INTER-AGENCY STANDING COMMITTEE
WORKING GROUP

IASC Subsidiary Bodies

Report on [Mental Health and Psychosocial Support Reference Group] **Activities in 2011**

[13 January 2012]

I Report on Activities Undertaken in 2011

1.1 Achievements in line with the 2011 workplan

The development and dissemination of tools, advocacy with Governments and the mainstreaming of the MHPSS guidelines into other global level clusters have been the most successful areas of work for the RG during 2011. Key tools developed and disseminated this year include: the Unicef-led *Psychosocial Evaluation Guide*, which many RG members chose to endorse, the *Psychological First Aid Guide* (created by an inter-agency collaboration between World Vision Australia, War Trauma and WHO) which was also endorsed by many RG members, and the IFRC Psychosocial Centre-led *Toolkit on Global Standards for PSS systems for Volunteers in Emergencies*. An inter-agency training programme for the *Psychosocial First Aid Guide* is planned for 2012, and as such will be reflected in the 2012 workplan. The WHO-led MHPSS toolkit and the Inter-agency MHPSS Assessment tool were finalised and endorsed at the 2011 annual meeting by RG members. Further dissemination and field use of these two key tools by RG members is anticipated throughout 2012.

Global level teleconferences and support to field level MHPSS coordination has emerged as a key need and priority area for the Co-Chairs and the RG as a whole during 2011. Key teleconferences were held on the North Africa crisis (covering Tunisia, Libya & Egypt), Horn of Africa crisis, Japan and Syria. Attendance from RG members on these teleconferences has been mixed, which can partially be explained by various emergencies in 2011 occurring in high/ middle income countries (North Africa & Japan), or in countries where RG members have little presence (Syria, Yemen). Global level coordination of MHPSS responses in key emergencies and support to field level coordination were discussed in-depth at the annual meeting. RG members strongly supported a more pro-active role from the Co-Chairs in supporting field level MHPSS coordination (such as MHPSS WGs) with the appreciation that the RG is not a cluster, has a limited mandate, limited availability of funds and with the Co-Chairs working the equivalent of one full time person. However, this priority will be carried forward into 2012.

Advocacy with donor Governments on the MHPSS guidelines, has also taken place during 2011. In the 2011 workplan the following donor Governments were identified: AusAID, Dutch Government, USAID, ECHO, Sida, Chaine du Bonheur, BPRM and DfID. Meetings have been held with Sida, USAID, some ECHO Technical Advisers (field based-West Africa, oPT, Libya) and US State Department-BPRM. The Unicef-chaired MHPSS WG in the occupied Palestinian Territories already has a close working relationship with ECHO however the RG is keen to institutionalise this relationship at a more strategic level both in Brussels and with ECHO Technical Advisers in the field. Continuous engagement with donors at field at HQ level was reaffirmed as a RG priority at the annual meeting. ACT Alliance facilitated orientation session on the IASC MHPSS guidelines with Sida in September 2011, and provided practical advice on how they can institutionalise the guidelines within their work and funding decisions. Sida has already begun including the MHPSS guidelines within their ToRs for project and programme evaluations. IMC met with USAID and the US State Department in June 2011 to discuss the guidelines.

USAID, the US State Department, Sida and ECHO are all observers within the RG and as such are included in our monthly mail outs. The US Government is also keen to highlight mental health in emergencies within the next World Health Assembly meeting.

The mainstreaming of the MHPSS guidelines into the work of other global clusters is, perhaps, the most time-consuming activity for the Co-chairs and other RG members. Key focal point agencies that specialise in MHPSS and another area (e.g., WASH) take the lead on introducing the MHPSS guidelines to the appropriate global level cluster (normally through the related guideline action sheet) and initiate discussions on how they can integrate the guidelines into their work. Key engagements during 2011 have occurred with the health, protection, WASH, food security, nutrition and CCCM clusters. The WASH (led by NCA from ACT Alliance) and food security (led by ACF-France) clusters were additional target clusters not originally stated in the 2011 workplan. In the case of the Food Security cluster, it is because it did not exist at the time of the drafting of the 2011 workplan. IMC and WHO are the main links with the health cluster, and as such they have been particularly active in ensuring that the cluster also addresses mental health issues. IOM is responsible for engaging with the CCCM Cluster and they have been actively involved in the liaison between the MHPSS RG and the CCCM cluster throughout the drafting of a handbook on MHPSS for camp managers. Dissemination of 'What protection/ health actors need to know' to the Protection and Health clusters will continue to occur during 2012.

