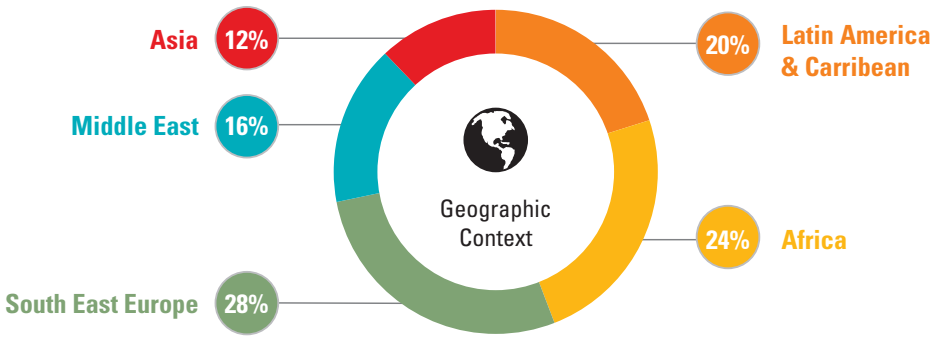
MAPPING OF MHPSS INTERVENTIONS:
Summary of Key Findings and Recommendations

Mental Health and Psychosocial Support (MHPSS) interventions are key to strengthening resilience, well-being, participation and empowerment of children and youth; they impact children's short and long-term ability to recover and cope with stressful and traumatic situations. Recent world events, coupled with a **growing global recognition of the importance of mental health, have created an enormous demand for innovative and adaptable MHPSS approaches.** In response to this, and building on a previous review of psychosocial interventions by Terre des hommes (Tdh) in Emergencies, Tdh undertook a mapping exercise to identify and document their MHPSS interventions globally. This brief provides a summary of the mapping and its key findings and recommendations.

Context and Methodology

The mapping included a desk review, a questionnaire completed by delegations, a number of field visits, and discussions with several key delegation team members. Through these approaches, the mapping analysed MHPSS interventions across all Tdh geographical and programme areas.

Geographic context: 25 Tdh delegations participated in the mapping, representing 86% of all delegations worldwide. The mapping included field visits to five distinct contexts – Greece, Kenya, Burkina Faso, Equator, and Colombia.



Programme context: The mapping looked at MHPSS interventions in emergency and development contexts, and particularly at Tdh protection core programmes –Child and Youth in Migration, Tackling Child Labour, and Access to Justice – as well as transversal protection interventions and Health.

In addition, the mapping was initially based on the following two conceptual frameworks:

The Interagency Standing Committee (IASC) Pyramid of Intervention - **The IASC MHPSS pyramid describes the four layers of support needed for MHPSS:** basic services and security; community and family support; focused non-specialized support; and specialised services. All layers of the pyramid are important and should be implemented at the same time (frequently by different actors), but not all individuals need support from every layer. **There is no separation between MH and PSS but a continuum** that encompasses what is commonly considered Psychosocial Support – the bottom two layers of the pyramid – and Mental Health – the top two levels of pyramid.

The Children's Ecological System - The ecological model emphasizes the **importance of the networks and structures that surround children, safeguarding their wellbeing and supporting their optimal development**. Involving the different dimensions of children's ecological system (the child, family, community and society) is essential for MHPSS interventions, as well as addressing all tiers of development and wellbeing (physical, emotional, social, cognitive and learning areas and skills).

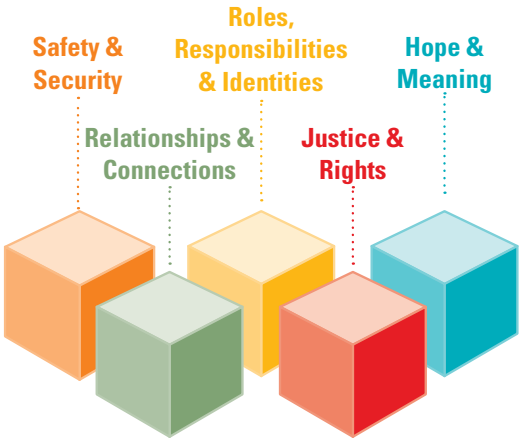
These two systems were the foundation for how programmes were shaped ahead of the mapping. However, a key finding of the mapping, as further explained in the recommendations, was the need to **develop a guiding conceptual framework for Tdh MHPSS Programmes. To this end, two additional approaches were considered:**

ADAPT and *Hobfoll models* are very similar, with the only difference being the emphasis on two key elements: emotions (emphasized in the Hobfoll model) and justice (emphasized in the ADAPT model), both of which are very relevant to MHPSS programming. **A mixed model was therefore developed that includes five psychosocial pillars, or building blocks, based on ADAPT and Hobfoll:**

1. Safety and Security;
2. Relationships and Connections;
3. Justice and Rights;
4. Roles, Responsibilities and Identities;
5. Hope and Meaning.

