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# Operational Guidelines

on Mental Health and Psychosocial  
Support and Child Protection



**UNHCR**  
The UN Refugee Agency

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# Introduction

The insecurity and changes in the lives and routines of forcibly displaced and stateless children often have significant psychological and social consequences for them. Caregivers also experience distress, which can negatively impact upon a child's well-being, development and ability to thrive. Major sources of distress can include exposure to violence, bereavement or separation from family members, lack of essential services and accurate information, safety, security, interruption of school and separation from loved ones, friends and familiar places. Failure to address childhood adversity can lead to lifelong impacts such as toxic stress, ill health, chronic malnutrition, long-term impairment of cognitive functioning and stunted physical growth, as well as an increased risk of exposure to or perpetration of violence. Conversely, when children are safe and have supportive relationships with their caregivers, peers and others in their life, they can demonstrate remarkable resilience and ability to overcome hardship.

Children's protection and psychosocial well-being are intimately connected. Children who are exposed to violence, abuse and exploitation are at increased risk of psychosocial distress, while psychosocial distress can in turn increase the risk of children being exposed to violence, abuse and exploitation, as noted above. In short, protecting children and ensuring their psychosocial well-being need to be addressed in an integrated manner. Child protection is a global priority for UNHCR. Children's fundamental rights, including protection from violence, abuse and exploitation are enshrined in international law, such as the Convention on the Rights of the Child (UNCRC)<sup>1</sup> and are at the heart of the UNHCR protection mandate. Integrating mental health and psychosocial support (MHPSS) into child protection provides a more robust response to the safety and well-being needs of children, their families and communities. This is particularly important in displacement settings, which often have scarce resources and limited dedicated MHPSS or child protection services. Integrating MHPSS into child protection increases children's safety and dignity and promotes their resilience and well-being.

## A MULTISECTORAL ISSUE

MHPSS is not a separate sector but a multisectoral issue. Therefore, basic MHPSS approaches and interventions are part and parcel of work in various sectors including child protection. MHPSS activities within child protection usually focus on Layers 2 and 3 of the IASC MHPSS Intervention Pyramid, while children who require more intensive support are referred to more specialized services.

Recognizing MHPSS as a multisectoral issue is to recognize the need for various sectors to collaborate and coordinate their efforts to provide comprehensive support; by working together, they can address the complex interplay between health, psychosocial well-being and the broader social, economic and environmental factors that influence them. This multisectoral approach involves collaboration and coordination between health, education and protection, including in the areas of child protection, gender-based violence and community-based protection. By combining the efforts, resources and expertise of these sectors, it becomes possible to provide holistic and integrated support to meet MHPSS needs effectively.

<sup>1</sup> See [Convention on the Rights of the Child](#)





## Section 1. Purpose of the Operational Guidelines

The UNHCR Operational Guidelines on Mental Health and Psychosocial Support (MHPSS) and Child Protection provide guidance on how to implement UNHCR commitments to MHPSS within child protection, as outlined in the UNHCR Child Protection Policy (2023). These Guidelines help UNHCR and its partners' child protection staff to understand and respond to the MHPSS needs of children at risk. This guidance will help improve coordination across sectors, facilitate referrals to ensure that MHPSS needs are met and enhance coordinated implementation of effective and culturally sound MHPSS interventions that support children's resilience and reduce psychosocial distress.

They are aligned with and informed by the [UNHCR Operational guidance, mental health & psychosocial support programming for refugee operations](#) and the [Inter-agency Standing Committee \(IASC\) Minimum Service Package \(MSP\)](#). The MHPSS MSP builds on the [existing Inter-agency Guidelines on MHPSS in emergencies](#) and tools to create **a single, easy-to-follow intersectoral package**. The MHPSS MSP helps to coordinate and collaborate, plan and make decisions, implement and allocate resources to MHPSS programming while also helping to identify what resources are limited or not available. It covers the following humanitarian sectors:

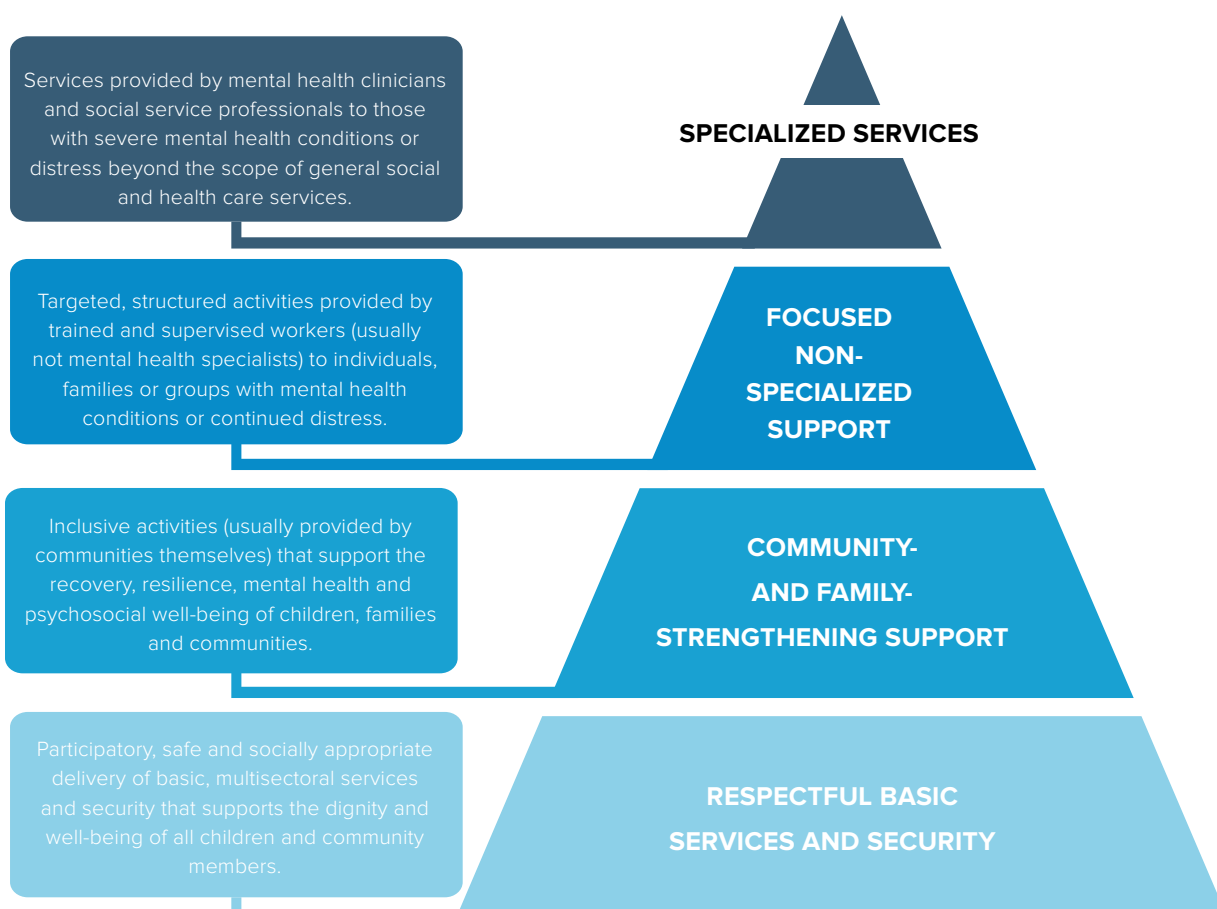
- Health
- Education
- Child protection
- Gender-based violence
- Food security and Nutrition
- Water, sanitation and hygiene (WASH)
- Shelter
- Livelihoods and economic recovery
- Camp coordination and management





## Section 2. The MHPSS pyramid

### Mental health and psychosocial support: pyramid of services



As described in the [MHPSS MSP](#) and the [IASC Guidelines on MHPSS in Emergency Settings](#), MHPSS services and supports can best be conceptualized as a system with layers of interventions as described in the IASC MHPSS Intervention pyramid. This multilayered framework highlights the need for services to be integrated and holistic. It is not possible for one agency to implement all layers of the pyramid. The layers are not mutually exclusive; a child who receives support in layer **4** will also benefit from interventions in layers **3**, **2** and **1**.

