-based interventions, standards, resources, and UNICEF country examples of successful MHPSS programs. It also provides practical suggestions to further strengthen UNICEF's approach and to better respond to the unique challenges facing children and adolescents.



WHAT IS MENTAL HEALTH?

Mental health is our emotional, psychological, and social well-being. It affects how we think, feel and act. It determines how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.



'Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community' (World Health Organization)

Good mental health is related to mental and psychosocial well-being. UNICEF's work to improve the mental health of children, adolescents, families and communities includes:

- the promotion of mental health and psychosocial well-being,
- the prevention of mental health conditions,
- the protection of human rights and
- the care and treatment of children, adolescents and caregivers affected by mental health conditions.



For more information on UNICEF's Human Rights Approach, See [Annex 2](#).

MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING

Well-being describes the positive state of being when a person thrives.¹ In children and adolescents, it results from the interplay of physical, psychological, cognitive, emotional, social and spiritual aspects that influence a child's and adolescent's ability to grow, learn, socialize, and develop to their full potential.

Well-being is commonly understood in terms of three domains:

- **Personal Well-being:** positive thoughts and emotions such as hopefulness, calm, self-esteem and self-confidence.
- **Interpersonal Well-being:** nurturing relationships, responsive caregiving, a sense of belonging, the ability to be close to others.
- **Skills and Knowledge:** The capacity to learn, make positive decisions, effectively respond to life challenges and express oneself.

¹ United Nations Children's Fund. Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version). New York, UNICEF, 2018.
<https://www.unicef.org/media/52171/file/Mental%20health%20and%20psychosocial%20support%20guidelines%202019%20.pdf> ✨

MENTAL HEALTH & PSYCHOSOCIAL SUPPORT (MHPSS)

UNICEF promotes and safeguards the the interconnectedness between mental health and psychosocial well-being, and adopts the definition of MHPSS in the Inter-Agency Standing Committee ([IASC Guidelines on Mental Health and Psychosocial Support](#)):

“

the composite term mental health and psychosocial support is used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health conditions.

This composite term is now widely used and accepted by practitioners in the field. As stated in the introduction to the IASC Guidelines, “the composite term mental health and psychosocial support (MHPSS) serves to unite as broad a group of actors as possible and underscores the need for diverse, complementary approaches in providing appropriate supports.”

As such, the composite MHPSS term:

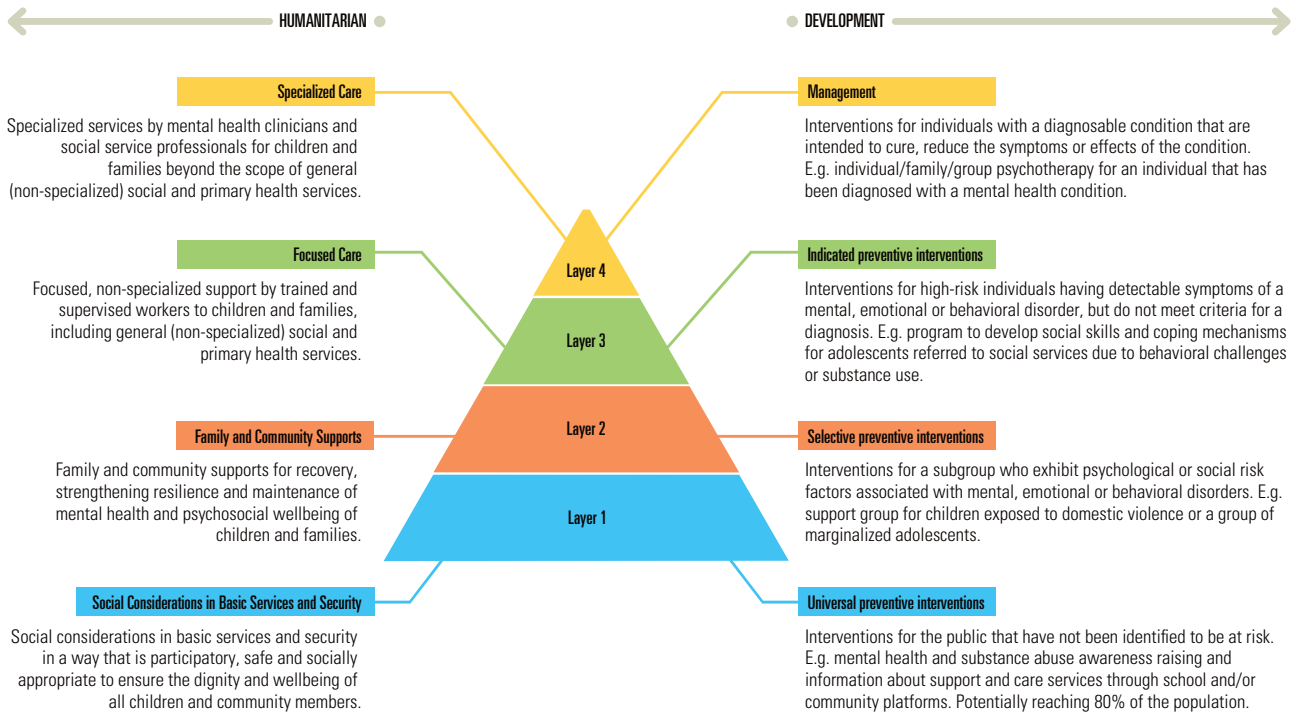
- promotes agreement on practice and avoids the conceptual and theoretical debates that have previously divided the field and, in many cases, hindered improved programs and coordination.
- is a framework that is strongly grounded in an integrated approach to the promotion of mental health and well-being, and prevention of mental health conditions.
- recognizes the connections between (a) programs that may target the community-level and focus on building resilience, developing community-support and activating coping mechanisms; and (b) programs that address a target group within a population, displaying significant mental distress, for whom community-wide activities are not adequate and for whom more specialized support is needed.

The MHPSS intervention pyramid ([figure 1](#)), adapted from the [WHO Optimal Mix of Services for Mental Health](#) and the [IASC MHPSS Guidelines](#), shows the four layers in the system of support for children’s recovery and well-being. It begins with community foundations and works its way up to specialized care, with fewer people needing the services at each layer.

*This layered system of complementary supports recognizes that children, adolescents and families are affected in different ways and require diverse kinds of support at each layer to adequately meet their needs. It is important to be aware of **this continuum of MHPSS needs** of children, adolescents and families, including those with mental health conditions or those exposed to serious protection risks or traumatic events.*

Figure 1.

Pyramid of MHPSS Interventions



Layer 1 represents the majority of children and caregivers that have not been identified to be at risk. Appropriate interventions are preventative including awareness raising on mental health and psychosocial issues, and information about availability and access to support and care services through school and/or community platforms. In humanitarian settings, this layer represents children, adolescents, caregivers, and families who will function normally without professional support after basic survival needs – food, water, shelter and disease control – are met and safety and security are restored.

Layer 3 represents children and caregivers who need more focused individual, family or group action. This includes for example, survivors of gender-based violence or recruitment into armed conflict, and children presenting behavioral problems. This layer can be supported by professionals, including social workers and nurses, who have received some training in specialized care, psychological first aid and basic mental health care, or structured psychosocial groups with children/parents.

Layer 2 represents a smaller group of children and caregivers who exhibit social or psychological risk factors associated with mental, emotional, or behavioral disorders. Interventions include support groups for children and families and group-based psychosocial activities (e.g. in child friendly spaces). In humanitarian settings, this layer represents children, adolescents, and caregivers who have lost family and community support and will need assistance through strengthened community and family systems.

Layer 4 represents the small but important part of the population who, despite the support already mentioned, may have significant difficulties in basic daily functioning and have diagnosable conditions. In humanitarian contexts, this includes children with crisis-related mental health problems, or pre-existing mental health conditions that were worsened by the disaster or conflict.






WHY IS MHPSS IMPORTANT?

THE SCOPE AND SCALE OF THE PROBLEM

Mental health conditions affect one in four people over a lifetime and are responsible for more than 10% of the global burden of disease². They are the leading cause of disability in terms of years lived with disability (YLDs) equivalent to nearly a quarter of disability in children and youth worldwide³.

The risk for mental health conditions and psychosocial problems among children and adolescents is exacerbated when they are exposed to poverty, violence, disease or humanitarian crises. In recent years, the changing humanitarian contexts have created a more dangerous environment for children and adolescents' well-being and development. Prolonged conflict, mass displacement, violence, exploitation, terrorism, disease outbreaks, intensifying natural disasters and climate change⁴ all present greater instability and more difficult conditions for children's mental health and psychosocial well-being.

