
Mental Health Matters:

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

Asia Pacific

April 2024



Executive Summary

In 2023, 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 31 NS, the IFRC Asia-Pacific Office, and the ICRC Asia-Pacific office participated in the 2023 survey, resulting in a total of 33 respondents. **This report presents the results of the 2023 survey compared to the results of the survey conducted in 2021 and 2019 with focus on Asia-Pacific.**

76% of respondents (25 NS, the IFRC and the ICRC) provide mental health (MH) and/or psychosocial support (PSS) activities. 82% of respondents (26 NS and the IFRC) reported having carried out psychological first aid, 64% of respondents (20 NS, the IFRC and the ICRC) organised activities around caring for staff and volunteers, and 55% of respondents (16 NS, the IFRC and the ICRC) self-care awareness activities.

In 2023, 76% (23 NS, the IFRC and the ICRC) in comparison to 83% of respondents (22 NS, the IFRC and the ICRC) in 2021, reported having provided at least one activity defined as a MH activity. Most respondents (60%: 19 NS, the IFRC and the ICRC) deliver psychosocial support in 2023

versus only 55% (15 NS, the IFRC and the ICRC) in 2021. The second most frequent type of MH activity in 2023 was with 55% the provision of training of community actors in basic psychological support (in 2023: 55%: 16 NS and the ICRC; in 2021: 45%: 11 NS, the IFRC and the ICRC).

When comparing 2021 and 2023 numbers, the number of NS offering referral(s) to specialized mental health services such as psychiatrists and psychologists has remained stable. In 2021, 15 NS, the IFRC and the ICRC (59%) compared to 16 NS, and the ICRC (52%) which do referral to specialized services in 2023. Movement-wide 68% of the Movement-components refer to specialized services.

In 2021, 79% (21 NS, the IFRC, and the ICRC) reported having at least one focal point for MH and/or PSS in their organisation. In 2023, the number of focal points has remained stable, as 64% (21 NS, the IFRC and the ICRC) appointed one or more focal points.

Around 4.712 staff and volunteers are reported to be trained in basic psychosocial support, and almost 4.621 staff and volunteers are trained in PFA by Movement components in Asia-Pacific in 2023.

36% (10 NS, the IFRC and the ICRC) of respondents have supervision mechanisms in place to ensure the quality of the MHPSS activities they

provide. This is a decrease compared to 2021 (45%: 11 NS, the IFRC, and the ICRC).

27% of respondents (9 NS) have no budget dedicated for MHPSS activities. 73% of respondents (22 NS, the IFRC and the ICRC) indicated a lack of or limited funds as part of their challenges, followed by challenges within the organisation (73%: 22 NS, the IFRC and the ICRC).

Despite the challenges, **MH and/or PSS activities continue to increase.** More than a third of the respondents (12 NS and the IFRC) plan to expand their MH and/or PSS activities. Further, 45% (14 NS) 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: 88%: 27 NS, the IFRC and the ICRC).

The Movement's role as a provider of MH and/or PSS is more acknowledged by national authorities. About half (48%: 16 NS) of respondent NS are mentioned in national public health or disaster management plans.

In addition, more than half of the NS (61%: 20 NS) are included as a participant in relevant humanitarian inter-agency mechanisms, and many (33%: 11 NS) are included in inter-ministerial/departmental committees. 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.

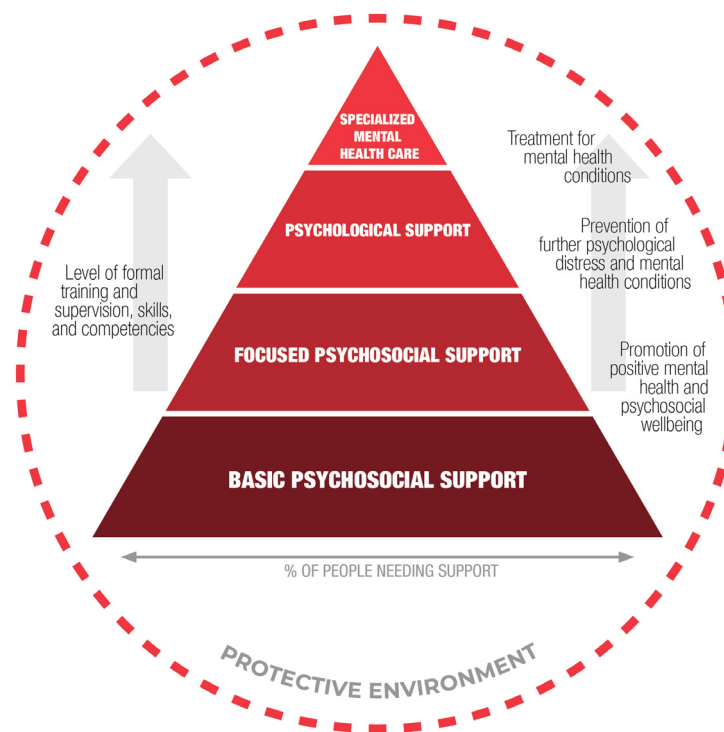
Introduction

Throughout the world, every day the International Red Cross and Red Crescent Movement (the Movement) witness **the extensive unmet mental health and psychosocial support needs that populations endure**. Needs that increase dramatically during armed conflicts, natural disasters, and other emergencies.

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 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

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



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. 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 has been represented by a working group (WG) which facilitates the roll-out of the specific commitments, as defined in the Roadmap¹.

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. In 2023, 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 surveys 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, the 2023 survey results are compared against the previous reports to document developments over the past six years.

¹ 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 for Asia-Pacific region.** It presents what the respondents from Asia-Pacific – made up of 31 NS, the IFRC Asia-Pacific office, and the ICRC Asia-Pacific office – have done between 2022 and 2023, 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 33 NS out of 38 NS in Asia-Pacific, the IFRC Asia-Pacific Office, and the ICRC Asia-Pacific office provided answers in this survey. This accounts for a total response rate of 82%, compared to a response rate of 71% (27 NS, the IFRC AP office, the ICRC AP office) in 2021. When responses of the 2023 survey are cited throughout the report, 100% refers to 31 NS, the IFRC AP office, and the ICRC AP office. Resulting in a total number of 33 respondents.

Number of respondents per region

Year	Asia Pacific	Average response rate globally
2019	90%	85%
2021	71%	84%
2023	82%	85%

Table 1: Percentages of respondents per region

Results

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

The delivery of MH and/or PSS activities has remained high since 2021. In 2023, 25 NS, the IFRC and the ICRC (76%) indicate that their organisation provides MH and/or PSS activities, as shown on the map (figure 1).

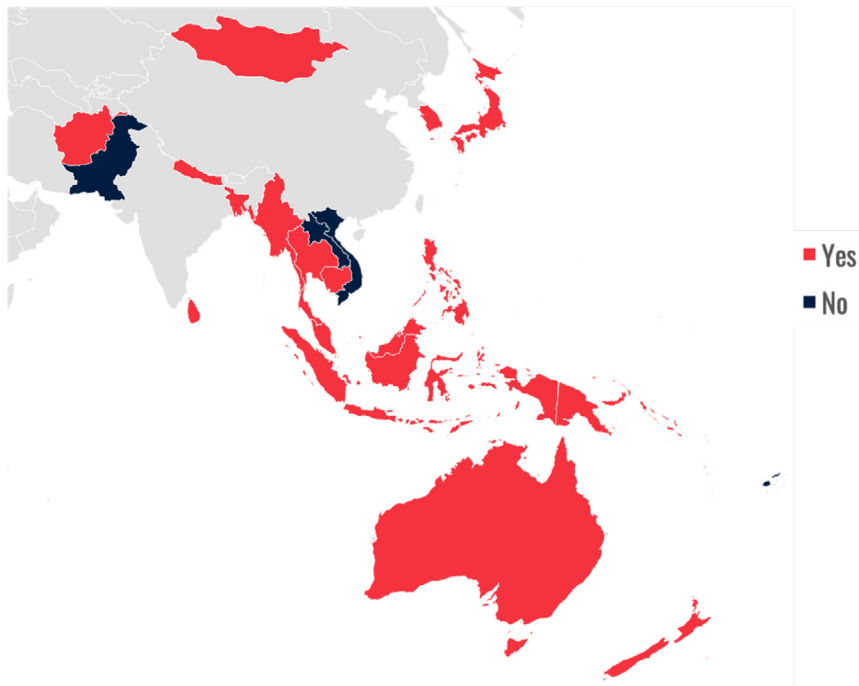


Figure 1: NS providing mental health and/or psychosocial support services

The number of NS having a MH and/or PSS focus in their organisational strategy decreased in 2023, with 76% (23 NS, the IFRC and the ICRC) responding yes compared to 72% (19 NS, the IFRC and the ICRC) in 2021 (figure 2)..

