

## Advancing quality MHPSS to displaced persons and host communities across the Humanitarian-Development-Peace Nexus



### Under the Multistakeholder Pledge to

*systematically integrate mental health and psychosocial support (MHPSS) in humanitarian, development and peace-building programmes, through policy changes to inclusion, supported by financial, material and capacity strengthening, to foster access to quality services and support for all refugees and host communities.*

**The European Commission, Germany, the Netherlands, joined by Japan and the Amal Alliance, Artolution, Catholic Relief Services (CRS), HIAS, International Organization for Migration (IOM), International Medical Corps (IMC), Jesuit Refugee Service (JRS), Program on Forced Migration and Health at Mailman School of Public Health of Columbia University, Save the Children, the United Nations Children's Fund (UNICEF), the United Nations Office for Drugs and Crime (UNODC) and the World Health Organization (WHO), developed the following Joint Global Policy and Technical Support pledge:**

Given the urgency of addressing mental health needs in situations of crisis and forced displacement, the signatories pledge to **raise awareness** of donors, policy makers and other relevant stakeholders on the **importance of providing quality Mental Health and Psychosocial Support (MHPSS) to displaced populations** globally across the Humanitarian-Development-Peace nexus.

Through this policy and through technical work, we commit to **ensuring meaningful implementation and promotion of Conclusion 116 of the Executive Committee of the High Commissioner's Programme on MHPSS (2022)**, and in line with the 2023 United Nations General Assembly Political Declaration on Universal Health Coverage and the 2023 United Nations General Assembly Resolution on Mental Health and Psychosocial Support, specifically with regards to **strengthening MHPSS approaches, enhancing MHPSS capacity; enhancing participation and contribution of displaced persons; and strengthening partnerships.**

Acknowledging Mental Health and Psychosocial Wellbeing as a fundamental condition for human dignity and self-reliance, promoted inter alia by the UHC2030 Initiative; welcoming the WHO Global Action Plan on promoting the health of refugees and migrants (2019-2023, extended to 2030); we support the **integration of structural, sustainable, high quality MHPSS measures in humanitarian aid, development cooperation and peacebuilding**, following a do-no-harm approach.

The signatories do the above through:

- facilitating and supporting the implementation of the Minimum Service Package on MHPSS developed by the IASC Reference Group; (EC, NL)
- implementing actions from the MHPSS MSP; (IOM, IMC)
- and the support to a new phase of development of the Minimum Services Package, adding training and capacity building as well as joint needs assessments; (NL)
- developing and field testing a Multi-Sectoral MHPSS Assessment Toolkit to assess needs and resources across sectors with support from the Netherlands and in partnership with UNHCR, UNICEF, UNFPA and the IASC MHPSS Reference Group; (WHO)
- working with partners (UNHCR, UNICEF, UNFPA and the IASC MHPSS RG) to scale up MHPSS MSP support for capacity building in at least 5 countries with refugee populations by the year 2027; (WHO)
- financing quality MHPSS interventions by partner organisations responding to the ever-changing needs of vulnerable people living in conflict affected areas worldwide; (EC, NL)
- ensuring that MHPSS is an integral component of WHO's emergency response. WHO will include MHPSS as a component in all humanitarian needs assessments, key humanitarian planning and monitoring documents developed by our Offices and teams. This includes having MHPSS Staff and technical expertise supporting country-level operations in each major emergency that responds to the needs of refugees; (WHO)
- building the capacity of health sector humanitarian responders and engaging multisectoral humanitarian actors responding to the needs of refugees in at least 25 countries, in full-scale simulation exercises to test and operate MHPSS preparedness standards by 2024; (WHO)