There is an increasing understanding of the ways in which social conditions — where we are “...born, grow, live, play, learn, work and age...” — determine health and mental health outcomes. Thus, responses to mental health and psychosocial problems in a given population need to be multi-layered and multi-sectoral. Health, education, social welfare, transport, and housing sectors all need to contribute to a ‘health in all policies’ approach, as reflected in the Sustainable Development Goals (SDGs)⁵. Furthermore, the social and financial costs attributable to mental health conditions are substantial and growing⁶, but only a fraction of the development assistance for health is directed towards mental health despite if it constitutes a major disease⁷. Mental health and well-being are specifically addressed under SDG 3 (*Box 1*) , which emphasizes the inclusion of mental health care in universal health coverage (UHC).

Box 1.

SDG 3: Ensure healthy lives and well-being for all- at all ages

Target 3.4: “reduce by one third premature mortality from NCDs through prevention and treatment, and promote mental health and well-being”

Target 3.5: “strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”

Target 3.8: “achieve universal health coverage”

² Vigo, D., Thornicroft, G., & Atun, R. (2016). Estimating the true global burden of mental illness. *The Lancet Psychiatry*, 3(2), 171–178. doi:10.1016/s2215-0366(15)00505-2

³ Erskine, R. (2015). Psychology, Mental Health and Distress. *Mental Health Practice*, 19(2), 10–10. doi:10.7748/mhp.19.2.10.s9

⁴ United Nations Children's Fund. Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version). New York, UNICEF, 2018.

⁵ Breuer, E., De Silva, M., & Lund, C. (2018). Theory of change for complex mental health interventions: 10 lessons from the programme for improving mental healthcare. *Global Mental Health*, 5. doi:10.1017/gmh.2018.13

⁶ Johansson, K. A., Strand, K. B., Fekadu, A., & Chisholm, D. (2016). Health Gains and Financial Protection Provided by the Ethiopian Mental Health Strategy: an Extended Cost-Effectiveness Analysis. *Health Policy and Planning*, czw134. doi:10.1093/heapol/czw134

⁷ Global Burden of Mental Health. (n.d.). SpringerReference. doi:10.1007/springerreference_73415

Mental health remains stigmatized, underfunded and with limited capacity in most countries, rich and poor. Less than 1% of governmental health budgets in low income countries (LIC) go towards mental health. Huge disparities in access to evidence-based support and treatments persist worldwide, affecting those most in need ([WHO Mental Health Atlas](#)). While mental health funding is growing in the health and humanitarian aid sectors, the scope and evidence for making the case for greater investment in development settings remains unheeded.

Fortunately, there is a growing recognition of the importance of ensuring access to mental health and psychosocial support for children, adolescents, primary caregivers, and families, and expanding community-based approaches to address and prevent common mental health conditions. Multi-faceted approaches are in development to assist countries in creating supportive and healthy environments for children and adolescents, including those with disabilities; these approaches aim to help children and adolescents to: better cope with today's challenges, build resilience and develop skills, from the earliest ages, and to cope with the challenges of today's world, ([WHO Global Accelerated Action for the Health of Adolescents AA-HA!](#)). Leadership and advocacy for increased awareness, research, funding and support for MHPSS across sectors in development and humanitarian contexts therefore remains critical.

Children, adolescents and families experience mental health and psychosocial concerns across geographical regions but these increase in amongst displaced and conflict-affected populations. Given the large numbers of people in need of MHPSS and the humanitarian imperative to reduce suffering, there is an urgent need to implement scalable mental health and psychosocial interventions in conflict and other humanitarian contexts.

Box 2.

Data on mental health conditions

Globally, and especially in low- and middle-income countries, data concerning mental health conditions among children, adolescents, and caregivers remains scarce. Population based data in development settings is critical to understand the magnitude of the mental public health issues and the response required to address them.

In humanitarian settings, however, **global guidance recommends against conducting surveys on the prevalence of mental health conditions.** Such surveys can be important for advocacy and have academic value but are of limited practical value when designing a humanitarian response. It is difficult to distinguish between normal psychological distress and mental health conditions in humanitarian settings (which can lead to over-estimates). Studies with the right methods and expertise are lengthy, costly and resource intensive.

Note: If you have to make a quick estimate on the prevalence of mental health conditions in humanitarian settings, you can use existing WHO projections for a general indication of mental health conditions in crisis-affected populations ([WHO UNHCR assessment toolkit, page 18](#), and [WHO \(2019\) Prevalence Estimates Of Mental Disorders In Conflict Settings](#)).



HOW CAN WE ADDRESS THE PROBLEM?

KEY CONSIDERATIONS AND RECOMMENDED ACTIONS

To prevent and address the mental health and psychosocial needs of children, adolescents, and families, a multi-layered, inter-sectoral MHPSS approach is needed, including through:

- Innovative approaches to scale up quality MHPSS interventions for children, adolescents, and families in development and humanitarian settings.
- Balance between community-based and specialized interventions to meet the diverse needs of large numbers of children, adolescents and families.
- Focus on resilience and social ecology for children, adolescents and their families.
- Clarifying the linkages between mental health and justice; acknowledge the importance of economic, social and political justice as foundational for mental health and psychosocial well-being.
- Focus greater attention on the core role of MHPSS interventions for children, adolescents, and families/parents/primary caregivers affected by armed conflict, especially addressing inter-generational concerns.
- Strengthening links amongst MHPSS interventions, social cohesion and peacebuilding.
- Increasing funding for rigorous evaluation and operations research to build the evidence base for scalable, effective MHPSS practices for children, especially for community-based interventions for the large numbers of children, adolescents and families in need.⁸
- Including children and families in sharing feedback and generating lessons learned on program outcomes and effectiveness in monitoring and evaluation strategies.

⁸ UNICEF (2015) Report on the Hague symposium: Growing up in conflict: the impact on children's mental health and psychosocial well-being.

Box 3.**Key Considerations in Planning or Implementing MHPSS for children, adolescents and families⁹**

A long-term perspective. MHPSS programs need a long-term perspective in line with stages of child development, and funding must incorporate them when scaling up.

Prevention & Promotion. MHPSS service provision and programming must adopt a rigorous approach to promotion of positive mental health, through actions that: support people to adopt and maintain healthy lifestyles and create supportive living conditions for health. MHPSS service provision and programming must also integrate prevention measures that include addressing the root causes of stigma, hopelessness, distress and trauma. Prevention is also associated with fostering peaceful societies, transitional justice and reconciliation.

Scaling up. The dilemma between quality and scale remains, but with diligence and systematic approaches, scale can be achieved with a minimal loss of quality.

Staff care. All programs and funding mechanisms must consider the well-being of staff and volunteers who provide MHPSS to children and adolescents. Continued mentoring, technical supervision and training, are necessary both to ensure quality in service delivery and to promote staff well-being.

Caregiver well-being. Addressing the distress of caregivers through supportive interventions (including providing direct psychosocial support to caregivers and parenting support/skills) is essential to child and adolescent well-being.

Human-centered design. Children and adolescents, caregivers and community members should be effectively engaged in the design, implementation, monitoring and evaluation of MHPSS programs within their contexts to meet their unique needs.


Standards for MHPSS funding. Donor standards for MHPSS funding should take into consideration the need for sufficient time to operationalize MHPSS interventions and to sustainably build on-the-ground capacity.

Integrated MHPSS services. Imported stand-alone programs should be avoided. Existing services, especially community-led activities/ initiatives and peer support should be built on and integrated across the four layers of the IASC MHPSS intervention pyramid.

⁹ UNICEF & BMZ (2019) Rebuilding Lives – Addressing Needs, Scaling Up and Increasing Long-term Structural MHPSS Interventions in Protracted and Post-Conflict Settings

Box 4.*Key recommendations of the Lancet Commission¹¹*

- 1. Reframe mental health within the Sustainable Development Goal Framework.** Mental well-being is a universal attribute, and requires approaches beyond treating mental illness. Integrate mental health into development work across sectors, not just health services.
- 2. Establish mental health care as a pillar of Universal Health Coverage.** Ensure that there is parity in investment and prioritization for mental health care, and address gaps in accessibility and quality of services, with care being available at primary level.
- 3. Use public policies to protect mental health.** Promote mental health and prevent illness by implementing targeted public health strategies at key stages in the life course, including in maternal and infant health, education, and suicide.
- 4. Listen to and engage people with lived experience.** Facilitate meaningful participation at all stages of development and implementation of services. Strengthen the advocacy voice of people affected to hold governments accountable.
- 5. Invest far, far more in mental health.** Increase dedicated mental health funds to 5-10% of national or agency health budgets and include mental health in funds for research and implementation in other sectors.
- 6. Use research to guide innovation and implementation.** Invest in research and make use of new evidence for service reform and improving population well-being - from neurosciences to implementation science.
- 7. Strengthen monitoring and accountability.** Follow through on commitments to meet key development targets. Ensure mental health indicators are present in national health information systems and programme evaluation.