In addition, there are important **transversal principles** that apply across these five:

- **Empowerment:** Feeling strong, confident and in control of our lives is an important part of wellbeing.
- **Efficacy:** Having a sense of control and the ability to make and meet goals is an important part of wellbeing for both individuals and communities.
- **Dignity:** Having opportunities to respect yourself and feel proud are an important part of wellbeing.



D. Silove (2013). The ADAPT model: a conceptual framework for mental health and psychosocial programming in post conflict settings.
Hobfoll (2007). Five essential elements for immediate and mid-term mass trauma intervention.

WHAT IS RESILIENCE?

The capacity to cope, adapt and transform in the face of shocks and stress

COPING CAPACITY taking action to withstand or reduce the effects of shocks and stresses

ADAPTIVE CAPACITY mitigate the effects of shocks and stresses and reinforce existing abilities and resources

TRANSFORMATIVE CAPACITY changes that prevent or reduce the drivers of risk, vulnerability and inequality and promote positive resources at individual, family, community and system levels

The MHPSS Conceptual Framework also includes the Tdh approach to resilience, which recognises that there are three key elements that make up resilience, specifically the **capacities of girls, boys, families, communities and systems to cope, adapt and transform in the face of shocks and stresses.**

All four approaches are the foundation of the MHPSS Conceptual Framework, as it will be referred to for the rest of the document and as can be seen in the annexed infographic. The infographic shows how these approaches relate to and complement each other to create a single holistic conceptualisation of MHPSS that should be interpreted and adapted according to the context. **The MHPSS Conceptual Framework is both the theoretical context underpinning the methodology of the mapping,** as well as a proposed **conceptual model for designing and evaluating Tdh MHPSS programmes in the future.** [See: TDH Framework to Support Well-being: MHPSS Framework Poster]

