
Mental Health Matters:

Progress Report on Mental Health and Psychosocial Support Activities
within the International Red Cross and Red Crescent Movement

October 2023



Executive Summary

This year, the Red Cross Red Crescent Movement-wide Mental Health and Psychosocial Support (MH and/or PSS) survey has been conducted as a follow up to the 2019 and 2021 surveys. The 2019 survey provided a baseline dataset on MH and/or PSS activities carried out by the components of the Movement – National Societies (NS), the International Federation of the Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC). A total of 163 NS, the IFRC and the ICRC participated. **This report presents the 2023 data in relation to the 2021 and 2019 datasets to compare the advancements of MH and/or PSS in the Movement.**

In 2023, 90% (146 NS, the IFRC and the ICRC) of respondents **provide mental health (MH) and/or psychosocial support (PSS) activities.** The number is slightly lower compared to 2019 (96%: 159 NS, the IFRC and the ICRC) and 2021 (94%: 155 NS, the IFRC and the ICRC). As in 2019 and in 2021, **psychological first aid**, was the most common activity in 2023 and was delivered by 83% (130 NS and the IFRC) of the respondents. As in 2021, a high number of activities also centered around **caring for staff and volunteers** (76%: 123 NS, the IFRC and the ICRC) followed by 68% (104 NS, the IFRC and the ICRC) of the respondents who carried out **activities addressing volunteers.**

The MH activities carried out the most by the respondents are, first,

psychological support, namely 67% (109 NS, the IFRC and the ICRC) growing continuously from only 20% (33 NS, the ICRC) in 2019. Second, 48% (77 NS, the IFRC and the ICRC) of respondents provide **training of community actors in basic psychological support** which is also a slight but continuous increase compared to the previous data from 2021 and 2019 (2019: 45%: 72 NS, the IFRC and the ICRC). The third most popular intervention in 2023 is **counselling** (75 NS, the IFRC and the ICRC). **Volunteers and staff are being given significant focus** and continue to be one of the top target groups confirming the trend observed in 2021.

More National Societies than ever provided MH and/or PSS activities during emergencies, amounting to 93% (151 NS, the IFRC and the ICRC) of the respondents in comparison to 90% of the respondents (146 NS, the IFRC and the ICRC) in 2019.

A rise in the number of focal points has been recorded from 74% (120 NS, the IFRC and the ICRC) in 2019 and 81% (132 NS, the IFRC and the ICRC) in 2021 to 82% (134 NS, the IFRC and the ICRC) in 2023 when respondents stated they had appointed one or more focal points.

Collectively, **nearly double the number of staff and volunteers are reported to have been trained in basic psychosocial support** across the 163 NS and the IFRC in the last year (2023: 79.500; 2021: 40.000).

The number of trained staff and volunteers in PFA has also risen significantly from 42.000 in 2019 to around 88.000 in 2021 and 202.300 in 2023.

Although this year **more NS than in 2019 have a budget dedicated to MH and/or PSS**, most NS, the IFRC and the ICRC (78%: 127 NS, the IFRC and the ICRC) **continue to report that a lack of, or limited funds is the biggest obstacle for delivering MH and/or PSS activities**. Further, 50% of respondents (80 NS, the IFRC and the ICRC) report **challenges within their organization of the Movement as an obstacle for providing MH and/or PSS**, followed by 42% of respondents (68 NS and the IFRC) **reporting lacking or limited technical expertise**, which prevents them from addressing needs.

Despite the challenges, **MH and/or PSS activities continue to rise**. As in 2021, around half of the respondents (79 NS, the IFRC and the ICRC) plan to expand their MH and/or PSS activities. Further, 40% (65 NS and the ICRC) want to integrate or mainstream MH and/or PSS in other programme activities. This comes along with a continuously high need for technical support (2023: 79%: 128 NS, the IFRC and the ICRC).

The Movement's role as a provider of MH and/or PSS is more acknowledged by national authorities. More than two thirds (65%: 106 NS) of respondent NS are mentioned in national public health or disaster management plans which constitutes a significant increase compared to 27% (45 NS) in 2021.

In addition, most NS (68%: 111 NS) **are included as a participant in relevant humanitarian inter-agency mechanisms** (2019: 63%: 103 NS), and more than half (54%: 87 NS) are included in **inter-ministerial/departmental** (2019: 50%: 82 NS).

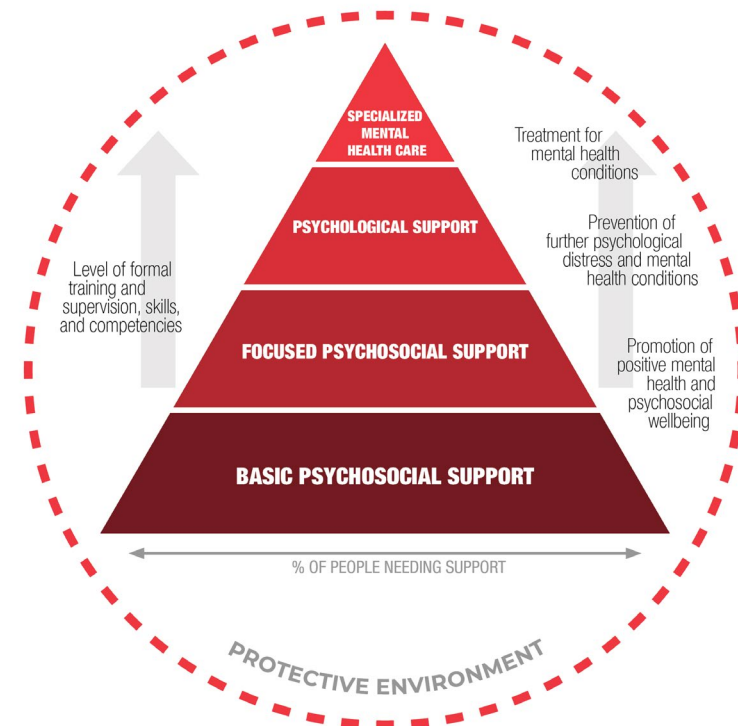
For reasons of validity, the survey questions informing the report remained the same as in 2019 and 2021, apart from the questions introduced by the Working Groups of the MH and/or PSS Roadmap implementation (please see the annex). We expect that all contextual aspects that influenced the provision of MH and/or PSS services are captured without further discrimination by the answers of the respondents.

Introduction

Every day, throughout the world, the International Red Cross and Red Crescent Movement (the Movement) witnesses extensive unmet mental health and psychosocial support needs that populations endure. The work of the Movement continues to take place in the context of major and complex humanitarian crises and challenges. The Ukraine crisis and its implications, the migration crisis in different parts of the world, the food crisis in East Africa, poverty, climate related events and inadequate health care, the impact of the global COVID-19 pandemic, disasters, and armed conflicts as well as high inflation rates have direct and indirect impacts on people's mental health and well-being.

Across the Movement, MH and/or PSS continues to be high on the agenda. The different components of the Movement - the 192 National Societies (NS), the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) - respond to mental health and psychosocial needs through a variety of activities. These activities cover a spectrum from basic psychosocial support, to focused psychosocial support, psychological support and specialized mental health care. This approach acknowledges that psychosocial well-being and mental health support exist on a continuum, and therefore different people need different levels of care, from prevention and promotion of positive mental health to treatment of mental health conditions.

The Movement's mental health and psychosocial support framework. Read more: <https://pscentre.org/what-we-do/the-MH-and/or-PSS-framework/>



The survey is one method of tracking progress in implementing the [Movement policy on addressing mental health and psychosocial needs](#) and [Resolution 2 of the 33rd International Conference](#) “Addressing mental health & psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies”.

Thus, this report includes questions specifically related to the six Priority Action Areas, as they are defined in the [Roadmap for Implementation 2020-2024](#)¹. This Roadmap specifies the Movement's collective commitments and ambitions in responding to the mental health and psychosocial needs of the populations we serve, by translating those into activities and outputs that both the Movement as a whole and NS, the IFRC and the ICRC individually should work towards. Each Priority Action Area is represented by a working group (WG) which facilitates the roll-out of the specific commitments, as defined in the Roadmap². In 2021 each WG contributed to the survey with questions or amendments to past questions, to ensure an efficient follow-up of the progress on the Priority Action Areas. This year, two questions have been added on the request of the Digital MH and/or PSS WG (a sub-group of WG4) and the MH and/or PSS Roadmap Coordination Group. Please find the WG's focus and Priority Action Areas in the annex, together with references to the survey questions added or edited by them. These additional questions are the only significant change compared to the MHPSS survey conducted [in 2019](#) and [in 2021](#). While the survey in 2019 established a dataset and a baseline on the MH and/or PSS activities carried out by NS, the IFRC and the ICRC, this year's results are compared against the previous reports to document developments over the past four years.

1 The MHPSS Roadmap was initially running from 2020-2023 but due to a delayed start because of the COVID-19 pandemic and the postponement of the Council of Delegates and the International Conference, the Roadmap was extended to October 2024, following the timetable of the General Assemblies. It has been extended to October 2024 to follow the CoD and IC34.

2 If you wish to know more about the WGs of the Roadmap or you wish to join as a member, please reach out to [Nathalie Helena Rigall](#) for further information.

To summarize, this report contains an overview of the survey results in 2023 compared to the results from the 2021 and 2019 surveys. It presents what the respondents – made up of 163 NS, the IFRC and the ICRC – have done in the last 12 months and what they continue to do in the field of MH and/or PSS. The focus is on the development in the delivery of MH and/or PSS activities by the respondents as well as the challenges encountered when delivering MH and/or PSS activities. This report does not seek to analyse the data submitted by the components of the Movement, but rather to compile responses and present the results.

Key terminology

Mental health activities: *e.g. counselling, group therapy, psychiatric or psychological assessments and treatments, often delivered by persons with professional training in mental health or psychology, or highly skilled, trained and supervised volunteers.*

Psychosocial support activities: *e.g. psychological first aid, psycho-education, awareness-raising, community-based activities and other activities usually delivered by trained volunteers but often supervised by someone with a more advanced background in psychology/social work/health.*

Source: Movement-wide MH and/or PSS survey 2021

Methods: How was the survey conducted?

The survey was shared in Arabic, English, French and Spanish and disseminated to all 192 NS, the IFRC and the ICRC in June 2023. Follow up on submissions took place between June and August 2023.

The survey requested each component of the Movement to provide information on their mental health (MH) and/or psychosocial support (PSS) activities related to both national and international work. Only one response was accepted per NS. In cases where more than one answer was submitted from the same NS, the respondents were given the opportunity either to consolidate their response and resubmit a joint answer or to choose which of the submitted responses should be considered.

Regarding the IFRC, a response was received from each of the five IFRC Regions - Africa, Americas, Asia Pacific (AP), Europe and Central Asia (CA), and the Middle East and North Africa (MENA) - together with a response from the IFRC Psychosocial Centre (PS Centre). These separate responses were merged into one response covering all the work undertaken by the IFRC. Like the IFRC, the ICRC provided regional breakdowns for the regions, Africa, Americas, Asia Pacific, Eurasia, and North Africa and Middle East (NAME), in addition to information on their MHPSS activities worldwide.

Just like the MH and/or PSS baseline survey in 2019, the survey included respondent specific questions and contact information. This year's survey

contained 35 questions. Some questions stem from the Roadmap for Implementation 2020-2024 working groups' (WG) specific interest in their Priority Action Areas. Each WG contributed with amendments to existing questions or added questions. The survey was divided into two sections: existing MH and/or PSS activities, and MH and/or PSS activities moving forward. The report also contains graphs in the form of bar charts which illustrate the data, visually differentiating between the National Societies, the IFRC and the ICRC as separate entities and the numbers in the bar charts being the count of National Societies selecting the responses.

In order to ensure validity, it was decided to not further modify the initial survey of 2019. The Movement-wide MH and/or PSS survey needs to remain comparable to achieve the goal of delivering coherent information from the commencement of the MH and/or PSS policy and resolution in 2019 until the end of the Roadmap for Implementation in 2024.

A total of 163 NS out of 192 NS, the IFRC, and the ICRC provided responses to the 2023 survey. This accounts for a total response rate of 82%, compared to a similar response rate of 85% in 2019. The regional response rates are 76% in the Middle East and North Africa /NAME, 77% in the Americas, 82% in Asia Pacific, 88% in Africa and 93% in Europe and Central Asia.

Number of respondents per region

Year	Africa	Americas	Asia Pasific	Europe & CA	MENA/ NAME	Average response rate globally
2019	82%	86%	90%	89%	68%	85%
2021	90%	86%	71%	87%	83%	85%
2023	88%	77%	82%	93%	76%	85%

Table 1: Percentages of respondents per region

Results

Mental health (MH) and/or psychosocial support (PSS) activities

The different components of the Movement identify mental health and psychosocial needs in every community and society around the world, and they have continued to do important work to address and meet these needs by delivering MH and/or PSS activities. In 2023, 90% (146 NS, the IFRC and the ICRC) of respondents provided MH and/or PSS services. This is a slight decrease compared to 2019 where 96% (156 NS, the IFRC and the ICRC) of respondents indicated that their organization provided MH and/or PSS activities.