¹¹ Policy Brief (Oct 2018). The Lancet Commission on Global Mental Health and Sustainable Development: Evidence for action on mental health and global development. https://www.mhinnovation.net/sites/default/files/downloads/resource/Lancet%20Commission_policy%20brief_MHIN2.v3.pdf 



UNICEF'S STRENGTHS IN THE AREA OF MHPSS



Life cycle approach. Promoting guidance and developing standards for provision of MHPSS to children and adolescents at different ages, through a framework that analyses rights violations, risks, gaps, capacities and opportunities for child, adolescent, parent/caregiver, and community participation.



MHPSS in humanitarian settings. MHPSS is a priority response area for UNICEF's work in humanitarian settings, promoting a holistic, community-based approach to child protection programming, through UNICEF's Operational Guidelines "[Community-Based Mental Health and Psychosocial Support in Humanitarian Settings: Three-Tiered Support for Children and Families](#)"¹², in addition to other key publications such as the [UNICEF Adolescent Kit for Expression and Innovation](#).



Contributing to data, evidence and research. UNICEF MHPSS interventions utilize evidence-based strategies aligned with international quality standards and evidence-based criteria (e.g. determinants of children and adolescents' resilience), and lessons learned from the evaluation of existing approaches. Through research and global advocacy efforts, UNICEF contributes to building evidence around MHPSS approaches and interventions in both humanitarian and development settings.



Multi-sectoral approach to MHPSS. UNICEF's leadership across sectors supports its position in promoting and implementing MHPSS through Child Protection, Health, Education, Early Childhood Development, Disability, and Nutrition programming. Guidelines for multi-sectoral programming on adolescent health, nutrition and well-being are being finalized¹³.



Non-communicable diseases (NCD). Institutional engagement in the NCD agenda with UNICEF country offices in Europe and Central Asia, East Asia Pacific and Latin-America and the Caribbean increasing their focus on healthy lifestyles and the prevention of injuries and NCDs, as well as promotion of mental health. Guidelines on NCD prevention are being finalized¹⁴.

¹² United Nations Children's Fund. Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families (field test version). New York, UNICEF, 2018.

¹³ Forthcoming

¹⁴ Forthcoming

MULTI-LAYERED & MULTI-SECTORAL APPROACH TO MHPSS IN DIFFERENT CONTEXTS¹⁵

Actors across all sectors must take into account the varying and complex MHPSS needs of infants, toddlers, children, adolescents and families.



All sectors have a role to play in meeting children and families MHPSS needs and in facilitating referrals up and down the layers of the MHPSS pyramid (figure 1).¹⁵ MHPSS should be integrated and provided through the social service, protection, health and education sectors.

All programming should take into account the specific needs of boys and girls, and avoid enhancing stigma, discrimination and exclusion of risk groups in communities. Specific measures should be taken to ensure accessibility for children with disabilities, survivors of gender-based and other forms of violence, children formerly associated with armed forces/groups, members of the LGBTQI community, and other at-risk groups. Work towards broad support and advocacy to promote the inclusion, participation, and well-being of all community members. Adolescent engagement and meaningful participation should also be prioritized across sectors, recognizing the pivotal nature of this age group and the priorities set out in [UNICEF Second Decade Programme Guidance](#).¹⁶

The below MHPSS intervention strategies, through critical entry points for MHPSS, are implemented within the three tiers of the social ecological model: children, adolescents, family/ caregivers, and community. For more information see [UNICEF's Brief on the Social Ecological Model](#).¹⁶



For snapshots and case studies of UNICEF's MHPSS work Across Sectors, see [Annex 1](#).



MHPSS THROUGH CHILD PROTECTION SERVICES AND SYSTEMS

- All children have the right to protection and care that is necessary for their well-being.¹⁶
- Actions across the spectrum of child protection activities may serve as entry points for MHPSS interventions., and thus protection actors in UNICEF and its partner organizations are often the primary implementers of MHPSS programs in both development and humanitarian settings. There is a natural link between children's protection and well-being, and interventions for each are closely related.
- Child protection in humanitarian action is critical to restoring and strengthening a range of child protection mechanisms to prevent and respond to various forms of violence, abuse and exploitation, including: family separation; association with armed forces and groups; exposure to GBV; landmines and exploded ordinance; and also, mental health and psychosocial distress.

¹⁵ ECD & Disability components embedded across sectors

¹⁶ Convention on the Rights of the Child.

- The resilience of children in humanitarian contexts results from their innate strengths and capacity for coping and the risk and protective factors in their social and cultural environments.
- Children’s vulnerabilities increase with exposure to risks, especially if they lack protective factors, such as problem-solving skills, supportive caregivers or access to basic services and security.
- Effective MHPSS intervention strategies work to reduce risks and strengthen protective factors. This includes building the coping capacity of children directly, as well as the social supports and services within their care environments.
- Capacity of caregivers of children (including teachers) to better recognize and respond to protection needs that can greatly impact a child’s mental health and psychosocial well-being.

LEVEL	MHPSS INTERVENTIONS AND APPROACHES IN CHILD PROTECTION
<p>Children & Adolescents</p>	<p>Ensuring safe, nurturing environments at home, school and in the community <i>This approach aims to protect children from abuse, neglect, exploitation and violence, and ensure that children receive nurturing care that helps them to understand, cope and recover from distressing events.</i></p> <p>Interventions may include:</p> <ol style="list-style-type: none"> 1) Setting up safe spaces, including child- and baby-friendly spaces (BFS) that provide regular, structured activities and are accessible to children with disabilities. 2) Identifying and referring children who have suffered serious protection risks or traumatic events for specialized care and support (e.g. clinical care by a mental health professional such as a psychologist or psychiatrist) 3) Identifying and addressing harmful behaviors and social and gender norms to reduce bullying, abuse, neglect, exploitation and violence against children <p>Establishing adolescent-specific activities that promote MH and PS well-being. Interventions may include:</p> <ol style="list-style-type: none"> 1) Peer-to-peer groups for adolescents, youth clubs, and group cultural and leisure activities. 2) Life skills and vocational training for adolescents. <p>Supporting opportunities for children’s stimulation, learning and skills development <i>This approach uses age and developmentally appropriate activities to help children develop cognitive and social and emotional skills.</i></p> <p>Interventions may include:</p> <ol style="list-style-type: none"> 1) Group recreational and sports activities that promote problem-solving skills, emotional regulation and the capacity to form and maintain relationships. 2) Building capacities for teachers in social and emotional learning.
<p>Caregivers & Families</p>	<p>Supporting parent/caregiver well-being, coping and recovery <i>This approach aims to help caregivers both within and outside the family system to best support the children in their care.</i></p> <p>Interventions may include:</p> <ol style="list-style-type: none"> 1) Focused care for distressed parents/caregivers, including Psychological First Aid, support groups and parent education programs. 2) Specialized social service and/or mental health care for parents with mental health conditions. 3) Support for the mental health and psychosocial well-being of teachers.

