



**Advocacy Paper: MHPSS in Humanitarian Action – A 2025
Multi-Agency Resource**



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This resource was developed in response to the financial crisis and humanitarian reset by multiple humanitarian and development agencies connected within the framework of the Advocacy Thematic Group of the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings.

Contributing agencies are: Action contre la Faim, GIZ, HealthNET TPO, International Medical Corps, Jesuit Refugee Service, MHPSS.net, Red Cross Red Crescent Movement MHPSS Hub, Save the Children, Terre des Hommes, The MHPSS Collaborative, UNICEF, World Health Organization.

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Mental health and psychosocial support is
essential in humanitarian action

MHPSS is essential in humanitarian action

Mental health and psychosocial support (MHPSS) is an essential, life-saving component of humanitarian action, both as a fundamental human right and as a critical enabler of effective outcomes across sectors. MHPSS not only addresses the profound psychological distress caused by crises but also enhances the effectiveness of the continuum of care across different areas of work, including health, nutrition, education, protection, and livelihoods. Evidence shows that MHPSS contributes to improved resilience, learning outcomes, treatment adherence, and community cohesion, making it a powerful accelerator of recovery and development⁴⁶. As such, integrated, multi-sectoral approaches are vital to ensure that MHPSS is embedded across the humanitarian system. However, amid escalating global needs, the recent and continued global funding cuts for humanitarian aid threaten to erode hard-won progress in MHPSS. Cuts to MHPSS programming have devastating consequences, deepening suffering, undermining recovery, and jeopardizing gains made in mental health and psychosocial care access and policy integration over the past decade. The international community must act now to safeguard MHPSS as an indispensable element of effective and accountable humanitarian action.

Purpose of this advocacy paper

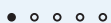
The purpose of this advocacy paper is to equip organizations implementing MHPSS with a unified framework for advocacy, enabling coordination, coherent messaging, and action. As global funding constraints threaten essential services, it is critical that the humanitarian system speaks with one voice to safeguard and scale MHPSS interventions.

This document provides an overview of the impact of funding cuts, and outlines five key asks to ensure effective MHPSS in humanitarian response.

These key asks are designed to guide collective efforts to ensure MHPSS in humanitarian response remains effective and relevant across sectors in the face of growing needs and shrinking budgets. Core messages included under each ask can be used independently for advocacy purposes, including talking points, social media messaging, and communications with senior leadership when talking about the need for MHPSS integration in humanitarian response.



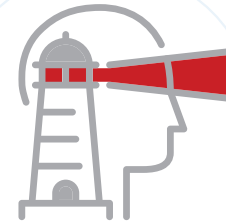
Make the Humanitarian Reset effective through MHPSS integration



Recognize MHPSS as essential to humanitarian assistance and a life-saving service



Embed MHPSS as an enabler of humanitarian effectiveness across all sectors



Position MHPSS as foundational to recovery and sustainable development beyond emergencies



Ensure MHPSS programming is community-driven and contextually grounded



The impact of funding cuts

The provision of MHPSS has been severely impacted by recent funding cuts, worsening an already critical global financing gap¹¹.

A global financing gap of over US\$200 billion already existed before the cuts. Governments, on average, allocated only 2.1% of their total health budgets to mental health in 2020, far below the recommended targets, and almost nothing in other sectors^{46,48}. To meet basic targets, funding must increase fivefold in LICs and double in LMICs⁴⁶. Before the cuts, the global economic burden of mental health conditions was projected to rise to \$6 trillion by 2030 further highlighting the urgency of investment.

Recent aid reductions, including cuts from the US Government (USAID, PEPFAR) and others, have intensified the crisis. According to a survey carried out by the Global Mental Health Action Network and the Mental Health Innovation Network in 2025 of 135 programmes in 32 countries:

Over 750,000

people lost access to support.

79%

lost psychological treatment.

75%

lost essential medications.

90%

of programme staff were cut, worsening shortages in LICs and LMICs¹¹.

The cuts disproportionately affect vulnerable populations, including survivors of torture, children and youth, LGBTQI+ individuals, and women¹¹.

Children and adolescents, already at high risk, face negligible investment despite the estimated US\$387 billion annual economic cost to support their mental health and wellbeing and prevent suicide⁴⁸. Before the cuts, the proportion of overall ODA funding for child and family MHPSS represented only 0.31% of ODA standard grants in 2019. Now, with the loss of over USD 64.4 million of US grants for child and adolescent mental health, the life-long impacts will be staggering³⁵. The current situation is not merely a financial crisis but a profound mental health crisis that puts countless lives at risk. Due to the multi-sectoral nature of MHPSS, a cut in any sector means a cut for MHPSS. [Initial feedback](#) about the impact of the current funding cuts shows their dramatic impact. The consequences of these cuts include:

- **Loss of access:** school-based, health-facility-based, and community MHPSS services cease to exist, heightening risks of distress, and longer-term mental health conditions.
- **Collapse of early prevention mechanisms:** prevention interventions, including learning and peer support networks end, leaving children, adolescents, and young people vulnerable to harmful coping strategies, harm related to alcohol and drugs, and violence: The abrupt withdrawal of support erodes trust in professionals, and institutions, making adults and children hesitant to seek help in the future. Without proper support, children and adults may turn to self-isolation, aggression, and/or substance use. Caregivers, lacking alternative resources, may struggle to manage their children's needs.