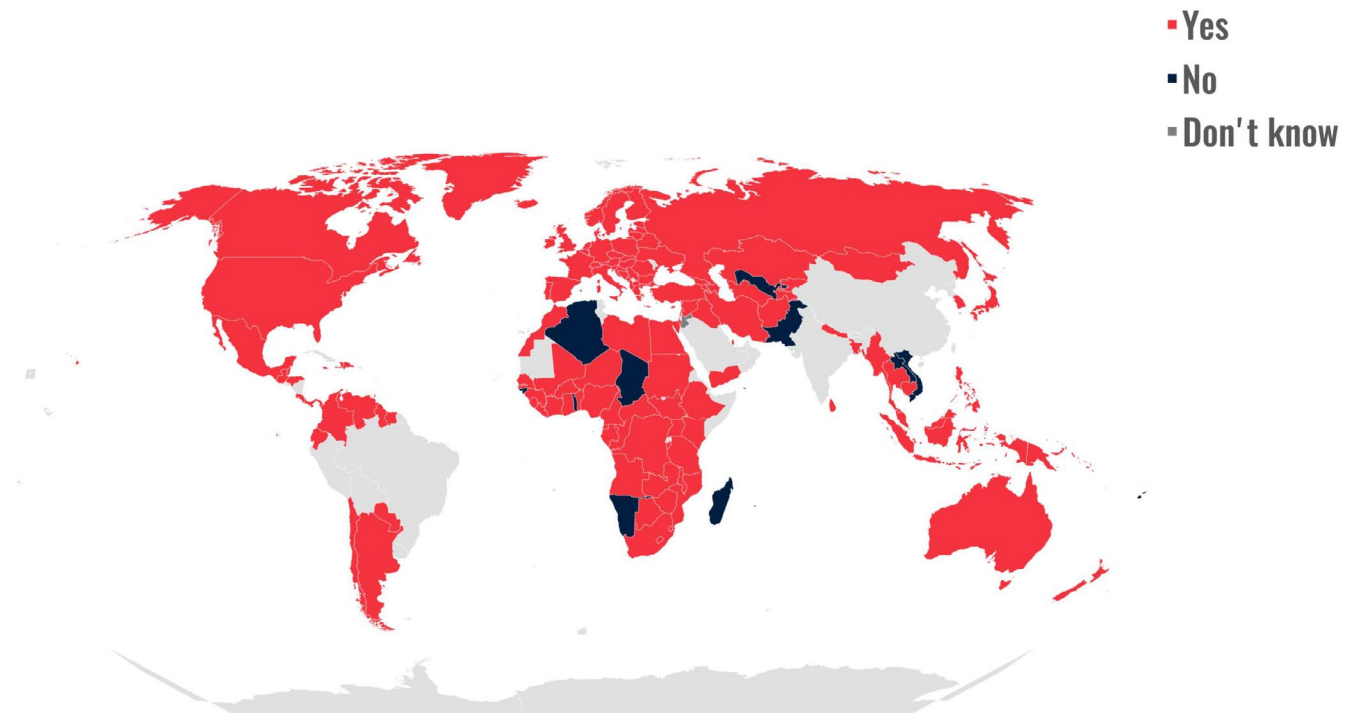


Figure 1: NS providing mental health and/or psychosocial support services

In 2023 as in 2021, the number of NS having an MH and/or PSS focus in their organization's strategy is 81% (133 NS, the IFRC and the ICRC), which is a stable and now plateaued increase compared to 73% (118 NS, the IFRC and the ICRC) in 2019 (figure 2).

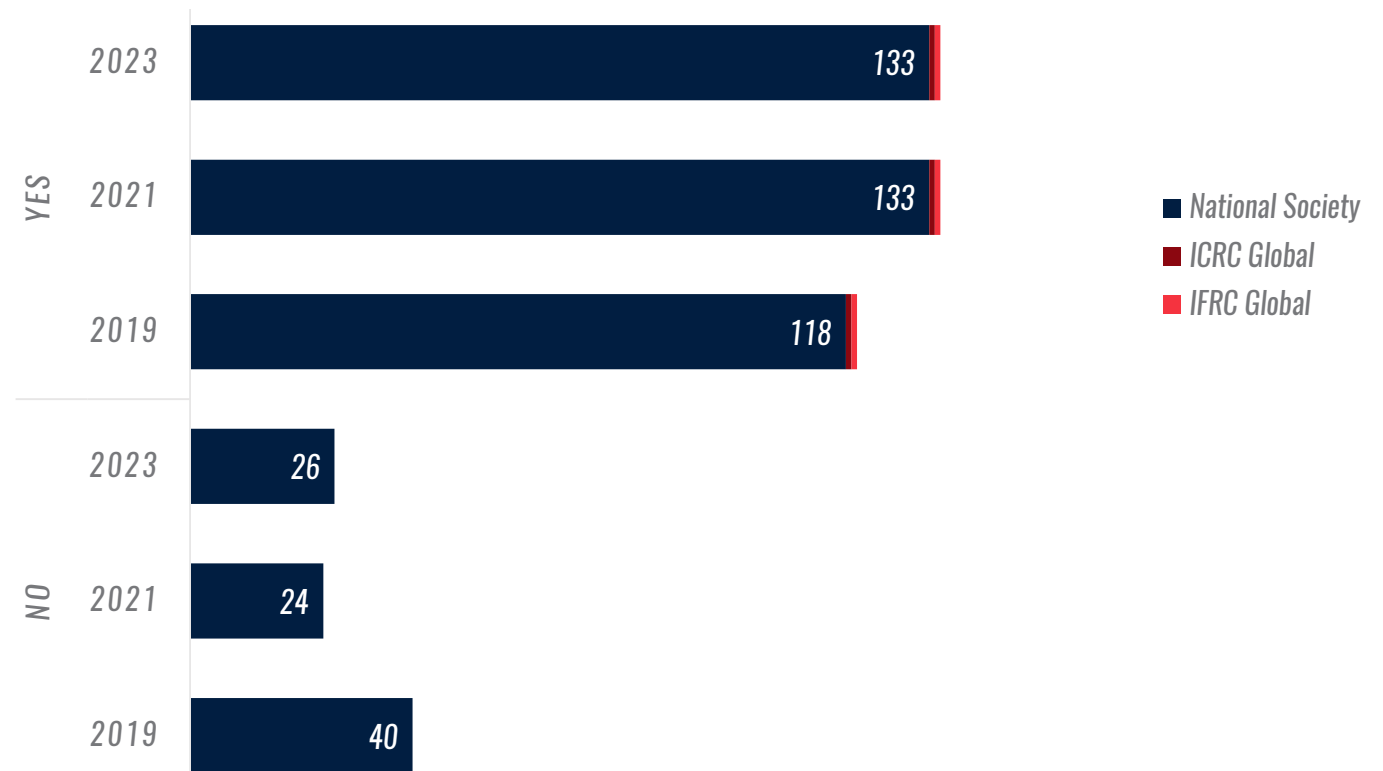


Figure 2: Provision of mental health and/or psychosocial support is a focus in the strategy

Provision of psychosocial support (PSS) activities and target groups

When looking solely at PSS activities, nearly every respondent (96%, 157 NS, the IFRC and the ICRC) stated they carried out at least one activity defined as psychosocial support in the last year. This is at the same level as in 2021 and in 2019 (159 NS, the IFRC and the ICRC).

The different PSS activities in 2023 are shown in figure 3. The top three activities in 2019 were the following:

- 74% of respondents (121 NS and the IFRC) reported that they had carried out psychological first aid (PFA).
- 73% (117 NS, the IFRC and the ICRC) carried out activities related to restoring family links and caring for staff and volunteers (119 NS).
- 64% (104 NS and the IFRC) held community events.

In 2023, the three most common activities were:

- 83% of respondents (130 NS and the IFRC) reported that they had carried out PFA. This number has increased steadily from 2019 and 2021.

- 75% (122 NS, the IFRC and the ICRC) carried out activities around caring for staff and volunteers.
- 64% (104 NS, IFRC and ICRC) implemented activities specifically targeting volunteers.

Regarding the target groups reached by these activities, most respondents focused on supporting volunteers (85%: 139 NS, the IFRC and the ICRC) and staff (68%: 110 NS, the IFRC and the ICRC), adolescents (68%: 110 NS, the IFRC and the ICRC), and children (67%: 109 NS, the IFRC and the ICRC). The target groups from 2023 are shown in figure 4.

To compare the numbers in more detail with 2019 and 2021, please consult the [2019 Movement-wide MH and/or PSS survey report](#) and the [2021 Movement-wide MH and/or PSS survey report](#).

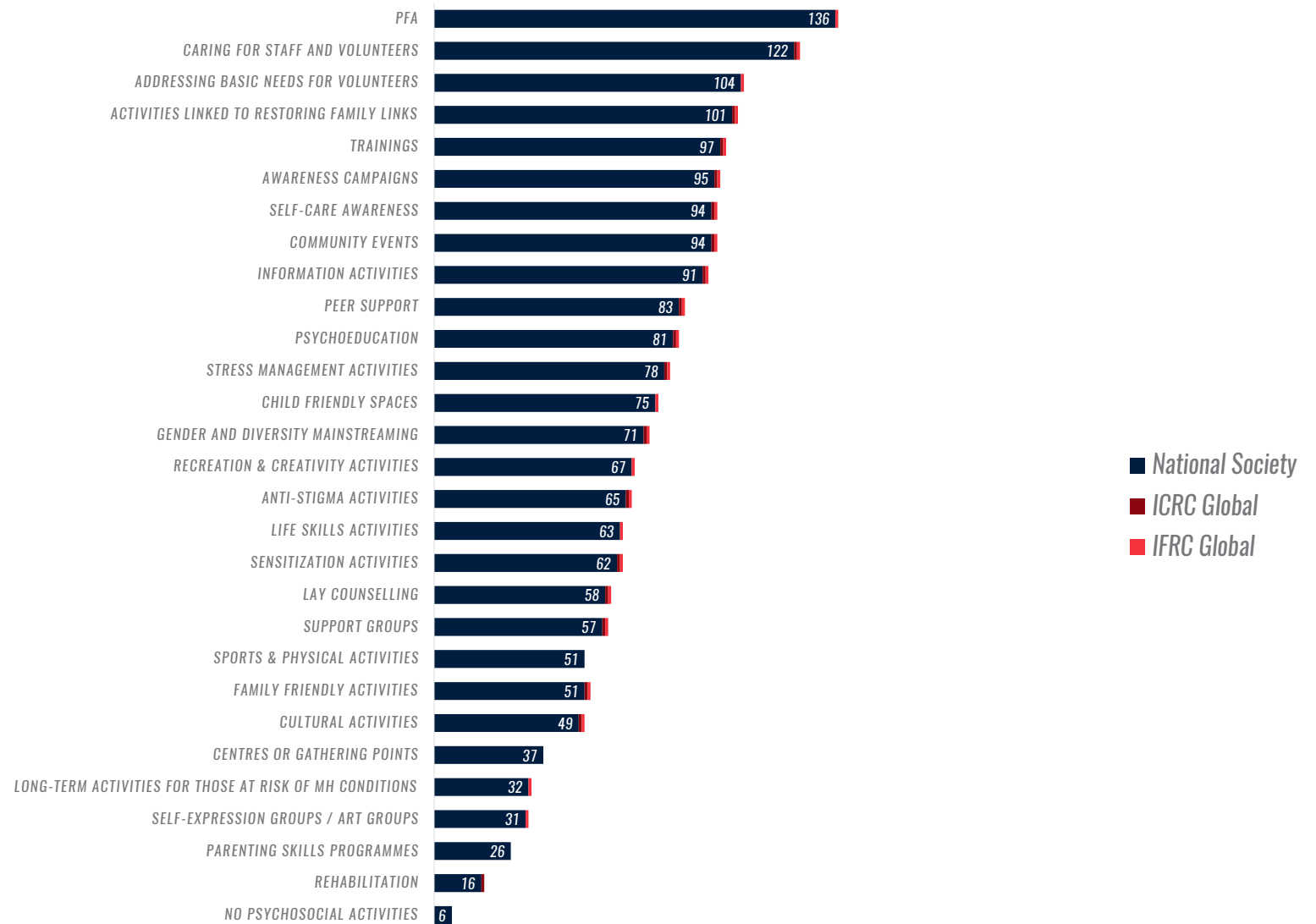


Figure 3: Provision of psychosocial support activities in the past year

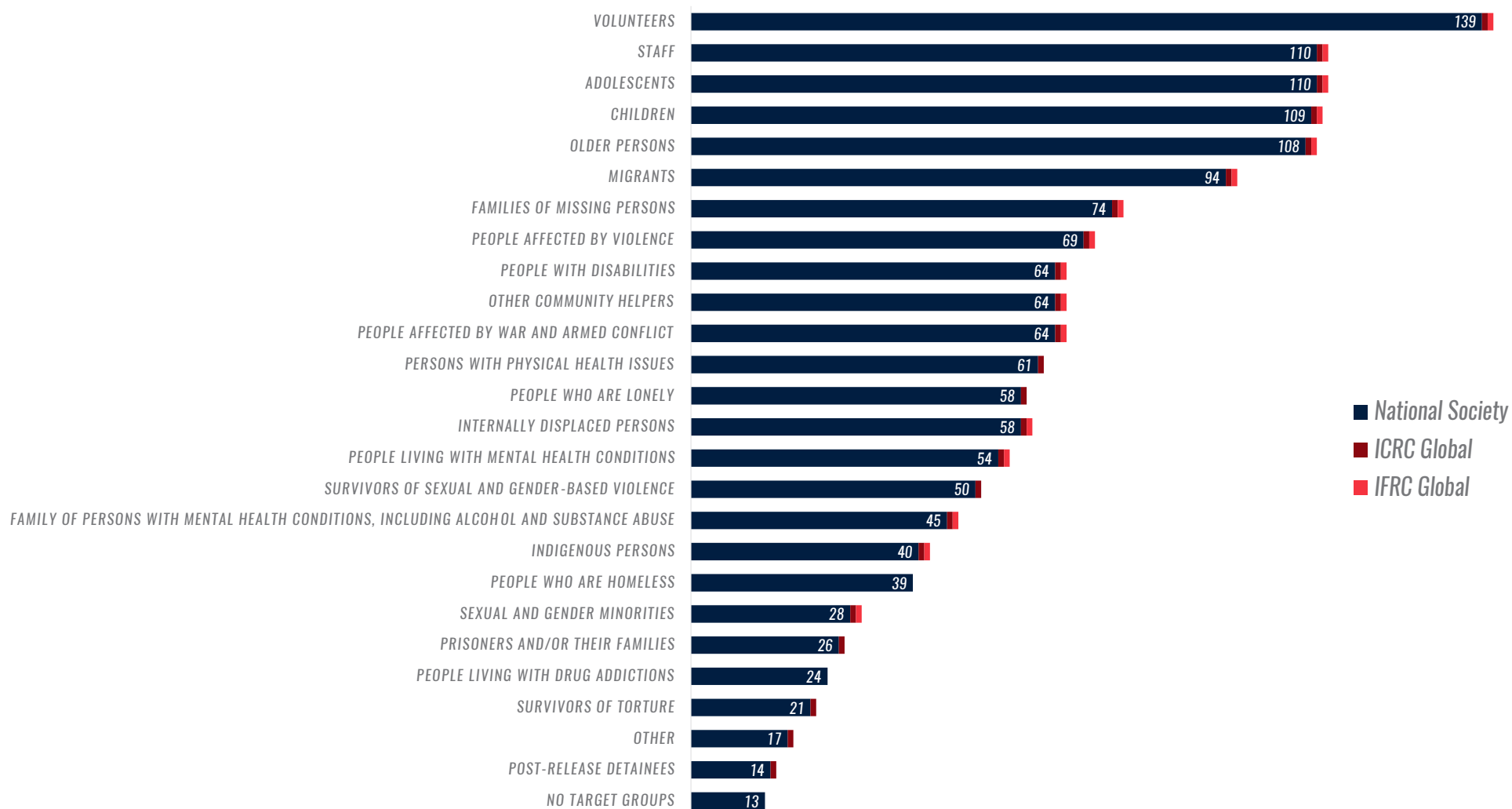


Figure 4: Groups targeted for psychosocial support activities

Provision of mental health (MH) activities and target groups

Turning towards MH activities carried out in the past year, 82% (134 NS, the IFRC and the ICRC) in comparison to 78% of respondents (126 NS, the IFRC and the ICRC) in 2019, report that they have provided at least one activity defined as a MH activity.

