Minutes

IASC Reference Group on MHPSS Annual Meeting 2014
29-31 October 2014
Hosted by IFRC Reference Center for Psychosocial Support, Copenhagen, Denmark

Participants

Name	Organisation
Alison Schafer	WVI
Ananda Galapatti	mhpss.net
Ann Willhoite	CVT
Anna Chiumento	University of Liverpool
Anne Lei Lomholt Hansen	IFRC Reference Center for PSS
Anne Sophie Dybdahl	Save the Children DK
Anita Queirazza	Plan International
Brigitta Alexandra Major Pedersen	IFRC Reference Center for PSS
Carmel Gaillard	REPSSI
Cécile Bizouerne	ACF
Christian Lildholdt Jensen	IFRC Reference Center for PSS
Elise Griede	War Child Holland
Gulli Schinina	IOM
Heather Pearson	CBM
Inka Weissbecker	IMC
Janine Wurzer	Care Austria
Katja Laurila	IASC Secretariat
Kathy Angi	ACT Alliance
Ken Miller	War Trauma Foundation
Leslie Snider	Consultant
Louise Juul Hansen	IFRC Reference Center for PSS
Louise Steen-Kryger	IFRC Reference Center for PSS
Louise Vinther Larsen	IFRC Reference Center for PSS
Margriet Blaauw	WTF, Co-chair
Mark Jordans	HealthNet/TPO
Mark van Ommeren	WHO
Maria Bray	Terre des Hommes
Maria Waade	Church of Sweden
Marian Tankink	Intervention Journal
Marieke Schouten	War Trauma Foundation
Martha Bragin	Care Austria; Silberman School of Social Work at Hunter College; The City University of New York
Nana Wiedemann	IFRC Reference Center for PSS
Nancy Baron	Psycho-social Services and Training Institute Cairo

Peter Ventevogel	UNHCR
Saji Thomas	UNICEF
Sana Malik Goss	IRC, MHPSS WG Pakistan
Tilde Nørregård	UNHCR
Ulrika Lindblad	Church of Sweden
Wietse Tol	Johns Hopkins University/ Peter C. Alderman Foundation

Regrets:

- Bénédicte Weyl, Agence française de Développement - AFD
- Lynne Jones, Consultant
- Marie Benner, Malteser International
- Winnifred Simon, Antares Foundation
- Ruth O'Connell, UNICEF

Notetaker
Anne Lei Lomholt Hansen, IFRC Reference Centre for PSS

Co- chairs
Margriet Blaauw and Saji Thomas

DAY 1 - 29 October, 2014

| Time allotted | Agenda topic | Presenter/facilitator |

08:30-09:15 | Arrival and registration | IFRC/ Co-chairs
09:15- 09:30| Official Welcome| IFRC, DRK
09:30- 09:40| Confirmation of the agenda, introduction of observers and note takers | Co-chairs
09:40-10:00 | Brief round of introductions | Co-chairs

10:00-10:10 | Presentation by new members/participants on their organisation| Co-chairs
- Peter C. Alderman Foundation, Wietse Tol
- CBM, Heather Pearson
- MHPSS WG Pakistan Sana Malik Goss, IRC

10:10-10:45 | Updates/report from co-chairs, followed by a discussion on the functioning of the RG| Co-chairs

Discussion

Terms of Reference IASC RG MHPSS
- Terms of reference should reflect the decision-making processes. Need to clarify decision-making processes. (To be discussed on Friday).
- Can ToR be adapted to be more inclusive of agencies working in one single country? For example an active MHPSS working group in Malaysia has interest in the RG, but cannot become member as they are working in Malaysia only, while criteria for RG membership states an agency needs to work in at least 3 countries, of which two low income countries.

Increased support to the field/coordination
- How can we better support the field?

Advocacy
Importance of advocating for the guidelines on different levels: to agencies not represented in the RG, our own institutes, donors, policy makers, and clusters. Suggestions:
- Link up to global mental health groups.
- Establish a communication subgroup who should tailor the communication to specific target groups.

