Mental Health and Psychosocial Support Services Standard of Care Model

Kurdistan Region of Iraq

seed foundation
Social Educational Economic Development

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ABOUT SEED FOUNDATION

SEED Foundation (SEED) is a registered charity organization in Erbil, Kurdistan Region of Iraq (KRI), whose mission is to protect, empower, and support the recovery of survivors of violence and others at risk. SEED takes a comprehensive approach to recovery, integrating case management, mental health, and legal services with a range of psychosocial support services to reduce symptoms of trauma, empower and protect survivors, and improve individual and family well-being. SEED also works to improve the skills of local case managers, psychologists, and other service providers through education, training, and supervision programs to better equip them to help individuals and communities heal. SEED works with local institutions and others to promote laws, policies, and procedures that promote human rights and the protection of the most vulnerable. SEED supports the protection and recovery of survivors of trafficking, including through SEED's shelter for victims of trafficking and those at risk, after care services, and prevention work to reduce the risk of trafficking through public awareness, technical assistance, and advocacy for legal, regulatory, policy, process, and institutional changes. SEED is committed to delivering quality and holistic approaches, combining international and local expertise to achieve results for the people of Iraq and Kurdistan.

ACKNOWLEDGEMENTS

MHPSS STANDARD OF CARE MODEL
KURDISTAN REGION OF IRAQ

RATIONALE AND OBJECTIVE

It is critical that organizations and institutions throughout the Kurdistan Region of Iraq (KRI) adhere to a common standard of care with respect to Mental Health and Psychosocial Support (MHPSS) services, especially during the current transition from short-term emergency response to sustainable post-conflict development.[1] Emergencies are often catalysts for mental health system reform - with inter-agency coordination, quality improvements to MHPSS systems and services can occur rapidly.[2] This MHPSS Services Standard of Care Model is designed to contribute to meeting the demands of the post-conflict transition situation in KRI by promoting a common, contextualized understanding of quality standards among MHPSS actors.

The objective of this MHPSS Services Standard of Care Model is to increase clarity about various roles and services within the MHPSS sector, both globally and in KRI, so that service providers are equipped to ensure that emergency-affected people and all people with mental health needs can access high-quality, holistic services from professionals with the adequate skills and qualifications to address these needs, and to provide a framework for all actors working in the KRI to work within. Aligned with the Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings (the Guidelines)[3], this model provides an initial step towards implementing a KRI MHPSS standard of care to meet the needs and realize the rights of all refugees, internally displaced persons (IDPs), and host community members while supporting the strategic aim to convert short-term emergency interest in regional MHPSS problems into momentum for sustainable, long-term mental health and psychosocial care system development.[4]

The 2014 Review of the Implementation of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings found that one of the key challenges to implementation of the Guidelines is availability and quality of relevant human resources.[5] All MHPSS services and roles have value in supporting emergency-affected people, and all people, with mental health and psychosocial support needs. To ensure that people in need receive the best possible care and support, this MHPSS Services Standard of Care Model provides increased clarity regarding the nature and scope of particular services and roles that constitute the organization of MHPSS human resources in the KRI context.

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1 Patel, P. P., Russell, J., Allden, K., Betancourt, T. S., Bolton, P., Galappatti, A., Hijazi, Z., Johnson, K., Jones, L., Kadis, L. and Leary, K. (2011). Transitioning mental health & psychosocial support: from short-term emergency to sustainable post-disaster development. Humanitarian Action Summit 2011. Prehospital and disaster medicine, 26(6), 470-481.
2 IASC (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.
3 Ibid.
4 WHO (2013). Building back better: sustainable mental health care after emergencies.
5 IASC Reference Group on MHPSS (2014) Review of the Implementation of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.

TERMS & DEFINITIONS

The following terms and definitions provide clarity on how specific MHPSS services and staff roles can be defined in the KRI, consistent within a common global framework. The terms and definitions are categorized by General MHPSS Concepts, MHPSS Services, and MHPSS Service Provider Roles. Awareness and adoption of these terms and definitions by all actors in the KRI including Kurdistan Regional Government (KRG), donors, service providers, and beneficiaries is encouraged in order to enhance accountability across the humanitarian, development, peace nexus.[6]

