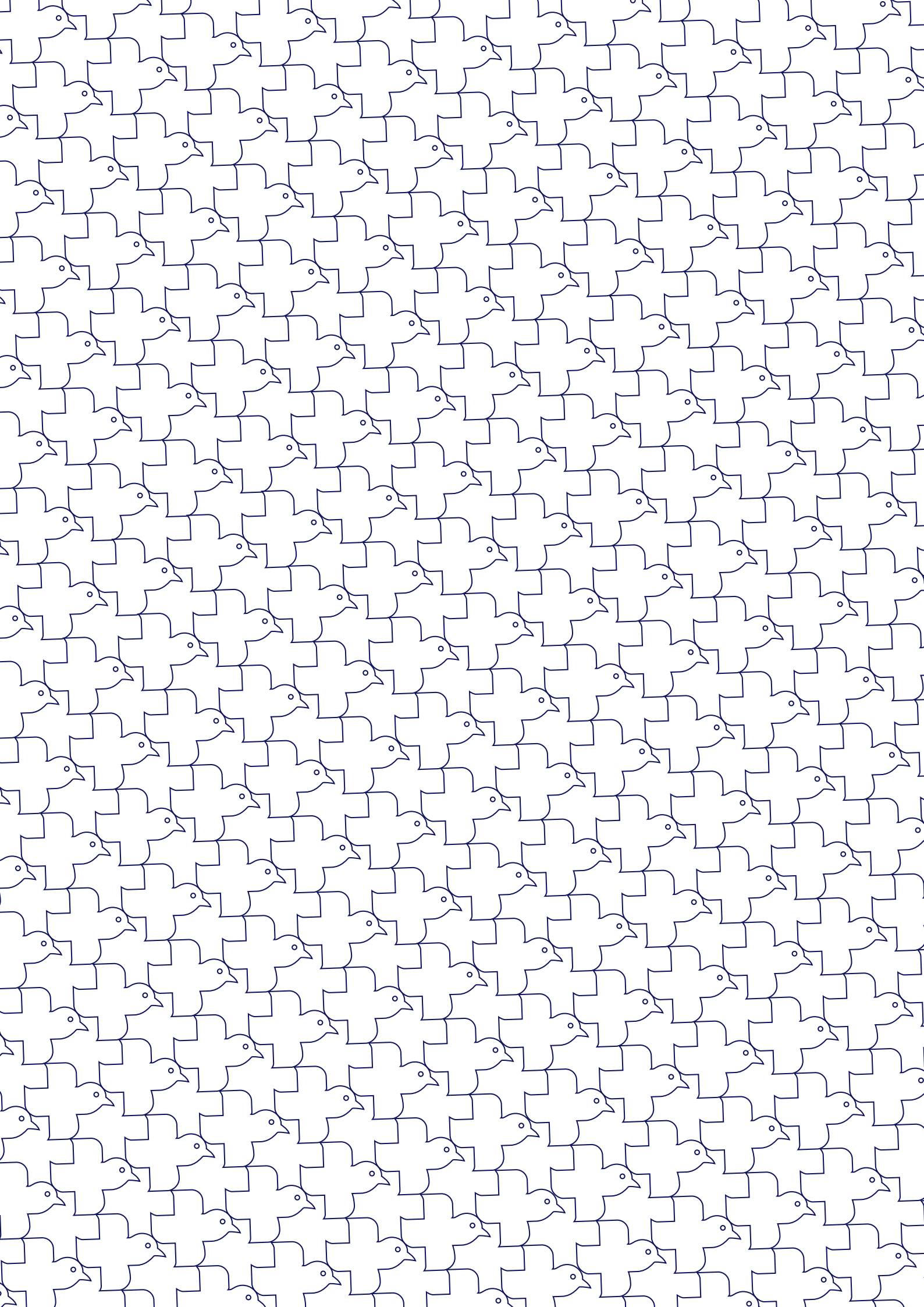




**DOCTORS OF
THE WORLD**

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FRAMEWORK

JANUARY 2025



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DEFINITION, VISION AND MISSION

DEFINITION

The World Health Organization (WHO) defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community. The importance of mental health is also emphasized in the WHO Constitution, which states that "health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

The Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and psychosocial support in emergencies, hereinafter referred to as the "IASC guidelines," define mental health and psychosocial support (MHPSS) as a composite term used to describe any kind of support (MHPSS) as a composite term used to describe any type of internal or external support aimed at protecting or promoting psychosocial well-being and/or preventing or treating mental disorders. These closely related terms reflect different but complementary approaches. Actors outside the health sector tend to talk about enhancing psychosocial well-being, while people working within the health sector tend to talk about mental health.

