



**MHPSS**  
**INTERNATIONAL**  
**MOVEMENT**  
**HUB**

RED CROSS RED CRESCENT MOVEMENT MHPSS HUB



# TOOLKIT: COMMUNICATION & CAMPAIGNING MHPSS

## CONTENTS

1. DEFINITIONS	3
2. USE AND SCOPE OF THE TOOLKIT	4
3. PREPARING	5
4. IMPLEMENTING	8
5. EVALUATING	14
6. MHPSS HUB COMMUNICATION	16

# 1. DEFINITIONS



**Advocacy and humanitarian diplomacy:**

target key-decision makers with an aim to inform or influence their decisions.



**Communication and campaigning:**

target broader segments with an aim to inform and shape their opinions.

## 2. USE AND SCOPE OF THE TOOLKIT

The toolkit is prepared in support of Red Cross Red Crescent Movement staff and volunteers involved in communication and campaigning initiatives related to mental health and psychosocial support (MHPSS). The toolkit includes universal guidance relevant to all communication, as well as aspects more particular to communication on MHPSS.

We have attempted to provide the fullest possible overview of the strategic journey involved, when we as communicators undertake communication or campaigning initiatives – the challenges and considerations from preparing to implementation and evaluation.

This toolkit is not a factsheet. Rather, it is an invitation to structure your strategic thinking and an attempt to pinpoint some of the dilemmas and possibilities we all face as communicators.

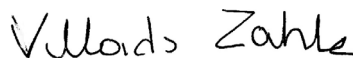
There may not always be an easy or quick answer to the questions we pose or the challenges we outline. But we think it is important to be conscious of them in order to prepare and mitigate. We hope you feel the same way.

Given the significant variations in the reality across Red Cross Red Crescent National Societies and actors (e.g. available resources, level of expertise, organizational priorities and experience in communication) we attempt to provide universal guidelines that can be adapted to the concrete context in which they are applied. In other words, this toolkit is meant to support your decision-making, not to define your decisions.

We have excluded presswork and external media in the context of this toolkit. We have done so because it entails too many variations across organisations, countries and regions in terms of risks, challenges and potential and would require an entire toolkit of its own. Hence, we include only communication under the control by your organisations.

This document represents a first attempt to create something useful for our communication colleagues across the Movement. We are happy to adapt and expand the toolkit in the future if we can improve it. But we would like to do it based on your expertise. So feel free to reach out if you have ideas or input. You will find a link to our contacts in section 6 of this document.

Warm regards



Villads Zahle & Jesper Guhle, the MHPSS Hub Communications Team

## 3. PREPARING

The starting point of any communication or campaigning initiative is to consider some fundamental questions and let your conclusions guide your decisions:

### What you want to achieve

#### Key objective(s)

The definition of clear, measurable and realistic objectives is vital in guiding your communication initiatives and informing the choices you make when implementing them. Some examples may help you define them.



”

**Example A: To inform about the need for MHPSS.**

This objective is very broad. Without further qualification it would be impossible to evaluate on, and insufficient in guiding your decision-making. You would have met this objective by shouting “Mental Health Matters” out of your office window.



”

**Example B: To convince the regional decision-making forum that MHPSS should be a priority in the next quarter - receive proportionately more funding and feature more prominently in the strategic framework.**

This objective is very narrow, internal and of little relevance for broader segments of the public, who in turn would not be very relevant in achieving it. This objective requires internal advocacy through direct contact such as meetings, emails, networking - not public campaigning.



”

**Example C: To mobilize volunteers for MHPSS programmes in a volatile country amid an ongoing crisis.**



”

**Example D: To highlight the benefit of engaging in MHPSS activities towards segments of particular populations in need of support.**



”

**Example E: To give visibility to a large institutional donor funding an MHPSS project.**



”

**Example F: To increase the private fundraising revenue for MHPSS interventions in key-segments of a public.**



”

**Example G: To inform an established community of practice of the latest research on MHPSS on a running basis.**

These objectives are examples that you would be able to benchmark your results against. They would help inform or define your other strategic decisions e.g. key messages, target audience(s) and dissemination channel(s).

