

TOGETHER FOR CHILDREN'S WELL-BEING & LEARNING

A Technical Consultation for Mental Health
and Psychosocial Support in Education in
Emergencies



JANUARY 27-29, 2020
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Introduction

The MHPSS Collaborative convened a meeting of education, health, and protection actors in Copenhagen, Denmark, on January 28th-30th, 2020.

This report is a synthesis of the proceedings, including rich discussions on achievements in mental health and psychosocial support (MHPSS) and education in emergencies (EiE) to date, good practice examples, and discourse on terms and language, research needs, and suggestions for how we can best come together to holistically support the learning, mental health, and psychosocial well-being of children in adversity.

The discussion and output of each portion of the program has been summarized here and there are links to key resources and presentation materials.

This report covers the first two days of the meeting, facilitated by the MHPSS Collaborative. A third day was facilitated by UNICEF as a technical consultation on the education component of the Minimum Services Package (MSP) for mental health and psychosocial support in humanitarian settings.

The MHPSS Collaborative wishes to express deep gratitude to [Education Cannot Wait](#) (ECW) for their financial support that has made this meeting possible. ECW works to reposition education as a priority on the humanitarian agenda, usher in a more collaborative approach among actors, and foster additional funding to ensure that every crisis-affected child and young person is in school and learning. Thank you, ECW!



Dr. Leslie Snider, Director of the MHPSS Collaborative and Graham Lang, Chief of Education at ECW, welcome participants to the meeting

DAY ONE



Welcome to the meeting

When children are faced with extreme adversity, their community of support is disrupted. We, as actors across health, protection, and education in humanitarian and development settings, are responsible for working with that community to restore and strengthen it, and that must be done in an integrated way.

Children do not see the silos of “This is where I get my educational needs taken care of, this is where I get my health care needs taken care of.” They need a unified community of support. How are we thinking and working together across our fields, in an integrated way, to support children along the pathway to well-being?

This meeting serves to move health, protection, and education sectors forward in a more integrated way to better provide that supportive community to children.

Goals for the meeting

We aim to develop:

- A list of existing good practices for integrating MHPSS into education
- Emerging research questions based on the current landscape
- Shared language across sectors
- Recommendations for key stakeholders and donors
- A wish list of actions to support and encourage practitioners to work across sectors to integrate MHPSS services into education

Along the way we want to:

- Learn from each other, across sectors
- Develop concrete partnerships
- Gain a clearer understanding of expectations and the role we envision for teachers in MHPSS
- Learn from good examples of scaling up MHPSS in education programs

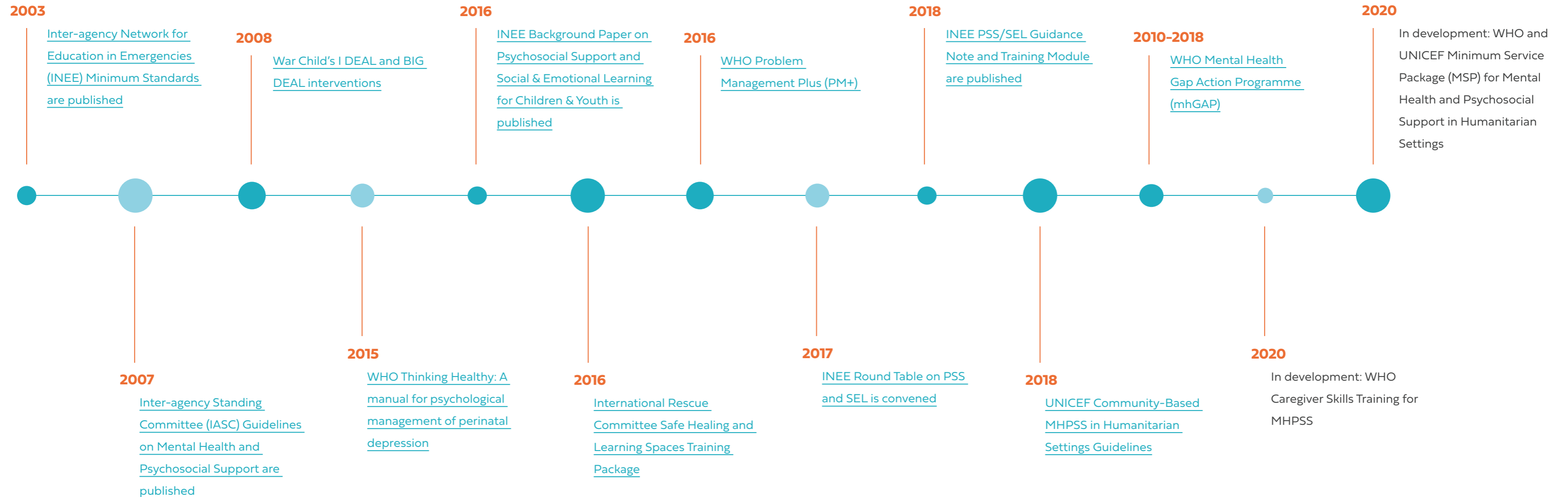


Children don't care whether you are from education, health, or protection. How can we act in a more integrated way?

- Ashley Nemiro, MHPSS Advisor to the MHPSS Collaborative

A “Ta-da” List: Where have we come over the last two decades?

Key developments in ensuring children receive mental health and psychosocial well-being services in humanitarian emergencies.