The different MH activities are shown in figure 5. Most respondents, namely 67% (109 NS, the IFRC and the ICRC), delivered psychological support in 2023 versus only 20% (33 NS, the ICRC) in 2019. The second most frequent type of MH activity in 2023 was, the provision of training of community actors in basic psychological support with 48% (77 NS, the IFRC and the ICRC) respondents. A small but consistent increase can be observed in comparison to 2019 and 2021 (45%: 72 NS, the IFRC and the ICRC). This is followed by 46% of the respondents providing counselling (75 NS, the IFRC and the ICRC) and training of health staff in basic psychological support (67 NS, the IFRC and the ICRC). In contrast, activities most frequently offered in 2019 were counselling (38%: 61 NS, the IFRC and the ICRC) and psychological support home visits (35%: 55 NS, the IFRC and the ICRC).

As in 2021, this year's survey reveals that volunteers (62%: 101 NS, the IFRC and the ICRC) and staff (55%: 89 NS, the IFRC and the ICRC) remain on the top of the list of target groups of the Movement, when it comes to the provision of MH services. In 2019, however, respondents targeted mostly

adolescents (51%: 82 NS, the IFRC and the ICRC), older persons (42%: 68 NS and the IFRC) and children (39%: 62 NS, the IFRC and the ICRC). Please see figure 6 for more detailed information about targeted groups of MH activities.

As in 2019, 68% (111 NS, the IFRC and the ICRC) of respondents state that they make referrals to specialized mental health services such as psychiatrists and psychologists. As in the previous survey, this number includes 12 NS which themselves have not carried out any MH activities in the past year and therefore rely on referrals to ensure that the need for specialized MH care is met.

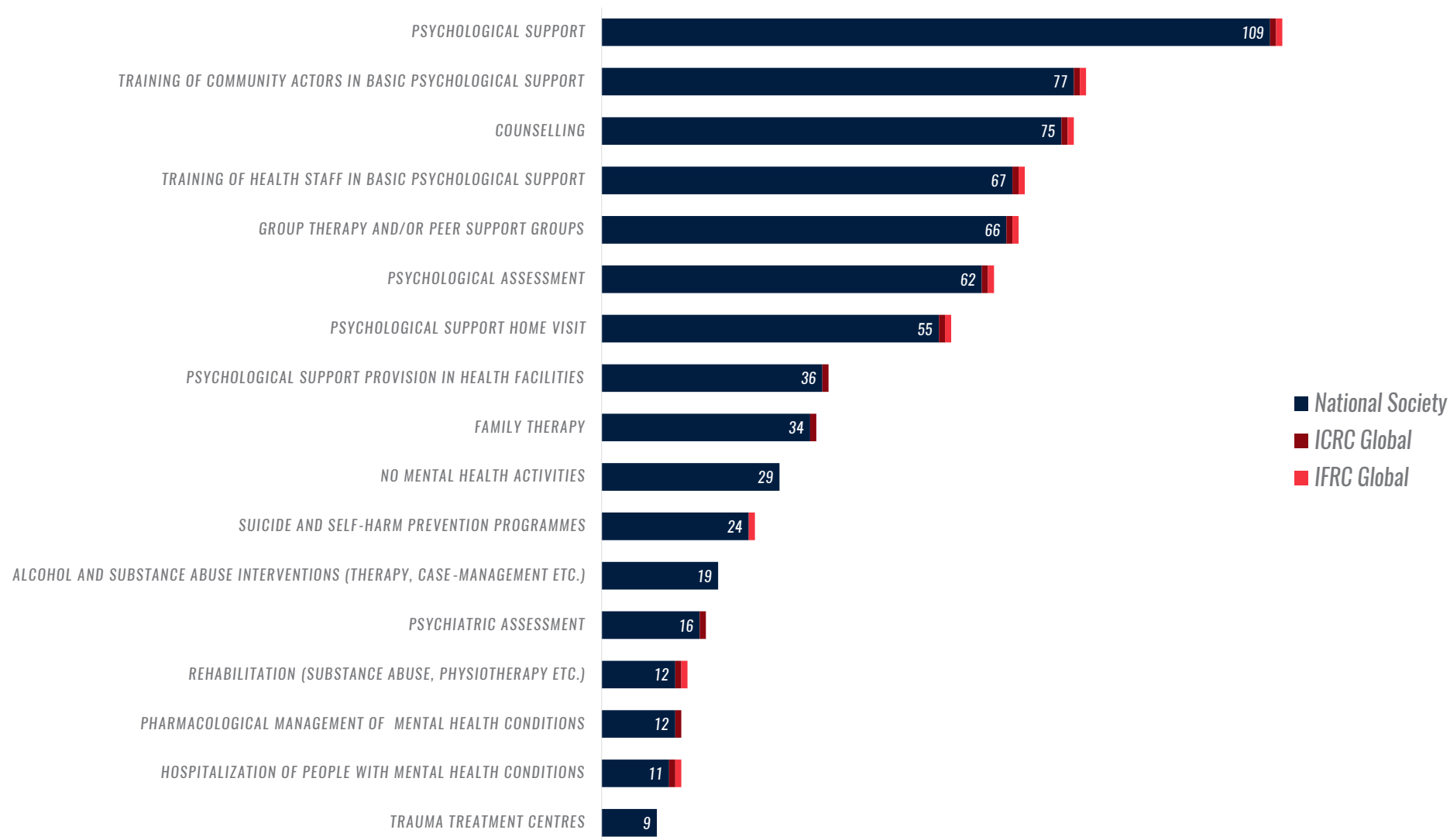


Figure 5: Provision of mental health activities in the past year

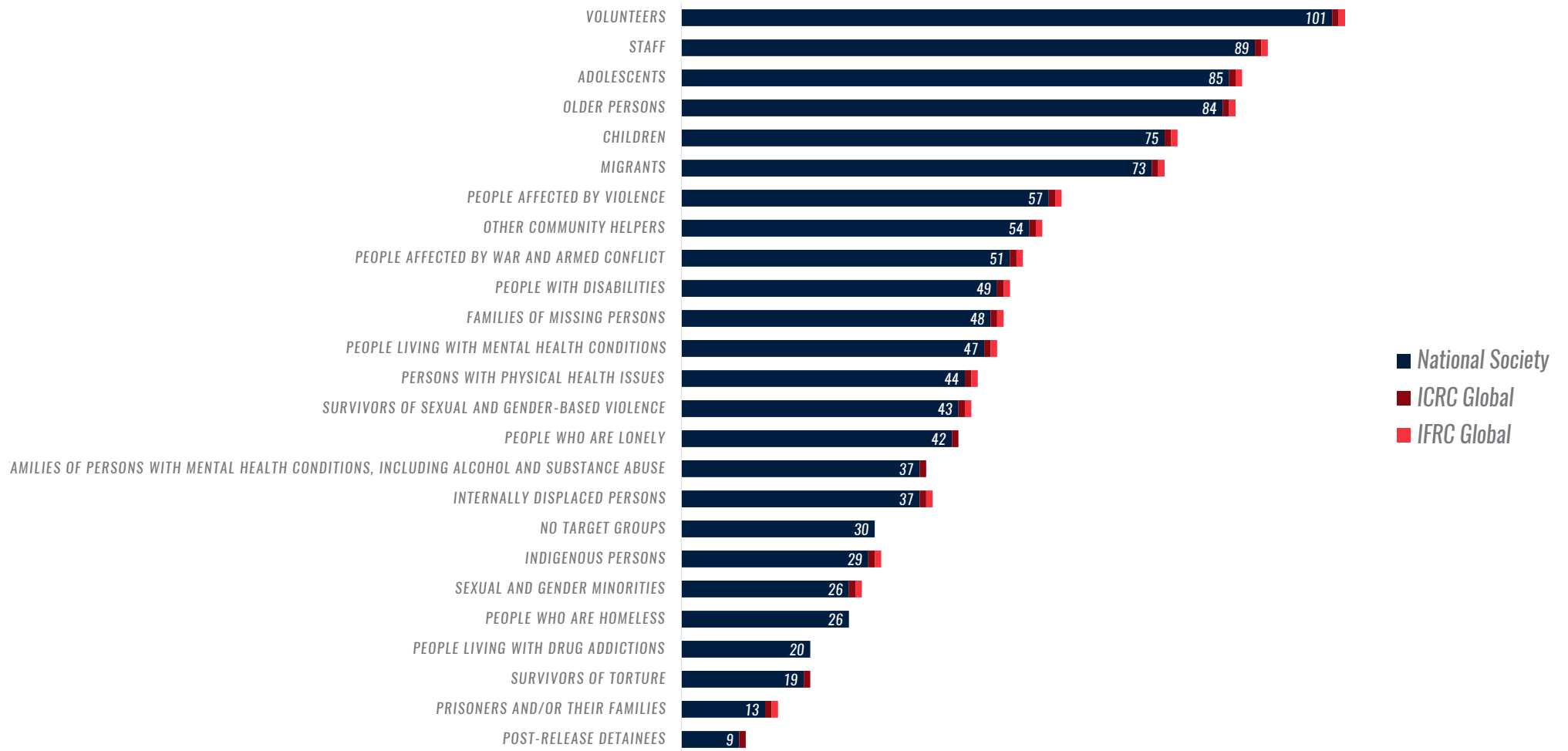


Figure 6: Groups targeted for mental health activities

Approach used when delivering MH and/or PSS services including the provision of digital MH and/or PSS services

The components of the Movement use different approaches when they deliver MH and/or PSS services: a stand-alone approach, an integrated or mainstreaming approach or a combination of both.

The survey results indicate that the Movement respondents deliver MH and/or PSS activities using all these approaches. Confirming the trend from previous years, the Movement has a much higher preference for a combination of the integrated / mainstreaming approach and stand-alone approach when providing MH and/or PSS services (2019: 37% (59 NS and the IFRC), 2021: 44% (70 NS, the IFRC and the ICRC), 2023: 44% (71 NS, the IFRC and the ICRC)). This is followed by the integrated/mainstreaming approach (2019: 43% (70 NS and the ICRC); 2021: 39% (65 NS), 2023: 34% (57NS)). The stand-alone approach is the least utilized approach to provide MH and/or PSS services (2019: 10% (16 NS), 2021: 7% (11 NS), 2023: 11% (18 NS)), although this approach has gained popularity over the last four years. Figure 7 shows the approaches used in 2023.

Exploring technology-empowered and internet-based services to addressing MH and/or PSS needs can provide a scalable, evidence-based and resource efficient extension of traditional approaches to care. More than half of the respondents (52%: 83 NS, the IFRC and the ICRC) reported providing MH

and/or PSS activities or services digitally in 2023 and 12% (20 NS) plan to digitalize MH and/or PSS activities in the next 1-2 years.

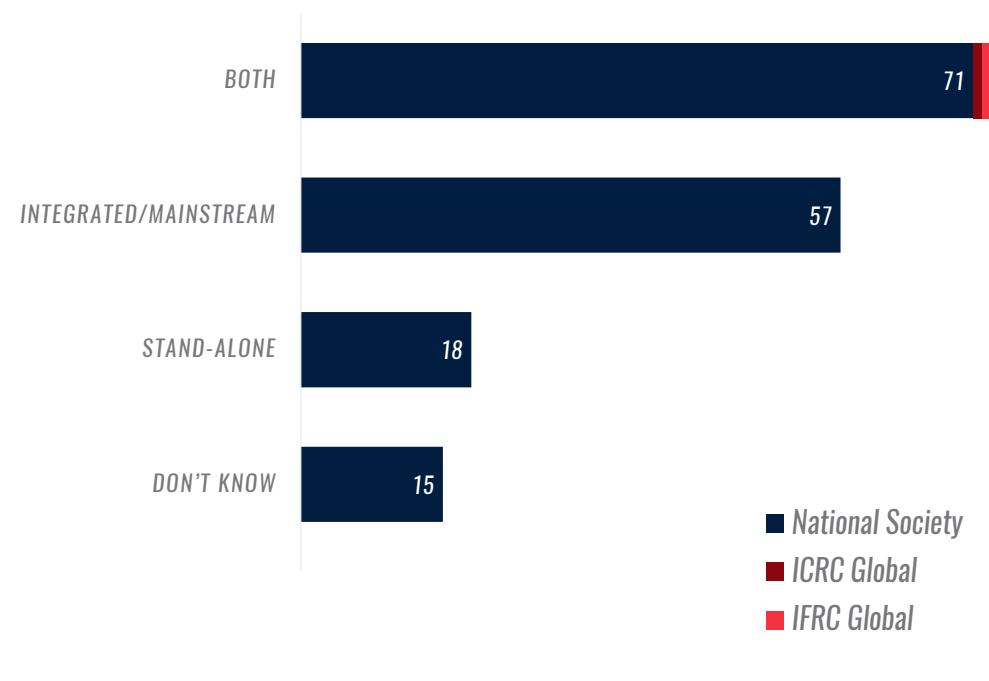


Figure 7: Approaches used in mental health and/or psychosocial support provision

Systems in place to ensure quality

The Movement invests in ensuring that quality support is provided. 50% (81 NS, the IFRC and the ICRC) of the respondents have supervision mechanisms in place to ensure the quality of the MH and/or PSS activities they provide.

