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MHPSS INTERNATIONAL MOVEMENT HUB

BUILDING SUSTAINABLE MHPSS PRACTICES

Guidance for National Societies

Building Sustainable MHPSS Practices: Guidance for National Societies, December 2025

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We welcome your comments, feedback, and questions. Please, see the full list of materials available from the Red Cross Red Crescent Movement MHPSS Hub website.

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Contents

List of Abbreviations

AMIF	Asylum, Migration and Integration Fund
CB MHPSS	Community Based Mental Health and Psychosocial Support
CEA	Community Engagement and Accountability
CERV	Citizenship, Equality, Rights and Values Programme
CoP	Community of Practice
CFSV	Caring for Staff and Volunteers
DG ECHO	Directorate-General for European Civil Protection and Humanitarian Aid Operations
DG Sante	Directorate-General for Health and Food Safety
ERDF	European Regional Development Fund
ESF+	European Social Fund Plus
EU	European Union
IFRC	International Federation of Red Cross and Red Crescent Societies
MH	Mental health
MHPSS	Mental Health and Psychosocial Support
MHPSS CAEN	MHPSS Central Asia and Europe Network
MHPSS Hub	International Red Cross and Red Crescent Movement MHPSS Hub
NSD	National Society Development
OCA	Organisational Capacity Assessment
PFA	Psychological First Aid
PER	Preparedness for Effective Response
PMER	Planning, Monitoring, Evaluation and Reporting
PSS	Psychosocial support
RCRC	Red Cross and Red Crescent
RFL	Restoring Family Links
RoE	IFRC Regional Office for Europe

List of case studies

Introduction

This guidance is intended to help Red Cross and Red Crescent (RCRC) National Societies in building long-term Mental Health and Psychosocial Support (MHPSS) programming that serves the most vulnerable people in the communities and those affected by armed conflict, natural disasters, and other emergencies. It demonstrates the continuous efforts to implement the commitments made under the 2019 Council of Delegates Resolution 5[1] and Resolution 2 of the 33rd International Conference: *Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies*[2] and how the International Red Cross and Red Crescent Movement Policy on *Addressing Mental Health and Psychosocial Needs* (Movement MHPSS Policy)[3] is being operationalised.

In 2020, a *Roadmap for implementation*[4] was developed to support a strategic and coordinated approach to implementing these commitments to strengthen the Movement's collective response to MHPSS needs. The MHPSS Roadmap project (2020-2024)[5] has united the International Red Cross and Red Crescent Movement around a shared strategy to strengthen mental health and psychosocial support globally. Through five priority action areas, it has advanced integration of MHPSS across sectors, improved support for staff and volunteers, built evidence of impact, and mobilized resources and advocacy to make mental health a core humanitarian priority. Thus, laying a strong foundation for continuous MHPSS programming strengthens the Movement's capacity to better respond to emergencies.

The present guidance captures insights from a three-year collaboration between the IFRC Regional Office for Europe (RoE), 28 National Societies[6] and the RCRC Movement MHPSS Hub (MHPSS Hub), through the project *Provision of quality and timely psychological first aid to people affected by the international armed conflict in Ukraine in impacted countries* (2022–2025), funded by the European Commission under the EU4Health programme[7]. It captures lessons learned, practical approaches, and shared experiences in strengthening MHPSS systems for longer-term sustainable programming, being rooted in the outputs of the mentioned above Movement-wide efforts, such as MHPSS Roadmap project.

1. Resolution 5: International Red Cross and Red Crescent Movement policy on addressing mental health psychosocial needs, Council of Delegates, 2019
2. Resolution 2: Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies, 33rd International Conference of the Red Cross and Red Crescent Movement, 2019
3. International Red Cross Red Crescent Movement Policy on Addressing Mental Health and Psychosocial Needs, 2019
4. A roadmap for implementing International Red Cross and Red Crescent Movement commitments on addressing mental health and psychosocial needs 2020 – 2024, IFRC 2023
5. For more information on the MHPSS Roadmap Project visit mhpsshub.org
6. Belgian Red Cross, Bulgarian Red Cross, Czech Red Cross, Danish Red Cross, Estonian Red Cross, Finnish Red Cross, French Red Cross, German Red Cross, Hellenic Red Cross, Hungarian Red Cross, Icelandic Red Cross, Irish Red Cross, Italian Red Cross, Latvian Red Cross, Lithuanian Red Cross, Luxembourg Red Cross, Red Cross Society of the Republic of Moldova, Red Cross of Montenegro, Norwegian Red Cross, Polish Red Cross, Portuguese Red Cross, Romanian Red Cross, Slovak Red Cross, Slovenian Red Cross, Spanish Red Cross, Swedish Red Cross and Ukrainian Red Cross Society
7. Red Cross mental health response to the international armed conflict in Ukraine, IFRC 2025

Purpose of the Guidance

The guidance is meant to help National Societies to learn from Movement specific practical examples aligned with *Movement MHPSS Policy* how short-term MHPSS projects are contributing to strengthening MHPSS systems and capacity by integration in strategic National Society plans, establishing MHPSS and staff and volunteer care frameworks, strengthening internal coordination and integration of MHPSS, building MHPSS evidence base, setting up revenue generating mechanisms. It also contains suggested sustainability indicators, benchmarks on the impact, outcome and output levels that can be used to track progress toward sustainable MHPSS integration over time.

The guidance is designed to support MHPSS Focal points responsible for the design, delivery and management of MHPSS projects and programmes. It also targets a broader stakeholders engaged in national society development, strategic planning, community engagement, volunteer management, resource mobilization, including leadership of National Societies. Additionally, it contains recommendations relevant for other programmatic areas such as health, disaster management on how MHPSS can be integrated.

Background

The guidance draws on the project progress reports, caring for staff and volunteer surveys, MHPSS Organisational Capacity Assessment (OCA), and project final evaluation, complemented by case studies from National Societies. The Guidance is aligned with key IFRC frameworks, including Preparedness for Effective Response (PER)[8], National Society Development (NSD)[9], Community Engagement and Accountability (CEA)[10], Protection, Gender and Inclusion (PGI)[11], and Planning, Monitoring, Evaluation and Reporting (PMER)[12], as well as the IASC MHPSS Coordination Handbook.[13]

The inputs were gathered through consultations with National Societies and IFRC staff, and draft recommendations were validated in dedicated workshop.

Source: Jesper Guhle, MHPSS Hub, 2025.

8. Preparedness for Effective Response, IFRC 2023
9. National Society Development Policy, IFRC 2022
10. Community Engagement and Accountability (CEA) Strategy 2023-2025, IFRC 2023
11. Protection, Gender, Inclusion resources, IFRC
12. Planning, Monitoring, Evaluation and Reporting resources, IFRC
13. IASC MHPSS Coordination Handbook, IASC 2022

Source: Jesper Guhle, MHPSS Hub, 2025.

Key considerations for sustainable MHPSS practices

Building well-established, structured, and funded MHPSS practices within National Society is a long-term process requiring incremental progress, institutional commitment, and strategic investment. This journey must align with each National Society unique operational context and national legal and policy frameworks. MHPSS programming is highly context-specific, often situated under social welfare, disaster management, health, or education, reflecting its multifaceted nature and the need to address diverse population needs.

A critical component of sustainability is the role of the **MHPSS focal point.** These roles vary significantly across societies, with common models including volunteer-based, staff-based, project-based, or committee-based structures. Each model offers advantages and limitations:

TYPE	ADVANTAGES	LIMITATIONS
Volunteer – base	• Cost-effective • Volunteers often come from local community fostering trust and cultural sensitivity • Motivation-driven • Is not funding dependant	• Limited availability • High turnover affecting continuity • Lower accountability • Difficult to ensure MHPSS integrated in strategic decisions
Staff-based (included in organigram)	• Ensures longer-term development of MHPSS internally to National Society • Enables consistent presence and MHPSS representation to external partners • Aligned to organisational culture	• Requires both MHPSS technical qualification, programme management and advocacy competencies. • May be limited in influence and scope due to the low level of prioritisation of MHPSS in National Society
Project-based	• Focused and linked to specific MHPSS objectives and deliverables	• Time-limited to project duration • Risk of losing the institutional memory and capacity built during the project
Committee based with formalised decision-making processes	• Shared responsibility • Transparency • Diverse perspectives • Strengthened integration of MHPSS	• Slower decision-making • Risk of bureaucracy • Diffused responsibility

Recognizing these variations is essential for designing sustainability strategies that are flexible, adaptable, and tailored to the specific National Society context.

To translate these structural considerations into actionable steps, it is important to identify key considerations that guide sustainable MHPSS practices across diverse settings.

The key considerations outlined below are aligned with the *Movement MHPSS Policy* while providing practical guidance to help sustain MHPSS practices while considering the organisational capacity and operational context of the National Society.

Source: Jesper Guhle, MHPSS Hub, 2025.

Key Consideration 1: MHPSS Services are needs-based and person-centered

A human-centered approach is fundamental to MHPSS programming, ensuring dignity, participation, and cultural relevance in all interventions. National Societies can operationalize this by using evidence-informed assessment tools to identify local needs, capacities, and coping strategies, enabling services that are inclusive and adaptable. Embedding participatory assessments and continuous feedback loops into internal processes strengthens strategic planning and ensures MHPSS remains responsive and sustainable.

Alignment with *Movement MHPSS Policy* statements:

- (1) Ensure impartial access to mental health and psychosocial support and prioritize prevention and early response
- (3) Recognize the resilience, participation and diversity of people in all mental health and psychosocial activities
- (4) Ensure protection of safety, dignity and rights

Key Consideration 2: MHPSS is context dependent

Sustainability in MHPSS is not a one-size-fits-all approach; it depends on each National Society's context, priorities, and operational realities. Effective integration requires balancing local needs and cultural practices with efforts to strengthen organisational systems and frameworks. Community based approaches play a key role by embedding MHPSS into everyday structures while ensuring flexibility to adapt to diverse environments. By combining localized solutions with institutional capacity building, National Societies can create resilient, sustainable MHPSS services that endure beyond short-term projects.

Alignment with *Movement MHPSS Policy* statements:

- (5) Address stigma, exclusion and discrimination
- (8) Develop mental health and psychosocial support capacity

Key consideration 3: MHPSS within the National Society is integrated across sectors

Integrating MHPSS into National Societies operational frameworks requires embedding it across key sectors such as disaster management, first aid, social care and Restoring Family Links (RFL) to ensure continuity and sustainability. Comprehensive integration within internal systems and strategic plans enables National Societies to mainstream MHPSS beyond projects, making it a core component of emergency response and long-term development.