"Mental health" and "psychosocial well-being" are complementary terms that will be used collectively throughout the Mental Health and Psychosocial Support Framework under the acronym MHPSS, unless used separately for specific reasons. Doctors of the world recognizes the need for a coherent approach in the provision of mental health and psychosocial support services in line with international standards in their programs and overall operation. For this reason, they work systematically to ensure that the organization's staff and volunteers promote through their daily activities, a sense of security, tranquility, individual and, by extension, group and community functionality, connectivity with local communities, and serenity.

VISION AND MISSION THROUGH THE LENS OF A COHERENT MHPSS MODEL

The organisation's vision is that every person facing health inequalities and social exclusion, whether adult or child, has the right to achieve the best possible mental health and to protect and promote psychosocial well-being through the core services of Médecins du Monde in Health, Social Services, Social Inclusion, and the optimization of infrastructure for the provision of protection.

The mission of the MHPSS framework initiative will be to provide this support by:

- Promoting psychosocial well-being and building resilience in all children by providing quality, inclusive, and equitable education in a child-centered, safe, and stimulating environment, in which the psychosocial needs of all children are identified and addressed
- Providing primary health care services that protect and promote mental health and psychosocial well-being of those served
- Providing support and social services that promote self-reliance and empowerment
- Protecting and promoting the rights of refugees against risks that threaten their safety, which often have an impact on their mental and psychosocial health and should be addressed as part of a comprehensive response
- Recognition that an appropriate living environment is important for well-being and promotes positive individual development, as well as community well-being and resilience
- Working with local communities to ensure participation and strengthen community capacities and resilience
- Ensuring the Organization's capacity to promote, identify, and address the mental and psychosocial needs of communities and vulnerable groups
- Building partnerships with other organizations to facilitate the exchange of best practices, knowledge, and expertise, and
- Recognizing the need to provide at least a basic MHPSS response to affected communities and populations.

GUIDING PRINCIPLES AND CONCEPTS OF MHPSS

“Mental Health and Psychosocial Support” runs through all of the Organization's programs and operations, and therefore the adoption of principles and concepts at the organizational level is important to ensure consistency and coherence in the overall functioning of Médecins du Monde. In this way, the organization is able to strengthen the systems, structures, processes, and capacities of its staff as a whole. This section helps to define the responsibilities of staff responsible for supervision and coordination, as well as the principles they must adhere to in their daily work.

MHPSS GUIDING PRINCIPLES

The MHPSS framework of Médecins du Monde Greece adopts and is based on the fundamental principles of the IASC guidelines. These are:

(I). Human Rights and Dignity: MHPSS planning and interventions should recognize the human rights of vulnerable social groups, homeless people, refugees, and populations affected by natural disasters and wars, and protect individuals and communities at risk from violations of these rights. They should be provided in a manner that respects the dignity of people in need and maximizes access and equity in the availability and affordability of services, taking into account gender, age, disability, locality, and other relevant factors.

(II). Participation: The MHPSS framework recognizes the importance of involving those being served in the design process to ensure that MHPSS interventions reflect both their needs and strengths. Participation is also considered essential for promoting community awareness and resilience.

(III). Do no harm: As a humanitarian entity, the Organization ensures that it does not cause unintended harm to any person receiving services, either through its own interventions or through the interventions of external referral partners. All services must be provided in the best interests of the child or adult concerned and by adequately trained and supervised staff. Informed consent, confidentiality, and the participation of beneficiaries are key to upholding the principle of “Do No Harm.” These are also key elements of the organization's child protection and vulnerable adult protection policy.

(IV). Utilization of available resources and capacities: Médecins du Monde recognizes the potential and capacities of the communities involved. To facilitate this, Médecins du Monde will seek to work with community members themselves to strengthen self-help and resilience.

(V). Resilience: Some MHPSS needs can be effectively addressed by supporting those served to develop their own resilience—that is, their ability to adapt to change, cope with difficult life situations, and maintain positive perspectives for the future. Individuals' resilience can be further strengthened by reinforcing protective factors (external factors that support psychosocial well-being) and promoting positive coping mechanisms (behavioral and psychological strategies that help individuals master, cope with, reduce, or endure stressful and difficult situations). Médecins du Monde is not in a position to prevent conflicts and instability, eliminate threats to protection (although some can be mitigated) or eliminate sources of mental or psychosocial harm. However, the Organization and its services are in a position to provide an environment conducive to the development of protective factors and positive coping mechanisms. Médecins du Monde can contribute to building resilience through strategies that include:

- Directly addressing sources of distress in the community through consultations and programs based on real needs (safe housing, access to basic health services, distribution of hygiene kits, management and response to various forms of violence).
- Promoting practices and policies that support inclusive integration in an environment that promotes the rights and well-being of all children and adolescents on a daily basis.
- Further developing the knowledge base and protective factors of the community against stressors in its environment, taking into account the stages of the life cycle.
- Strengthening psychosocial well-being, coping, and resilience through parent education, family, and community interventions.
- Emphasizing early assessment, prevention, and mitigation of risks that affect vulnerable groups, including women (with particular emphasis on pregnant women and new mothers), children, the elderly, people with disabilities and/or people with chronic conditions.