- **Breakdown of essential care:** Mental health services may not be sustained, resulting on increased mental health conditions, often requiring uninterrupted treatment, and associated increased deterioration of physical health and day to day functioning. In addition, a reduction of available services such as psychological interventions increases strain on an already underfunded mental health system.
- **Loss of frontline capacity:** Fewer caregivers, social workers, and community responders equipped to identify and respond to MHPSS needs means fewer services, and impact on quality. This increases caseloads and emotional strain on remaining staff, raising the risk of chronic workplace stress and mental health conditions, proving increased costs to the organization, undermining care quality and falling short of humanitarian standards. Without MHPSS in case management, children impaired by significant distress go unidentified, increasing the risk for mental health conditions and threatening their long-term social, emotional, and cognitive development. Globally, 1 in 7 adolescents experiences a mental health condition, and suicide is the fourth leading cause of death among 15–19-year-olds⁵⁹. If training and interventions on suicide risks and self-harm prevention are stopped, we may see increase rates of suicidal ideation and attempts.
- **Disruptions in information management systems and support structures:** can undermine quality assurance mechanisms such as supportive supervision, which are essential for ensuring safe, effective, and accountable mental health care, as well as for providing reliable data to inform decisions on MHPSS services.
- **Stalled progress in advancing children's and people's right to mental health:** threatening recent gains in national policy reform, dedicated financing, and global accountability mechanisms.

To address this dire situation, urgent actions are required:



International donors, including bilateral and multilateral organizations, must urgently increase their investment in mental health, allocating at least 0.5%, and ideally 1%, of their overall health development financing to mental health, which could provide hundreds of millions of additional dollars for services in LMICs.



Governments must increase their domestic mental health financing to meet the Lancet Commission's targets of 5% of total health spend for LICs, LMICs, and UMICs, and 10% for HICs. This requires predictable and sustainable finance, as well as more effective and efficient use of existing funds.



Private and philanthropic donors must step in to fill critical funding gaps where domestic resources are insufficient, recognizing the catalytic role they play in achieving systemic change.



Key Ask 1: Enhance the effectiveness of the Humanitarian Reset through the integration of MHPSS

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The Humanitarian Reset introduced by the Inter Agency Standing Committee (IASC) proposes an overhaul of the humanitarian aid system aimed at improving efficiency and effectiveness in response to “a profound crisis of legitimacy, morale, and funding”. The reset will be pivotal in determining the future of humanitarian assistance. It was instigated by Tom Fletcher, the Emergency Relief Chief on 10 March 2025. In a letter to the IASC Principals, he outlined his vision:

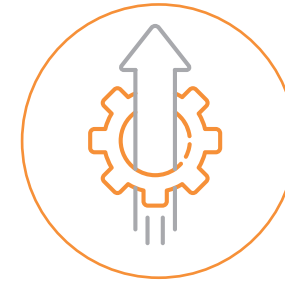
“We must both regroup and renew at the same time. I propose we do so on the foundation of three strategic priorities: the best possible crisis response with the resources we have; urgent work to reform and reimagine how we work; and shift power to our humanitarian leaders in country, and the people we serve.”³⁰

MHPSS must be integrated into the humanitarian reset to help deliver the best possible crisis response with the resources available, while preserving the mental health and wellbeing of affected communities.

The central role of MHPSS in humanitarian action has been long established and rooted in strong evidence¹⁵. The Humanitarian Reset must not be connected to any form of de-prioritization of MHPSS. Organizations and stakeholders are ready to support the meaningful integration of MHPSS outcomes in the most supportive way to the necessary changes that the Reset brings. We aim at higher efficiency with no step back in the protection of people’s rights to access MHPSS activities that address their needs.

Core Messages:

The following core messages are in line with the four pillars of the humanitarian reset: reinforce coordinated leadership, flexible resourcing, sectoral structures, and genuine partnership, which are all crucial components of a reimagined humanitarian system.