We will use these examples **C, D, E, F** and **G** to show you how that works in practice, adding details and background where needed to illustrate particular points.

## Establish your boundaries

Regardless of your position or organisation you always need to adapt your communication to, and navigate the particular context you work in. We have identified two key factors defining your boundaries: **strategic limitations** and **ethical concerns**.

We will illustrate with examples to give you an idea of what they could be, but you know best what they are in your specific reality.

### Strategic limitations

Priorities, rules, policies and agreements outside your control.

## Available resources

There is no such thing as an unlimited budget or staff time, and we always have to adjust our ambitions to the resources available.

**Example E** requires the promotion of a donor. However, in the particular project the communication budget line is limited, and does not allow paid outdoor campaigning or paid advertisement on social media. Accordingly, targets in terms of reach will have to realistically reflect the strength of your organizational platforms (reach, engagement, subscribers, opening rates etc.). And the availability of communication expertise and staff time.

## Limitations of mandate

Any organisation, regardless of its size and strength, has a defined mandate – it can be more or less rigidly defined and more or less well established - but we all have to acknowledge its limitations. At the same time our mandate can be reduced or challenged in given contexts.

**Example E** is implemented in partnership with a large donor. The specific donor has extensive and rigid guidelines in terms of presentation of their brand and logo. At the same time, the donor has reservations about specific wording on MHPSS that they perceive as controversial. Accordingly, your ability to define your communication is challenged and potentially reduced. It is important to establish your limits - how far you are willing to go to meet the donors demands.

**Example F** aims at private fundraising. There is fierce competition between organisations trying to engage the same segments - the ones most likely to support humanitarian causes. In this case, there is a formal agreement between humanitarian actors to keep private fundraising initiatives within the scope of your respective organisational mandates. Hence your communication cannot freely connect with overlapping issues e.g. general health, protection of children or others. Further, your own organisation may prioritize other areas of work considered more appealing for fundraising purposes than MHPSS (e.g. emergency relief). Meaning your success may rely on your ability to convince internally.

#### **Ethical concerns**

Your common sense, and ability to translate and apply humanitarian principles in a given context

## **Problematic exposure**

Human interest is a key component of communication and campaigning. As communicators we rely on quotes by and pictures or descriptions of RCRC staff and volunteers, as well as the people we assist. This comes with a responsibility to make sure they are not exposed in a problematic way.

**Example C** is implemented during ongoing crisis and conflict in a volatile country. The conflict rages along ethnic, social and political divisions, and includes targeting of particular groups on all sides. Further, in some areas there are risks of stigmatization and abuse for people with a mental health condition. Accordingly, references to personal health challenges, backgrounds or affiliations of staff, volunteers or beneficiaries would constitute a risk, and the communication must instead focus on the quality of the general services.

## **Balancing appeal and ethics**

There is often a pressure to deliver a high level of reach and engagement when campaign initiatives are undertaken, and grants or proposals are negotiated. It is applied both internally and externally by colleagues, managers, partners, donors etc. However, as humanitarian actors we have an obligation to balance our incentive to be appealing against organisational positions and humanitarian principles.

**Example F** aims to increase private fundraising, and the potential success is directly proportionate to the ability to convince segments of the public to donate money. Clickbait (e.g. conflict, erotic content or cute animals) and tabloid angles (oversimplified causality – e.g. for 5 USD you can save a child) often generate interest and engagement and trigger algorithms on social media platforms. However, we cannot do anything and everything the public might crave. It would devalue our organizations work and risk reputational damage and loss of brand value. Be conscious of and clear about your red lines.

Based on your defined objective(s), and within your strategic and ethical boundaries, you now have to define who you need to reach and in what way – to achieve what you set out to do.

## 4. IMPLEMENTING

To be able to communicate efficiently or run a successful campaign you have to make conscious, precise and consistent decisions:

Decide who you need to reach, how to reach them and how to address them

### Target audience(s)

Regardless of communication budget, position, influence and brand value, no humanitarian actor can reach unlimited global audiences at will. So, we always have to identify our target audience(s) on the basis of whether they are relevant to our objectives and reachable.