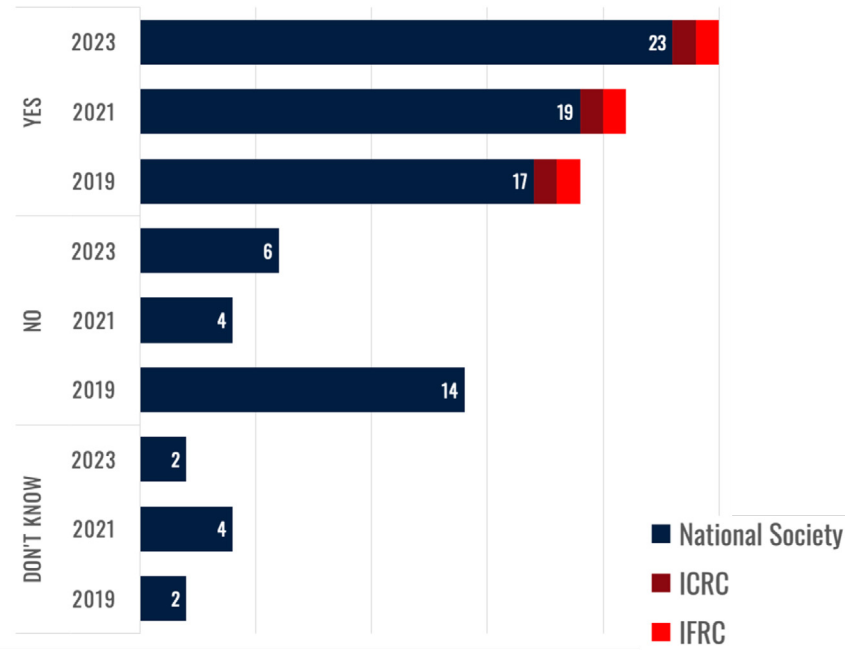


Figure 2: : Number of NS, the IFRC and the ICRC who focus on mental health and/or psychosocial support in their organizational strategy

Provision of psychosocial support (PSS) activities and target groups

When looking solely at psychosocial support (PSS) activities, close to every respondent (90%) that participated in the survey (28 NS, the IFRC and the ICRC) stated to have carried out at least one activity defined as PSS in 2023. This is slightly lower than in 2021 (96%: 26 NS, the IFRC and the ICRC). The different PSS activities carried out in 2023 are shown in figure 3.

The top three activities in 2021 were the following:

- psychological first aid (90%: 25 NS and the IFRC)
- caring for staff and volunteers (79%: 22 NS, and the IFRC)
- awareness campaigns (79% 16 NS, the IFRC and the ICRC)

In 2023, the three most utilized activity approaches were:

- psychological first aid (82%: 26 NS and the IFRC)
- caring for staff and volunteers (64%: 20 NS, and the ICRC)
- self-care awareness (55%: 16 NS, the IFRC and the ICRC)

Most respondents have focused on supporting staff (79%: 24 NS, the IFRC, the ICRC) and volunteers (76%: 23 NS, the IFRC and the ICRC), adolescents (64%: 19 NS, the IFRC and the ICRC) and children (61%: 18 NS, the IFRC and the ICRC). The target groups from 2023 are shown in figure 4.