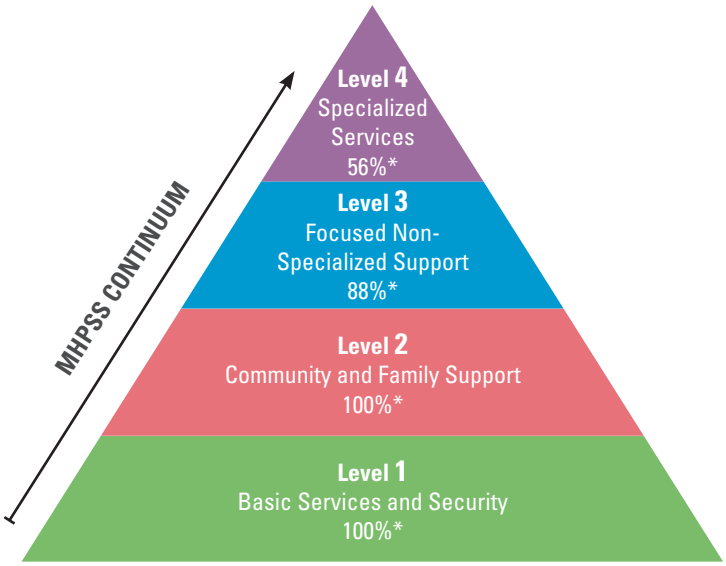
Key Findings

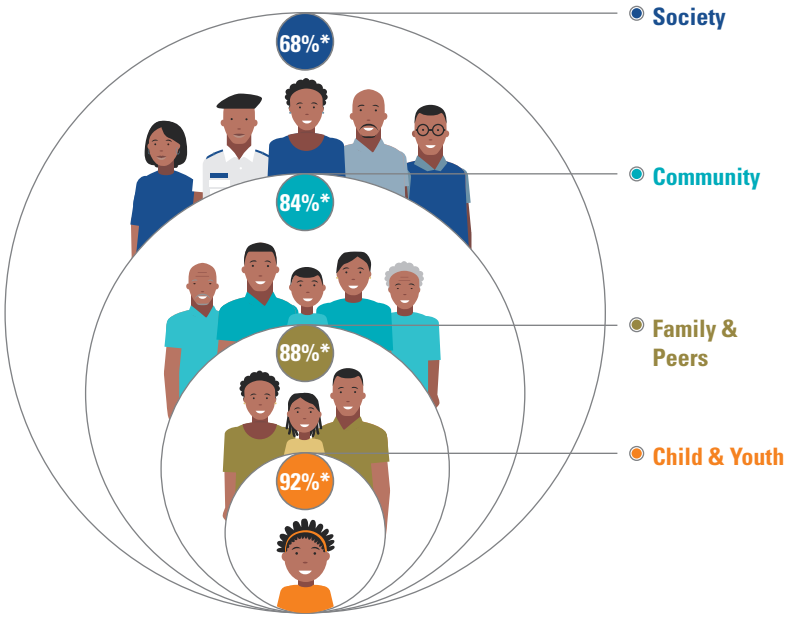
1. Tdh MHPSS interventions in numbers

IASC levels of intervention

All the delegations participating in the mapping undertake activities at Levels 1 and 2 of the pyramid. **Levels 2 and 3 activities are greater in number though, and are most commonly mentioned as key interventions.** In emergency programmes, there was a higher proportion of Level 1 activities presumably because outreach interventions, orientation and information dissemination are particularly key in crisis response.

It's worth noting that an unexpected 56% of delegations currently implement, have recently completed, or plan to implement activities at Level 4 of the IASC pyramid, or clinical mental health services. **Delegations generally expressed an interest in further investment from Tdh in Level 4 activities.**





* of activities

Children's ecological system

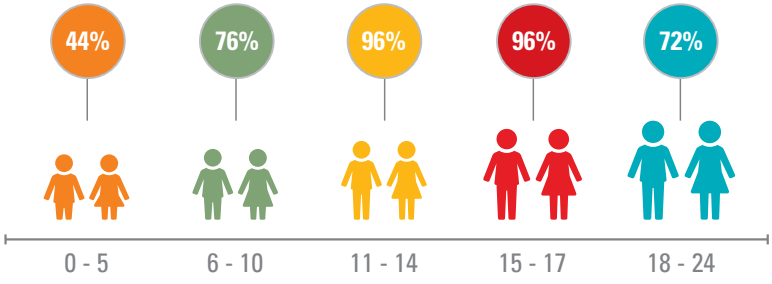
The mapping **found that 100% of the delegations that responded consider all four elements of the children's ecological** system in their programming. 92% of activities of mapping respondents directly target children, while 88% target families and caregivers, 84% target communities and 68% target society and government through system strengthening interventions.

MHPSS main age target groups

A remarkable 72% of delegations mapped already have programmes for young people age 18 to 24, where it was previously assumed that this age group represented a gap.

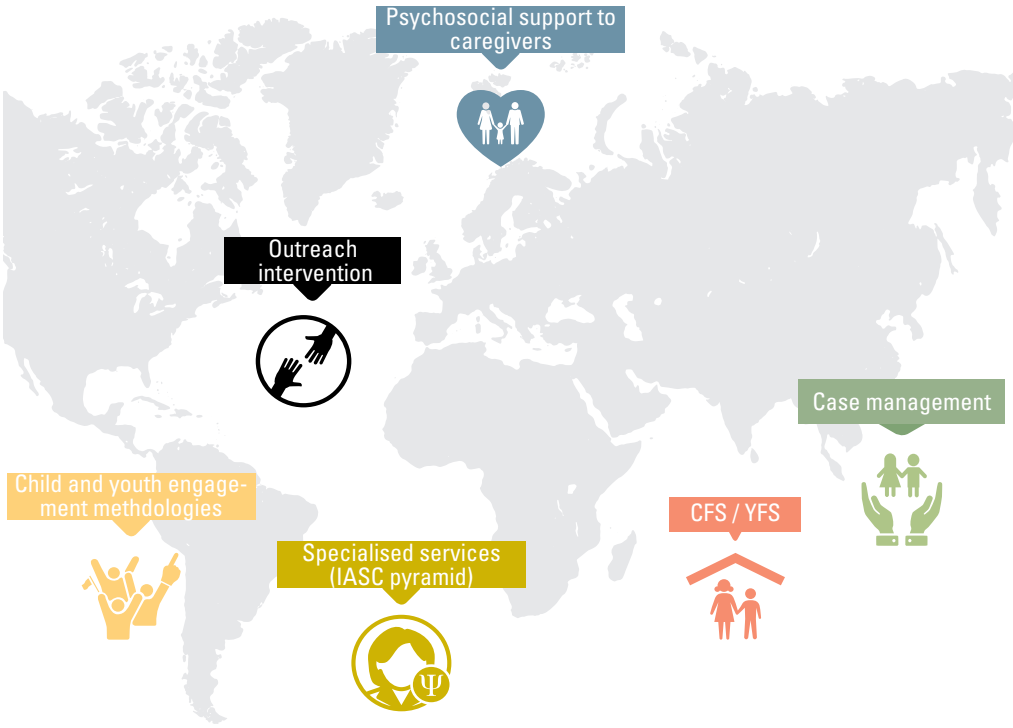
Older **children between the ages of 11 and 14 and adolescents between the ages of 15 and 17 appear to be the main target groups across delegations.** The least represented age group is early childhood, with only 40% of delegations mapped working with children from 0 to 5 years old.