**Example G** is about providing information to an established community of practice – a specific audience you can reach through already established channels. Hence, communication efforts can be targeted, and the aim would be deep engagement from this audience of experts rather than a broad reach in the general population.

**Example E** is about visibility of a large donor, and most often this type of communication is about raw numbers of reach – targets set in the grant/project agreement. Accordingly, the focus becomes the broadest possible reach in the broader population in the country or region relevant for the donor, rather than deep engagement from a very particular segment.

### Dissemination channel(s)

When we have identified our target audience(s) we now have to reach them. To do that we have to choose platforms and outlets that are relevant for them, or through which we can hope to engage them.

**Example D** involves reaching segments in need of MHPSS across different populations in several countries and regions. Some are already part of our organisational audience as subscribers of our newsletter and can be reached directly. However, others are not and will have to be reached in other ways.

### Platforms and outlets

Our ability to reach target audiences is directly proportionate to the strength of our platforms and outlets, and it takes time and effort to attract and maintain users of websites, followers on social media, subscribers to newsletters or podcasts etc. In other words, communication initiatives are not starting points with unlimited options – they rely on and reflect our previous efforts and the consistency of our work.

**Example D** as mentioned, comes with a need to reach segments of populations across different countries, and in this case the organisational newsletter (as described) cannot reach all. Social media is often the default option because the time investment is relatively modest, and the access to audiences significant. However, in this case it would require targeted advertisement/boosts or alternatively dissemination cooperation with partners (e.g. within the Movement) since part of the target audience is new. Of course, your communication will have to be relevant for an organisation to assist in dissemination, and as a rule of thumb the law of Karma applies in communication cooperation – help others and they might help you.

## Formats

The defined audience and choice of dissemination channels influence, or even define the formats we should use. We have identified two common criteria in determining format:

**aptness to platform** and **relevance to audience**.

### **Aptness to platform**

Defined by the abilities and limitations of the communication platforms you use

## Versioning content

When you communicate across a variety of platforms and outlets (e.g. website, podcasts, newsletter, social media) synergy is important. We define the communication portfolio as an infrastructure, where each component contributes in reaching our objectives. Content can be shared across platforms rather than independently, or in silos as unique to each platform. The main reasons are that it allows them to generate traffic, and feed each other. But also that it is more time efficient, and that it ensures coherent messaging. However, it is vital that the content on each platform or outlet is adapted to or versioned in a way that fits it.

**Example F** involves private fundraising towards segments of the public, and that could be carried out as a multi-platform undertaking. If we imagine a combination of a landing page (with sub-pages if needed) on the organisational website, combined with newsletters and social media, then each platform/outlet would play a different role.

- The landing page could present the heavy content e.g. statements about the reasons to support, case stories of people benefitting from MHPSS in video or writing and links to relevant research.
- The newsletter could generate traffic to the landing page by presenting each of these types of content, in a slightly lighter version, in running editions with links to the relevant areas of the landing page.
- Social media could contribute to generating traffic to newsletter as well as landing page by offering short highlights of their respective content, with a focus on images and video material and linking to either.

### **Relevance to audience**

The context and characteristics of your target audience

## Appropriate tools

All formats are not equally relevant. Rather they are defined by the need in a given context and for a given audience.

**Examples C and G** outline two very different contexts and audiences and comparing them can provide an illustrative example of what criteria could determine your choices of format.

**Example G** aims to inform a community of practice of the latest MHPSS research. The audience consists of experts accustomed to receiving highly complex technical information in a non-urgency context. The combination of an already established community, with expertise, receiving complicated information, and having no rigid time constraints allows for, and requires the use of heavy formats like long webinars, podcasts or publications.

**Example C** aims to mobilize volunteers in a volatile country amid crisis. Accordingly the audience is non-expert, timing is an urgent concern, and the stress level of the audience is likely to be high. So, the formats cannot rely on a long attention span, or the ability or willingness from the audience to engage with heavy or complex information. Short videos, social media cards, or audio messages would be examples of relevant formats.

