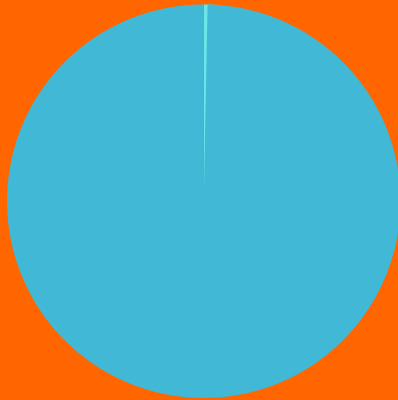
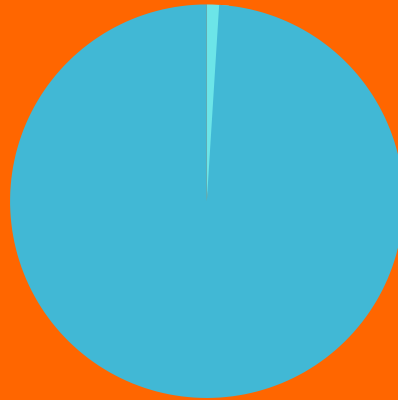


Follow the money:

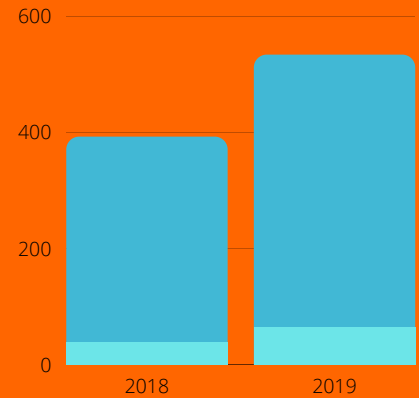
Global funding of child and family MHPSS activities in development and humanitarian assistance



In 2019 0.31% of all ODA development grants went towards child and family MHPSS



In 2019 1.0 % of all private development grants went towards child and family MHPSS



ODA and private spending for child and family MHPSS increased 34% from US\$ 392 million in 2018 to US\$ 533 million in 2019

Mental health and psychosocial well-being are critical to the functioning of society and recovery from emergencies. Conflicts, protracted crises, natural and man-made disasters, pandemics and other adversities affect the mental health and psychosocial wellbeing of children, youth and families as they suffer from daily life stressors, violence, traumatic experiences and various physical and emotional stressors. Without adequate support, these adverse experiences can have lifelong impacts on the health and wellbeing of individuals, and particularly on the ability of children and adolescents to grow, learn and develop to their full potential.

Findings from a costing study conducted by the MHPSS Collaborative of ODA (1) and private development finance for the years 2018-2019 reveal that, despite small increases, child and family mental health and psychosocial support (child and family MHPSS) remains severely underfunded.

This study follows a similar study conducted for years 2015-2017, but with a refined methodology to capture cross-sectoral mainstreaming and integration. While the two studies are not directly comparable, both show a trend toward increasing funding for child and family MHPSS in the period (2).

1: Official development assistance (ODA) is official financial support that promotes the economic development and welfare of developing countries. ODA is the most comprehensive measure for the money flow in humanitarian development and assistance. This study examines how much of the global development funding goes towards mental health and psychosocial support (MHPSS) programming for children and families. As MHPSS activities are integrated across sectors, funding “specifically” or “at 100%” cannot be estimated and we therefore speak of funding targeted or allocated partly to child and family MHPSS, or funding for projects providing child and family MHPSS.