Alignment with *Movement MHPSS Policy* statement:

- (2) Ensure comprehensive and integrated support and care for people with mental health and psychosocial needs

Source: Bernard van Dierendonck, Swiss Red Cross, 2024.

Key Consideration 4: National Society focuses on capacity strengthening and duty of care for all staff and volunteers

Building sustainable MHPSS services requires investing in staff and volunteers MHPSS competency development and learning; supportive supervision; mentoring; peer-to-peer support. National Societies should embed Psychological First Aid, stress management, and referral systems into Standard Operational Procedures (SOPs). Systematic volunteer wellbeing support should be integrated into volunteer engagement policies. A strong duty of care, covering safety, mental health, and resilience, creates a foundation for quality service delivery and reinforces MHPSS as an integral part of organisational capacity and operational frameworks.

Alignment with *Movement MHPSS Policy* statements:

- (7) Protect the mental health and psychosocial wellbeing of staff and volunteers
- (8) Develop mental health and psychosocial support capacity

Key consideration 5: MHPSS is the focus of the National Society's external engagement

The adoption of the *Resolution 2* and the *Movement MHPSS Policy* marked a turning point for the Red Cross Red Crescent Movement, establishing MHPSS as a humanitarian priority. These commitments call for National Societies to align their own policies and strategies with national frameworks and legal mandates, ensuring MHPSS is integrated into emergency preparedness, public health systems, and community-based care. This alignment strengthens external partnerships and recognition of National Societies as MHPSS service provider, establishing opportunities for system level sustainable presence and resource mobilization.

Alignment with *Movement MHPSS Policy* statements:

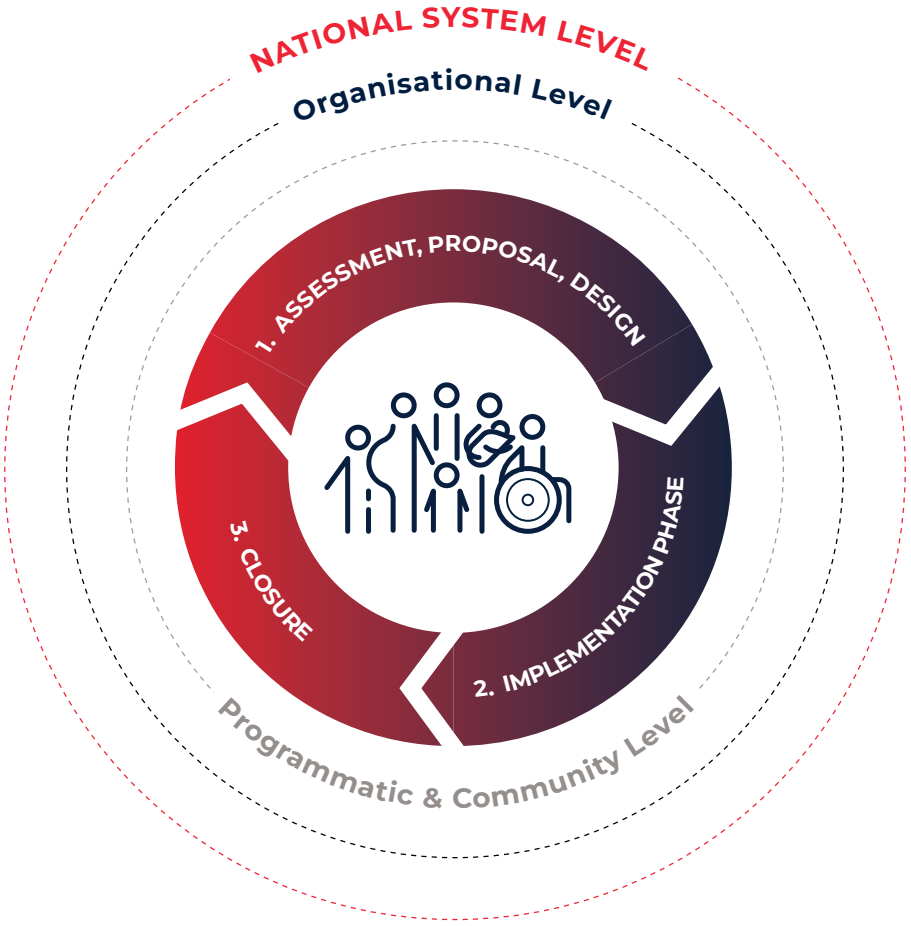
- (1) Ensure impartial access to mental health and psychosocial support and prioritize prevention and early response
- (2) Ensure comprehensive and integrated support and care for people with mental health and psychosocial needs

Practical examples from National Societies on how to build sustainable MHPSS practices

Sustainability of MHPSS services refers to three interconnected levels: 1) National systems level; 2) Organisational level, and 3) Programmatic/Community. The model is illustrated with examples drawn from case studies, including those from National Societies involved in the project funded by the EU4Health programme and others. These examples demonstrate how diverse activities can contribute to MHPSS sustainability.

To ensure the long-term impact and continuity of MHPSS practices beyond the project's lifetime, sustainability should be integrated into all phases of the project cycle at the initial phases of planning. For detailed guidance and practical tools on planning and implementing sustainability during project assessment and design, implementation, and closure, refer to **Annex 3.**

The model demonstrates interconnectedness of the levels. For example, organizing MHPSS community event in a branch, documenting it with photos and feedback, and then sharing the experience during a headquarters meeting strengthens the link between programmatic and organisational levels. Similarly, developing and conducting training for volunteers by volunteers can be combined with inviting management and other key stakeholders to open the session, ensuring organisational ownership and commitment.



Source: Jesper Guhle, MHPSS Hub, 2025.

NATIONAL SYSTEMS LEVEL

National Societies need to ensure that MHPSS is aligned with national priorities and embedded in organisational policies, creating a clear mandate for action. Strategic planning also includes resource allocation and financial sustainability, so that MHPSS is not dependent on short-term funding. Finally, effective coordination and partnerships are essential to leverage expertise, share resources, and position MHPSS as an integral part of humanitarian response and health systems.

MHPSS aligned with national priorities

Integrating MHPSS into national systems is key to ensuring lasting impact and sustainability. When aligned with national public health, education, social care, and civil protection policy frameworks, MHPSS becomes a recognized part of emergency preparedness and response. National Societies, in their auxiliary role to public authorities, help connect humanitarian action with government strategies and legal mandates. Embedding MHPSS in statutes, national policies and plans strengthens accountability, secures resources, and builds resilience over time. This approach reflects the Movement's commitment to institutionalization and humanitarian diplomacy, ensuring services remain coordinated and culturally appropriate. The Croatian Red Cross and Luxembourg Red Cross examples illustrate this by formalizing its role under the Civil Protection Law and aligning to National Mental Health Plan (NMHP) to provide psychosocial support during disasters and emergencies, as highlighted in the case study below:

Case Study from the Croatian Red Cross (CRC)

Institutionalizing MHPSS in national emergency frameworks: The Croatian Red Cross auxiliary role under Civil Protection Law

HOW CAN THE PARTNERSHIP OF THE CRC WITH GOVERNMENT AUTHORITIES ENHANCE THE SUSTAINABILITY OF MHPSS SERVICES?

CRC is a key actor for MHPSS within the national emergency framework, consistent with the RCRC Movement Policy's call to integrate MHPSS into preparedness and response. Under the Civil Protection Law, CRC provides psychosocial support during disasters, health crises, displacement, and complex emergencies. This role reflects policy principles of community-based approaches, volunteer engagement, and coordination with authorities. Led by CRC with government partners, the process demonstrates humanitarian diplomacy and institutionalization of MHPSS since 2009. CRC delivers surge support, trains volunteers using MHPSS tools recognized within the movement as a good practice (e.g., Psychological First Aid, Well-being Guide) and participates in contingency planning and EU deployments. Embedding MHPSS in auxiliary agreements ensures comprehensive, coordinated, structured collaboration, and culturally appropriate, evidence-based care for affected populations and responders.

The CRC auxiliary role in the area of MHPSS is recognized through Civil Protection Law as well as Government's National action plans and strategies in emergency preparedness and response, and in specific operational documents related to Search and Rescue after an airplane crash. Civil protection law and operational documents outline the CRC's mandate to support national efforts in delivering MHPSS during crises, including public health emergencies, natural disasters, airplane crashes, terrorist attacks and situations involving displacement or conflict.

WHO LED THE PROCESS?

The initiative was led by the CRC in close collaboration with relevant government ministries, including Civil Protection Directorate and Ministry of Social Welfare. The CRC's MHPSS and disaster management team played a key role in advocating for the integration of psychosocial support into national emergency and disaster response frameworks, with strong backing from the Society's leadership and technical units. It is still an ongoing process of integration, humanitarian diplomacy and advocacy which started in 2009 with big train accident in Rudine but was followed by various emergencies and migration work where CRC proved as relevant and reliable partner. After flood response in 2014, CRC became more relevant MHPSS stakeholder in emergencies both for affected populations and for frontline responders, regardless of their organisation.

WHAT IS THE ROLE OF MHPSS IN THE AUXILIARY ROLE?

MHPSS is a central component of the CRC's humanitarian mandate as CRC is the only operational force within Civil protection system providing these services. Within its auxiliary role, the National Society provides surge support to national social services in local and national emergencies, implements Community Based psychosocial interventions, and contributes to national preparedness and contingency planning. It also plays a vital role in Civil protection local and national exercises, Red Cross trainings and supporting frontline responders and volunteers, ensuring a coordinated, evidence-based, and culturally appropriate response to mental health and psychosocial needs during emergencies. As part of EU Civil Protection Mechanism, CRC MHPSS teams are also support Croatian teams deployed internationally. This case highlights the importance of embedding MHPSS within formal auxiliary agreements to ensure a sustainable, structured, and collaborative approach to supporting affected populations.

Source: IFRC, 2024.