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

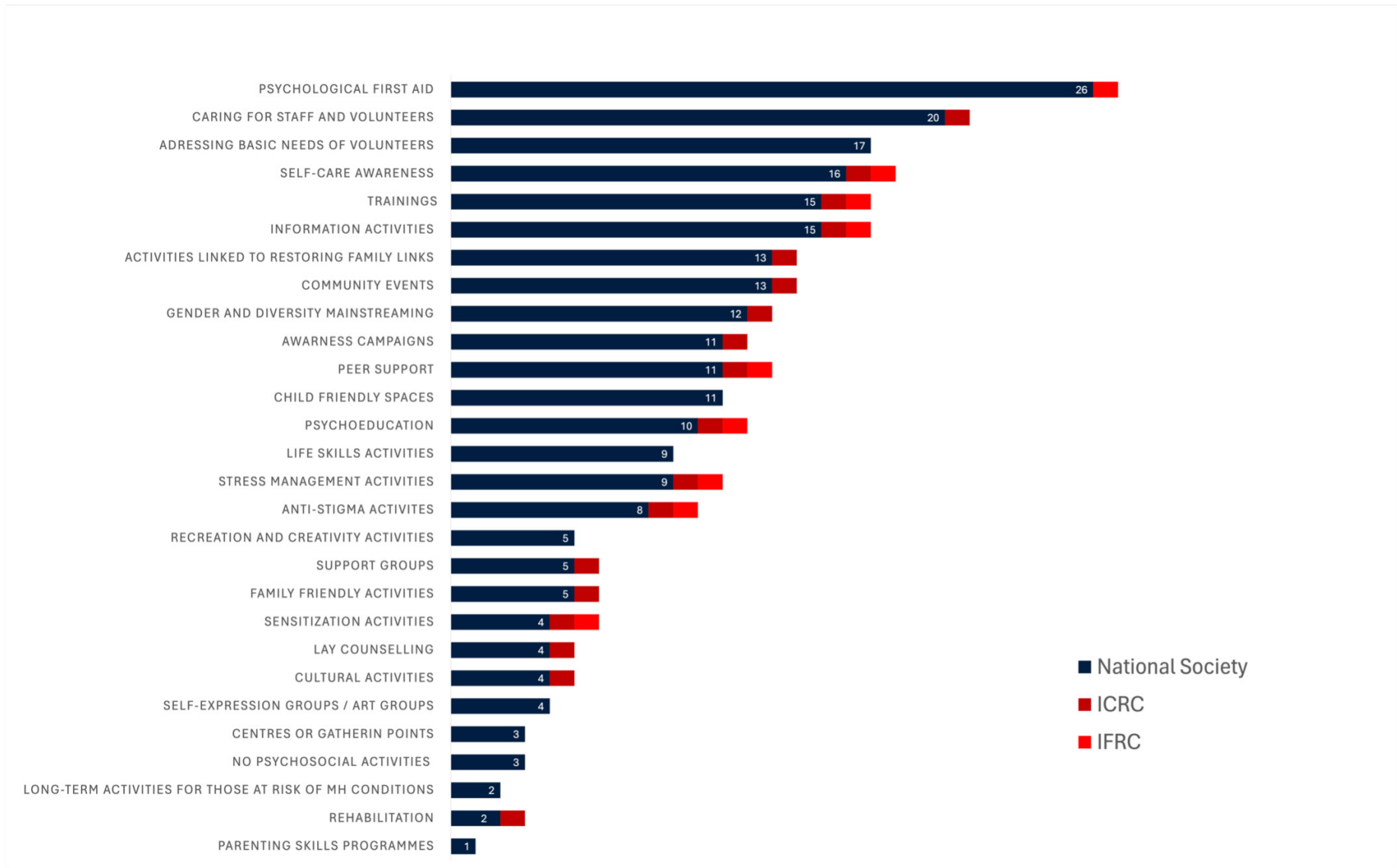


Figure 3: Provision of psychosocial support

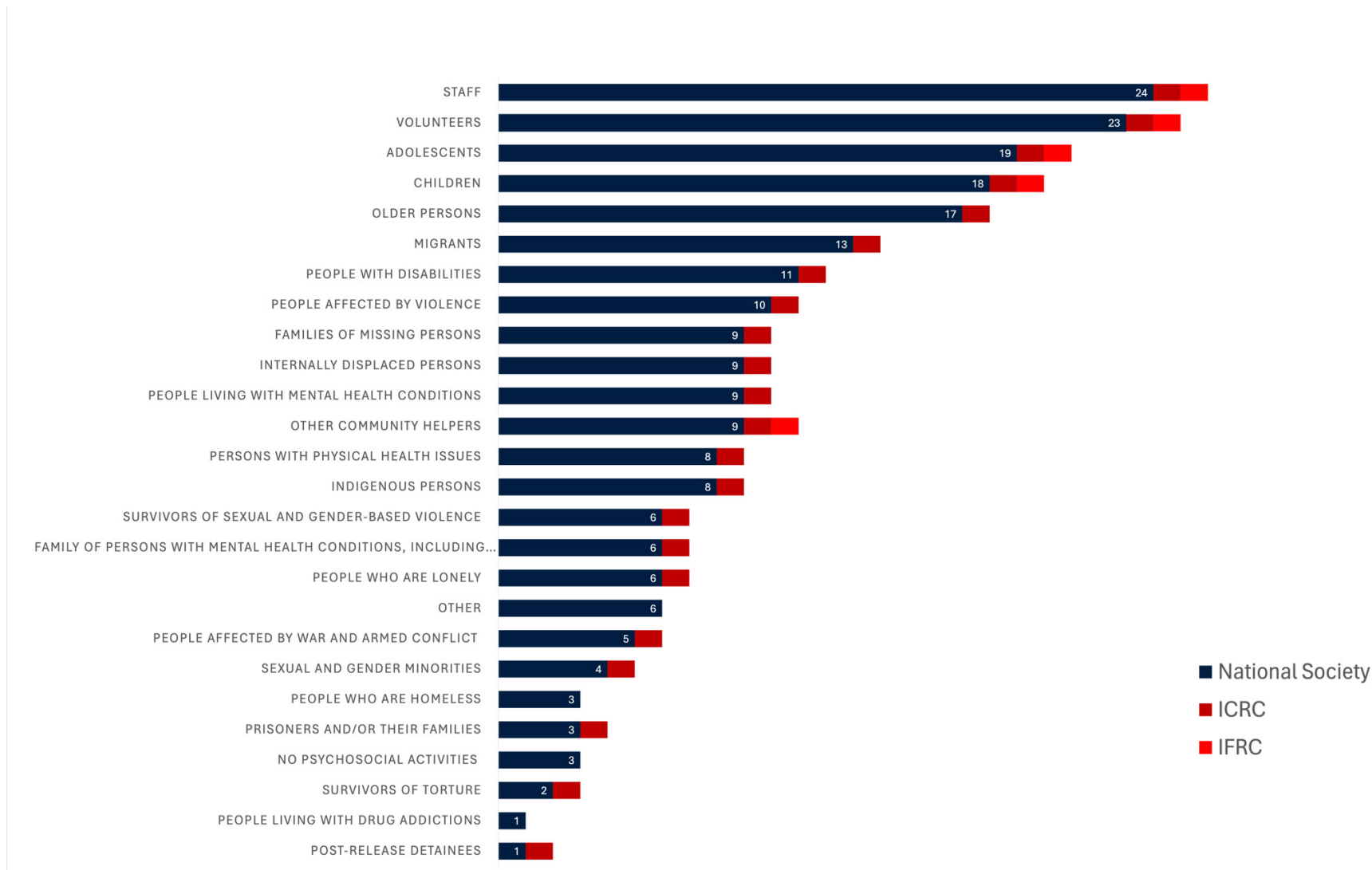


Figure 4: Groups targeted for psychosocial support activities

Provision of mental health (MH) activities

Turning towards mental health (MH) activities carried out in 2023, 76% (23 NS, the IFRC, and the ICRC) in comparison to 83% of respondents (22 NS, the IFRC and the ICRC) of 2021, 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 (60%: 19 NS, and the ICRC) provide psychological support in 2023 versus only (55%: 15 NS, and the ICRC) in 2021. The second most frequent type of mental health activity in 2023 is with 55% (16 NS, the IFRC and the ICRC) the training of community actors in basic psychological support compared to 2021 (45%: 11 NS, the IFRC and the ICRC). This is followed by training of health staff in basic psychological support (in 2023: 45%: 13 NS, the IFRC and the ICRC; in 2021: 45%: 11 NS, the IFRC and the ICRC).

In 2021 MH activities staff were targeted by 16 NS, and the IFRC (59%), and volunteers by 12 NS, and the IFRC (45%). In 2023, staff were targeted by 20 NS, the IFRC and the ICRC (67%) and volunteers by 19 NS, the IFRC and the ICRC (64%). Apart from this, the groups mostly targeted by MH interventions were adolescents (48%: 15 NS, and the ICRC) and children (39%: 12 NS, and the ICRC). Please see figure 6 for more detailed information about targeted groups of MH activities.

In 2023, 52% of the respondents (16 NS, and the ICRC) state that they make referrals to specialized mental health services such as psychiatrists and psychologists. As in the previous survey, this number includes NS which themselves have not carried out any MH activities between 2022 and 2023 and therefore rely on referrals to ensure that the need for specialized MH care is met.