**LAYER 4** involves services provided by mental health clinicians and social service professionals for individuals with severe and enduring mental health conditions. This may include intensive psychiatric treatment, hospitalization and specialized care provided by mental health specialist.

**Level 4** interventions are reserved for individuals with the most complex and severe mental health challenges that go beyond the scope of general social and health-care services.

**LAYER 3** requires enhanced support for individuals with more severe or complex MHPSS concerns. Targeted, structured activities provided by trained and supervised workers require the involvement of health professionals not specialized in mental health, who provide support for a still smaller number of people who additionally require more focused individual, family or group interventions (but who may not have had years of training in specialized care).

**LAYER 2** focuses on community and family support and on activating social networks consisting of relationships and connections within a community or among individuals. In humanitarian settings, this involves strengthening and mobilizing these connections to provide support, resources and a sense of community; and nurturing social networks and individuals and communities that can support one another, share experiences and collectively address challenges. Working collaboratively with communities, local organizations and relevant stakeholders is crucial to the successful implementation and sustainability of these interventions, which can help to mitigate the negative effects of trauma and displacement, foster a sense of belonging and facilitate healing and recovery.

**LAYER 1** of the IASC pyramid emphasizes the importance of addressing social considerations in the provision of basic services and security during humanitarian responses. It recognizes that access to essential services and security for affected populations are fundamental aspects of humanitarian assistance. The integration of an MHPSS approach within basic services and security may include: advocating that these services be put in place with responsible actors; documenting their impact on mental health and psychosocial well-being; and influencing humanitarian actors to deliver them in safe, dignified, socioculturally appropriate ways that promote mental health and psychosocial well-being.

The MHPSS Intervention Pyramid aims to ensure that individuals and communities affected by emergencies or displacement receive appropriate support that is tailored to their level of need, while also recognizing the importance of promoting mental health and psychosocial well-being at a universal level. It provides the framework for the planning of interagency, multisectoral programming for MHPSS interventions in emergencies. It is important for child protection actors to understand how MHPSS within child protection fits into the broader response to MHPSS issues. For more information on how UNHCR applies the MHPSS pyramid to its work see [UNHCR Operational guidance, mental health & psychosocial support programming for refugee operations](#).



## Section 3. The UNHCR approach to integrating MHPSS into child protection

This guidance outlines **six MHPSS Core Actions** that should be integrated into UNHCR child protection programming over the next five years. It does not provide guidance on specialized interventions for clinical mental health conditions, as these would normally be integrated in UNHCR health programming and will be provided by specialized partners, including national systems for mental health care. They are thus beyond the scope of MHPSS programming within UNHCR child protection work.

These six core actions are presented below as a bridge spanning a five-year period, as it is recognized that fully integrating MHPSS into UNHCR child protection programming will take time. All of these actions are currently being implemented in at least some UNHCR operations but some actions are more commonly implemented than others. The bridge begins on the left with the actions currently being undertaken within UNHCR child protection programming in most UNHCR operations and moves toward the right with activities that will be progressively systematically integrated into UNHCR child protection programming in the medium and long term over the next five years.



## The UNHCR bridge model to progressively integrating MHPSS into child protection

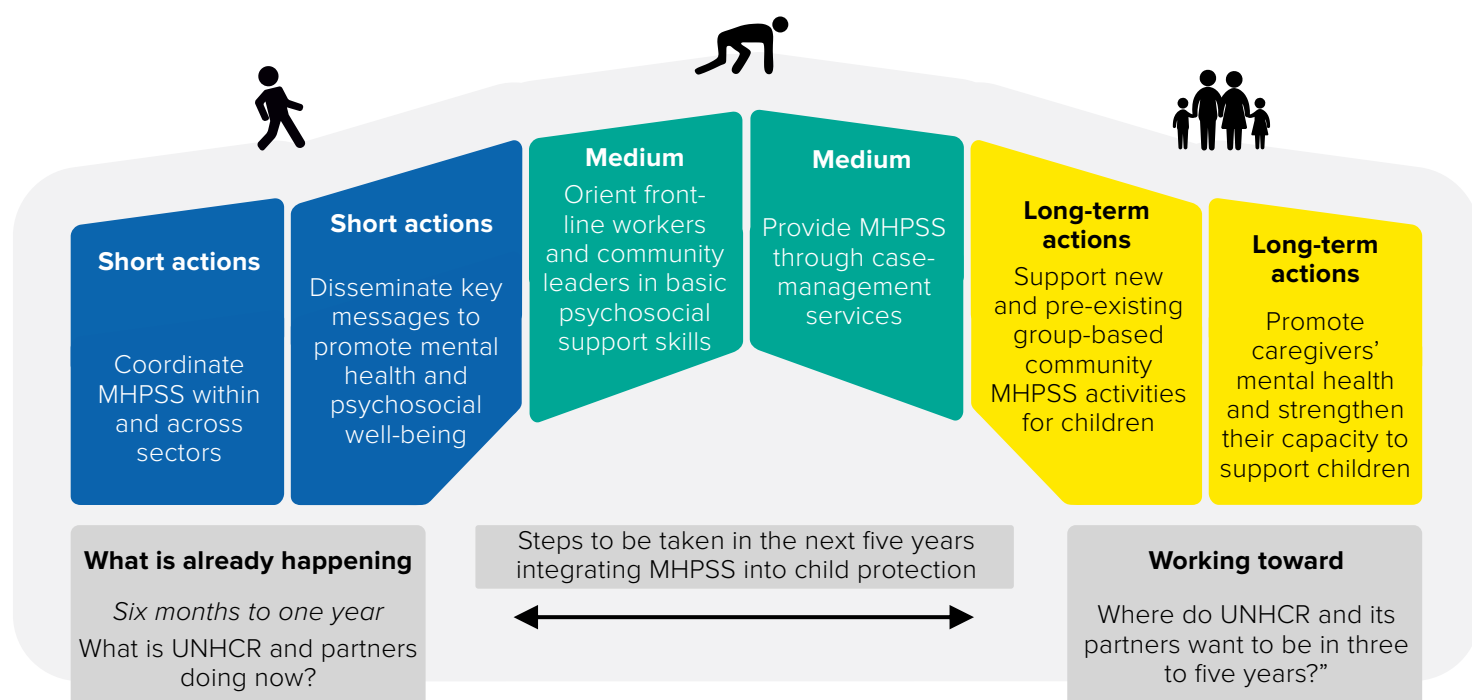


Figure 2: Adapted from the Minimum Service Package (MSP)

These core child protection interventions were identified by mapping existing UNHCR child protection<sup>2</sup> and MHPSS interventions and are in line with the core actions for MHPSS MSP in child protection.

The resources included in this document are consistent with [Job Aid for Child Protection – Section 3](#) and should be combined with other learning opportunities. Additional training can be found in the MHPSS section of the [Foundational Child Protection Training Pack](#) under Child development and well-being, Module 2.

The following table provides a more detailed summary of **UNHCR core actions**. The actions in the table below have been adapted from [MHPSS MSP](#).