KEY RECOMMENDATIONS FOR NATIONAL SOCIETIES

- Formalize MHPSS scope of activities within national legal frameworks and auxiliary role agreements to ensure sustainability and institutional recognition.
- Engage in humanitarian diplomacy to integrate MHPSS into civil protection laws, national action plans, and contingency planning documents
- Build strong collaboration with ministries (e.g., Civil Protection, Social Welfare) to secure mandates and operational roles for MHPSS during emergencies.
- Ensure MHPSS is part of disaster preparedness, health crisis response, and emergency exercises at both local and national levels.
- Train volunteers and staff in internationally recognised MHPSS tools (e.g., Psychological First Aid or Child Friendly Spaces) to provide rapid, culturally appropriate support during crises.
- Promote Community Based MHPSS approach by grounding MHPSS interventions in local contexts to foster trust, relevance, and resilience among affected populations.

SUGGESTED INDICATOR TO MEASURE

- Integration of MHPSS into national or local systems: # of national local policies, emergency plans, SOPs and budget allocations (i.e. Health protection, education, emergency preparedness) with MHPSS component adopted

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Case Study from Ukrainian Red Cross Society (URCS)

Strategic Integration and Coordination: The Ukrainian Red Cross One Plan for MHPSS and Humanitarian Response

CAN YOU BRIEFLY TELL US ABOUT THE AUXILIARY ROLE OF URCS?

The URCS, in its auxiliary role to the government, primarily supports national-level interventions and complements ministries' programs. URCS acts as an expert organisation in delivering Community Based MHPSS services, focusing on the most vulnerable groups. These interventions serve as a preventative measure to reduce pressure on specialized mental health services. Additionally, URCS supports government efforts by training first-line responders, including emergency services, social workers, teachers, and medical professionals.

WHAT IS THE ONE PLAN AND HOW DOES IT HELP IN INTRODUCING MHPSS IN THE STRATEGY?

The One Plan was introduced as part of URCS's broader organisational reform and National Society Development (NSD) efforts. Following the escalation of conflict in 2022, URCS adapted its Strategic Plan 2021–2025 into the One Plan 2023–2025 to better coordinate Movement support and respond to urgent needs of affected populations. This process was led by URCS with active consultation from 23 Movement partners and supported by IFRC and PMER teams. The One Plan serves as a unified framework for coordination and resource mobilization. Its fundraising objective is to consolidate donors' engagement under a single plan, ensuring predictable and flexible funding aligned with the most pressing humanitarian needs.

IS MHPSS A CORE AREA IN THE STRATEGY?

MHPSS has been a core area of URCS's work since 2014, following the onset of armed conflict in Ukraine. In 2018, URCS established a dedicated Psychosocial Support (PSS) Unit to structure activities, scale up interventions, and improve service quality. Today, MHPSS is recognized as a strategic pillar of URCS, with regulations approved by the Presidium.

HOW WAS MHPSS IDENTIFIED AND PRIORITIZED IN THE ONE PLAN?

- 2015–2017: Project-based psychosocial activities implemented in select regions.
- 2017: Formation of the PSS Unit as a programme structure.
- 2019: MHPSS included as a strategic direction for URCS.
- 2020–2021: COVID-19 response and adoption of MHPSS policy resolution.
- 2022: Conflict-driven scale-up: from 8 regions and 4,257 recipients in 2020 to 21 regions and over 321,000 recipients by 2023.
- 2023: Establishment of MHPSS Department; mental health integrated into programming.
- 2025: MHPSS recognized as a cross-cutting thematic area in URCS.

External context: MHPSS is a national priority for the Government of Ukraine.

WHO WAS INVOLVED IN THE DEVELOPMENT OF THE MHPSS AS A CORE AREA?

Strategizing MHPSS and including it into One Plan, gave validation to the existing MHPSS programme and enabled a bottom-up, community-driven scale-up. This process elevated MHPSS to a strategic priority within URCS.

MHPSS services were aligned with the *Movement MHPSS Policy* while adapted to local needs and contexts. This adherence to best practices strengthened internal advocacy and positioned MHPSS at the strategic level

Source: Jesper Guhle, MHPSS Hub, 2025.

KEY RECOMMENDATIONS FOR NATIONAL SOCIETIES

- Elevate MHPSS from project-based activities to a core organisational pillar, ensuring it is embedded in strategic plans and governance documents.
- Adopt a unified planning framework. Use a consolidated plan (like URCS's One Plan) to coordinate Movement support, streamline resource mobilization, and secure predictable, flexible funding.
- Advocate for recognition as an expert partner in delivering Community Based MHPSS services and training first-line responders to complement national systems.
- Adapt global MHPSS frameworks and Movement standards (*Movement MHPSS Policy)* to national realities while maintaining evidence-based practices and humanitarian principles.
- Train emergency responders, social workers, teachers, and medical professionals in PFA and other MHPSS tools to expand reach and resilience.
- Secure top-level commitment from the leadership to integrate MHPSS into organisational reforms and strategic priorities, enabling bottom-up scale-up and institutional ownership.
- Develop scalability and sustainability plans for expanding MHPSS coverage, supported by monitoring systems and advocacy for inclusion in national health priorities

SUGGESTED INDICATOR TO MEASURE IMPACT

- Integration of MHPSS into National Societies operational framework
- MHPSS framework/policy/strategy adopted and implemented and monitored in National Societies

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ORGANISATIONAL LEVEL

MHPSS at the level of National Society strategy

Insights from the project highlight that sustainability in MHPSS integration must be planned from the project outset, using phased approaches—through assessment & design, capacity strengthening, and implementation with clear monitoring and feedback mechanisms.

The following examples from the Romanian Red Cross, and the Ukrainian Red Cross outline the development of their MHPSS framework or strategies to support the implementation of MHPSS activities:

Source: Jesper Guhle, MHPSS Hub, 2025.

Case Study from the Romanian Red Cross (RRC)

Developing a strategic MHPSS framework: How the Romanian Red Cross addressed gaps in preparedness and response under the health sector

WHAT PROMPTED THE ROMANIAN RED CROSS TO DEVELOP AN MHPSS FRAMEWORK, AND WHAT NEEDS OR GAPS WAS IT INTENDED TO ADDRESS?

The Romanian Red Cross (RRC) developed its MHPSS Framework to respond to the growing mental health and psychosocial needs observed across multiple crises—including the COVID-19 pandemic, the refugee influx following the international armed conflict in Ukraine, and the psychosocial impact of recurrent disasters. These experiences revealed that, although the RRC had long been providing humanitarian assistance, there had been no structured or consistent MHPSS intervention in place. The Framework was therefore designed to create a unified, strategic foundation for MHPSS work across the organisation—ensuring quality, consistency, and sustainability, while strengthening preparedness and response capacity in alignment with international standards.

WHO WAS INVOLVED IN THE DEVELOPMENT PROCESS, BOTH INTERNALLY AND EXTERNALLY?

The development process was led by the RRC National MHPSS Unit through a participatory, multi-stakeholder approach. Internally, it engaged staff and volunteers from national and branch levels, as well as representatives from key departments such as Health, Disaster Management, Migration, and Volunteering. Externally, the process included consultations with members of thematic sub-working group (NGOs, INGOs, and authorities), as well as with international partners such as the IFRC, the MHPSS Hub, and other Partner National Societies (PNS).

Feedback was also collected from RRC field practitioners to ensure the framework reflected operational realities and community perspectives.

WHAT ARE THE MAIN COMPONENTS OR FOCUS AREAS OF THE FRAMEWORK?

The Framework is structured around five strategic pillars:

- Preparedness and response—ensuring the integration of MHPSS in emergency operations and contingency planning;
- Community Based MHPSS—promoting resilience, inclusion, and wellbeing through accessible, non-specialized interventions;
- Staff and volunteer care—institutionalizing mechanisms for wellbeing, supervision, and emotional support;
- Training and capacity building—developing national expertise through continuous education in PFA, MHPSS in emergencies, and PGI. Coordination, monitoring, and advocacy —promoting cross-sectoral collaboration, evidence-based planning, and alignment with Movement and national standards.

HOW IS THE FRAMEWORK BEING IMPLEMENTED, AND HAS IT BEEN APPLIED IN RECENT OPERATIONS?

Implementation takes place through a combination of national coordination, local delivery, and partnership-based action. The MHPSS Unit provides technical guidance, training, and supervision to branch-level focal points, ensuring standardized approaches across the network. The Framework guided the MHPSS component of operations such as the response to the humanitarian consequences of the international armed conflict in Ukraine, and ongoing community-based resilience programmes supported by IFRC and other partner National Societies. It also underpins the RRC's internal wellbeing strategy for MHPSS staff and volunteers, including the *Caring for the Carers initiative* and the integration of MHPSS in health caravans and emergency preparedness plans and response for emergencies.

KEY RECOMMENDATIONS FOR NATIONAL SOCIETIES

- Ensure institutional ownership of the MHPSS Framework to strengthen sustainability and accountability.
- Embed continuous learning mechanisms so the MHPSS Framework evolves with emerging contexts and lessons from practice.
- Design adaptable structures that allow MHPSS approaches to remain relevant in changing humanitarian environments.
- Use participatory development processes to build internal buy-in and create a shared understanding of psychosocial care as a core element of humanitarian action.
- Strengthen data systems to monitor implementation and inform decision-making.
- Secure sustained funding for staff care to protect well-being and maintain service quality.
- Integrate MHPSS with health and protection sectors for holistic and coordinated response.
- Treat the MHPSS Framework as a living document, reviewed periodically to incorporate evolving standards and community feedback.
- Plan for regular MHPSS framework updates through time specific milestones and achievements.

SUGGESTED INDICATOR TO MEASURE

- Integration of MHPSS into National Societies operational framework: MHPSS framework/ policy/strategy adopted and implemented and monitored in National Societies

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Source: Jesper Guhle, MHPSS Hub, 2025.

Case Study from Ukrainian Red Cross Society (URCS)

Strategic Integration and Coordination: The Ukrainian Red Cross One Plan for MHPSS and Humanitarian Response

CAN YOU BRIEFLY TELL US ABOUT THE AUXILIARY ROLE OF URCS?

The URCS, in its auxiliary role to the government, primarily supports national-level interventions and complements ministries' programs. URCS acts as an expert organisation in delivering Community Based MHPSS services, focusing on the most vulnerable groups. These interventions serve as a preventative measure to reduce pressure on specialized mental health services. Additionally, URCS supports government efforts by training first-line responders, including emergency services, social workers, teachers, and medical professionals.

WHAT IS THE ONE PLAN AND HOW DOES IT HELP IN INTRODUCING MHPSS IN THE STRATEGY?

