INTEGRATION OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN THE RED CROSS AND RED CRESCENT MOVEMENT

Acknowledgments

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Integration of mental health and psychosocial support in the Red Cross Red Crescent Movement

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Executive summary

The importance of integrating mental health and psychosocial support (MHPSS) into the Movement's activities became increasingly recognized following the adoption of the policy for Mental Health and Psychosocial Support (MHPSS) by the International Red Cross and Red Crescent Movement's Council of Delegates in 2019. Across different activities, services and programmes in National Societies, the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) a range of MHPSS resources have been embedded for the benefit of individuals, communities, staff and volunteers.

Five years on a review of the learning from integrating MHPSS took place ahead of the Movement's 2024 Council of Delegates Statutory Meeting. This report captures the perspectives of thirty-five staff and volunteers across the International Red Cross and Red Crescent Movement regarding what worked well, what hindered integration and their recommendations for the future. Psychological first aid (PFA) which includes the use of active listening, referrals, and self-care skills, has been widely implemented in and outside the Movement and featured significantly in the consultation. The most common barriers to integrating MHPSS related to:

i. Lack of prioritization of MHPSS activities and services,
ii. A lack of resourcing, both financial and human, and
iii. misconceptions about MHPSS services and particular attitudes surrounding mental health.

Across all three themes was a related theme around resourcing (both financial and human) with regards to ensuring that tools are accessible, relevant to context and available to staff and volunteers that need them to do their work. Internal awareness raising across the Movement was advocated to address these barriers, to strengthen the understanding around MHPSS needs, and to build system-wide commitment to MHPSS services and programming.

Examples were captured of where the integration of MHPSS approaches and services had gone well in disaster response and recovery, health, staff and volunteer training, and where the integration of MHPSS approaches and services supports, cash assistance as well as MHPSS policy implementation, development and advocacy. These examples are shared with the hope that they may inspire and support the successful integration of MHPSS into more of the Movement component's services and activities.

Introduction

In 2019, the International Red Cross and Red Crescent Movement (hereafter referred to as the Movement) adopted a set of commitments for addressing mental health and psychosocial support (MHPSS) needs. These commitments were expressed in Resolution 2[1] of the 33rd International Conference and Resolution 5 of the 2019 Council of Delegates that laid out a Movement MHPSS policy[2]. The Policy and Resolution were transformed into a Roadmap[3] for implementation which identified six key Priority Action Areas and outlined the outputs and outcomes expected by 2023 – later extended to 2024. Five working groups, comprised of all Movement components, were formed, and started working towards the delivery of the proposed outcomes. The working group focused on Priority Action Area 1[4] (PAA1) is focused on achieving a basic level of MHPSS across the Movement. The Movement policy states that ensuring a basic level of MHPSS across the Movement will be best achieved through integrating MHPSS across sectors[5]. Integration refers to awareness raising and ensuring MHPSS factors, evidence, and resources are considered and included in all aspects of Movement component's activities.

This report focuses on the experiences and insights from National Societies, the ICRC and the IFRC, who have been involved in integrating MHPSS activities within the Movement. The aim is to better understand the experiences of Movement components integrating MHPSS across sectors and in using MHPSS tools that exist to support this work. In doing so, the hope is that this information will better support the integration of MHPSS across the Movement components going forward.

Thirty-five participants from all Movement components (National Societies, the IFRC and the ICRC) provided examples of MHPSS integration of approaches and services into a diverse range of new and existing activities. The key themes that emerged from the consultation process included discussion of a range of barriers to MHPSS integration, the widespread implementation of psychological first aid (PFA)[6], the usefulness, and the challenges associated, with existing tools within the Movement that support MHPSS integration and the need to improve integration.

The second half of the report includes examples, provided by Movement components, on the varied ways MHPSS has been integrated across Movement activities to date.

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[1] Resolution 2: Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies

[2] The International Red Cross and Red Crescent Movement policy on addressing mental health and psychosocial needs

[3] A roadmap for implementing International Red Cross and Red Crescent Movement commitments on addressing mental health and psychosocial needs 2020 – 2024

[4] Priority Action Area 1: Guarantee a basic level of psychosocial support and integrate mental health and psychosocial support across sectors.

[5] Policy statement 2 outputs: Integrate mental health and psychosocial support into all services and ongoing programmes, including protection, physical health, nutrition, shelter, water and sanitation, food, livelihoods, education, dissemination of information and support to separated families and families of the missing, as relevant to the mandate and role of the respective components of the Movement.