<sup>2</sup> See UNHCR, [Child Protection Data 2015-2021](#)

## Coordinate MHPSS within and across sectors

**Intersectoral collaboration helps ensure a holistic response to the mental health and psychosocial needs of children and promotes a coordinated approach across various services and interventions by child protection, GBV and protection and other sectors including health and education.**

### Multisectoral MHPSS coordination

- Facilitate coordination between different actors to avoid duplication, address obstacles and fill gaps in the response, based on MHPSS MSP and relevant assessments.
- Facilitate dialogue between government and humanitarian actors to establish MHPSS-specific roles and responsibilities in the emergency response.
- Establish or maintain a multisectoral MHPSS coordination mechanism that is adequate for the context and the number of agencies implementing MHPSS. Especially in larger emergencies where there are multiple MHPSS actors, this should be a single cross-sectoral MHPSS technical working group that should be established early in the emergency response. This group may be co-led by a health and a protection organization and/or a governmental entity where feasible. The MHPSS Technical Working Group and Child Protection Sub-cluster/ Technical working group should promote coordination of MHPSS activities both with national actors (e.g. community-based organizations, government etc.) and international actors (e.g. international non-governmental organizations, United Nations agencies etc.), while providing technical input and helping to ensure consistent standards and quality within MHPSS work. It is not recommended to establish a separate coordination mechanism focusing only on child MHPSS.
- Ensure that MHPSS risks and programmes are integrated into child protection assessments, programme monitoring and other similar processes.

### Information management

- Develop, strengthen, update and implement joint referral pathways to facilitate access to the full range of MHPSS services and activities and to additional support where needed. Referral pathways should support a survivor-centred approach and, where a child is concerned, the best interests of the child.
- Work with other sectors to conduct, maintain and distribute comprehensive mapping of MHPSS actors, services and activities. Review gaps in services at regular intervals to inform planning (Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support – Who: participating actors; Where: geographical locations; When: initiation and duration of activities; What: types of MHPSS activities).
- Review gaps in services at regular intervals to inform planning. Contribute to the inter-agency implementation of the Minimum Service Package (MSP) Gap Analysis. This tool helps to identify gaps and prioritizes programming across organizations and sectors.

### Establishing links between stakeholders

- Coordinate with all relevant sectors, clusters or coordination groups: with civil society (e.g. community-based organizations, civil society organizations); with faith-based actors or spiritual leaders; and with government actors (e.g. ministries of health, social welfare and education). This includes ensuring mutual representation, participation in and contribution to coordination meetings.
- Support and involve government actors in designing child-focused MHPSS programmes. Use and strengthen pre-existing services wherever possible.

	<p><b>Building capacity, knowledge exchange and peer support</b></p> <ul style="list-style-type: none"> <li>Build the capacity of professionals and practitioners involved in child protection and MHPSS to ensure integration of child protection and MHPSS coordination and programming.</li> </ul> <p><b>Monitoring and evaluation</b></p> <ul style="list-style-type: none"> <li>Support reporting on MHPSS activities and indicators as part of UNHCR internal and inter-agency child protection reporting.</li> <li>Integrate MHPSS into child protection monitoring and evaluation frameworks to assess the effectiveness of MHPSS interventions across sectors. Contribute to the cross-sectoral collection and analysis of MHPSS data <u>to measure outcomes, identify challenges and inform improvements</u> in programming – see <a href="#">IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings</a>.</li> </ul> <p><b>Promoting long-term sustainability</b></p> <ul style="list-style-type: none"> <li>Support the development of <u>sustainable MHPSS services within national child protection systems</u> as part of early recovery planning and during protracted crises. Link MHPSS emergency activities with comprehensive and complementary development activities in coordination with donors and government actors.</li> </ul> <p><b>MHPSS advocacy and communication</b></p> <ul style="list-style-type: none"> <li>Increase awareness of the signs and symptoms of mental health issues and stigmatization regarding MHPSS both in children and in those caring for or working with children. Encourage individuals to recognize these signs in themselves and others and to seek professional help or support from trusted sources.</li> <li>Collaboratively develop, identify, adapt and translate culturally relevant key messages for children, families and communities. Use participatory approaches.</li> <li>Collaborate on advocacy efforts to raise awareness of the importance of, and investments in, MHPSS programming within child protection and other sectors. Seek opportunities for joint resource mobilization to secure funding and support for MHPSS programmes across sectors.</li> </ul>
Resources	<ul style="list-style-type: none"> <li><b>Guidelines:</b> <a href="#">IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007</a> Action Sheet 1.1.</li> <li><b>Guidelines.</b> IASC (2022). IASC Handbook of Mental Health and Psychosocial Support Coordination. Available in <a href="#">English</a>.</li> <li><b>Tool:</b> information from 4Ws MHPSS mapping can help in completing the <a href="#">MHPSS MSP Gap Analysis Tool</a>. The document <a href="#">4Ws MHPSS activity codes and subcodes: Identifying corresponding MHPSS MSP Activities</a> lists 4Ws activity codes and subcodes with their corresponding MSP activities.</li> <li><b>Toolbox:</b> UNHCR CP coordination toolbox: <a href="#">Child Protection Coordination</a>.</li> <li><b>Reading:</b> <a href="#">IASC Handbook, Mental Health and Psychosocial Support Coordination</a>. Global Child Protection Area of Responsibility (2021); <a href="#">Working with other sectors to enhance outcomes of MHPSS elements of child protection</a>.</li> </ul>



## Example from the field

## The MHPSS Gap Analysis in Bangladesh, Lebanon and Ethiopia

This tool is for use by humanitarian actors to assess and map current inter-agency MSP MHPSS implementation and to identify gaps and prioritize activities. The results of the gap analysis can be used by the MHPSS actors, protection – including child protection and gender-based violence, health and education coordination groups, donors and individual programme planners to plan and prioritize programming. UNHCR used the gap analysis in Bangladesh, Lebanon and Ethiopia and looked specifically at child protection activities in which UNHCR is currently engaged, focusing on what has been done well in each country, what gaps still need to be addressed and how best to prioritize services.

The overall findings in each country showed strong child-focused MHPSS coordination and referral systems but gaps in the ability of child-focused mental health services to reach rural areas. Ethiopia, for example, had services available in more urban areas but struggled to provide MHPSS messages for caregivers on topics such as self-care in rural locations. To address this, UNHCR MHPSS and child protection focal points are training community members in psychological first aid (PFA) and self-care.



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<p><u>Disseminate key messages to promote mental health and psychosocial well-being of children and caregivers</u></p>	<p><b>Why is this important:</b> Providing information to children and caregivers on common stress reactions and positive coping mechanisms can help children and caregivers manage their psychosocial distress and strengthen social supports.</p> <p><b>Disseminating key messages</b> can encourage people experiencing distress to find positive coping, help-seeking and support mechanisms. Key messaging should be simple, focused and concrete and should:</p> <ul style="list-style-type: none"> <li>• Help people to understand <u>normal and common</u> stress reactions</li> <li>• Communicate an expectancy of <u>resilience</u></li> <li>• Emphasize culturally and age-appropriate <u>coping mechanisms</u></li> <li>• Discourage harmful ways of coping (e.g. heavy alcohol use)</li> <li>• Include information on how and where to access <u>MHPSS services and support</u></li> </ul> <p><b>Communication and messaging</b></p> <ul style="list-style-type: none"> <li>• Ensure that child-friendly communication and information regarding MHPSS are provided for communities. <u>Adapt messages different ages and developmental stages of children.</u></li> <li>• Build the capacity of community organizations – including women’s, youth and other community groups – to integrate information about positive coping into their work with communities, families and children with high protection risks.</li> </ul> <p><b>Collaboratively develop/identify, adapt and translate</b></p> <ul style="list-style-type: none"> <li>• Provide information for parents and caregivers about MHPSS distress, positive coping mechanisms and how they can support their children.</li> <li>• Develop and translate orientation materials on basic psychosocial support skills for selected target groups.</li> <li>• Contribute to and use <u>existing MHPSS key messages for specific groups</u> on relevant topics and messaging efforts already in place (e.g. established by other humanitarian actors). Ensure that they are translated using culturally appropriate relevant key messages for children, caregivers and communities.</li> </ul> <p><b>Community feedback</b></p> <ul style="list-style-type: none"> <li>• Get community feedback on MHPSS communication materials and information before and after dissemination and check the accuracy and appropriateness of translations.</li> <li>• Disseminate key messages together with community members and other humanitarian actors using various channels appropriate to the context, considering culture, literacy, accessibility and access to technology.</li> </ul> <p><b>Disseminate key messages</b></p> <ul style="list-style-type: none"> <li>• Disseminate information about basic MHPSS services to children and their caregivers.</li> <li>• Ensure that clear MHPSS information and messages is included within child protection programmes.</li> <li>• Utilize various communication channels, such as conversations, storytelling, visual aids, or age-appropriate educational materials to effectively disseminate these messages to children and caregivers.</li> </ul> <p><b>Monitor and evaluate</b></p> <ul style="list-style-type: none"> <li>• Monitor and evaluate the impact of MHPSS and well-being information and messages. Collaborate with local stakeholders, including community members, to ensure that the messages and interventions are relevant, acceptable and effective in the specific context.</li> </ul>
Resources	<ul style="list-style-type: none"> <li>• <a href="#">MHPSS key message bank for children and families in emergencies</a>, UNICEF in collaboration with UNHCR and Anna Goloktionova from Technical Working Group (TWG);</li> <li>• <b>Advocacy Package:</b> IASC Guidelines on MHPSS in Emergency Settings. Available in <a href="#">English</a>.</li> </ul>
Example from the field	<p style="text-align: center;"><b>Dissemination of messages in El Salvador</b></p> <p>UNHCR, with the National Council for Children and Adolescents (CONNA) worked to strengthen services for Internally Displaced Placed Persons (IDP) to facilitate awareness within national protection institutions for youth and children using MHPSS and child protection messaging. UNHCR and CONNA also designed and distributed 8,000 pocket guides on MHPSS, Protection and Safeguarding for families and national child protection institutions.</p>