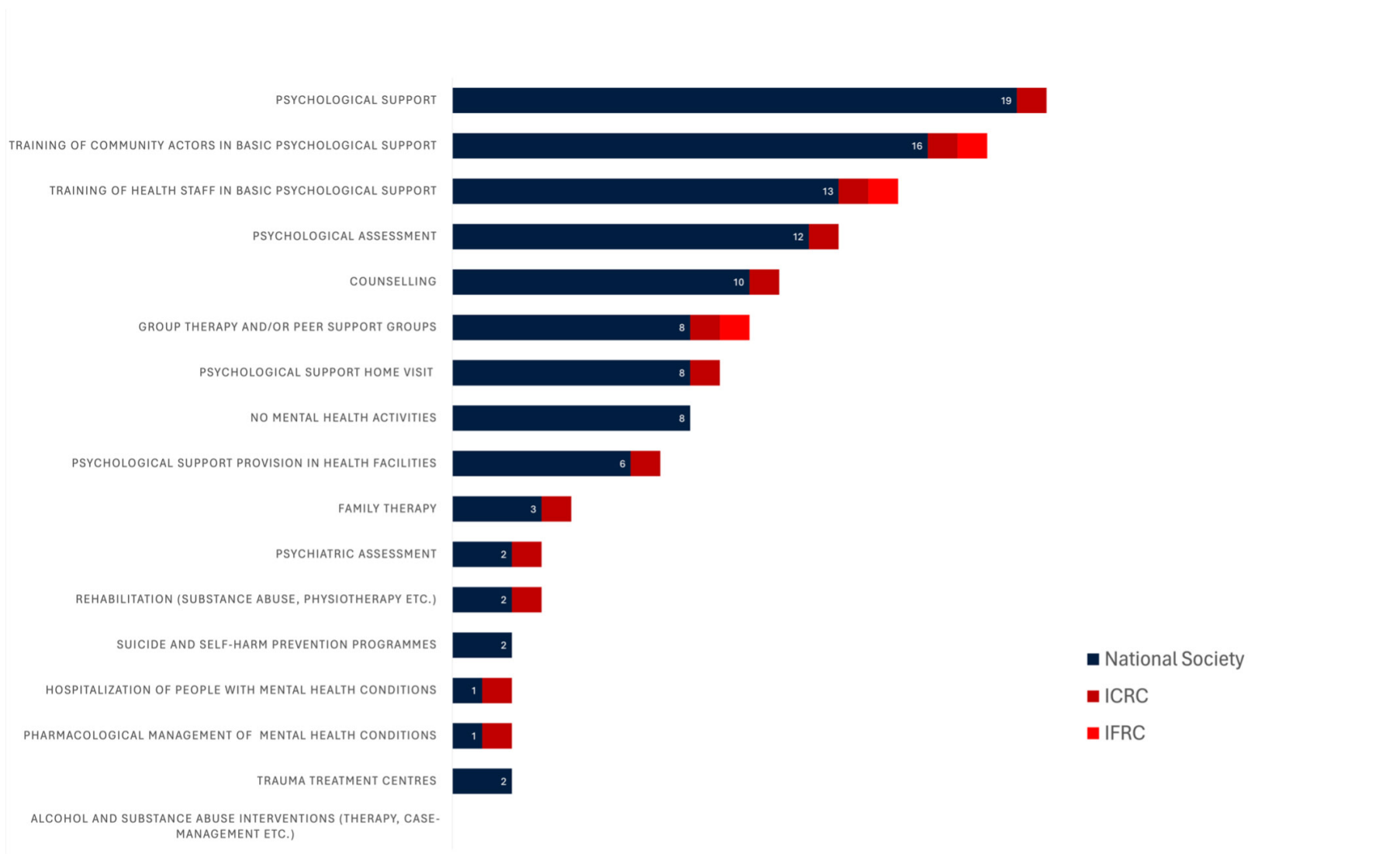


Figure 5: Provision of mental health activities

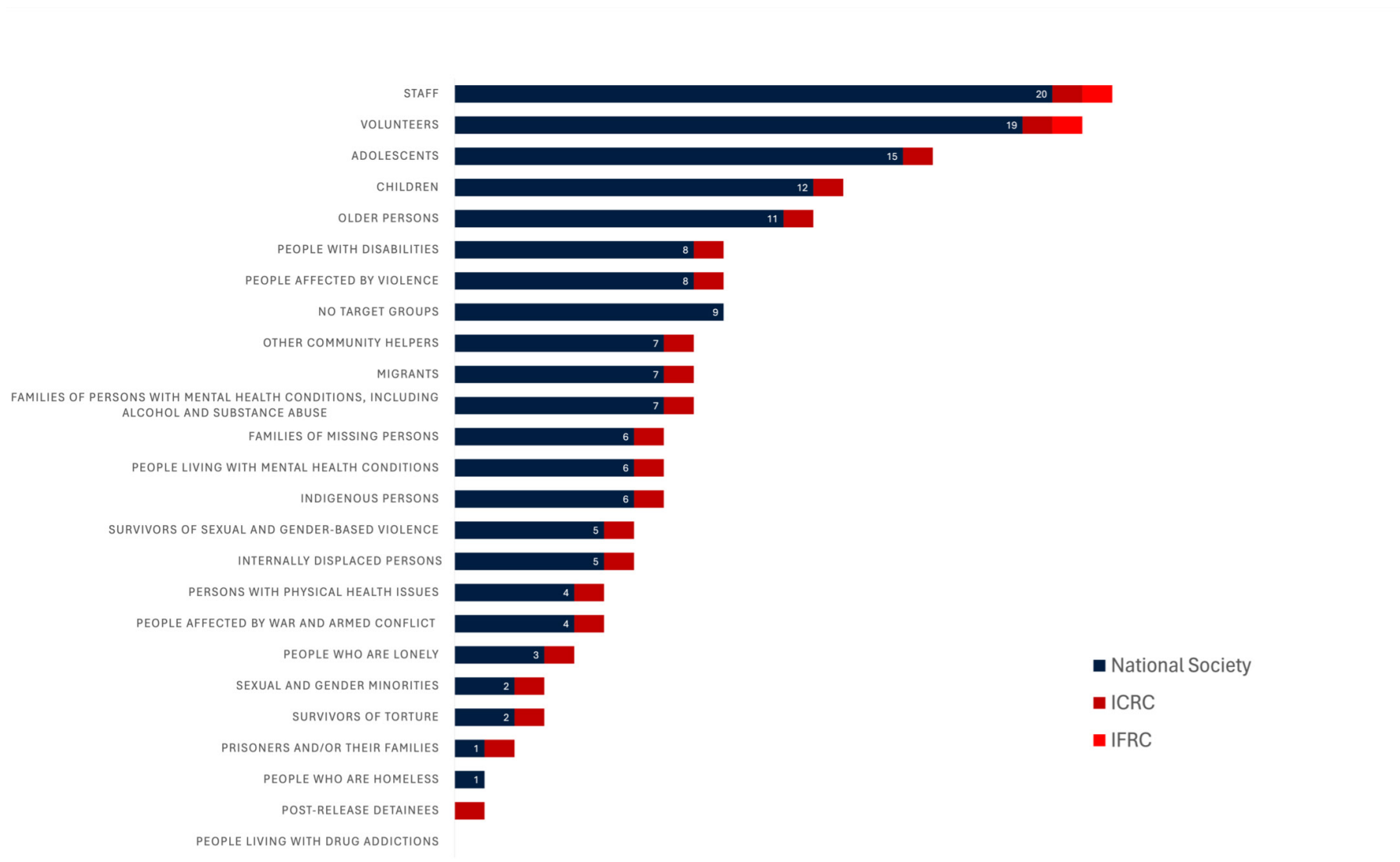


Figure 6: Groups targeted for mental health activities

Approach used when delivering 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 a mainstreaming approach or a combination of both.

The survey results indicate that the respondents deliver MH and/or PSS activities using either integrated/mainstream approaches or both stand-alone and integrated/mainstream approaches. A combination of the integrated / mainstreaming approach and stand-alone approach was used by 27% of NS, the IFRC and the ICRC in 2023 (2021: 34% (9 NS, and the IFRC)). In 2023 a total of 16 NS (48%) reported to be using only the integrated or the mainstreaming approach when providing MH and/or PSS services (2021: 38% (10 NS, and the ICRC)). The stand-alone approach is the least utilized approach to provide MH and/or PSS services (2021: 14% (4NS), 2023: 9% (3NS)). Figure 7 shows the approaches used between 2022 and 2023.

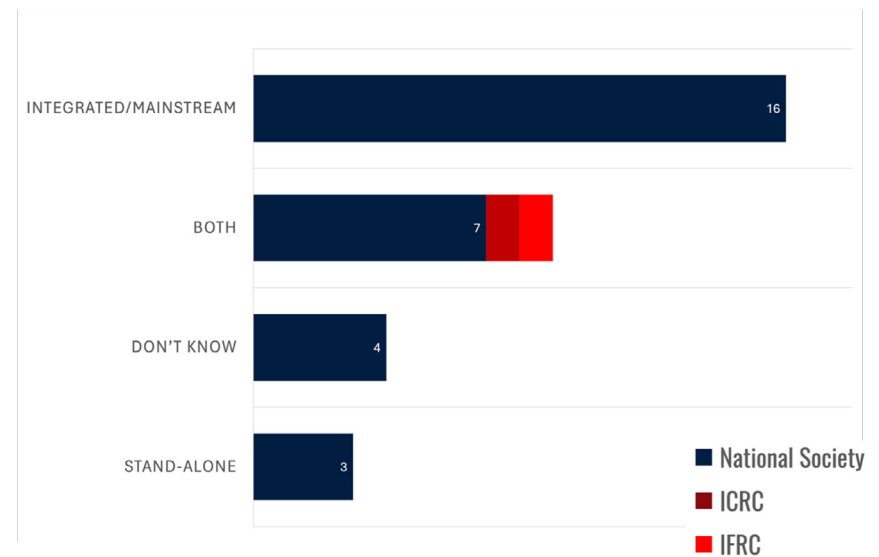


Figure 7: Approaches used in mental health and/or psychosocial support provision

Systems in place to ensure quality

The Movement invests in ensuring that quality support is provided. In 2023, 36% (10 NS, the IFRC and the ICRC) of respondents, in contrast to 45% of respondents (11 NS, the IFRC and the ICRC) in 2021 have supervision mechanisms in place to ensure the quality of the MHPSS activities they provide.

Further, 73% (22 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 in 2023. 'Number of beneficiaries' were the most used tools in 2023 (64%: 19 NS, the IFRC and the ICRC). See figure 8 for more detailed information. If no monitoring system was reported to be in place, it was reported that this was due to lack of/ limited funds (13%: 6NS), followed by lack of/limited planning (13%: 6NS), and lack of/limited technical expertise (13%: 6NS).

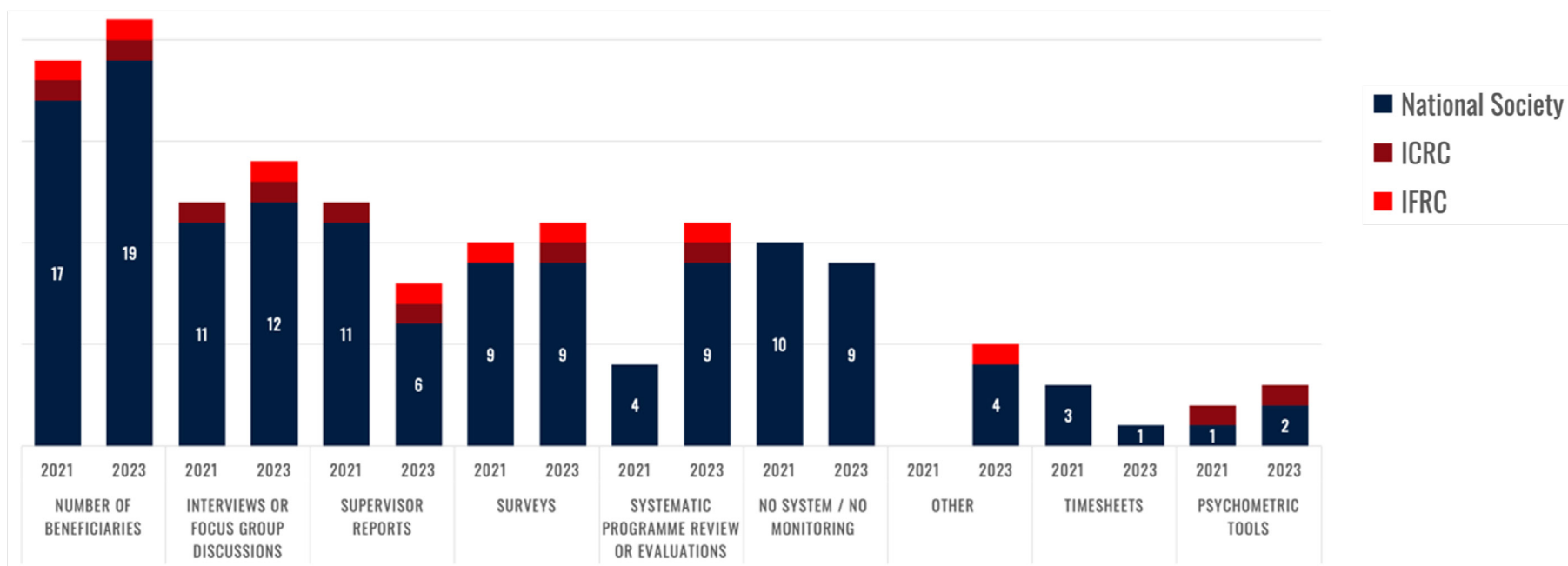


Figure 8: Type of tools/guidance used for mental health and/or psychosocial activities monitoring

Data protection and confidentiality

In 2021, 48% of respondents (12 NS, the IFRC and the ICRC) had an information system in place to ensure confidentiality and protection of personal data. In 2023, the number of respondents decreased (36%: 10 NS, the IFRC and the ICRC).

MHPSS in emergencies

During armed conflicts, disasters and other emergencies MHPSS needs increase dramatically. The Movement has a specific role and mandate to address the humanitarian needs.

More and more National Societies provide MH and/or PSS activities during emergencies, namely 91% (28 NS, the IFRC and the ICRC) of the respondents in 2023 in comparison to 83% of the respondents (22 NS, the IFRC and the ICRC) in 2021. Figure 9 below shows the geographical spread of respondents in 2023.