[6] IFRC PS Centre, What is psychological first aid? Available here: https://pscentre.org/resource/what-is-psychological-first-aid/

Consultation process

Since its establishment in 2020, the PAA1 working group has been supporting the Movement to integrate MHPSS across different sectors. Throughout its time members of the working group[7] have listened to, and discussed with, many staff and volunteers from across Movement components about the challenges and successes in integrating MHPSS approaches and services. To document this the group undertook a consultation process focused on how National Societies, the IFRC and the ICRC are integrating MHPSS services and activities into their work. The group also wanted to hear from the Movement components about how the Roadmap project activities[8] have supported efforts to integrate MHPSS.

Method

A qualitative research method was chosen, using semi-structured interviews, focus groups, and an online form. The PAA1 working group developed an interview schedule and then used a snowballing method of recruitment, where group members were first approached to be interviewed before they then recommended others in their network. A total of 35 responses were gathered from all regions across the world. The interviews and focus groups were transcribed and then analyzed, along with the online form responses, using a thematic analysis methodology.

[7] During its tenure the PAA1 working group has included members from: American Red Cross, Australian Red Cross, British Red Cross, Canadian Red Cross, Danish Red Cross, Egyptian Red Crescent, Hong Kong Red Cross, Jamaican Red Cross, Japanese Red Cross, the ICRC, the IFRC, Magen David Adom of Israel, North Macedonian Red Cross, Netherlands Red Cross, New Zealand Red Cross, Peruvian Red Cross, Philippines Red Cross, Rwanda Red Cross, Singapore Red Cross, Ukrainian Red Cross, Zambia Red Cross, and Zimbabwe Red Cross. The PAA1 working group is co-chaired by British Red Cross and the IFRC Psychosocial Centre.

[8] More information on the MHPSS Roadmap project can be found here: https://pscentre.org/about-us/focus-areas/the-mhpss-roadmap-project/

Participants

Thirty-five participants from National Societies (26), the IFRC (6) and the ICRC (3) participated in the consultation. Participants were based across all global regions:

- Africa – 13 participants
- Americas – 4 participants
- Asia Pacific – 7 participants
- Europe – 10 participants
- Middle East and North Africa – 1 participant

Interview and focus group questions

The following semi-structured interview schedule was used as a guide for the key informant interviews and focus groups.

1. In the last 3 years, have you tried to integrate any element of MHPSS into any Red Cross, Red Crescent activity, service, or resource?
2. If so, which and how?
3. Have you used any of the resources produced by one of the Roadmap working groups? If so, which and how?
4. What impact have you had as a result of using the working group resources and/or integrating MHPSS (re questions 1 and 2)?
5. What barriers have you faced in using the above resources and/or integrating MHPSS into Red Cross, Red Crescent activities, services, or resources?
6. What learning have you had from your experiences related to questions 1 (integrating MHPSS) and 2 (using the Roadmap tools)?
7. What would you recommend for the future re using the working group tools and integrating MHPSS into Red Cross, Red Crescent activities, services, or resources?
8. Have you any other recommendations to improve the tools the working groups have produced and/or how we integrate MHPSS into Red Cross, Red Crescent activities, services, or resources?

British Red Cross / Samuel Glazebrook

Key themes and recommendations

The focus groups and interviews yielded rich data related to the experiences of National Societies, the ICRC and the IFRC in their efforts to integrate MHPSS into their work and their views on the MHPSS tools available to them. A range of themes emerged from the data. Unsurprisingly, most of the high-level themes reflect the line of questioning in the interview schedule. These included a focus on barriers to MHPSS integration and the usefulness, and challenges associated with, MHPSS tools. In addition to this, the consultation revealed the widespread implementation of psychological first aid (PFA) and the need to improve integration.

The key themes are outlined below along with their most common sub themes.

Barriers to MHPSS integration

Perceived barriers to effective integration of MHPSS services and activities was the most common theme raised by participants. A range of reasons were cited by participants, but the most common barriers related to MHPSS activities and services not having been prioritized, a lack of resourcing, both financial and human, and misconceptions of MHPSS services as well as attitudes surrounding mental health.

MHPSS activities and services not prioritized

Participants discussed that, despite the recognition of MHPSS as a vital service in the Movement Resolution and Policy, MHPSS activities are not prioritized within their organizations at a strategic level. By not prioritizing the integration of MHPSS approaches and services at the strategic level participants reported having to continually fight for exposure of their work within their organisation, as reflected in the following statement:

> *'The biggest barrier to be honest, is that that, as a National Society, it's hard to get the voice for the MHPSS. We're a small team, we're constantly having to say 'don't forget us.'*

The lack of prioritization also impacts the ability of MHPSS programmes and staff to ensure that MHPSS activities and capacity building can happen at all:

> *'It's* [MHPSS] *a little bit like an afterthought. It's something that is maybe a luxury or a nice to have, that, you know, we have to fight for the inclusion and also, people are not really prioritized to be trained in those specific things* [MHPSS]'

Where MHPSS had been growing, it has, in some cases been deprioritized in organisational restructuring, reflecting the ongoing challenge to sustainable funding of MHPSS programming:

> *'I'm the one psychosocial advisor. There were two previously. There was one who sat in Emergency Management. And her post was disestablished.'*

Participants reported that within their organisations they continue to struggle with mental health and psychosocial needs being seen as a priority to address:

> *'We prioritize responding to that which is immediate and less to mental health and psychosocial issues.'*

A lack of resourcing, both financial and human

A lack of financial and human resourcing for mental health and psychosocial programming both in the Movement and with external partners was reported by participants. Participants discussed challenges in mobilizing funding to support MHPSS programmes and related challenges in training enough staff and volunteers to ensure MHPSS services and activities can be delivered.