LEVEL	MHPSS INTERVENTIONS AND APPROACHES IN CHILD PROTECTION
<p>Caregivers & Families</p>	<p>Improving knowledge and skills for parenting and supporting children in distress <i>This approach improves the quality of caregiver-child interactions at home, school and in the community, and helps caregivers to know when a child may need referral for more specialized support.</i></p> <p>Interventions may include:</p> <ol style="list-style-type: none"> 1) Raising awareness of distress reactions of children in humanitarian contexts, according to age and developmental stage. 2) Promoting positive parenting knowledge and skills among caregivers. 3) Training parents and other caregivers in supporting children with mental health conditions. <p>Strengthening family and community support networks. <i>This approach aims to develop or re-establish networks of support and, thereby, to strengthen trust, mutual care and self-help to support children and families.</i></p> <p>Interventions may include:</p> <ol style="list-style-type: none"> 1) Holding support groups for parents and for women and men separately. 2) Facilitating inclusion and participation of vulnerable families in communal activities
<p>Community & Systems</p>	<p>Developing functional referral mechanisms amongst sectors and levels. Interventions may include:</p> <ol style="list-style-type: none"> 1) Train frontline health, education and social services workers to identify and refer children with protection or mental health concerns for specialized services. 2) Raise awareness amongst children, caregivers, families and communities on MHPSS services available and how to access them. 3) Train community-based groups and mechanisms to identify and refer children with protection or mental health concerns for specialized services. <p>Activating natural community supports for child and family well-being <i>This approach acknowledges and strengthens community resources to support children and families.</i></p> <p>Interventions may include:</p> <ol style="list-style-type: none"> 1) Communication for development activities and capacity-building of community organizations, including women’s groups, to strengthen outreach to vulnerable families. 2) Support to community leaders (e.g. faith leaders) in promoting child protection and well-being. <p>Raising awareness of child and family well-being and protection needs <i>This approach aims to mobilize communities to take positive action by providing clear information about the needs of children and how to fulfil them.</i></p> <p>Interventions may include:</p> <ol style="list-style-type: none"> 1) Stigma reduction campaigns for people with mental health conditions. 2) Child protection messaging in community and other sectoral activities <p>Strengthening of care systems for children and families <i>This approach includes capacity-building in the social service, education, protection and health systems, which protect children and families and promote their well-being.</i></p> <p>Interventions may include:</p> <ol style="list-style-type: none"> 1) Training professional and paraprofessional staff and volunteers in coordinated MHPSS care for children and families. 2) Building the capacity of health, education, social service and other sectoral systems to provide child and family-friendly services, including through child-friendly communication, appropriate space and facilities, and support for child and caregiver participation.

KEY MHPSS RESOURCES FOR CHILD PROTECTION

Key Operational Resources:

- [UNICEF \(field test version\) Operational Guidelines on Community Based-MHPSS](#) with accompanying [Compendium of Resources and Orientation Material](#). These operational guidelines provide guidance on how to assess needs, decide on appropriate interventions, link to resources to design and implement those interventions, and develop/adapt a monitoring and evaluation framework within a specific context and setting- Adapted from the IASC [Guidelines on Mental Health and Psychosocial Support in Emergency Settings](#), and accompanying [field checklist](#).
- WHO [Psychological first aid: Guide for field workers](#) and Save the Children (2013) [Psychological First Aid Training Manual for Children](#)
- [Inter-Agency Referral Form and Guidance Note](#), with [supplementary Inter-Agency referral training package and material](#)

Monitoring and Evaluation:

- The log-frame in the [UNICEF guidelines](#) (page 40) has indicators for measuring MHPSS outcomes linked to interventions for children, caregivers and community, adapted from the [IASC Common Monitoring and Evaluation Framework for Mental health and psychosocial support programs in emergency settings](#)
- UNHCR and WHO (2012) [Assessing Mental Health and Psychosocial Needs and Resources Toolkit](#)
- UNICEF (2014) [Early Childhood Development in Emergencies Integrated Programming Guide](#)
- IASC Guidelines on inclusion of persons with disabilities in Humanitarian Action: (under development, due in Spring 2019).

Advocacy and Key Messaging:

- [IASC Guidelines on Mental Health and Psychosocial Support](#)

Other Key Guidance on MHPSS and Child Protection:

- [IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings: Checklist for Field Use](#)
- [UNICEF's Guidance on Inclusive Humanitarian Action and Child Protection](#)

For additional resources, visit UNICEF's [Mental Health and Psychosocial Support in Humanitarian Action Page](#), and the [Mental Health and Psychosocial Support Network: \[www.mhpss.net\]\(http://www.mhpss.net\)](#).



MHPSS THROUGH HEALTH & NUTRITION SERVICES AND SYSTEMS

- Primary health care is the foundation for quality mental health care. When MHPSS is integrated into facility and community-based primary health and nutrition services, access to care and treatment is improved, and physical and mental health problems can be more effectively managed.
- Mental health is an integral part of health, and all children and adolescents have the right to health including treatment of illness and rehabilitation of health.¹⁷
- Integrating mental health into primary health care (PHC) services is one of the most viable ways of closing the treatment gap for mental health conditions, including through:

¹⁷ UN General Assembly, [Convention on the Rights of the Child](#),  20 November 1989, Treaty Series, vol. 1577, p.3

- Education of health workers, the public health workforce and other professionals (e.g. doctors, nurses, and community health workers) in the identification, management (pharmacological and non- pharmacological), and appropriate referral of mental health conditions increases quality of and access to care;
 - Comprehensive adolescent health programs and services that respond to a full spectrum of adolescent health and mental health issues; and
 - Monitoring of MHPSS service coverage to improve the availability of data on mental health conditions and treatment services and strengthen MHPSS response services.
- Combined mental health, psychosocial and nutrition interventions improve the development of infants.

LEVEL	MHPSS INTERVENTIONS AND APPROACHES IN HEALTH & NUTRITION
<p>Children & Adolescents</p>	<p>Improving capacity of primary health care to provide quality mental health services:</p> <ol style="list-style-type: none"> 1) Improving access to primary care, treatment and support through training of PHC workers using the Mental Health Gap Action Programme (mhGAP) to identify, manage, and refer priority mental and substance use conditions, including developmental and behavioral problems among children and adolescents, and self-harm in adolescents. 2) Strengthening the capacity of health care professionals and paraprofessionals in providing child-friendly services, including through age-appropriate child-friendly communication techniques and supporting children and adolescent’s meaningful participation in health care decisions 3) Ensuring access to adolescent responsive health services that include age and gender sensitive quality mental health care, treatment and support without stigma and discrimination. 4) Supporting health care providers and nutrition actors to identify and refer parents with potential mental health concerns, including new mothers, and infants and young children at risk due to protection concerns, poor growth or developmental disabilities. 5) Building the capacity of health care providers and nutrition actors to provide basic psychosocial and positive parenting support to parents and caregivers. 6) Building capacity of community health workers, and community volunteers, to appropriately identify, support and refer vulnerable children, adolescents and families to child protection and/or MHPSS services. 7) Building capacity of non-specialists in scalable evidence based individual or group psychological interventions (e.g. problem management, group inter-personal therapy). <p>Complementing primary mental health care with additional levels of interventions through engagement of multiple sectors, including Education:</p> <ol style="list-style-type: none"> 1) Coordinating with the Education sector to establish or strengthen school-based mental health and psychosocial promotion and services (i.e. school health program which includes counselling/ psychosocial support and referrals). <p>Supporting interventions that promote mental health and prevent mental health conditions and substance abuse among school-age children and adolescents:</p> <ol style="list-style-type: none"> 1) Promotion of mental health among adolescents through recreational and psychosocial activities that build adolescents’ interpersonal, emotional regulation, problem-solving and stress management skills. 2) Training of caregivers including teachers, counselors, social workers, and health providers to identify and refer children and adolescents at risk for mental health conditions. 3) Awareness raising about mental health and psychosocial needs within health care and school settings to address stigma and discrimination.

LEVEL	MHPSS INTERVENTIONS AND APPROACHES IN HEALTH & NUTRITION
Children & Adolescents	<p>Improving children’s physical and emotional development through health and nutrition, education, and services for caregivers and children:</p> <ol style="list-style-type: none"> 1) Facilitating basic nutrition and promoting the continuation of exclusive breastfeeding, from immediately after birth to 6 months of age, together with skin to skin body contact and responsive feeding practices. 2) Community-based education and awareness raising programs to support caregivers in offering food in a way that promotes positive social and emotional interactions 3) Supporting children’s physical and emotional development in all health and nutrition activities.
Caregivers & Families	<p>Improving parent/caregiver well-being, coping, and recovery that ensure children and adolescent’s mental health and psychosocial well-being:</p> <ol style="list-style-type: none"> 1) Implementing MHPSS interventions within routine antenatal- and postnatal care services, including home visits. 2) Strengthening capacity of caregivers to provide nurturing, responsive care to meet to children’s daily needs. 3) Targeted MHPSS capacity-building initiatives for parents and other caregivers (e.g. teachers), family members, and children and adolescents themselves, including volunteers and youth leaders. <p>Supporting increased knowledge and skills of parents/caregivers to support their children who require specialized MHPSS care and treatment:</p> <ol style="list-style-type: none"> 1) Build capacity for caregivers to interface effectively with mental health care systems (e.g. to ensure adherence to treatment protocols; to advocate for adequate care for their children). 2) Support to distressed caregivers through culturally appropriate models of engagement (e.g. gender-specific support groups; focused support or treatment for caregivers).
Community & Systems	<p>Supporting an enabling legal and policy environment for provision and access to mental health care, treatment and support:</p> <ol style="list-style-type: none"> 1) Advocacy to ensure an enabling legislative environment (e.g. decriminalizing suicide) 2) Supporting development and implementation of national mental health policies, strategies and plans that include children and adolescents 3) Strengthening information systems, evidence and research on MHPSS 4) Establish national crisis help-lines, that ensure confidential and 24-hour support, through trained hotline employees and volunteers who provide information and critical resources. <p>Increasing awareness about mental health and mental health conditions:</p> <ol style="list-style-type: none"> 1) Implementing community-wide, targeted awareness raising activities that combat stigma, discrimination, and abuse linked to mental health issues, and promote help-seeking behavior. <p>Improving the provision of child and family friendly health care services</p> <ol style="list-style-type: none"> 1) Building the capacity of health care workers at all levels in child-friendly communication and supporting children and adolescent’s participation in health care decisions. 2) Working collaboratively with child protection sector to ensure health care services are child and family friendly, including in the times, spaces and methods used in service delivery. 3) Ensuring strong referral networks and promoting collaborative working with social services, education and child protection to address health and mental health conditions cross-sectorally.