GENERAL MHPSS CONCEPTS	
TERM	**DEFINITION**
Mental Health	A state of psychological well-being (not merely the absence of mental disorder) 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 her or his community.[7]
Psychosocial Well-being	The interaction between social aspects (such as interpersonal relationships and social connections, social resources, social norms, social values, social roles, community life, spiritual and religious life) and psychological aspects (such as emotions, thoughts, behaviors, knowledge and coping strategies) that contribute to overall well-being.[8]
Psychosocial Support	The processes and actions that promote the holistic well-being of people in their social world.[9] It includes support provided by family, friends and the wider community, indicating the direct relationship between psychological well-being and social context.[10]
Mental Health and Psychosocial Support	Any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders.[11]
Mental Health and Psychosocial Problems	Composite term that includes: social problems (such as sexual violence or discrimination); psychological distress; mental, neurological, and substance use disorders; intellectual disabilities; or any combination of these.[12]
Mental Disorders	A broad range of problems, with different symptoms, that are generally characterized by some combination of abnormal thoughts, emotions, behavior and relationships with others (e.g. schizophrenia, depression, intellectual disabilities and disorders due to drug abuse)[13] and recognized by signs of impaired daily functioning.[14]
Psychosocial Distress	A broad range of psychological and social distress that may include signs of behavioral and emotional problems, such as loss of appetite, change in sleep patterns, nightmares and withdrawal, along with a tendency to be able to function in all or almost all day-to-day, normal activities.[15]

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6 WHO, Health Emergencies Program. The New Way of Working: Strengthening the Humanitarian, Development, Peace Nexus. http://www.who.int/health-cluster/about/structure/new-way-working.pdf
7 WHO, 'Mental Health: Strengthening our response', Fact sheet, WHO, Geneva, updated in 2016, www.who.int/mediacentre/factsheets/fs220/en/ accessed 1 July 2018.
8 Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings, A Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings, IASC, Geneva, 2017.
9 INEE. (2010). Minimum Standards for Education: Preparedness, Response, Recovery.
10 Julian Murray & Joseph Landry (September 2013) Placing protection at the centre of humanitarian action: Study on Protection Funding in Complex Humanitarian Emergencies. An independent study commissioned by the Global Protection Cluster.
11 IASC (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.
12 Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings, A Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings, IASC, Geneva, 2017.
13 WHO, 'Mental Disorders', http://www.who.int/mental_health/management/en/ Accessed 1 July 2018
14 Child Protection Working Group. A Matter of Life and Death: Child Protection Programming's Essential Role in Ensuring Child Well-being and Survival During and After Emergencies.
15 Child Protection Working Group. A Matter of Life and Death: Child Protection Programming's Essential Role in Ensuring Child Well-being and Survival During and After Emergencies.

GENERAL MHPSS CONCEPTS

Traumatic Event	An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.[16]
Suffering	A state of undergoing pain, distress, or hardship. Suffering may be individual and/or collective.[17] Individuals may suffer in unique ways and as a result of a variety of experiences, but this is usually in a wider social (or global) context that informs what suffering is; therefore, individuals may also suffer collectively in the face of certain events and social structures (e.g. social, political, economic and humanitarian structures).[18]
Protection[19]	All activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law (i.e. International Human Rights Law (IHRL), International Humanitarian Law, and International Refugee law (IRL)).[20]
Child Protection	The prevention of and response to abuse, neglect, exploitation, and violence against children.[21]
Gender-Based Violence (GBV)	An umbrella term for any harmful act perpetrated against a person based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty. [22]
Sexual and Gender-Based Violence (SGBV)	One type of gender-based violence that emphasizes the criminal character and disruptive consequences of sexual violence for victims/ survivors and their families. SGBV is often used interchangeably with gender-based violence GBV.[23]
Humanitarian, Development, Peace Nexus	A framework for transcending the humanitarian-development divide that involves humanitarian and development actors, along with national and local counterparts, joining forces to identify and achieve collective outcomes that reduce risk and vulnerability while both ensuring a boost in development action in fragile and conflict-affected states and allowing for joint planning between health and social systems strengthening and humanitarian interventions.[24,25,26]
Coping	Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events (e.g., problem-solving, emotion-focused coping).[27] Coping self-efficacy refers to a person's confidence in his or her ability to cope effectively.[28]
Functioning	The ability to carry out essential activities for daily living[29] (e.g., to complete household, work, and social tasks). One's level of functioning/functional impairment is a component of mental health and psychosocial well-being.
Resilience	Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress. It entails "bouncing back" from difficult experiences.[30]

16 https://www.samhsa.gov/nctic
17 Kleinman, A., Das, V., and Lock, M.M., Eds., Social Suffering, University of California Press, Berkeley, 1997.
18 IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings, A Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings, Geneva, 2017.
19 All humanitarian actors have a responsibility to place protection at the center of humanitarian action. IASC, Statement on the Centrality of Protection, 17 December 2013 http://www.refworld.org/pdfid/52d7915e4.pdf Accessed 2 July 2018
20 Giossi Caverzasio, Sylvie (2001) Strengthening Protection in War: a Search for Professional Standards. Geneva: ICRC, p 19.
21 Child Protection Working Group (2012) Minimum Standards for Child Protection in Humanitarian Action.
22 Inter-Agency Standing Committee. (2015). Guidelines for Integrating Gender-based Violence Intervention in Humanitarian Action. Geneva, IASC. http://gbvguidelines.org
23 UNHCR (2011). Action against Sexual and Gender-Based Violence: An updated strategy.
24 UNDP. Fact Sheet. Financing the Humanitarian-Development-Peace Nexus
25 WHO, Health Emergencies Program. The New Way of Working: Strengthening the Humanitarian, Development, Peace Nexus.
26 UNOCHA, https://www.unocha.org/story/new-way-working
27 MacArthur Foundation, https://macses.ucsf.edu/research/psychosocial/coping.php
28 Chesney, M. A., Neilands, T. B., Chambers, D. B., Taylor, J. M., & Folkman, S. (2006). A validity and reliability study of the coping self-efficacy scale. British journal of health psychology, 11(3), 421-437.
29 IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings, A Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings, Geneva, 2017.
30 American Psychological Association, http://www.apa.org/helpcenter/road-resilience.aspx