Current trends in practice and policy

- Global interest in mental health and well-being
- Several toolkits, technical resources, guidance pieces, and frameworks have been developed, though they are not being implemented in a consistent manner
- Greater understanding of child development, neuroscience, and cognitive development
- Increased efforts in holistic approaches and cross-sectoral links
- More recognition of need, and awareness of the link between mental health and education
- A focus on caregivers' role has begun, in early stages
- MHPSS, child protection, and education in emergencies are higher on the global agenda
- Increasing interest in teacher well-being and its link to children's learning
- Government interest in solutions has increased, as has funding for MHPSS and education
- A coordination space and structure has emerged: IASC subgroup on families and children co-led by UNICEF and the MHPSS Collaborative
- There is a better understanding of the need for community-based interventions to promote well-being and increase access to education that are driven and owned by local communities
- Great interest in indicators and means of verification that are shared across multiple sectors



Vania Alves, Carmen Valle, and Ann Willhoite exchange inspiring ideas

Panel: Setting the Stage

Discussion on the current state of integrating MHPSS into education in emergencies, what the barriers are, examples of good practice, and future directions

Chair: Paul Frisoli, LEGO Foundation

Panelists: Graham Lang, ECW

Margi Bhatt, Interagency for Education in Emergencies (INEE)

Julia Finder, Save the Children US & INEE PSS/SEL Collaborative

Carmel Gaillard, REPSSI

Much has been done in the last decade to contribute to the integration of mental health and well-being into education programming in humanitarian settings, as demonstrated in the “ta-da” list (pg. 6-7), but there continue to be large gaps. Barriers include confusing jargon and inconsistent terminology, lack of awareness of the benefits of integrating these fields, sector and funding structures that do not always lend themselves to integration, and uncertainties about how to implement these approaches.

Next steps include developing clear and consistent terminology, coordination across sectors, further research, ways of incorporating voices from the field and from youth, advocating for more attention and funding, and new implementation and funding structures in order to best support children’s learning and well-being.



Practices and resources highlighted

[MENAT Measurement Library](#)

Through research and practice partnerships in the Middle East, North Africa and Turkey (MENAT) region, the Inter-agency Network for Education in Emergencies (INEE) have developed a series of psychosocial support (PSS) and social and emotional learning (SEL) measurement tools.

[INEE PSS and SEL Training Module](#)

INEE developed a training module (3-5 hours) that outlines activities and materials for providing PSS and SEL in the field. It also consists of a facilitator guide that includes all materials, a slide deck, notes, and a sample script for delivering the presentation. Its use by partners is currently being tracked.

[Teacher Well-being in Low Resource, Crisis, and Conflict-affected Settings \(2019\)](#)

Published by INEE, US Agency for International Development (USAID), Education Equity Research Initiative.

This landscape review, serves as a first step in filling the evidence gap by building an understanding of teacher well-being in low

resource, crisis, and conflict-affected contexts and identifying the individual and contextual factors that may influence well-being.

[REPSSI Teacher's Diploma in Psychosocial Care, Support, and Protection](#)

A program for teachers that equips them with PSS skills through a process that also improves their own psychosocial well-being. It started first in Zambia and is now also in Lesotho. Initial evaluations indicate that teacher well-being, self-efficacy, creativity, relationships with each other, and satisfaction improved. Students' sense of safety initially decreased, but ultimately improved. It seems this program creates a supportive community for teachers.

[The Ecological Approaches to Social Emotional Learning \(EASEL\) Laboratory](#)

A Harvard Graduate School of Education laboratory that examines the effects of SEL interventions on the development and achievement of children and youth, and on teacher well-being approaches and measures.

[Education Cannot Wait](#)

A global fund with the fundamental goal to reposition education to be in the middle of the emergency responses. Recognizing the importance of MHPSS in education, ECW has begun supporting the MHPSS Collaborative to convene key stakeholders in this field, and to develop new innovations and research in MHPSS and education.



Richard Okot Ochaka leads the group in a demonstration of Team Up programs

Good practice presentation: The SPOT Consortium model and Team Up

Racheal Kisakye (TPO)

Richard Okot Ochaka (WCH)

Birgitte van Delft (Team Up)

A consortium consisting of War Child Holland (WCH), Transcultural Psychosocial Organisation (TPO), and Humanity & Inclusion have together developed the Strengthening Psychosocial Support Service for Transformation Project (the SPOT project) among the Congolese refugees in Uganda, funded by ECHO from March 2019 until May 2020.