The One Plan was introduced as part of URCS's broader organisational reform and National Society Development (NSD) efforts. Following the escalation of conflict in 2022, URCS adapted its Strategic Plan 2021–2025 into the One Plan 2023–2025 to better coordinate Movement support and respond to urgent needs of affected populations. This process was led by URCS with active consultation from 23 Movement partners and supported by IFRC and PMER teams.
The One Plan serves as a unified framework for coordination and resource mobilization. Its fundraising objective is to consolidate donors' engagement under a single plan, ensuring predictable and flexible funding aligned with the most pressing humanitarian needs.

IS MHPSS A CORE AREA IN THE STRATEGY?

MHPSS has been a core area of URCS's work since 2014, following the onset of armed conflict in Ukraine. In 2018, URCS established a dedicated Psychosocial Support (PSS) Unit to structure activities, scale up interventions, and improve service quality. Today, MHPSS is recognized as a strategic pillar of URCS, with regulations approved by the Presidium.

HOW WAS MHPSS IDENTIFIED AND PRIORITIZED IN THE ONE PLAN?

- 2015–2017: Project-based psychosocial activities implemented in select regions.
- 2017: Formation of the PSS Unit as a programme structure.
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External context: MHPSS is a national priority for the Government of Ukraine.

WHO WAS INVOLVED IN THE DEVELOPMENT OF THE MHPSS AS A CORE AREA?

Strategizing MHPSS and including it into One Plan, gave validation to the existing MHPSS programme and enabled a bottom-up, community-driven scale-up. This process elevated MHPSS to a strategic priority within URCS.

MHPSS services were aligned with the *Movement MHPSS Policy* while adapted to local needs and contexts. This adherence to best practices strengthened internal advocacy and positioned MHPSS at the strategic level

KEY RECOMMENDATIONS FOR NATIONAL SOCIETIES

- Elevate MHPSS from project-based activities to a core organisational pillar, ensuring it is embedded in strategic plans and governance documents.
- Adopt a unified planning framework. Use a consolidated plan (like URCS's One Plan) to coordinate Movement support, streamline resource mobilization, and secure predictable, flexible funding.
- Advocate for recognition as an expert partner in delivering Community Based MHPSS services and training first-line responders to complement national systems.
- Adapt global MHPSS frameworks and Movement standards (*Movement MHPSS Policy)* to national realities while maintaining evidence-based practices and humanitarian principles.
- Train emergency responders, social workers, teachers, and medical professionals in PFA and other MHPSS tools to expand reach and resilience.
- Secure top-level commitment from the leadership to integrate MHPSS into organisational reforms and strategic priorities, enabling bottom-up scale-up and institutional ownership.
- Develop scalability and sustainability plans for expanding MHPSS coverage, supported by monitoring systems and advocacy for inclusion in national health priorities

SUGGESTED INDICATOR TO MEASURE IMPACT

- Integration of MHPSS into National Societies operational framework
- MHPSS framework/policy/strategy adopted and implemented and monitored in National Societies

For further information please contact:
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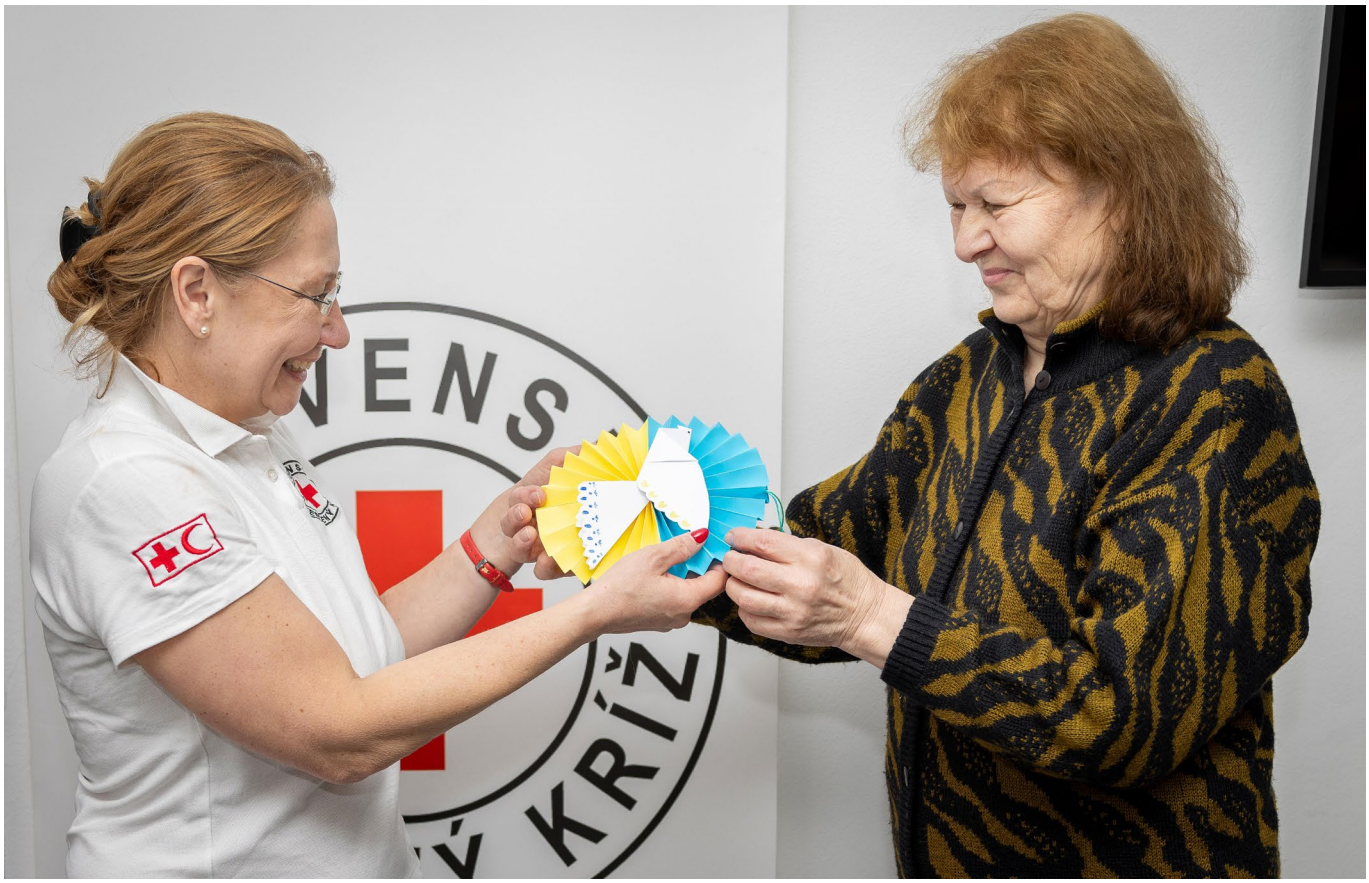

Source: Jesper Guhle, MHPSS Hub, 2025.

Resource Mobilization & Financial Sustainability

Positioning MHPSS within NS strategies is essential for sustainability and growth. When integrated into plans and budgets, MHPSS moves beyond short-term projects to become a core component of humanitarian programming. Leveraging the auxiliary role allows National Societies to influence ministries and embed MHPSS in national health and social protection schemes. Case studies, such as British Red Cross's income-generating mental health training or the French Red Cross illustrate how commercial models and volunteer engagement strengthen financial sustainability. Linking resource mobilization to strategic planning ensures ownership, scalability, and long-term impact, transforming MHPSS from emergency response into sustainable systems. To complement these strategic considerations, the following report and case studies provide practical insights and examples of how resource mobilization can be operationalized to strengthen financial sustainability.

The report *Resource Mobilization for MHPSS*[14] was commissioned in 2024 by the International Red Cross and Red Crescent Movement's MHPSS Roadmap project and coordinated by the Danish Red Cross. It aims to analyze opportunities to strengthen and increase funding for MHPSS across the Movement's bilateral and international activities, ensuring MHPSS becomes a prioritized and sustainably resourced component of humanitarian response.

The following case studies illustrates how these principles can be translated into innovative, revenue-generating models that strengthen financial sustainability in practice, one is coming from the experience of the British Red Cross and the other from the French Red Cross.

14. Analysing the resource mobilization. MHPSS roadmap project, MHPSS HUB and Danish Red Cross, 2024

Case Study from the British Red Cross (BRC)

Turning expertise into impact: British Red Cross Mental Health at Work training as a sustainable revenue model

HOW WAS THE TRAINING DEVELOPED AND POSITIONED AS A REVENUE-GENERATING SERVICE?

BRC created its *Mental Health at Work* training suite using internal psychosocial expertise, focusing on proactive and preventative approaches. Courses are CPD-accredited (Continuing Professional Development), an external quality standard widely recognized by professionals, adding credibility and market value. Positioned as commercial products, they are offered to organisations across sectors with flexible delivery formats—virtual, in-person, and online—supported by the strong British Red Cross brand.

Check their website: **Mental Health at Work training courses | Red Cross Training**

WHO ARE THE TARGET AUDIENCES?

The training targets managers, team leaders, call handlers, frontline staff, and general workforce teams. Clients include corporate organisations, public sector bodies, and private companies seeking to improve workplace wellbeing and resilience.

HOW IS THE INITIATIVE MANAGED AND SUSTAINED INTERNALLY?

A dedicated Mental Health Product Manager oversees the program, supported by expert trainers. Regular trainer development workshops maintain quality and relevance. The CALMER framework (see video resource) and structured learning outcomes ensure consistency. The commercial model is embedded within British Red Cross Training Services, alongside First Aid and Health & Safety courses.

KEY RECOMMENDATIONS FOR NATIONAL SOCIETIES

- Professional accreditation (CPD) enhances credibility and marketability.
- Flexible delivery formats increase accessibility and reach.
- Continuous trainer development ensures quality.
- Leverage internal expertise and branding positions MHPSS training as impactful and financially sustainable.
- Align with workplace needs (e.g., stress management, resilience) ensures relevance and demand.
- Start with a simple core product.
- Build brand awareness and trainer competence early.
- Begin with key questions: Who is the audience? What issues does the training address? What are the learning objectives?
- Review existing materials and expertise to meet these needs.
- Work with a trusted supporter for mutual benefit-tailored training for them, audience insights for you.

SUGGESTED SUSTAINABILITY INDICATOR TO MEASURE:

- Institutional and financial sustainability
  % of MHPSS funding coming from sustainable, commercial or multi-year sources.

