Key Mental Health and Psychosocial Support Messages for Four Key Areas

All National Societies, the IFRC and the ICRC should guarantee the basic level of psychosocial support, as described in the Movement´s Mental Health and Psychosocial Support (MHPSS) Framework, and assess needs, refer and advocate in relation to the full spectrum of the Movement's MHPSS Framework. Integrating MHPSS across sectors will allow the components to reach more people and ensure that persons in need of more specialized MHPSS services are identified and properly referred. Integration is also critical to reducing stigma, discrimination and exclusion. In this context integration refers to awareness raising and ensuring MHPSS factors, evidence and resources are considered and included in all aspects of our activities given how people are impacted variously re their mental health and psychosocial wellbeing.

In the cross Movement work being undertaken to implement the Council of Delegate's (2019) Resolution and Policy on Integrating MHPSS, Resource Room - Psychosocial Support IFRC (pscentre.org) the Priority Action Area One (PAA1) Working Group have developed the following key messages to support efforts to integrate MHPSS across four prioritised areas- These are:

- Disaster and Emergency Management
- First Aid
- Protecting/Restoring Family Links
- Protection, Gender and Inclusion

The PAA1 Working Group also identified a further integration opportunity relevant to all sectors related to assessment.

Integration in assessment
In order to avoid harm (including of re-traumatising people through repeated questioning) and promote holistic approaches, assessments should be integrated. The following seven questions can be used to integrate MHPSS across all levels (personal, family, community, regional, national and programme) in assessments, ongoing interactions and plans.[1] These questions can be included in semi-structured interviews and decision trees:

1. Since the event, what changes have you noticed in yourself and others?
2. Do you know of someone who has or is at risk of a mental health or psychosocial difficulty and how to respond?
3. What do you and others normally do to overcome difficulties / deal with stress?

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[1] Also noting Working Group 1's Headlines for Communicating with Stakeholders publication about Integrating Mental Health and Psychosocial Support document as a starting point

4. In the community, how is mental health perceived, do people support each other (how?) and what resources are there?
5. Which groups might be most at risk, and how are they typically engaged?
6. Are there any Mental Health services or support services available?
7. What supports exist to promote the trauma informed values of wellbeing, safety, choice, empowerment, collaboration, trustworthiness, cultural competence, and peer support?

For more information, please contact the co-leads for Priority Action Area One Working Group:

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1. Disaster and Emergency Management

Both Mental Health and Psychosocial Support (MHPSS) and **Disaster and Emergency Management recognise the importance of:**

- The do no harm principle.
- Responding to those in need, prioritising those most in need and most vulnerable
- Preventing further harm and save lives.
- Adapting to people's needs.
- Responding at different levels, considering individuals, families and communities, as well as the significance of their physical and emotional experiences and relevant supports.
- Ensuring staff and volunteers have the right skills and competencies to support people.
- Being aware of where the gaps are in provision for health and mental health.
- Supporting the resilience of those impacted by disasters.
- Recognising and enabling the importance of supporting the wellbeing and resilience of staff and volunteers (and other groups impacted by disasters).
- Recognising the importance and protective value of supportive relationships and community cohesion.

Asks (in order to better integrate MHPSS into Disaster and Emergency Management):

- Integrate Mental Health and Psychosocial Support questions in the disaster assessment and response (see point below).
- All responders to attend at least a 1hr training on Basic Psychosocial Support (including communication skills and self-care (link to spreadsheet collating

courses)). This is the minimum, but ideally responders would attend a Psychological First Aid course of between 4 – 8 ½ hours.

- Include the Mental Health and Psychosocial Support person/focal point to advise on assessments and the work of response teams.
- Integrate stress management and coping messaging in information, education and communications materials and in ongoing relief operations (e.g. awareness raising in communications messages, MHPSS support available at goods distributions etc).
- Ensure MHPSS services are included in referral pathways and where possible MHPSS services included in response plans.
- Integrate staff and volunteer care activities in the response for all responders.
- Introduce peer support systems/programmes for staff and volunteers, as well as other groups who are the focus of these activities.