Action points
- Request for updates on MHPSS activities from the members of the MHPSS Reference Group.
- These updates can be used for advocacy purpose and to be shared in the Monthly Mail-out, to mutual update one-another

11:00-11:30 | 15 minutes Presentation followed by discussion of results of the Review of the implementation of the IASC Guidelines| Saji Thomas, co-chair

Discussion

The review process
- Challenges of the review process: to get people from different areas to respond.

Awareness/advocacy - questions
- How to reach all regions?
- How to reach not only the experts in PSS?
- How do we use the review report itself for future advocacy?

Utilisation/Operationalising the Guidelines
- Many agencies request practical guidelines of how to implement the guidelines.
- Question: is this the task of the RG or of each agency?
- There is a need for generic training material. As a basis to build on and to expand for each agency.
- Suggestion: Adding examples of different ways of implementing the Guidelines into practice would make the Guidelines more applicable in the field.
- Point: It is only possible to make specific practical guidelines on specific topics (such as PFA)
- Challenge: how to stand out in the huge selection of guidelines on MHPSS

Next steps (To be discussed further later)
- What to do with the result of the Review?
- A great opportunity to re-disseminate the Guidelines

➢ **Action points**
- The draft review currently has only photos from the UNICEF archives. Requests for photos from other agencies to be included in the Review of the implementation of the IASC Guidelines before 8 Nov 2014.

11:30-13:00| Update on emergencies in 2014 per region. Such as the Philippines, S. Sudan, Gaza, Syria, Iraq, Mali, (CAR and Ebola will be discussed separately in the afternoon)| Saji Thomas | co-chair

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'Market Place' and discussion in plenary
- Participants provided information on the emergencies they responded to, their activities, successes and challenges on flip charts

Discussion in plenary: what are the main challenges and what can the RG do to help overcome these?

Coordination
- Coordination of communication between agencies
    - Suggestion: Monthly skype chat session
- When and how should the RG respond to different situations?
- There is a need for improved communication between the reference group members on HQ and the field level.
    - We have a conference call and what then? How to follow up?
    - It is important to be aware of the difference btw. Headquarter levels and field levels.
    - There is a need for clarification on when to do a phone-call.
    - Additional calls could be helpful with a stated purpose. Less about coordination of activities and more about learning from each other's experiences.
    - Challenge: getting the right people together. RG members should inform the relevant people in their agencies
- Standard protocols?

Capacity building and staff support

- Need for building capacity among staff
- Staff safety and staff support
    – Need for help setting up staff support systems
    – Need for back-stopping technical functions for the staff in the field during deployment.

Discussion on the possibility/need to create a Roster
- Need for an inter-agency roster to be deployed to the field
- Failed before. It is important to think about why it failed.
- Challenges can be: responsibility for the roster members
- Suggestion for selection criteria for the roster:
    – Region
    – Language
    – Expertise

Further questions:
- How to link the RG even more to what is happening in the field?
- What are the limits of the RG?
- Is it possible to ask the RG co-chairs for support in the field? Who will be responsible for insurance and security?
- What is the procedure for deciding when to send RG to the field?

13:50-14:40| Working in dangerous situations such as in CAR |Louise Kryger, IFRC |Working during outbreaks of infectious diseases (such as Ebola Virus Disease |Heather Pearson, CBM

Presentation and discussion

- Main challenges
    - To protect volunteers and staff (both local and expatriate) in dangerous settings & during infectious disease outbreaks To find psychosocial delegates for West Africa. It is easier to find health professionals than psychosocial staff
    - The Ebola Virus Disease outbreak is drawing attention away from MHPSS and the significant progress that had been made on policy & service delivery level

- Suggestion:
    - Develop small lectures on peer support/ volunteer support to be used before and during missions.
- Messages in the Ebola response. Need for an alternative approach to messages. Not just focus on "do not touch", but also on addressing fear through messages like "do not touch, but smile".
- Ebola training video for Ebola practitioners and beneficiaries.
- CBM requested feedback from other agencies regarding how to approach the challenges of protecting and supporting staff during the outbreak of EVD (for example health insurance, access to health care)
- CBM worked with the WHO, UNICEF & World Vision to adapt the PFA Guidelines for the EVD setting: The modified guidelines had just been printed at the time of the meeting and CBM is currently supporting the translation of the guidelines into French.