This is a decrease compared to 59% (96 NS, the IFRC and the ICRC) in 2021 but still over the 2019 level of 48% (77 NS, the IFRC and the ICRC). See figure 8 for the comparison between 2019, 2021 and 2023 data.

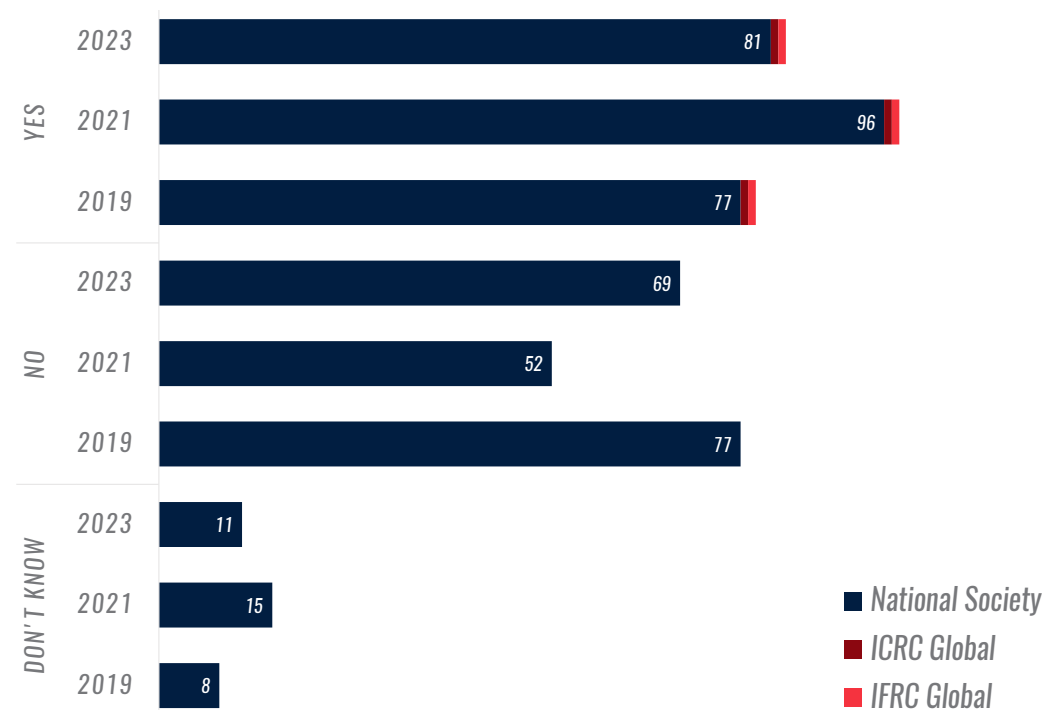


Figure 8: NS having having supervision mechanisms in place to ensure the quality of mental health and/or psychosocial support activities

Further, 81% (133 NS, the IFRC and the ICRC) state that they have a system in place to monitor the MH and/or PSS activities of their organization. As in 2019 (59%: 95 NS, the IFRC and the ICRC) and in 2021, 'documenting the number of beneficiaries engaged in an activity' was the most used tool in 2023 (69%: 112 NS, the IFRC and the ICRC). The response option 'psychometric tools' was not included in the baseline study and therefore there are no values available for this category in 2019. See figure 9 for more

detailed information.

If no monitoring system was reported to be in place, it was reported that this was due to a lack of / limited funds (32%: 22 NS), followed by the lack of staff who can analyse data (26%: 18 NS) and thirdly the lack of / limited technical expertise (25%: 17 NS).

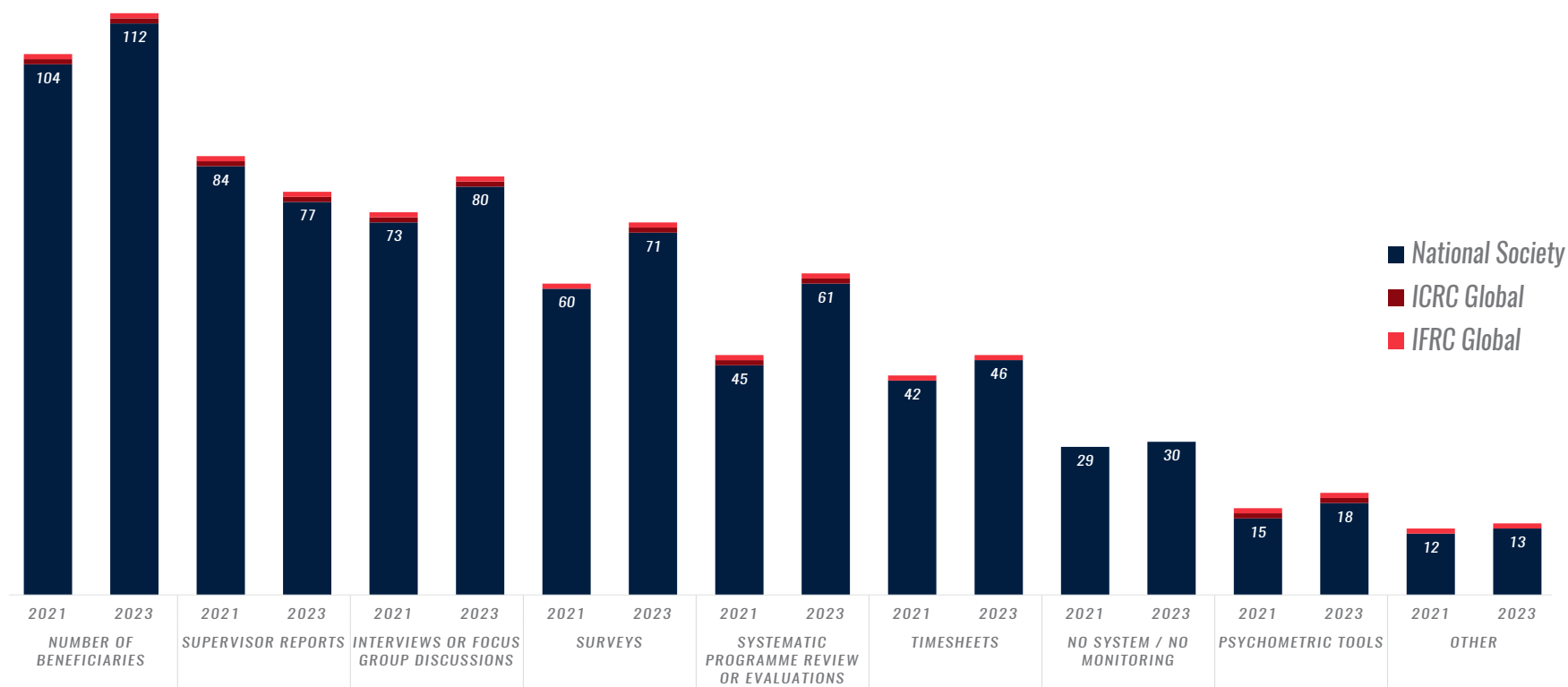


Figure 9: Types of mental health and/or psychosocial support monitoring system in place

MH and/or PSS in emergencies

During armed conflicts, disasters and other emergencies, MH and/or PSS needs increase dramatically. The Movement has a specific auxiliary role and mandate to address humanitarian needs.

More and more National Societies provide MH and/or PSS activities during emergencies, namely 93% (151 NS, the IFRC and the ICRC) of the respondents in 2023 in comparison to 90% of the respondents (146 NS, the IFRC and the ICRC) in 2019. Figure 10 below shows the geographical spread of respondents in 2023.

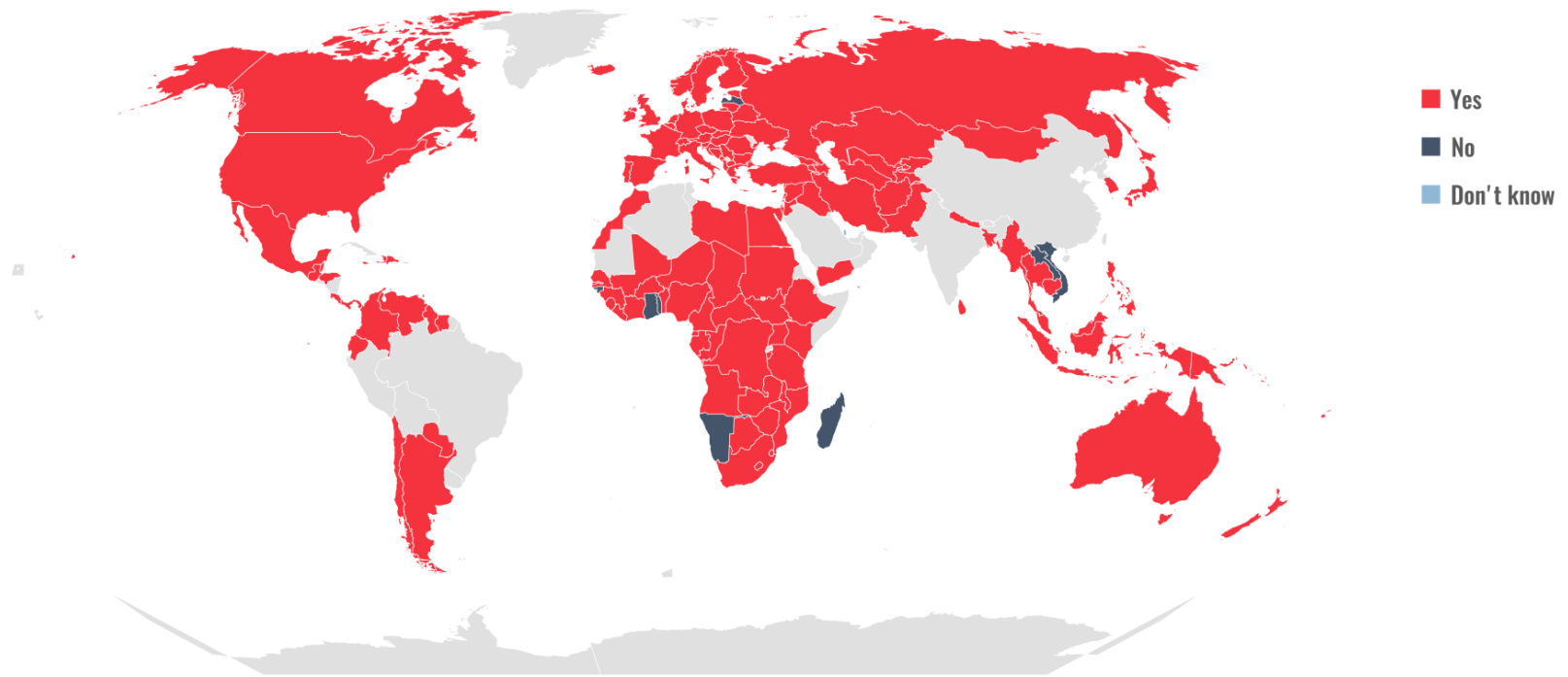


Figure 10: Provision of mental health and/or psychosocial support in emergencies

Data protection and confidentiality

More NS than before have a data protection and confidentiality system in place in 2023. In 2019, 41% of respondents (66 NS, the IFRC and the ICRC) had information systems in place to ensure confidentiality and protection of personal data. In 2021, the number of respondents having a system in place

grew by 18% (48%: 79 NS, the IFRC and the ICRC) and in 2023, the number grew again to 52% of respondents (84 NS, the IFRC and the ICRC) having a system in place.

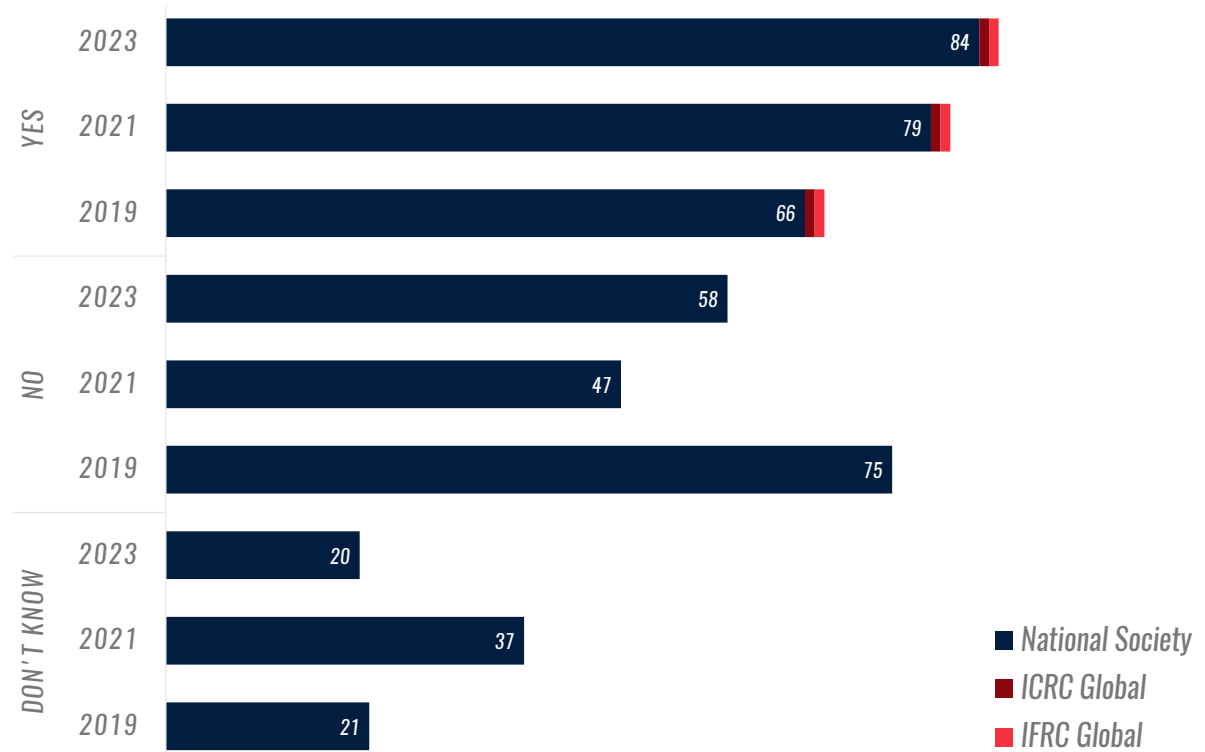


Figure 11: Data protection and confidentiality systems in place

Mental health and psychosocial well-being of staff and volunteers

The mental health and well-being of staff and volunteers are of critical importance to the Movement. Therefore, staff and volunteers are of particular focus when it comes to MH and/or PSS activities. As in 2021, three quarters of the respondents (120 NS, the IFRC and the ICRC) in 2023 indicated that they have systems in place to support staff and volunteers' mental health and psychosocial well-being (figure 12).

