

All key concepts and working definitions applicable or referred to in Tdh MHPSS framework

MHPSS (Mental health and psychosocial support)



From Tdh's perspective, *psychosocial support (PSS)* shifts the emphasis from focusing only on children's vulnerabilities to viewing children as active agents in the face of adversity. It adopts a model of service delivery that recognises and strengthens resilience and local capacities¹.

Tdh stresses the importance of **avoiding the separation between MH (mental health) and PSS (psychosocial support)** in programming, in line with interagency global principles and guidelines². This underlines the necessary **continuum of MHPSS services** across the four layers of the IASC pyramid³ (Basic services and security; Family and community support; Focused non-specialised support; and Clinical services), as well as recognises the required technical capacities of staff and community workers to deliver all levels of MHPSS.

Psychosocial Well-being

From a specific **child protection perspective**, child well-being is multidimensional and is more likely to be achieved when girls and boys grow up in an environment where their physical, cognitive, emotional, spiritual, social and health needs are met. Due to the multifaceted nature of well-being and the stages of child development, a child can simultaneously do well in one aspect (such as physically) and not in another⁴.

At a broader level the World Health Organization definition of mental health is a "*state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community*"^{5,6}

Psychosocial well-being is considered as the state of positive balance achieved through the different pillars, contributing to mental health and social well-being. We affirm therefore that mental health is



¹ "Working with children and their environment". Psychosocial reference document. Terre des hommes, 2012.

² IASC Guidelines for mental health and psychosocial support in emergency settings" Inter-Agency Standing Committee, 2007.

³ Interagency Standing Committee. Guidelines for mental health and psychosocial support in emergency settings (IASC, 2007).

⁴ Child well-being and measurement framework: Defining and measuring child well-being in humanitarian action. The Alliance for child protection in Humanitarian Action, 2019 – working draft document.

⁵ [Interagency Standing Committee \(IASC\) Reference Group for Mental Health and Psychosocial Support in Emergency Settings, A Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings, IASC, Geneva, 2017.](#)

⁶ 1. World Health Organization. Promoting mental health: concepts, emerging evidence, practice (Summary Report) Geneva: World Health Organization; 2004.

not the merely absence of disorders, but the successful balance and combination of many psychosocial well-being dimensions.

Tdh adopts a **holistic understanding** of Mental health and psychosocial well-being, including physical, emotional, social, political, economic, cultural and spiritual dimensions, structured under the 5 well-being pillars and applicable to individual, family and community spheres (1. Safety, security, stability; 2. Bonds and networks; 3. Roles and identities; 4. Justice and rights; 5. Hope and meaning).

Resilience

Originally from the field of psychology, the term resilience has been widely used in different fields of study, and with increasing interest within humanitarian and development sectors. It is recognised that many elements contributing to resilience originate from outside of the individual, with factors also at the family, community and cultural levels⁷. Unfortunately, the term resilience is used for differing purposes in different sectors, often lacking a comprehensive understanding and definition.

From a **food security and livelihoods perspective**, the widely accepted definitions include the United Nations Office of Disaster Risk Reduction (UNISDR) definition of resilience: “The ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions (and identity)”. Same wise, the DFID definition state it as: ‘Disaster Resilience is the ability of countries, communities and households to manage change, by maintaining or transforming living standards in the face of shocks or stresses - such as earthquakes, drought or violent conflict – without compromising their long-term prospects (DFID, 2011)’

From a **child protection perspective**, it is understood by UNICEF as ability to overcome adversity and positively adapt after challenging or difficult experiences. Children’s resilience relates not only to their innate strengths and coping capacities, but also to the pattern of risk and protective factors in their social and cultural environments.

Some limitations are identified in the different definitions: 1) transformative capacities are not always underscored in CP definitions (some definitions mention positive adaptation, others refer to “recover” or “overcome”); and 2) food security and livelihoods perspective does not commonly incorporate power relations, inequality in the process of resilience building.

The review of the resilience-related literature in the food security and livelihood sectors, as well as in Child protection sector notes:

- 1) resilience as a dynamic “ability” or capacity;
- 2) embedded into an ecological perspective (encompassing individual, family, community and system); and
- 3) more complex and long-term process and perspective required, focusing not only on the ability to “bounce back” (commonly agreed in the past) but to integrate transformative capacities in the process.