<p><u>Orient front-line child protection workers and community networks in basic psychosocial support skills</u></p>	<p><b>Why is this important:</b> Front-line child protection workers and community networks play a crucial role in supporting children's and caregivers psychosocial wellbeing. Strengthening their basic psychosocial support skills helps them play this role more effectively.</p> <p><b>Relevant settings and target groups</b></p> <ul style="list-style-type: none"> <li>Familiarize frontline workers and community networks with local referral pathways and available mental health and psychosocial support services for children and caregivers. Provide information on how and when to make appropriate referrals to specialized services when needed.</li> <li>Stress the importance of collaboration and teamwork among frontline workers, community leaders, and relevant stakeholders. Promote an integrated approach where different actors work together to provide comprehensive support to children and caregivers.</li> </ul> <p><b>Orientation materials</b></p> <ul style="list-style-type: none"> <li>Train frontline workers and community networks in <a href="#">Psychological First Aid for Children</a> (see below).</li> <li>Develop, translate and implement orientations on basic MHPSS support skills, supported by staff with MHPSS technical expertise.</li> <li>Disseminate child-friendly information that facilitates access for children and their caregivers to basic services reducing stress.</li> </ul> <p><b>List of available services and support</b></p> <ul style="list-style-type: none"> <li>Develop a list of available services and support to provide to staff and volunteers oriented in basic psychosocial support.</li> <li>Emphasize the need for ongoing learning and support for frontline workers and community leaders.</li> </ul>
<p>Resources</p>	<ul style="list-style-type: none"> <li><b>E-learning: Psychological first aid specifically for children:</b> Save the Children (2013). <a href="#">PFA Training Manual for Child Practitioners</a> and the <a href="#">Psychological First Aid Training Manual for Child Practitioners</a>. These resources have more detailed information for supporting children in acute distress after exposure to a crisis event.</li> <li><b>E-learning: Kaya</b> has a platform with a <a href="#">90-minute online course on PFA for children</a>.</li> <li><b>Training:</b> World <a href="#">Health Organization, War Trauma Foundation and World Vision International</a> (2011). <a href="#">Psychological first aid: Guide for field workers.</a> WHO: Geneva.</li> </ul>
<p>Example from the field</p>	<p><b>Arafat Uddin, Cox's Bazar, Bangladesh</b></p> <p>Arafat, a UNHCR community volunteer trained in PFA by UNHCR partners, meets with children every day – some in the community centre and others on home visits. Arafat provides basic support to children and families while also knowing the community in which he lives. He listens attentively to the caregiver and the child. He makes recommendations but encourages insights from both the caregiver and the child. One example of a typical intervention by Arafat is referring children and caregivers to the psychologists with whom he liaises and accompanying them to their first appointments. Arafat continues to make periodic visits as a caseworker to review progress, coordinating their support to the child and their caregiver with the psychologist.</p>



### Provide MHPSS through child protection case management services

**Why is this important:** Children at heightened risk often experience psychosocial distress as a result of the child protection risks they face. Case management actors need to be equipped to understand and address children's psychosocial distress and identify and refer children needing more specialized mental health services to available services.

#### **Communication and psychoeducation**

- Adapt case management training curricula to include key MHPSS topics appropriate to the capacity of the available workforce.
- Include a comprehensive assessment of the child's mental health and psychosocial needs in the child protection case management assessment. This includes understanding their strengths, challenges and the contextual factors impacting upon their well-being.

#### **Referrals and coordination**

- Adapt child case management tools, templates and referral protocols to include MHPSS, if this has not already been done.
- Identify and facilitate appropriate referrals from child protection case management services to specialized MHPSS services, including mental health professionals, counsellors and support groups, or psychosocial support activities such as child resilience or life skills programmes (see below).

#### **Safety and protection**

- Assess and address any safety concerns, especially when there is a MHPSS concern that might impact upon the child's well-being. Ensure that psychosocial or mental health staff understand how to identify and refer protection risks to child protection staff/services.

#### **Family and community involvement**

- Child protection case managers will work with caregivers and close contacts to better understand how MHPSS may impact their well-being and their protection risks and protective factors.
- Educate the child and their caregivers about mental health, coping strategies and available support services. Help them to understand their emotions, develop self-care practices, and enhance their resilience.
- Engage and involve the child's caregivers and significant family members in the case management process. Strengthen their understanding and capacity to support the child's mental health and psychosocial well-being, as well as to protect the child.

#### **Regular monitoring and evaluation**

- Engage staff with MHPSS expertise to provide ongoing supervision and on-the-job coaching to case managers providing MHPSS, through care planning meeting and individual sessions where applicable.
- Ensure a smooth transition and continuity of care when the child moves between different services or stages of the case management process, especially when working with cases at **Level 3 or 4** of the MHPSS pyramid. Communication must be clear to all involved to ensure that there is no mishandling of information and that providers maintain continuity of support.

#### **Advocacy and empowerment**

- Advocate for the child's rights and access to appropriate services. Empower the child and their caregivers by encouraging their active participation in decision-making and providing them with information about MHPSS resources within their community. Seek out all available MHPSS so there can be an informed choice.