14:40-15:10|Building implementing partners' MHPSS capacity through roster deployments | Maria Waade Church of Sweden, Nana Wiedemann, IFRC

Brief introduction followed by a discussion on:
- Ensuring ownership and sustainability - organizational capacity building vs one-off support
- Best practices from the field working with roster
- Maintaining and quality ensuring roster members knowledge and skills

Roster challenges, IFRC, PS Centre:
- The roster members are not always available when needed
- Small pool of qualified PSS delegates
- Need for: Common collaboration between agencies on what qualifications are needed for a PSS roster members

Roster challenges, Church of Sweden:
- Scope and method of deployment
- Competence and availability
- Knowledge generation and lessons learned
- Staff care

Discussion in plenary
- Challenges from other organisations
  - No stand-alone criteria for Rosters **-** it always depends on the specific situation.
  - Language/terms used
  - Finding qualified roster members
  - High rate of turnover

Question for further discussion:
- What is the scope of activity that the RG would want the roster members to do?
- Define a specific area of work for the rosters (i.e. capacity building, coordination).
- How can an inter-agency roster solve the problem of getting the right person at the right place at the right moment?
  - Have a list of criteria that people can tick off, upload their CV to the MHPSS.net and in this way have a list of people available on the MHPSS.net
  - Share each-others networks
- Nomination process
  - How to nominate participants?
  - Important to know that the person fulfills a set of criteria
  - Problem: gate keeping

15:15-15:50 |4W's, lessons learnt? | Peter Ventevogel, UNHCR

Discussion
4Ws have been prepared for different emergencies. Implementation and interpretations vary. There have been request to look into the possibility to make an electronic version in which agencies can update their findings.

How should the 4W tool be changed/improved?
- When is the 4W exercise worth the efforts?

- Very useful tool. Worth the effort. Accountability, legitimate → more funding.
- The 4W is not enough; sometimes agencies put in the form what they expect to do. Not what they are doing already
- We need to look beyond: what do we do with the information?
- Referral workshops
- Service guides, case managers in the field
- Other data management tool than Excel? Excell proved to be a challenge for some agencies in the Philippines
- An online tool?
- Develop a 'layered tool' with various levels of comprehensiveness and inclusiveness?
- Do we need to change it at all?
- Needs to be easier for people to use
- No need to change the codes
- The way of changing it should be cost-effective.
- Ownership?
- Who has the authority to amend the tool?

16:00-16:30 | Integration of MHPSS in different sectors | Cécile Bizouerne, ACF

Presentation
- Baby-Friendly Spaces; the on-going work on adapting camps to babies needs
- Inclusion of MHPSS in WASH; for example the prevention and treatment of cholera

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16:30-16:50| The emerging field of MHPSS in relation to reparation and reconciliation. Based on IOMs experience in Colombia, Nepal and Syria| Gulli Schinina, IOM

and

16:50-17:15| MHPSS and Peace Building or Community Based Child Protection- Guidance and Practice| Saji Thomas, UNICEF

Presentations
The emerging field of MHPSS in relation to reparation, reconciliation and peace-building.

Discussion on both IOM's and UNICEF'spresentations
- What is the position of the RG in this?
- What is the mandate of the RG?

Suggestions:
- Need for further clarification of each term
- need to include religious practices/perspectives
- important to consider ethical/political issues
- If the RG decides to engage in peacebuilding etc. the RG would need to work on defining the framework.