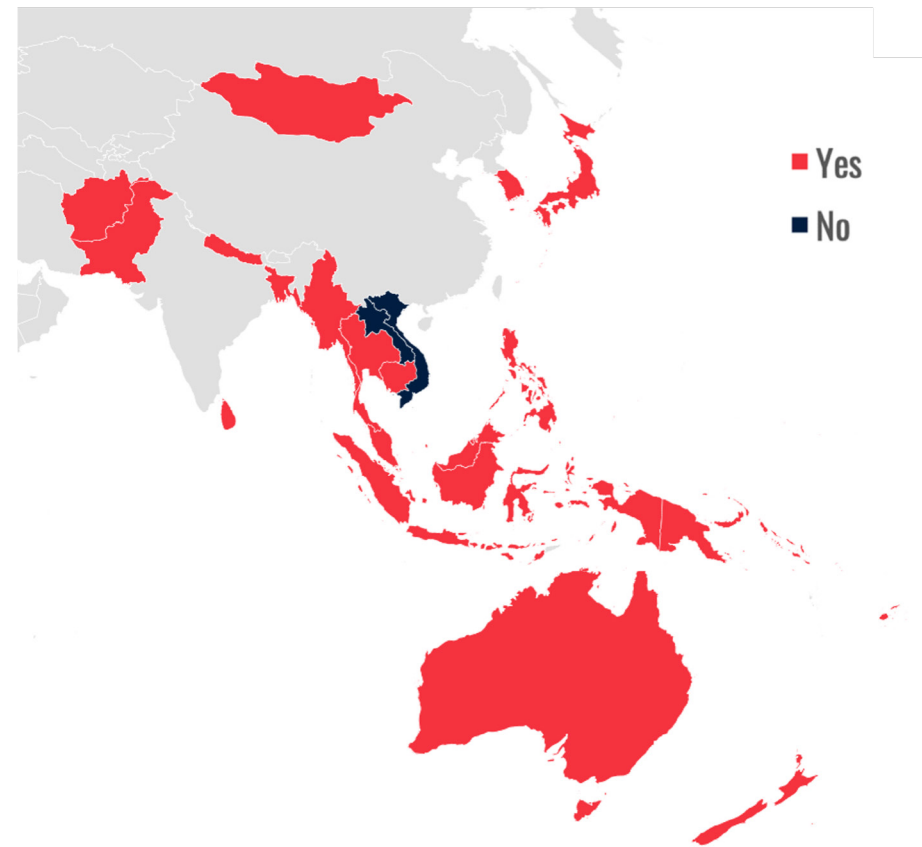


Figure 9: Provision of mental health and/or psychosocial support in emergencies

Mental health and psychosocial well-being of staff and volunteers

The mental health and wellbeing of staff and volunteers are of critical importance to the Movement. Therefore, staff and volunteers are of particular focus when it comes to MHPSS activities. More than half of respondents (64%: 19 NS, the IFRC and the ICRC) indicate to have systems in place to support staff and volunteers' mental health and psychosocial wellbeing (figure 10).

Many of the NS, the IFRC and the ICRC (57%: 17 NS, the IFRC and the ICRC) offer psychological support to staff and volunteers, followed by (39%: 11 NS, the IFRC and the ICRC) peer-to-peer support, and (39%: 11 NS, the IFRC and the ICRC) Self-care Trainings/Capacity building.

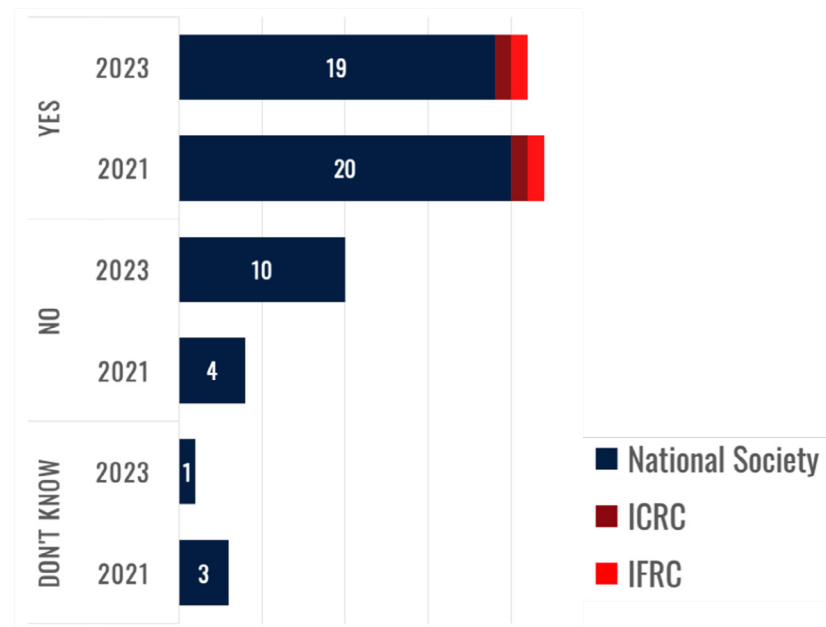


Figure 10: Components having systems in place to support staff and volunteers' mental health and psychosocial well-being

Human resources for MHPSS

The Movement has both staff and volunteers involved in MH and/or PSS activities. In 2021, 79% (21 NS, the IFRC and the ICRC) report that they have at least one focal point for MH and/or PSS in their organisation. In 2023, 64% (21 NS, the IFRC and the ICRC) stated to have appointed one or more focal points. As an amendment to the survey of 2019, the 2021, and 2023 survey more clearly defined ‘focal point’ as a representative of the NS who is responsible for MH and/or PSS within their NS (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 are one or more focal points, they were asked which focus this person has (programming or human resource-related). The result is that many focal points, namely 52% (15 NS, the IFRC and the ICRC), focus on both staff and volunteers’ mental health and psychosocial well-being and

MHPSS activities and programmes, whereas 3% (1 NS) focus only on staff and volunteers’ mental health and psychosocial well-being, and 9% (4 NS) only on MHPSS activities and programmes.

Regarding the Movement’s staff, 30% of the respondents (10 NS) have less than 5 staff involved in MH and/or PSS activities, while 27% (9 NS) have between 5-19, 12% (4 NS) have between 20-49 staff, 6% (2 NS) have between 50-99, and 6% (2 NS and the ICRC) have more than 100 staff involved in these activities. 12% (4 NS) answered “Don’t know”.

The profile and numbers of staff in the Asia-Pacific region can be broken into the following: 163 social workers, 29 psychologists, 2 psychiatrists, and 1.046 community health workers.

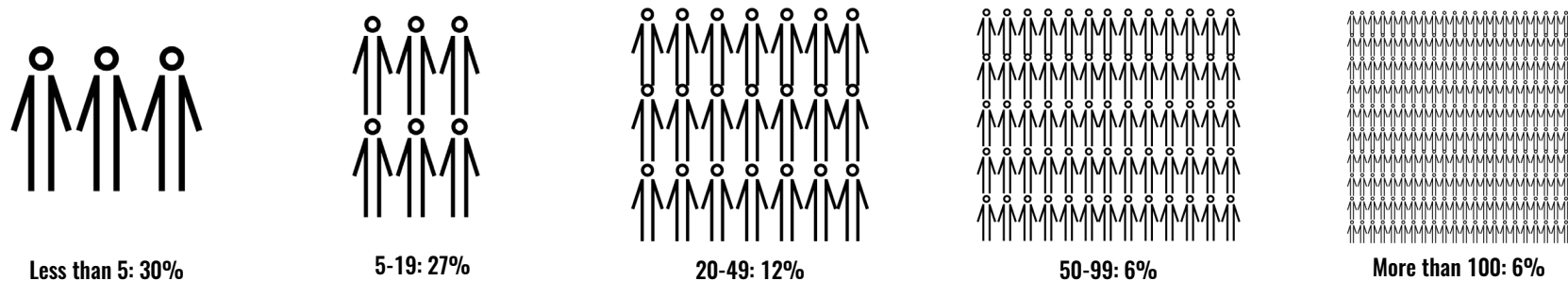
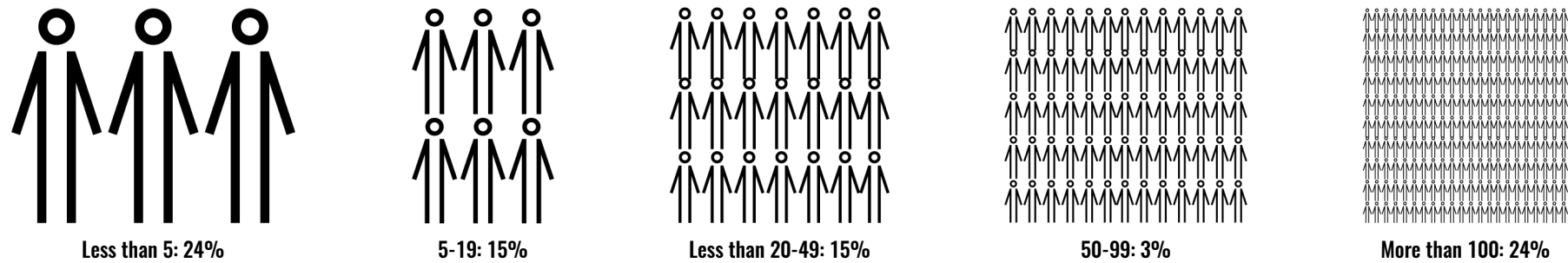


Figure 11: Staff involved in mental health and/or psychosocial support activities

Figure 12: Volunteers involved in mental health and/or psychosocial support activities



Related to volunteers, 24% (8 NS) have less than five volunteers involved in MH and/or PSS activities, while 15% (4 NS and the ICRC) have between 5-19, 15% (5 NS) have between 20-49, 3% (1 NS) have between 50-99, and 24% of respondents (8 NS) have more than 100 volunteers. 19% (5 NS and the IFRC) answered “Don’t know”. The IFRC and the ICRC work with many volunteers however they are usually recruited through the hosting NS, hence do the IFRC and the ICRC do not hire volunteers directly.