## Identity and tone

Once our target audience(s), the dissemination channels and formats have been defined, the next step is to address our audience(s) in the appropriate way. There is no universal recipe, because you all operate in different contexts, and communicate with widely diverse audiences. However, there are two main factors at play – we define them as **organisational identity** and **tone of voice**.

### Organisational identity

Who we are when we communicate - static, we are who we are

## Authenticity and coherence

As humanitarian organisations, we have to sound as who we are – our communication and vocabulary must be framed by, and reflect humanitarian principles. Further, we have to stay pragmatic, respectful, and sensitive when we communicate - even when the context or discourse is heated or polarized.

**Example C** aims to mobilize volunteers for MHPSS activities in a highly volatile context. It could be tempting to appeal to specific ethnic, tribal or political groups to create a sense of solidarity with people in need of MHPSS, from potential volunteers. But that would jeopardize our core identity as humanitarian actors, and risk breaching the neutrality that comes with it.

**Example E** aims to give visibility to a large institutional donor. In this case the donor is an entity under an influential and powerful government. The donor has come under significant pressure, during the implementation of the MHPSS project to exclude groups considered controversial by the government in question. This involves suspending any referencing of gender or sexual orientation from all project communication. Accommodating such a request would breach our universal obligation to offer support based solely on need and vulnerability criteria.

### Tone of voice

How we frame our communication in different contexts - flexible, we can change our tone

Contexts and audiences are different, and staying true to our identity does not mean that we should always apply the exact same tone of voice. We can use the same **examples C and E** to illustrate what a balanced adaptation could look like.

## Balanced adaptation

**Example C** confronts us with a serious increase of self-harm and risk of suicides amid the ongoing crisis. The need for MHPSS interventions is acute, and we need to accelerate our efforts to mobilize volunteers. The key is an emotional appeal, based on the dire developments, explaining the urgency and emphasizing the need for solidarity – we communicate directly to human hearts.

**Example E** confronts us with the need to appease the government in question. The institutional donor we are partnering with, has published a new vocabulary of adequate language on gender and sexual orientation for all ongoing projects – they have done this despite our quiet internal advocacy to push back on the initiative. Following the publication of the vocabulary, we are getting reactions from rights groups and activists requesting our position on the topic. In our public response, we use a pragmatic and technical tone of voice referencing humanitarian principles and our organisational mandate, avoiding any emotional argumentation that can generate a toxic response – we stay objective and factual.

## Key messages

Key messages are not always explicitly outlined word by word in all communication. Rather, they are guiding principles informing your messaging. That means they should be a benchmark of your general positions. It logically follows, that a wide discrepancy between your positions and key messages, would reflect a problem with the coherence of your communication work.

No list of key messages, or compilations of global statistics apply universally across the realities and contexts of National Societies. However, there are some fundamental facts, challenges and causalities that are universally relevant for RCRC staff and volunteers involved in MHPSS. These can be used as anchors of your messaging – we have included some sources for inspiration, but you will likely be able to find sources more relevant for your particular country or region:

### **Mental health is a fundamental right**

- World Health Organization (WHO) (2023). [Mental health: Promoting and protecting human rights](#)
- United Nations Human Rights Office of the High Commissioner (OHCHR) (N.D) [Mental health and human rights - OHCHR and the right to health](#)

### **Mental health is a global challenge affecting us all – but most severely populations in low-income countries!**

- World Health Organization (WHO) (2025). [New WHO guidance calls for urgent transformation of mental health policies](#)
- Open Access Government (2022). [80% of people living with depression not diagnosed or treated](#)
- BMC Psychiatry (2025). [Global burden of mental disorders in 204 countries and territories, 1990–2021: results from the global burden of disease study 2021](#)

### **Mental health challenges are exacerbated by emergencies, displacement, marginalization and other adversities!**

- World Health Organization (WHO) (2025). [Mental health in emergencies](#)
- World Health Organization (WHO) (2025). [Refugee and migrant mental health](#)
- The Lancet (2019). [New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis](#)