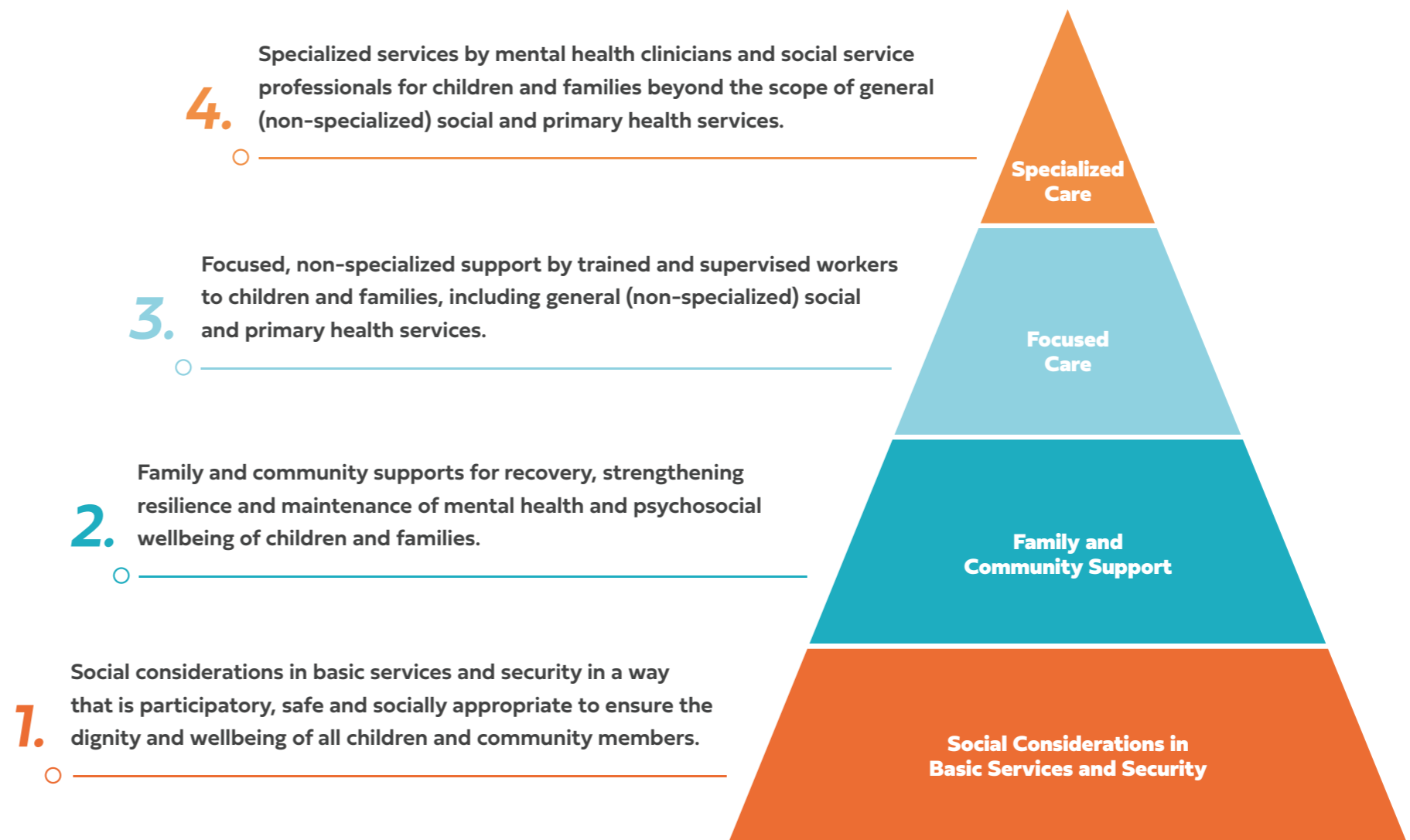
The main objective of the SPOT project is to improve resilience, psychosocial well-being and positive coping mechanisms of refugees, people with special needs and vulnerable host communities in Western Uganda.

They coordinate this MHPSS response across organizations, including schools, to ensure that children and families have access to care at all levels of the IASC MHPSS intervention pyramid (*see next page*).

The IASC MHPSS intervention pyramid

Source: UNICEF Community Based Operational Guidelines on MHPSS in Humanitarian Settings (2018)

Please refer to the [presentation slides](#) for further information.



Discussion: Bridging MH & PSS

Many of the actors meeting here use different terms to describe their activities: mental health, psychosocial support, social and emotional learning, life skills, etc. "MHPSS" is meant to be a composite term that aims to encompass all of these types of work that contribute to mental health and psychosocial well-being. Should we continue to separate terms (Is there value in that?) or should we all move toward using a composite term like "MHPSS"?

Some argued that we need different terms and language to be able to define what we do, but we also must be aware that in doing so we may be creating silos or confusion. Discussion touched on the difficulty of communicating nuances in these programs in practical and tangible ways.

Others argued that the gap between MH and PSS needs to be bridged. It was highlighted that global guidance suggests using the composite term MHPSS, but consensus in terminology among the meeting participants was not reached.

Our programs support mental health and well-being for human beings, but if mental health is so expansive and impacted by so many factors, how do we define what is considered MHPSS and what is not?

Discussion touched on the influence we each have as different types of actors when we discuss, develop, fund, and implement programs. Because MHPSS is currently receiving so much attention, we have a great opportunity and responsibility to influence programming so that MHPSS and education are integrated.

What comes to mind when you think of the term "mental health"?



Panel: Coordination across protection, health, and education to promote mental health and well-being of children and families: what works and challenges

Chair: Koen Sevenants, seconded by Save the Children Denmark to the UNICEF Global Child Protection Area of Responsibility (CP AoR)

Panelists: McKenzie Monserez, Save the Children International
Annalisa Brusati, International Rescue Committee
Carmen Valle, MHPSS Collaborative
Michael Copland, UNICEF Global CP AoR
Marian Hodgkin, Save the Children Denmark

The IASC MHPSS Guidelines (2007) state that MHPSS service delivery is only possible when we bring sectors together. Yet, here we are today, 13 years later, gathered to discuss how to implement MHPSS in an inter-sectoral way. Barriers include already established clusters that each have their own structures, difficulty tracking the impact of MHPSS interventions, and funding mechanisms not aligning with the reality on the ground. Additionally, the lines between the four layers of the IASC MHPSS intervention

pyramid (basic services and security, community and family supports, focused non-specialized supports, and specialized services) are quite blurred in the field, and in the model are meant to interact with each other to facilitate functional referral systems bi-directionally, up and down the pyramid.

All actors recognize the importance of cross-sectoral coordination, but in reality, there are many layers of complexity that impede coordination. Some of the issues mentioned include funding mechanisms being sector-specific; continued confusion around which sector delivers which intervention; and how sectors work to complement each other to serve children and families in the best way possible, as opposed to duplicating efforts and ultimately wasting resources.