(VI). Integrated support systems: MHPSS activities and interventions are integrated into MDM's core programs, including health, social care services, emergency response as well as the provision of shelter and protection. Each of these programs develops a basic action through which it can support children and adults facing mental health or psychosocial issues.

(VII). Sustainability: A sustainable approach ensures that Médecins du Monde does not produce services (or dependence on services) that are independent of the usual Planning. By integrating MHPSS principles and practices into its core programs, Médecins du Monde ensures a sustainable basic response in line with IASC standards.

To this end, Médecins du Monde does not plan to provide highly specialized psychiatric and other related health services long-term provision of highly specialized psychiatric and other related health services for the community. Such an approach would not be sustainable, given the capabilities of the organization. Instead, the organization seeks to establish and maintain referral links with external partner organizations, where they exist, to ensure that all beneficiaries have access to the MHPSS services they need.

The integration of MHPSS principles into core programs will reduce the degree to which mental health and psychosocial support depends on finite external project funding. Emphasis will

be placed on staff training and capacity building, which will help ensure the development and implementation of low-cost and effective MHPSS delivery models.

MULTI-LEVEL APPROACH

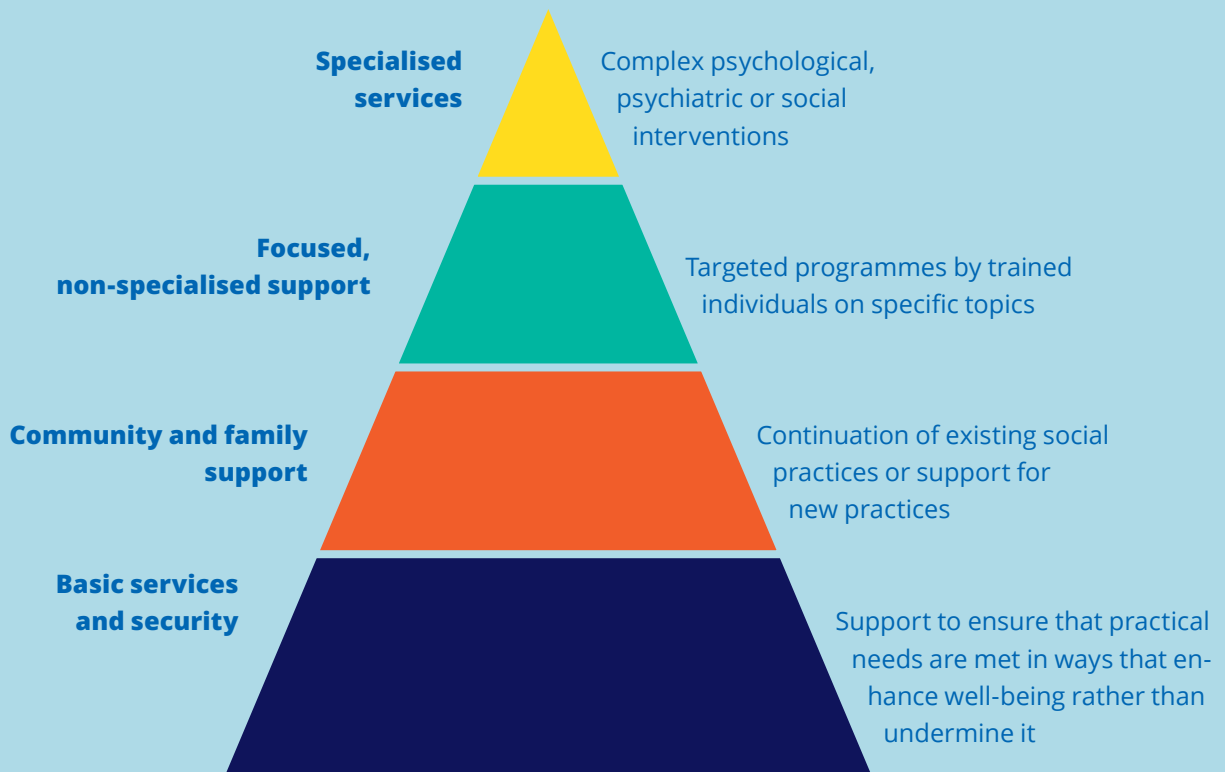
Médecins du Monde recognizes the dynamics of mental health and psychosocial difficulties—people are affected in different ways and need different support. The IASC guidelines recognize four

levels of complementary MHPSS support (Figure 1). These aim to provide a holistic approach to MHPSS provision to a population. As such, the MHPSS framework is also based on a multi-level service system that integrates MHPSS principles and practices into programs so that those served:

- ➊ Receive basic services with dignity and respect, which reinforce their sense of dignity and well-being.
- ➋ Are provided with opportunities to learn and strengthen positive coping mechanisms, either as individuals, as parents, or as members of the community.
- ➌ Have access to individual or group specialized services in case they experience significant distress or coping difficulties, and
- ➍ Have access to specialized services in case they experience more severe mental health difficulties.