Reducing Duplication and Inefficiency

- “Nothing about us without us” must guide the reform of humanitarian coordination: stakeholders in MHPSS, including IASC MHPSS Reference Group (RG) Co-Chairs and national MHPSS Technical Working Groups (TWGs) Co-Leads, must be meaningfully consulted and actively involved in all discussions and decisions that shape the future of MHPSS within the humanitarian system.
- Since 2007, IASC MHPSS RG members have collaborated to produce key inter-agency tools and guidance, supporting effective MHPSS responses globally (e.g. the IASC MHPSS Minimum Service Package). The IASC MHPSS RG plays a critical role in ensuring MHPSS is prioritized and mainstreamed across sectors at the global and country levels. The RG members ask to continue collaborating in this way.
- MHPSS integration is essential across all sectors to ensure effective humanitarian response. The co-chairing agencies of the IASC MHPSS RG commit to continue leading coordination and to support cluster lead agencies in their efforts to identify and address the diverse needs of individuals and communities.
- Multisectoral MHPSS TWGs are well-positioned to support this integration regardless of coordination structures. MHPSS TWGs at country level produce inter-agency needs assessments and mapping of resources and gaps, to enable joint planning across sectors to meet the diverse needs of affected populations while reducing duplication.
- Sustained funding and support to country-level MHPSS coordination, including those led by local actors, enhances collaboration, resource allocation, and agility in crisis response.



Localization

- Local actors play a key role in MHPSS. They are the first to respond to an emergency, and they have the greatest knowledge of local resources, language, beliefs, and associated coping strategies, culture and geography. Integrating MHPSS into their ongoing activities (e.g. within health, protection, nutrition, education, etc.) is a cost and time effective strategy. As such, their capacity and well-being must also be prioritized and protected.
- Community-based MHPSS supports communities as drivers for their own care and helps restore collective structures and systems essential to individual and collective well-being. Community-engagement is essential in localization efforts for sustainability and community resilience. There is extensive expertise in cost-effective, community-based MHPSS approaches built on task-sharing, which enable non-specialists to deliver services and has led to the development of diverse, scalable interventions.
- When MHPSS is integrated in cash-transfers as a part of localization efforts, it enhances the overall impact by improving mental well-being, which in turn supports better decision-making and coping strategies within the communities themselves. This leads to improved outcomes in livelihoods and education, as individuals are more able to pursue opportunities and manage challenges effectively.



Proactive Messaging and Countering Disinformation

- Addressing the emotional, cognitive, and behavioral roots of negative attitudes toward the humanitarian sector is essential for effectively communicating its value. MHPSS actors bring valuable expertise in tackling stigma and disinformation; skills honed through years of addressing mental health misconceptions via awareness-raising and advocacy. These approaches can be leveraged to build trust and counter misinformation in the broader humanitarian context.
- Unintended negative effects of humanitarian and development work, which fuel critiques, are often behavioral in nature and caused by the neglect of psychological factors (dignity, frustration, demotivation, increased community tensions) in implementation. Integration of MHPSS-informed know-how into measures decreases unintended negative behavioral effects.



Key Ask 2: Recognize MHPSS as essential to humanitarian assistance and as a lifesaving service

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MHPSS is not an optional add-on. It is central to sustainable, people-centred crisis response and recovery. Woven through decades of humanitarian action, MHPSS is often the invisible thread linking health, protection, education, and peacebuilding. Communities who have invested in their mental health and wellbeing have systems that are better able to function under stress and are better able to recover and rebuild individually and collectively.

Globally, one in eight people (970 million) lives with a mental health condition. In conflict settings, this rises to 22%, with sharp increases in depression and anxiety⁴. The consequences of neglecting mental health and psychosocial wellbeing are dire: suicide claims more than 720,000 lives annually, is the third leading cause of death among 15-29-year-olds and a leading cause of maternal death. People with mental health conditions lose on average 14.66 years of potential life, with increased mortality from both natural and unnatural causes⁷.

Mental health conditions can also increase the risk of life-threatening substance use disorders. Conversely, people with mental health conditions are more prone to developing substance use problems¹². Evidence shows that people affected by armed conflict, including forcibly displaced populations, are at high risk of substance use as a coping mechanism for emotional and psychological problems⁷. Addressing substance use disorders as a part of humanitarian response is life-saving.

In humanitarian crises, the sudden withdrawal of MHPSS programs results in the collapse of critical integrated care systems, heightened mental health risks, and increased use of harmful coping strategies.

Early intervention can mitigate impacts of humanitarian crisis.

Children, in particular, benefit profoundly from early MHPSS. Those who receive support during crises are more likely to succeed in school, avoid long-term mental health issues, and contribute positively to society, reducing reliance on health, welfare, and justice systems. Early intervention, especially before the age of 14 (when half of all mental health conditions begin)⁵⁹, can reduce the lifetime risk of depression by up to 50%.

Mental health is a human right and must be included in humanitarian action. Every person - wherever and whoever they are, deserves the highest attainable standard of mental health.