17:15-17:45 | Brief psychological therapies| Mark van Ommeren

Presentation

Huge gap between research on psychological interventions and practice in the field.

Discussion points:
- Expressed need for more evidence-based activities in level 3 of the pyramid. Needs to be further discussed.
- Expressed need for connecting everyone interested in developing tools at level 3.
- Questions:
    - Would it be possible to adapt the WHO tool to the situation in West Africa? Answer: It is not ready for this yet.
    - Consider the possibility of expanding the field-testing and to adapt the service mechanism according to the results.

DAY 2, 30 October, 2014

9:00-9:15| Reconvene from Day 1| Margriet Blaauw

9:15-18:00| Workshop on the Draft M&E Framework| Alison Schafer, WVI

Presentation
The process of the development of the drafting of a common MHPSS M&E Framework

Group work
- 6 Groups (Goal statement, Outcome 1, 2,3,4,5)
- Review comments and feed-back from RG and field consultations for each outcome/goal
- Discussion and recommendation on changes based on feedback (no new ideas)
- Updated outcome/goal on a flip-chart and reported to plenary.

Discussion in plenary
General comment: The updated version will keep the content but should make the language simpler.

Goal
General agreement to change the goal statement to:*"Reduced suffering and improved mental health and psychosocial wellbeing"*

The goal:
- The point was raised that it is important to keep it simple, and to keep in mind that it has to be translated.
- Some raised the concern that the wording of the goal has to be more visionary
- Others argued against this stating that this is not an advocacy document

Description:
- General agreement that we need to add a description of the goal and to
    - Ensure that *protection* is included in the explanation
    - Describe what the term psychosocial wellbeing means

Sequence:
- Agreement to change the sequence: reduce suffering → enhance mental wellbeing

Discussion on terms used
- Enhanced = hard to translate. Instead: *improved*
- Alleviated = hard to translate + hard to grasp. Instead: *reduced*
- Need to add *protected* - we also need to protect the existing not just improve

Outcome 1
General agreement of the following outcome: *"People experience emergency responses to be safe, dignified, participatory, community owned, socially and culturally acceptable"*

Outcome 1:
- Use the title in the footnote - but make sure that the perceptions are accounted for in the indicators.

- Add "appropriate" needs
- Focus on both support and *protection/maintenance*
- Should psychosocial-needs be in the headline?
  - Cons: support that is not necessarily psychosocial will also eventually enhance the psychosocial wellbeing.
  - Need to focus on people's needs in general

Underlying principles:
- Do we need to incorporate human rights into the outcomes?
  - General agreement not to include it in the outcome as it is already in the underlying principles.
  - The underlying principles can be promoted though design (Ig. put the guiding principles in a box in the beginning

Description
- Include assessment measures in the description
- Rephrase the following sentence: "Avoiding the reproduction of harmful existing power imbalances in decision making processes"
  - The perception of what is harmful will be different in different contexts.
- Proposal: clarify the terms in a different way (i.e. marginalized groups as defined in the IASC MHPSS Guidelines)

Outcome 2
General agreement of the following outcome: *"People are safe, protected and rights violations are addressed"*

Outcome 2
- Overlap between "being safe" in outcome 2 and in outcome 1 - Needs to be further discussed
- Is it a problem to use the same word in different outcomes?
- Discussion: take 'safe' out of outcome 1.

Description
- Need advice from a rights person on language around duty bearers/State

Outcome 3
General agreement of the following alternative outcome: S*ocial, community, and family structures promote the wellbeing and development of all its members*

Description
- "Social, community and family system" needs to be clarified
- Add a definition of recovery, resilience, human development
- What is the place of education?
  - It does not have to sit on one outcome alone
  - Separate formal/informal
- There is an overlap with outcome 4
  - It has been decided to keep outcome 3 and 4 as two separate outcomes for now
  - If eventually we see that the indicators are equal, we can take it up to consideration to merge outcome 3 and 4.