Resources	<ul style="list-style-type: none"> <li><a href="#">The Alliance for Child Protection in Humanitarian Action. (2023). Child Protection Case Management</a> This training package provides three different levels of MH-PSS skills. It is recommended that child protection caseworkers, supervisors and managers in humanitarian settings complete the different levels of training. The main target audience remains child protection caseworkers.</li> <li>The above training should be used to complement the Foundational Training <a href="#">on UNHCR Best Interests Procedure</a> for child protection case managers working with refugees.</li> </ul>
Example from the field	<p><b>UNHCR partnership in case management, Jordan</b></p> <p>With the support of UNHCR, the International Medical Corps (IMC) implements MHPSS case management for Syrian refugees in Syria, Turkey, Lebanon and Jordan. IMC provides necessary child protection services with a mental health focus. The child protection case management approach identifies, supports and protects those who are at risk, promotes stability and recovery and provides services at all layers of the MHPSS pyramid. IMC trains community outreach volunteers in Psychological First Aid (PFA) who know their community and have a deep understanding of how to navigate social and cultural considerations. IMC has child protection case managers who have additional training in MHPSS skills equipping them to provide psychosocial support to groups of children and caregivers. They work with children and caregivers to develop clear objectives and goals that they can work towards. Lastly, IMC works with children with clinical mental health issues, where case managers have a background in psychology or social work and where the case managers receive constant supervision. These children have been identified by UNHCR, IMC and their partners and receive individual or group counselling. A case manager is also assigned to the caregiver to ensure that support is consistent throughout the treatment cycle. A mental health professional is consulted, who reviews cases on intake and discharge.</p>
Support new and pre-existing group-based community MHPSS activities for children	<p><b>Why is this important:</b> Group-based community MHPSS activities are important to support the mental health and psychosocial well-being of children, and can include both group activities such as recreation or sports activities as well as structured psychosocial programmes.</p> <p><b>Coordination and collaboration</b></p> <ul style="list-style-type: none"> <li>Facilitate links and referrals to available MHPSS services when necessary.</li> <li>Identify any pre-existing community-led initiatives, structures and support mechanisms (e.g. support groups, faith communities and other groups based on shared interests, problems, traditions or activities) and assess the support needed to sustain or expand activities.</li> </ul> <p><b>Community engagement and participation</b></p> <ul style="list-style-type: none"> <li>Promote and support existing and new group-based community MHPSS activities to strengthen coping resources and social support.</li> <li>Support existing community networks and persons in the community delivering recreational, sporting, social, artistic and learning activities for boys and girls of all ages and disabilities. For example, youth groups may provide peer support or recreational activities for other young people as well as for younger children, while older persons may be able to support traditional activities for children such as storytelling.</li> <li>Provide evidence-based structured psychosocial and life skills programmes for children (see below for recommended programmes) that promote problem-solving skills, and build children's coping mechanisms, emotional regulation and their capacity to form and maintain relationships.</li> <li>Support adults and children in accessing information and connecting with family members and other social support, including through information technology, telephones and providing telephone-charging services, according to the context, culture, literacy and access to technology.</li> </ul>

Resources	<p>Structured psychosocial and life skills programmes for children</p> <ul style="list-style-type: none"> <li>• Save the Children: <a href="#">I Support My Friends: A training for children and adolescents on how to support a friend in distress.</a></li> <li>• <a href="#">Save the Children's Child Resilience Programme.</a></li> <li>• <a href="#">War Child Holland: I Deal: creative activities to cope with war.</a></li> <li>• REPSI (2009). Mainstreaming Psychosocial Care and Support through Child Participation. Available in <a href="#">English</a>.</li> <li>• WHO (2020). Guidelines on Mental Health Promotive and Preventive Interventions for Adolescents: Helping Adolescents Thrive. Available in <a href="#">English</a>.</li> </ul> <p>Community engagement and MHPSS</p> <ul style="list-style-type: none"> <li>• <a href="#">IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings. Community-based Approaches to MHPSS Programmes: A Guidance Note.</a></li> <li>• The Alliance for Child Protection in Humanitarian Action (2020). A Reflective Field Guide: Community-Level Approaches to Child Protection in Humanitarian Action. Available in <a href="#">English</a>. See also the associated Capacity Building Package. Available in <a href="#">English</a>.</li> </ul>
Example from the field	<p><b>Casa de Derechos, a local community centre in Costa Rica</b></p> <p>UNHCR operation in Costa Rica focused on local integration of refugees through Casa de Derechos. This community centre provides refugees and the local community members with a range of services and activities including microfinance, public health outreach, legal services and support groups. It also hosts a number of programmes provided by other agencies and partners, including a legal aid clinic, youth-focused programmes targeting livelihood and vocational training, and a labour rights programme. The centre responds specifically to the needs of urban refugees, offering activities at both Level 2 and Level 3 of the MHPSS Intervention Pyramid, including providing focused and specialized support for adolescent and adult survivors of gender-based violence and activating social support networks among refugees, giving them a place to meet and build social support.</p>





<p><u>Promote caregivers' mental health and psychosocial well-being and strengthen their capacity to support children</u></p>	<p><b>Why is this important:</b> By focusing on caregivers' mental health and psychosocial well-being, we create a strong foundation for supporting children's overall development and resilience. Empowering and supporting caregivers enhances their capacity to provide a nurturing and supportive environment for children's well-being.</p> <p><b>Needs and priorities</b></p> <ul style="list-style-type: none"> <li>Assess the needs and priorities of caregivers, using the results of this assessment to inform the development of materials and the planning of activities.</li> <li>Encourage caregivers to prioritize self-care and to engage in activities that promote their own mental health and well-being. This may include exercise, mindfulness, hobbies, socializing, seeking support from friends and family and taking breaks when needed.</li> <li>Recognize and respect the cultural backgrounds, beliefs, and practices of caregivers. Tailor interventions and support to their cultural context, promoting acceptance and engagement.</li> </ul> <p><b>Train facilitators</b></p> <ul style="list-style-type: none"> <li>Provide training sessions and workshops for caregivers on topics such as parenting skills, communication techniques, conflict resolution and positive discipline. Enhance their knowledge and skills in supporting children's mental health and well-being. Include caregivers of children with disabilities and/or with specific protection vulnerabilities.</li> <li>Build the capacity of health, education, social service and other sectoral systems to provide child and family-friendly services, including through child-friendly communication and appropriate space and facilities, as well as support for child and caregiver participation.</li> </ul> <p><b>Orientation and skills training</b></p> <ul style="list-style-type: none"> <li>Provide caregivers with information about common mental health challenges, stress management techniques and self-care strategies. Help them to understand the importance of their own well-being to allow them to support their children effectively (see action on dissemination of key messages above).</li> </ul> <p><b>Referrals and follow-up</b></p> <ul style="list-style-type: none"> <li>Ensure that caregivers have access to resources, information and referral to mental health and psychosocial support services in the community. Provide them with a list of helplines, counselling services and relevant organizations.</li> <li>Maintain regular contact with caregivers to provide ongoing support, monitor their well-being and address any emerging needs. Offer follow-up sessions or check-ins to assess progress and offer additional assistance if required.</li> </ul>
<p><b>Resources</b></p>	<ul style="list-style-type: none"> <li>Save the Children, <a href="#">Parenting without Violence Common Approach</a>.</li> <li>Save the Children, <a href="#">Heart At Home: Healing and education through the arts</a>. Provides guidance for parents/caregivers to support children with expressive arts at home</li> <li>UNODC (2021). Caring for your child in crisis situations. Available in <a href="#">English</a></li> <li>WHO (2020). Doing What Matters in Times of Stress: An Illustrated Guide. Available in <a href="#">Arabic</a>, <a href="#">Chinese</a>, <a href="#">English</a>, <a href="#">French</a>, <a href="#">Spanish</a>, <a href="#">Other languages</a>.</li> <li><b>Guidelines:</b> IASC (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, Chapter 3, Action Sheet 5.4. Facilitate support for young children (0–8) years and their caregivers. Available in <a href="#">Arabic</a>, <a href="#">Chinese</a>, <a href="#">English</a>, <a href="#">French</a>, <a href="#">Portuguese</a>, <a href="#">Russian</a>, <a href="#">Spanish</a>, <a href="#">Ukrainian</a>, <a href="#">Other languages</a>.</li> </ul>

Example from the field	<p><b>UGANDA:</b> Strengthening the protection of displaced children through the promotion of positive parenting strategies</p> <p>Caregivers face unique risk factors that can directly impact their ability to provide the responsive care that is so critical for children's holistic development. Therefore, UNHCR in Uganda initiated a family-strengthening initiative to strengthen caregivers' skills to provide supportive, responsive parenting for refugee children. Together with its partners, UNHCR worked on integrating MPHSS into overall child protection programming, including by linking Best Interests Procedure (BIP) with positive parenting activities. Some of the key services included:</p> <ul style="list-style-type: none"> <li>• Increased case management staffing and provision of child protection case management with a MHPSS focus for children at risk; training and awareness-raising sessions with parents and community volunteers on positive parenting, positive discipline and roles and responsibilities in child-rearing.</li> <li>• Facilitation of quarterly meetings with community members and foster family networks, providing guidance on parenting challenges and problem-solving wherever child protection or mental health concerns are identified.</li> <li>• Parent-to-parent support groups.</li> </ul>
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## BRIEF PSYCHOLOGICAL INTERVENTIONS