MHPSS is not secondary; it is essential for life and lifesaving.



Photo © UNICEF/YPN - Yemen



Maintain Continuity of Mental Health Services

It is essential to ensure continuous access to mental health care, particularly for individuals with mental health conditions such as psychosis, bipolar disorder, anxiety or depression. This includes uninterrupted availability of psychotropic medications and psychological interventions. Abrupt disruptions, often caused by funding gaps, can lead to serious relapse, life-threatening symptoms, or even death, while also undermining community trust in the health system and deepening economic loss. To prevent this, humanitarian actors must develop clear transition and sustainability plans for mental health services from the outset. At the same time, investing in the capacity of local health systems is crucial to ensure these services continue beyond the acute emergency phase.



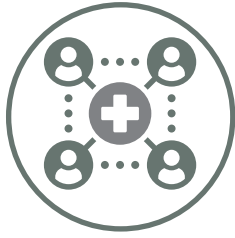
Integrate MHPSS Prevention, Promotion, and Wellbeing Activities

MHPSS prevention, promotion, and well-being activities address the root causes of mental health challenges, foster resilience, and promote overall well-being. These activities are vital for individuals and communities to cope with adversity and prevent mental health conditions. Denying children MHPSS and education programs denies them opportunity to break intergenerational cycles of illiteracy, poverty, and violence. When community violence prevention programs are shut down, individuals become more vulnerable to forced recruitment into non-state armed groups. Improved mental health and psychosocial well-being contributes to a longer life. People with mental health conditions have a substantially reduced life expectancy relative to the general population.



Ensure Suicide Prevention Programming

Populations affected by humanitarian emergencies experience stressors that increase the risk for suicide, such as economic difficulties, loss of resources, violence and abuse, and loss of social support networks. Concurrently, access to family support and appropriate mental health care may be limited, and stigma around mental health is pervasive. Implementation of comprehensive suicide prevention strategies that include crisis hotlines, prevention campaigns, and integration of mental health in general care is essential. Particular attention must be given to high-risk groups including adolescents, young adults, and women in the perinatal period. In all emergencies, it is essential to include community-based responses that train multi-sectoral frontline workers and community gatekeepers to recognize suicide warning signs and strengthen self-care strategies and help-seeking behaviour in the community.



Preserve and Support MHPSS Systems and Coordination

MHPSS is inherently multisectoral. MHPSS needs are interconnected with other sectors. For example, access to education, safe housing, and social protection can significantly impact mental health. Effective MHPSS requires the active involvement and coordination of various sectors in humanitarian action, including health, protection, and education, to address the diverse needs of individuals and communities. MHPSS enhances coordination and establish coordinated referral systems between sectors to ensure communities and individuals receive comprehensive support.



Make Mental Health an Economic Priority

Investing in mental health is not just a humanitarian or health imperative, it is an economic one. The global cost of mental health conditions is estimated at USD 2.5 trillion per year, projected to rise to USD 6 trillion by 2030. Yet the return on investment is clear: every \$1 invested in mental health yields \$4 in improved health and productivity. Early intervention and prevention, especially for children and adolescents, significantly reduce long-term healthcare costs and protect human capital. A recent analysis forecast that integrating MHPSS promotion programmes in schools had a cost-benefit ratio of \$225 USD for each \$1 invested⁴⁴. Despite this, MHPSS remains largely underfunded. Evidence-based costing models show that comprehensive MHPSS support can be delivered for as little as \$2–3 per person per year in some settings. Prioritizing funding for MHPSS across humanitarian and development financing streams and supporting research that demonstrates its cost-effectiveness is essential to breaking the cycle of poverty, vulnerability, and poor mental health.



Access to Quality Mental Health Services is a Human Right

Every child and adolescent has the right to the highest attainable standard of mental health. This includes timely, appropriate, and quality MHPSS, without discrimination. Denial of this right, particularly for children and adolescents, can lead to long-term harm: increased risk of harmful substance use, difficulty in education and employment, and challenges in maintaining relationships later in life. MHPSS interventions that promote emotional regulation and coping skills have been shown to reduce the risk of harmful alcohol and drug use in conflict-affected youth by up to 40%⁵². Children from marginalized backgrounds, with disabilities or diverse identities, face even greater risks when they lack access to mental health care, putting them at higher likelihood of institutionalization, exclusion, and entry into the juvenile justice system. Ensuring access to quality mental health services is not just a protective measure: it is a legal and moral obligation grounded in human rights.



Key Ask 3: Integrate MHPSS across sectors as an enabler of humanitarian aid

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If one can't function, if one is in distress, one simply can't use what is offered: food can't be eaten, shelter can't feel safe, surgeries can't be recovered.