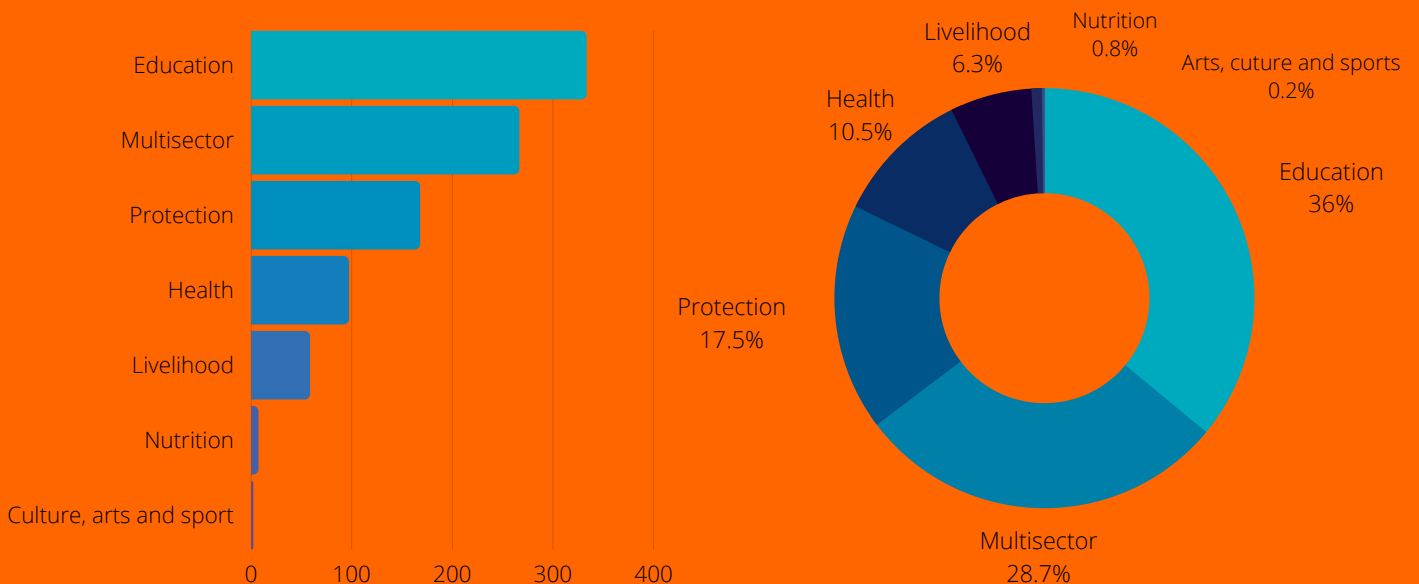
2: Of note, an exceptionally large grant of \$100 million was committed in 2018 by the LEGO Foundation and the John & Catherine MacArthur Foundation for Sesame Workshop activities and private sector disbursements increased in 2018 from US\$ 39,2 in 2018 to US \$64,8 million in 2019 (a 65% increase).

However, even with these increases, the small fraction of funding for child and family MHPSS is woefully insufficient to offset the high demand for mental health and psychosocial services across the globe. The reality in 2019 is that only 0,31% of ODA funding and 1.0% of private sector funding went to child and family MHPSS.

Refining the methodology of the study allowed for better tracking of child and family MHPSS integration across different sectors. Based on available data, the study found that most child and family MHPSS spending (36,0%) was in the education sector, with most funds channelled through UNICEF and 28,8% of these grants being investments from the global fund “Education Cannot Wait”. The second largest spending category is child and family MHPSS & multi-sector (29.0%) followed by protection (17,5%), then health (10,5%).

Despite commitments from private development, funding overall is far from sufficient to remedy decades of under-investment in child and family MHPSS. This fact sadly came into focus during the COVID-19 pandemic in 2020 and 2021. A WHO survey conducted during the pandemic in 2020 (3) revealed that preventive and promotive services and programmes were the most severely affected mental health programmes. Around three quarters of school mental health programmes were wholly or partially disrupted, and only about 30.0% of mental health services for children, adolescents and older adults remained without disruption. In order to ensure adequate, strategic and cross sectoral funding for child and family MHPSS, governments need both increasing funding and ensuring policies that support systemic change in the provision of high-quality programming for children and their families through adversity.

ODA and private development finance disbursements om 2018 and 2019 by sector of integration



2018-2019 disbursements in US\$ million

2018-2019 disbursements in percentages

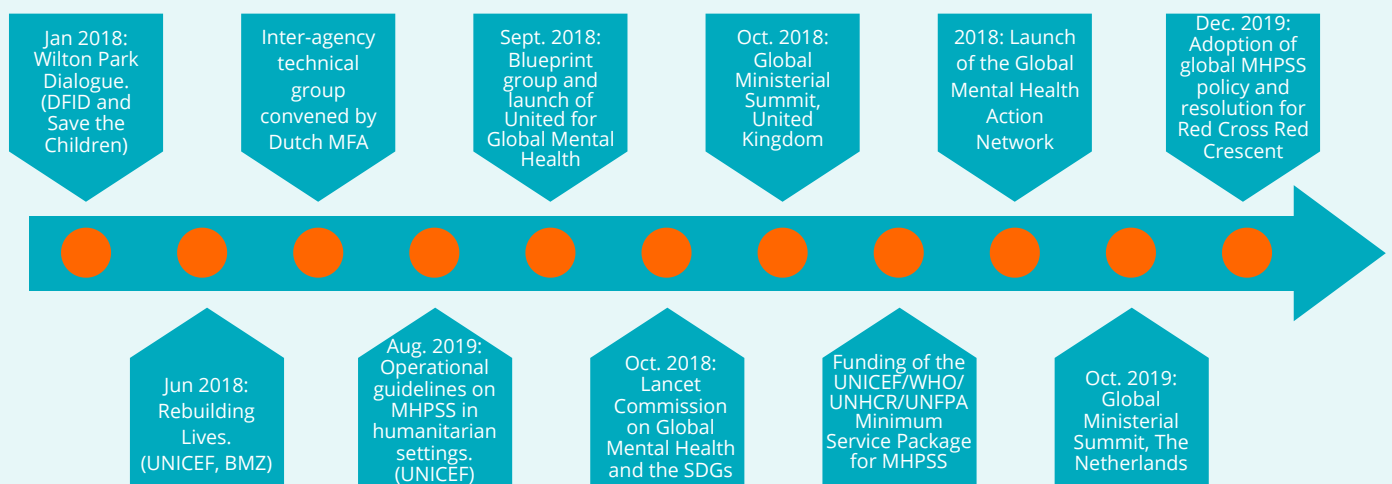
3: World Health Organization (2020). The impact of Covid-19 on mental, neurological and substance use services: Results of a rapid assessment. <https://www.who.int/publications/i/item/978924012455>