Mild and moderate mental health conditions can be effectively addressed through brief scalable psychological interventions (3–8 sessions) that can be delivered by staff who are not specialized in mental health, after a brief training and with supportive clinical supervision by a mental health professional. Scalable psychological interventions are not routinely implemented within child protection programming. Where possible, children with mental health conditions should be referred to mental health providers with expertise in child and adolescent mental health within the national system or in specialized mental health programmes. Child protection actors should, in coordination with other MHPSS actors, advocate for such services to be made available. In addition, where needs are high and such services do not exist, UNHCR and its partners may integrate scalable psychological interventions into child protection services such as case management. This requires the child protection partner to have the resources to engage a mental health professional specialized in children and adolescents to train and supervise the child protection staff. Children with pre-existing mental health issues, as well as those exposed to high levels of adversity such as victims of sexual violence, torture or abduction are more likely to need such interventions.

Some of the most widely used methods are developed for adults but can also be used for older adolescents (aged 16–18<sup>3</sup>):

- Problem Management Plus (PM+), a five-session method ([individual version](#) and [group version](#)) helping people to use four techniques to manage emotional distress (i) stress management, (ii) problem management, (iii) behavioural activation (Get Going Keep Doing) and (iv) strengthening social support.

<sup>3</sup> See WHO (in press) *Psychological Intervention Implementation Manual*, which states that: “After careful consideration and appropriate adaptation, it may be reasonable to implement an intervention outside its exact tested ranges (for example delivering an intervention tested with 18- to 60-year-old women with depression to anyone with depression aged 16 and over)”.

- Group Interpersonal Therapy for Depression (IPT) ([group version](#) and individual version – in development) which aims to reduce symptoms of depression by helping people cope better with interpersonal issues that can trigger depressive episodes, such as death of a loved one, interpersonal conflicts, role transitions and social isolation.

Read more about scalable psychological interventions in the UNHCR [Global Public Health Strategy](#).

There are a few brief psychological interventions that are specifically designed to mitigate symptoms of emotional distress in younger adolescents (10–14 years); for example [Early Adolescent Skills for Emotions](#) (EASE), which consists of seven group sessions with children and three group sessions with adult caregivers.

For children under ten there are as yet no focused scalable psychological interventions available. Consider using [Team Up](#), a group programme to provide social and emotional support to refugee children through sports and movement activities.

## Staff well-being and self-care

Addressing staff well-being and self-care is crucial for child protection staff. Humanitarian work is highly stressful and working with children puts even more pressure on staff, who are exposed to situations in which the safety and well-being of the children with whom they work are at risk. In addition, child protection staff and partners need to be valued and supported in order to effectively work with children, care providers, communities and colleagues.

UNHCR has an organizational policy to support the mental health and psychosocial well-being of its personnel, as well as a range of resources that are available here: [UNHCR Mental Health & Psychosocial Support for Staff](#). The following tools and resources are also useful for UNHCR and partner staff:

- **E-learning:** Kaya Connect (n.d.). Wellness and Resilience for Frontline Workers and Managers: A two-hour online course on wellness and resilience. Available in [English](#).
- **E-learning:** The Headington Institute (n.d.). E-learning videos and information sheets for humanitarians on resilience, burn-out and more. Available in [English](#).



## Section 4. Monitoring and evaluating MHPSS interventions

The UNHCR results-based management framework, COMPASS, includes specific outcome and output indicators on child protection, including mandatory outcome indicators for operations that select the child protection outcome area and good practice indicators that can be customized according to concrete operational needs. Further guidance on child protection programming, including monitoring and evaluating UNHCR child protection programmes is available on the [COMPASS site](#) and in the [Guidance note on child protection programming in COMPASS](#).

UNHCR operations and partners that are implementing MHPSS activities within child protection programming may integrate specific MHPSS indicators into their programme monitoring frameworks and are encouraged to use existing inter-agency tools and guidance to do so. The diagram below illustrates examples of MHPSS outcome and output indicators – for which inter-agency accompanying tools and other monitoring and evaluation guidance materials are available at [IASC Mental Health and Psychosocial Support in Emergency Settings](#).



### CHILD

- **Outcome 1:** Increased targeting of mental health and psychosocial needs through child protection programming.
- **Intermediary Outcome 1.1:** Children have access to safe and nurturing environments and to quality services that improve their mental health and psychosocial well-being. Outcome 1: Increased targeting of MHPSS well-being needs through child-protection programming ensuring that they feel safe and protected.
- **Intermediary Outcome 1.2:** Children have opportunities for stimulation, learning and skills development that contributes to their mental health and well-being.
- **Means of Verification (MoV):** The child protection workforce is able to identify with improved accuracy when children have a mental health concern and when they need a lower level of care using an approved IASC monitoring and evaluation tool.





### FAMILY

- **Outcome 2:** Greater identification of caregiver mental health and psychosocial well-being, including for parents, caregivers, mothers, families and teachers.
- **Intermediary Outcome 2.1:** Families/parents/caregivers and/or teachers have access to support for developing and maintaining improved psychosocial well-being.
- **MoV:** Using a qualitative method such as storytelling or most significant change (MSC), targeted services will be able to support caregivers in gaining autonomy in their daily lives, through meaningful activities and learning strategies that help them to manage their child's needs without resorting to higher levels of care.



### COMMUNITY

- **Outcome 3:** Stronger community capacity at district and subdistrict levels for non-stigmatizing, accessible, available and quality child protection services enabling these communities to receive MHPSS service delivery.
- **Intermediary Outcome 3.1:** Community receives reliable messaging about where it can find child-focused MHPSS services.
- **MoV:** Ensure community engagement in all phases of programming using both qualitative and quantitative checks (e.g. Observation/documentation.)



### CHILD PROTECTION SERVICES (CASE MANAGEMENT)

- **Outcome 4:** Improved child protection environment for MHPSS through improved case management programming, the child protection workforce, multisectoral supports and referral pathways.
- **Intermediary Outcome 4.1:** Strengthened child protection case management systems and referral pathways. Strengthened multilayered support systems and processes within existing structures, including functional referral systems across health, protection, community-based services and education.
- **MoV:** Effective child protection case management requires trained, supervised staff competent in ethical best practice standards; referral resources and coordination mechanisms are also needed.
- **MoV:** Provide children with MHPSS support and psychoeducation to help them manage and cope with distress, mental health conditions or disabilities.