2. First Aid

Both Mental Health and Psychosocial Support (MHPSS) and **First Aid recognise the importance of:**

- The do no harm principle.
- Responding to those most in need.
- Preventing further harm and saving lives.
- Adapting to people's needs.
- Relating to disaster management and response.
- Considering the impact and interacting consequences of trauma (psychological and physical).
- First aid and mental health and psychosocial support, and that these should be accessible to all.
- Ensuring staff and volunteers have the right skills and competencies to support people.
- Recognising and enabling the wellbeing and resilience of staff and volunteers (and other groups impacted by events requiring first aid).
- Relying on competencies and activities to promote another's wellbeing.
- Capturing trends, e.g. opioid use and impact of accidents.
- Supportive relationships and their protective value.
- Self-care.

Asks **(in order to better integrate MHPSS into First Aid):**

- Include Psychological First Aid (or as an absolute minimum Basic Psychosocial Support, i.e. up to an hour of study on communication skills and self-care) in the training curriculum for First Aid teams/Emergency Response Units and Rapid Deployment Units for staff and volunteers.
- Ensure the incorporation of Psychological First Aid skills in First Aid, i.e. by using the First Aid App.
- Place Psychological First Aid/Basic Psychological Support in all training and documentation re First Aid.
- Ensure that there is a component on self-care included in the curriculum.
- Introduce a peer support system/programme for staff and volunteers.

3. Protecting/Restoring Family Links

Both Mental Health and Psychosocial Support (MHPSS) and **Protecting/Restoring Family Links recognise the importance of:**

- The do no harm principle.
- A Rights based approach, e.g. the Rights of families not to be separated
- Safe and healing relationships and their protective value.
- Holistic approaches.
- Responding to those most in need.
- Participation. People should be fully involved in decision-making processes and activities that affect their lives.
- Ensuring staff and volunteers have the right skills and competencies to support people.
- Supporting the wellbeing and resilience of staff and volunteers (and other groups impacted by separation).
- Recognising the impact of ambiguous loss.
- Supportive relationships and community cohesion, and their protective value.

Asks (in order to better integrate MHPSS into Protecting/Restoring Family Links):

- Update and promote e-learning on Mental Health and Psychosocial Support & Restoring Family Links and Integrate into Handbooks for Mental Health and Psychosocial Support and Protecting/Restoring Family Links.
- Sensitise health staff for Restoring Family Links and consider a trauma informed approach to care, e.g. where to place unaccompanied children and why, taking their wellbeing into consideration (e.g. in host temporary families) and doing no harm (e.g. through interviews).
- Ongoing counselling and supervision should be available involving Mental Health and Psychosocial Support specialists.
- Ensure Mental Health and Psychosocial Support services are included in referral pathways.
- Have all Protecting/Restoring Family Links responders trained in Basic Psychosocial Support (which includes self-care and communication skills).
- Introduce peer support systems/programmes for staff and volunteers, as well as other groups who are the focus of these activities.

4. Protection, Gender and Inclusion

Both Mental Health and Psychosocial Support (MHPSS) and **Protection, Gender and Inclusion recognise the importance of:**

- The do no harm principle.
- Human dignity and the need for holistic assessments.
- Focussing on those most in need and most vulnerable.
- Participation. People should be fully involved in decision-making processes and activities that affect their lives.
- Equitable access for all groups and populations.
- Ensuring staff and volunteers have the right skills and competencies to support people.
- Integrated assessments and inclusive protection programming.
- Child Friendly Spaces and Safe Spaces (e.g. those who have experienced violence and require enhanced psychosocial and mental health supports).
- Being relevant to healthy aging, migration and promoting equality and diversity.
- Supportive relationships and their protective value.
- The wellbeing and resilience of staff and volunteers.
- Mainstreaming monitoring and evaluation and the interconnectedness of our outcomes. Protection mainstreaming approaches measure the impact of humanitarian services on dignity, rights, access, participation and safety. MHPSS mainstreaming approaches measure the impact of humanitarian services on dignity and well-being. These outcomes contribute to each other.

Note: Inter Agency Standing Committee Reference Group- updated assessment revision in 2023-2024

Asks (in order to better integrate MHPSS into Protection, Gender, and Inclusion):

- Ensure that in your protection assessment mental health and health are included, and where possible undertaken jointly to avoid repetition and the potential for traumatising people, specifically:
  - What are the challenges relating to protection issues and mental health and psychosocial well-being, and what are the gaps?
  - How can the challenges and gaps be addressed or filled?
  - What resources are required (including personnel and skills)?
  - By whom (including Movement and others)?
- Support States/Governments to realise and act to ensure Mental Health is a Right.
- Ensure MHPSS services are included in referral pathways.
- Introduce peer support systems/programmes for staff and volunteers, as well as other groups who are the focus of these activities.