> *'We try to do what we can with the budget we have, but the needs are immense and budget [allocation] for mental health continues to be an issue.'*

> *'Every single time something has to be done, it's always, but who's going to pay for that kind of issue. Yeah, yeah. It always kind of stagnates around that specific point.'*

> *'We didn't have enough in terms of providing the training. We didn't have enough facilitators. So, we were under resourced as the National Society.'*

Participants reflected that this is a broader issue outside the Movement also, with Ministries of Health and other partner organisation also struggling with resourcing, in particular related to sufficient numbers of specialized mental health workers. This affects the ability of Movement components to refer service users to more specialized, or more appropriate, care, which they themselves cannot offer.

> *'That's very good, but it doesn't change the fact that there is not enough of professional workforce of mental health in Africa.'*

Misconceptions of MHPSS

A lack of understanding surrounding mental health, psychosocial support and MHPSS services and activities was also raised as a barrier to integrating MHPSS. Participants described that within their respective Movement component there continued to be misconceptions of what MHPSS involved and the role of the Movement in providing MHPSS services.

> *'We have to advocate a lot to our management. Why it [MHPSS] is needed and why is not only playing with children and making them smile, but at the same time we needed to actually raise awareness among staff and volunteers. What is MHPSS and how that could be that could be helpful for them.'*

Participants also discussed ongoing confusion related to the scope of MHPSS services and a lack of understanding surrounding what is involved in MHPSS programming:

> *'One extreme is people finding it* [MHPSS] *too technical, thinking about mental health disorders and therefore kind of wanting to avoid it and even saying, you know, this is not something that the Red Cross does. The Red Cross does not do mental health. To the other extreme, which is that anyone can do MHPSS, and you know you don't actually need to have an MHPSS technical background.'*

> *'That was quite challenging to start because our management and sometimes partner National Societies have an understanding that integration of MHPSS is just adding psychologists.'*

Widespread implementation of psychological first aid

Psychological first aid (PFA) is a set of skills and knowledge that can be used to help people who are in distress[9]. It is a way of helping people to feel calm and able to cope in a difficult situation. Discussions with participants in this consultation revealed widespread implementation of PFA across the Movement, this included mainstreaming and adaption of PFA. Several participants also discussed that in some cases staff and volunteers require more skills than PFA and in some contexts there is a need for Red Cross to provide MHPSS services beyond PFA.

Mainstreaming

Participants provided many examples of training in PFA skills into other training packages, such as First Aid and Restoring Family Links (RFL). PFA was also used to build the MHPSS skills and competencies of staff and volunteers involved in other programme areas.

> *'The first and foremost, we integrated PFA in First Aid trainings whereby all the trainers that were trained in First Aid they had a component on PFA.'*

> *'PFA is also part of RFL. So in in our refugee camp, the officer who is there, we have also trained her in PFA so she is able to make sure that she supports the refugees.'*

> *'We make sure that we align PFA to PGI* [Protection, Gender and Inclusion*]. So, whenever there's a mention of PGI, training or whatever, we also make sure that we are part of that. We oriented both on the PFA, on what is our focus in terms of, mental health.*

Adaptation

A significant focus on MHPSS staff and volunteers in the Movement has been focused on adapting PFA approaches, particularly training, to meet local needs. This includes translating PFA training into local languages but also reducing the hours of PFA trainings, as reflected by this participant:

> *'We'll be doing shorter versions of it. Because a lot of people couldn't manage a seven-hour course post disaster.'*

Need for more skills and supports

A minor theme in the discussions with participants related to PFA was the need to provide more training and more MHPSS related skills and competency development alongside PFA, particularly for volunteers. In addition, the related need to be able to provide MHPSS services and support beyond PFA was raised.