KEY MHPSS RESOURCES FOR HEALTH & NUTRITION

Operational Resources:

- [WHO Mental Health Gap Action Programme \(mhGAP\) for training of health workers](#)
- [mhGAP Operations Manual](#)
- [Nurturing and Care Framework for Early Child Development \(UNICEF, WHO and World Bank\)](#)
- [Global Accelerated Action for the Health of Adolescents - AA-HA!](#)
- [Suicide prevention: Tool kit for engaging communities](#)
- [Thinking Healthy: A manual for psychological management of perinatal depression \(WHO\)](#)
- [Mental health policy and service guidance package \(WHO\)](#)
- [Policy options on mental health: a WHO-Gulbenkian Mental Health Platform collaboration \(WHO\)](#)
- [UNICEF's Guidance on Inclusive Humanitarian Action and Health/HIV and Nutrition](#)
- Global guidelines and intervention package, Helping Adolescent Thrive, for promotion of mental health and prevention of risk-behavior and substance abuse are being developed (WHO and UNICEF) (*forthcoming*)
- [Standard 24 Health and Child Protection, and Standard 25 Nutrition and Child Protection, 2019 Edition of the Child Protection Minimum Standards](#)

Additional Reading:

- [Does Combining Infant Stimulation with Emergency Feeding Improve Psychosocial Outcomes?](#)



MHPSS THROUGH EDUCATION SERVICES AND SYSTEMS


- When children go to school, parents and caregivers who are living with enormous pressures can better focus on their daily survival tasks without worrying about their children; this can reduce stress levels at home significantly.
- Teachers can provide a stable, affectionate relationship for a child.
- Education staff can identify children and parents/ caregivers with greater mental health or psychosocial needs and link them with appropriate supports.
- Schools can strengthen resilience, and promote recovery and healing from psychosocial distress by prioritizing psychosocial needs¹⁸ alongside learning objectives.
- Opportunities to engage in local sports and art, such as drama and dance, help children relax, develop, value their cultural identity and build a sense of belonging.
- Schools and structured activities reinforce family and community supports.

¹⁸ Specific psychosocial needs for children that can be promoted in school include: security, effectiveness and control, positive belonging, independence and autonomy, positive identity, comprehension of reality and transcendence.

LEVEL	MHPSS INTERVENTIONS AND APPROACHES IN EDUCATION
<p>Children & Adolescents</p>	<p>Promoting and ensuring safe and nurturing environments for school-age children at home, school and in the community. Interventions may include:</p> <ol style="list-style-type: none"> 1) Facilitate community dialogue, psychoeducation, parent/caregiver/teacher support and training to provide infant and young child stimulation, and facilitate active play. 2) Facilitate opportunities for children and adolescents to contribute to community improvement and service activities.¹⁹ 3) Set up interventions that promote school-age children and adolescents’ mental health, enhance social and problem-solving skills, and address substance use and other negative coping mechanisms. 4) Promote interventions that develop digital literacy or e-skills, in addition to skills that support ability to think critically and recognize misinformation, resist peer pressure and cope with the negative aspects of social media including cyberbullying. 5) Advocate for access to educational opportunities for vulnerable groups, including girls, children with disabilities, children who identify as LGBTQI and children who are refugees or stateless. <p>Creating safe and friendly learning environments for children and adolescents of all ages, genders and abilities. Interventions may include:</p> <ol style="list-style-type: none"> 1) Build the capacity of education professionals and para-professionals to promote safety, respect and non-discrimination in learning environments, including through programs that promote gender equality and meaningful participation of all children. 2) Building teacher and other educator’s capacity to support children with diverse physical and mental disabilities and facilitate their meaningful participation 3) Collaborate with children and other stakeholders to design, implement and monitor joint child-friendly, accessible and confidential safeguarding feedback and reporting mechanisms.
<p>Caregivers & Families</p>	<p>Building capacity of teachers and other educators in the knowledge and provision of MHPSS. Interventions may include:</p> <ol style="list-style-type: none"> 1) Training teachers to (a) observe children and adolescent’s behavior and identify mental health and psychosocial concerns, (b) provide basic psychosocial support, and (c) to refer children and adolescents in need of specialized MHPSS services. 2) Strengthening teachers and other educators’ knowledge skills in active listening, child-friendly communication, and children’s social and emotional development to promote all children’s healthy expression in learning environments. 3) Ensure managers of schools and learning centers understand and prioritize child-friendly, supportive and gender-equal educational environment where teachers regularly interact with children on an individual level and without discrimination. 4) Provide routine forums for psychosocial support of teachers and educators. <p>Strengthening services and systems for nurturing, responsive care. Interventions may include:</p> <ol style="list-style-type: none"> 1) Promote learning as something that can happen in everyday moments and through responsive and affectionate interactions between children and their caregivers and teachers. 2) Raise awareness of and promote responsive caregiving through national and community-based communication for development campaigns. Highlight the benefits of responsive caregiving: protecting children against injury and negative effects of adversity, supporting the recognition of and appropriate response to illness, promoting healthy brain, emotional and physical development, and building trust and social relationships. 3) Provide social support to parents and primary caregivers, including through parents’ associations and support groups, school and community-based activities 4) Promote bonding and responsive parenting between infants/young children and parents/primary caregivers through guided early childhood development sessions.

¹⁹ This allows children to feel effective, positive belonging, positive identity, transcendence. Serving others can be a positive coping mechanism for children with MH and PS needs.

LEVEL	MHPSS INTERVENTIONS AND APPROACHES IN EDUCATION
<p>Community & Systems</p>	<p>Strengthening services and systems within the community to promote and support mental health and psychosocial well-being of children, adolescents, and their caregivers.</p> <p>Interventions may include:</p> <ol style="list-style-type: none"> 1) In coordination with schools and out of school programs, promote existing national crisis help-lines, that ensure confidential and 24-hour support, through trained hotline employees and volunteers. Volunteers can provide information and critical resources to persons in distress or their loved ones, and are able to make referrals to specialized services, support groups, and legal support, if needed. 2) Train community leaders about the emotional brain, and about the fundamental emotional needs of children, and their opportunity to support constructive means to protect and satisfy these needs through community mechanisms in which they lead. 3) Conduct national and community-based awareness raising campaigns that promote learning that starts at birth and takes place within and outside formal educational settings. 4) Developing participatory approaches and community-based mechanisms that support the participation of girls and boys, families and community members in school management. <p>Establishing or strengthening laws, policies, and procedures that ensure a safe, supportive learning environment at all levels. Interventions may include:</p> <ol style="list-style-type: none"> 1) Support governments to develop policies and education sector plans that prioritize not only access and learning, but also mental health and psychosocial well-being of children, adolescents, parents/ caregivers and educators. 2) Creating national strategies, policies and procedures to prevent and address discrimination and bullying in learning environments. 3) Supporting laws and policies that ban all corporal punishment and capacity building programs for educators in the constructive handling of challenging behavior. 4) Develop or strengthen teacher training curricula that support safe, supportive learning environments, including through training on: gender and disability-sensitive approaches, participatory methods, social and emotional learning, and child protection principles and concerns 5) Strengthening policies to ensure the design of educational facilities in line with universal design standards that ensure facilities are disaster resilient, safe, dignified and accessible to all children. <p>Facilitating community-based programs to support the care of adolescents by their caregivers. Interventions may include:</p> <ol style="list-style-type: none"> 1) Peer-led support groups and education programs that encourage respectful communication and connection between primary caregivers and adolescents and understanding of adolescents psychosocial needs and how to support them.