”

Integrating MHPSS in humanitarian work is critical to achieving effective, holistic responses in crisis settings. Mental health and psychosocial well-being directly influence outcomes in different areas of work, including health, education, protection, and livelihoods, with evidence showing that addressing MHPSS needs can improve treatment adherence, educational attainment, and social cohesion^{38, 42}. When MHPSS is embedded across sectors it strengthens the overall impact and sustainability of humanitarian interventions, ensuring that individuals and communities are better equipped to recover, adapt, and rebuild. Integrating MHPSS into other sectors involves adapting existing services to be more MHPSS-sensitive, rather than creating separate programs.



Protection (including child protection, gender-based violence, mine action and explosive weapons)

Protection programming is a crucial component of humanitarian action, ensuring respect for the rights of affected populations in accordance with international human rights and humanitarian law. This work encompasses activities that monitor protection risks, prevent violations, support people in claiming their rights, and help them recover from violence, coercion, discrimination, and abuse. While protection services address physical safety and legal rights, they must also consider the mental health impacts of crises. When MHPSS is effectively integrated into protection programming, it helps mitigate both immediate and long-term risks to dignity, mental health, and psychosocial well-being of affected populations, creating a more holistic and effective humanitarian response.

Core Messages:

Protection^{12,23,24}

- Protection programming must address not only physical safety and legal rights, but also the psychosocial and mental health impacts of violence, coercion, displacement, and extreme adversity.
- Integrating MHPSS into protection programming strengthens resilience, dignity, and recovery—contributing to a more holistic and rights-based humanitarian response.
- MHPSS helps prevent further harm by improving emotional well-being, supporting coping skills, and facilitating community reintegration and access to justice for affected populations.

Child Protection^{40,45}

- Mental health and psychosocial wellbeing are foundational to a child's ability to protect themselves and to contribute to the protection of others.
- Effective child protection must support children across the socio-ecological layers of individuals, families and communities recognizing the interconnected nature of psychosocial well-being.
- Integrating MHPSS into child protection enhances emotional regulation, improves family and community relationships, and builds the foundation for lifelong wellbeing.

Gender-Based Violence¹⁵

- Survivors of GBV require access to multi-layered, context-sensitive MHPSS to support recovery, rebuild agency, and reduce stigma.
- MHPSS integration into GBV programming can help mitigate long-term mental health impacts and supports safe and empowering healing processes.
- MHPSS plays a vital role in strengthening survivor-centred referral systems and multidisciplinary support, contributing to safer, more effective GBV responses.

Mine Action and Explosive Weapons^{15,40}

- People affected by explosive weapons must have access to MHPSS that addresses stress, grief, and long-term mental health needs.
- Integrating MHPSS into mine action efforts supports reintegration, reduces stigma, and improves access to education, work, and community life. MHPSS enhances Explosive Ordnance Risk Education (EORE) and Conflict Preparedness and Protection (CPP) activities by supporting emotional regulation, risk perception, and collective resilience.



Education

Learning spaces create opportunities for peer connection and adult support, fostering social and emotional development amid challenging circumstances. MHPSS is inherently linked to educational activities, as both aim to help children, caregivers, and education personnel cope with adversity, build resilience, and thrive in supportive and predictable environments. When MHPSS considerations are integrated into education programming, they enhance learning outcomes while simultaneously addressing the psychological impacts of crisis, creating spaces where affected populations can heal, grow, and develop essential life skills despite ongoing challenges.

Resources: 5, 6, 13, 15, 26, 27, 28, 29.

Core Messages:

- MHPSS in education helps children and youth regain a sense of normalcy and predictability, improves emotional regulation, cognitive performance, reduces stress, dropout rates and promotes collaborative behaviour⁶.
- Learning spaces unite the wider community and strengthen the relational support available for at-risk children. MHPSS and education activities that engage children, youth, caregivers and community members are critical for enhancing social cohesion²⁶.
- Early childhood is a sensitive period where mental health and psychosocial well-being are foundational. Integrating MHPSS in Early Childhood Development (ECD) programming promotes early learning, healthy brain development, emotional security, and resilience, which are essential for long-term learning and health outcomes²⁹.
- Teaching can be one of the most stressful occupations, especially in crisis settings. Teachers not only influence students' learning, but also their emotional and cognitive development. Supporting the mental health of teachers is essential, as their well-being directly affects their ability to teach and care for students. If teacher and student mental health and wellbeing is not addressed, learning cannot thrive^{8,28}.



Climate Change

Global temperatures are rising, and people are being exposed to more frequent and intense heat waves, floods, landslides, storms, wildfires and droughts. This is having a negative effect on people's mental health across the world, from exacerbating the symptoms of mental health conditions to increasing mortality rates among those living with mental ill-health. Due to their developmental stages and dependency on adults, children and youth are disproportionately affected by the mental health consequences of climate change. Effectively addressing the mental health and psychosocial consequences of climate change necessitates collaboration across health, education, social protection, and environmental sectors in emergencies.