> *'We champion for it* [PFA] *quite strongly, but more often than not, it's always an issue when we try to advance the narrative a little bit will beyond PFA, and that's not to say PFA is not important but what happens beyond? What happens in terms of the infrastructure of the mental health programming within the National Society, within the community in general? Before and after the disaster itself?'*

Usefulness of tools

In addition, to a focus on integration of MHPSS the consultation process was interested in learning what tools MHPSS staff and volunteers found useful in their efforts to integrate MHPSS. Participants referenced many tools, publications, resources, and manuals they considered useful. These were

[9] IFRC Psychosocial Centre, 2019, A short introduction to psychological first aid.

primarily tools developed by the IFRC's Psychosocial Reference Centre (IFRC PS Centre), the MHPSS Roadmap working groups and other Movement components.

IFRC PS Centre publications and manuals

Participants reported that tools produced by the IFRC PS Centre were used as guidance. Participants then focus on adapting these to better suit their context.

> *'We take reference from a variety of resources from the IFRC PS Centre and resources/ideas generated from members of the working groups. We contextualize content to suit the profile of our audience. For example, we modify the language and case studies of psychological first aid for difference audiences - children, working adults, youth and also the elderly'.*

MHPSS Roadmap working group tools

Due to the recruitment method for this consultation many participants were familiar with the MHPSS Roadmap and the related working groups. This will not be true of all MHPSS staff and volunteers across the Movement, and less so for those not involved in providing MHPSS services. Prompted by the questions they were asked, participants reflected on the usefulness of the Movement policy and the Roadmap project.

> *'The* [MHPSS] *policy has helped setting direction'.*
>
> *'One of those things that always comes to my mind is the pyramid, the psychosocial pyramid* [the MHPSS Framework].'
>
> *'I think with the Roadmap and the resources we are better equipped to reach out to members and different target groups within our country and also in the region.'*

Due the familiarity with the MHPSS Roadmap working groups there were many comments on the usefulness of tools developed by the working groups during their tenure.

> *'We have used the key messages also coming out the from Working Group* [PAA] *1 to strengthen our advocacy with our country partners'.*
>
> *'Key messages developed by Working Group* [PAA] *5 on policy and the diplomacy right, they developed messages for us to talk about mental health in diplomatic forums and conferences and for our senior management to use those messages when they participate in in the sort of meetings. More on the international agenda and I think that's very useful.'*

However, there were also reflections from participants related to the usefulness of a forum to gather with colleagues, outside of their country, to brainstorm issues and seek support and guidance[10]. A desire for this to continue once the Roadmap work is concluded was reflected by participants.

[10] Participants referenced the MHPSS Roadmap working groups specifically. However, additional regional MHPSS networks and Communities of Practice are also in place. These include two Africa Communities of Practice (Anglophone and Francophone), the Asia Pacific MHPSS Network (held in English), Encuentros Mensuales (Americas Community of Practice, held in Spanish), the European Network for MHPSS and the Middle East North Africa Community of Practice (held in Arabic).

'It's been nice to have this forum where MHPSS, actors and supporters could come together and discuss things, and have this common goal that we're working towards, that you can then take out to different partners and sort of move partners along through.'

'I think it's important for National Societies to continue to meet, to exchange ideas and to see how we can support one another in the promotion of MHPSS. It might even look like peacetime missions or exchange between National Societies, where we perhaps have a conference or whether it's a programme or a short-term project where we could gather and learn from each other, and to also share best practices.'

Challenges with tools

Participants raised multiple challenges with existing tools. In general, they were referring to materials produced by the IFRC PS Centre and/or the MHPSS Roadmap working groups. The key themes related to challenges with tools related to accessibility, adaptation, and dissemination. Across all three themes was a related theme around resourcing (both financial and human) for ensuring tools are accessible, relevant to context and available to those that need them to do their work.

Accessibility

Participants reported challenges related tools used with communities and to build capacity with staff and volunteers. For community focused materials, participants reflected that the language used in some MHPSS materials being too complex and that simpler language in MHPSS materials would support staff and volunteers to be better able to talk with communities about mental health and psychosocial needs.

'Using a language that people can understand and not necessarily clinical, psychological jargon, but more empowering people to feel that this belongs to them and that people can contribute to the mental health of populations by doing certain things.'

There were also several comments related to a need to better cater to people with physical and / cognitive disabilities.

'Access of the materials for visual and muted persons with disabilities.'

'Designing of the tools in large print and devise that the hearing/muted and visual Persons with disabilities can access'

The diversity of languages across the Movement was also cited as a significant issue. Particularly for National Societies adapting materials developed with a global audience in mind. In many cases, this requires translating from one of the four working languages of the Movement[11] to local languages. In some countries, local dialects number in the hundreds. Finding staff or volunteers who can translate materials appropriately was also cited a challenge in enabling access to MHPSS materials.

'One of the main obstacles, particularly in [country], is the linguistic diversity'

'The understanding and being able to find people that could translate that could help them very challenging.'