Tdh understands resilience as the capacity of individuals, families, communities, organisations and institutions to face adversity and positively exist and interact within their different political, social,

⁷ [Resilience, an Evolving Concept: A Review of Literature Relevant to Aboriginal Research](#) John Fleming, Robert J. Ledogar

economic, health and environmental contexts. For Tdh, there are three different levels of resilience, namely coping, adapting and transforming:

Coping capacity is needed to address ongoing shocks, reduce vulnerability and prevent inequality from becoming entrenched. It creates sufficient stability for planned adaptive and transformative changes.

Adaptive capacity is required to adjust to ongoing change and uncertainty, given that systems do not remain stable for long.

Transformative capacity considers new risks and challenges that changes may cause, and respond to the immediate needs, as well as pursuing longer-term objectives. Children and families/communities engaged in decision making and relief interventions have an increased sense of controlled capacities and reduce their perceived vulnerabilities allowing them to transform negative experiences and shocks and contribute to increased safety and security in the community⁸.

Under its triple nexus approach, Tdh underscores that resilience strengthening interventions should **always ultimately look at supporting transformative capacities**, to maximise the impact and sustainability of interventions. The idea is to not only help children, families, communities and systems to cope and adapt in difficult situations but also, even at the early stages of humanitarian support, to enhance the capacities for transformation in order to pursue longer-term objectives for change.

Psychosocial resilience (PSR)

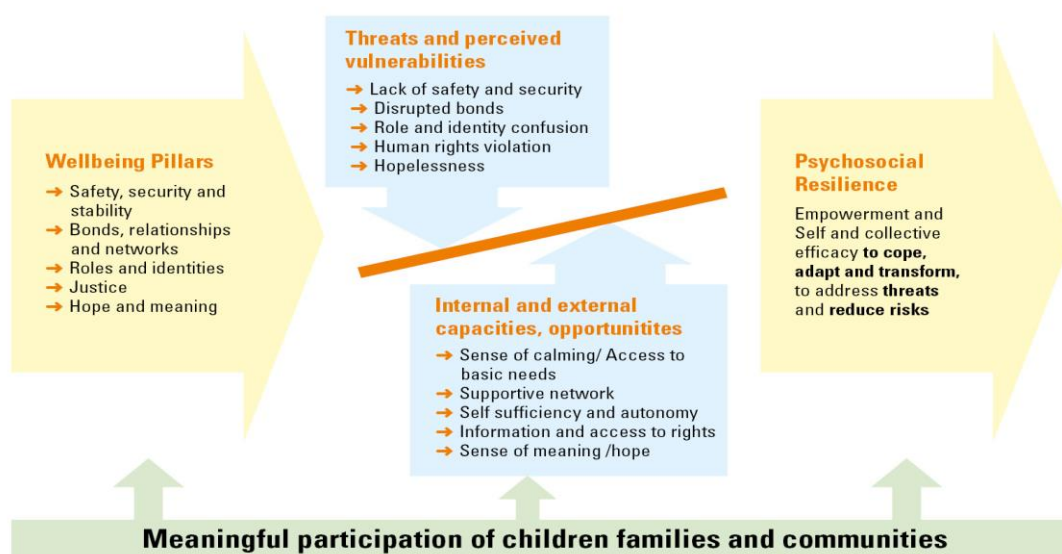
The term “**psychosocial resilience**” articulates how the **Mental Health and Psychosocial well-being domains intersect with resilience capacities** (coping, adaptive, transformative).



PSR (as a state) is considered to be a consequence of a dynamic set of abilities that an individual child, a family or a community possesses and circumstances they find themselves in (i.e. resilience capacities), which can be enabled and enhanced by strengthening the external protective factors that surround children, families and communities in their environment, as well as further developing their inner resources and strengths.

Each well-being pillar highlights necessary elements to build and strengthen resilience, as well as outcomes under each pillar (domain-specific resilient capacities). When ‘objective and perceived capacities’ are strengthened across the different well-being pillars, and structural resources and opportunities are available, using a participative and empowerment approach will in turn increase resilient coping, adaptive and transformative capacities.