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Source: Jesper Guhle, MHPSS Hub, 2025.

Case Study from French Red Cross (FRC)

Promoting Mental Health Awareness: French Red Cross public engagement initiative

CAN YOU PLEASE DESCRIBE THE ACTIVITY YOU ARE DOING THAT GENERATES INCOME?

It is a public-facing mental health awareness session that aims at destigmatizing mental health issues and promoting psychosocial well-being. The session used interactive formats such as storytelling, Q&A panels, and visual materials to engage a broad audience.

While the primary goal was awareness, the session also served as a pilot for a scalable model that could be monetized through:

- Ticketed events or workshops.
- Partnerships with local businesses or media outlets.
- Sponsored content or branded campaigns.

HOW IS THIS ORGANIZED?

The activity was developed in collaboration with local mental health professionals and communication experts. It was tailored to the cultural context and specific needs of the target population.

Planning included:

- Identifying key messages around mental health and stigma.
- Designing accessible content for diverse audiences.
- Testing that the session matched the expectations of our targeted publics (through a poll and experimentations)
- Selecting volunteers that were already trainers, especially for the general public, to start with.
- Choosing selected regions to launch the activity, to ensure the efficiency of the model.
- Making sure that the volunteers had the communication means to reach the targeted audience.

ANY KEY CONSIDERATION THAT YOU THOUGHT OF TO MAKE THIS HAPPEN?

Yes, this was a common initiative from the national mental health programme and the national health education programme. Both these programmes provided their technical expertise and were assisted by the volunteers training programme to build activities matching our key messages. Professional expertise on mental health was key to make sure that the ideas conveyed were adequate.

KEY RECOMMENDATIONS FOR NATIONAL SOCIETIES

- Engage mental health professionals and communication specialists in designing content to ensure accuracy, cultural relevance, and impact.
- Make use of interactive and inclusive formats such as storytelling, Q&A panels, and visual materials to make sessions engaging and accessible for diverse audiences.
- Start with selected regions and conduct audience testing (polls, feedback sessions) to refine messaging and delivery.
- Train volunteers as facilitators and ensure they have the tools and communication channels to reach target audiences effectively.
- Consider monetization models such as ticketed workshops, partnerships with businesses or media, and sponsored campaigns to sustain and expand initiatives.
- Position mental health awareness within existing health education and psychosocial support programmes for coherence and sustainability.

SUGGESTED SUSTAINABILITY INDICATOR TO MEASURE

- Institutional and financial sustainability
  % of MHPSS funding coming from sustainable, commercial or multi-year sources.

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Source: Jesper Guhle, MHPSS Hub, 2025.

The European Commission also provides funding for comprehensive, prevention-oriented and multi-stakeholder actions. The approach of the EU recognizes that mental health strongly involves many policy areas, such as employment, education, research, digitalization, urban planning, culture, environment and climate. To support future MHPSS activities, EU funding opportunities should be explored and monitored at the following levels:

- Transnational programmes under direct management by the European Commission: EU4Health Programme, Citizenship, Equality, Rights and Values Programme (CERV), Asylum, Migration and Integration Fund (AMIF), European Social Fund Plus (ESF+) & ESF Social Innovation+, Horizon Europe, Knowledge for Action in Prevention and Preparedness (KAPP).
- National programmes under shared management by the European Commission and the relevant Member State authorities: European Regional Development Fund (ERDF), Asylum, Migration and Integration Fund (AMIF), European Social Fund Plus (ESF+).
- EU Humanitarian Aid through DG ECHO, relevant for Ukraine and Moldova.

Staff and volunteer care: Taking care of the carers

Fostering supportive environment that prioritizes the mental health of those delivering services is a core duty of care for every National Society. This means embedding staff and volunteer well-being into organisational culture is not as an optional activity, but as a strategic commitment. While staff care and volunteer care require distinct approaches, they are closely linked: volunteer engagement and retention depend on creating safe, supportive spaces that recognize emotional needs and promote resilience. Capacity strengthening activities such as training, learning through peer-to-peer support, and supportive supervision, will help institutionalize well-being.

The following case study from the Slovak Red Cross illustrates how a National Society can institutionalize staff and volunteer care through a formal framework, participatory standards, and practical mechanisms that link well-being to volunteer engagement and community-based programming at branch level.

Source: Jesper Guhle, MHPSS Hub, 2025.

Case Study from Slovak Red Cross (SRC)

Caring for the Carers: A strategic path to capacity retention

HAS THE SLOVAK RED CROSS DEVELOPED A FORMAL POLICY OR FRAMEWORK FOR STAFF AND VOLUNTEER CARE THROUGH MHPSS?

SRC has developed a Caring for Staff and Volunteers (CFSV) Framework, which complements practical CFSV Standards and provides a structured organisational approach to integrating MHPSS internally.

The framework defines organisational commitment to physical, emotional, and psychological well-being and promotes a culture of care, solidarity, and resilience. It sets four objectives:

- Supporting holistic well-being
- Strengthening peer and professional support systems
- Enhancing participation, engagement, and skills
- Ensuring resilience at individual, team, and organisational levels

HOW WAS THIS IMPLEMENTED?

- Designation of trained CFSV focal points per regions
- Buddy system for mutual support
- Access to professional supervision
- Regular peer support group meetings

WHAT ARE THE ACTIVITIES AND HOW DID YOU MONITOR THEM?

Monitoring is integrated into PMER system through monthly reports and six-monthly surveys. Later, SRC introduced CFSV Standards, co-developed with branches, covering 10 areas such as leadership commitment, peer support, safe spaces, and post-incident care. These standards serve as policy, assessment, and implementation tools, developed through participatory workshops and consultations.

WHAT WAS THE PROCESS FOR INSTITUTIONALIZING MHPSS SUPPORT FOR STAFF AND VOLUNTEERS?

Institutionalization combined **bottom-up and top-down approaches** through three pillars:

a) National-level capacity building:
- Nationwide Training of Trainers
- Branch focal points trained in MHPSS, peer support, stress management
- Comprehensive manuals and adaptable materials

b) Branch-level integration:
- Local trainings for staff and volunteers
- Embedding well-being into daily routines (briefings, volunteer management)
- Team leaders as multipliers and role models

c) Structured internal support system:
- National network of trained coordinators
- Harmonized processes based on CFSV standards
- Shared monitoring and peer learning mechanisms

ARE THERE SPECIFIC MECHANISMS OR PRACTICES TO ENSURE ONGOING SUPPORT AND FOLLOW-UP?

The branches implemented a **multi-layered support system**:

- **Buddy System:** Formal or informal, ensuring regular check-ins
- **Peer and Support Group Meetings:** Especially after challenging operations
- **Structured Briefings and Debriefings:** Now routine for stress relief and reflection
- **Informal Team Activities:** Awareness sessions, bonding, skill sharing

These measures ensure proactive, continuous support beyond crisis response.

Source: Marko Kokic, 2022.

HOW IS THIS WORK FINANCED OR SUSTAINED OVER TIME?

Sustainability relies on **organisational integration** rather than costly external inputs:

- Continued use of CFSV standards for planning and improvement
- Active national network of focal points
- Annual centralised trainings and evaluations
- Initial donor support (EU4Health) for capacity building
- Low-cost practices maintained locally (peer support, buddy system)
- Strong leadership engagement ensures ownership and routine integration

KEY RECOMMENDATIONS FOR NATIONAL SOCIETIES

- Define roles and structure for CSV early
- Build and support network of a motivated focal points
- Set realistic objectives and monitor progress regularly through reporting
- Prioritize simple, low-threshold activities
- Integrate MHPSS into daily routines
- Co-create tools with branches for ownership
- Facilitate international exchange early
- Ensure leadership commitment from the start

SUGGESTED SUSTAINABILITY INDICATOR TO MEASURE

- MHPSS staff retention: #of staff and volunteers trained in basic MHPSS, PFA, specialized services, or supervision who remain active and engaged 12-24 months after external support ends

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Capacity strengthening: Competency pathways for staff and volunteers

Building sustainable MHPSS programming requires systematic capacity development for volunteers and staff, ensuring they have the skills, knowledge, and support to deliver quality services. For MHPSS, this means using the MHPSS framework to develop intervention-layer specific profiles consisting of required core skills and knowledge for volunteers and staff engaged in service provision and formalizing them in job descriptions. Such approach lays the foundation for the development of pathways for competency development and supports required human resource capacity to ensure progress and ongoing skills acquisition. This is currently an area of focus for the MHPSS Hub and a Framework for MHPSS capacity strengthening will be released in 2026.

Additionally, the example of competency-based approach utilized is the IFRC Core Competency Framework[15]. It provides a structured approach to defining MHPSS competencies for MHPSS Surge personnel.

Source: Nora Peter, 2023.

Key Actions:

- Define competency profiles and learning pathways: Develop clear competencies for MHPSS roles and design learning (training, mentoring, supervision, competency assessment) pathways that reflect a commitment to address MHPSS needs through service delivery and take into account pre-existing human resource capacities. This includes foundational skills such as Psychological First Aid (PFA), stress management, and referrals, as well as advanced competencies for specialized MHPSS interventions roles.
- Institutionalize knowledge: Create and embed MHPSS tools—such as volunteer briefing guides, supervision templates, competency frameworks and assessment tools and culturally adapted materials—into the National Societies learning infrastructure. These tools should be tested, piloted to be further shared and disseminated through existing platforms, including national e-learning systems, the MHPSS Hub to ensure accessibility and consistency.
- Define minimum supervision requirements, set up supervision process, allocate resources to supervision: Implement clear supervision mechanisms with defined roles, tools, and feedback mechanisms to maintain quality and provide ongoing support for volunteers and staff. Supervision should include on-the-job live supervision, individual, group, peer-level supervision, reflection sessions, and defined Standard Operational Procedures (SOPs) for addressing complex cases.

To strengthen learning and interaction, National Societies can leverage global platforms like the MHPSS Hub and innovative models such as the Geneva Learning Foundation's peer-to-peer learning approach, which combines online modules with real-world application and community-driven knowledge exchange. These platforms enable continuous learning, cross-country collaboration, and adaptive capacity-building strategies that respond to evolving needs.

15. Core Competency Framework for Surge Personnel | IFRC

Source: Jesper Guhle, MHPSS Hub, 2025.