Among the 31 NS respondents from Asia-Pacific, 669 social workers, 512 psychologists, 10 psychiatrists and 1195 community workers work as volunteers in this field.

Among the 31 NS respondents in Asia-Pacific, the IFRC and the ICRC, 4712 staff and volunteers are reported to be trained in basic psychosocial support in 2023.

Basic psychosocial support belongs to the first layer of the MHPSS Framework, which is explained in the Movement’s MHPSS Policy, promoting 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 MHPSS Framework can be found in the [library of the IFRC PS Centre](#).

The number of staff and volunteers trained in PFA was 4621 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.

In 2023, 43% (4 NS, the IFRC and the ICRC) of respondents answered ‘yes’ to the question whether the management and other leaders in the Movement’s components (e.g., board, branches) received training focused on the importance and benefits of mental health and psychosocial well-being of staff and volunteers. Frequently cited training topics included psychological first aid (PFA), Basic Psychosocial Support, Caring for Staff and Volunteers.

Learning resources and needs for training staff and volunteers

The Movement has developed several learning resources such as manuals, courses, and lectures to use when training staff and volunteers. As seen in figure 13, many respondents (39%: 12 NS and the IFRC) used materials from the IFRC Reference Centre for Psychosocial Support in 2023. The IFRC Reference Centre for Psychosocial Support (PS Centre) works under the framework of the IFRC and supports NS in promoting and enabling the psychosocial well-being of beneficiaries, staff, and volunteers. Compared to 2021 fewer NS indicated that they use other movement learning resources in 2023.

There is a strong need for more technical support regarding trainings and programme/ activity guidance. Indeed, 88% (27 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 (70%: 21 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.

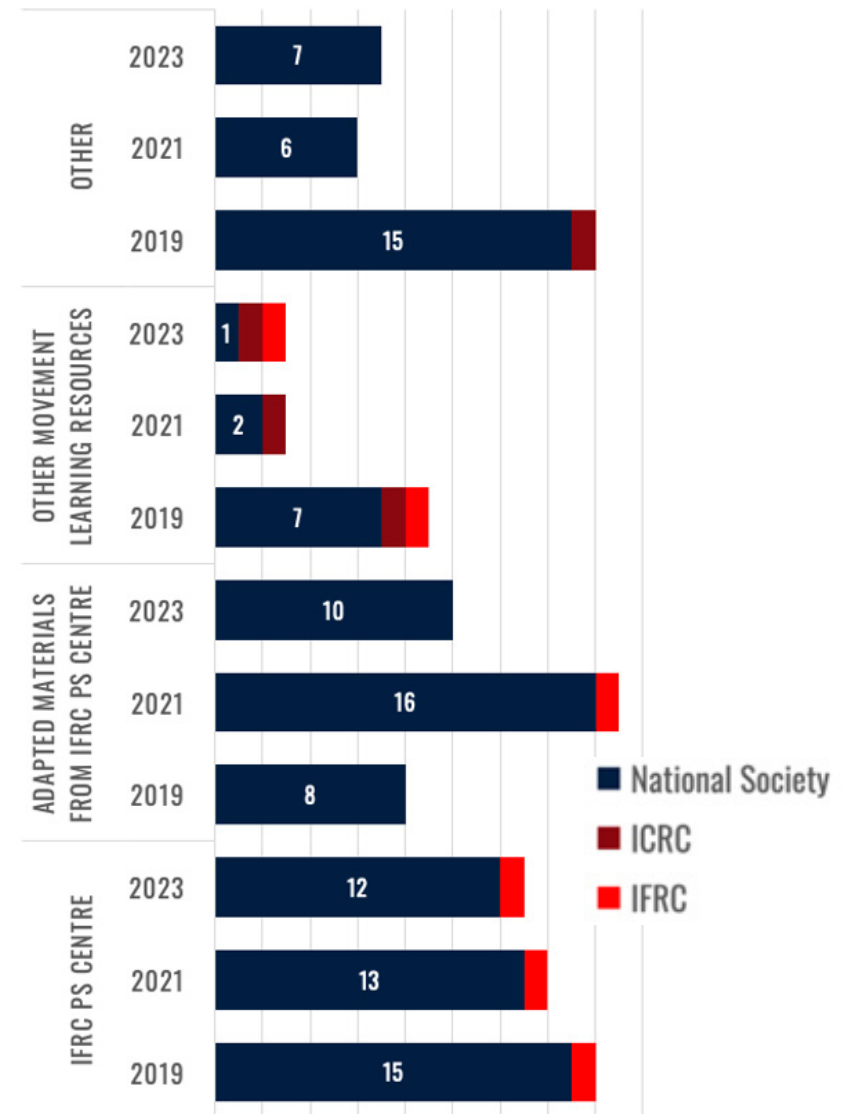


Figure 13: Learning resources used for training volunteers and staff

Budget dedicated to MHPSS

Each component of the Movement is fully independent and responsible for its own budget plan. The budget for MHPSS is therefore very diverse. In 2023 27% of respondents (9 NS in 2023), have no budget dedicated to MHPSS activities. 9% (3 NS) have a budget between 1-50.000 CHF, 9% (3 NS) have a budget between 50.001-100.000 CHF and 12% (4 NS) have a budget between 100.001-150.000 CHF. 1 NS (3%) state that they have a budget of CHF 150.001-200.000. Moreover, 2 NS, the IFRC and the ICRC have budgets different from the indicated intervals or have budgets that are included or based on other budgets. 24% (8 NS) reported that they do not have knowledge on this issue.

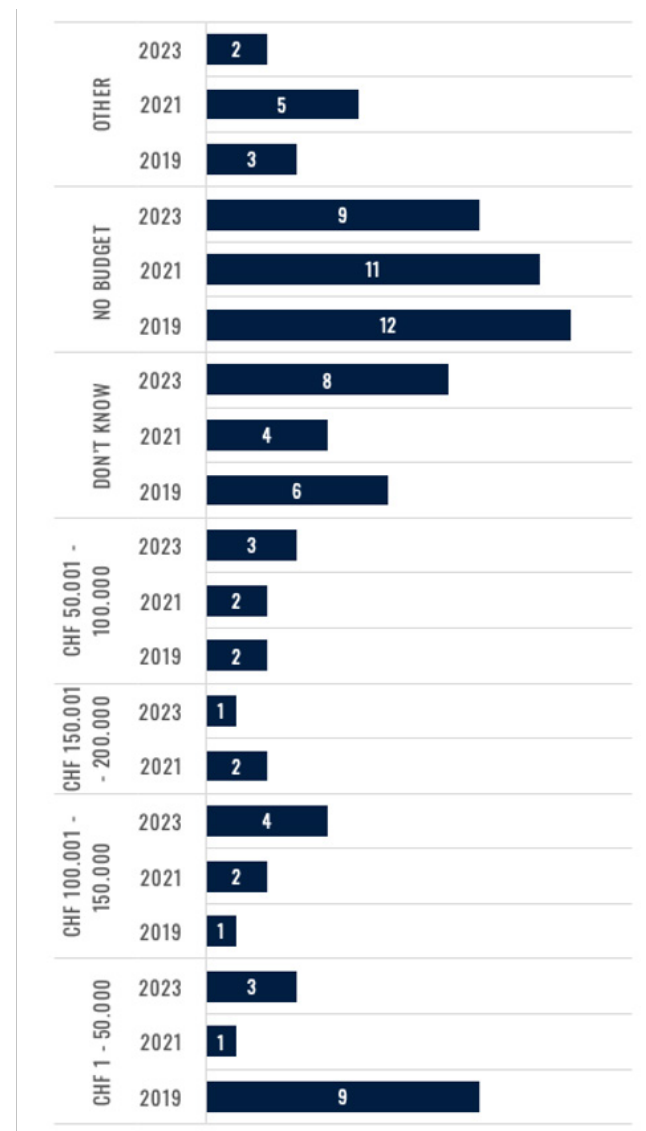


Figure 14: Annual budgets dedicated to mental health and/or psychosocial support activities

Collaboration regarding MH and/or PSS

The Movement receives support from various stakeholders and of different kind. Survey data indicate that the support received by the Movement components is mostly of a technical kind, especially provided by the IFRC (79%), governments (52%), and Partner National Societies (PNS)(42%).