The CP AoR is working on an initiative with the Education Cluster to look at how to coordinate the clusters and develop a more coherent response, including delivering MHPSS, as it is a cross-cutting theme. Twelve countries have been involved in the study that looks at joint strategies to reach children in need.



Resources highlighted

[Building Back Better: Sustainable mental health after emergencies – WHO document \(2013\)](#)

Emergencies, in spite of their tragic nature and adverse effects on mental health, are opportunities to build better mental health systems for all people in need. This WHO publication shows how this was done in 10 diverse emergency-affected areas. This is important because mental health is crucial to the overall well-being, functioning, and resilience of individuals, societies, and countries recovering from emergencies.

[The Alliance for Child Protection in Humanitarian Action Minimum Standards for Child Protection \(2019\)](#)

Child protection in humanitarian action includes specific activities conducted by local, national and international child protection actors. It also includes efforts of non-child protection actors who seek to prevent and address abuse, neglect, exploitation, and violence against children in humanitarian settings, whether through mainstreamed or integrated programming.



Youth voices: “Higher education is hope”

Interview with Ashley Nemiro and David Kisakye

Originally from Burundi, David is a 27-year-old human rights activist. He founded Burundian Youth for a Brighter Future (BYBF) at the age of 21 to help children living on the streets complete their studies and empower women. Because his work threatened the government’s agenda, David was forced to flee the country, first to Kenya.

Today he lives in Denmark as an asylum seeker. With the help of fellow asylum seekers, he has implemented hubs for capacity building and empowerment and set up support clubs where asylum seekers gather to cook and share ideas, and participate in peer-to-peer mental health support with the help of local medical practitioners, nurses, and volunteers. These initiatives have supported over 300 asylum seekers in Denmark.

He is a student at the Alpha Crucis College for Social Sciences. He is one of the nine Young Leaders selected by the Lancet Commission on Global Mental Health, and was recently appointed as Regional Focal Point of the UN Major Group for Children and Youth for SDG3. David still leads BYBF, which has now supported over 560 people across Burundi, Kenya, Rwanda, and Uganda.

(More on next page)



David Kisakye, Human Rights Activist, shares insight as to how MHPSS and education complement each other to set young people up for success



David Kisakye, Human Rights Activist

In the interview David shared his thoughts on the connection between mental health, wellness, and education.

Engaging young refugees in mental health care is difficult. They are not necessarily trustful when they talk to clinics and NGOs, but it is essential we try to engage them. Maybe it is not in a direct clinical kind of way, but in indirect ways to promote mental health. In Kakuma Refugee Camp we had sports activities, and these were very effective in helping young people and in terms of creating a space where trust could be built to discuss more difficult issues.

In the host country context, entrepreneurship opportunities, language lessons, opportunities to get out of the asylum centers, to get into nature, and to have something useful to do keeps youth from drinking, taking drugs, and making decisions that negatively impact their health.

The more opportunities youth have, the less likely they are to become a burden to the local society, and the more likely they are to achieve their goals. I think education is the greatest of these opportunities. An overwhelming number of refugee children do not have access to primary education. Even fewer young adult refugees have access to higher education. To me, higher education is hope. If we don't have these opportunities and the support these young people need to stay well so that they can take advantage of it, they will never reach their full potential.

DAY TWO



Good practice presentation: School mental health literacy programs for teachers in Nigeria

Dr. Tolulope Bella – Awusah, Department of Psychiatry College of Medicine, University of Ibadan & Child and Adolescent Psychiatry, University College Hospital Nigeria

In 2004, Professor Olayinka Omigbodun, from the University of Ibadan College of Medicine, administered the School Health Questionnaire to 2,000 students. Results indicated there was great mental health need in the student population, with 20% indicating probable depression and 23% reporting suicidal ideation. In 2018, the Child and Adolescent Psychiatry Department at the University of Ibadan developed partnerships with schools to form mental health programs and administer an updated needs assessment. The 2018 needs assessment indicated that teachers would be key to student mental health promotion and illness prevention and would play important roles in student mental health treatment and recovery.

A program was developed consisting of the creation of a school health committee, teacher workshops, student workshops, counselling sessions (drop-in clinic), and awareness raising. In the first-year evaluation, 25% of students reported positive changes in student-teacher relationships, teachers reported an increase in knowledge and skills for interpersonal relations, and areas for future focus were identified.

Please refer to the [presentation slides](#) for detailed information on program design and evaluation results.