⁸ Coping, Adaptive and Transformative: Resilience framework. *Tdh Resilience, draft working paper. 2017.*



Participation

Children, young people, families and communities should all be enabled to express their opinions on any matter affecting them and for these views to be taken into account when making decisions. Previous Tdh psychosocial guidance⁹ states that “Active participation in decision-making can positively reinforce feelings of self-esteem, and confidence contributing to psychosocial well-being”. Indeed, meaningful participation impacts on psychosocial well-being and on the empowerment and resilience of the child, family and community.

However, while there are no stand-alone framework or set of criteria that allow us to judge / evaluate what constitutes “meaningful participation”, we do have international guidance on what constitutes ‘rights-based’ participation, and that is the **nine basic requirements** outlined in General Comment 12¹⁰.

These 9 requirements are as follow:

1. **Transparent and informative** - children must be provided with full, accessible, diversity-sensitive and age-appropriate information about their right to express their views freely and their views to be given due weight, and how this participation will take place, its scope, purpose and potential impact;
2. **Voluntary** - children should never be coerced into expressing views against their wishes and they should be informed that they can cease involvement at any stage;
3. **Respectful** - children’s views have to be treated with respect and they should be provided with opportunities to initiate ideas and activities. Adults working with children should acknowledge, respect and build on good examples of children’s participation, for instance, in their contributions to the family, school, culture and the work environment. They also need an understanding of the socio-economic, environmental and cultural context

⁹ [Working with children and their environment. Psychosocial reference document. Terre des hommes, 2012.,p14](#)

¹⁰ General Comment No. 12 (2009) The right of the child to be heard, paragraph 134 (a-i).

of children's lives. Persons and organizations working for and with children should also respect children's views with regard to participation in public events;

4. **Relevant** - the issues on which children have the right to express their views must be of real relevance to their lives and enable them to draw on their knowledge, skills and abilities. In addition, space needs to be created to enable children to highlight and address the issues they themselves identify as relevant and important;

5. **Child-friendly** - environments and working methods should be adapted to children's capacities. Adequate time and resources should be made available to ensure that children are adequately prepared and have the confidence and opportunity to contribute their views. Consideration needs to be given to the fact that children will need differing levels of support and forms of involvement according to their age and evolving capacities;

6. **Inclusive** - participation must be inclusive, avoid existing patterns of discrimination, and encourage opportunities for marginalized children, including both girls and boys, to be involved. Children are not a homogenous group and participation needs to provide for equality of opportunity for all, without discrimination on any grounds, including age and gender. Programmes also need to ensure that they are culturally sensitive to children from all communities;

7. **Supported by training** - adults need preparation, skills and support to facilitate children's participation effectively, to provide them, for example, with skills in listening, working jointly with children and engaging children effectively in accordance with their evolving capacities. Children themselves can be involved as trainers and facilitators on how to promote effective participation; they require capacity-building to strengthen their skills in, for example, effective participation, awareness of their rights, and training in organizing meetings, raising funds, dealing with the media, public speaking and advocacy;

8. **Safe and sensitive to risk** - in certain situations, expression of views may involve risks. Adults have a responsibility towards the children with whom they work and must take every precaution to minimize the risk of violence, exploitation or any other negative consequence of their participation. Action necessary to provide appropriate protection will include the development of a clear child-protection strategy which recognizes the particular risks faced by some groups of children, and the extra barriers they face in obtaining help. Children must be aware of their right to be protected from harm and know where to go for help if needed. Investment in working with families and communities is important in order to build understanding of the value and implications of participation, and to minimize the risks to which children may otherwise be exposed;

9. **Accountable** - the commitment to follow-up and evaluation is essential. For example, in any research or consultative process, children must be informed as to how their views have been interpreted and used and, where necessary, provided with the opportunity to challenge and influence the analysis of the findings. Children are also entitled to be provided with clear feedback on how their participation has influenced any outcomes. Wherever appropriate, children should be given the opportunity to participate in follow-up processes or activities. Monitoring and evaluation of children's participation needs to be undertaken, where possible, with children themselves.