[11] English, Spanish, French, Arabic

Adaptation

A significant benefit of the Movement allows the sharing of materials and knowledge between National Societies, the ICRC and the IFRC. However local, national, and regional differences in language, culture, laws and approaches to MHPSS often mean materials developed at a global level need to be adapted in order to be relevant when used by staff and volunteers. Adaptation can be costly and time intensive and can be a challenge to secure resources to undertake.

> *'The region is pretty diverse. Many times, content that is generated needs to be contextualized to suit the profile of the audience.'*

Dissemination

Participants discussed the significant number of existing tools and materials that exist to support the integration of MHPSS across the Movement. However, they also cited the challenge in knowing these exist and in finding them. Participants involved in the MHPSS Roadmap working groups reflected on the challenges in disseminating existing, and new, tools across the Movement. In addition, participants reported finding it difficult to determine the key materials to focus on, among the plethora of materials.

> *'We need to figure out how to disseminate materials better.'*

> *'Problematic because they [the IFRC PS Centre] have so many resources that is sometimes hard if you don't have a lot of time.'*

Need for improved integration

As this consultation was focused on integration of MHPSS, improvements in integration were a significant undercurrent across all forms of consultation. A particular theme when discussing improving integration was the need for internal advocacy in Movement components to improve understanding around MHPSS and build commitment to MHPSS programming, as reflected by this participant:

> *'To influence culture within the organization, it is important to influence the leaders. If the leaders start to talk about the importance of mental wellbeing, I think the rest of the organization would start reflecting on why it is that important and how can they do their part to promote that. Apart from ground up initiatives, I think it is something that has to be done on every level, whether it's leadership level, the working level or any part of the organization. We have to champion MHPSS on every level and encourage people to talk about it.'*

Japanese Red Cross

MHPSS in the Movement

As part of this consultation process, the PAA1 working group asked colleagues to share examples of integration of MHPSS in their work. The following section of this report includes examples of MHPSS integration into disaster response and recovery, health, staff and volunteer training and supports, cash assistance as well as Movement policy development and advocacy.

IFRC / Ibrahim Mollik

Tanzania Red Cross Society integrated Mental Health and Psychosocial Support (MHPSS) into the disaster response program following the Mudslides and Floods Disaster at Hanang' District in Manyara region in 2023. Recognizing the mental health challenges faced by affected communities, Tanzania Red Cross Society conducted a needs assessment and found a high prevalence of anxiety and trauma. Tanzania Red Cross Society incorporated MHPSS by training staff and volunteers in psychological first aid, establishing partnerships with local mental health professionals, and providing counselling services. Tanzania Red Cross Society also launched community awareness campaigns to reduce stigma around mental health and set up support groups for different demographics, including children and the elderly. This integration significantly improved the mental well-being of over 9,112 individuals, with many reporting reduced anxiety and better coping strategies. A key challenge was addressing initial community reluctance, which was addressed through education and involving local leaders. This experience underscored the importance of cultural sensitivity and community engagement in MHPSS initiatives.

Singapore Red Cross Society

One example is the incorporation of psychological first aid training for all Red Cross staff and volunteers. Before any staff/volunteer is deployed for an overseas mission [or] a volunteering session, they must complete our standard first aid and psychological first aid training. In addition, personnel who are involved in elderly or medical chaperone services, undergo befriending training to learn communication and attending skills to interact with the beneficiaries. To date, in 2023, we have trained a total of 5800 learners in psychological first aid.

New Zealand Red Cross

In January and February 2023 New Zealand was hit by two major weather events – the Auckland floods and then Cyclone Gabrielle. In the 8 months post disaster work, the MHPSS team provided training for over 1000 people. This training included the seven-hour PFA and the shortened three-hour PFA in Disaster course.

The feedback from the courses was extremely positive and we noticed an ongoing positive effect from having run the courses in certain affected areas. We were called back repeatedly to run additional courses within a variety of different communities and agencies, for example: community groups, local councils, Māori agencies. All the courses that were run during this time were funded through the New Zealand Red Cross Disaster Fund.

Michael Bradley / New Zealand Red Cross


IFRC Psychosocial Centre

During the COVID-19 pandemic the **Ghana Red Cross Society** collaborated with Hope 4 Future Generation and Ghana Network of Person living with HIV (NAP+) with support from UNAIDS. Through this work, we trained Red Cross volunteers in PFA which helped them and the people during the health education. As part of our disaster response work, Ghana Red Cross Society has also trained volunteers in PFA involved in responding to a recent flood event.

Ukrainian Red Cross Society

We have started providing training on PFA for all mobile health unit members like doctors, nurses, drivers, assistance personnel. All people who are part of this Mobile Health Unit and who are working in the rural and remote areas. We are currently training up 18 MHPSS delegates to facilitate psychological first aid training, with a focus on supporting people experiencing complex reactions and situations. They will be able to provide those trainings for emergency response teams here in Ukraine.