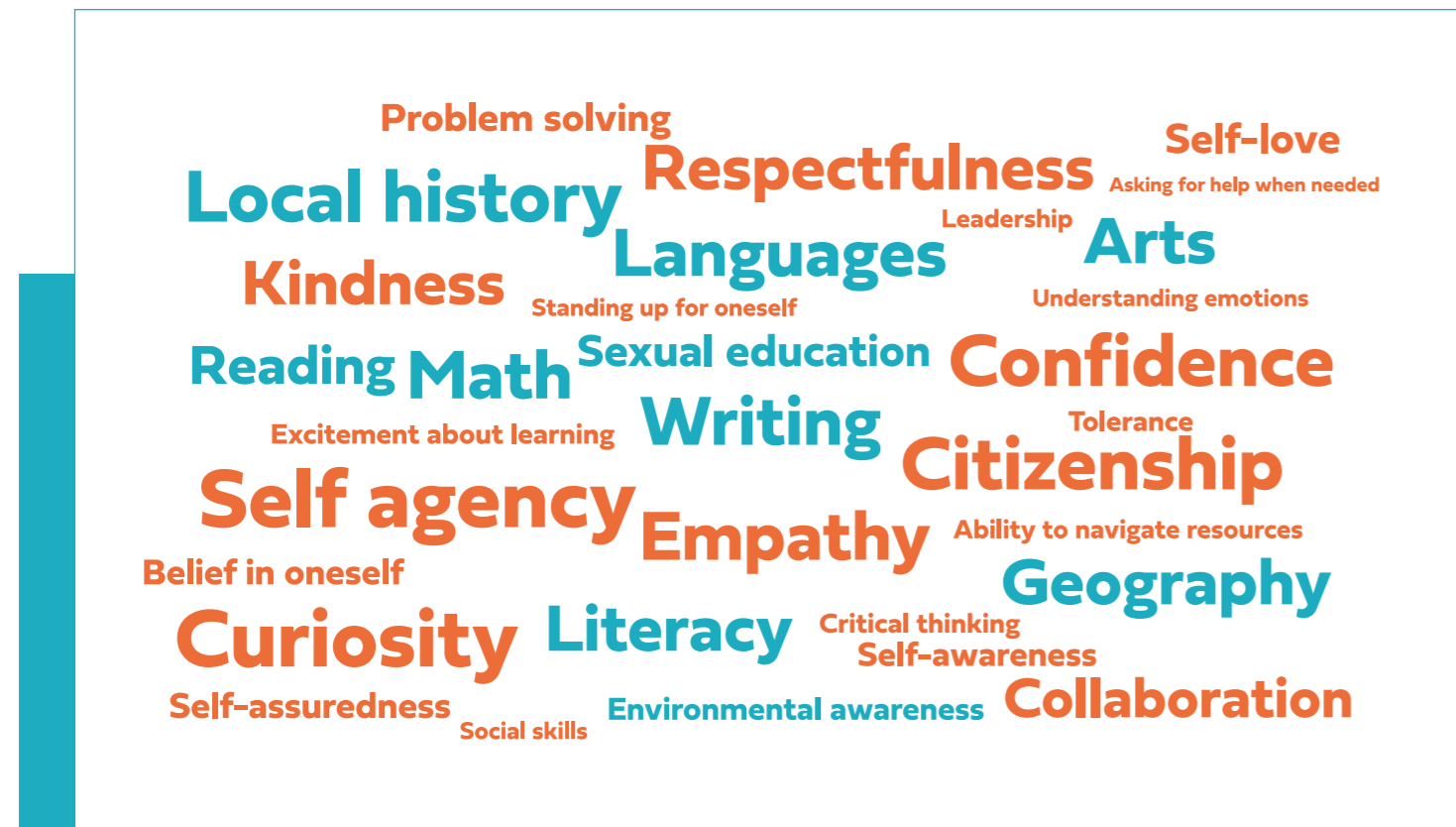
Dr. Tolulope Bella-Awusah presenting on MHPSS and education research undertaken in partnership with schools.

Discussion: What is the role of teachers?

Helle Gudmandsen, Save the Children Denmark

Imagine that Nomfundo is a little girl living in a crisis area and you are her teacher. What would you hope for her to learn in order to become a thriving child?

It is not only knowledge that we want to impart to Nomfundo. There are also so many skills, values, and attitudes that we hope to foster so that she becomes a thriving child. But as her teacher, how can you help her develop these? Is it your responsibility? What training and support would you need? What do you personally gain if you are able to teach her skills, values, and attitudes? How would that impact the child? How would it impact your community?



Brainstorm by participants.



Knowledge is only a small portion of all that we wish to impart to students.

Panel: Early childhood development programming & caregiver mental health

Chair: Leslie Snider, MHPSS Collaborative

Panelists: Anita Anastacio, LEGO Foundation
Anne-Sophie Dybdal, Save the Children DK
Emma Wagner, Save the Children UK
Mari Ullmann, Moving Minds Alliance

There are critical periods early in a child's life in terms of their brain development. The relationship they have with caregivers is one of the factors that will have the greatest impact on their brain development— we know that the brain size of adults who didn't have that nurturing caregiver relationship as infants is smaller than that of an adult who did. Stressors like extreme poverty have intergenerational effects. For example, consistently wondering "How am I going to find food?" can overload the capacity of parents so that they are less able to promote the nurturing relationship their child needs for proper development.

Research also indicates that living in conditions of poverty affects learning and executive skills, and that as soon as someone is out of poverty, their cognitive functions and behavioral challenges often quickly improve. This suggests that programs mediating

the effects of toxic stress are a good investment and a way that we can make a large impact on education.

Taken altogether, we can see that it's never too late to implement programs supporting positive mental health, but they will be more effective and far-reaching, breaking intergenerational cycles of adversity, when done so in early childhood and even before the child is born.

[Moving Minds Alliance](#) is a funder's group with the goal to make sure education is part of every humanitarian setting. They use the Nurturing Care Framework to ensure children are born ready to learn and are already learning before they enter a classroom.

Best practices mentioned

Sesame Workshop and the LEGO Foundation interventions through health centers and home visits in Cox Bazar.

Save the Children Nutrition Programs in Mali and China.

These programs utilize nutrition programs as an ideal platform for implementing MH programming. They reach stressed and oftentimes depressed mothers to model and demonstrate in hands-on workshops how mothers can pick up on infants' cues and respond to them and their needs. Mastering these skills builds the mothers' confidence and satisfaction, which becomes a positive feedback loop, improving the mother's mental health as well as the baby's overall health and development.