The organization attaches great importance to prevention and promotion activities aimed at strengthening the capacity of individuals, families, and communities to resist and cope positively with all kinds of stressors factors.

It also recognises that some cases will require more structured support. Where possible, Médecins du Monde seeks to provide focused, non-specialised support from trained and supervised staff. This may include basic advice and support in protection cases, including cases of violence, abuse, neglect and exploitation, such as gender-based violence (GBV) and child protection concerns. Médecins du Monde strives to ensure that the beneficiaries of its programs have access to specialized services if their needs exceed the capabilities of the organization's services, through referral and interconnection. beneficiaries of their programs have access to specialized services when their needs exceed the organization's capabilities, through referral and systematic liaison with external partners.

FIGURE 1: MHPSS INTERVENTION PYRAMID

Basic services and safety: The GtG organization provides services such as health care, housing, and social care in a way that promotes and strengthens psychosocial well-being and resilience, protects the rights of those served, strengthen local support networks and involve individuals and their communities. The organisation is systematic call monitored to ensure that its services are provided in a dignified and supportive manner. To this end, program initiatives provided by MdM should be implemented in participatory, safe, and socially appropriate ways. Where appropriate and relevant, MdM can train frontline staff in psychological first aid to ensure that they are equipped to provide basic psychosocial support to individuals and families who have been exposed to particularly traumatic events.

Community and family support: The second level of the Mental Health and Psychosocial Support framework aims to provide basic psychosocial support, Community and family support: The second level of the Mental Health and Psychosocial Support framework aims to provide assistance to children or adults who are able to maintain their mental health and psychosocial well-being if they receive help in accessing basic community and family support. In some areas of action of the MdM organization, the experience of displaced persons and refugees is often characterized by the threat of disruption to family and community networks, fear, and insecurity. Rather than focusing exclusively on individual counseling, the psychosocial well-being of these refugees can be enhanced by strengthening community and social support structures and self-help mechanisms. This may include information on self-help, psychoeducational sessions on positive coping methods, supportive parenting programs, and the activation of social networks, such as through women's groups and youth clubs.

Focused, non-specialized support: The third level of intervention represents the support required for a smaller number of children and adults who need a more focused individual, family, or group approach. These interventions are usually provided by trained and supervised staff such as counselors or social workers. In schools, for example, this may include individual or group counseling for children who have been exposed to violence or threats protection. This may also take the form of specially designed “groups” to help children who may be experiencing sleep problems or other disturbing symptoms. In health clinics, patients suffering from non-communicable diseases can predictably be supported through targeted groups that reinforce positive coping and healthy lifestyles. Focused, non-specialized support can also take the form of a combination of legal and psychosocial counseling for survivors of gender-based violence and child protection cases.

Specialized services: Specialized services are intended for a small percentage of the population who may experience mental health problems and/or difficulties in basic daily functioning. Although Médecins du Monde is not in a position to provide immediate specialized services—such as psychiatric assessments and able to provide specialized services directly—such as psychiatric assessments and care, including most forms of psychotherapy—every effort should be made to ensure that these individuals have access to appropriate services whenever possible. To this end, while Médecins du Monde's trained staff can provide support in MHPSS cases requiring mild to moderate support through focused non-specialized interventions, more serious cases will be referred for external psychological or psychiatric support from partners.

PREVENTION/PROMOTION, ASSESSMENT, INTERVENTION AND REFERRAL MODEL

In addition to international guidelines, Médecins du Monde uses a four-stage model that describes the process by which services should be developed and delivered to meet the needs of individuals, families, and communities. **The model includes four distinct processes:**

- ➊ **Prevention/promotion:** Provision of activities that promote the overall well-being of individuals, families, and communities and contribute to the promotion of adaptive coping mechanisms and resilience.
- ➋ **Assessment:** Ensuring that the psychosocial needs of individuals and families can be identified and understood through a scaled assessment system.
- ➌ **Interventions and evaluation:** Providing interventions that are tailored to the needs of individuals, families, and communities.
- ➍ **Referral:** Referral to other professionals or institutions internally and/or externally to ensure that holistic needs are met, including access to specialised mental health and protection services not provided by MdM.