Resources: 9, 10, 30, 56.

Core Messages:

- It is estimated that the additional global societal costs of mental health conditions due to changes in climate-related hazards, air pollution, and inadequate access to green space will reach almost US\$47 billion annually in 2030^{9,30}.
- Almost every child (>99%) is now exposed to at least one climate or environmental hazard and approximately 1 billion children – nearly half the world's children – live in countries considered at 'extremely high-risk' to the impacts of climate change⁹.
- MHPSS helps communities cope with loss, displacement, and uncertainty related to climate change^{10,56}.
- Psychological support enhances climate resilience and community engagement in mitigation and adaptation planning^{10,56}.



Health

Almost all people affected by emergencies experience psychological distress, which typically improves over time. However, one person in five (22%) living in an area affected by conflict in the previous 10 years is estimated to have a mental health condition⁴. Living with adverse situations can negatively impact children's growth and development, caregivers' ability to work, earn and care for their children but also families' functioning, resilience to health issues, and ability to adopt healthy behaviours. Many people who are affected by mental health problems do not seek support from health services for their mental health difficulties. However, they often present at health services for other reasons (e.g. problems sleeping, aches and pains), which can be related to psychological stress. Mental health is not a standalone issue, it is an integral and inseparable part of overall health. The success of any health intervention depends on also recognizing and addressing the mental and psychosocial dimensions of illness, recovery, and well-being. Neglecting mental health undermines health outcomes, increases health system burdens, and compromises the dignity and resilience of affected populations.

Core Messages:

- Mental health care is a fundamental health system responsibility, not an optional add-on. Just as health systems are expected to treat diabetes, malaria, or injuries or fractures, health actors must provide mental health care as part of their core mandate. Mental health conditions also require health system responses, delivered by trained health workers using evidence-based interventions. There are many approaches to providing evidence-based MHPSS through health systems, including in humanitarian settings^{35, 50}.
- Mental and physical health are deeply interconnected: mental health conditions can negatively impact access to health care, treatment adherence, and long-term health outcomes.
- Integrating MHPSS into health systems before, after and during emergencies is essential for effective care, especially for chronic diseases, maternal and newborn health, sexual and reproductive health, and communicable disease management, and in Public Health Emergencies. MHPSS increases treatment adherence and reduces drop-out rates⁶⁰.
- Integrating MHPSS into health systems strengthens health worker well-being, reduces turnover, and supports quality care delivery particularly during protracted crises and emergencies^{55,60}.

Resources: 4, 15, 17, 35, 50, 55, 60, 61, 62.



Nutrition

Crises disrupt not only food supplies but also caregivers' capacity to provide nurturing care, as their own mental health and psychosocial well-being deteriorate under stress. This creates a concerning cycle: malnourished children often display reduced activity and seek less interaction, which can prompt caregivers to provide less stimulation, further hampering development. Similarly, caregivers experiencing psychological distress, particularly depression, are less likely to maintain breastfeeding and provide adequate stimulation for their children. Recognizing these interconnections is essential for an effective humanitarian response. Nutrition interventions that incorporate MHPSS elements can break these negative cycles and support both physical and psychological recovery among affected populations.

Resources: 1, 2, 18, 25, 35, 58, 63, 66.

Core Messages:

- Child malnutrition and maternal mental health feed off one another. Undernourished children interact less; psychologically distressed care-givers have less energy for responsive feeding and play, deepening both problems⁶⁶.
- Adding psychosocial stimulation to nutrition services is impactful. The 2020 ACF guideline for integration of childcare practices and mental health into nutrition and the 2023 WHO wasting guidelines recommend the integration of both services because it boosts breastfeeding promotion and improves child development outcomes^{2,58}.
- Baby Friendly Spaces and Early-Childhood Development (ECD) activities contribute to improving children and their caregivers health and well-being while strengthening family's care practices^{1,25,53, 63}.
- Perinatal mental health is a lifesaving matter. Maternal depression raises the risk of babies being born low-birthweight and of breastfeeding stopping early – both strongly linked to higher infant mortality in emergencies³⁵.
- When budgets drop, cutting the MHPSS component of therapeutic feeding programmes leads to higher relapse rates, unsafe feeding practices and preventable child deaths^{35, 50}.