Anne-Sophie Dybdal shares hands-on techniques for teaching mothers skills to support their infant's positive mental health and development.

Good practice presentation: Sustainable Technology for Adolescents to Reduce Stress (STARS), Involving youth in design of a psychological intervention

Jen Hall, WHO

The goal of the STARS project is to create a technology-supported intervention to reduce impairing psychological distress (i.e. symptoms of mood and anxiety disorders) for 15-18 year old adolescents, especially those that are affected by adversity in resource-poor urban communities. It aims to be a resource that these adolescents would like to use.

A process of human-centered design was undertaken to create a resource that would meet these goals. Inspiration was collected through desk research and site visits, observations, and individual interviews in Pakistan, Occupied Palestinian Territory (OPT), Nepal, South Africa and Jamaica.

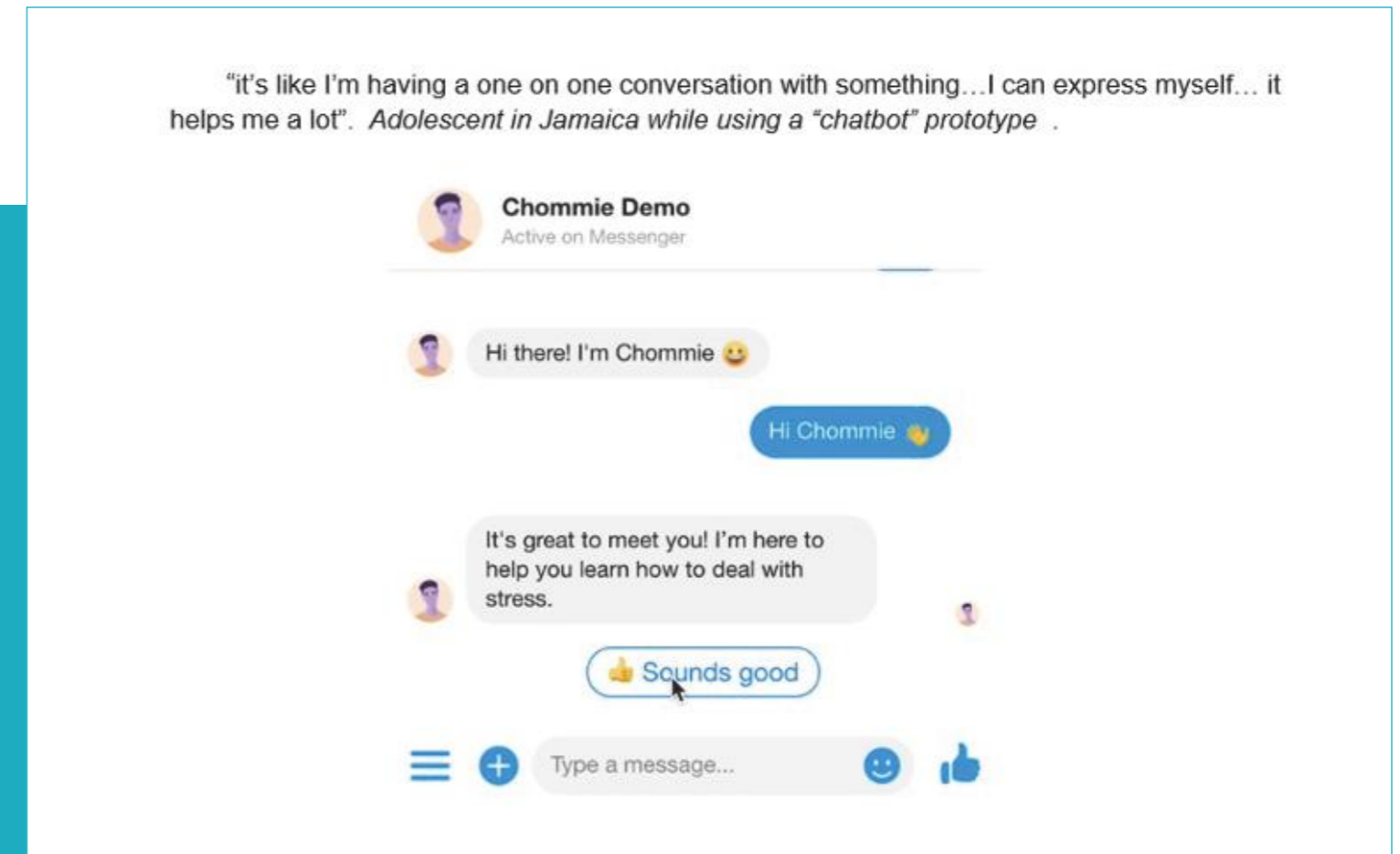
In the ideation phase, co-creation workshops were

facilitated with 64 community members and 68 adolescents in 9 focus groups across all sites to generate ideas for meeting the needs in the respective contexts.

In the prototyping phase, ideas were turned into “quick and basic” prototypes for testing with adolescents. Interviews, observations, and data collection created feedback for continually developing and refining the prototypes.

The STARS chatbot has emerged from this process and is currently being further developed, tested, and refined. Later in 2020, randomized clinical trials will be conducted to assess its impact and the feasibility of scaling up the intervention will be explored.

“it’s like I’m having a one on one conversation with something...I can express myself... it helps me a lot”. Adolescent in Jamaica while using a “chatbot” prototype .



STARS demonstration. See the [presentation slides](#) for the video demonstration.