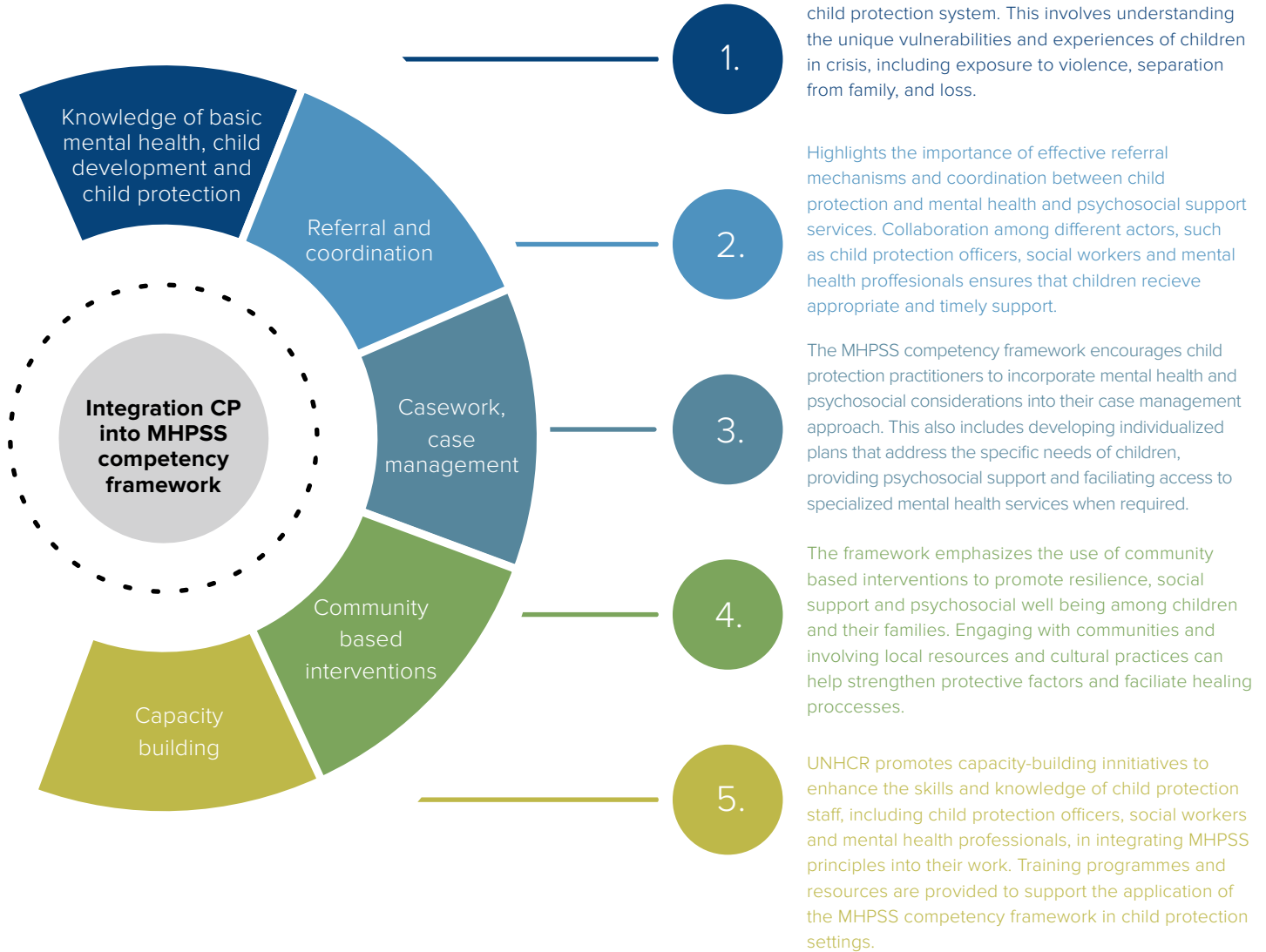
## Section 5. Child protection and MHPSS competencies

### What competencies do child protection actors need to use to integrate MHPSS into programming?

In order to integrate MHPSS into child protection programming, it is important that child protection staff have and develop key knowledge and competencies in MHPSS programming. Key tools for foundational MHPSS knowledge for child protection staff are listed below in Section 6.

In addition, staff working directly with children – typically child protection case managers – need to have specific competencies to understand and address the mental health and psychosocial needs of children affected by displacement. A **25-item assessment checklist** for child protection and MHPSS competencies can be found in [Annex 2](#). As there is significant overlap between child protection case management competencies and MHPSS competencies, the framework below and the assessment checklist integrates both child protection and MHPSS competencies into one tool – this also serves to streamline the development of child protection case worker competencies.

## Child protection (CP) and MHPSS competencies



Caseworkers should complete this tool on their own and review it with their supervisors to determine where their strengths are and where they would like to develop in terms of MHPSS competencies. This tool can be completed before, during or after training and/or annually. Appropriate supervision will also lead to better self-care and provide clearer avenues for child protection personnel to seek support and guidance. The competency checklist should also be integrated into training and ongoing supervision processes for child protection case managers.



## Section 6. Conclusions

This operational guidance outlines the **six core** MHPSS actions that UNHCR should integrate into child protection programming:

1. Coordinate MHPSS within and across sectors
2. Disseminate key messages to promote mental health and psychosocial well-being of children and caregivers
3. Orient front-line child protection workers and community networks in basic psychosocial support skills
4. Provide MHPSS through child protection case management services
5. Support new and pre-existing group-based community MHPSS activities for children
6. Promote caregivers' mental health and psychosocial well-being and strengthen their capacity to support children

This approach is built upon both what UNHCR is already doing in the field in child protection and MHPSS and aligns and structures this according to the latest global MHPSS guidance. This will help to strengthen the abilities of child protection actors' to effectively address and provide ethical, equitable, effective and culturally-relevant services that promote children's psychosocial well-being as an integral component of UNHCR child protection programming.

The advancement of MHPSS in the humanitarian field has brought positive changes. It has reminded us that children and their families are resilient and deserving of love, respect and hope. It has reminded us that children and their families are not passive victims but active in their own protection and well-being. Integrating MHPSS within child protection recognizes that children and communities can be resilient if given the support and agency to do so and that children's protection and well-being are inextricably connected.



**For more information**

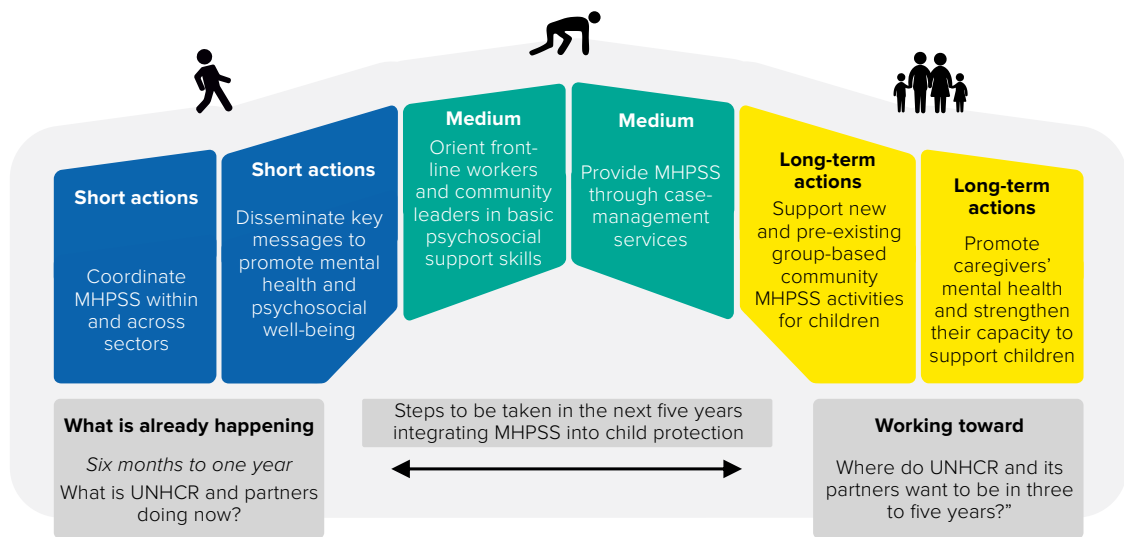
- [Inter-agency Standing Committee \(IASC\) Minimum Service Package \(MSP\)](#); this is a resource for planners, coordinators, implementing partners, technical advisors and donors. It provides a resource for experts in MHPSS and those who are new to it. It provides core activities for each sector that will better ensure quality care for children, families and communities.
- [UNHCR – Operational guidance, mental health & psychosocial support programming for refugee operations.](#)
- The materials included in MHPSS section of the [Job Aid for Child Protection – Section 3](#) should be combined with other learning opportunities, such as in-person training sessions, as well as supervision and coaching by senior staff with strong expertise in child protection.
- [The Foundational Child Protection Training Pack](#) MHPSS section under Child Development and Well-being, Module 2, is available for managers and others who are planning child protection training for entry-level staff and new partners and is essential to the materials included in the Child Protection Job Aid.