<p>KEY MHPSS RESOURCES FOR EDUCATION </p>
<p>Operational Resources:</p> <ul style="list-style-type: none"> • Guidance Note on PSS: Facilitating PSS well-being and Social & Emotional Learning & Background Paper • Integrating Early Childhood Development (ECD) activities into Nutrition Programmes in Emergencies. Why, What and How • The Psychosocial Care and Protection of Children in Emergencies. Teacher Training Manual • UNICEF's Guidance on Inclusive Humanitarian Action and Inclusive Education • Minimum Standards for Child Protection in Humanitarian Action, Standard 23 Education and Child Protection • INEE Minimum Standards <p>Key Reading:</p> <ul style="list-style-type: none"> • Helping Children Outgrow War



PARTNERSHIPS AND INNOVATIONS

NATIONAL AND LOCAL PARTNERSHIPS

- In both development and humanitarian settings, UNICEF promotes MHPSS through the larger systems of health, education, and child protection, and community services, to improve MHPSS services and service delivery. In any given context UNICEF will:
 - Work in partnership with governmental authorities, CBOs/NGOs and donors, to develop national, district or region specific mental health and psychosocial support programming. This is informed by a situational analysis and needs assessment, coordination/discussion with stakeholders, and in line with existing health, child protection and education systems and strategies.
 - Maximize the use of existing local and regional healthcare, education and child protection infrastructure and resources, and ensure consistency with local capacities and national strategies.
 - Establish partnerships that can serve to create longer timelines for investment of funds and human capital, thus pooling resources to achieve sustainability. A mixture of support from government, private, academic, faith based, foundation, and NGO funds can effectively support long-term development of human resources and sustainable services.
 - Advocate for mental health components within national financing systems (e.g. mental health services and medications as part of national basic package of health services, or covered by insurance).

KEY GLOBAL PARTNERSHIPS UNTIL JUNE 2019

- UNICEF has partnered with the World Health Organization (WHO) on key child and adolescent focused mental health and psychosocial interventions for use in low resource and capacity settings, including:
 - Helping Adolescents Thrive (HAT) guidelines and intervention package²⁰ for promotion of mental health, prevention of mental health conditions, strengthening of protective factors, and reduction of risk behaviors among adolescents.
 - A costed Minimum Services Package²¹ of priority MHPSS actions and interventions to be carried out through Child Protection, Education and Health by humanitarian actors responding to initial MHPSS needs in both new emergencies and ongoing protracted conflict settings (access [project description](#)²¹).
 - Scalable Technology for Adolescents to Reduce Stress (STARS)²².

²⁰ Forthcoming

²¹ Forthcoming

²² Forthcoming

- UNICEF co-chaired the **Inter-Agency Standing Committee (IASC) MHPSS Reference Group (RG)** for over 6 years, and through this inter-agency platform, worked diligently to support the implementation of key priorities for improving MHPSS response in emergency settings. This included:
 - The development of the [IASC MHPSS guidelines](#) in emergency settings in 2007.
 - Leading the development of a common [M&E framework for MHPSS in humanitarian settings](#).
 - Building on recommendations and efforts of the IASC RG, through field level implementation, policy dialogue with governments, donors and partners.

UNICEF currently co-leads 2 thematic groups within the IASC MHPSS Reference Group: (1) Children and Families (2) Community Based Approaches to MHPSS. UNICEF is also an active member of the thematic groups on (1) MHPSS, Disability and Inclusion, and (2) Disaster Risk Reduction.

- UNICEF is an active member of the UN Inter-Agency Task Force on Non-Communicable Diseases, and the global movement [United for Global Mental Health](#) that seeks to increase awareness, investments, frameworks and demand for action for global mental health.
- UNICEF is leading the Measurement of [Mental health among Adolescents at the Population level \(MMAP\)](#) to develop a data collection tool to capture information on adolescents' mental health at a population level in low and middle income countries.



HOW CAN WE SUPPORT?

A COMMUNITY OF PRACTICE ON MHPSS


In May 2019, UNICEF launched a **Community of Practice (COP) on MHPSS** among UNICEF staff who are planning to or already implementing MHPSS programs.





Communities of Practice are “A group of people who share a concern, a set of problems, or a passion about a topic, and who deepen their knowledge and expertise by interacting on an ongoing basis.”

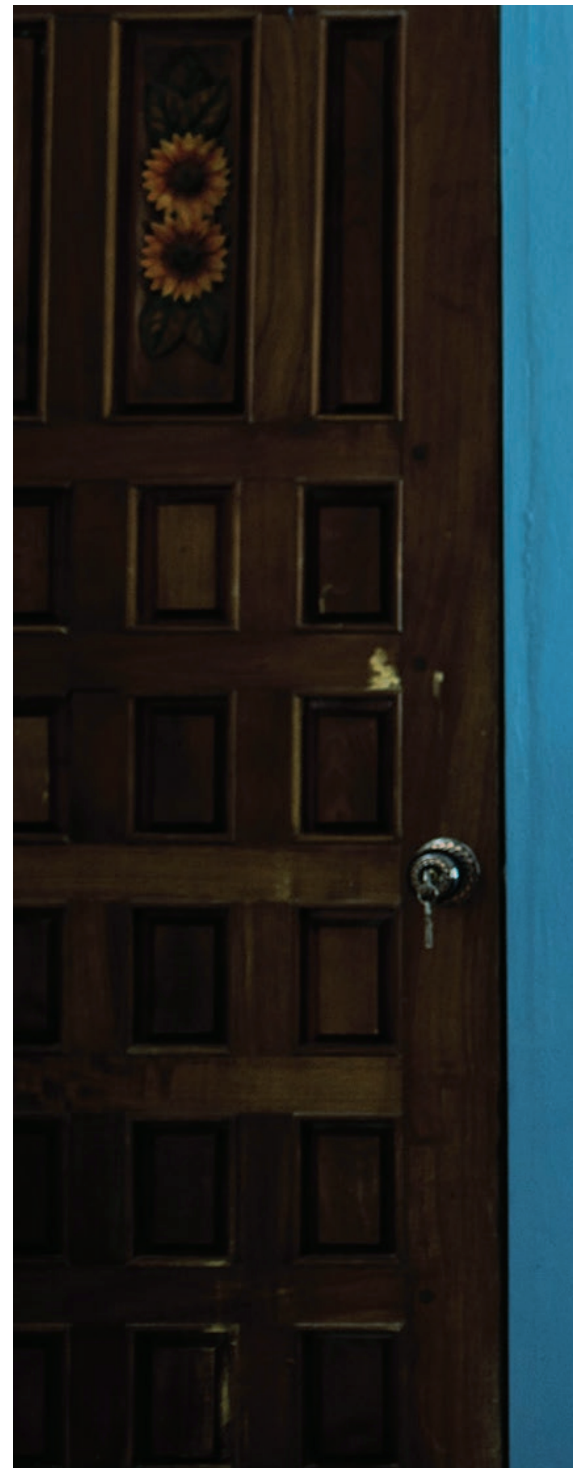
With projects being implemented across the globe at UNICEF, it is important to connect field teams to improve the sharing of knowledge and practice. The CoP on MHPSS will:

- Be a mechanism to promote sharing knowledge and expertise
- Provide a forum to explore innovative ideas
- Present teams with opportunities to generate new knowledge and practice
- Be responsive to emerging issues, needs, and opportunities
- Support our ability to promote and implement program approaches of high quality

If you are not already part of the COP mailing list and interested in receiving the monthly mail outs with MHPSS updates both at UNICEF and globally, and engaging with UNICEF colleagues from across the globe in meaningful exchange around practice and knowledge linked to MHPSS- please email Zeinab Hijazi, E-mail: zhijazi@unicef.org 

You can access the monthly mail outs and other key MHPSS resources through a [dedicated MHPSS page](#)  on UNICEF SharePoint.

There is also a dedicated Yammer group named [Adolescents Mental Health work at UNICEF-measurement and program](#),  where UNICEF colleagues can exchange materials and experiences related to adolescent mental health.





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CONCLUSIONS

Building on the increasing interest in MHPSS globally and given UNICEF's unique position in providing advocacy, policy and services across sectors and in multiple settings (humanitarian and development), UNICEF staff working across program sectors, will continue to work together, and identify strategic priorities and activities, with the aim of supporting the development of regional and country specific multi-sectoral strategy and action plan for UNICEF around MHPSS.





ANNEX 1.