STAFF SAFETY, WELL-BEING AND SELF-CARE

Médecins du Monde recognizes the importance of staff safety, well-being, and self-care. In order to provide safe, effective services that support psychosocial well-being and contribute to the prevention of mental distress among the communities served and affected, staff must have a supportive work environment and access to adequate support within the organization.

Within the framework of Médecins du Monde's operations, the responsibility for promoting a culture of staff well-being throughout the organization falls under the remit of the Human Resources Department. Therefore, the MHPSS framework is relevant to human resources and administration departments, which should work to strengthen the development of policies and strategies that enhance support for all Médecins du Monde staff.

CAPACITY BUILDING

Although it is recognized that staff have developed capacities through programs, specific capacity building and training will be required to ensure that the principles and MHPSS framework can be applied consistently across all areas of activity. This training should be based on practices consistent with the MHPSS framework and facilitate the core MHPSS interventions that are integrated into programs. While it is noted that training should be integrated into existing program approaches and tailored to the requirements of different staff roles and capacities, it should be complemented by appropriate supervision. The following elements can be considered among the basic requirements for MHPSS capacity development:

- Basic and advanced identification, detection, and assessment skills
- Community and parent education skills (e.g., stress management, helping children cope with stress, etc.)
- Psychological First Aid (PFA)
- Ethics and professional conduct (e.g., “Do no harm,” confidentiality, etc.)
- Protection, child protection, inclusion of persons with disabilities, and survivors of gender-based violence.
- Focused, non-specialized interventions, such as basic counseling (individual and group).
- Case management and internal, external referrals, and
- Staff well-being and self-care.

This training should take into account the work done so far by programs like educational reform with overall support and professional development tools to help teachers and school principals. It should also be based on resources that have already been developed within the sectors, which could easily be brought together to serve as a basis for future training. As a first step, the Agency will undertake a comprehensive exercise to: **1** Identify common programming and training requirements **2** Gather and review existing training materials related to MHPSS competencies and best practices, and **3** Identify potential sources of support in case new training materials are needed. This mapping exercise should also consider how protection and other cross-cutting issues can be integrated into relevant training.

The training provided by the Agency is based on a training plan that is developed collaboratively. The plan includes toolkits and methodologies based on WHO and IASC MHPSS standards as well as global best practices (internationally validated training modules) available for frontline staff and adopts a Training of Trainers (ToT) approach, leveraging the capabilities of the organization's staff.

All training must be practical and useful for frontline staff. MHPSS training must be practical and useful for frontline staff. MHPSS training must also be implemented according to a realistic timetable so as not to overburden staff, while at the same time allowing for the possibility of adequate supervision and support.

Staff training is one of the key areas in which the organization seeks strategic partnerships with other agencies and in which support for the project will also be sought from donors or sponsors.

MHPSS IN EMERGENCY SITUATIONS

Given the new programs in Ukraine after February 2022, but emergency situations that have characterized certain areas of Médecins du Monde's operations in Greece due to natural disasters, the organization seeks to develop a specific approach to providing MHPSS in emergency situations. This approach is integrated into the emergency management framework currently being developed by MdM and is consistent with the organization's regular programming for mental health and psychosocial support (MHPSS), and can be expanded to cover the psychosocial Support (MHPSS) sector, and can be expanded to cover the psychosocial needs of people and communities in emergency situations, particularly those with additional or extensive psychosocial needs. The implementation of this component of MdM's emergency management framework will require extensive collaboration between MdM programs and teams, as no existing program is likely to have the capacity to provide an adequate response to emergencies and mass management situations.

MdM's response to emergencies related to MHPSS issues will remain consistent with IASC guidelines. To this end, MdM will maintain its focus on prevention/promotion to strengthen positive coping mechanisms, while working to strengthen social and community support. This will be complemented by targeted, non-specialized interventions for children and adults who have experienced higher levels of distress. For example, increased attention may be given to children and parents, with a particular focus on helping them restore a sense of routine and stability. Similarly, psychoeducation sessions may focus more on understanding acute (rather than general or chronic) stress, with particular emphasis on positive coping and stress management mechanisms. However, Médecins du Monde will not seek to develop or implement specialized interventions that are not consistent with general MHPSS principles.

In line with the Do No Harm approach and international standards, the organization strives to ensure that its interventions are evidence-based and reflect global best practices. In cases where the emergency requires additional MHPSS support, MdM response staff receive the necessary training and supervision. The organization may also collaborate with local partners who have the capacity to provide appropriate training.

In implementing the MHPSS framework, the organization and sectors will ensure that MHPSS principles and practices are taken into account and that key guidelines are incorporated into emergency preparedness and response plans where they do not already exist.

