

STANDARD 10: MENTAL HEALTH AND PSYCHOSOCIAL DISTRESS

The following should be read with this standard: Principles; Standard 15: Group activities for child well-being; Standard 16: Strengthening family and caregiving environments; Standard 17: Community-level approaches; Standard 18: Case management; and Standard 24: Health and child protection.

Humanitarian crises can cause immediate and long-term psychological and social suffering to children and their caregivers. Major sources of distress include:

- Exposure to traumatic events;
- Death of or separation from family members;
- Lack of basic services, accurate information, safety and security;
- Displacement; and
- Weakened family and community networks and support systems.

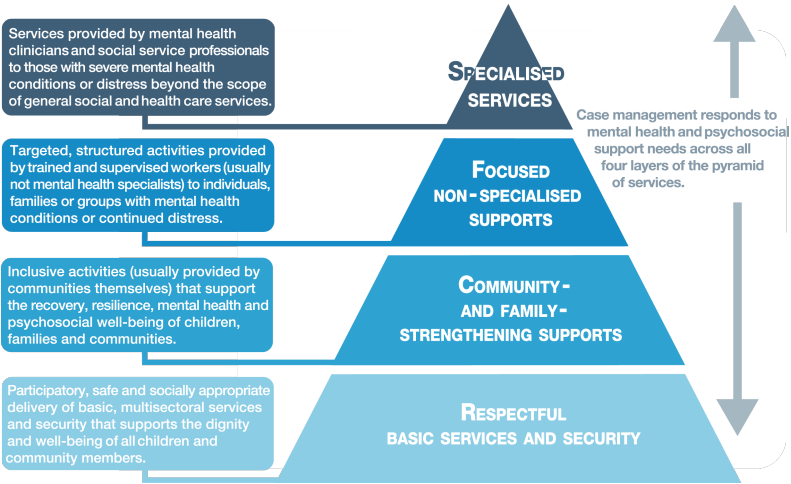


If distress is not mitigated or is managed through negative coping strategies (such as substance use, behavioural problems or self-harm), children and caregivers can develop mental health conditions that require specialised support. 'Mental health and psychosocial support' (MHPSS) refers to any type of support that protects or promotes psychosocial well-being and prevents or treats mental health conditions (*IASC Guidelines on MHPSS in Emergency Settings* 2007).

Children's ability to successfully cope with distress (their 'resilience') is influenced by:

- Their age, developmental stage and disability status;
- Their access to basic survival and security needs;
- The pre-existing physical and mental health status of themselves and their caregivers;
- The emotional and social support they receive from caregivers;
- The emotional and social support their caregivers receive; and
- Their overall social environment (such as community support and material resources).

Mental health and psychosocial support: Pyramid of services



STANDARD

Children and their caregivers experience improved mental health and psychosocial well-being.

10.1. KEY ACTIONS

PREPAREDNESS

- 10.1.1. Conduct an inter-agency, multisectoral mapping and analysis of existing information, including:
- Existing formal and informal mental health and psychosocial support services;
 - Cultural understandings of mental health conditions, distress, psychosocial well-being and coping mechanisms;
 - Risk and protective factors for children and caregivers;
 - Existing capacities and training needs of children and other stakeholders; and

- Disaggregated data on the types and prevalence of mental health conditions.
- 10.1.2. Include mental health and psychosocial support in emergency preparedness plans.
- 10.1.3. Train child protection staff and other stakeholders on:
- Basic supportive listening skills and psychological first aid (PFA);
 - Signs of mental health conditions and distress;
 - Referral mechanisms and information-sharing protocols; and
 - The *IASC Guidelines on MHPSS in Emergency Settings* and *IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action*.
- 10.1.4. Strengthen the ability of existing family-, community- and national-level systems to provide mental health and psychosocial support to children and caregivers.
- 10.1.5. Establish and implement organisational mental health and psychosocial support mechanisms for the well-being of all staff and associates. (See [Standard 2.](#))