Conor Ashleigh

At **Canadian Red Cross**, the MHPSS National team oversees MHPSS on the domestic and international sides. On the domestic side, the team extends technical support to provincial branches across the country in the context of emergency response and recovery. To facilitate this, the team maintains a roster of MHPSS advisors, who provide direct support to community members and technical guidance to operation leads. Additionally, they have Safety and Wellbeing volunteers providing basic psychosocial support.

On the international side, the MHPSS National team is the subject matter expert for emergency response operations and longer-term programming. Technical support is provided to leadership and across service lines through consultation and participation within operational teams. Support with context analysis for MHPSS and needs assessments is provided as needed. The MHPSS National team also provides briefings and debriefings about MHPSS for internationally deployed personnel.

CRC holds two MHPSS rosters for international deployment, for Rapid Response and Emergency Response Unit (ERU) operations. The MHPSS National team is responsible for the training and overall readiness of these delegates. It is also responsible for providing on-going technical support to deployed MHPSS delegates.

In the context of recovery, the Canadian Red Cross implements community-based MHPSS programs. Leveraging experience since 2013, MHPSS frames holistic programming supporting communities that have been impacted by emergencies with long-term recovery through the following streams:

- **Direct Support to Impacted Communities**; Integrated Psychosocial Support, Mobile MHPSS Outreach, Specialized Mental Health Support
- **Capacity Building;** Training in Protective Practices, Awareness of Mental Health Impacts, Specialized Training for Communities and Partners
- **Technical leadership, Coordination and Strategy Development;** Operational Assessments, Community Partner Outreach, Mental Health Sector Coordination, Protective Environment Stewardship, Referral List Development, Granting Program

MHPSS provides funding to enhance community capacity for advancing mental health, psychosocial support, and well-being projects in affected areas. across 4 main outcomes, with an overall envelope of over $25M since 2016 supporting communities with their psychosocial recovery:

1. Increased community connectedness supporting mental health and wellbeing.
2. Increased capacity for mental health, psychosocial wellbeing, crisis intervention and response (also above in external capacity strengthening).
3. Increased access to barrier-free counselling for adults and families at both clinical and supportive levels.
4. Increased resilience of community organization staff and volunteers supporting impacted communities (as above in external capacity strengthening).

The **International Committee of the Red Cross** (ICRC) has a dedicated role focusing on integrating MHPSS into the Movement as widely as possible. This has included membership of the Coordination Group of the MHPSS Roadmap and learning from the different working groups right across the Roadmap project. The ICRC also has had staff involved in co-leading working group two that focused on operationalising the MHPSS policy and working group five that focused on MHPSS advocacy and humanitarian diplomacy. Additionally, ICRC colleagues participated actively in all five working groups including on the development of concrete outcomes on staff and volunteer care and monitoring and evaluation work.

The **ICRC** also implements and supports MHPSS activities in their operations. For example, the ICRC MHPSS Programme in Mali is working on community projects for people affected by violence, including sexual violence, in partnership with **Mali Red Cross** (CRM) and **Danish Red Cross** (DRC), through a tripartite agreement (2023-2025). Some of these projects have been being implemented by CRM and ICRC since 2017.

The tripartite agreement integrated MHPSS services into 4 CRM consultation rooms in Tombouctou, Léré, Mopti and Menaka. The partnership framework goes beyond the prioritized affected communities and allows ICRC and DRC to develop the MHPSS Programme in CRM through capacity building. ICRC, DRC, and CRM continue to develop this work.

The ICRC MHPSS Programme in Mali is integrated into supported health facilities (such as primary health care, Hospital, and a physical rehabilitation centre) and provides comprehensive MHPSS response with the collaboration of other ICRC departments (such as Protection, Health, ECOSEC, Communications etc).

The **Cash Hub**, hosted by **British Red Cross**, initiated a *Cash and Well Being* project that aimed to capture the impact of cash and voucher assistance (CVA) beyond sectorial indicators to try and answer the question: is CVA contributing to wellbeing? The goal of the project is to develop guidance for conducting a wellbeing analysis and in measuring wellbeing levels linked with CVA. This will include key informant interviews to define the problem, understand needs, and validate project assumptions followed by a literature review on wellbeing theory and research. Initial guidance will be developed and tested and adapted following testing before being disseminated more widely.

In the **Botswana Red Cross Society**, MHPSS is part of the programming within the National Society. Volunteers are trained on PFA and engaged on debriefing sessions during and following disaster response activities. We work with key community stakeholders, such as administrative, religious, traditional gatekeepers and have trained them in PFA and engaged them to support with response activities. We have also integrated MHPSS in our care for staff and volunteers, this includes staff having access to psychologist for their mental health needs and wellness activities are implemented such as aerobics during working hours.

