First background paper on agenda item: Proposal to set up an IASC Task Force on Mental Health and Psychosocial Support in Emergency Settings

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INTER–AGENCY STANDING COMMITTEE WORKING GROUP

61 st MEETING

22-23 June 2005

IOM (Geneva)

**Proposal to Set up an IASC Task Force on
Mental Health and Psychosocial Support in Emergency Settings:**
Proposed Terms of Reference

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As has become evident during the recent tsunami crisis, addressing mental health and psychosocial needs has become a major area of humanitarian assistance. Mental health and psychosocial support activities occur in a range of sectors, and inter-agency collaboration is important to improve the overall quality of assistance provided.

On 22 April and 7 June 2005 inter-agency meetings were held at WHO in Geneva on mental health and psychosocial support in emergency settings. Representatives of ICRC, IFRC, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO and the IASC Secretariat participated on 22 April 2005; and representatives of Centre for Humanitarian Psychology, ICRC, IFRC, IOM, ICVA (MSF-H), InterAction, Terres des Hommes, UNAIDS, UNFPA, UNHCR, UNICEF, WFP, WHO and the IASC Secretariat participated on 7 June 2005. The meetings agreed to
-   form an inter-agency task force to develop inter-agency guidance along the lines of the IASC *Guidelines for HIV/AIDS Interventions in Emergency Settings.*
-   ask the IASC WG in June, through WHO, to institute this task force as an IASC Task Force

Terms of Reference. Proposed TOR are attached.

Resources. WHO commits to immediately make available substantial staff time (70% of a full-time Technical Officer) and US $25,000 for initial costs.

Chair(s). WHO and possibly a NGO consortium (to be confirmed)

Proposed Actions by the IASC WG members:
1. Endorse the formation of an IASC Task Force on Mental Health and Psychosocial Support in Emergency Settings
2. Endorse the proposed Terms of Reference for the Task Force, which outline a concrete, time-bound plan to develop inter-agency guidance for field testing along the lines of the IASC *Guidelines for HIV/AIDS Interventions in Emergency Settings.*
3. Contribute to the process of developing and writing the guidance.

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**Inter-Agency Standing Committee Task Force on
Mental Health and Psychosocial Support in Emergency Settings**

<u>PROPOSED Terms of Reference</u>

Introduction: The field of mental health and psychosocial support in emergencies is becoming a major area of concern for all providing of humanitarian assistance. Consensus on good practice is starting to emerge on how better services can be provided if inter-agency collaboration is improved, supported by agreed inter-agency guidance.

On 22 April 2005 an inter-agency meeting was held at WHO in Geneva (with teleconference link to New York) on mental health and psychosocial support in emergency settings. All Inter-Agency Standing Committee (IASC) members and standing invitees were invited; ICRC, IFRC, IOM, UNFPA, UNHCR, UNICEF, WFP, WHO and the IASC Secretariat participated. The meeting agreed to form an inter-agency task force to develop inter-agency guidance. To get greater buy-in, the meeting proposed to ask the IASC WG in June, through WHO, to institute this task force as an IASC Task Force and to actively encourage NGO participation.

Objective: The objective is to draft practical inter-agency guidance on mental health and psychosocial support in emergency settings to enable a wide variety of stakeholders in humanitarian action - including affected communities - to deliver the *minimum* required multi-sectoral response to be provided even in the midst of an emergency. The guidance is to be appropriate for sex and age.

Target audience: Humanitarian actors, e.g. the UN system, Inter-Governmental and Non-Governmental Organizations, the Red Cross and Red Crescent Movement, Member States, affected communities.

Interdisciplinary nature: Mental health and psychosocial support interventions are known to occur in a wide variety of areas, such as health (e.g., community interventions), social services (e.g. community-based social work), education (e.g. (re)starting schooling), protection (e.g. family tracing), information (e.g., providing reliable information on disaster and aid response), nutrition (e.g., prevention of mental retardation), shelter (e.g., organizing shelter to ensure child-friendly space), socio-economic support (e.g., income generating activities) and disaster coordination.

Format: The format will be along the lines of the *IASC Guidelines for HIV/AIDS Interventions in Emergency Settings.* This implies producing a practical handbook with the following key elements:
- A matrix that summarizes key actions for 3 areas
    - emergency preparedness
    - minimum response to be conducted even in the midst of emergency (The *IASC Guidelines for HIV/AIDS* define an emergency as "a situation that threatens the lives and well-being of large numbers of a population, extraordinary action being required to ensure the survival, care and protection

> of those affected. Emergencies include natural crises such as hurricanes, droughts, earthquakes and floods as well as situations of armed conflict.")
> - o comprehensive response
- Action sheets describing how each intervention should be operationally implemented
  - o The action sheets cover only the minimum response interventions to be conducted even in the midst of emergency (described in the matrix)
  - o Each action sheet is short (about 750 words), describing key actions and listing key resources
  - o Different agencies write or co-write different action sheets. Agencies write or co-write sheets for those areas that are within their area of expertise. As such, agencies take responsibility for one or more action sheets.

Basis for guidance materials. The final content of the action sheets is envisioned to be based on a review of existing guidelines, expert consensus on best field practices, research evidence, existing practical manuals and inputs from agency colleagues and experts

Participating agencies: IASC Members and Standing Invitees.

Consultative group: Any interested non-IASC entity actively involved in crises work in the field. The task force will approach the consultative group for peer review of its work

Technical advisory group: The task force will seek technical advice from interested/invited technical experts/expert groups.

Timeframe with outputs. 12 months to produce a guidance document for field testing (published in 3 languages and on CD-ROM)

Expected costs. The exact costing is to be confirmed. Agencies will be encouraged to financially support the exercise.   WHO commits to immediately making available substantial staff time and US $25,000 for initial costs, e.g. costs related to organizing a first workshop to firm up the work of the task force.

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Plan of action for development of inter-agency guidance on mental health and psychosocial support in emergency settings.

Objective: Finalize guidance for field testing	12 months
• Collect existing materials: agency documents, guidelines, expert consensus documents, research reviews, and practical manuals • Propose task force to be instituted as an IASC Task Force	June 2005
3-day workshop to make a draft matrix on interventions to be covered in the guidance.	September 2005
• Finalization of matrix on interventions to be covered in the guidance. • Agencies take responsibility to write fact sheets with detailed guidance on each intervention	October 2005
First drafts of action sheets to be reviewed by task force members	November 2005
Second drafts of action sheets to be discussed in a 3- day workshop	December 2005
Third draft of action sheets to be sent to and reviewed by consultative group and technical advisory group	January 2006
Fourth draft of action sheets to be sent to and reviewed by agencies (at country-level, regional-level, and headquarters level)	March 2006
Finalization of document for field testing Finalization of a strategy for dissemination and for field testing	May 2006
Endorsement of (a) guidance for field testing and (b) a strategy for dissemination and field testing by IASC WG Translation (3 languages) and printing of document for field testing	June 2006

Prepared by: WHO