The second frequent type of support is funding. NS in Asia-Pacific report that the IFRC is the largest partner when it comes to funding. 36% receive funding from the IFRC, followed by the PNS (27%). Regarding UN agencies, universities, individual donors and the private sector, the survey revealed that collaboration is very limited.

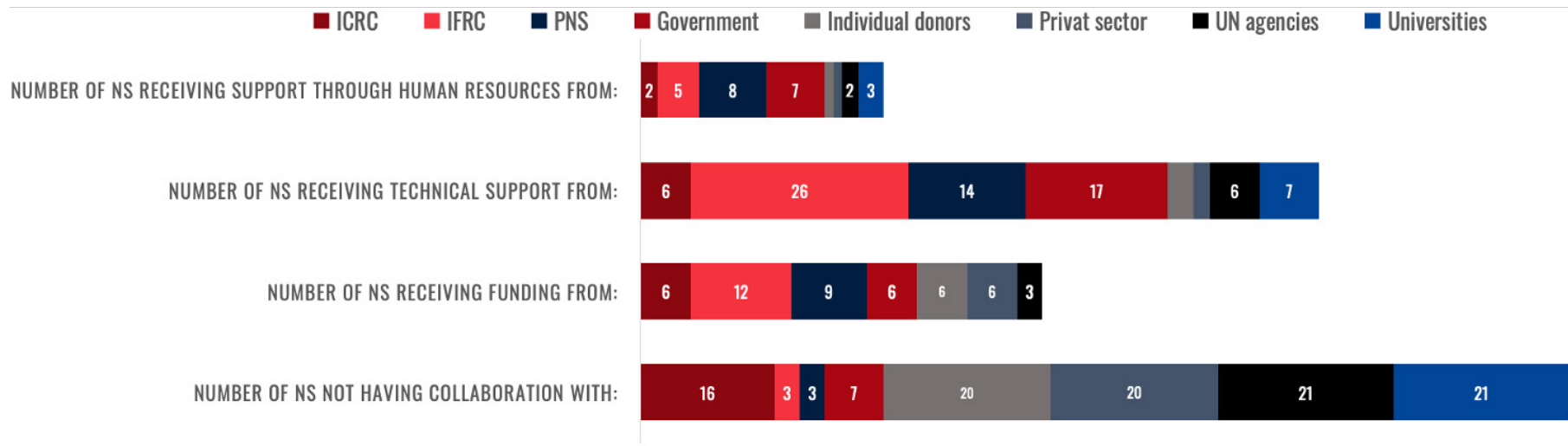


Figure 15: Type of collaboration according to stakeholder

Challenges that hinder or have already hindered collaboration between Movement partners are reported to be the turn-over of staff involved (48%: 15 NS, and the ICRC), time consuming operationalisation (52%: 16 NS, and the IFRC) and different objectives from the parties involved (42%: 13 NS and the IFRC). Figure 16 illustrates the respondents' evaluation of the challenges experienced and encountered.

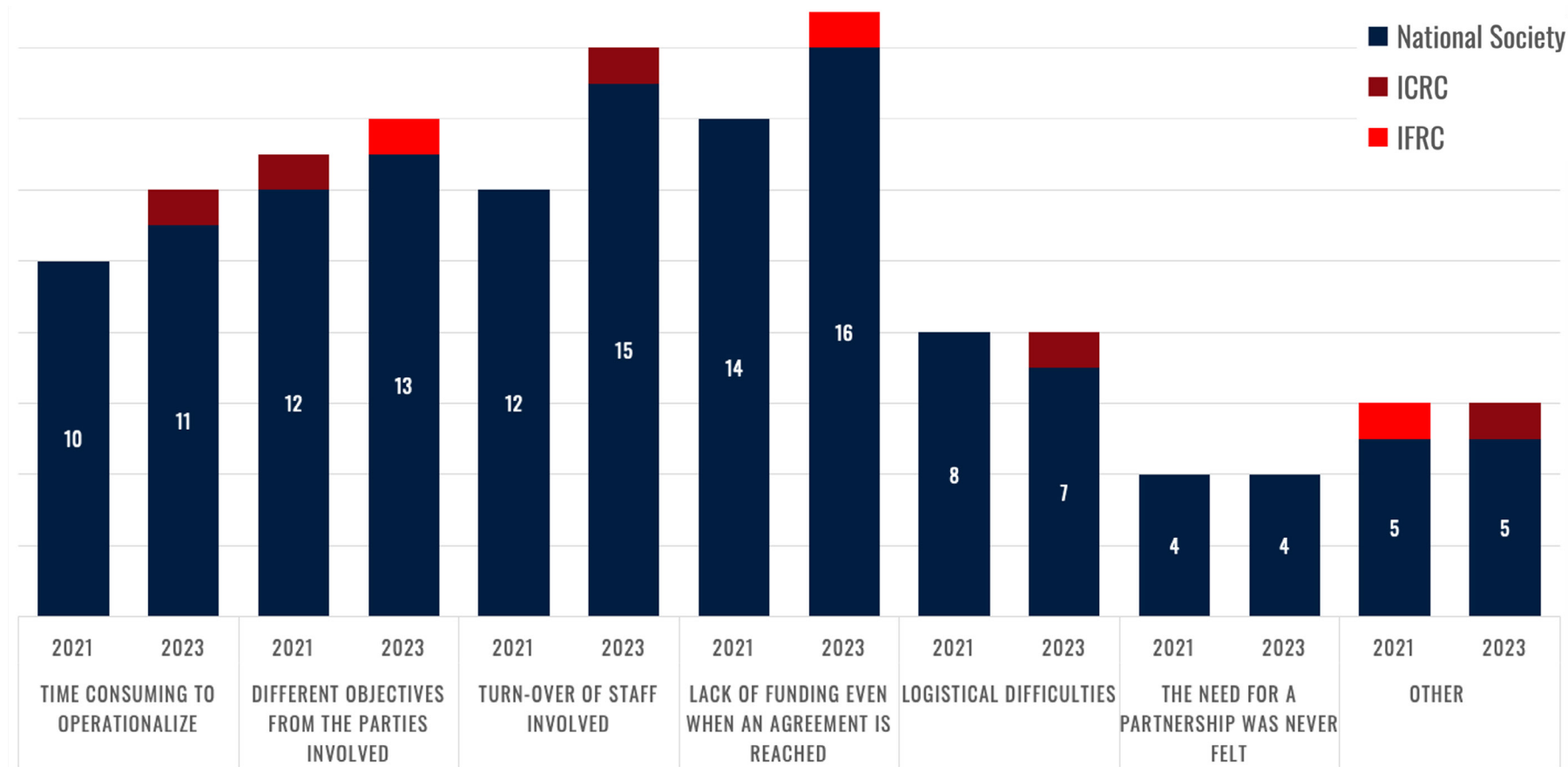


Figure 16: Type of challenges presented by collaboration with different partners

Challenges and gaps in delivering MH and/or PSS services

Budget constraints or limited budget availability are also the major obstacles for delivering MH and/or PSS activities between 2022 and 2023. In 2023 73% of respondents (22 NS, the IFRC and the ICRC) indicated a lack of or limited funds as part of their challenges, the same as challenges within the organisation (73%: 22 NS, the IFRC and the ICRC).

Lack of/limited technical expertise was reported by 58% (19 NS). An overview of the different challenges can be seen in figure 17.

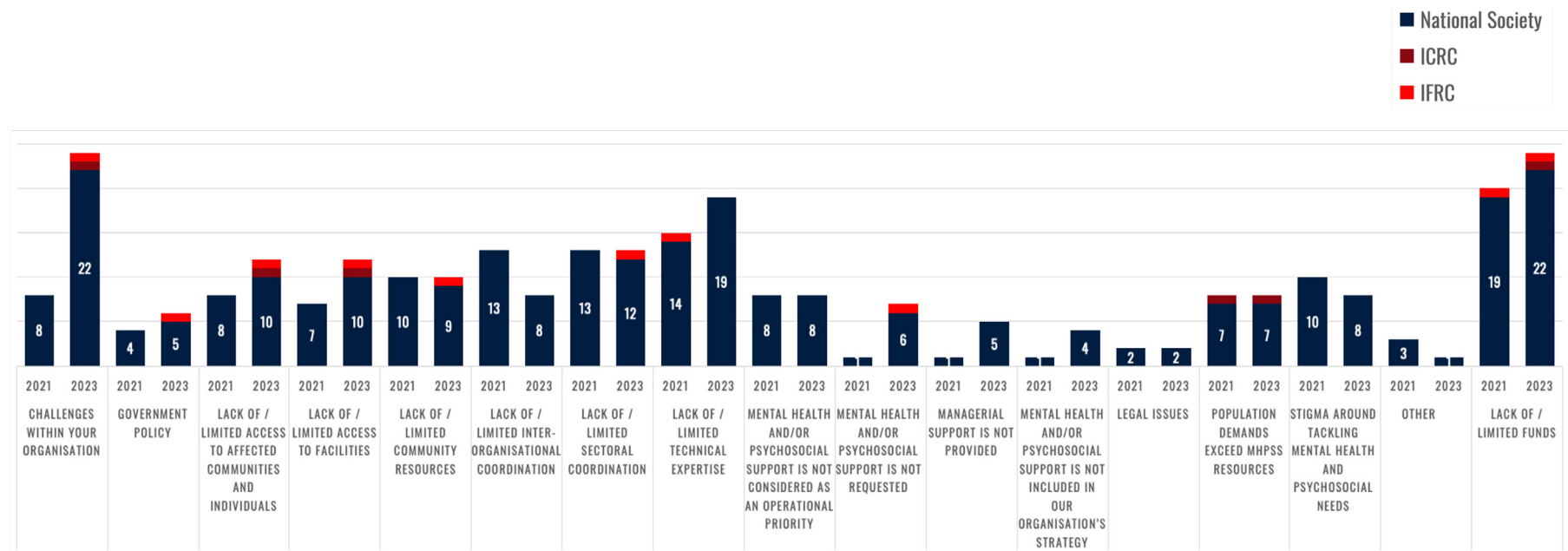


Figure 17: Perceived gaps in delivering mental health and/or psychosocial support activities