1.2 Opportunities and constraints faced by the subsidiary body

Opportunities: The creation of a *Meeting Humanitarian Challenges in Urban Areas* RG is a welcome initiative for the MHPSS RG, as the MHPSS guidelines have been criticised for not taking urban contexts into account. The MHPSS RG will hold a conference on *A Growing Challenge: Psychosocial and Mental Health Support for Refugees and Migrants Living in Urban Settings* in Cairo in April 2012.

During 2011, opportunities were taken to provide better support to field level MHPSS coordination initiatives. Whilst this is a very time consuming activity for the Co-Chairs, MHPSS WGs are now operational in Dadaab camp (Kenya), Japan, DRC, Haiti, Tunisia, Libya, Lebanon and oPT. The Co-Chairs hope to produce an MHPSS WG Coordinators handbook during 2012. The www.mhpss.net website has proved an instrumental resource and tool to aid with the work of the RG, particularly by facilitating the sharing of information between the global and field level groups on MHPSS activities. The web platform has also provided the catalyst for the GPC, CPWG & GBV AoR websites.

An opportunity exists to seek funds for the running of the RG and some key activities within the 2012 workplan from ECHO-Brussels, Enhanced Response Capacity fund. A draft ECHO proposal was discussed at the annual meeting and submitted to ECHO for comment in Dec 2011. A full proposal is required by 28 Feb 2012. ECHO funds would greatly aid the work of the RG during 2012, as many UN agencies (WHO, Unicef, UNFPA) and INGOS have less un-earmarked funds available for the RG workplan than in previous years due to the financial crisis.

Constraints: The current co-chairs of the RG are Church of Sweden/ ACT Alliance (based in Sweden) and a consultant hired by Unicef (based in Ireland). The lack of a co-chair in Geneva has been identified as a problem during 2011 as the RG risks missing out on key Geneva based meetings (which often occur with only 1-week's notice) and close collaboration with global level clusters. As the Global Protection Cluster has hardly met this year we have not been too disadvantaged by not being in Geneva with this cluster specifically. As ACT Alliance and Unicef continue as Co-Chairs in 2012 this problem will likely persist. Other constraints include the difficulty in 'recruiting' field based focal points in key emergency countries. Only 4 such focal points have been recruited this year and the RG decided to drop this initiative at the 2011 annual meeting, in favour of supporting more structured field level MHPSS WG where they exist. The lack of an MHPSS Specialist within Unicef HQ-NY has adversely affected the 2011 workplan. This position has now been filled, with the person starting in January 2012.

II Status Update with Reference to Objectives Set in the 2011 Work Plan

[Please use the table of the 2011 work plan and include a status column to the right, as shown below. Please indicate the status of your work and the results achieved in relation to the original objectives/planned activities.]

Objectives	Activities	Focal point(s)	Timeframe	Status/Results
1. Country Implementation of MHPSS guidelines	▪ Organise conference calls to activate coordination at field level and support MHPSS WG in emergencies ▪ Identify focal points for MHPSS interagency coordination ▪ Provide support to countries working on implementation of guidelines ▪ Finalise & disseminate country implementation guidelines ▪ Advocacy with governments ▪ Collaborate with GBV & CP AoRs on joint messages.	▪ Co-Chairs ▪ Co-Chairs ▪ ACT Alliance, Unicef, WV, War Child, GPSI, IFRC and IMC ▪ TdH ▪ IMC, ACT Alliance, Save UK, IFRC, WVI, Unicef & Plan ▪ Unicef, Co-chairs	▪ Dec 2011 ▪ Dec 2011 ▪ Dec 2011 ▪ March 2011 ▪ Nov 2011 ▪ Sept 2011	▪ Done as required (Tunisia, Libya, Horn of Africa, Japan & Syria) ▪ Only managed to 'recruit' 4 people at this stage. Decision to drop FPs at annual meeting in Nov 2011. ▪ 6/12 countries reached, remainder will be carried over to 2012 ▪ Completed. ▪ Sida, USAID, US State Department, some ECHO TAs done, others outstanding. Inter-agency video moved to 2012. ▪ Done through Info as Aid project & Horn of Africa emergency.

2. Training	▪ Orientation seminars are packaged and disseminated ▪ Communication staff within each agency are oriented on the IASC Guidelines ▪ Advocates training DRC & refresher training in Middle East ▪ Pacific & Asia MHPSS Advocates training ▪ East Asia Regional Psychosocial Master training ▪ Southern Africa Regional Psychosocial Master training	▪ IOM, TdH ▪ All RG members ▪ GPSI, WVI, Unicef, IOM. ▪ WVI, Unicef ▪ IFRC ▪ IFRC	▪ March 2011 ▪ Dec 2011 ▪ July 2011 ▪ Dec 2011 ▪ Nov 2011 ▪ Nov 2011	▪ Completed ▪ Institutionalisation survey scheduled for release in Feb 2012 will capture the results. ▪ DRC & Middle East not done (advocates training package under review). DRC & Pacific scheduled for 2012. Refresher in the ME dropped after discussions at annual meeting. ▪ Pacific & Asia training not done, as more basic training is required. Pacific will be followed up in 2012. Asia on hold until basic training completed. ▪ East Asia – carried over by IFRC to 2012. ▪ Southern Africa – carried over by IFRC to 2012.