Good practice presentation: The Global Trauma Project

Ilya Yacevich, Global Trauma Project

Global Trauma Project builds capacity for healing, empowerment, and transformation by training, mentoring and certifying community providers to prevent and treat the impacts of complex trauma, compounded stress, and childhood adversity.

The “Trauma-Informed Community Empowerment” (TICE) framework underpins their work. They focus on supporting trusted local providers such as community and religious leaders, child protection staff, teachers, police, coaches, and community health workers, to ensure that those working with the most challenging issues are well supported so that they can have the greatest impact possible.

Please refer to the [presentation slides](#) for more information.

GTP has three components:

1. Innovation Lab for Best Practice

The Innovation Lab supports national coalitions to strengthen and showcase best practices in the fields of MHPSS, education and child development, and peacebuilding and conflict transformation. Partners in the Innovation Lab receive support through assessment, training, mentorship, fundraising, impact evaluation, and visibility.

2. Organizational support: Training and program development

GTP also works to support NGOs and UN agencies in reducing the impacts of stress and adversity amongst staff, volunteers and communities. Through organizational and program assessment, program design, staff support, training and consultation, they work to strengthen outcomes of programs in MHPSS, education and peacebuilding.

3. Individual and community wellness

GTP network partners offer wellness services for individuals, families, and communities in Kenya, South Sudan, and Ethiopia.



Ilya Yacevich demonstrates how GTP explains trauma and wellness in practical, relatable ways.

Panel: Research agenda for MHPSS and Education to improve well-being and learning outcomes

Chair: Carmen Valle, MHPSS Collaborative

Panelists: Tolu Bella-Awusah, University of Ibadan
Gerhard Pulfer, Porticus
Kristin Hadfield, Queen Mary University of London
Felicity Brown, War Child Holland

Challenges in research

- How can we demand integrated holistic learning programs if we don't have validated measures? We need greater demand for measurement tools and capacity to implement them.
- We need different measurement tools for different purposes— research evaluations, program evaluations, contextualization, etc.
- Actors need to be aware that measuring impact often requires long timelines—we shouldn't necessarily expect results in the short term. Also, timelines for measuring MHPSS interventions are often different than timelines for measuring education interventions.

- How do we do robust measurement when people are continuously on the move and factors constantly change in emergency situations?
- The research agenda is set by actors in the Global North, as opposed to where the majority of work is taking place. The Global North is talking about innovation, but in the Global South we're not even meeting our minimum standards. We're not on the same page.
- Measures can mean different things in different contexts; we need to localize and contextualize.
- Qualitative data is not always given as much weight as quantitative.
- In the field, doing measurement often means taking time away from program provision. How do we balance that?

Research wish list

- Identify the MHPSS core strengths and competencies children need in order to be well.
- Have each institution chose one MHPSS measure they would like to validate in the field and then establish a library of those that are validated.
- Develop better ways of identifying program impact.
- Find better ways to understand and measure what makes children resilient.
- Find better ways to understand and measure competencies, not just behaviors.
- Better incorporate the voices of beneficiaries and others with lived experience: i.e. more person-centered design of programs and more participatory research.

Best practices mentioned

- University of Ibadan provides capacity building for African actors and facilitates the building of African networks and collaborations. This often works better than collaborations outside of the continent due to differences in context. Techniques and resources from the Global North are not always best, or certainly have their limitations.
- Mercy Corps implemented an 8-week program partnering up Syrian refugees living in Jordan with local Jordanians for social support. Among other positive findings, Kristin Hadfield and her team found that the intervention normalized cortisol levels tested from hair samples.
- WHO Early Intervention Program has developed a detection tool to identify which children need which services.

Porticus announced they will be supporting research initiatives on what works well in the integration of MHPSS into education, to be coordinated through the MHPSS Collaborative.

Participants were invited to join a Formative Advisory Committee that will convene in February to help identify the research questions.



Developing our “to-do” list

What do we need to effectively integrate MHPSS into education settings in order to ensure education services promote well-being, increase retention, promote safety, and support the improvement of learning outcomes?



Brainstorming barriers and potential solutions in small groups.

Language

! Problems and barriers

“MHPSS” is not a familiar or well understood term.

Language differences and confusion across sectors and actors about what terms mean hinders multi-sectoral integration.

Political sensitivities in some cases lead to, for example, denial that violence, suicide, mental health concerns exist.

Dominance of English, no direct translations of many MHPSS related words in local dialects.

💡 Proposed solutions

Find vocabulary that is accessible and understandable to children, adults and non-experts.

Map the overlaps between MH/PSS/SEL and their definitions; find a shared understanding of when and how to use each of these terms.

Describe MHPSS using locally adapted terminology and avoid jargon.

Provide information on global prevalence rates and the burden of disease.

Find accessible, understandable vocabulary that is culturally and linguistically appropriate; invest in adaptations and translation of MHPSS related content.

Developing our “to-do” list / continued

Scope of MHPSS

! Problems and barriers

There is a lack of understanding that mental health includes promotion /prevention.

Little focus on MHPSS of parents during pregnancy, despite the fact that maternal mental health has a significant impact on the child

💡 Proposed solutions

Train and supervise practitioners across the humanitarian sector on mental health and psychosocial support as a cross cutting theme.

Ensure greater investment from conception to early childhood, with attention to maternal mental health, support during pregnancy, and early childhood education and development.



Anouk Boschma, Annalisa Brusati, and Richard Okot Ochaka build on each other’s proposed solutions for implementing effective, integrated MHPSS.

Developing our “to-do” list / continued

Local realities

! Problems and barriers

Services are completely unavailable in many places in the field; not enough specialists in low resource areas.