MHPSS research, advocacy, and the national role

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

Two thirds of respondents (66%: 20 NS, the IFRC and the ICRC) work with humanitarian diplomacy on MHPSS related topics or issues in 2023.

In 2021, 1 NS, the IFRC and the ICRC reported being involved or having been involved in MH and/or PSS research. In 2023, the number increased, 4 NS, the IFRC and the ICRC indicated engaging in research.

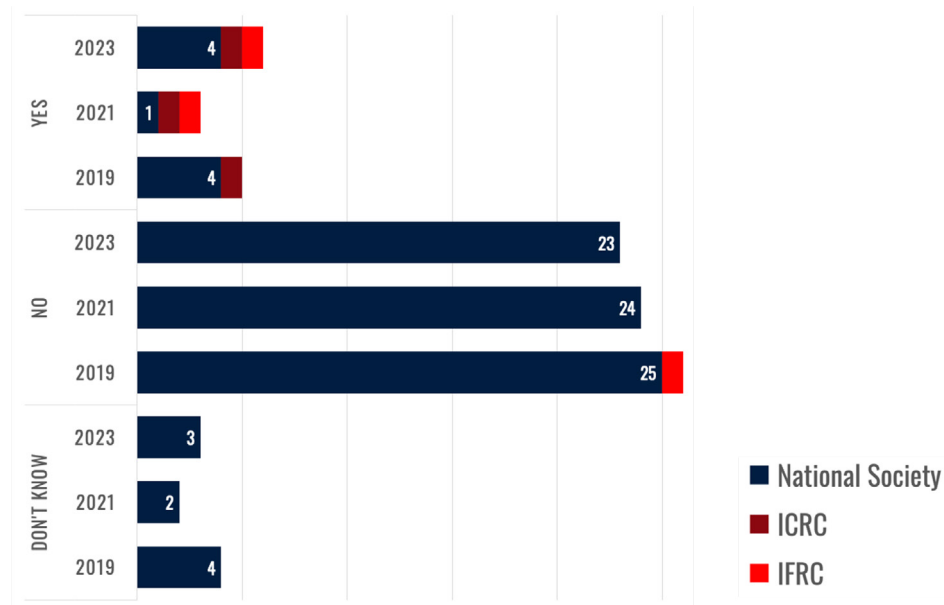


Figure 18: Involvement in mental health and/or psychosocial support research

Some of the NS (12%: 4 NS) indicate that their role in providing MH and/or PSS services is expressly mentioned in national public health laws and policies and 7 NS have specific agreements with the public authorities (21%). More than half of the NS (48%: 16 NS) are mentioned in national public health or disaster management plans. Over half of the NS (61%: 20 NS) are included as a participant in relevant humanitarian inter-agency mechanisms, and around half of NS (33%: 11 NS) are included in inter-ministerial/departmental committees.

As the NS work as auxiliaries to the public authorities it is key to understand if the public authorities recognize MHPSS as a component of their responses to disasters and emergencies. MHPSS is mentioned in the pandemic preparedness and response laws, policies or plans by 14 NS (42%) governments. MHPSS is further mentioned in disaster risk management laws, policies or plans by 16 NS (48%) governments and 14 NS (42%) governments include MHPSS in plans for response to conflicts or violence. As the IFRC and the ICRC do not have auxiliary status this is not applicable to them.

Future plans

Looking towards the future, 39% (12 NS and the IFRC) intend to expand their MHPSS activities and the remaining 45% (14 NS, and the ICRC) intend to integrate or mainstream MHPSS activities.

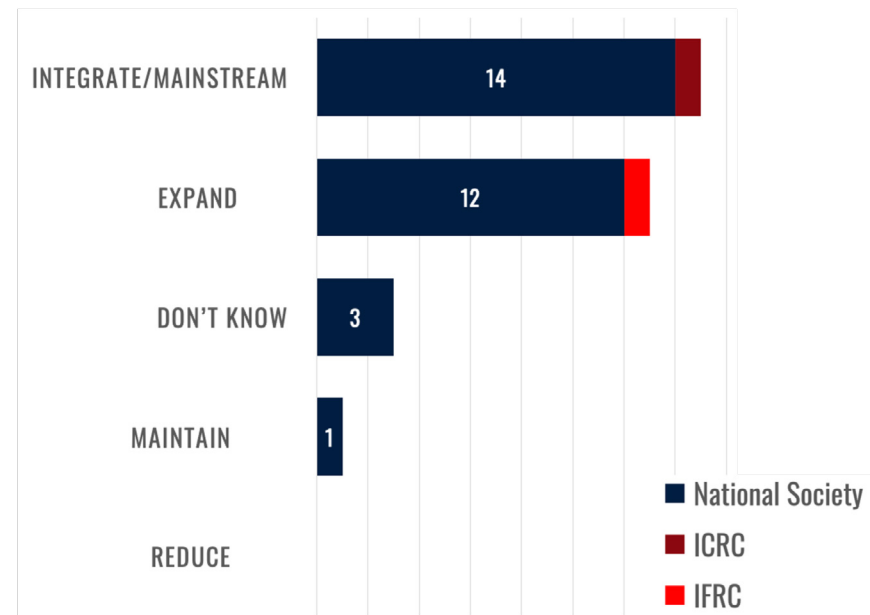


Figure 19: Future plans to expand, integrate, maintain or reduce mental health and/or psychosocial activities

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 82% of respondents, ensuring immediate support during crises. The consistent emphasis on staff and volunteer well-being, with 64% of respondents engaging in activities for their care, reflects the Movement's recognition of their vital role and resilience.

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 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 worldwide.

Key takeaways:



39%

(12 NS and the IFRC) plan to expand their MHPSS activities



4.621

Volunteers and staff are trained in PFA



36%

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



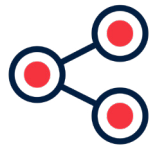
73%

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



91%

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



73%

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



52%

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



12%

(4 NS) are involved in MH and/pr PSS research



66%

(20 NS, the IFRC and the ICRC) work with MHPSS advocacy

Movement staff engaged in MH and/or PSS



More than 160 social workers



More than 25 psychologists



Nearly 2 psychiatrists



Nearly 1.000 community health workers

Movement volunteers engaged in MH and/or PSS



More than 669 social workers



More than 512 psychologists



More than 10 psychiatrists



More than 1.195 community health workers

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

Afghan Red Crescent
Australian Red Cross
Bangladesh Red Crescent Society
Brunei Darussalam Red Crescent Society
Cambodian Red Cross Society
Cook Islands Red Cross Society
Fiji Red Cross Society
Indonesian Red Cross Society
Japanese Red Cross Society
Kiribati Red Cross Society
Lao Red Cross
Malaysian Red Crescent Society
Marshall Islands Red Cross Society
Micronesia Red Cross
Mongolian Red Cross Society
Myanmar Red Cross Society
Nepal Red Cross Society
New Zealand Red Cross
Pakistan Red Crescent
Palau Red Cross Society
Papua New Guinea Red Cross Society
Philippine Red Cross
Samoa Red Cross Society
Singapore Red Cross Society
Sri Lanka Red Cross Society
The Republic of Korea National Red Cross
The Solomon Islands Red Cross
The Thai Red Cross Society
Timor-Leste Red Cross Society
Tuvalu Red Cross Society
Vietnam Red Cross Society
International Federation of the Red Cross and Red Crescent Societies (IFRC) Asia Pacific
International Committee of the Red Cross and Red Crescent (ICRC) Asia Pacific

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 1-2 years

Working Group 5

Priority Action Area 5:
Strengthen resource mobilization for
MHPSS in humanitarian response

and

Priority Action Area 6:
Mobilize political support for MHPSS –
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 2023 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 _____