STRATEGIC PARTNERSHIPS

Médecins du Monde seeks partnerships at both the operational and technical levels with organizations that can strengthen the vision and implementation of the MHPSS framework. These partnerships are considered critical not only for improving the quality of Mdm's MHPSS interventions, but also for expanding the availability of MHPSS to affected populations.

Based on the MHPSS framework developed above, the Organization will seek to develop partnerships with the following objectives: **1** Strengthen the capacity of staff to carry out MHPSS interventions, both in terms of prevention and promotion, as well as for targeted and non-specialized interventions of staff to carry out MHPSS interventions, both in terms of prevention and promotion, as well as for targeted and non-specialized interventions **2** Produce research on the mental and psychosocial well-being of individuals, groups, and communities in need, including those affected by conflict and occupation **3** Develop and maintain referral pathways with quality external providers of specialized services, and **4** Developing referral links for services that will contribute to promoting self-care and staff well-being.

COORDINATION

This section sets out the coordination requirements that will facilitate the implementation of the MHPSS framework. This includes the need for coordination:

- 1** Between headquarters and each of the five field offices, and
- 2** Between programs at both headquarters and in the field.

Due to the horizontal and cross-programmatic nature of MHPSS, coordination structures for MHPSS are critical. The first coordination requirement, to ensure implementation of the MHPSS framework across the organization, is coordination between headquarters and field offices and the existence of a technical lead for this issue at headquarters. This function belongs to Central Management.

An advisory committee will be established to ensure coordination of the implementation of MHPSS, including planning, technical support, and programming across all relevant departments and field offices. The MHPSS advisory committee consists of the heads of the relevant.

At the strategic level, the advisory committee, in conjunction with the field offices, will ensure agreement on critical issues affecting the organization's MHPSS approach. The most important of these is agreement on the implementation of the MHPSS framework itself. It is envisaged that the advisory committee will consult with the fields on issues such as staff capacities, training priorities and key common interventions. This is done with the understanding that there are program and sector specificities that need to be taken into account. For example, the operational fields differ in terms of context (from stability in Ukraine to mass movements of asylum seekers and issues of care for homeless people and Roma populations in Greece). The fields also differ in terms of funding available for each project, the number of MHPSS-related consultants and other staff, and training opportunities. However, this should not prevent the agreement of basic MHPSS principles and best practices that are common across the organization.

The Program, Volunteer, and Social Service Departments, as well as Central Administration with its technical staff at headquarters, are in a position to effectively support the integration of MHPSS principles and practices into their respective programs at the field level. In the Health sector, for example, MHPSS principles are strongly reflected in the overall approach, policies, and implicitly in the policy on unimpeded health care, with the pilot integration of a MHPSS stepped care model using the WHO mhGAP approach, which aims to ensure the implementation of specific psychological and social assessments in health planning.

In relation to the above, it is understood that the program departments of the central services work closely with their respective local partners to develop the required interventions, standard operating procedures (SOPs), training requirements, etc., based on the principles described in the MHPSS framework. To achieve this, program departments should establish a technical focal point (MHPSS) with the relevant expertise. In practical terms, this technical focal point is the one that will provide technical and organizational support to each program (vertically) at the field level. This will be overseen by the advisory committee, which will work to ensure the coherence of efforts and compliance with the agreed principles outlined in the MHPSS framework. This mechanism, which is consistent with ICRC practices, also ensures coherence both between fields and within fields (noting that established practices should be agreed upon both at headquarters and between fields before being developed and implemented).

To facilitate this process, headquarters need additional support to coordinate and facilitate the coordination of MHPSS services. This will be undertaken by an MHPSS coordinator at headquarters, with a strong background and expertise in MHPSS to support the various programs and coordinate a common approach in line with the MHPSS framework. In addition to coordination, this position is expected to play a key role in supporting the formulation and development of policies, guidelines, and good practice documents to be jointly determined by the program department of the central services and field offices. This position will also work closely with program, project, and structure coordinators and support the development of relevant guidelines, the collection of information and data, and the preparation of reports as required.

At the field office level, the field coordinator has overall responsibility and accountability for ensuring the implementation of the MHPSS framework. The field coordinator appoints an MHPSS focal point, who in most cases may be based on the field program support office or another office to monitor the implementation of the MHPSS framework and should ensure liaison with the MHPSS coordinator at headquarters. MHPSS Coordinators at the local office level are responsible for ensuring that field-level program staff establish the necessary linkages, harmonization, and referral pathways with protection and referral management systems. While the implementation of the MHPSS framework will be driven by the programmes themselves, this should be based on policies and practices developed in collaboration with headquarters to maintain consistency across the entire organization. Relevant issues include, but are not necessarily limited to ensuring the inclusion of protection principles and practices facilitating internal referrals between programs creating (where possible) external referral networks accessible to all programs, representation on MHPSS working groups and clusters, and coordination of policy and reporting in the field.