The **IFRC** has a dedicated MHPSS officer who has been based in the Geneva office since 2021. This role advocates for MHPSS within the IFRC Secretariat. This has enabled extensive support to the Roadmap project, including through participation in working group one, as well as working towards strengthening and systematizing MHPSS surge tools, through a collaborative approach with National Societies. Currently, the IFRC, together with the PS Centre and 22 National Societies, convene and are working towards revising and delivering MHPSS surge documents, tools, and resources. This group, the MHPSS Surge Workstream, is also now a full member of the Global Surge Working Group.

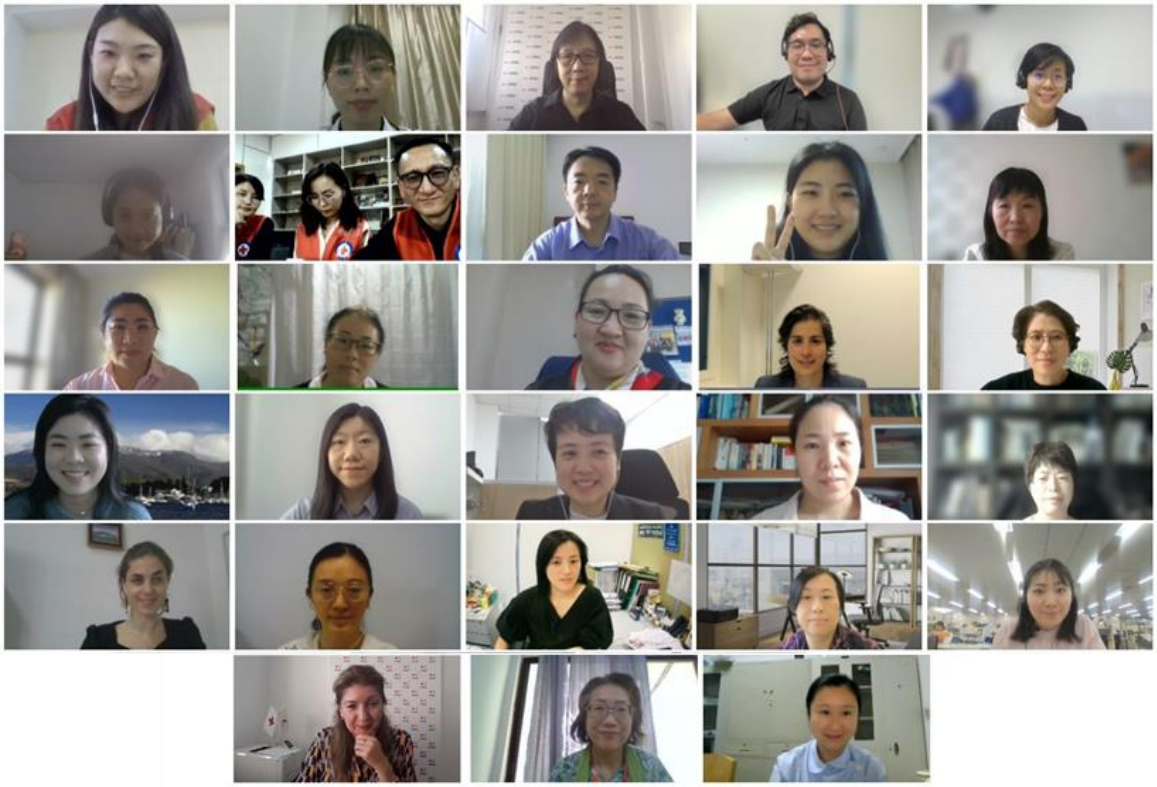
Nepal Red Cross Society has started incorporating MHPSS into many of its programmes. An example includes a programme designed to make an inclusive society for persons with disabilities. NRCS were able to assess the mental health needs of many individuals and provide them with psychosocial support, resulting in increased confidence, and positivity, with decreased hopelessness

Danish Red Cross are leaders in MHPSS in the Movement. As well as hosting the **IFRC PS Centre**, they have, for example, produced two policy papers on the integration of MHPSS. One paper outlines how, and why, MHPSS services should be integrated into national health architectures. The second focuses on MHPSS as an enabler when supporting people affected by humanitarian crises and showcases three examples of how the Danish Red Cross has approached MHPSS integrated programming and how doing so has enabled positive outcomes.

In the Asia Pacific region, the **Asia Pacific MHPSS Collaborative** is working with the National Societies to support the integration of MHPSS into various thematic areas, such as Health and Climate programs.