**There is a serious and urgent gap between mental health needs and available funding and capacity!**

- Open Access Government (2022). [WHO says governments spend only 2% of budget on mental health](#)
- The MHPSS Collaborative (2021): [Follow the money: Global funding of child and family MHPSS activities in development and humanitarian assistance](#)

**Stigma, myths and misinformation has negative effects on mental health and access to support**

- World Health Organization (WHO) (2022). [Speaking out on the stigma of mental health](#)
- UNICEF (N.D) [Busted: 7 myths about mental health. Separating fact from fiction](#)
- The Guardian (2025). [More than half of top 100 mental health TikToks contain misinformation, study finds](#)

**Mental health cannot be isolated from general health and wellbeing**

- The Lancet (2019). [No health without mental health](#)
- World Health Organization (WHO) (2025). [Social connection linked to improved health and reduced risk of early death](#)
- The Red Cross Red Crescent Movement MHPSS Hub (2025). [Position Paper: Mental health - more than a brain](#)

**MHPSS must be integrated across all sectors and through all phases of humanitarian interventions**

- World Health Organization (WHO) (N.D). [Mental Health and Psychosocial Support Interventions](#)
- The Lancet (2023). [Mental health and psychosocial support in humanitarian settings: research priorities for 2021–30](#)

**MHPSS makes a difference for people and communities**

The monitoring and evaluation of MHPSS is a lot more challenging and complex than a lot of other humanitarian interventions, such as number of relief items distributed, or shelters provided. At the same time, impact studies are context defined and overlap or interlink with numerous other challenges and realities, such as access to rights, level of marginalization, level of general health care, community resilience and internal support, acute or protracted conflict; disasters; emergencies; displacement, livelihoods and income opportunities and many others.

Therefore, it is not possible or advisable to outline simplified or universal key-messages on impact, such as for every suicide prevention initiative X number of suicides are prevented, or for every Training of Trainers in PFA X amount of people will increase their mental well-being.

When communicating and campaigning towards the broad public it is much more relevant, tangible and efficient to focus on concrete projects, or initiatives implemented in your particular contexts. Include background and numbers as relevant, but make sure you have testimonies from staff, volunteers and beneficiaries to supplement and illustrate the impact. This will be much easier to understand for a broader public than in-depth complex M&E reports/impact studies, and much more representative of your work than abstract global key-messages.

A few examples can illustrate the complexity of impact studies:

- Cambridge University Press (2024). [The impact of mental health and psychosocial support programmes on children and young people's mental health in the context of humanitarian emergencies in low- and middle-income countries: A systematic review and meta-analysis](#)

- Red Cross Red Crescent Movement MHPSS Hub/IFRC (2024). [Impact Study: The role of Psychological First Aid in the IFRC Ukraine MHPSS response](#)
- World Psychiatry (2023). [World Health Organization's low-intensity psychosocial interventions: a systematic review and meta-analysis of the effects of Problem Management Plus and Step-by-Step](#)

**MHPSS is a strategic and operational priority across the Red Cross Red Crescent Movement**

- International Red Cross and Red Crescent Movement (2023). [A roadmap for implementing International Red Cross and Red Crescent Movement commitments on addressing mental health and psychosocial needs 2020 – 2024](#)
- International Red Cross and Red Crescent Movement (2019). [Resolution 2: Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies](#)
- International Red Cross and Red Crescent Movement (2024). [Regional progress report on MHPSS Activities within the Red Cross Red Crescent Movement – Middle East and Northern Africa](#)
- International Red Cross and Red Crescent Movement (2024). [Regional progress report on MHPSS Activities within the Red Cross Red Crescent Movement – Europe and Central Asia](#)
- International Red Cross and Red Crescent Movement (2024). [Regional progress report on MHPSS Activities within the Red Cross Red Crescent Movement – Asia Pacific](#)
- International Red Cross and Red Crescent Movement (2024). [Regional progress report on MHPSS Activities within the Red Cross Red Crescent Movement – Americas](#)
- International Red Cross and Red Crescent Movement (2024). [Regional progress report on MHPSS Activities within the Red Cross Red Crescent Movement – Africa](#)

## 5. EVALUATING

### Know the impact of your communication

Evaluation of your communication results is essential, not only for reporting to donors, partners, managers, colleagues - but also to help you analyze what works, and what needs work – did you reach your target audience? How was your communication received? What kind of impact did it have?