It is also recognized that the implementation of the MHPSS framework will not be limited to integrating principles and practices into core programs. The organization's field offices currently have a number of ongoing projects and initiatives that support mental health and psychosocial well-being of the community. It is also recognized that fields differ in their capacity to integrate MHPSS interventions and practices.

The MHPSS framework is not intended to undermine the plans or initiatives of field offices. Rather, it aims to:

- 1** Ensure that fields have the maximum possible impact by aligning them with the MHPSS Framework.
- 2** Ensure that all beneficiaries have access to a basic level of MHPSS, regardless of their field of residence.
- 3** Establish common principles and concepts to guide the development of MHPSS interventions.
- 4** Align MdM's mental health and psychosocial orientation planning with global guidelines.
- 5** Identify common priorities that require the development of guidelines and good practice interventions, and
- 6** Avoid duplication or inconsistency in future MHPSS initiatives.

HEALTH AS AN ACCESS PATHWAY TO SOCIAL WELFARE WITHIN THE CONTEXT OF MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

MdM-Greece follows social medicine and social care practices in its programs, using the principles of integrated social work, which means that they use techniques and knowledge related to social work with individuals, social work with groups, and social work with the community.

Always focusing on the individual needs and requests of beneficiaries, they ensure and follow the principles of non-harm, respect for self-determination, confidentiality, and privacy of information, and in collaboration with trained social workers, they provide and follow the principles of non-harm, respect for self-determination, confidentiality and privacy of information. In collaboration with trained social workers, they implement targeted actions towards social change.

In the context of supporting key populations and vulnerable and complex cases In the context of supporting key populations and vulnerable and complex cases and/or individuals in crisis or in need of immediate protection, the trained social workers of the MdM Greece teams use the Case Management approach and interdisciplinary social work to support and interdisciplinary social work to support and empower beneficiaries to develop realistic action plan for the protection and improvement of their living conditions.

Médecins du Monde uses an anonymous electronic system to collect social and medical history information, identify vulnerabilities and specific protection needs, and only provides services after obtaining the consent of each beneficiary, having created an internal general data protection system. Each beneficiary receives a unique identity number after their first meeting with the social worker.

Social workers maintain confidentiality, having ratified the relevant rules in their contract with MdM, as well as signing and agreeing to the organization's Code of Conduct and policies and procedures for safeguarding the rights of those served.

Social history forms and related files are stored and secured through internal standardised procedures that social services offices are required to adhere to and follow.

MdM Greece respects local welfare services and works closely and complementarily with regional and municipal social services and local communities for the common good.

DESCRIPTION OF MHPSS INDICATORS

INDICATOR 1:

- of people participating in MHPSS services and activities

What the MHPSS indicator tracks:

This indicator includes all MHPSS activities and measures the number of individuals participating in mental health and psychosocial support services/activities. The indicator aims to provide an overview of the scope of services provided. The indicator aims to provide an overview of the scope of services provided and to record the types of MHPSS services provided.

Please include the three mandatory activities under this indicator, which are divided according to the different levels of support in the MHPSS intervention pyramid. See the definitions below for guidance. See the definitions below for guidance on the activities included in this indicator.

MHPSS actions at the project level that should be included in this MHPSS indicator:

- (structured or unstructured, such as sports, art, music, theater, entertainment, traditional activities, peer support, etc., with MHPSS elements and implemented by MHPSS-trained staff) (level 2 of the IASC pyramid)
- of individuals who participated in focused individual and group psychosocial support (level 3 of the IASC pyramid)
- of individuals who participated in specialized MHPSS services (level 4 of the IASC pyramid)

Additional analysis required:

- Age
- Gender
- Country of origin

INDICATOR 2:

- (includes only targeted and specialized services)

What the MHPSS indicator tracks:

This indicator will include the number of mental health and psychosocial support consultations. It should be noted that this indicator includes the number of sessions only for individual and group focused and specialized services. The indicator aims to provide information on the scope and frequency of services provided, as well as the types of counseling provided (specialized or focused).

When more than one person participates in a counseling session (for example in a group therapy session or a couple/family therapy session), count each person separately. When individuals are seen in multiple sessions, count each session separately. The number of individ-

uals who receiving the session will be counted. So, for example, if a group of 10 participants meets for 5 sessions = $10 \times 5 = 50$ consultations. See the definitions below for guidance on the activities included in this indicator.