Lack of supervision for community-based structures.

Social/community workers feel underqualified or out of depth to engage in what they consider to be “mental health” work (but may be comfortable calling what they do “PSS”).

Teachers and caregivers on the ground are already stretched thin. They may also have their own mental health concerns to handle. They may not have capacity to also take on MHPSS support roles for children.

National sector plans are disconnected (health, education, and social welfare) and not adequately prepared for crises, especially around MHPSS needs.

💡 Proposed solutions

Link with local systems, implement task-shifting, localization and service-mapping as a humanitarian response.

Develop peer support programs, case conferencing, explore models putting local organizations in charge of CP and then have humanitarian organizations play the support role.

Scale up capacity building in MHPSS and continue defining the composite term MHPSS using the IASC MHPSS intervention pyramid.

Determine what is feasible in each context and if possible, work with social workers/ MHPSS, health, and CP actors to support teachers, in addition to providing MHPSS supports for teachers and education personnel.

Advocate for inter-sectoral plans to be created and for MHPSS to be cross-cutting and not sit solely in one sector plan.



Mari Ullmann, Annalisa Brusati, and Racheal Kisakye use LEGO to express their ideas in creative ways.

Humanitarian and development institutions

! Problems and barriers

There is a lack of community-level engagement from design, inception, programming, and research. How do we engage youth? How do we build programs on what already exists?

Referral systems are often not functional due to lack of coordination across sectors, knowledge gaps, and lack of dedicated time to come together as a coordinated humanitarian response mechanism.

Short missions and high turnover.

The humanitarian and development sectors want local partners to scale up quickly, and they sometimes fail because they don't have the administrative capacity.

Humanitarian actors do not build up the national systems due to the nature of funding and lack of incentive to go beyond their implementation plans.

Institutional rivalry, turf wars.

💡 Proposed solutions

Learn what exists by taking a ground-up approach to program design and knowledge generation, involve service users in the process of integrating education, health, and child protection from day one.

Dedicate time to the development of multi-sector referral mechanisms across the humanitarian response, including the voice of community members to inform the usability and acceptability of referrals.

Institute mechanisms to retain institutional knowledge.

Be responsive to administrative constraints by budgeting and allocating time to support local partners in this.

Establish functioning MHPSS working groups at national levels and include ministries whenever possible to strengthen national systems and promote sustainability.

Increase opportunities to train and learn together, develop shared platforms and focus on localization. Convene more forums to come together for sharing, learning, and brainstorming solutions together.

Developing our “to-do” list / continued

Research

! Problems and barriers

Inadequate funding for research to generate evidence-based approaches to integrated programming.

Limited data/evidence supporting MHPSS integration in education.

Sectors are siloed, at many levels.

MHPSS knowledge gaps within program planning teams.

💡 Proposed solutions

Increase investment from donors and advocacy efforts from practitioners.

Link wellbeing and learning outcomes, and explain clearly to donors what works.

Ensure teams are multi-sectoral teams, develop shared platforms, and ensure agencies include MHPSS in education proposals.

Create orientations/trainings and supervision on MHPSS across sectors and agencies.



Emma Wagner, Viktor Kjeldgaard Grønne, Kristin Hadfield, and Ilya Yacevich debate MHPSS terminology for the Minimum Service Package.

Developing our “to-do” list / continued



Mapping the ways education is fundamentally inter-sectoral.

Funding

! Problems and barriers

Access to flexible, multi-year funding geared toward integrated learning and well-being outcomes is limited/insufficient in crisis-affected contexts, and there is competition for limited resources. Funding is siloed: development vs. humanitarian, and by sector.

There is fear of scale – it is often thought to be too expensive to address MHPSS.

💡 Proposed solutions

Advocate that donors provide specific MHPSS funding and demand multi-sectoral approaches that look at outcomes and impacts across the humanitarian response versus outputs by sector.

Consider the possibility that not all children will need specialized or even focused services – some can benefit from broader preventive and promotive approaches.

Developing our “to-do” list / continued

Stigma and attitudes

! Problems and barriers

Stigma associated with mental disorders and distress, stigma for MHPSS clients.

MHPSS can be seen as a “Western approach.”

Perspective that boys don’t need support, only girls do; that male adults can’t play a MHPSS support role.

💡 Proposed solutions

Address stigma, and support and encourage beneficiaries to begin to talk about their experience and recovery.

Describe MHPSS using locally adapted terminology and avoid jargon.

Develop community-wide solutions that are inclusive of, and tailored, to gender considerations.



Mackenzie Monserez, Ilya Yacevich, and Emma Wagner present ideas and inspiration from their small group discussion.

Conclusion and thank you!

We want to thank Education Cannot Wait for supporting the convening of actors across health, education and protection. Furthermore, thank you to everyone who participated, presented, and together wrestled with the various challenging issues in our journey to better integration of MHPSS across the sectors we work in. A special thank you to Anita Anastacio and Paul Frisoli of the LEGO Foundation for keeping us entertained with various LEGO six brick activities.

There is great awareness and consensus of the challenges and the necessary actions that need to take place in order to deliver a multi-sectoral response to ensure the mental health and well-being of children and families in humanitarian

settings. The meeting served as an opportunity to come together, share resources and best practices, and take a deep dive into the core issues that impede coordination and multi-sectoral responses.

The MHPSS Collaborative will continue to convene similar meetings at the country level and work to support coordination bodies such as mhpss.net and others in order to further the integration of MHPSS across education, health and protection.



Thank you all for being part of this groundbreaking event!



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