SNAPSHOTS FROM UNICEF'S MHPSS WORK ACROSS SECTORS

MHPSS IN CHILD PROTECTION
Uganda
<p>In Uganda, Female genital mutilation (FGM), an internationally recognized human rights violation, is a common ritual and cultural practice, practiced mainly by the Kalenjin ethnic group which includes the Sabiny in the districts of Kapchorwa, Kween, and Bukwo (Eastern Uganda), and the Pokot in districts of Amudat, Nakapiripirit, and Moroto (Karamoja region). Numerous factors contribute to the prevalence of the practice. Yet in every society in which it occurs, FGM is a manifestation of entrenched gender inequality.</p> <p>The effects of FGM include reproductive health problems, recurrent bladder and urinary tract infections, infertility, socioeconomic instability due to gifting of cutters, high medical costs due to long term complications. Girls subjected to FGM are also at increased risk of becoming child brides and dropping out of school, threatening their ability to build a better future for themselves and their communities. FGM can lead to severe distress and sometimes deep psychological scars and trauma among girls subjected to FGM.</p> <p>The Response:</p> <p>In response, UNICEF partnered with TPO Uganda, who rolled out a community focused approach to promote FGM abandonment, but there was also the critical need of addressing the health, socio-economic and mental health and psychosocial impacts on women and girls affected by FGM. Accordingly, MHPSS was integrated throughout the response, building capacity of social workers as front line providers of basic psychosocial support and counseling. MHPSS was promoted as the first line of intervention with survivors of FGM and their families. Family visits by social workers provided much needed privacy to counsel survivors and their families. The approach is not to pathologize the consequences of FGM but to focus on the urgent psychological, social and psychosexual needs identified among these girls</p>
Jamaica
<p>Social reintegration and follow up on mental health challenges of adolescents and children living in residential childcare facilities and juvenile correctional centers.</p> <p>The Response:</p> <ul style="list-style-type: none">• UNICEF Jamaica developed a partnership with the European Union in order to receive financial support to develop a project to reduce the juvenile population in state-supported institutions in Jamaica.• Establishment of a Mobile Mental Health Service program in state-supported institutions named "Smiles Mobile" to increase access to mental health screening, assessment, and referral• Establishment of a National Child Diversion Program based on consultations among key child protection and justice sector stakeholders island-wide for the implementation of a Therapeutic Mental Health Interventions model for detained girls that resulted in a reduction of the rate of self-harm and suicide from 25% to 5%. This program also built the capacity of 109 police officers in child rights knowledge and application, and distributed parenting education materials to parents and caregivers.• Review of the Child Care and Protection Act to support the implementation of the National Child Diversion Program and creation of Codes of Conduct in Residential Child Care Facilities to complement the Mobile Mental Health Service program.

MHPSS IN CHILD PROTECTION
Democratic Republic of Congo
<p>Integrating MHPSS for children and caregivers through CP into a humanitarian public health response</p> <p>The Response:</p> <ul style="list-style-type: none"> • Acting on lessons learned from previous Ebola outbreaks, UNICEF worked with communities to set up locally-led psychosocial commissions, staffed with non-specialist MHPSS workers identified and trained from within Ebola-affected communities. • UNICEF provided capacity building on MHPSS and activities to address the needs and challenges of children and caregivers affected by ebola both within treatment centers and in the community. • 734 MHPSS workers were trained and provided services to 125,741 children and caregivers, including family tracing, temporary care and durable solutions for orphans and unaccompanied children and daily individualized household visits to break stigma and identify psychosocial concerns.
South Sudan
<p>Strategic Action #1 Community mobilization: Identifying, activating and strengthening local capacity; meaningful and inclusive engagement of child and family well-being stakeholders</p> <p>The Response:</p> <p>In South Sudan where multiple displacements have destroyed or disrupted traditional community supports for families and caregivers, UNICEF observed that most families constitute single women raising their biological children and fostering others. These caregivers struggle with meeting basic needs and with continuing insecurity, unpredictability of conflict and the constant fear of being attacked, looted, raped or robbed. Here, UNICEF supports weekly sessions for groups of caregivers, providing a safe space for them to come together receive information on how to recognize and support children in distress, manage stress, and support one another.</p> <p>MHPSS initiatives:</p> <ul style="list-style-type: none"> • UNICEF supported the development of a toolkit for community based psychosocial support for children and adolescents. • It aims to improve the capacity of local care providers to meet minimum quality standards and encourage better targeting of programs for adolescents and caregivers.

MHPSS IN CHILD PROTECTION

Nepal

Strategic Action # 2 Integrating MHPSS across sectors: Mainstreaming IASC MHPSS guidelines across protection, health and nutrition, education, WASH and shelter systems.

The Response:

Six months following the earthquakes in Nepal, the Department of Women and Children and UNICEF co-led an active psychosocial working group of 80 to 100 organizations providing early response activities. UNICEF supported key Non-Governmental Organizations to implement a range of interventions integrated with the protection, education and health clusters and developed a template to track services implemented by partners working in MHPSS. Within one year after the earthquake, more than 380,000 people had received MHPSS care and support.

MHPSS initiatives:

- Community psychosocial centers within women's cooperatives to improve access for rural communities to psychosocial care and support and referral to mental health services.
- Psychosocial programs in formal and informal educational settings, including through recreational activities and implementation of the 15-session classroom-based Intervention.
- Community MHPSS messaging through community orientation and training sessions.

Lebanon

Strategic Action # 3 MHPSS system strengthening: Strengthening supports within existing structures, including functional referral systems and capacity among professional and lay providers in quality MHPSS care.

The Response:

UNICEF's response in Lebanon highlights three important areas in strengthening community based MHPSS and CP systems. These responses have helped to provide services that are multi-layer and integrated across sectors and ministries, and to ensure accessibility and quality standards.

MHPSS initiatives:

- A National Plan to Safeguard Women and Children that involved the development of social development centers, community-based organizations that would-be hubs for a range of social services for children and families.
- Development of standardized procedures, tools and curricula for community based MHPSS through coordination between UNICEF, NGOs, and government partners.
- The development of a unified "National Community base PSS curriculum" based on toolkits used by NGOs and civil society organizations in Lebanon. The curriculum promotes a common approach to delivering PSS activities for vulnerable children.

MHPSS IN HEALTH
Kazakhstan
<p>Gender responsive adolescent health remains a priority in Kazakhstan, where mental issues affecting girls disproportionately.</p> <p>The Response:</p> <ul style="list-style-type: none"> • A multi-sectoral school-based program to prevent suicide among adolescents that includes (i) screening to identify students at risk, (ii) training of school staff to recognize students at risk of suicide and link to care and treatment, (iii) awareness raising among students and provision of tools to cope with normal stress, and (iv) primary health care reform to ensure that treatment and support is available close to communities. • A pilot in two regions showed a 50% (80% among adol. at risk) reduction in suicide ideation among adolescents aged 13-16 years and improved mental health status and wellbeing. The programme increased trust between adolescents and school psychologists, adolescents and parents, and parents and school staff. • In collaboration with CSOs services were scaled up to cover locally resourced programmes in 13 (of 16) regions across the country. 257,527 adolescents from 2,169 educational institutions were reached and over 42,000 school and college staff were trained as gatekeepers. <p>UNICEF supports the scale up by advising regional authorities in the roll out and supported the institutional development of Youth Resource Centres (YRCs) (training package for building the capacity of YRCs). UNICEF also supported the development of National YRC standards with the Ministry of Religious and Civil Society Affairs.</p>
Mongolia
<p>Adolescent mental and reproductive health is of growing concern in Mongolia.</p> <p>The Response:</p> <ul style="list-style-type: none"> • UNICEF provided TA for the development of a national plan of action to promote adolescent mental health. • UNICEF supported the development of guidelines for training primary-level health professionals on adolescent mental health, primary level mental health counselling and Child Development Centers were introduced in schools. These Centers run school extracurricular activities incl. debate clubs, and health clubs etc. and some Centers have a quiet room also used for counselling. • To engage and empower young people as drivers of social change and to nurture local innovation UNICEF initiated an Innovation Challenge for the development of innovative tools for gender responsive mental health and prevention of STI's. This resulted in a Youth Forum and "Hackathon" that gathered young people to discuss health, bullying/violence and academic pressure, as well as develop Apps to respond to health and SRH information needs among adolescents and connecting to services. • A country case study to map adolescent's key health issues was conducted that contributes to the regional GRAH assessment.

MHPSS IN HEALTH

Argentina

Suicide is the second cause of death among adolescents (after traffic accidents), and but the suicide rates differ considerably between provinces.