- It has been suggested to
    - State it clearer that outcome 3 and 4 are on community and individual levels respectively
    - To give examples of outcome 3 and 4 to show the difference between the outcomes

Outcome 4
General agreement on the following outcome: *Communities and families provide support to people with mental health and psychosocial problems*

Outcome 4
- Is there an overlap with outcome 5 or 6?
    - Possibly some overlap, if community leaders/religious leaders provide support to people that alleviates mental health problems, should this be considered as community support or as specialized support?
    - General agreement that we should not consider it as a problem that one activity fits into several outcomes.

Description
- We need to define clearer what mental health and psychosocial problem we are addressing

Outcome 5
General agreement on the following outcome: *People with mental health and psychosocial problems benefit from appropriate focused care*

Description:
- Include traditional healers/religious leaders/traditional practitioners?
    - General agreement that they have to be included.
    - They should not just be mentioned in outcome 5 but also in other outcomes.
    - Suggestion to name them "traditional practitioners"

Group work
Brainstorm on all the possible indicators under each outcome. These were written on flipcharts and are provided in a separate document.

DAY 3, 31 October 2014

9:00-9:05| Reconvene from Day 2| Margriet Blaauw

9:05-09:30| Update mhpss.net| Ananda Galapatti, mhpss.net

Presentation

Discussion in plenary
- Main challenge of the mhpss.net is the search function
- When you upload documents it is important to tag
- Intervention Journal is about to launch a new website that will be linked to mhpss.net

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9:30-10:00| mhGap in Humanitarian Settings| Peter Ventevogel

Presentation

Discussion in plenary
- Evidence: Not specific to humanitarian settings
- Differences between children and adults?
- How does this relate to the Guidelines?

10:00-11:05| Presentation on the Ethical Guidance for Research and M&E Followed by discussion| IOM, Gulli Schinina and Anna Chiumento

Cover Photo
There is still a need for a good cover photo for these guidelines. RG members are kindly asked to search and provide a good photograph

Discussion in plenary
- Discussion on the following sentence: *"…this document aspires to the widespread practice of the recommendations and not to the mandatory application of all principles"* (Ethical Guidance for Research and M&E, p. 5).
  Suggestions:
  - To add a box on do's and don'ts
  - To keep the language consistent with the language in other guidelines
  - To write: *"This document aspires to the widespread practice of the recommendations."* (as in the Guidelines)

- Ethical review - whenever possible (Figure 1 p. 6)
  Suggestions
  - *"however possible"*
  - To use another word than *"review"* - maybe *"reflection"*.

- Discussion on the following sentence: *"Must not act as excessive reward to encourage participation for reward alone"*
  Suggestions
  - Add: *"Appropriate compensation but not excessive reward"*

- Discussion on "Proxy consent" (p. 32)
    - Everyone agreed on the principle but it should be worded differently

- Ensuring confidentiality, anonymity, and the right to privacy (p. 33)
    - It is important to emphasize that in some situations interviews cannot take place in open spaces. It may not be a sensitive topic, but it might be a sensitive group.

For further discussion
- Suggestion to have a peer review group/reflective board within the RG (Needs to be discussed further)

11:30-12:00|Advocacy initiative USA - Other advocacy updates| Ann Willhoite CVT, Inka Weisbecker, IMC

12:00-14:00|Group work on advocacy priorities, messaging etc. - Also using lessons learnt from other initiative and the Review of the implementation of the Guidelines| Margriet Blaauw