Monitoring and evaluation of MHPSS sustainability

Ensuring the sustainability of MHPSS services requires robust monitoring and evaluation (M&E) systems that capture both short-term outcomes at organisational level and long-term impact at the organisational level. Effective M&E frameworks help National Societies track progress, identify gaps, and adapt strategies to maintain services beyond project funding. This involves structured feedback loops, integration community feedback and alignment with organisational learning processes.

Key Actions:

- Establish structured feedback loops by collecting continuous input from communities, staff, and volunteers to adapt MHPSS programming.
- Integrate community feedback into program design and quality assurance processes to ensure relevance and ownership.
- Use evidence for advocacy and strategic planning to strengthen local ownership and institutional resilience.

The following case study from the Danish Red Cross illustrates how basic activity monitoring can help National Societies use data to guide implementation, track progress, better understand the needs of the people they support, and advocate effectively with evidence in hand.

Case Study from the Danish Red Cross (DRC)

Building evidence for sustainable MHPSS programming

WHAT MECHANISMS DOES THE DRC USE TO GATHER FEEDBACK AND MONITOR MHPSS ACTIVITIES?

We gather continuous input from participants, staff, and volunteers through a mix of methods:

- Participant involvement and feedback used in the design of materials, e.g., our Pocket Guide, PFA module in Ukrainian, and the WeTalk-manual.
- Feedback forms and debriefs after Pocket PFA trainings.
- Professional and participant-led quality assurance of the well-being website's content (including a pilot on-site feedback exercise)
- Questionnaires for volunteers and participants in WeTalk, asking for their feedback on content and output.
- Annual status survey in all local branches with integration activities, where questions on MHPSS-needs are included.

HOW IS THE DATA USED TO INFORM PROGRAMME DESIGN, IMPLEMENTATION, AND ADVOCACY EFFORTS?

- User feedback shaped the content, format and language of resources (e.g., adapting PFA materials to Ukrainian and refining the Pocket Guide).
- Insights from participants in Asylum-related activities fed into advocacy events (EU-funded theme days, Asylum Panel work) and helped frame parliamentary visits.
- Evidence from the annual status survey is used to prioritize topics for further capacity building and to adapt local branch offers to community needs.

ARE THERE SPECIFIC EXAMPLES WHERE EVIDENCE OR FEEDBACK LED TO A SHIFT IN STRATEGY OR STRENGTHENED SUSTAINABILITY?

- User feedback directly influenced the structure and themes of the well-being website. It also influenced the themes of the sessions added to the WeTalk manual.
- Sharing tools and training staff in local branches strengthened local ownership and increased the likelihood that services would be maintained after project funding ended.

HOW IS MHPSS DATA INTEGRATED INTO BROADER ORGANISATIONAL LEARNING OR REPORTING SYSTEMS?

- Where relevant, MHPSS evidence is included in donor and steering-group reports and presented to leadership to influence strategic decisions and resource allocation.
- Learning is also shared with Movement partners to support joint adaptation across the RCRC network.

KEY RECOMMENDATIONS FOR NATIONAL SOCIETIES

- Establish structured feedback loops (routine post-activity feedback, annual surveys, and periodic qualitative interviews)
- Include participants, staff, and volunteers in design and quality assurance from the outset–their knowledge increases relevance of the material, and their ownership increases sustainability.
- Build capacity at the local-branch level (through staff of volunteers), so learning becomes institutional rather than project-bound.

SUGGESTED SUSTAINABILITY INDICATOR TO MEASURE

- Sustained community engagement: % target communities where local people report being actively supported to design, organize and implement MHPSS activities themselves

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Coordination & Partnerships (local, national, international)

Strong coordination and partnerships are the backbone of sustainable MHPSS programming. This involves working at three levels:

1. Internally – within National Societies across branches and headquarters,
2. Within - the RCRC Movement, and
3. Externally – with system-level actors such as NGO; government agencies; research institutions; interagency coordination mechanisms for humanitarian response, such as MHPSS Technical Working Groups (when existing)

Partnerships can take many forms—operational collaboration, technical exchange, and joint advocacy. Effective coordination should leverage formal mechanisms like national platforms and humanitarian response clusters, as well as informal networks that foster peer support, trust, and rapid information sharing. These networks enable learning exchanges and strengthen collective capacity.

Source: Jesper Guhle, MHPSS Hub, 2025.

Key Actions

- Map and engage stakeholders early to identify collaboration opportunities.
- Join national and international coordination platforms, such as health and protection clusters, and thematic networks.
- Position National Societies as MHPSS leaders through strategic communication, visibility, and active participation in forums where MHPSS integration is possible.
- Leverage peer networks within the Movement, such as the MHPSS Central Asia and Europe Network (MHPSS CAEN)[16], which facilitates knowledge exchange, webinars, case studies, and technical support through exchange visits and annual in person meetings and workshops.

Experiences from 28 National Societies engaged in the project funded under EU4Health programme show that strong coordination and partnerships are critical for sustainability. Collaboration internally across branches and externally with system-level stakeholders enhances access, funding, and impact. Humanitarian diplomacy and personal relationships remain key drivers of successful partnerships.

For example, the MHPSS CAEN provides a regional platform to promote awareness and effective delivery of mental health and psychosocial support across programs, services, and trainings. The network improves sharing of tools developed by National Societies and supports implementation of global recommendations. It also integrates research findings into practice, ensuring evidence-based approaches.

For any questions concerning the MHPSS CAEN please contact Dr Sarah Davidson, Head of Psychosocial and Mental Health (SDavidson@redcross.org.uk)

16. To find out more, please see the page on IFRC communities Community of Practice

Source: Diana Hohol, 2024.

Academic and Strategic Partnerships

The RCRC Research Network[17] was established in June 2016 with the vision to provide effective humanitarian action through a strengthened evidence-base in the RCRC Movement for MHPSS for beneficiaries, volunteers and staff. The Research Network is a space for collaboration and shared learning that brings together MHPSS researchers and practitioners affiliated with the RCRC Movement.

Hosted by the MHPSS Hub and co-led by the British Red Cross, the Research Network:

- Releases bimonthly newsletters highlighting important developments in global mental health research, events and funding opportunities
- Hosts webinars that showcase best-practice and highlight lessons learned by those conducting research and evaluating programming
- Organises biennial meetings where researchers and practitioners can meet, present their research and evaluations, and build new partnerships

The Research Network is seeking to connect with National Societies and other stakeholders who are interested in research and who would like to explore potential research partnerships on mental health and psychosocial support in humanitarian settings.

For any questions concerning the RCRC Research Network please contact Dr Yasin Duman MHPSS Research Specialist, MHPSS Hub (yadum@rodekors.dk) or Dr Sarah Davidson, Head of Psychosocial and Mental Health (SDavidson@redcross.org.uk)

Innovation and Digital Tools

Digital tools for MHPSS provision—such as chatbots, webinars, and mobile apps—are emerging, but National Societies emphasize the need for interactive formats and practical case studies. Learning from adaptive operational approaches like small-scale piloting and scenario-based planning is essential. To institutionalize these learnings, National Societies are encouraged to leverage national learning platforms and global resources such as the MHPSS Hub and explore innovative models like the Geneva Learning Foundation's peer-to-peer learning approach[18], which combines structured online learning with real-world application and community-driven knowledge exchange.

17. Research Network. https://pscentre.org/about-us/what-we-do/research-network/
18. Peer learning for professionals who support Ukrainian children, TGLF, 2025

PROGRAMMATIC AND COMMUNITY LEVEL

Sustainable MHPSS programmes and service delivery: Need-based and person-centered

National Societies across Europe have integrated MHPSS into their services. These efforts have resulted in evidence-informed, person-centered interventions addressing the needs of displaced people and host communities, while also supporting volunteers and frontline workers.

The need- based and person-centered MHPSS services demonstrate positive outcomes in well-being, daily functioning, social connectedness, and coping, reflecting approaches that are adaptive, culturally sensitive, and rooted in community realities- showing how sustainability is achieved when MHPSS interventions are tailored to local contexts rather than applied uniformly.

The Irish Red Cross (IRC) provides a strong example of this contextualization. Recognizing the evolving needs of migrant communities beyond Ukrainians, IRC has been actively developing a sustainability strategy that embeds MHPSS into national and local systems. This strategy combines diversified funding sources, strategic partnerships, and integration with health and social care frameworks. IRC has submitted proposals for multi-year funding, joined consortia for EU-level grants, and engaged national health authorities to maintain key activities.

To ensure continuity, IRC invested its own resources to sustain interventions such as Psychological First Aid (PFA), Self-Help Plus (SH+), and Problem Management Plus (PM+) beyond project timelines. IRC also leveraged digital innovation by delivering evidence-based interventions online—including Narrative Exposure Therapy (NET), SH+, PM+, and PFA support groups—supported by multilingual communication channels and centralized referral systems.

This example illustrates how strategic planning, capacity development, and digital solutions can work together to contextualize and sustain MHPSS services, embedding them into broader health and social systems for long-term impact.

The Belgian Red Cross case study below illustrates how National Societies can operationalize sustainability and person-centered care by embedding psychosocial support into core services such as First Aid. Such integration demonstrates how programmatic design can move beyond short-term interventions to create holistic, scalable models that prioritize dignity, resilience, and continuity of care.

Case Study from the Belgian Red Cross (BRC)

Integrating PFA into First Aid: A holistic model

WHAT MOTIVATED BRC TO INTEGRATE PFA INTO ITS STANDARD FIRST AID TRAINING, AND HOW DID THIS HOLISTIC APPROACH ALLOW YOU TO BETTER RESPOND TO BOTH EMOTIONAL AND PHYSICAL NEEDS DURING EMERGENCIES?

BRC revised its first aid training for volunteers in 2024 to integrate PFA alongside physical care, creating a more holistic emergency response model. This change addresses a critical gap: while volunteers were confident in treating physical injuries, many felt uncertain when supporting individuals in emotional distress.

Previously, psychosocial support was taught as a separate two-hour module, which unintentionally reinforced the perception that mental health care was outside the scope of first aid. The new integrated approach introduces PFA's core principles with the Look, Listen, Link, from the start of training, promoting the interconnectedness of physical and mental well-being. This shift enhances collaboration between medical and psychosocial teams and ensures volunteers are equipped to respond to both physical and emotional needs during emergencies.

With approximately 600 volunteers expected to complete the programme annually, this initiative reflects BRC's commitment to human-centered care, recognizing that effective first aid goes beyond treating injuries to supporting the whole person.

