

## The Funding Gap for Child and Family Mental Health and Wellbeing

Investment in child and family Mental Health and Psychosocial Support (MHPSS) across fragile and humanitarian contexts is seriously lacking, despite enormous and growing needs. This brief summarises the findings of desk-based research analysing estimates for ODA and private development finance grants allocated for child and family MHPSS interventions between 2015-2017. A set of keywords were developed to capture relevant interventions, including those integrated within other initiatives<sup>1</sup>.

### What's the issue?

All children have the right to protection and care necessary for their wellbeing and development, and all children exposed to any form of neglect, exploitation or abuse, or adverse events during conflict, have the right to physical and psychological recovery and social reintegration in an environment that fosters their health, self-respect and dignity. These are rights enshrined in the UN Convention on the Rights of the Child.

In the last quarter century, the scale and intensity of armed conflicts in the world have increased, causing protracted situations of displacement, hardship and deprivation for children and families. The psychological and social suffering caused by conflicts pose a threat to human rights, peace, and sustainable development for families and communities, and failures of adequate protection and nurturance may leave behind an entire generation of children.

Children can recover from distressing experiences with adequate support and enabling conditions, but they are also particularly vulnerable to the chronic uncertainty, deprivation and shocks of emergency environments. Experiences during infancy and early childhood set the foundation for the child's entire life course, and exposure to prolonged adverse conditions can seriously affect their developing brain architecture, hormonal and immune systems, with lifelong impacts to their learning, growth, development, mental health and psychosocial wellbeing. Without timely care, these impacts often go undetected and inhibit children's ability to recover and reach their full potential.

### What are the needs?

One in five children currently live in conflict-affected areas of the world, and over half of the 70.8 million displaced people in the world – a record high – are children<sup>2</sup>. WHO estimates that 20% of the world's children and adolescents have mental disorders<sup>3</sup> – a figure that doubles in and after emergencies.

Approximately 420 million children currently live in conflict zones, with 142 million living in high-intensity conflict zones<sup>4</sup>. Thus, as many as 56 million children living in conflict zones may be in need of immediate MHPSS.

An average of **Only 0,14%** of the total share of ODA grants were invested in Child and Family MHPSS between 2015-2017

## What does current funding look like?

MHPSS interventions are now acknowledged by donors and the international community as an important and integral part of humanitarian assistance. However, far greater investment is required to match the magnitude and severity of needs. According to our analysis, spending in MHPSS for children and families in fragile and humanitarian contexts is woefully inadequate, comprising on average only 0,14% of the total annual volume of ODA and private development finance grants (the vast majority from ODA grants).

*ODA grants invested in child and family focused MHPSS in comparison to total ODA grants:*

ODA Disbursements (Current prices / US\$)	2015	2016	2017
All ODA grants	127,400,000,000	124,500,000,000	126,300,000,000
ODA child and family MHPSS grants	179,000,000	188,000,000	163,000,000
Share of ODA child and family MHPSS grants	<b>0,14%</b>	<b>0,15%</b>	<b>0,13%</b>

## What are we calling for?

- Greater investment in both emergency response and longer-term MHPSS funding to ensure quality and impact of programming across protracted emergency situations.
- Dedicated, ring-fenced funding to scale up the full spectrum of MHPSS services by a range of actors – parents, teachers, community workers, service providers, and health and mental health professionals.
- Integrating MHPSS within existing structures where children and families already receive care, and across multiple sectors (e.g., health, protection and education) with functional referral systems to provide the critical safety net for the most vulnerable.
- Effective programming to support the mental health of primary caregivers, strong parent-child relationships and healthy brain development through early childhood initiatives.
- Ensuring adequate, dignified care for children with higher level needs, such as those with physical and developmental disabilities, mental health conditions and substance abuse problems.

Workforce capacity building and systems strengthening are critical to achieve these aims at scale and with quality MHPSS interventions. Long-term training, supervision and support of frontline workers at various layers of intervention, coupled with long-term systems investments, are urgently needed to meet the current and future demands for recovery of children and families exposed to severe adversity, to ensure their wellbeing and healthy development, and to transform conflict-affected communities into thriving, peaceful societies.

<sup>1</sup> Data sourced from the OECD DAC Creditor Reporting System (CRS) database.

<sup>2</sup> UNHCR, 2018, <https://www.unhcr.org/globaltrends2018/>

<sup>3</sup> WHO, 2019, <https://www.who.int/news-room/facts-in-pictures/detail/mental-health>

<sup>4</sup> Save the Children, 2019, <https://www.stopwaronchildren.org/report.pdf>