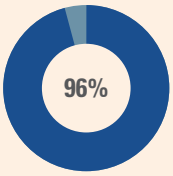
Finally, it's important to note that there are **significant variations on targeted age groups when looking at specific programme areas.** For example, only 36% of Emergency programmes have specific interventions targeting adolescents, which is significantly lower than the overall 96%.



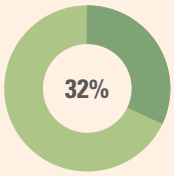
2. Tdh MHPSS flagship interventions

The mapping identified a number of key interventions being implemented globally across Tdh delegations and programmes, including community based interventions; Child and Youth Friendly Spaces and engagement methodologies supporting life skills development for children, adolescents and youth; parenting skills and support; outreach interventions; CP system strengthening; and Case Management. It's important to remember that though these interventions have been highlighted independently both here and later in the recommendations, they are in fact deeply interrelated. For example, Child (or Youth) Friendly Spaces are likely to be the space through which youth are engaged and Case Management may be how parents and caregivers are identified as in need

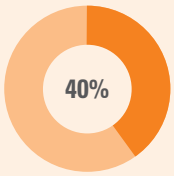




96% of delegations rated **MHPSS as being at the centre of Tdh strategy in their country context.**



32% of delegations **include MHPSS and wellbeing in programme objectives** or outcomes.



40% have **MHPSS and wellbeing specific quality indicators.**

3. MHPSS and M&E

96% of delegations rated MHPSS being as being at the centre of Tdh strategy in their country context. However, delegations repeatedly expressed that the lack of a specific institutional MHPSS framework challenges their capacity to design and implement interventions that contribute to clear MHPSS objectives. In fact, only 32% of delegations include MHPSS and wellbeing in programme objectives or outcomes, although 40% (10 out of 25) of responding delegations have tried to introduce innovative measurement tools. It is also worth noting that **85% of delegations have dedicated MHPSS staff following programme implementation**. This would seem to support the theory that in order to design and implement ambitious, quality MHPSS interventions, it is not only about having specialized staff in the field, but about having a clear harmonized strategy at institutional level.

4. MHPSS interventions within Tdh programmes

The mapping looked at MHPSS interventions in all core programmes. However, as explained above, the lack of an existing MHPSS framework within programmes means interventions are undertaken without contributing to clear MHPSS objectives. It is therefore difficult to identify and measure MHPSS practices framed within the current Tdh strategic objectives. However, by analysing the programmes through the lens of the new conceptual framework (i.e. the Tdh MHPSS Framework), it became much more clear both the significant extent to which delegations are already supporting MHPSS, as well as how to understand and reframe that support. For this reason, it was ultimately deemed more practical to adapt the MHPSS Conceptual Framework and provide example interventions identified by the mapping through a brief on each protection core programme: Emergency Programmes, Child and Youth in Migration, Tackling Child Labor, and Access to Justice.

Key Recommendations

Institutional understanding of MHPSS

The mapping found that there is still widespread misunderstanding within Tdh of the continuum between Mental Health (MH) and Psychosocial Support (PSS), while at the same time there is a great deal of practical expertise and innovation in the implementation of programmes that contribute to MHPSS. There is a need for a shared understanding of MHPSS underpinned by an institutionally recognized conceptual framework that structures while existing work being done, channels monitoring and evaluation, and fosters cooperation and learning.