Since July 2024, all BRC event first aid volunteers complete a revised training pathway combining theory, practice, and supervised fieldwork:

- 10-hour e-learning with video conferences and assessment,
- 4-day practical training, and
- 60 hours of supervised fieldwork documented in a field notebook.

HOW DID THE BRC HELP VOLUNTEERS FEEL CONFIDENT USING PSYCHOSOCIAL SKILLS DURING EMERGENCIES, AND WHAT TRAINING METHODS WORKED BEST?

Psychosocial skills are embedded from the start through role-play scenarios led by trainers from the Emergency Psychosocial Response Service (SISU). These exercises integrate the *Look, Listen, Link* model—teaching volunteers to assess distress, listen actively, and connect individuals to further support. Structured debriefing sessions after each role play focus on participants' experiences, fostering reflection and continuous learning.

Key messages emphasize effective communication, clear boundaries, and reassurance, helping normalize reactions and promote safety. Lessons learned include addressing stigma around psychosocial support, ensuring early collaboration between medical and psychosocial teams, and prioritizing volunteer well-being through clear guidelines and supervision. This integrated approach represents a shift toward holistic care, reinforcing the interconnectedness of physical and emotional well-being and setting a unified standard for compassionate emergency response.

KEY RECOMMENDATIONS FOR NATIONAL SOCIETIES

- Embed PFA principles within standard first aid training to promote a holistic approach to emergency care.
- Introduce psychosocial skills from the beginning of volunteer training to normalize mental health support as part of first aid.
- Incorporate role-play scenarios and structured debriefings to build confidence in responding to emotional distress.
- Apply the Look–Listen–Link model to each volunteer to assess distress, listen actively, and connect individuals to further support as part of their core competencies.
- Design comprehensive training pathways that include e-learning, practical sessions, and supportive supervision for competences sustainability.
- Encourage joint training and coordination to ensure integrated care during emergencies between medical and psychosocial teams.
- Include clear guidelines, supervision structures, and reflective practices to reduce stigma and support volunteer mental health.
- Make integrated training mandatory for all first aid volunteers to ensure consistency and sustainability across the organisation

SUGGESTED ENABLING INDICATOR TO MEASURE

Capacity strengthening and capacity retention:

- # of staff and volunteers trained in basic MHPSS, PFA, specialized services, or supervision who remain active and engaged after 12 and 24 months
- # of supportive supervision sessions provided by trained supervisors

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Community Engagement and Accountability (CEA) and volunteer engagement

Community Engagement and Accountability (CEA) is central to delivering effective and sustainable MHPSS services. It ensures that communities are treated as equal partners, not passive recipients, by involving them in assessing needs, co-designing interventions, and providing feedback throughout the programme cycle. Evidence from IFRC's CEA Strategy shows that when communities actively participate, interventions are more relevant, trusted, and impactful. Practical tools such as the *CEA Toolkit and Feedback Starter Kit*[19] help National Societies integrate two-way communication and participatory approaches into MHPSS programming.

Volunteer engagement complements CEA by creating a strong link between communities and National Societies. Volunteers are often the first point of contact for affected populations and play a critical role in delivering PFA, facilitating support groups, and promoting social connectedness. Best practices from the MHPSS Hub emphasize the importance of briefings, competency pathways, and supervision structures to ensure volunteers feel supported and equipped. Investing in volunteer care and capacity-building not only improves service quality but also strengthens trust and resilience within communities.

Finally, linking CEA and volunteer engagement creates a person-centred approach to MHPSS. National Societies can use Movement learning platforms such as the Community Engagement Hub and the MHPSS Hub to share tools, case studies, and peer-learning opportunities. Examples include peer exchanges through Communities of Practice (CoPs) and regional networks like the MHPSS CAEN, which foster collaboration and innovation. These mechanisms ensure that feedback from communities informs programme design, while volunteer experiences shape organisational learning—creating adaptive, inclusive, and sustainable MHPSS systems.

The Slovenian Red Cross (SRC) provides a compelling example of how CEA principles can be operationalized to build sustainable, Community Based MHPSS services. Its exit strategy ensured that services remained embedded beyond the project period by integrating five operational platforms—such as in-person MHPSS service provision, helplines, messaging apps, and mobile outreach—into existing systems. Community engagement was at the heart of this approach: activities like art workshops, yoga sessions, and peer support groups created inclusive spaces that fostered social connectedness and empowered communities to co-create solutions. These initiatives strengthened resilience and ownership, demonstrating how participatory design leads to sustainability.

Institutionalization reinforced this model. PFA for Children was accredited within the Ministry of Education's professional development system, enabling teachers and social workers to access training nationally. A pool of multilingual PFA trainers was established through ToT sessions, supported by adapted materials for long-term usability. Staff and volunteer care systems—such as buddy programs, helplines, and Communities of Practice—were embedded into routine management practices, ensuring well-being and retention. Finally, strong partnerships with ministries, health agencies, and NGOs secured shared ownership and integration into national frameworks, while documented lessons and digital toolkits supported knowledge transfer.

This example illustrates how linking CEA with volunteer engagement creates a person-centered approach to MHPSS—one that is adaptive, inclusive, and sustainable. National Societies can replicate these principles by leveraging Movement learning platforms such as the Community Engagement Hub and MHPSS Hub, and by fostering peer exchanges through Communities of Practice and regional networks like MHPSS CAEN.

19. Community Engagement and Accountability (CEA) Toolkit, IFRC 2021

Source: Diana Hohol, 2024.

Annex 1: MHPSS sustainability checklist

Using the MHPSS Sustainability Checklist for action planning

The checklist is a practical tool to help National Societies translate sustainability goals into actionable steps. It supports planning by identifying gaps, setting priorities, and defining timelines based on organisational context and key events.

Keep in mind that sustainability planning should include both mid-term and long-term horizons, typically spanning 5 to 10 years.

Step 1: Review and assess

- Go through each level of action (National systems level, Organisational level, Programmatic and Community level).
- For every question, mark the status (check if completed or in progress) and add evidence/notes (e.g., policy documents, training reports, partnership agreements).
- Use this review to identify gaps and opportunities for improvement.

Step 2: Define priorities for the National Society

- Assign a priority rating (High/Medium/Low) for each item based on:
  - Impact on sustainability (e.g., embedding MHPSS in National Society policy = High).
  - Urgency linked to upcoming events (e.g., annual planning cycle, donor reporting deadlines, major emergencies).
- Example: If a national health coordination meeting is scheduled, prioritize Coordination & Partnerships actions before that event.

Step 3: Develop action plans and timelines

- For each **High-priority item**, define:
  - Action (e.g., draft MHPSS policy, organize PFA training).
  - Responsible person/team.
  - Resources needed.
  - Timeline (align with key events such as annual budget planning, volunteer recruitment drives, or international coordination forums).
- Use **Medium and Low priorities** to build a phased approach—these can follow once foundational actions are in place

Step 4: Link actions across levels

- Sustainability requires minimum one activity per level (Institutional, Organisational, Programmatic).
- Activities can inform each other:
  - Example: Organize a community event at branch level → document and share at HQ → use as evidence for advocacy.
  - Example: Develop a volunteer training → invite leadership and volunteer engagement teams → strengthen visibility and buy-in.

Step 5: Monitor and adapt

- Schedule periodic reviews (quarterly or biannual) to track progress.
- Use community feedback and volunteer input to adjust priorities.
- Document lessons learned for future planning.

Click here to download the editable version of the MHPSS Sustainability Checklist

LEVELS	LEVELS OF ACTION	QUESTION	STATUS (COMPLETED OR IN PROGRESS)	EVIDENCE / NOTES	PRIORITY (H/M/L)	TIMELINE ACTION PLANS
NATIONAL SYSTEMS LEVEL	MHPSS aligned with internal and external operational and system context	Approved National Society MHPSS policy aligned with RCRC Movement MHPSS policy and national policies.				
	MHPSS at the level of National Society policies	MHPSS is reflected in National Society strategic plan and governance documents.				
		Auxiliary role axgreements include MHPSS responsibilities.				
		Periodic gap analysis vs Movement policy and national plans with actions tracked.				
	Resource Mobilization & Financial Sustainability	MHPSS included in annual budgets with sustainable funding sources.				
		Income-generating models or service contracts explored/used.				
		Activities costed with sustainability/exit plan.				
		Humanitarian diplomacy advances MHPSS inclusion in national plans.				
	Coordination & Partnerships (local, national, international)	National Society participates in national MHPSS coordination and stakeholder mapping.				
		Formal partnerships support referrals, training, and research.				
		Branch outreach fosters local partnerships and visibility.				
		National Society leverages Movement networks for peer exchange and support.				

National Societies organisational systems	Senior leadership champions MHPSS and allocates resources.				
	Designated MHPSS focal point and cross-departmental coordination.				
	MHPSS integrated across sectors with clear roles and SOPs.				
	Branch leadership promotes National Society MHPSS vision and minimum service package.				
Staff & Volunteer Care: Taking care of the carers	Formal Caring for Staff & Volunteers framework approved and implemented.				
	Regular briefings, peer support, and supervision in place.				
	PFA and stress management training routine for staff/volunteers.				
	Monitoring of wellbeing informs management action.				
Capacity Strengthening & Competency Pathways for staff and volunteers adapted to capacities and needs	Competency profiles exist for MHPSS roles.				
	National training pathway institutionalized and tracked.				
	Locally adapted tools integrated into National Society platforms.				
	Supervision structures operational with feedback mechanisms.				
Monitoring and Evaluation of MHPSS Sustainability	MHPSS indicators aligned to Impact/Outcome/Output levels and tracked.				
	Data informs adaptation and advocacy.				
	Community feedback and learning documented and shared.				

PROGRAMMATIC & COMMUNITY LEVEL

MHPSS Programmes & Service Delivery: Humans at the centre	Services are needs-based and informed by assessments.				
	Minimum MHPSS service package defined and feasible for volunteers.				
	Referral pathways mapped and functional.				
	Quality assurance in place (supervision, peer review).				
Community Engagement & Accountability (CEA) and volunteer engagement	Communities engaged in design and review of MHPSS activities.				
	Inclusion mainstreamed to reach vulnerable groups.				
	Safe, accessible spaces and peer support groups facilitated.				
	Routine feedback mechanisms inform programme adaptation.				