Child participation is defined by UNICEF as: "children (individually and/or collectively) engaging with opportunities to form and express their views and to influence matters that concern them directly and indirectly".

A similar but expanded version by Save the Children states: "Participation is about having the opportunity to express a view, influencing decision-making and achieving change. Children's participation is an informed and willing involvement of all children, including the most marginalised and those of different ages and abilities, in any matter concerning them either directly or indirectly"¹¹

¹¹ [Standards in children's participation. Save the Children, 2010.](#)



Article 12 of the Convention on the Rights of the Child defines **Child participation** as children's right to be heard, whereby children's views are given due weight in matters concerning them. The UN Committee on the Rights of the Child defines children's participation, in their General Comment No. 12, as an: *... ongoing process, which includes information-sharing and dialogue between children and adults based on mutual respect, and in which children can learn how their views and those of adults are taken into account and shape the outcome of such processes*¹².

Accordingly, child participation does not just mean children taking part in activities or being asked for their opinions. Rather, *"It means that they are involved in wider processes, including decision making, to help empower them and to develop key life skills. This is clearly dependent upon the situation and context. For example, it will depend upon the capacity of children and also the operating context"*¹³

Active participation requires and relates to internal and external factors:

- **Appropriate information** (age, gender, culture and capacities' related appropriateness). Information is power and meaningful right-based participation enables informed (and active) decision-making;
- **Skills or psychosocial abilities** (combining attitudes, behaviour, knowledge) enabling people to actively participate, such as communication skills together with a degree of self-confidence and self-esteem;
- **Opportunities** (assets, safe space and audience) for participation.

Agency

Agency is referred to in academic research as the 'degree to which a person is autonomously involved in their own activities, and in group activities in which they participate'.¹⁴

Trauma models emphasise that, following exposure, people are at risk of losing their sense of competency (that is their ability) to handle the events that they must face¹⁵. However, losing the sense of competency not only happens after experiencing trauma, but also through long-term deprivation of opportunities, from political and social oppression, violence and abuse.

Active participation and decision-making are essential elements of agency, which results from real and perceived competencies together with opportunities.



Agency is referred to in academic research as the **a state** describing **the degree to which a person or a group of person have the ability to make purposeful choices, and be autonomously involved in their own activities, and in group activities in which they participate**¹⁶

¹² See Committee on the Rights of the Child, General Comment No. 12 (2009) The right of the child to be heard, paragraph 3

¹³ Tdh fundamental Elements for child protection good practice "A guide to promoting quality child protection across all programmes, , Tdh, 2019, [Fundamental 1 child Participation](#)

¹⁴ [How to distinguish empowerment from agency](#). Jay Drydyk, Department of Philosophy, Carleton University, Ottawa, 2013

¹⁵ Essential elements of mass trauma intervention, 2007. Resik and Schnicke (1992) referenced in Hobfoll's

¹⁶ How to distinguish empowerment from agency. Jay Drydyk, Department of Philosophy, Carleton University, Ottawa, 2013

Agency is strongly determined by **people's individual assets** (material, human, social, political or psychological) **and capabilities of all types: human** (such as good health and education), **social** (such as social belonging, a sense of identity, leadership relations) **and psychological** (self-esteem, self-confidence, the ability to imagine and aspire to a better future), **and by people's collective assets and capabilities, such as voice, organization, representation and identity.**¹⁷

Empowerment (and expanded Agency)

Empowerment literature highlight similar descriptions and elements: **Ongoing process** of enabling individuals to **make their own decisions**; to **exercise control over own lives**; to **enhance assets and capabilities**; to **challenge forms of oppression**; to **transform reality** and to **participate, negotiate with and to influence.**



Empowerment is often described as a **multi-dimensional process** of gaining confidence and control over one's life and is also referred to a process of expanded agency¹⁸, it requires **holistic attention to social, political, economic, cultural and spiritual elements**. In contrast to resilience, empowerment is intrinsically related to power dynamics, deprivation and/or oppression.

*"People are empowered in so far as they become better able to shape their own lives"*¹⁹

As such, it involves **creating and supporting enabling conditions** (i.e. the **opportunity structure**), and individuals and groups **developing an (awareness of their) ability to effect change** (i.e. their **agency**).²⁰

Despite the lack of an agreed standard definition, empowerment literature highlight similar descriptions and elements: Process of enabling individuals to make their own decisions; to exercise control over own lives; to enhance assets and capabilities; to challenge forms of oppression; to transform reality through conscious political struggles; and to participate, negotiate with and to influence.