Most of the NS, the IFRC and the ICRC (52%: 87 NS, the IFRC and the ICRC) offer staff and volunteers psychological support (internal and/or external), 50% (81 NS, the IFRC and the ICRC) organise self-care activities and 47% (75 NS, the IFRC and the ICRC) conduct self-care trainings and capacity building.

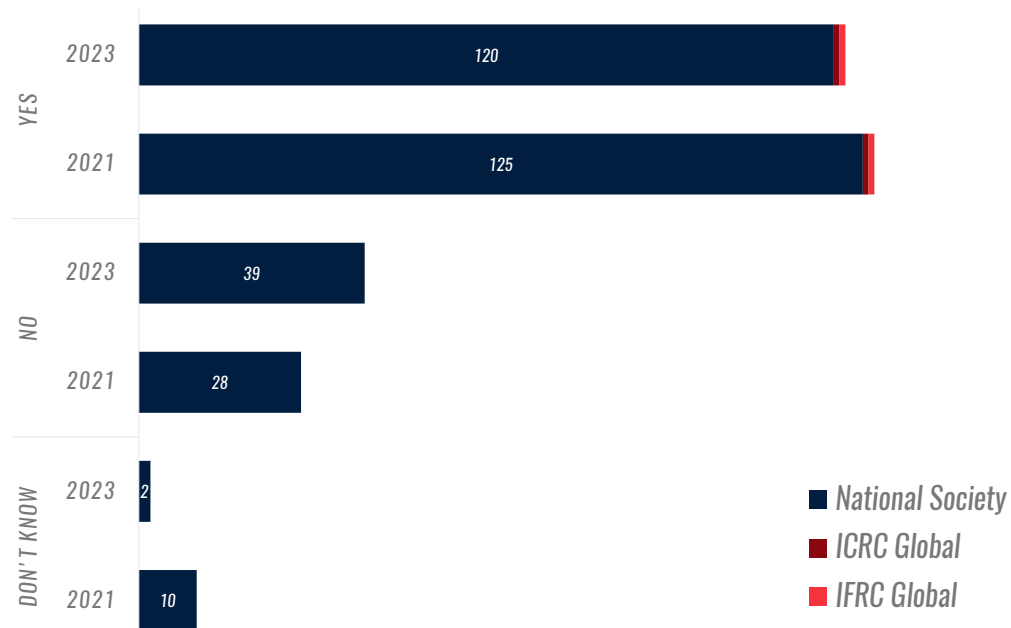


Figure 12: Components having systems in place to support staff and volunteers' mental health and psychosocial well-being

Human resources for MH and/or PSS

The Movement has both staff and volunteers involved in MH and/or PSS activities. In 2019, 74% (120 NS, the IFRC and the ICRC) reported that they had at least one focal point for MH and/or PSS in their organization. A continuous rise in the number of focal points is seen from 2021 to 2023, where 82% (134 NS, the IFRC and the ICRC) stated to have appointed one or more focal points. The survey defined 'focal point' as a representative of the Movement component which is responsible for MH and/or PSS within their organization (either alone or in collaboration with another/others) and should be appropriately resourced and enabled by the NS/Movement component that they represent.

If the NS/Movement component indicated that there is one or more focal points, they were asked which focus this person has (programming or human resources related). The 2023 survey indicates that the majority of the focal points, namely 62% (101 NS, the IFRC and the ICRC), focus on both programmatic MH and/or PSS staff and human resources volunteers' mental health and psychosocial

well-being. This is an increase of 9% compared with 87 NS, the IFRC and ICRC having staff focusing on both programming and human resources in 2021. 12% (16 NS) focus only on staff and volunteers' mental health and psychosocial well-being, and 13% (17 NS) only on MH and/or PSS activities and programmes.

Regarding the Movement's staff, 29% of the respondents (48 NS) have fewer than five staff members involved in MH and/or PSS activities, while 28% (47 NS) have between 5-19, 15% (25 NS) have between 20-49 staff, 8% (13 NS and the IFRC) have between 50-99, and 18% (30 NS and the ICRC) have more than 100 staff involved in these activities.

The Movement has collectively more than 2.700 social workers, 1.700 psychologists, more than 170 psychiatrists, and more than 5.500 community health workers working in this field.

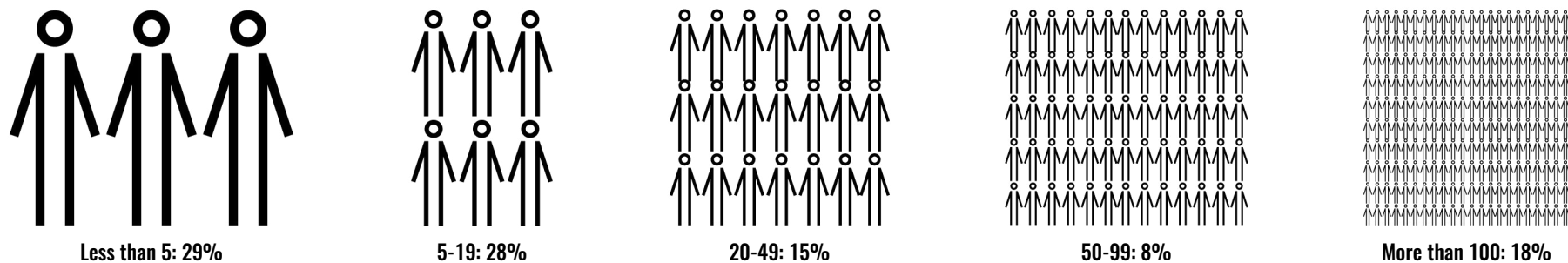


Figure 13: Staff involved in mental health and/or psychosocial support activities

Regarding volunteers, 12% (20 NS) have fewer than five volunteers involved in MH and/or PSS activities, while 20% (32 NS) have between 5-19, 10% (17 NS) have between 20-49, 10% (16 NS) have between 50-99, while the majority, 42% of respondents (68 NS), have more than 100 volunteers. 6% (9 NS) answered “Don’t know”. In some cases, however, the IFRC and the ICRC work directly with volunteers.

Of the 163 respondent NS, more than 14.800 social workers, 4.600 psychologists, 420 psychiatrists, 14.300 community workers and more than 53.400 people with other profiles work as volunteers in this field.

Collectively, among the 163 NS respondents, the IFRC and the ICRC, more than 79.500 staff and volunteers are reported to having been trained in basic psychosocial support in the last year, compared to 40.000 in 2021 and 27.000 staff and volunteers in 2019. This is a continuous growth of more than 100%.

As explained in the Movement’s MH and/or PSS Policy, the survey refers

to basic psychosocial support as the first layer of the MH and/or PSS Framework, addressed through activities that promote positive mental health and psychosocial well-being, resilience, social interaction, and social cohesion activities within communities. Activities in this layer are often integrated into health, protection, and education sectors and should be accessible to the affected population. More information about the International Red Cross and Red Crescent Movement’s MH and/or PSS Framework can be found in the [resource library of the IFRC Psychosocial Centre](#).

The number of staff and volunteers trained in psychological first aid (PFA) has also risen continuously and significantly, from 42.000 in 2019 to more than 88.000 in 2021, and more than 202.000 in 2023.

It should be noted that all specific numbers regarding staff and volunteers are likely to be higher, as respondents typed zero in cases where the actual numbers were unknown.

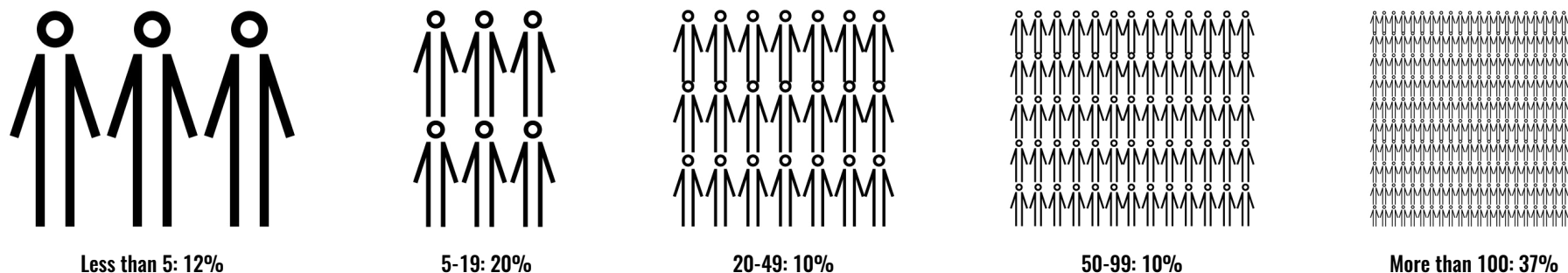


Figure 14: Volunteers involved in mental health and/or psychosocial support activities

In 2023, 42% (68 NS, the IFRC and the ICRC) answered 'yes' to the question on whether, over the last 12 months, the management and other leaders in the Movement's components received training focused on the importance and benefits of mental health and psychosocial well-being of staff and volunteers. In 2021, that number was 45% (73 NS, the IFRC and the ICRC). As in 2021, common training topics included PFA, Basic Psychosocial Support, Caring for Staff and Volunteers, Stress Management, MH and/or PSS Responses in Emergencies and Self-Care trainings and activities.

Learning resources and needs for training staff and volunteers

The Movement has developed a wide range of learning resources such as materials and courses for staff and volunteers. As shown in figure 15, most of respondents (2019: 58%: 90 NS and the IFRC, 2021: 55%: 90 NS and the IFRC), report in 2023 that they use learning resources from the IFRC PS Centre (58 %: 95 NS and the IFRC). 44% of the respondents (72 NS and the IFRC) use adapted materials from the IFRC PS Centre.

The most popular resources used and adapted by NS were various Psychological First Aid materials, Community-based Psychosocial Support, and Caring for Staff and Volunteers. 18% (28 NS and the IFRC) indicate that they use other Movement learning resources, and 31% (49 NS, the IFRC and the ICRC) use other learning resources in their trainings (e.g. from other agencies producing resources on MH and/or PSS matters). Amongst the ones most

frequently mentioned were different Inter-Agency Standing Committee (IASC) guidelines, resources from UN agencies, as well as country-specific resources.

However, there is a strong need for more technical support regarding trainings and programme/ activity guidance. Indeed, 79% (128 NS, the IFRC and the ICRC) express a need for this. NS respondents expressed the general need for more trainings. Specifically caring for staff and volunteers and monitoring of MH and/or PSS activities were named.

More than half of the respondents (59%: 102 NS, the IFRC and the ICRC) state that they see a need to design new trainings or tools, on specific MH and/or PSS services or activities provided by their organizations.