3. Mainstreaming into (global) clusters and coordination initiatives	▪ Education Cluster – Child friendly spaces project, finalise & disseminate INEE Psychosocial Toolkit and Protecting Education project ▪ Protection Cluster – finalise and disseminate factsheet on natural disasters, cross-cutting issues integration workshop, sexual violence & MHPSS project. ▪ Nutrition Cluster – initiate contacts and conduct one orientation session. ▪ Health Cluster – organise meeting of MHPSS actors, develop draft emergency specific MHGap product ▪ CCCM Cluster – create an ad hoc chapter of guidelines for camp managers ▪ Other – participation in global cluster coordinators group and other clusters	▪ Co-Chairs & Unicef ▪ TdH, Unicef, WHO, UNFPA ▪ ACF ▪ WHO & IMC ▪ ACT Alliance, IFRC & IOM ▪ Co-Chairs, ACF, ACT Alliance	▪ Dec 2011 ▪ Nov 2011 ▪ Nov 2011 ▪ Dec 2011 ▪ Nov 2011 ▪ Dec 2011	▪ CFS & Protecting Education project – completed/ ongoing. ▪ INEE Psychosocial Toolkit – not done, carried over to 2012 ▪ Natural disasters factsheet & cross-cutting issue integration workshop – not done, will follow up at GPC retreat in Feb 2012. ▪ Sexual violence & MHPSS conference done 28 – 30 Nov, 2011. ▪ Nutrition cluster: Completed ▪ MHPSS meeting postponed (lack of funds from WHO), MHGap progressing well. ▪ CCCM – Draft version of the chapter exists & shared with CCCM cluster but finalisation, printing & dissemination carried over to 2012. ▪ GCC – done, WASH & Food Security clusters initial contact achieved.

4. Assessment and Information Management	▪ Inter-agency MHPSS Assessment tool ▪ Integrate MHPSS into NATF/ MIRA ▪ Finalise MHPSS toolkit for health sector ▪ Revise 4Ws tool & field test the tool in Pakistan & Jordan. ▪ Ensure management and representation of RG members on www.mhpss.net	▪ Co-chairs, IMC & WHO ▪ WHO ▪ WHO ▪ WHO ▪ Co-chairs, TdH, Psychosocial network	▪ Nov 2011 ▪ Dec 2011 ▪ Nov 2011 ▪ July 2011 ▪ Dec 2011	▪ Tool reviewed & adopted at Nov 2011 annual meeting. ▪ NATF/ MIRA: Completed ▪ Completed Dec 2011. ▪ 4Ws matrix completed Dec 2011, roll out ongoing. ▪ Ongoing initiative
5. Tool development and dissemination	▪ Dissemination of Psychological Evaluation guide ▪ Finalisation, dissemination and training on Psychosocial First Aid guide ▪ Compilation of staff care resources & recommendations ▪ List of prioritised MHPSS activities in emergencies ▪ Finalisation of IFRC PS Centre-led toolkit on global standards for PSS systems for volunteers in emergencies.	▪ Unicef & REPSSI ▪ WHO, War Trauma, WVI, SAVE ▪ ACT Alliance ▪ Co-chairs & WHO ▪ IFRC	▪ Dec 2011 ▪ Aug 2011 ▪ Nov 2011 ▪ Dec 2011	▪ Dissemination ongoing in 2012 ▪ PFA guide: finalised & disseminated; training ongoing into 2012. ▪ Staff care: completed Nov 2011. ▪ MHPSS activities: Decision to drop this at Nov 2011 annual meeting. ▪ IFRC toolkit: completed.
6. Engagement of members and institutionalisation	▪ Manage RG financial & in kind support ▪ Print, store & disseminate the guidelines ▪ Strengthen engagement of RG members ▪ Institutionalise the guidelines within RG members ▪ Engage new members to the RG	▪ Co-Chairs + (ACT Alliance, IFRC; Unicef, WVI) ▪ War Trauma ▪ Co-Chairs ▪ All ▪ Co-Chairs	▪ Dec 2011 ▪ Dec 2011 ▪ Dec 2011 ▪ Dec 2011 ▪ Nov 2011	▪ Yes, ongoing activity ▪ Completed ▪ Ongoing activity ▪ Institutionalisation survey scheduled for release Feb 2012. ▪ Completed (x2 new members in 2011) & ongoing.