As participation and agency are implicit in the process, we should also not forget their key elements: information (becoming aware), psychosocial abilities (skills, attitudes, behavior and knowledge) and opportunities (assets, structural opportunities and space to participate and exert agency fruitfully). Additionally, basic needs are paramount in relation to empowerment, and we should remember that empowerment without resources can be demoralizing, as stated by several authors. This framework adopts this assumption of internal and external capacities required for dignified empowerment (see transversal processes and principles of Tdh MHPSS framework below).

From Tdh's perspective, empowerment of children, youth, families and communities is a process of meaningful participation, through increasing psychosocial abilities and supporting structural opportunities, promoting an increased sense of self and collective efficacy and reducing perceived vulnerabilities.

¹⁷ Agency and Empowerment: A review of concepts, indicators and empirical evidence, Emma Samman and Maria Emma Santos, Department of International Development, University of Oxford, 2009

¹⁸ Jay Drydyk, *How to distinguish empowerment from agency*. Department of Philosophy, Carleton University, Ottawa

¹⁹ Self-determination theory exposed by Alkire and referenced in *How to distinguish empowerment from agency*. Jay Drydyk, Department of Philosophy, Carleton University, Ottawa, 2013

²⁰ Agency and Empowerment: A review of concepts, indicators and empirical evidence, Emma Samman and Maria Emma Santos, Department of International Development, University of Oxford, 2009

Sense of efficacy



Tdh understanding of sense of efficacy is the feeling or belief of control over positive outcomes. Reversing the negative sense of “can’t do” contributes to a sense of control and accomplishment. This should be a central goal of interventions which aims to support individuals, families or communities to overcome adversity. This can be achieved by fostering the perception that others are available to provide support, and by supporting families who, in turn, provide sustenance to their members ²¹.

In this sense, the sense of efficacy is the perceived capacity of “being able to deal with a situation”.

Nexus approach

Tdh understanding and definition of the “**nexus approach**,” is to ‘transcend the divide between humanitarian and development’ and ‘invest in stability’ as set out in the Agenda for Humanity, but also to consider the **triple nexus** which asks **humanitarian, development and peace actors** to consider whether they could conduct their work more holistically with one another to enable them to more effectively **relieve global suffering, build resiliency and prevent conflict** or its reoccurrence.

It is important to think beyond the ‘traditional’ way of conceptualizing humanitarian crises as a series of distinct phases, transitioning from emergency to post-emergency, rehabilitation, reconstruction / reconciliation and development, if we are to sustainably reduce the needs for relief actions in the long term. This implies **reducing the vulnerability of people and of systems and building their resilience, which also requires a careful consideration of their natural, political and social environment and its key characteristics**.

For Tdh, the nexus approach is the ability to take into account the following 3 elements in all its interventions:

1/ **Complementarity / responsiveness**: implement simultaneously and in an articulated way, interventions ranging from humanitarian response to development in its protection and health programmes, and in its fields of expertise.

2/ **Continuity / upgradability**: consider the emergency, rehabilitation and reconstruction phases. Strengthen the systems in place. Following the emergency and humanitarian interventions, Tdh is gradually shifting its activities and partnerships to support the transition to a longer-term phase. Technical support ensures operational continuity, transmits institutional memory, harmonizes tools and prepares teams to facilitate the transition to long-term actions

3/ **Anticipation / preparation**: In some areas, disasters are recurrent and require prevention and mitigation approaches. For example, Tdh is working in strengthening systems to be better prepared in MHPSS responses to humanitarian crisis, by supporting MHPSS services mapping and strengthening coordination within MHPSS sectors but also broadly within other sectors (WASH, Basic needs distributions, education, etc..).

²¹ [Five Essential Elements of Immediate and Mid-Term Mass Trauma Intervention: Empirical Evidence](#). *Psychiatry: Interpersonal and Biological Processes* 70 (4), 283-315SE Hobfoll et al (2007).