Event Title: Doing More and Doing Better: Towards a Comprehensive Approach to Mental Health and Psychosocial Support (MHPSS) in Humanitarian Settings

Date and time: Tuesday, 21 June, 08:30-10:00 EST

Sponsors: Mexico, Kingdom of Morocco, Kingdom of the Netherlands, ICRC, IFRC, OCHA, Save the Children, UNICEF, WHO

Objective: The event aimed to build upon the recent commitment by Member States to increase efforts and funding to Mental Health and Psychosocial Support (MHPSS) services in humanitarian contexts including at the ECOSOC Humanitarian Affairs Segment 2021 via resolution E/RES/2021/17.

Outcome: Cross-regional participants voiced support for humanitarian actors to build effective multi-sectoral strategies towards sustaining and expanding MHPSS services in humanitarian settings. This included informing the development of COVID-19 recovery plans to ensure that health, education, and social care systems provide robust, accessible, and sustainable MHPSS services in humanitarian contexts, including for populations affected by conflicts. The event built momentum and gave guidance to the UN General Assembly (GA), Security Council (UNSC) and ECOSOC on MHPSS through a multi-sectoral humanitarian lens – including an upcoming Call to Action on Mental Health and first-ever GA resolution on Mental Health announced by Mexico at the event. At the practical level, the message was made clear for predictable and sustainable funding, to ensure that funds are available before (preparedness), during and after humanitarian emergencies.

Panel Members: (names, titles, and organizations)
- Voice of a child, 17-year-old Misk, dealing with mental health amid conflict, a video by Save the Children
- Milena Osorio, MHPSS Movement Cooperation Adviser, ICRC
- Stella Dermosoniadi, MHPSS Officer and Programme Manager, IOM Bangladesh
- Rania Hibri, PSS & Protection Gender and Inclusion Program Manager, Lebanese Red Cross
- Ann Willhoite, MHPSS Specialist, Child Protection in Emergencies, UNICEF
- Fahmy Hanna, Co-Chair of the IASC Reference Group on MHPSS in Emergency Settings, WHO

Key messages of the side event:

Speakers and panelists generally agreed that MHPSS has more political support, is an integral part of health services, is better integrated into humanitarian/emergency activities, and shared examples of progress made over the years at global, national and local levels. However, there was concern that gaps remain. Internationally, Member States advocacy for the inclusion of mental health into health service provision must continue for both general MHPSS service provision but also specifically in humanitarian and conflict settings. Exploring linkages to sustaining peace and climate change is also important in global fora. Upcoming opportunities include Mexico’s Call to Action in the Margins of World Mental Health Day 2022, the initiative for a GA resolution in the 77th Session, and the High-level Meeting on UHC in 2023. Practitioners also stressed the need for further integration of MHPSS in humanitarian programs, as well as the need for community-
driven activities which are developed based on needs and are gender and culturally sensitive. To turn these ideas into action, increased investment, including predictable and sustainable funding and investments in multisectoral approach, was needed.

**Main points raised by each panelist:**

All three sponsoring Member States reiterated their political, financial, and operational commitment to promoting MHPSS. They also stressed the need for Member States to increase their advocacy efforts and focused on several areas where this can be done.

Ambassador Alicia Buenrostro of Mexico stressed that doing more and better while delivering MHPSS support is urgent. She stressed that Member States can do more to sensitize people on the issue, provide the relevant tools and training opportunities for professionals in the field, as well as to ensure that Mental Health is part of a comprehensive multisectoral approach. She shared some past and future initiatives to create momentum with Member States at the New York-level: MHPSS references in the ECOSOC HAS resolution and the GA humanitarian omnibus; an Informal UNSC meeting on MHPSS organized by Mexico in March 2022. Mexico would like to see language linking mental health and climate change. For next steps, Mexico shared that it would advocate for a Call to Action, in the margins of World Mental Health Day 2022, and will also present a thematic resolution on Mental Health to the GA. Mexico will also prioritize ensuring linkages to Universal Health Coverage (UHC), in the upcoming High-level Meeting on UHC in 2023.