You can hire specialized agencies/consultants, or buy software, and do very sophisticated analysis. However, that is expensive, and often an overkill in the context of humanitarian organisations. Our scope is methods that can be applied within a regular organisational communication set-up and with a realistic investment of time.

There are two main avenues of evaluation, which we define as **statistical evaluation** and **narrative evaluation**.

#### Statistical evaluation

Exact evaluation based on numbers

Statistics have the advantage of being objective measures of your communication – they are not a matter of opinion. However, they have clear limitations, in the sense that they must be qualified. For instance, a significant social media reach is of course great, if it is generated from a large interest in a campaign you have launched, but NOT great, if it is generated from a hate-storm against your organisation. Accordingly, statistics should always be combined with narrative reporting.

#### Types of statistics

There is a variety of statistics worth collecting and analyzing depending on the context. The most common and easily attainable statistics would include:

- Audience, such as followers, subscribers, users
- Interaction, such as engagements, clicks, comments, shares
- Reach, such as impressions, user sessions, views, downloads, opening rates

You can look at weekly, monthly, quarterly developments as relevant to your initiative but always make sure you have a baseline - an overview of basic statistics across your platforms and outlets. This will allow you to benchmark developments over time and analyze fluctuations.

#### Analytical tools

Most major social media (such as, LinkedIn, Facebook, Instagram), distribution platforms (such

as newsletters/podcasts) and hosting platforms (e.g. websites) offer, or can facilitate analytical tools, that are relatively easy to use and can provide basic statistics. Some such as Facebook insights, LinkedIn, Mailchimp or YouTube Analytics are available for organisational pages/newsletters. Others like Google Analytics (websites) have to be installed. But as a rule it is always possible to get basic statistics.

### **Tracking**

You can access a variety of statistics from your own platforms and outlets. However, when your content or campaigns are shared or quoted by externals either during coordinated campaigning or organically, it can be challenging to track deep results. Social media offers ways to mitigate this challenge e.g. establish a (#)hashtag making content searchable or include your handle directly in the post-text so you can track re/quote posts. That can give you at least some overview of the exposure and traffic generated by your initiative.

### **Narrative evaluation**

Explanatory evaluation based on examples

While statistics are valuable indications of the impact of your communication initiative, they will need to be supplemented by a narrative evaluation. This will provide more in-depth analysis of your undertaking:

### **Content analysis**

Use examples of concrete published content to demonstrate how your communication has supported your objectives. Your content examples might not explicitly mention your objectives, but you should be able to explain the connection. We published this newsletter, podcast, social media post about X,Y,Z to support the objective of X,Y,Z.

### **Audience survey**

Use online surveys and questionnaires to understand how your communication has been received by your audience. There are a variety of options in terms of platforms for online surveys (some RCRC entities have their own). Dissemination of survey presentations and links can be done through the same platforms and outlets you have used for your initiative/campaign e.g. website, newsletter, social media or if you have the relevant contacts directly through emails. You will never get a full sample, but a segment of your audience is often sufficient to get the feedback to understand how your content was perceived.

Questions should reflect your individual objectives. But as a rule, keep them simple and concrete – use multiple choice option for the general questions (categories of responses are easier to compare and evaluate than long individual explanations). This can be combined with comment sections (so you have some opinion examples to include in a report).

## 6. MHPSS HUB COMMUNICATION

Departments, units or individual staff members working with MHPSS often, do not have own infrastructure of communication platforms and outlets, or dedicated communication staff. The MHPSS Hub has a variety of platforms, outlets and resources that might be relevant for you as a communicator. We may also be able to provide basic assistance/cooperation in relation to communication initiatives.