- supporting the coordination and integration of MHPSS in crisis response between 2024-2026 through an MHPSS Rapid Deployment Mechanism to second experts in at least 25 emergencies; (NL)
- hosting the experts seconded by the MHPSS RDM at a field level; (IOM)
- the promotion of the integration of structural, long-term MHPSS (across the HDP Nexus) in contexts affected by displacement through the Special Initiative “Displaced Persons and Host Countries” of the German Federal Ministry for Economic Cooperation and Development; (DE)
- enhancing access to remote MHPSS such as through hotlines and other accessible methods to help reaching out to vulnerable and hard-to-reach populations; (IOM)
- creating and further developing important tools such as hotlines for psychological support, including MHPSS support within safe spaces for survivors of violence, particularly sexual and gender-based violence, and promoting innovative approaches to help reaching out to vulnerable populations, particularly people on the move; (EC)
- providing EU funding for transnational projects through a call for proposals on access to healthcare for migrants and refugees (including access to mental healthcare) under the Asylum, Migration and Integration Fund (AMIF); (EC)
- the integration of MHPSS in regional approaches to refugees and host communities, such as through support for the PROSPECTS Partnership in a new phase (2023 – 2027) (see also multi-stakeholder pledge for Economic Inclusion and Social Protection) and through other support to development partners working on forced displacement, such as the World Bank; (NL)
- supporting and encouraging promotion of localized MHPSS approaches and practices through capacity development with authorities in two countries, incorporating lessons learned from Japan’s disaster and emergency preparedness and responses; (Japan)
- the support to advocacy, knowledge dissemination, guidance development and integration, and training activities related to peacebuilding, through the co-leadership of the IASC working group on MHPSS and PB; (IOM, CRS)
- creating a clear roadmap to generate new evidence on the effectiveness of community-based, socio-relational, and creative arts-based activities in enhancing the mental health and psychosocial wellbeing of displaced populations; (IOM, UNICEF)
- the integration of a community-based arts and culture for Mental Health and Psychosocial support approach across sectors through the development of locally led strengths-based capacity building to enhance participation and contribution of displaced persons in crisis responses led by displaced and hosting communities based on the core pillars of human dignity and self reliance, in an interagency whole-of-society approach in 16 new contexts training 320 new host community and refugee teaching artists with the meaningful participation of 46,080 children and youth from 2024-2027; (Artolution)

- the access to Amal Alliance’s Colors of Kindness program that provides psychosocial support and social and emotional learning through various play-based, trauma-informed lessons to 500,000 refugee and host community children in early childhood and primary ages across global partners. Amal Alliance also commits to training 6,000 teachers, caregivers, and social workers in the Colors of Kindness methodology, and providing self-care modules to enhance their own wellbeing; (Amal Alliance)
- the advocacy for the importance of evidence-based, child-friendly, and inclusive MHPSS interventions that protect the rights of the children on the move, enhance social cohesion, and catalyze peace-building; (Amal Alliance)
- the promotion of comprehensive MHPSS service delivery through sustainable efforts to strengthen local mental health care systems, including the integration of mental health into healthcare in 6 refugee settings and being inclusive of refugees for receiving support, using WHO’s mhGAP Programme, the WHO-UNHCR mhGAP Humanitarian Intervention Guide, and the IMC Toolkit for the Integration of Mental Health into General Healthcare in Humanitarian Settings; (IMC)
- the development and piloting of a training package on addressing substance use disorders in humanitarian emergencies and among refugees developed under the framework of the Inter-Agency Standing Committee (IASC) group on mental health and psychosocial support (MHPSS, subgroup on substance use), which is co-chaired by UNODC, UNHCR and WHO; (UNODC)
- conducting rapid assessments on substance use among refugees, based on the rapid assessment tool developed by UNHCR/WHO “Rapid assessment of alcohol and other substance use in conflict-affected and displaced populations: a field guide”; (UNODC)
- the development of a technical guidance document on addressing substance use and substance use disorders in humanitarian emergencies and among refugees, together with UNHCR and in coordination with WHO. This document aims to assist humanitarian practitioners in planning for the integration of substance use prevention and substance use disorder treatment and care services in refugee health services; (UNODC)
- the promotion of caregiving support tools alongside other humanitarian responses as a primary need for the healthy and safe development of refugee children and youth as well as their caregivers; (UNODC)
- building the MHPSS foundational knowledge on children and adolescents' mental health of country based technical staff and partners across sectors and ensure the provision of appropriate capacity in at least 8 humanitarian and refugee responses, and at minimum in each of the most prioritized humanitarian responses; (Save the Children)
- accelerating MHPSS interventions and services for children on the move across the development-humanitarian nexus globally, through (1) working with partners and governments to scale up capacity building for the MHPSS Minimum Services

Package, as part of preparedness and response plans, in at least 5 countries with refugee populations by the year 2027; (2) embedding MHPSS within national education services and systems; (3) accelerating provision of technical assistance and catalytic support to countries under our Joint Programme with WHO; and (4) developing, implementing and scaling evidence-based MHPSS interventions (for specialists and non-specialists), including BLOOM, our newly developed psychological intervention for younger children and families; (UNICEF)

- researching, promoting, and advocating for integrated and community-led MHPSS services for people affected by forcible displacement to ensure best practices are documented and shared, and access to quality MHPSS is increased; (JRS)
- ensuring MHPSS considerations are integrated into all JRS programs and aspects of operations, and that MHPSS services are community- led ensuring communities are front and center leading design, implementation, monitoring, and evaluation; (JRS)
- promoting the uptake and integration of learnings generated through mixed-methods research to advance the evidence on how to improve access to and implementation of community-based MHPSS interventions for people on the move in diverse humanitarian contexts; (HIAS and Program on Forced Migration and Health, Columbia University Mailman School of Public Health).