Recommendation: A common language

Cross-sectoral mainstreaming and integration of MHPSS into existing community service structures is beginning to take hold in development and humanitarian work. Various tools and resources are being developed to promote mainstreaming, including the forthcoming UNICEF/WHO/UNHCR/UNFPA Minimum Services Package for integrating MHPSS across health, protection and education systems. In order to assess the adequacy and timeliness of child and family MHPSS funding and advocacy efforts it is necessary to be able to track the funding better. We recommend:

- **Develop a common language across sectors** for implementers to track MHPSS investment and approaches within cross-sectoral programmes and systems, including common indicators.
- **Label all psychosocial and mental health programming with the composite term "MHPSS"** when reporting funding to more accurately track commitments and disbursements. MHPSS is referred to by many different terms: mental health, psychosocial support, socio-emotional support or learning, adolescent resilience, life skills, wellbeing, etc., and this variety of terms should be preserved. However, consistency across reporting for MHPSS programming will better capture integrated programming and potentially will continue to foster understanding of the need for multi-layered services with functional referrals across all layers through use of the composite term.
- **Clarify and standardize what constitutes "MHPSS" at levels of intervention**, to ensure MHPSS approaches implemented within rehabilitation or reintegration of children, early child development or child friendly spaces, peacebuilding activities, mine victim assistance and others are captured – as well as ensuring adequate coverage of all layers of the pyramid (including focused and specialized services) and functional referrals.

Recommendation: Advocay and policy



The study found that important commitments to CF MHPSS were made in 2018 and 2019. This is likely due to the series of high-level events that took place the same year bringing unique attention to MHPSS, including the launch of the Lancet Commission on Mental Health and convening of the first Global Ministerial Mental Health Summit.

The momentum drove continued investment and policy change in 2019, including the Mind the Mind Now Global Ministerial Mental Health Summit in the Netherlands with a focus on humanitarian settings, and the adoption of a global MHPSS policy and resolution across the Red Cross Red Crescent Movement.

The Covid-19 pandemic further strengthened global calls to redress the lack of accessible, quality MHPSS services across the globe, particularly for children and families in the most fragile settings. To bridge the gap between needs and resources, we recommend:

- **Continued advocacy from local to global levels for attention to child and family MHPSS**, recognizing the important windows of opportunity in early childhood and adolescence to act early in preventing mental disorders and in ensuring the learning, earning and socio-emotional potential of all children to build more peaceful and prosperous societies.
- **Donor review of and commitment to integration of child and family MHPSS across sectors in policies and funding streams** to encourage mainstreaming of sufficient quality, length and intensity to achieve impact.
- **Substantial increase in government funding for systemic change in mental health and psychosocial service systems**, on par with and complementing private investments to ensure sustainability. While the substantial private development grants make a tangible difference for vulnerable children and families, governments must step up. Public and private investments are critical to ensure: a) improved coordination; b) multi-disciplinary workforce capacity development; c) quality community-based care; d) improved access and functional referrals and e) reduced stigma.

Recommendation: Future studies

Due to the critical need to strengthening MHPSS systems and capacity globally in order to meet the Sustainable Development Goals, future studies should be conducted on at least an annual basis and must examine investments across the prevention, promotion and care continuum. We recommend:

- **Continually update and complete the list of keywords used for child and family MHPSS funds tracking** as new, evidence-based approaches are added to the repertoire, and to better identify MHPSS integrated within, for example, nutrition, mine action, shelter, peacebuilding and early child development activities.
- **Examine ODA investment in 2020 to confirm whether increased attention to MHPSS due to Covid-19 and calls for greater investment translated into increased funding**, despite general donor cuts.
- **Further investigate humanitarian funding for child and family MHPSS**, including in humanitarian response plans, to determine amounts requested and received, and through which sectors.
- **Assess child and family MHPSS spending as a proportion of all spending within each sector and area of responsibility, as well as final funding received by the last implementing entities** in line with the Grand Bargain's objective to achieve the target of at least 25% of humanitarian funding to local and national responders as directly as possible.

Full report forthcoming, see:

Email: info@mhpsscollaborative.org
Website: www.mhpsscollaborative.org
Twitter: @MHPSSCollaborative
LinkedIn: The MHPSS Collaborative

Advisory board:

Caroline Scheffer, Save the Children
Caoimhe Nic a Bhaird, Unicef
Koen Servants, CP AoR
Zeinab Hijazi, UNICEF
Leslie Snider, MHPSS Collaborative
Author:
Margot Thierry, MHPSS Collaborative