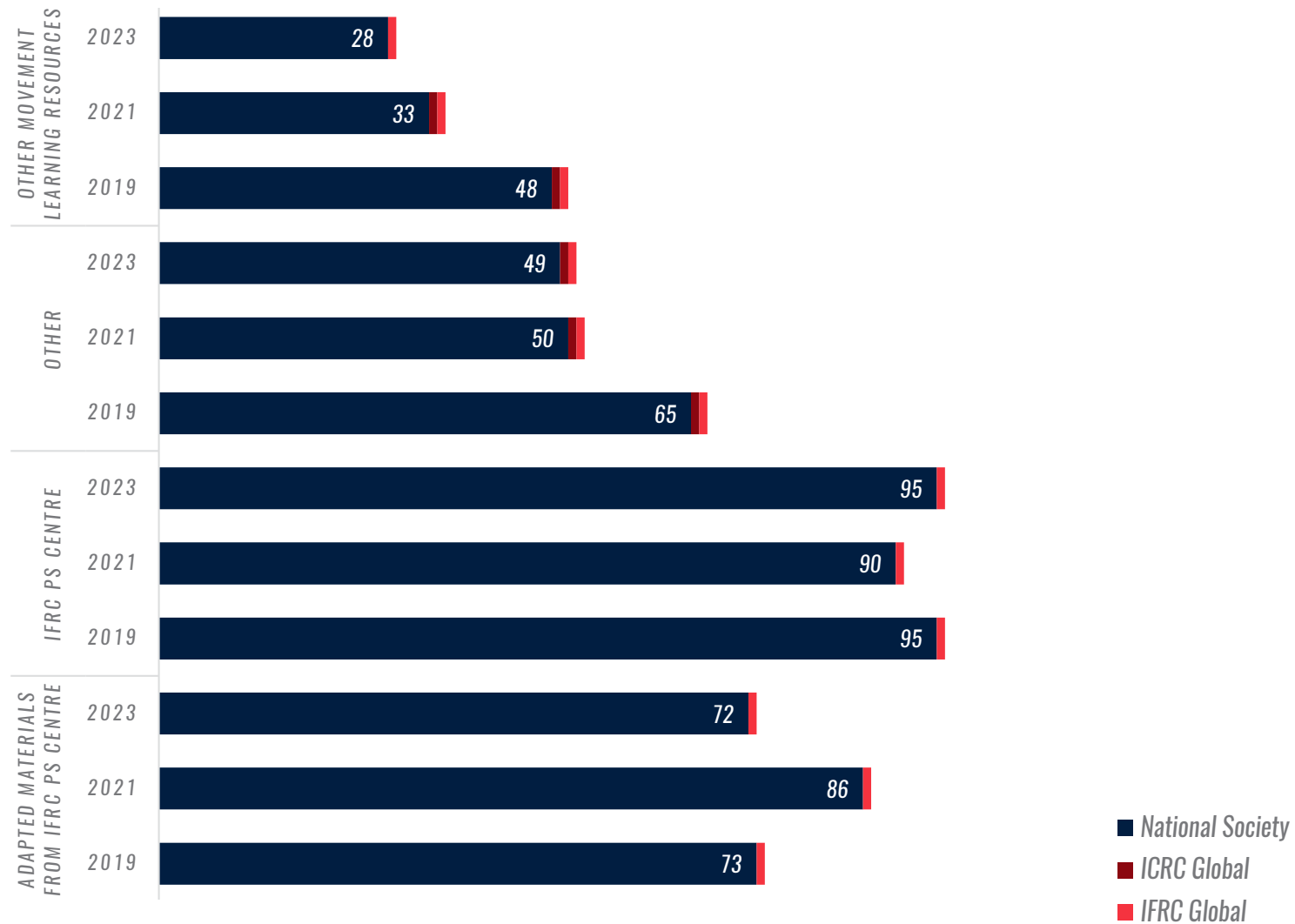


Figure 15: Learning resources used for training staff and volunteers

Budget dedicated to MH and/or PSS

Each component of the Movement is fully independent and responsible for its own budget plan. Therefore, the budget for MH and/or PSS is very diverse. 25% (43 NS), compared to 34% of respondents (55 NS) in 2019, have no budget dedicated to MH and/or PSS activities, reflecting the circumstances of many respondents. This may be because many activities are delivered through an integrated approach where MH and/or PSS is embedded in other services/ activities and therefore the budget is not captured specifically under MH and/or PSS, but is included in other sectors. 15% (25 NS) have a budget between 1-50.000 CHF, 10% (17 NS) have a budget between 50.001-100.000 CHF and 7% (12 NS) have a budget between 100.001-150.000 CHF. 2% of the NS respondents (14 NS in 2023 compared to 5%: 8 NS in 2019) state that they have the largest budget indicated, namely CHF 150.001-200.000. Moreover, the same number of respondents as in 2019, 12% of respondents (20 NS, the IFRC and ICRC), have budgets different from the indicated intervals or have budgets which are included or based on other budgets. 18% (29 NS) of respondents reported that they had no knowledge of this issue.

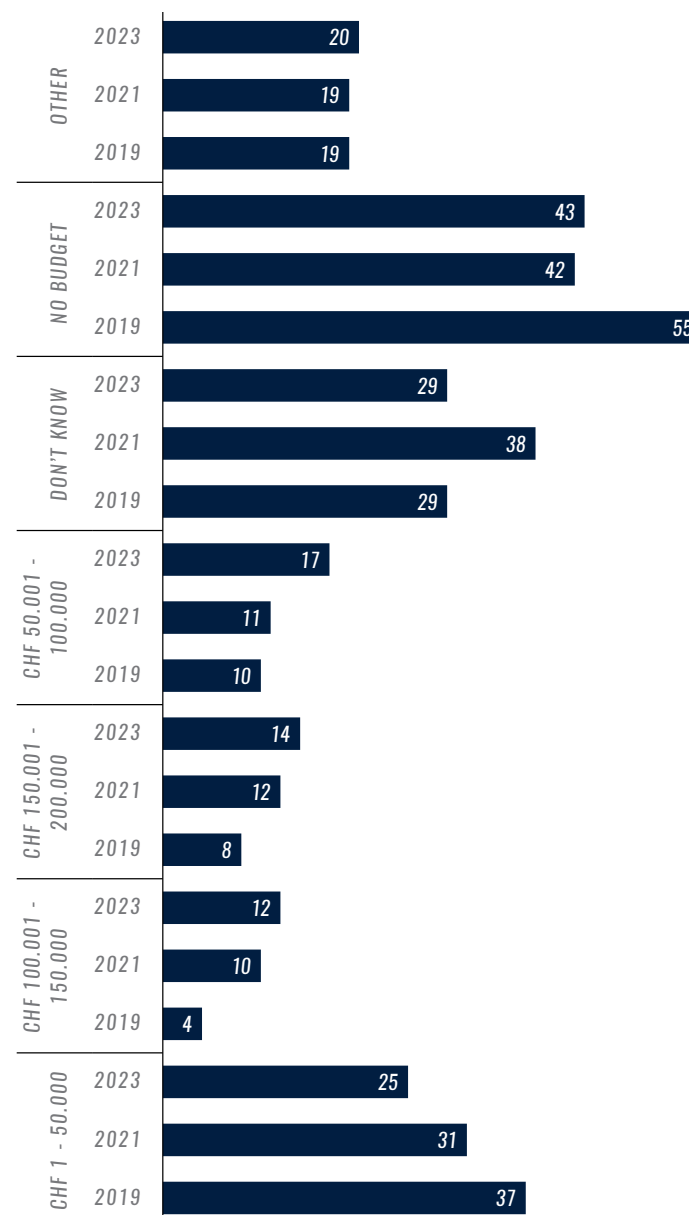


Figure 16: Annual budgets dedicated to mental health and/or psychosocial support activities

Collaboration regarding MH and/or PSS

The Movement receives support from various stakeholders and in different forms. The survey data indicates that the most common support received by NS is of a technical kind, especially provided by the IFRC (as stated by 113 NS: 69%), the Partner National Societies (PNSs) (75 NS: 46%), respective governments (70 NS: 43%) and the ICRC (59 NS: 36%).

The second most frequent type of support is funding. NS report that the IFRC (73 NS: 45%), PNS (61 NS: 37%) and the ICRC (46 NS: 28%) contribute with funding to their MH and/or PSS service delivery and programming. However, collaboration seems to be very limited with individual donors, the private sector, United Nations agencies and universities..

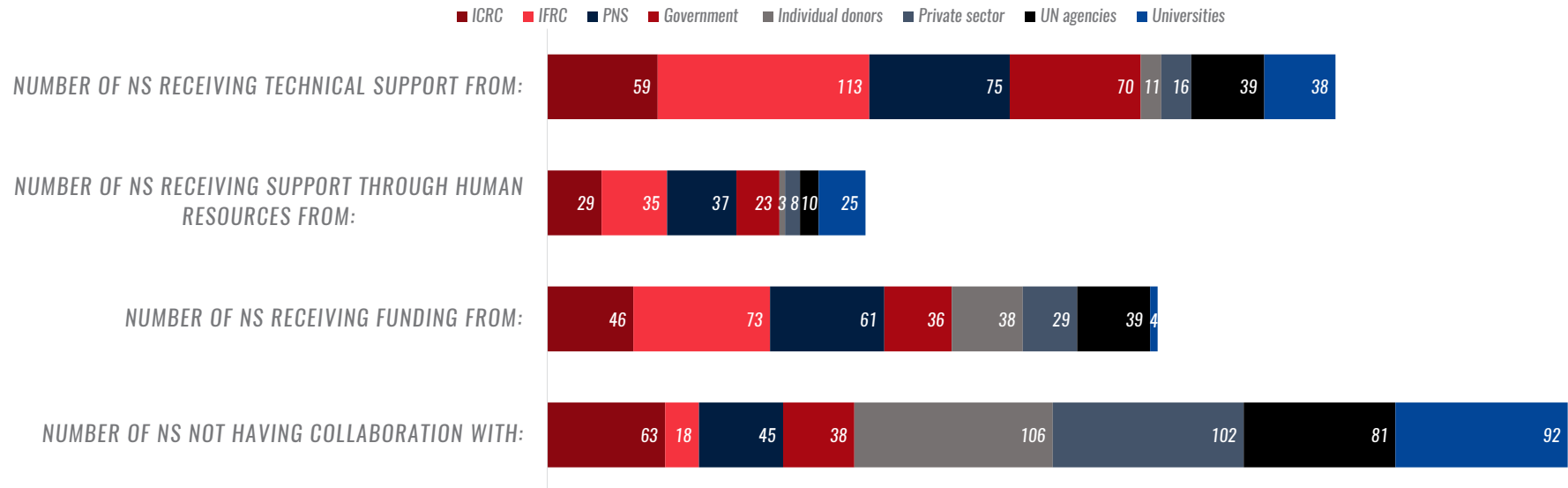


Figure 17: Type of collaboration according to stakeholder

Challenges that hinder or have already hindered collaboration between Movement partners are reported – as in 2021 – to be a lack of funding even when an agreement is reached (2023: 47%: 76 Ns and the IFRC; 2021: 53%: 85 NS, the IFRC and the ICRC), the high turnover of staff involved (42%: 67 NS, the IFRC and the ICRC) and the time consuming element in

operationalizing activities (35%: 56 NS, the IFRC and the ICRC).

Figure 18 illustrates the respondents' evaluation of the challenges experienced when exploring collaboration possibilities within the Movement.

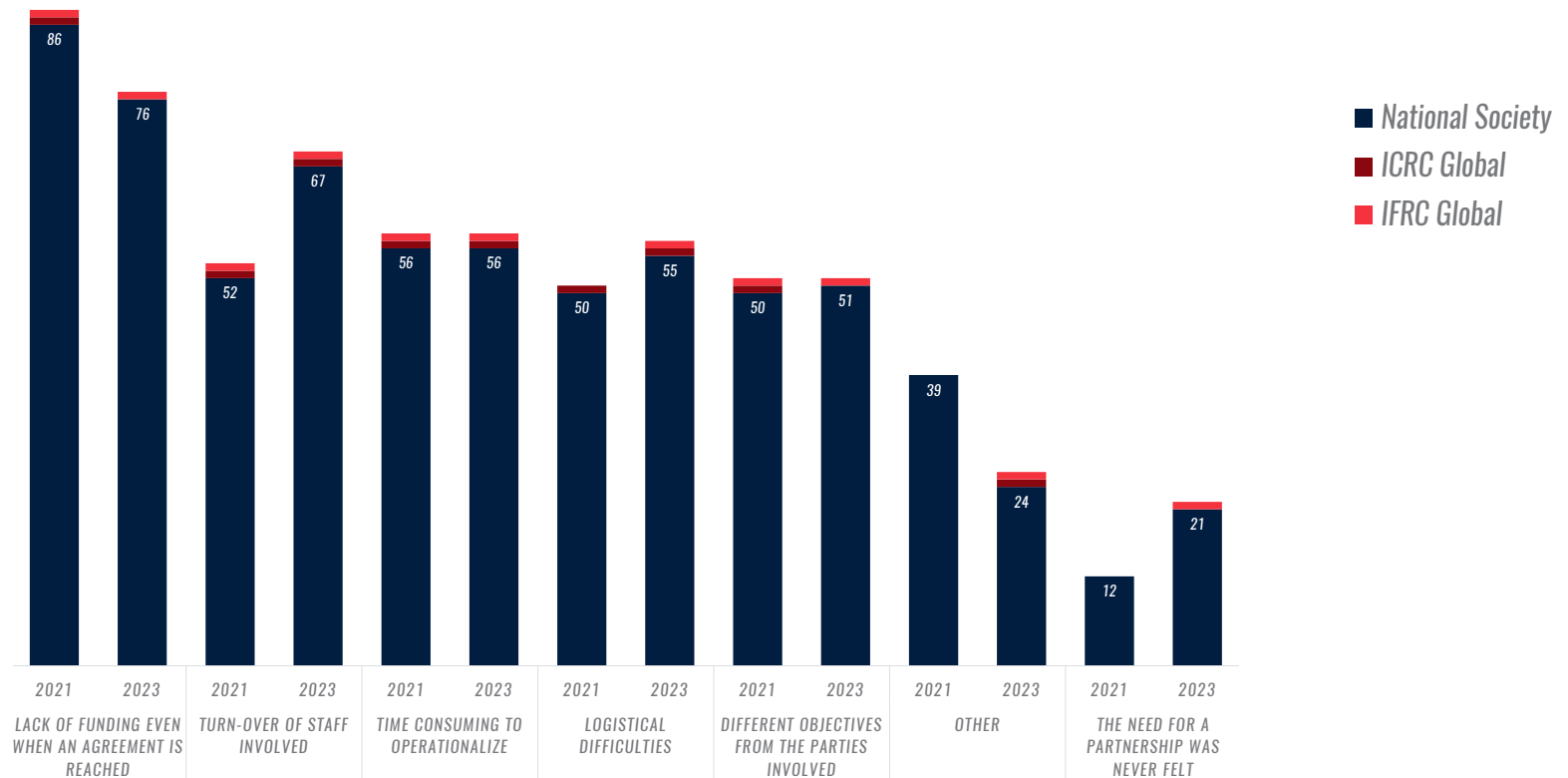


Figure 18: Type of challenges presented by collaboration with different partners

Challenges and gaps in delivering MH and/or PSS services

All three surveys have indicated that ‘budget constraints’ or ‘limited budget availability’ are the greatest obstacles for delivering MH and/or PSS activities. 78% (127 NS, the IFRC and the ICRC) in 2023, compared to 83% of respondents (135 NS and the IFRC) in 2019, referred to these challenges regarding a lack of/or limited funds.. The second most serious obstacle in

2023 related to challenges within the organization (50%: 80 NS, the IFRC and the ICRC). The third was the lack of or limited technical expertise i.e. manuals, trainings and specialists (42%: 68 NS and the IFRC). An overview of the different challenges can be seen in figure 19.