### Platforms & outlets

**Website:** <https://mhpsshub.org>

MHPSS related news, events, projects, vacancies and a searchable resource library with more than 1000 resources, guides and tools in 40+ languages across a variety of formats and themes.

**Newsletter:** <https://mhpsshub.org/subscribe-to-our-newsletter>

The MHPSS Hub newsletter is sent out whenever we have news to share – new resources, upcoming trainings, webinars and other events.

**Podcast:** [Heartbeat of Humanity](#)

Heartbeat of Humanity is a podcast about MHPSS. The podcast is mainly for staff and volunteers in the Red Cross Red Crescent Movement, especially staff and volunteers working in MHPSS.

**Social media:** [YouTube](#), [LinkedIn](#), [Facebook](#), [Bluesky](#)

Running updates, commentary and coverage of MHPSS across the Movement and beyond.

### **Dissemination:**

The MHPSS Hub communication team covers relevant MHPSS related news, statements, campaign initiatives, events, research from Red Cross Red Crescent actors and National Societies across the five regions as well as stakeholders outside the Movement.

### **News criteria:**

Some general guidelines in terms of what we cover:

- MHPSS has to be the focus/feature prominently
- Material from RCRC actors or MHPSS Hub partners/donors take priority
- The material has to be recent – we cover running news
- The material has to have a clear angle – what, when, whom, how, why

### **How to pitch/send material:**

For coverage or reposting/sharing please reach out by mail (See contact section) – we are often tagged on social media, but we cover a large global portfolio and might miss your material

unless notified. Some general guidelines on what we need from you:

- The material has to be approved – e.g. copy rights issues and consent from people quoted or portrayed
- Pictures should be send in high resolution either attached to an email or if too large, through WeTransfer – not inside documents
- Basic information such as organisations, names, titles, dates and locations should always be included
- We will follow up in case there are clarifications or additional information needed

#### **MHPSS resources:**

The MHPSS Hub resource library contains a large quantity of MHPSS materials across a huge variety of topics, formats and languages. If you are unable to find specific material through the search options, then we might be able to assist.

#### **Adaptation/translation:**

Red Cross Red Crescent Societies National Societies in need of MHPSS related material in a specific language or for a specific context are welcome to adapt/translate MHPSS Hub resources.

All endorsed translations and versions of the Red Cross Red Crescent Movement MHPSS Hub resources will be posted on the MHPSS Hub website. Please obtain prior written approval from the MHPSS Hub if you wish to add your logo to a translated or adapted product. There should be no suggestion that the MHPSS Hub endorses any specific organisation, products, or services. If you wish to translate/adapt a document kindly add the following disclaimer: “This translation/ adaptation was not created by the Red Cross Red Crescent Movement MHPSS Hub. The MHPSS Hub is not responsible for the content or accuracy of this translation”.

#### **Design:**

The communication team has a back catalogue of design files across MHPSS Hub material which will make the translation process a lot easier. Please contact us if you need access to design files or other material. To help us locate such material it is important that you provide basic information such as: full title, year of publication, partners (in case other entities have been involved in the publication).

## **How to reach us**

You will find the mail addresses of the MHPSS hub staff including the Communications Team on the staff page of our organisational website: [MHPSS Hub Staff](#).

While we are happy to receive comments, questions and suggestions through our social media channels, we prefer that professional exchanges take place via email. It enables the tracking and filing of relevant information and it allows transfer of files, high resolution pictures or other material potentially needed to assist.



**The Red Cross Red Crescent Movement MHPSS Hub**

Hejrevej 30  
DK-2400 Copenhagen  
Denmark

+45 35 25 92 00  
[www.mhpsshub.org](http://www.mhpsshub.org)  
[mhpsshub@rodekors.dk](mailto:mhpsshub@rodekors.dk)

[linkedin.com/company/red-cross-red-crescent-movement-mhpss-hub](https://www.linkedin.com/company/red-cross-red-crescent-movement-mhpss-hub)

[facebook.com/mhpsshub/](https://www.facebook.com/mhpsshub/)

[bsky.app/profile/mhpsshub.bsky.social](https://bsky.app/profile/mhpsshub.bsky.social)



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