RESPONSE

- 10.1.6. Participate in relevant inter-agency, multisectoral coordination mechanisms and working groups.
- 10.1.7. Include mental health and psychosocial support services in sector-specific and multisectoral response plans and budgets.
- 10.1.8. Collaborate with formal and informal local, national and international actors to establish referral mechanisms that provide access to a continuum of care across the range of mental health and psychosocial support services. (Refer to the Pyramid of services.)
- 10.1.9. Conduct community sensitisation to:
- Raise awareness of mental health and psychosocial well-being;
 - Address stigma and discrimination; and
 - Provide information on available support services.
- 10.1.10. Use training and information sharing to strengthen existing formal and informal support systems to:
- Provide inclusive, accessible, safe, friendly and meaningful mental health and psychosocial support to all children and caregivers;
 - Strengthen children's and caregivers' positive coping mechanisms (Standards [15](#) and [16](#)); and
 - Increase protective factors in the environment ([Standard 17](#)).
- 10.1.11. Design holistic, multisectoral mental health and psychosocial support programmes for children, families and communities at all

levels of the pyramid of interventions. (Refer to the Pyramid of services.)

- 10.1.12. Support children and caregivers who have mental health conditions and/or show signs of serious distress to access specialised services.
- 10.1.13. Tailor delivery options for psychosocial interventions to the nature of the crisis. For example, group activities may not be possible during infectious disease outbreaks. In that case, community-based, home-based, peer-to-peer and one-on-one care can support or replace group activities. In refugee or internal displacement settings, community structures may be weakened, and there may be a need to encourage community cohesion as a first step. In situations where children are still exposed to armed conflict, activities must address ongoing stress.
- 10.1.14. Advocate for mental health and psychosocial support as a life-saving intervention that deserves strengthening and funding.



10.2. MEASUREMENT

All indicators about children should be disaggregated by sex, age, disability and other relevant diversity factors. The indicators below measure progress against the overall standard. Indicators and targets can be contextualised with the goal of meeting the indicative targets below. Additional related indicators are available *online*.

Indicator	Target	Notes
10.2.1. % of children and their caregivers who report improvement in their mental health and psychosocial well-being following programme completion.	70%	Measure children and caregivers separately. In acute emergencies outcomes for some children and caregivers may worsen due to the deteriorating situation. The provision of MHPSS helps to stabilise their situation and prevent further decline. This indicator refers to interventions across all layers of the pyramid.
10.2.2. % of children identified as needing specialised mental health services who are referred to appropriate services.	100%	This indicator only tracks referrals to specialised services as per the key role of child protection actors, not the outcome of those services.




10.3. GUIDANCE NOTES

10.3.1. PARTICIPATION

All children, caregivers and community members – including those with mental health conditions – should be actively involved in the design, implementation and evaluation of mental health and psychosocial support programmes to ensure accountability and strengthen their psychosocial well-being.

10.3.2. PROGRAMMING ACROSS THE STAGES OF CHILD DEVELOPMENT

All children's cognitive, social and emotional functioning continues to develop beyond the age of 18 years. Therefore, mental health and psychosocial support programmes must be provided and tailored to all children at all ages and stages of development as follows:

- **Pre- and post-natal:** support to pregnant women, expectant fathers and families with infants. 
- **Early childhood:** support for children's rapidly developing brains and their positive attachment to caregivers. 
- **Middle childhood and adolescence:** support for ongoing development and social and emotional changes brought about by significant transitions. Adolescents are at increased risk of experiencing social and psychological problems. Social stress is likely to have a disproportionate impact during this phase of life. Furthermore, psychiatric disorders may be triggered, in part, by stress exposure in adolescence. Half of all mental health disorders in adulthood start by age 14, with many cases going undetected and untreated. 

Child protection staff must be trained to identify and refer children who:

- Do not meet key developmental milestones;
- Show signs of mental health conditions; and/or
- Show early signs of impairments that may lead to disability.

10.3.3. SUPPORT TO CAREGIVERS, AND COMMUNITIES

Caregivers, families and communities are the most important sources of protection and well-being for children. Family-level interventions that improve caregiver well-being and promote healthy childhood development will:

- Promote caregiver self-care;

- Support positive parenting;
- Teach parents to support children in distress;
- Strengthen family attachments; and
- Support economic stability. (See [Standard 16](#).)