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Lunch
12:30-13:30

14:00-14:10 | Brief update on the work done so far on SGBV | Margriet Blaauw

- Last year it was decided to work on SGBV guidance for the Reference Group. First input was provided to the revision of the GBV Guidelines from the GBV AoR. This proved a lot of work as the GBV Guidelines are very elaborate (300+ pages)
- Initially MHPSS was falling in between the cracks of the revised GBV Guidelines, but the GBV Guidelines revision task force has been very generous in including our suggestions. MHPSS is now well-integrated in the revised GBV Guidelines.
- Still the group identified a need for practical guidance for RG members on SGBV
- The IFRC Reference Centre for PSS has done
    - A scoping study
    - Training manual on Psycosocial support to survivors of SGBV, pilottested in Jordan

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14:10-14:30 | The IASC MHPSS Reference Group ToR, update| Margriet Blaauw

- The IASC MHPSS RG ToR needs to be updated. The ToR refers to working groups that are not active anymore and some names in the ToR are not active in the RG anymore. A draft with suggested changes have ben circulated, as well as the current ToR.
- There should be guidance on the RG decision making process in the ToR
- The possibility to be more inclusive to non-members, that are active in the field but do not fulfil all criteria (such as active in 3 countries) should be reviewed
- ➢ The session was shortened and RG members were asked to review the suggestions and provide feedback. A separate message on this will be sent by Margriet

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14:30 -15:00 | Discussion on recommendations provided in the Review | Margriet Blaauw

Group work
Recommendations in the Review of the Guidelines included recommendations in the following areas:
- Awareness of the Guidelines
- Utilization
- Institutionalisation

The list of recommendation is long and groups were asked to identify priorities

Plenary discussion
Recommendation Review

Awareness - priorities
- Orientation of clusters in the field on the guidelines; ready made orientation presentations to be shared and available
- Improve the web presence of the Guidelines → important to link this to the mhpss.net
- Strengthen the resource availability: Better use could be made of mhpss.net to raise awareness of the Guidelines, put them in an organized way onto a special site, use existing materials. Suggestion: hire e-learning specialists to set it up.

Utilization - priorities
- Important to come together to discuss creative approaches to address crosscutting fatigue
- Develop guidance and coordination mechanisms
  - There is a need in the field for guidance on coordination
  - Develop a generic ToR for a local MHPSS group
- Need for a more effective mechanism to ensuring that a MHPSS focal point is deployed by the RG in emergencies
- To encourage and support agencies to develop practical guidance materials based on the Guidelines for their agency
- Develop a toolkit of options for community-based psychosocial interventions, providing examples
  - Proposal: to put all the existing toolkits together on the MHPSS.net
- Continue to pursue and strengthen M&E frameworks
- Strategy on crosscutting issues
  - Helpful to develop talking points: how is MHPSS important to other sectors
- Important not to try to operationalize all the guidelines
- M&E and the pyramid
  - Suggestion to make a simplified document that combines M&E and the pyramid
- Each month one or two organisations could provide an example of how their organisations have used the guidelines to make a project (short video, in writing, photo + example) → newsletter and MHPSS.net

Institutionalization
- Institutionalization checklist
  - Make an assessment of how the checklist is used
- Roster for emergencies
  - Start compiling a roster of coordinators
  - Each agency could put forward some names of people that they find have the right qualifications

- Suggestion to delete the term "roster". The point was raised that it is too risky if the RG should nominate rosters. A data base would be a more appropriate term
- The challenge is who nominates? What are the criteria to be on the list or not to be on such a list?
- Suggestion 1: have an open site with CV's.
    o Need to agree on a clear procedure: Consolidated excel sheet with people interested in supporting the RG (incl. contact info, language skills, willingness to travel, when was the information last updated etc.)
- Suggestion 2: Ask each agency to nominate 1-2 qualified persons for the "roster"/data base/ group.
- Suggestion 3: Ask the group to recommend people on a case-by-case basis
- Suggestion 4: Keep it simple at to share job-descriptions on a case-by-case basis with our networks.
- Suggestion 5: possibility of using Linked.in?

15:45-16:15| Discussion and agreement on priorities and work plan 2015, including on the add-on on SGBV| Margriet Blaauw

Participants were invited to add their names on the priorities identified for the coming year.