MHPSS indicators at the country level to be included in this regional MHPSS indicator:

- #of visits for focused individual and group psychosocial support sessions (level 3 of the IASC pyramid)
- #of visits for specialized services (level 4 of the IASC pyramid) IASC

Reporting considerations:

- This indicator can be reported for MHPSS and can also be reported and attributed as a stand-alone indicator within the health sector.

MHPSS TRAINING INDICATOR:

- #of individuals trained in MHPSS topics or approaches

What the MHPSS indicator tracks:

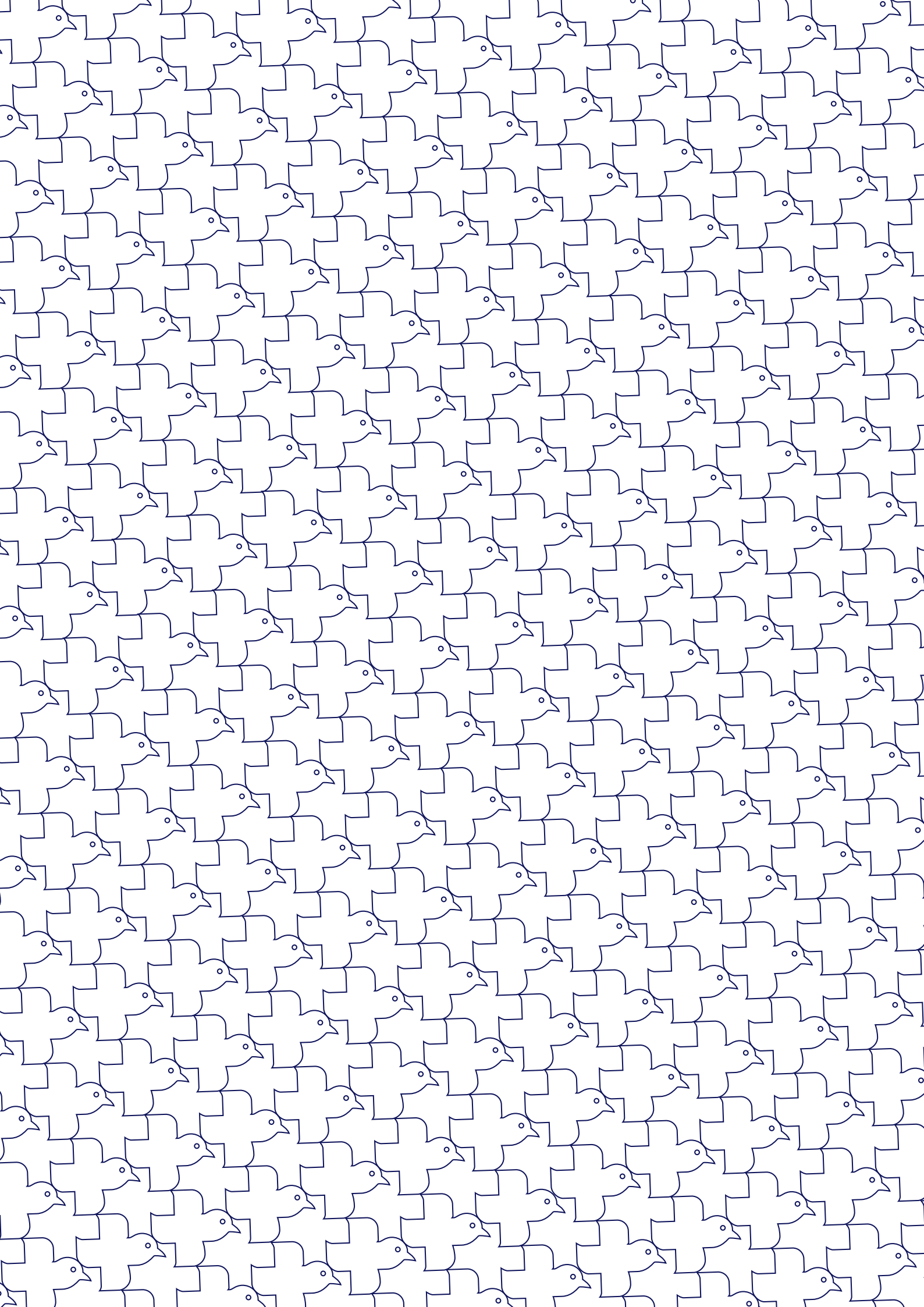
- It includes the number of people trained in MHPSS topics or approaches aimed at strengthening the capacity to provide MHPSS services to refugees and the host population as part of capacity-building efforts.

MHPSS indicators at the organizational level that should be included in this indicator:

- of staff or volunteers trained in MHPSS topics or approaches (online and in person)

Estimates for reporting:

- This indicator will be collected and reported at the end of the year for the regional health indicator: # of people trained to provide health service to key populations and vulnerable social groups





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