Community-level interventions should promote social cohesion and prevent stigma and discrimination. (See [Standard 17](#).)

In some cases, the child may face protection risks within the family. Child-centred and community-level systems, including alternative care arrangements, should be in place to identify and respond to such risks. (See [Standard 19](#).)

10.3.4. WORKING WITH GOVERNMENTS AND OTHER SECTORS

Actions across the spectrum of child protection and all other sectors' activities may serve as entry points for mental health and psychosocial support interventions. Child protection actors should therefore work with all sectors and government ministries (where appropriate) to provide coordinated, holistic mental health and psychosocial support to children and caregivers. (See [Pillar 4](#): 'Standards to work across sectors'.)

10.3.5. PSYCHOLOGICAL FIRST AID (PFA)

Psychological first aid describes a humane, supportive first response suitable for children and adults in crisis. It supports long-term recovery by helping individuals to:

- Feel safe, connected, calm and hopeful;
- Access social, physical and emotional support; and
- Feel able to help themselves and their communities.

Psychological first aid can be learned and provided by all children, community members and humanitarians.

10.3.6. SPECIALISED MENTAL HEALTH SERVICES

Specialised services are necessary for members of the affected population who show more severe or complex mental health conditions as indicated by:

- Prolonged distress;
- Self-harm;

- Suicide attempts;
- Severe behavioural problems; and/or
- Difficulty completing basic daily tasks.

Services should be accessible to children and caregivers who were experiencing symptoms before, as well as a result of, the humanitarian crisis. Child protection workers delivering services throughout the pyramid of services should be trained to appropriately identify and refer individuals who show serious and persistent signs of distress. If qualified and supervised staff are available, specialised services may be provided as part of a child protection programme. If specialised services are not available, child protection actors should provide thorough case management and alternative interventions (such as family-strengthening support and community-level support) that can prevent further harm to children's and caregivers' well-being (*Operational Guidelines – Community-based Mental Health and Psychosocial Support in Humanitarian Settings: Three-tiered Support for Children and Families [Field Test Version]* 2018). (See Standards 16, 17 and 18.) Children with mental health conditions should be supported within their family unless interim residential care is clearly in the **best interests of the child**. Whenever possible, children should remain in their communities. (See Standard 19).



10.3.7. MHPSS STAFF AND VOLUNTEER ETHICS, SKILLS AND COMPETENCIES

The integrity, skills and competencies of staff and volunteers directly affect the quality, safety and outcomes of mental health and psychosocial interventions. Capacity-building initiatives should strengthen providers' communication and facilitation skills to support the dignity of affected populations. Supervision mechanisms must ensure interventions meet quality standards and **do no harm**.

REFERENCES



Links to these and additional resources are available *online*.

- *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, Inter-Agency Standing Committee (IASC), Geneva, 2007.
- *Operational Guidelines – Community-based Mental Health and Psychosocial Support in Humanitarian Settings: Three-tiered Support for Children and Families (Field Test Version)*, United Nations Children’s Fund (UNICEF), New York, 2018.
- *Psychological First Aid: Guide for Field Workers*, World Health Organization, War Trauma Foundation and World Vision International, Geneva, 2011.
- *Psychological First Aid Training Manual for Child Practitioners*, Save the Children, 2013.
- *Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings*, UNHCR and WHO, Geneva, 2012.
- *IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support Programmes in Emergency Settings*, IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings, 2017.
- *IASC Inter-Agency Referral Guidance Note for Mental Health and Psychosocial Support in Emergency Settings*, IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings, Geneva, 2017.
- *Early Childhood Development in Emergencies: Integrated Programming Guide*, UNICEF, New York, 2014.
- *IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action*, 2019.
- *Promoting Children’s Development and Wellbeing*, Save the Children, 2018. [Online training]
- ‘*The Mental Health and Psychosocial Support Network*’. [Website]