Ambassador Omar Kadiri of the Kingdom of Morocco expressed full support to the MHPSS agenda, especially in humanitarian settings, noting the importance of the SG’s policy brief on COVID-19 and mental health. He spoke about the inclusion of mental health in Morocco’s migration and asylum strategy, highlighting the need to ensure access to primary health and mental health care services for migrants. He said MHPSS needed to be better understood in conflict-affected settings and should be systematically incorporated in humanitarian approaches, and that the Member States should strengthen efforts to connect the impact of mental health in sustaining peace.

Ambassador Sara Offermans of The Kingdom of the Netherlands noted the increased visibility and acceptance of mental health needs, but stressed more needs to be done, particularly increased finance. She made the case that access to MHPSS services increases resilience and recovery in all settings, not just in emergencies. She called for commitment needed to put MHPSS into policies and budgets, strengthen preparedness and response capacity, and to better track investments and efforts using existing frameworks, such as the IASC. She recalled that MHPSS will take central stage in the upcoming MHPSS Summit in October 2022 in Italy.

To provide an important personal perspective experience of mental health and the voice of an affected child, Save the Children shared a video of Misk, an adolescent girl living in Gaza. Misk shared her experience living under the blockade amid cycles of violence and the impact it has on her mental health. She made a call to the UN to make efforts to ensure that all children are safe and do not live in fear. Her remarks highlighted that improving social and environmental determinants of health is also an important precondition for improved mental health.

IOM Bangladesh’s MHPSS program manager Stella Dermosoniadi spoke about IOM’s experience in the field, and specifically in Cox’s Bazar (Bangladesh), sharing good practices with communities and ways to actively engage communities in the development and implementation of MHPSS activities. This included sharing tools adapted for working with communities living in displacement camps with limited access to services such as pre-recorded messages, audio dramas, videos featuring traditional proverbs and local artists. She spoke of the importance of MHPSS mainstreaming into other sectors and more specifically the integration into Health that helps to reduce barriers and make greater use of
existing resources such as implementing MHPSS services in health treatment centers and COVID-19 screening areas to share information on COVID-19 and provide counseling and support to address vaccine hesitancy and counter misinformation. Furthermore, the importance of advocating for MHPSS as life-saving services was highlighted as well as the need of continuous capacity building as part of preparedness, including training for the community.

Rania Hibri, Psychosocial Support Manager for the Lebanese Red Cross also highlighted the importance of community engagement and underscored the double burden facing staff and volunteers who come from affected communities. She said service providers and recipients must have access to mental health in humanitarian settings. She gave examples of activities in Lebanon, including a hotline to access practitioners, and support for cost-effective medicine access. She outlined challenges such as stigma associated with mental health and the economic crisis. She insisted that mental health services should be integrated into the first stage of humanitarian response plans and response groups, rather than as an afterthought.

Milena Osorio, MHPSS Movement Coordinator, ICRC gave an overview of the impact of mental health in conflict settings where vulnerable people fall through the “treatment gap” as health services are interrupted or reduced during crises. She spoke of a growing mental health burden that increases due to exposure to traumatic events and ongoing daily stressors, often exacerbated in protracted crises. She stressed that International Humanitarian Law protects persons engaged in delivering MHPSS services. To inform national plans and UN activity, she further shared recommendations from the resolution adopted at the 33rd Red Cross Red Crescent International Conference: Member States should integrate mental health into broader health services, including investing in provision of the full spectrum of MHPSS services; strengthen community care by addressing cultural and social barriers and the need to diversify programs based on needs. She concluded by noting that the time for debating whether is lifesaving is over: it is a priority and must be supported as such.