**Other resources include:**

- IASC (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Available in [Arabic](#), [Chinese](#), [English](#), [French](#), [Portuguese](#), [Russian](#), [Spanish](#), [Ukrainian](#) and [other languages](#).
- World Health Organization (2022). Introducing Mental Health and Psychosocial Support (MHPSS) in emergencies, Module 2: Coordinating a team with other sectors/clusters providing Mental Health and Psychosocial Support (MHPSS). Available in [English](#), [Spanish](#), [Ukrainian](#) and [other languages](#).
- [Communicating with a child in Distress, Listen and Learn: Participatory Assessment with children and adolescents \(UNHCR, 2012\).](#)
- [Strengthening Mental Health and Psychosocial Support in UNHCR Achievements in 2021 and priorities for 2022 and beyond.](#)
- [The Mental Health & Psychosocial Support Network](#) hosts a collection of child-specific resources. [The Children and Families MHPSS Resource Collection](#) provides directed materials that are relevant to mental health and psychosocial support work with children and families across humanitarian and development settings. It has a repository organized by sector, each of which has sector-specific resources dedicated to MHPSS.
- [A Compendium of Resources, A Supporting Document to UNICEF's Operational Guidance: Community-Based Mental Health and Psychosocial Support; updated 2020.](#)

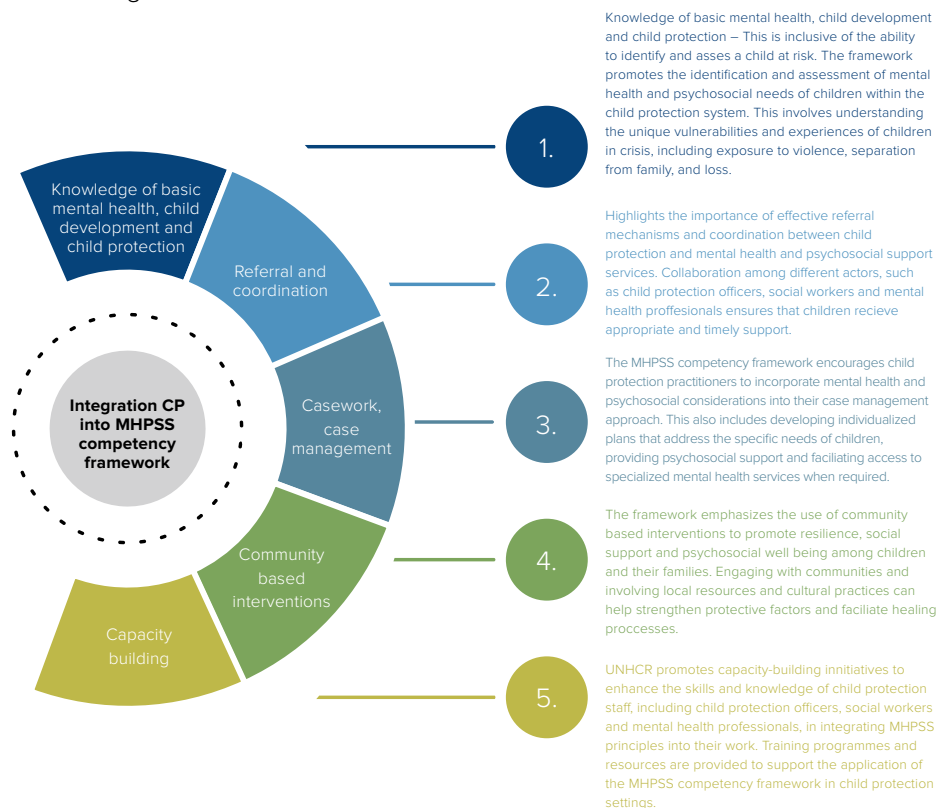
## Annexes

### Annex 1: The UNHCR approach to integrating MHPSS into child protection



### Annex 2: Child protection (CP) and MHPSS competencies.

Instructions for using this tool:



This tool is designed for child protection case managers working with children and caregivers. It can be incorporated within your existing work plan, when you complete your training or during your annual review. For the caseworker, review the competencies to ensure good understanding and rate this as it will help your professional development.

Review with your supervisor and make a self-improvement plan.

**Employee name:****Date:****Job title:****Manager name:****Review period:**

Assess your work based on your experience in the following areas by checking the box that applies to you.	Level (1) demonstrates unhelpful or potentially harmful behaviours	Level (2) basic helping skills	Level (3) all basic helping skills plus any advanced skills	Comments
<b>Knowledge of basic mental health, child development and child protection</b>				
1. Treats all children and caregivers with equity/integrity respect, fairness and dignity regardless of race, colour, gender, sexual orientation, language, religion, disability or other status.				
2. Understands the importance of secure attachment and healthy bonding between children and their caregivers. Recognizes the signs of healthy attachment and the risk factors that may disrupt this process.				
3. Acts with integrity i.e. decisions are based on the best interests of the child and are not influenced by external pressures or personal views.				
<b>Referral and coordination</b>				
4. Recognizes the importance of collaboration and coordination and understands how relevant case management coordination mechanisms function, e.g. case review, case conference, best interests' procedures.				
5. Knows what services are available and required and how to access the services. Oversees follow up of referrals and understands whether services are meeting quality standards.				

6. Collaborates and networks to coordinate efforts with other sectors, such as education, health and child protection in order to ensure a comprehensive response to children's needs.				
<b>Casework/Case management</b>				
7. Ensures consistency in case management support, manages expectations appropriately and does not make false promises.				
8. Adheres to their organization's established protocols and procedures for handling imminent risks of harm. These may include specific steps to escalate the situation or to involve specialized teams or individuals trained to deal with such emergencies.				
9. Validates the child's experience from their point of view in a clear, confident manner.				
10. Maintains an open posture, appropriate eye contact and a friendly tone of voice.				
11. Is actively aware of, identifies, explores and assesses the child's needs, especially in cases where there is a mental health concern.				
12. Actively ensures that the child is involved in and influences decision-making when appropriate and communicates what happens regarding their input and how much influence they are expected to have.				
13. Enables children to be involved in decision-making about case management support, including letting them choose whether to have a caregiver or trusted adult present, where and when to meet and whether to have a male or female caseworker.				



Community-based interventions				
14. Is familiar with support groups and parenting programmes. Connects families with support groups and parenting programmes that address children's mental health and psychosocial well-being. These groups can provide a network of peers facing similar challenges, as well as access to expert advice (local community centres and mental health organizations may host such programmes).				
15. Prepares for meetings and home visits, providing a safe space that is child-friendly, accessible and inclusive and ensuring that the appropriate people are present.				
Training and capacity-building abilities				
16. Understands legal, policy and procedural frameworks linked to child protection and its links to MHPSS interventions.				
17. Uses negotiation and conflict resolution skills to support positive outcomes for the child.				
18. Analyses the situation and examines difficult issues from different perspectives.				
19. Is actively aware of, identifies, explores and assesses the child's needs.				
20. Understands how to identify and provide appropriate support to children at risk of mental health concerns.				
21. Encourages children to implement solutions and collectively develops a plan of action that includes identifying external support (when needed).				
Ethics and cross-cultural competence				
22. Obtains informed consent from caregivers or older children and/or informed assent from younger children at the start of case management services and prior to conducting referrals.				

23. Communicates clearly and can adapt communication to the age, developmental stage and ability of the child, taking into account cultural considerations.				
24. Understands and complies with data protection and information sharing guidelines within and between organizations.				
25. Takes responsibility for decisions and actions, honouring commitments and acting in compliance with child safeguarding and protection policies, codes of conduct and the United Nations standards on the prevention of sexual exploitation and abuse.				

## Evaluation

<b>Additional comments</b>	
<b>Employee goals</b>	

## Confirmation of review

<p><i>By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.</i></p>			
Employee signature		Date	
Manager signature		Date	