Annex 2: Examples of MHPSS sustainability indicators

The following indicators offer a structured approach to monitor and evaluate the sustainability of MHPSS programmes and services. They are designed to contribute to the development of Monitoring, Evaluation, and Learning (MEL) systems that track progress across impact, outcome, and output levels. These indicators can help capturing long-term systemic change, medium-term improvements in capacity and service delivery, and immediate outputs that contribute to sustainability. These indicators are aiming to contribute to transparency, accountability, MHPSS advocacy among donors and funders of MHPSS.

By defining clear benchmarks —such as continuity of services, integration into national systems, institutional resilience, and community engagement— National Societies can ensure that MHPSS interventions remain effective, locally owned, and adaptable beyond the period of external support.

The table below provides illustrative examples of core sustainability indicators and enabling indicators that were developed for the sake of this guidance. These should be adapted to the specific context and capacities of each National Society, offering practical tools for measuring continuity of services, institutional resilience, and community engagement over time.

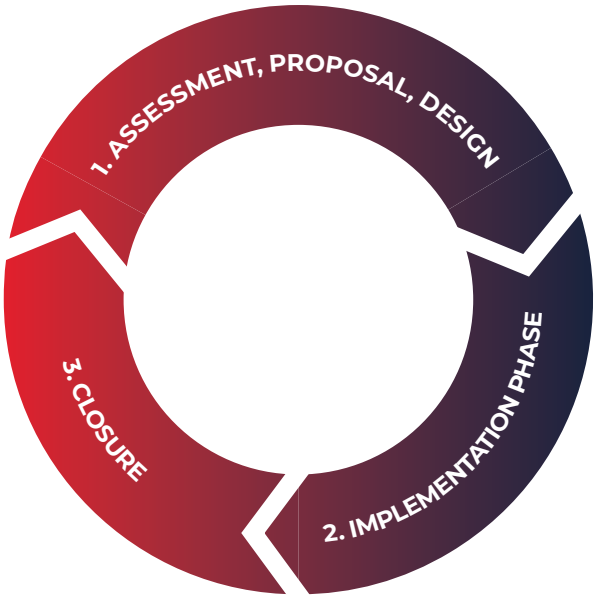
LEVEL	INDICATORS[20]	MEANS OF VERIFICATION	DATA COLLECTION METHOD
IMPACT-LEVEL INDICATORS National systems level **What they measure:** long term, systemic change and durable access to quality MHPSS	**CORE SUSTAINABILITY INDICATORS** Indicators to measure: **1.1) improved population wellbeing:** • % of participants reporting sustained positive coping mechanisms 12–24 months after external support ends. **1.2) continuity of MHPSS services:** • % of MHPSS services/programmes still operational 12–24 months after external support ends. **1.3) integration of MHPSS into national or local systems** • # of national local policies, emergency plans, SOPs and budget allocations (i.e. Health protection, education, emergency preparedness) with MHPSS component adopted **1.4) sustained community engagement:** • Reported community satisfaction with the MHPSS services offered measured 12-24 months after external support ends **1.5) integration of MHPSS into national emergency preparedness plans** • # of national emergency preparedness plans with MHPSS actions integrated	Project programme Endline Evaluation Impact Study Community Feedback mechanisms	Community surveys Document review Desk analysis Interviews/FGDs
OUTCOME LEVEL INDICATORS Organisational level **What they measure:** Medium-term changes in capacity, systems, and service delivery ensuring sustainability	**CORE SUSTAINABILITY INDICATORS** Indicators to measure: **2.1) integration of MHPSS into National Societies operational framework** • MHPSS framework/policy/strategy adopted and implemented and monitored in • MHPSS included in annual operation plan of the NS • New emergency operations (including DREF and emergency appeals) incorporate MHPSS services. **2.2) MHPSS resources sustainability/staff retention** • # of staff and volunteers trained in basic PSS, PFA retained 12-24 months after external support ends **2.3) sustained community engagement** • % target communities where local people report being actively supported to design, organize and implement MHPSS activities themselves	Annual Financial National Societies reports HR records MHPSS Global Movement Survey[21]	Annual data review National Societies monitoring system Biannual

20. Sustainability indicators adapted based on IFRC Monitoring and Evaluation Framework for psychosocial support interventions and "The IASC MHPSS M&E framework"
21. Global MHPSS Survey Progress report, MHPSS Hub 2023

LEVEL	INDICATORS	MEANS OF VERIFICATION	DATA COLLECTION METHOD
OUTPUT/ACTIVITY Programmatic & Community level What they measure: Immediate deliverables – what the programme or project directly produces that contributes to sustainability.	**ENABLING INDICATORS** Indicators to measure: **3.1) capacity strengthening and capacity retention:** • # of staff and volunteers trained in basic MHPSS, PFA, specialized services, or supervision who remain active and engaged 12-24 months after external support ends • # of supportive supervision sessions provided by trained supervisors **3.2) MHPSS National Society system strengthening** • Referral pathways mapped, developed, and disseminated to partners and communities. **3.3) MHPSS service provision** • # of people reached with MHPSS services (PFA, CB MHPSS, etc) measured 12-24 months after external support ends • # community-based activities conducted measured 12-24 months after external support ends **3.4) Monitoring Learning and Accountability** • Feedback mechanisms established for the community	Project reports Training Reports National Societies Monitoring systems	Document review Desk Review

Annex 3: Sustainability planning across the project cycle

To ensure the long-term impact and continuity of MHPSS practices beyond project lifetime, sustainability must be embedded throughout all phases of the project cycle from the outset. Treating sustainability as a continuous, adaptive process is essential for the enduring success and relevance of MHPSS programmes.



I. Assessment and design phase

During the assessment and design phase, sustainability considerations should be introduced early on. This begins by incorporating them into the initial context analysis, MHPSS needs assessments, and organisational capacity assessments at both headquarters and branch levels. These preliminary sustainability assessments explore MHPSS needs, the local context, and identify potential stakeholders and partners.

KEY CONSIDERATIONS

IDENTIFYING COMMUNITY NEEDS

What are the key stressors and coping mechanisms related to the issue? What are the community's strengths and assets?

IDENTIFYING STAKEHOLDERS AND BENEFICIARIES

What MHPSS services are currently available in the community? What formal and informal support resources exist?

IDENTIFYING EFFECTIVE AWARENESS-RAISING AVENUES

Who can best promote MHPSS awareness within the community affected populations, or target groups?

IDENTIFYING NATIONAL OR REGIONAL PRIORITIES

What are the relevant MHPSS-related strategies, policies, and institutional frameworks for implementation?

USEFUL TOOLS

MHPSS NEEDS ASSESSMENTS IFRC M&E FRAMEWORK[22]

Tool 1.1.1: Rapid MHPSS assessment

Tool 1.1.2: Detailed MHPSS needs assessment

Tool 1.1.3: Needs assessment questionnaire

ORGANISATIONAL CAPACITY ASSESSMENT (OCA)[23]

OTHER RESOURCES

- IASC MHPSS Assessment Guide[24]
- WHO -UNHCR Assessing MHPSS Guidance Documents[25]

22. IFRC Monitoring and evaluation framework for psychosocial support interventions - Toolbox, IFRC Psychosocial Centre, 2017
23. For an example of MHPSS Organisational Capacity Assessment please contact mhpsshub@rodekors.dk;
24. MHPSS Assessment Guide, IASC RG MHPSS, 2012
25. Assessing MHPSS needs and resources, WHO-UNHCR, 2012

Source: Red Cross of Montenegro, 2022.

II. Planning and Implementation phase

During the planning and implementation phase, a detailed Sustainability Plan should be developed. This plan should include clear action points for the organisation, entity, or institution expected to assume responsibility after project closure.

Throughout implementation, the sustainability plan should be regularly revisited and validated to reflect new insights gained during project execution. For example, feedback from Community Based MHPSS activities may prompt adjustments to planned actions. The project managers should ensure the plan remains relevant and evidence-based throughout the project's life cycle.

KEY CONSIDERATIONS

AGILITY AND CONTEXTUAL ADAPTATION:

Have stakeholder feedback or changes in context influenced our approach? Is the transition or exit strategy still valid and appropriate?

ORGANISATIONAL ALIGNMENT:

Are there anticipated organisational changes that could affect MHPSS mainstreaming across departments or branches?

CAPACITY AND SUPPORT:

If activities are to be handed over to a local branch or partner, are we providing adequate support, capacity strengthening, and guidance for continuity?

USEFUL TOOLS

MHPSS SUSTAINABILITY CHECKLIST
(Annex 1: MHPSS Sustainability Checklist)

TRANSITION MATRIX[26]
to identify sustainability enablers and risks

26. Tool: Project DPro Project Management for Development Professionals Guide, PM4NGO, 2020

III. Closure

During the closure phase, the priority is to implement the sustainability plan by ensuring capacities, resources, and partnerships are in place for continuity. MHPSS competencies developed during the project should be integrated into organisational systems to strengthen long-term institutional memory. A key activity is documenting lessons learned throughout implementation and at closure, making them accessible and actionable for future planning. This process promotes continuous improvement and embeds effective practices, ensuring MHPSS interventions remain relevant and resilient beyond the project's lifespan.

Source: Hugo Nijentap, 2022.

KEY CONSIDERATIONS

COMMUNICATION:

What and how should be communicated to communities and stakeholders?

How can the team clearly communicate the end of the programme and available alternative sources of support?

How will staff and volunteers be kept informed?

COMMUNITY ENGAGEMENT:

How can the community participate in planning a proper handover of MHPSS services?

TRANSITION AND HANDOVER PLANNING:

Which activities should be handed over, continued, or discontinued?

What are the post-closure roles and responsibilities?

What support will be needed for continuity?

LESSONS LEARNED:

What went well and what were the challenges?

What factors influenced project quality, reach, and impact?

What were the intended and unintended outcomes?

USEFUL TOOLS

MHPSS SUSTAINABILITY CHECKLIST
(Annex 1: MHPSS Sustainability Checklist)

COMMUNITY ENGAGEMENT AND ACCOUNTABILITY TOOLKIT: EXIT STRATEGY GUIDANCE[27]

LESSONS LEARNED OUTLINE
Tool 1.7: Guidance on Lessons Learned Reporting

27. Tool 20: Exit strategy guidance, Community engagement and accountability toolkit, IFRC 2021

IFRC

MHPSS INTERNATIONAL MOVEMENT HUB

BUILDING SUSTAINABLE MHPSS PRACTICES

Guidance for National Societies