UNICEF’s Ann Willhoite, MHPSS Specialist, shared details of some practical tools that can be used to implement MHPSS services, and specifically the MHPSS Minimum Service Package (MSP), developed by UNICEF and WHO, in collaboration with UNFPA and UNHCR, which builds on existing MHPSS standards and tools to create a single, easy to follow intersectoral package. The MSP is being field tested in several settings, including in Ukraine, and will be revised in the coming months.

Fahmy Hanna of WHO/co-chair of the IASC reference Group spoke about support at the international level, noting the IASC reference group, which has been active for 15 years, with the aim to normalize MHPSS work in the humanitarian sector, including development of practical guidance and tools to support country-level technical working groups detailed the great strides made by the Group over the last 15 years, including 35 deployments in response to the Ukraine crisis, as well as increased activities in Afghanistan, Ethiopia and Yemen. He also noted the integration of mental health indicators in global humanitarian plans, such as the COVID-19 Strategic Preparedness and Response Plan. He highlighted ongoing challenges including the lack of predictable and sustainable funding. He noted that in many instances, MHPSS funding was not adequate to fill the gaps, and even with the focus on mental health during the COVID-19 pandemic, the situation has not changed.

Key messages of the side event:

Speakers and panelists generally agreed that MHPSS is higher on the has more political agenda support, is an integral part of health services, and is better integrated into humanitarian/emergency programs and activities. They, and shared
experiences examples and examples at global, national, and local levels to illustrate of progress made over the years at global, national, and local levels. However, there was concern that gaps remain. At the internationally level, Member States need to continue to advocate for the inclusion of mental health into health service provision must continue for both general service provision more generally, but also and specifically in humanitarian and conflict settings., as well as exploring linkages to sustaining peace and climate change is also important in global fora. Upcoming opportunities include Mexico’s Call to Action, the initiative for a GA resolution in the GA, and the High-level Meeting on UHC in 2023. Practitioners also stressed the need for further integration of MHPSS in humanitarian programs, as well as the need for community-driven activities which are developed based on needs and are gender and culturally sensitive. To turn these ideas into action, all speakers highlighted the need for increased investment, including predictable and sustainable funding and investments in multisectoral approach to ensure further integration, was needed. It was stressed that investment for MHPSS requires a multisectoral approach to ensure further integration.

**Main points raised during the discussion with participants:**

Many participants welcomed Mexico’s Call to Action and proposed GA resolution on Mental Health. The European Commission said that more can be done in conflict and humanitarian situations, to address capacity issues, and to provide and measure quality services, with the MSP as a good way to set standards. Thailand stated that mental health is integral to the right to health and to UHC, including in humanitarian contexts. She wanted to hear from panelists about some good practices on scale-up and to ensure MHPSS services in the long-term, including for humanitarian workers. A mental health practitioner from Pakistan asked about some of the gaps between headquarters and country levels of humanitarian agencies, including lack of experienced mental health professionals and the tendency to set short-term objectives as a long-standing improvement to be made.

**What can be done to address this gap?**

To address questions around capacity and scale-up, UNICEF said the MSP was a good tool to help roll-out MHPSS in emergencies, to address needs and gaps, and recalled the importance of improving data management for enhancing quality programming. WHO shared the example of Ukraine, upon scale-up when resources are limited, that it is important to set priorities, and while they vary country to country, one common priority should be investing in services based on needs assessments and international guidelines. ICRC mentioned that while digital services has proven effective, not all can benefit from it due to the digital divide, so humanitarian proximity is still central to MHPSS responses. Regarding the question on taking HQ policies and making them practical on the ground, speakers highlighted health workforce development, which also needs investment and funding and the importance of maintaining a community-focused approach was reiterated. At the country-level, more advocacy is needed at governance and leadership levels to ensure sustainability of MHPSS services.

**Outcomes of the side event:**

The main points that came out of the event were that more advocacy like this needs to be done for MHPSS; both politically and practically, both at and outside of the UN. The event served as a platform to announce upcoming opportunities for advancing the agenda including Mexico’s Call to Action, initiative for a resolution in the GA, and the High-level Meeting on UHC in 2023.