The **suggested MHPSS Conceptual Framework incorporates the most widely recognized theories behind MHPSS. It has been designed to be adapted to every Tdh operational context and already encompasses key elements of ongoing interventions.** The wide circulation of this model can help correct misunderstandings among Tdh staff and support the development of a harmonized strategy for MHPSS interventions.

Key interventions to Invest In

The mapping identified a number of promising MHPSS approaches and interventions to invest in, largely based on the flagship interventions identified earlier. As already mentioned, it is very important to note that these interventions are highly interlinked and implemented at different levels. For example, Child and Youth Friendly Spaces can/should be a vehicle for the provision of some or even all of the other interventions described.

Child and youth engagement methodologies (including play-based, sport and art methodologies) – The vast majority of delegations already include sports and play-based methodologies that foster meaningful child participation, contribute to individual and peer support, and encourage child and youth-led interventions. It would be valuable to capitalise on these initiatives for institutional learning and potential scalability.

In addition, at least 80% of Tdh delegations implement programs aimed at *building youth life skills.* The mapping identified a great number of simple but innovative field approaches that build life skills through meaningful participation and promoting positive empowerment outcomes.

Psychosocial support to caregivers – Positive parenting and prevention of violence are the most frequent objective of interventions targeting caregivers and parents. However there is a need for activities that give parents and caregivers the opportunity and tools to cope with their own stress and trauma.

Case Management – At least 70% of delegations implement case management in development and emergency contexts and across all programmes. In all countries, the case management system becomes a useful process and structure to transfer appropriate competencies, reinforcing autonomy and problem management capacities for self-protection, decision-making and positive coping strategies.

Child and Youth Friendly Spaces (CFS or YFS) – Though Child Friendly Spaces are a flagship intervention, a number of delegations mentioned the limited guidance they receive for developing CFS and the need for improved models. Developing "ready-to-use" approach packages that include contextualization guidance and training for facilitators, would both ensure that play-based methodologies are harmonised and optimised, as well as accelerate the capacity to operationalize in emergencies. It is essential to ensure that the CFS and YFS include child and youth engagement methodologies (see next recommendation).

Outreach intervention – Outreach interventions play a critical role in the dissemination of essential information, especially in humanitarian responses. Urban contexts, rural hard to reach areas, and scattered affected populations present particular challenges in the provision of information and orientation and there is a need for more guidance on how to develop key messages to diverse contexts and how to effectively disseminate these.

Specialised services (interventions at Level 4 of the IASC pyramid) – As already noted, a surprising finding of the mapping was that 56% of delegations currently implement, have recently completed, or plan to implement activities at Level 4 of the IASC pyramid, or specialised mental health services. This response was accompanied by a broad call for additional investment in Level 4 activities, for example, scalable, low scale, psychological interventions.

Key institutional areas to invest in

- ***Conceptual Framework and MHPSS Strategy:*** The primary intention for developing the new conceptual framework was to help harmonize the Tdh MHPSS approach and strategy at all levels, field and institutional. It is important to highlight that the conceptual framework arose very much from the field experiences and practices of delegations. It is therefore essential that they be supported to contextualize the conceptual framework and strategy, incorporating and capitalizing on that existing experience.

- ***Monitoring & Evaluation:*** Strong investment in an M&E framework for MHPSS, based on the institutional strategy, and including tools and guidance. This was one of the key recommendations mentioned by all the delegations consulted.

- ***Human resources:*** Identification and recruitment of additional experts in HQ to: lead the development of the strategy; provide the required technical support for delegations; facilitate exchanges of information, identification of best practices and institutional learning; and bridge the gap between emergency and development contexts.

- ***Staff Care:*** Institutional investment in staff care was a widespread recommendation across delegations. Tdh should both ensure psychological support services are available to all staff, as well as take into account staff engagement and motivation at institutional level. Appropriate technical support, as well as exchanges and information management initiatives to capitalize on efforts and best practices from the field can contribute positively to team motivation and performance.

- ***Knowledge Management and Innovation:*** Producing evidence-based best practices in the area of MHPSS requires institutional dialogue, strategic thinking, effort and resources. Having an institutional MHPSS framework and strategy and corresponding investment in resources, will be an important first step towards creating a portfolio of signature approaches and institutional knowledge that can be easily leveraged and shared, but innovation is in the field. Knowledge sharing between delegations and with headquarters should be facilitated as much as possible to identify best practices and maximize the impact of successful interventions. *Research opportunities and innovation should be identified largely from the bottom up.*