The Southeast Asian First Aid Network is now promoting the integration of PFA into First Aid Training Programs. The Collaborative has provided guidance to the network on how to effectively incorporate a PFA orientation module into the First Aid Training. For example, the **Lao Red Cross** has started incorporating a 3-hour PFA orientation module by conducting a 1-day PFA Training before the Training of Trainers (ToT) for First Aid. In the ToT First Aid Training Curriculum, there is also a section on how the PFA module can be taught within the overall First Aid training. This initiative has generated interest among the Southeast Asian National Societies, which are expected to roll out similar programs in the next few years.

Regarding integration with climate initiatives, the Collaborative is also working with the **Asia Pacific Youth Network** by organizing sharing sessions that highlight the mental health and psychosocial effects of climate change on young people's lives particularly in the countries in the Pacific, Bhutan, Mongolia, and Malaysia. Several regional and sub-regional webinars and forums have been initiated, which have increased the interest of Red Cross Youth leaders in promoting MHPSS as part of climate-smart programs. Similar sessions have also been conducted with the **Asia Pacific MHPSS Network**, which emphasizes the National Societies' efforts in responding to climate change-induced disasters and emergencies.



Conclusion

This consultation revealed that significant work is occurring across the Movement to integrate MHPSS into a variety of core Red Cross Red Crescent activities. Participants provided examples of MHPSS being integrated into disaster response and recovery, health activities, staff and volunteer training and supports, and cash assistance along with widespread implementation of PFA. This has included the mainstreaming of PFA into training packages in other sectors as well as PFA training being provided to staff and volunteers engaged in health, Restoring Family Links and disaster management activities. A significant amount of work is being undertaken by MHPSS teams to adapt PFA for local contexts.

Participants discussed barriers to MHPSS integration and highlighted that MHPSS is often not prioritized at the strategic level and that in some cases mental health and psychosocial needs are not viewed as a priority to address. In addition, a lack of human and financial resources for MHPSS programming affects the ability of Movement components to implement and integrate MHPSS activities. A further challenge to the integration of MHPSS are the continuing misconceptions of mental health, psychosocial support and the scope and intentions of MHPSS programming.

The consultation also focused on MHPSS tools used by Movement components in their work. Discussions revealed significant use of materials produced by the IFRC PS Centre and materials produced by the MHPSS Roadmap working groups. However, participants discussed the need for improved accessibility and dissemination of materials and the significant work that is required to adaptation materials.

While there is clear commitment to MHPSS across Movement components, in particular from staff and volunteers involved in delivering MHPSS programming, significant barriers continue to affect efforts to integrate MHPSS activities and services. This has implications for the ability of the Movement to meet commitments laid out in the Resolution and MHPSS policy, in particular the aim to guarantee the basic level of psychosocial support.

Photo descriptions

Cover image: Democratic Republic of Congo. PSS volunteers listening to the people in the Muyoga camp for people who lost their homes during the eruption of the Nyiragongo volcano in May 2021.

Page 6: Afghanistan. Afghan Red Crescent Society providing mental health and psychosocial support activities with families affected by the earthquake in Herat province in October 2023.

Page 7: United Kingdom. British Red Cross volunteers and staff at a rest centre set up for people who couldn't access their homes after an unexploded World War II bomb was discovered in the Keyham area, Plymouth, February 2024.

Page 13: Philippines. Japanese Red Cross MHPSS delegate in a child friendly space set up next to an ERU clinic following Typhoon Haiyan (known locally as Yolanda) in 2013.

Page 14: Bangladesh. A man from Rakhine state in Myanmar talks with a PSS Officer at a Bangladesh Red Crescent community safe space in Cox's Bazaar in 2019.

Page 15: Chad. Red Cross volunteers in Chad in 2023.

Page 15: (1) New Zealand. New Zealand Red Cross volunteer supporting in an evacuation centre following flooding in February 2023. (2) Ukraine. Ukraine Red Cross staff participating in MHPSS training. (3) Ghana. Red Cross volunteers participating in information session.

Page 17: Mozambique. Health ERU team briefing following Cyclone Idai in March 2019.

Page 18: Uganda. Group session for families of missing persons.

Page 19: Botswana. Training of Botswana Red Cross volunteers on risk communication and community engagement (RCCE), protection, gender and inclusion (PGI) and PSS in September 2020.

Page 20: Nepal. Red Cross workers talking with people displaced by the 2015 Nepal earthquake.

Page 21: East Asia. In commemoration of World Mental Health Day in 2023, the IFRC East Asia Country Cluster Delegation, alongside 150 staff and volunteers from the Red Cross Society of China, Hong Kong Red Cross Branch, Japanese Red Cross Society, Korean Red Cross, and Mongolian Red Cross convened for the 4th East Asia MHPSS Meeting. The East Asia MHPSS Meeting serves as a regular sub-regional activity aimed at facilitating knowledge sharing among local teams from the four National Societies.

Page 22: Gaza. The Palestine Red Crescent psychosocial team implementing recreational activities with displaced children a camp in Rafah in 2024.

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