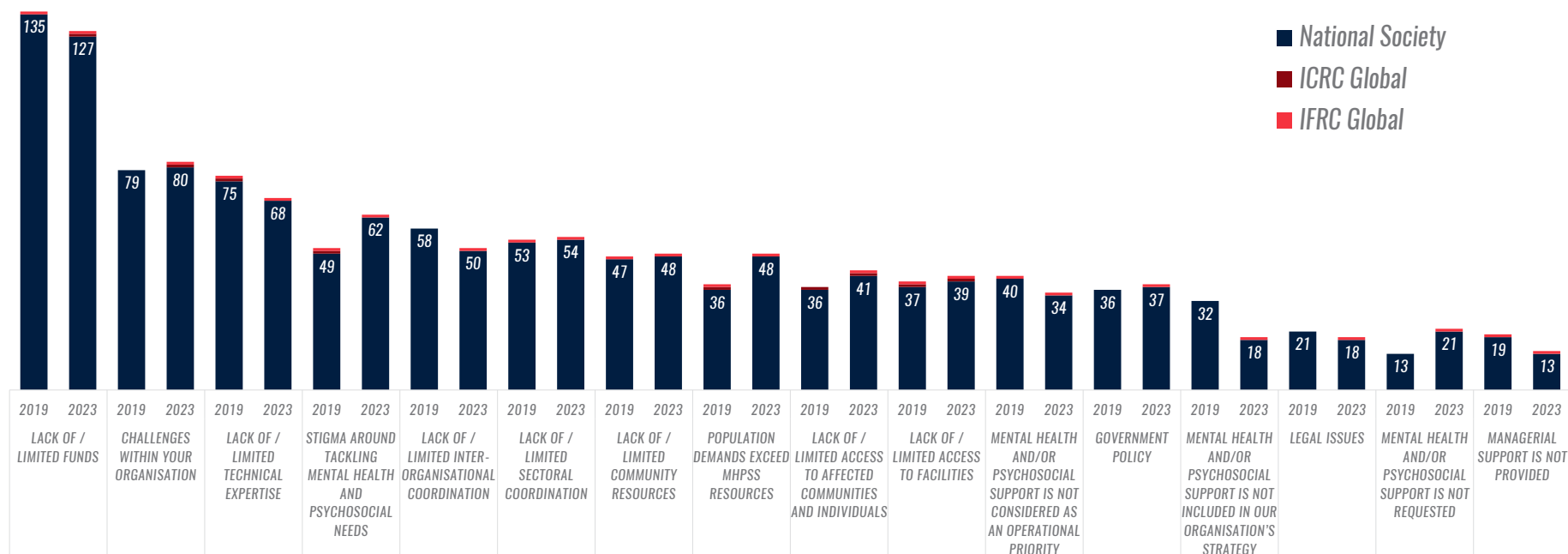


Figure 19: Perceived gaps in delivering mental health and/or psychosocial support activities

MH and/or PSS research, advocacy and the national role

The Movement is engaged in humanitarian diplomacy to generate awareness and funding for mental health and psychosocial support services, and through research to document our work and inform the development of innovative approaches.

More than ever before, 72% (116 NS, the IFRC and the ICRC) compared to 58% (2019: 97 NS, the ICRC and the IFRC) of respondents, are engaged in humanitarian diplomacy on MH and/or PSS related topics or issues. Figure 20 shows the increased number of NS advocating for MH and/or PSS.

The number of NS involved in MH and/or PSS research has remained fairly stable over the last four years. In 2019, 31 NS, the IFRC and the ICRC (20%) reported that they were involved or had previously been involved in MH and/or PSS research, while in 2023, 32 NS, the IFRC and the ICRC (21%) engage in research.

34% of the NS (54 NS) responding to the 2023 survey indicate that their role in providing MH and/or PSS services is expressly mentioned in national public health laws and policies and that they have specific agreements with the public authorities (37%: 60 NS). Both indicators show a decrease compared to the 2021 data where 48% (79 NS) of respondents indicate that their role in providing MH and/or PSS is mentioned in national public health laws and policies and 42% (68 NS) of respondents have specific agreements with the public authorities.

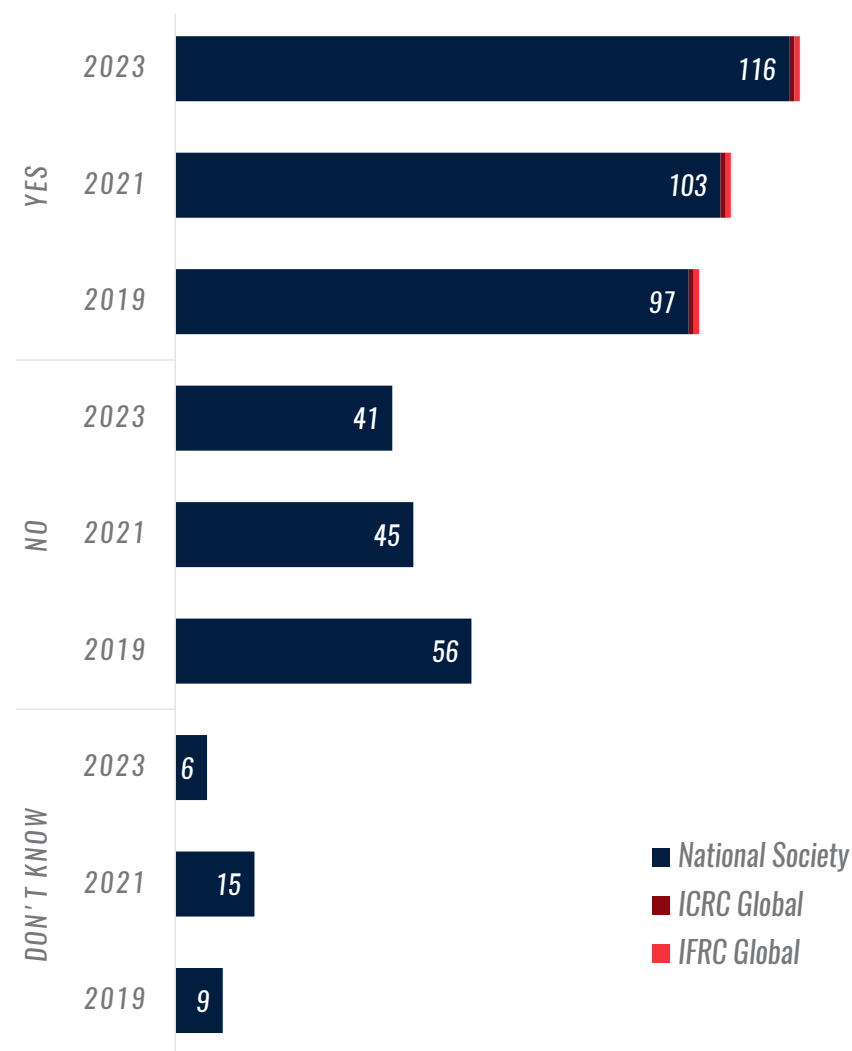


Figure 20: Work with humanitarian diplomacy on MH and/or PSS related topics or issues

However, 65% (106 NS) of respondent NS are mentioned in the national public health or disaster management plans which constitutes a significant increase compared to 27% (45 NS) in 2021.

In addition, most NS (68%: 111 NS) are included as participants in relevant MH and/or PSS humanitarian inter-agency mechanisms (2019: 63%: 103 NS), and more than half (54%: 87 NS) are included in inter-ministerial/departmental committees of their respective government (2019: 50%: 82 NS).

As the NS work as auxiliaries to the public authorities, it is key to understand if the public authorities recognize MH and/or PSS as a component when responding to disasters and emergencies.

MH and/or PSS is mentioned in pandemic preparedness and response laws, policies or plans of governments, according to 52% of respondents (84 NS). MH and/or PSS is also mentioned in disaster risk management laws, policies or plans according to 56% (92 NS) of the respondents, while 44% (72 NS) governments, according to the respondents, point out MH and/or PSS in plans for response to conflicts or violence.

Future plans

MH and/or PSS activities continue to be on the rise. As in 2021, around half of the respondents (79 NS and the IFRC) plan to expand their activities within this area in 2023. Further, 40% (65 NS and the ICRC) want to integrate or mainstream their activities, which means including MH and/or PSS in other

programme activities. This also includes an increase in the number of staff and volunteers who have a basic understanding of PSS and know how to integrate the approach in their activities. 5% (8 NS) plan to maintain the level of activities on MH and/or PSS.

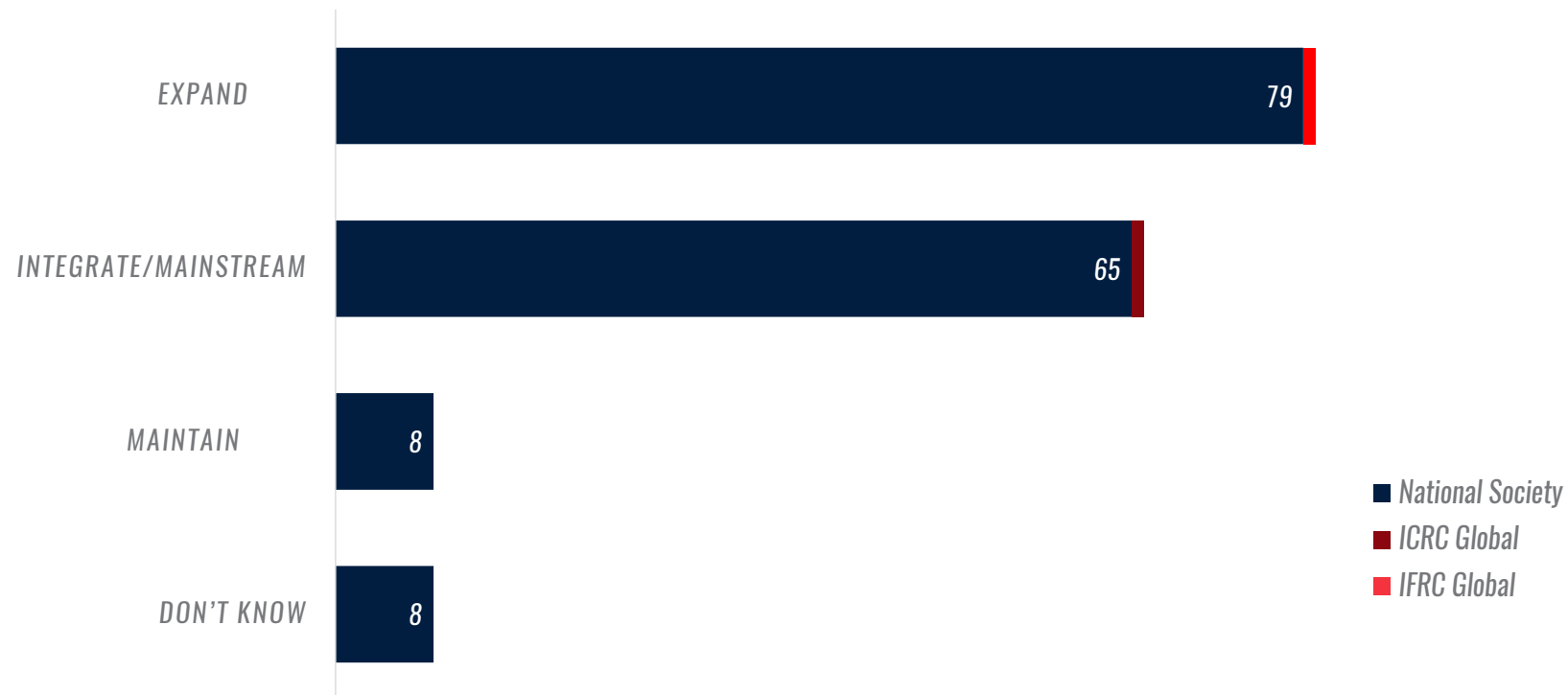


Figure 21: Future plans to expand, integrate, maintain or reduce mental health and/or psychosocial activities

Concluding remarks

The 2023 Red Cross Red Crescent Movement-wide Mental Health and Psychosocial Support (MH and/or PSS) survey reveals continuous progress and commitment, but also persistent challenges within the Movement's efforts to address mental health and psychosocial needs and thereby implement the MH and/or PSS Policy. National Societies, the IFRC and the ICRC continue to provide a wide range of MH and/or PSS services activities in accordance with their respective mandates, commitments, and auxiliary roles. Psychological first aid (PFA) continues to be a cornerstone activity, offered by 83% of respondents, ensuring immediate support during crises. The consistent emphasis on staff and volunteer well-being, with 76% of respondents engaging in activities for their care, reflects the Movement's recognition of their vital role and resilience.

Despite challenges such as limited funding, with 78% of respondents citing financial constraints as a major obstacle, and gaps in technical expertise reported by 42% of respondents, the Movement's determination to expand MH and/or PSS activities remains evident. Nearly half of the respondents plan to expand their MH and/or PSS programmes and 40% of respondents aim to integrate MH and/or PSS into other programme activities, reflecting a holistic approach to support.

Furthermore, the increase in staff and volunteers trained in basic psychosocial

support and psychological first aid is a demonstration of the Movement's commitment to building capacity. The recognition of the National Societies' role by national authorities, with 65% of NS mentioned in national public health or disaster management plans, underscores its importance in addressing mental health and psychosocial needs at the national level.

In summary, while challenges persist, the Red Cross Red Crescent Movement continues to make significant advances in the field of MH and/or PSS. The data presented in this report serves as a valuable snapshot, offering insights into the evolution of MH and/or PSS activities within the Movement over the past four years since the adoption of the MH and/or PSS Policy and MH and/or PSS Resolution in 2019. It is evident that the Movement's commitment to providing essential mental health and psychosocial support during emergencies remains unwavering. Collaboration and support, both within the Movement and from external partners, will be essential to overcome financial and technical constraints and further advance these vital services. It will also be imperative to integrate the work of the MH and/or PSS Roadmap Working Groups in the ongoing activities, connecting them with already existing networks within the Movement and thereby reinforce the Movement's collective abilities to providing essential mental health and psychosocial support during emergencies and beyond. The 2023 survey data will undoubtedly serve as a vital resource for future planning and advocacy efforts, ensuring that the Movement continues to make a meaningful impact on the mental well-being of communities world-wide.