Food Security and Livelihoods Programming

Humanitarian emergencies frequently disrupt access to food and livelihoods, causing severe psychological stress and forcing affected populations into risky coping strategies. Food insecurity often has gendered consequences, with women and girls typically eating last and least, while child malnutrition can critically disrupt cognitive, emotional, and social development. Conversely, well-designed Food Security and Livelihoods (FSL) programming can restore independence, social identity, and meaningful community participation. When FSL activities incorporate MHPSS principles, they promote resilience, agency, dignity, and self-efficacy, factors central to mental health recovery³⁴. Integrating MHPSS in FSL programming can also help people to build skills in positive coping, communication, conflict resolution, and many other areas that facilitate effective participation in livelihoods. Evidence strongly suggests that the incidence of mental health problems among children and adolescents can be reduced by addressing severe and persistent poverty, particularly during the early years of a child's life.

Resources: 13, 16, 34, 35, 64, 65.

Core Messages:

- MHPSS builds resilience, social cohesion, and coping strategies that strengthen engagement in income-generating activities¹³.
- MHPSS integration in FSL helps reduce harmful coping mechanisms (e.g. child labor, survival sex) by addressing root causes of distress⁶⁴.
- Psychosocial support improves confidence, motivation, and interpersonal skills necessary for livelihood success¹³.



Photo © GIZ



Disability and Inclusion

Integrating MHPSS into disability-focused humanitarian work is essential to ensuring inclusive, rights-based responses that address the different needs experienced by people with disabilities. People with disabilities are disproportionately affected by crises and face heightened risks of psychological distress, social exclusion, and violence, yet their mental health and psychosocial needs are often overlooked. Evidence shows that inclusive MHPSS programming not only supports emotional well-being but also strengthens participation, protection, and access to essential services. All types of disability increase children's risk of discrimination, exclusion and rights violations. These risks can result in segregation, confinement, restraints on children's autonomy, threats to their physical and mental integrity, and high levels of distress⁴³. Embedding MHPSS within disability interventions is therefore critical to advancing equity, dignity, and resilience for individuals with disabilities in humanitarian contexts.

Resources: 21, 33, 43, 49, 54.

Core Messages:

- People with disabilities face unique mental health risks in crises, including isolation and discrimination that impact on their mental health and psychosocial wellbeing and must be considered in humanitarian contexts. Children with disabilities are 17 times more likely to be institutionalized than other children¹⁹.
- MHPSS integration ensures inclusive, equitable access to care, enhancing participation and autonomy⁵⁴.
- Inclusive MHPSS reduces stigma, supports self-advocacy, and strengthens protection mechanisms⁵⁴.



Peacebuilding

MHPSS plays a critical yet often underrecognized role in fostering sustainable peace. Armed conflict and violence leave deep emotional, relational, and societal wounds. Without addressing these through MHPSS, peacebuilding efforts risk remaining fragile and short-term.

Resources: 3, 19, 22, 38.

Core Messages:

- There can be no lasting peace without healing. MHPSS helps individuals and communities process adversity, rebuild trust, and restore relationships damaged by violence, marginalization, and displacement³⁸.
- Integrating MHPSS into peacebuilding initiatives strengthens social cohesion, prevents the intergenerational transmission of trauma, and reduces the risk of violence reoccurrence especially when tailored to the needs of women, youth, and other affected groups²².
- MHPSS contributes to inclusive peacebuilding by creating space for dialogue, empathy, and reconciliation. It supports people not just to survive conflict, but to actively engage in rebuilding peaceful, resilient communities³.
- Excluding mental health from peacebuilding risks overlooking root causes of conflict, including cycles of fear, distrust, and social fragmentation³.
- IASC guidance highlights the importance of joint MHPSS peacebuilding programming, coordinated across humanitarian, development, and peace actors to ensure that psychological healing and social reintegration are not left behind²¹.



Key Ask 4: MHPSS is a foundational component to recovery and long-term development after emergencies

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Without adequate MHPSS, the widespread distress caused by crises can leave lasting scars—undermining the well-being of children, families, and communities. This not only hampers individual recovery, but also compromises social cohesion, security, economic productivity, and long-term development. Crises also present an opportunity: when leveraged strategically, they can strengthen national MHPSS systems through investment in workforce devel-

opment, service delivery, and policy reform. Robust national MHPSS systems enhance societies' ability to recover from emergencies and build resilience for future shocks.

To meet current needs and prepare for future ones, MHPSS must be fully integrated into long-term development planning at global, national, and local levels by donors, governments, and coordinating bodies alike.

Core Messages:

Resources: 36, 47, 57.



For Donors³⁶.

Recognize MHPSS as a life-saving intervention within humanitarian assistance and ensure it is systematically included in humanitarian response funding across sectors.

Require and incentivize integration of MHPSS within proposals and strategic plans across sectors.

Ensure flexible and multi-year funding to support scalable, multi-layer community-based MHPSS interventions.

Include investment in MHPSS staff mental health and wellbeing. People are the primary tools and resources for MHPSS service delivery across sectors, and their wellbeing is crucial for effective programming.