The Response:

- Based on the UNICEF Health Strategy (2016-2030) 'Actions' an approach for prevention of adolescent suicide and teenage pregnancies was developed.
- UNICEF collaborated with national and local government, secondary schools and NGOs to roll out a multi-sectoral approach across education, health, social services, justice and protection.
- At national level UNICEF advocated for adolescents right to health and influenced government policies through evidence generation incl. a study identifying determinants associated with adolescent suicide, intersectoral roundtables for the development of roadmaps, and protocols for the care of cases associated with suicide attempts.
- At provincial level the establishment of treatment protocols and intersectoral secondary school health advisors improved access to services for adolescents. The school health advisors were adopted as public policy to be scaled up from 300 to 3000 by end 2019 with public funds.
- To enhance the voices of adolescents, forums and Adolescent advisory boards were established contributing to the design and management of public health policies.
- In indigenous communities a multisectoral approach to prevent suicide and suicide attempts, often linked to sexual abuse, was developed in remote communities with clear adolescent participation.

Challenges

- Resistance among health care providers to address and document adolescent mental health problems and suicide.

MHPSS IN EDUCATION

Ghana*

Sustainable Development Goal 4, Target 4.2: “ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education”. Improving the capacity of teachers to provide high quality learning environments for children is key. One often-advocated approach is to improve the training and qualifications of teachers. Another frequently-advocated approach is to engage parents to support the educational process. Given the importance of both the public and private sectors in education in many countries, including Ghana, it is critical to engage both. In Ghana, while access to early childhood education is high, quality is lacking.

The Response:

In partnership with Ghana Education Service, National Nursery Teacher Training Center, and Innovations for Poverty Action, a nationally scalable model for teachers and parents with the goal of improving kindergarten quality and children’s school readiness, was developed. The model included two parts: Teacher Training and Coaching and Parental Awareness Interventions.

The model was founded on the achievement of 3 outcomes:

- Facilitating deeper learning: Scaffolding (concept development), Quality of feedback, Objectives explicit
- Emotional support & behavior management: Positive climate. Negative climate, Teacher sensitivity/tone, Behavior management, Consistent Routine
- Supporting student expression: Student ideas considered, Reasoning/problem solve, Connections to life, Language modeling

The roll out of the model, included one of the first impact evaluations in sub-Saharan Africa to show an in-service teacher training can improve pre-primary quality and school readiness. The important role of refresher trainings and coaching visits was consistent with research in high-income country contexts, and findings were overall consistent with related research, which find medium to large effects on classroom process quality and small effects on child outcomes.

The study and implementation of this model found that sustained impacts on academic outcomes are moderated by the quality of the primary classroom, including the mental health and psychosocial wellbeing of teachers, and creation of a more positive, nurturing classroom environment that promotes student expression, and facilitates deeper learning.

* *Source: Lawrence Aber (NYU), Sharon Wolf (U. Penn) and Jere Behrman (U. Penn) - Training Preschool Teachers in Ghana: Sustained vs. Fade Out Effects on Children in the Early Primary Years.*

MHPSS IN EDUCATION

South Sudan

The school system in South Sudan has been severely weakened by the conflict, leaving many rural schools non-operational or insufficient for the numbers of children. Children often lacked funds for school fees and uniforms, and many teachers went without pay for extended periods. In addition to being personally affected by the conflict, many teachers lacked even primary school education. They had to deal with huge classes and children facing serious problems yet lacked the skills and knowledge to identify, support and refer children in need. Although teachers had received some psychosocial training, mostly this was one-off training with no follow-up. Teachers rarely referred children in need to MHPSS services.

The Response:

To strengthen school engagement with MHPSS issues and actors, UNICEF piloted a model program with education cluster actors who were already well known to teachers and school personnel. The program started with regular meetings so everyone could share what they were doing and identify issues for joint intervention. The program was designed to focus on children's well-being and community engagement, using schools as the focal point for outreach to communities on child protection issues, including mental health and psychosocial distress. For example, joint activities on wellness were organized by parent-teacher associations.

One issue identified was corporal punishment. Education actors supported schools in raising awareness about this and gaining wide endorsement of a code of conduct. Although codes of conduct existed, they were not always implemented, nor had all teachers endorsed them. A checklist helped to systematize the application of codes of conduct in schools. It also helped teachers to build skills to provide emotional support to children. Schools are being promoted as safe and positive learning environments, and MHPSS approaches are strongly embedded in the strategy of abolishing corporal punishment and endorsing alternative disciplinary methods.

MHPSS IN EDUCATION
Jordan
<p>Jordan is host to about 1.4 million Syrians (53% children) as per the government data. 83% of refugees have settled in host communities (remainder hosted in camps). The Influx of Syrian refugees has inflicted a strain on government public services, including education, and thus the Syrian crisis prompted an innovative approach to:</p> <ul style="list-style-type: none"> • expand learning opportunities for out of school vulnerable children and youth; and • respond to the urgent mental health and psychosocial needs of vulnerable Syrian and Jordanian children, adolescents and their families <p>The Response:</p> <p>Integration of MHPSS in education programming and focus more on community mobilization in child protection. The Initiative targeted all school-aged children (6-18) from all nationalities and whether they are in or out of school, through toll out and implementation of:</p> <p><u>4 main modules to cover 4 life situations:</u></p> <ol style="list-style-type: none"> 1. Life Skills for every day 2. Life Skills in Humanitarian Situations 3. Life Skills for Civic Engagement 4. Life Skills for Employability <p><i>Trainers decide on which module to give based on the needs, the results of the pre assessments, the context, etc.</i></p> <p><u>4 sets of skills - Each set covers 4-6 basic skills:</u></p> <ol style="list-style-type: none"> 1. Self-management skills: Self-awareness, self-esteem and confidence, asserting identity, responsibility, and stress management 2. Cognitive skills: Creative and critical thinking, decision making, and problem solving 3. Social skills: Listening, communication, accepting others, assertiveness, and negotiation 4. Joint Action skills: appreciative inquiry, planning, teamwork, leadership, and campaigning
Colombia
<p>Children and adolescents affected by armed conflict in different territories.</p> <p>The Response:</p> <ul style="list-style-type: none"> • Based on the UNICEF LAC Framework in action on gender-responsive adolescent Health “Action Matrix to address mental health of adolescents” the CO is working to influence government policies to include mental health prevention in school settings and curricula specifically in the affected areas • In line with the regional strategy previously mentioned, UNICEF is supporting the capacity building in school services to detect mental health conditions , both pre-existing conditions, and as a result of the armed conflict. • The initiative seeks to build knowledge, skills and behavior change in children and adolescents to promote a peaceful environment that is sensitive to context, gender, the environment, ethnic diversity and culture. • Providing adolescent, caregivers/ families, and communities with tools that promote mental health and the early detection of symptoms of mental health conditions and psychosocial problems.

ANNEX 2.

THE HUMAN RIGHTS-BASED APPROACH

The [resolution of the Human Rights Council on mental health](#)²³ recognizes the right to mental health and has called for rights-based responses²³. The right to mental health is also recognized by the Convention on the Rights of the Child (CRC), and the Convention on the Rights of Persons with Disabilities (CRPD) that promote a paradigm shift from the medical to the social and human rights-based model regarding health and the rights of persons with disabilities. The paradigm shift requires duty bearers to shift their focus from prevention and treatment only, to also include changing social determinants for health and well-being. Human rights should always be considered with respect to mental health as (i) a human right in itself (in line with the right to health), and (ii) to protect the rights of people living in vulnerable situations including those with mental or physical disabilities.

From an equity perspective the needs of vulnerable populations who are at increased risk of having mental health problems should be considered incl. those affected by violence, conflict, forced migration, children and adolescents in vulnerable circumstances, persons from the LGBTQI community, indigenous people, children and adolescents in institutions or living with disabilities. As mental health is closely linked to stigma, discrimination and higher rates of abuse, prevention of these actions through advocacy and awareness raising should be key elements of any programming. MHPSS programming should always be based on non-discrimination, participation, transparency and accountability to ensure that duty bearers respect, protect, promote the rights of all, and support them in claiming and acquiring these rights. This entails that UNICEF should always include the target vulnerable groups in all stages of program design, planning, implementation, in addition to participating in monitoring, evaluation, accountability and learning processes.

For more information, see the report findings from the [Consultation on Human Rights and mental health “Identifying strategies to promote human rights in mental health”](#).

²³ Resolution 36/13 includes the following statement: “Reaffirming that the right to the enjoyment of the highest attainable standard of physical and mental health is an inclusive right, and reaffirming also the need to address issues related to health care and to the underlying determinants of health in this context;”



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