With thanks to the following for their participation in the survey:

Afghan Red Crescent	Czech Red Cross	Latvian Red Cross	Red Crescent Society of Kyrgyzstan	Suriname Red Cross
Albanian Red Cross	Danish Red Cross	Lebanese Red Cross	Red Crescent Society of Tajikistan	Swedish Red Cross
Algerian Red Crescent	Dominica Red Cross Society	Lesotho Red Cross Society	Red Crescent Society of the Islamic Republic of Iran	Swiss Red Cross
American Red Cross	Dominican Republic Red Cross	Liberian Red Cross Society	Red Crescent Society of Turkmenistan	Syrian Arab Red Crescent
Andorran Red Cross	Ecuadorian Red Cross	Libyan Red Crescent	Red Crescent Society of Uzbekistan	Tanzania Red Cross National Society
Angola Red Cross	Egyptian Red Crescent Society	Lithuanian Red Cross Society	Red Cross of Benin	The Barbados Red Cross Society
Antigua and Barbuda Red Cross	Estonia Red Cross	Luxembourg Red Cross	Red Cross of Cape Verde	The Canadian Red Cross Society
Argentine Red Cross	Ethiopian Red Cross Society	Malagasy Red Cross Society	Red Cross of Chad	The Gambia Red Cross Society
Armenian Red Cross Society	Fiji Red Cross Society	Malawi Red Cross Society	Red Cross of Equatorial Guinea	The Guyana Red Cross Society
Australian Red Cross	Finnish Red Cross	Malaysian Red Crescent Society	Red Cross of Monaco	The Netherlands Red Cross
Austrian Red Cross	French Red Cross	Mali Red Cross	Red Cross of Montenegro	The Palestine Red Crescent Society
Bahrain Red Crescent Society	Gabonese Red Cross Society	Marshall Islands Red Cross Society	Red Cross of North Macedonia	The Red Cross of Serbia
Bangladesh Red Crescent Society	German Red Cross	Mauritius Red Cross Society	Red Cross of the Democratic Republic of the Congo	The Red Cross Society of Bosnia and Herzegovina
Baphalali Eswatini Red Cross Society	Ghana Red Cross Society	Mexican Red Cross	Red Cross Society of Côte d'Ivoire	The Republic of Korea National Red Cross
Belarus Red Cross	Grenada Red Cross Society	Micronesia Red Cross	Red Cross Society of Georgia	The Russian Red Cross Society
Belgian Red Cross	Guatemalan Red Cross	Mongolian Red Cross Society	Red Cross Society of Guinea	The Solomon Islands Red Cross
Belize Red Cross Society	Haiti Red Cross Society	Moroccan Red Crescent	Red Cross Society of Guinea-Bissau	The South African Red Cross Society
Botswana Red Cross Society	Hellenic Red Cross	Mozambique Red Cross Society	Red Cross Society of Niger	The Sudanese Red Crescent
British Red Cross	Honduran Red Cross	Myanmar Red Cross Society	Red Cross Society of Panama	The Thai Red Cross Society
Brunei Darussalam Red Crescent Society	Hungarian Red Cross	Namibia Red Cross	Romanian Red Cross	The Trinidad and Tobago Red Cross Society
Bulgarian Red Cross	Icelandic Red Cross	Nepal Red Cross Society	Saint Kitts and Nevis Red Cross Society	The Uganda Red Cross Society
Burkinabe Red Cross Society	Indonesian Red Cross Society	New Zealand Red Cross	Saint Lucia Red Cross	Timor-Leste Red Cross Society
Burundi Red Cross	Iraqi Red Crescent Society	Nigerian Red Cross Society	Saint Vincent and the Grenadines Red Cross	Togolese Red Cross
Cambodian Red Cross Society	Irish Red Cross Society	Norwegian Red Cross	Samoa Red Cross Society	Turkish Red Crescent Society
Cameroon Red Cross Society	Israel - Magen David Adom in Israel	Pakistan Red Crescent	Sao Tome and Principe Red Cross	Tuvalu Red Cross Society
Central African Red Cross Society	Italian Red Cross	Palau Red Cross Society	Senegalese Red Cross Society	Ukrainian Red Cross Society
Chilean Red Cross	Jamaica Red Cross	Papua New Guinea Red Cross Society	Sierra Leone Red Cross Society	Venezuelan Red Cross
Colombian Red Cross Society	Japanese Red Cross Society	Paraguayan Red Cross	Singapore Red Cross Society	Vietnam Red Cross Society
Congolese Red Cross	Jordan National Red Crescent Society	Philippine Red Cross	Slovak Red Cross	Yemen Red Crescent Society
Cook Islands Red Cross Society	Kazakh Red Crescent	Polish Red Cross	Slovenian Red Cross	International Federation of Red Cross and Red Crescent Societies (IFRC)
Costa Rican Red Cross	Kenya Red Cross Society	Portuguese Red Cross	South Sudan Red Cross	International Committee of the Red Cross (ICRC)
Croatian Red Cross	Kiribati Red Cross Society	Qatar Red Crescent Society	Spanish Red Cross	
Cyprus Red Cross Society	Lao Red Cross	Red Crescent Society of Azerbaijan	Sri Lanka Red Cross Society	

Key takeaways:



48%

(79 NS and the IFRC) plan to expand their MH and/or PSS activities



202.300

Volunteers and staff are trained in PFA



52%

(84 NS, the IFRC and the ICRC) have a system in place to ensure confidentiality and protection of personal data



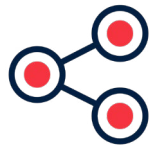
78%

(127 NS, the IFRC and ICRC) identify limited funds as a challenge



93%

(151 NS, the IFRC and the ICRC) provide MH and/or PSS activities in emergencies



68%

(111 NS, the IFRC and the ICRC) offer referral to more specialized mental health services



21%

(32 NS, the IFRC and the ICRC) are involved in MH and/or PSS research



81%

(133 NS, the IFRC and the ICRC) have a system in place to monitor MH and/or PSS activities



72%

(116 NS, the IFRC and the ICRC) are engaged in MH and/or PSS advocacy

Movement staff engaged in MH and/or PSS



More than 2.700 social workers



More than 1.700 psychologists



Nearly 170 psychiatrists



Nearly 5.500 community health workers

Movement volunteers engaged in MH and/or PSS



More than 14.800 social workers



More than 4.600 psychologists



More than 420 psychiatrists



More than 14.300 community health workers

Annex

Working Groups & their Priority Action Areas	Working Group Co-Leads (status October 2021)	Changes to the survey 2023 and 2021 compared to the initial survey 2019
<p>Working Group 1</p> <p>Priority Action Area 1: Guarantee a basic level of psycho-social support and integrate mental health and psychosocial support across sectors</p>	<p>British Red Cross: Sarah Davidson</p> <p>IFRC PS Centre: Shona Whitton</p>	<p>Initial question (2019): Are there one or more focal points for mental health and/or psychosocial support within your organization?</p> <p>Addition to initial question is a definition of ‘Focal Point’: “A Focal Point should represent the National Society and be responsible for mental health and psychosocial support within their National Society (either alone or in collaboration with another/others). The focal point should be appropriately resourced and enabled by the NS/ Movement component that they represent.”</p> <p>Question added to the 2021 survey: Please indicate their focus (and select all that apply for all of the focal points you have):</p> <ol style="list-style-type: none"> 1. MH and/or PSS activities and programmes 2. Staff and volunteers’ mental health and psychosocial well-being. <p>Initial question (2019): How many volunteers and staff are trained in basic psychosocial support?</p> <p>Addition to initial question is a definition of ‘basic psychological support’: “Basic psychosocial support – the first layer of the pyramid – promotes positive mental health and psychosocial well-being, resilience, social interaction and social cohesion activities within communities. Activities in this layer are often integrated into health, protection and education sectors and should be accessible to 100% of the affected population, where possible. Examples of activities include psychological first aid (PFA) and recreational activities. Basic psychosocial support can be provided by trained Red Cross and Red Crescent staff and volunteers and/or trained community members.”</p>

Working Group 2

**Priority Action Area 2:
Develop a holistic MH and/or PSS approach between Movement components and in collaboration with other actors**

Danish Red Cross:
Louise Steen Kryger

ICRC:
Sarah Miller

Initial question (2019): If your mental health and/or psychosocial activities receive support, please specify from whom:

Questions added to the 2021 survey:

Does your organization work in collaboration (this includes operational support, technical support and any form of coordination activities in the field) regarding MH and/or PSS with other partners?

	Funding	Human Resources	Technical	Other	No collaboration
ICRC					
IFRC					
Partner National Societies					
Government (e.g. ministry of social affairs, ministry of health)					
Individual donors					
Private sector					
United Nations Agencies					
Universities					
Other					

What are the challenges that may (or have already) hinder collaboration between Movement partners (i.e. jointly develop and implement activities) – please select all that apply:

1. Time consuming to operationalize
2. Different objectives from the parties involved
3. Turnover of staff involved
4. Lack of funding even when an agreement is reached
5. Logistical difficulties
6. The need for a partnership was never felt
7. Other _____

Working Group 3

**Priority Action Area 3:
Protect and promote the mental health
and psychosocial well-being of staff and
volunteers**

Swedish Red Cross:
Maite Zamacona

IFRC HR:
Ines Hake

Questions added to the 2021 survey:

In the past 12 months, have management and other leaders in your organization (e.g., board, branches) received training on the importance and benefits of mental health and psychosocial well-being of staff and volunteers? If yes, indicate what training they have received (at minimum one hour):

1. Yes _____
2. No
3. Don't know

Does your organization have ways to support staff and volunteers' mental health and psychosocial well-being?

1. Yes _____
2. No
3. Don't know

Indicate which systems are in place:

1. Self-care activities (e.g., awareness sessions, group activities, meditation practices, sports or recreational activities, etc)
2. Peer-to-peer support (e.g., peer support groups, buddy systems)
3. Psychological support (e.g., it can be both internal and external)
4. Referral systems (e.g., supervision mechanisms for monitoring and/or directing staff and volunteers to the appropriate support groups/focal point)
5. Self-care trainings and capacity building (e.g., trainings or tools to tackle specific aspects of the MH and/or PSS activities within your organization)
6. Other _____

Working Group 4

Priority Action Area 4:
Demonstrate the impact of MH and/or PSS interventions through research, evidence, monitoring and evaluation

Swiss Red Cross:
Monia Aebersold

IFRC PS Centre:
Sarah Kate van der Walt

Questions added to the 2021 survey:

What are the reasons for why your organization does not have a system in place to monitor your mental health and/or psychosocial support activities in your organization? Please select all that apply:

1. Lack of / limited funds
2. Lack of planning (e.g. not including monitoring and evaluation plans at the beginning of the project/activities)
3. Lack of staff who can collect data
4. Lack of staff who can analyse data
5. Lack of suitable tools
6. Lack of / limited technical expertise (e.g. to identify manuals, trainings, specialists)
7. Monitoring mental health and psychosocial support activities is not seen as a core priority for the organization
8. Monitoring and evaluation is not requested
9. Practical monitoring and evaluation support is not provided
10. Legal issues (e.g. data protection and information security)
11. Other _____

What resources/guidance does your organization use to monitor mental health and psychosocial support activities?

Please select all that apply:

1. IFRC Reference Centre for Psychosocial Support 'Monitoring and Evaluation Framework for Psychosocial Support Interventions – Toolbox / Indicator Guide'
2. ICRC 'Guidelines on Mental Health and Psychosocial Support'
3. IASC 'Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings'
4. IASC 'Mental Health and Psychosocial Support Assessment Guide'
5. WHO & UNHCR 'Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings'
6. IFRC 'Project/Programme Monitoring and Evaluation Guide'
7. We do not use any of the above listed resources/guidance (please specify why not and select all that apply):
8. We use other existing guidance/resources, please specify: _____

Sub-group of Working Group 4

Digital MH and/or PSS Pledge Working Group

Swiss Red Cross:

Monia Aebersold
Viktoria Zöllner
Rilana Stöckli

Questions added to the 2021 survey:

11.3. Does your National Society provide MH and/or PSS activities or services in a digital way?

In a digital way could be through the following devices: telephone, website, apps, online-communication tools e.g. Zoom, chat tools e.g. WhatsApp. Examples of services provided digitally could be e-learning, training, online counselling/online therapy, networking amongst users, etc.

1. Yes
2. No
3. Not yet, but we plan to digitalize MH and/or PSS activities in the next 2-1 years

Working Group 5

Priority Action Area 5:
Strengthen resource mobilization
for MH and/or PSS in humanitarian
response

and

Priority Action Area 6:
Mobilize political support for MH and/
or PSS – humanitarian diplomacy and
advocacy

Danish Red Cross:
Andreas Støttrup
Moldov

ICRC:
Agnès Christeler

Questions added to the 2021 survey:

Is your organization's role in providing MH and/or PSS services expressly recognized by:

1. Mention in national public health laws or policies?
 Yes No Don't know
2. Mention in national public health or DM plans?
 Yes No Don't know
3. Specific agreements with the public authorities?
 Yes No Don't know
4. Inclusion of the NS as a participant in inter-ministerial/departmental committees of your government that handle this issue?
 Yes No Don't know
5. Inclusion of the NS as a participant in relevant humanitarian inter-agency mechanisms (e.g. clusters, technical working groups) that handle this issue?
 Yes No Don't know

Is the role of MH and/or PSS specifically mentioned in:

1. Your government's pandemic preparedness and response laws, policies or plans?
 Yes No Don't know
2. Your government's disaster risk management laws, policies or plans?
 Yes No Don't know
3. Your government's plans for response to conflicts or violence?
 Yes No Don't know
4. Any other plans? Please specify: _____

**MHPSS Roadmap
Coordination Group**

IFRC:

Bhanu Pratap
Sofia Ribeiro

ICRC:

Milena Osorio

IFRC PS Centre:

Sarah Harrisson

Danish Red Cross:

Louise Steen Kryger

Swedish Red Cross:

Maite Zamacona

Questions added to the 2021 survey:

33. Is your National Society a member of one or more of the MH and/or PSS Roadmap Working Groups (link?)

1. Yes
2. No
3. Don't know

If no is selected – dropdown menu (multiple selections)

1. It is the first time we hear about it
2. We do not have human resources to attend
3. We prefer to attend meetings compatible with our time zone
4. We prefer to attend meetings held in our local language
5. Other _____