Invest in evidence generation to strengthen the case for integrated programming and track outcomes.



For Humanitarian Coordination⁴⁷.

Prioritize integrated MHPSS in inter-sectoral planning, including in Humanitarian Response Plans (HRPs) and multi-cluster initiatives.

Ensure access to trained MHPSS staff across sectors and technical support within the response architecture.

Embed MHPSS in coordination mechanisms, ensuring alignment across protection, health, education, and other sectors.

Use existing guidance such as the IASC MHPSS Minimum Service Package to operationalize integration.



For National Governments and Local Authorities⁴⁶.

Integrate MHPSS into national budgets and emergency preparedness plans.

Ensure national policies and legal frameworks reflect the right to mental health and the need for psychosocial support in emergencies.

Support workforce development by investing in the training and supervision of social workers, child protection officers, education personnel and mental health providers. Promote the prevention of work-related mental health risks.

Strengthen referral systems between community-based services and formal MHPSS care.

Engage children, caregivers, and communities in designing and delivering MHPSS activities that foster safety, belonging, and hope.



Key Ask 5: Ensure MHPSS programming is community-driven and contextually grounded

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For MHPSS to be effective, sustainable, and contextually appropriate, it must be grounded in the lived realities, values, and capacities of affected communities. Community-driven approaches enhance trust, foster ownership, and ensure that interventions reflect local understandings of well-being, distress, and healing. Evidence from humanitarian contexts consistently shows that when communities are meaningfully involved in the design, implementation, and evaluation of MHPSS programming, outcomes improve across sectors—including education, protection, health, and livelihoods.

Top-down approaches can risk undermining local coping strategies or creating dependency. In contrast, community-led MHPSS initiatives strengthen social cohesion, promote agency, and build on existing protective factors^{37,42}. They are particularly effective in fragile settings where formal mental health systems may be weak or inaccessible. Furthermore, community-led MHPSS is not only more cost-effective but also scalable and adaptable across diverse crises⁶². In order to improve psychosocial well-being, what services are delivered is as important as how people are involved in the process of working towards improved wellbeing. This involvement can have different gradations, and consist of informing, consulting, involving, collaborating and empowering.

As humanitarian actors strive to integrate MHPSS across sectors, prioritizing community engagement is both an ethical imperative and a strategic necessity. Failing to do so risks implementing services that are irrelevant, rejected, or even harmful, particularly among marginalized groups. To ensure inclusive, impactful, and accountable MHPSS, responses must be co-created with the people they intend to serve.

Resources: 13, 15, 67.

Core Messages¹⁵:



- **Prioritize community leadership in MHPSS design and delivery:** Advocate for humanitarian policies and programs to systematically include community members, particularly women, youth, persons with disabilities, persons with lived experience of mental health conditions and marginalized groups



- **Strengthen and resource community-led MHPSS structures:** Call for increased investment in local support networks, safe and appropriate traditional healing practices, peer support groups, and community facilitators as essential components of sector-wide MHPSS integration.



- **Embed participatory mechanisms in multi-sectoral humanitarian planning:** Push for MHPSS needs and practices identified by communities to inform intersectoral response strategies across.



- **Ensure accountability through community feedback and safeguarding:** Demand regular feedback loops, complaint mechanisms, and culturally appropriate safeguarding practices to protect the rights and dignity of people engaging with MHPSS services.



- **Build capacity for community-led MHPSS response and preparedness:** Advocate for training, mentorship, and sustained technical support for community members and grassroots organizations to lead MHPSS efforts before, during, and after crises.



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Conclusion

Protection of mental health and well-being, and access to quality MHPSS services, are fundamental human rights. Yet the promotion and protection of these rights are being undermined by drastic global funding cuts, with devastating consequences for individuals, communities, and the effectiveness of humanitarian response. The Humanitarian Reset presents an opportunity to improve efficiency and accountability in humanitarian aid, but also carries the risk that cross-sectoral priorities such as MHPSS could be deprioritized.

This advocacy brief underscores the ethical, human rights–based, and economic imperative for the sustained prioritization of MHPSS in all emergencies. MHPSS is not an optional add-on; it is a life-saving intervention and an indispensable enabler of effective humanitarian action across health, protection, education, nutrition, livelihoods, and peacebuilding. Its continuity is essential for safeguarding dignity, resilience, and recovery, and for advancing sustainable development beyond crises.

The key asks, core messages, and actions outlined provide a framework for NGOs, community-based organizations, UN agencies, governments, and donors to act collectively. By safeguarding and expanding access to MHPSS, the international community can uphold its human rights obligations, strengthen humanitarian effectiveness, and ensure that every person affected by crisis has access to the highest attainable standard of mental health and psychosocial well-being.



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