MHPSS SERVICES	
TERM	**DEFINITION**
Case Management	A collaborative process that involves assessment, planning, implementation, monitoring, evaluation, and coordinating and advocating for the care options and services required to meet an individual's or family's goals and health and social service needs.[31] Domains of care are comprehensive, including mental health, physical health, shelter, legal support and protection, economic empowerment and livelihoods, and social networks.[32]
Basic Psychosocial Support	Non-specialized support that can consist of Psychological First Aid, addressing current psychosocial stressors, strengthening social support, teaching self-care and stress management, and/or education about normal reactions to grief and acute stress.
Psychological First Aid (PFA)	Basic, humane, supportive response for children, adolescents, and adults who have recently been exposed to a crisis event and are suffering and in need of support. The support involves assessing immediate needs and concerns; ensuring that immediate basic physical needs are met; providing or mobilizing social support; and protecting from further harm.[33,34] PFA is not a clinical intervention.[35]
Psychotherapy	A psychological intervention that involves empirically supported (evidence-based) psychological interventions for prolonged distress, disabling emotional problems, and depression, anxiety, stress, and PTSD. Example modalities include (trauma-focused) cognitive behavioral therapy, narrative exposure therapy, interpersonal therapy, art psychotherapy, and eye movement desensitization and reprocessing therapy.
Counselling	A psychological intervention initiated by a professional who guides individuals to find their own solutions for specific problem and provides assistance in coping with personal problems (emotional, behavioral, vocational, material, educational, rehabilitation and life-stage).
Structured Recreation	A type of community or focused, non-specialized support that consists of specially chosen recreational, creative, or play activities facilitated to stimulate the development of specific skills and resources, as well as provide safe and supportive opportunities for normalcy and processing or learning to deal with emotional, social, and practical life challenges or adverse experiences. Activities include sports, music, games, travel, reading, arts and crafts, dance, etc.[36]
Psychosocial Support Activities	A broad range of person-focused or community-focused supports that improve coping, increase resilience, and promote psychosocial well-being, including basic psychosocial support, psycho-education and community awareness sessions on mental health, emotional support groups, structured recreation, and life skills classes.

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31 Child Protection Working Group (January 2014) Inter Agency Guidelines For Case Management and Child Protection: The Role of Case Management in the Protection of Children: A Guide for Policy & Programme Managers and Caseworkers

32 World Health Organization and United Nations High Commissioner for Refugees. mhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical management of mental, neurological and substance use conditions in humanitarian emergencies. Geneva: WHO, 2015.

33 World Health Organization and United Nations High Commissioner for Refugees. mhGAP Humanitarian Intervention Guide (mhGAP-HIG): Clinical management of mental, neurological and substance use conditions in humanitarian emergencies. Geneva: WHO, 2015

34 World Health Organization, War Trauma Foundation and World Vision International (2011). Psychological first aid: Guide for field workers. WHO: Geneva.

35 http://www.spherehandbook.org/en/2-5-essential-health-services-mental-health/

36 United Nations Relief and Works Agency for Palestine Refugees in the Near East (2016) Psychosocial support recreational activities resource guide.

MHPSS SERVICES	
Protection Services	Provision of interventions that create conditions for community members to be safe and protected, and to safely deal with threats and human rights violations.[37] Protection activities include supporting individuals affected by rights violations to address risks, threats or ongoing harm, undertaking advocacy and awareness-raising regarding the ways threats and human rights violations impact people, anti-trafficking work, and providing access to: asylum and registration, case management for victims/survivors of violence, legal services, shelter, and specific services for vulnerable groups (e.g. children, survivors of GBV).[38]
Child Protection Services	Services with the goal to address child protection risks (e.g. child labor and exploitation, children in detention/in conflict with the law, child marriage, and recruitment into armed forces/groups) and build a protective environment for children, including family tracing and reunification, reintegration of children formerly associated with armed groups, community-based child protection (including psychosocial support and parenting skills), and specialized child protection services such as alternative care for unaccompanied and separated children, child protection case management based on best interests of the child, restoration of a family's ability to provide care and protection, and MHPSS, medical or legal services for child protection issues.[39,40]
Clinical Mental Health Care	Pharmacological and non-pharmacological management of mental health and psychosocial problems through the formal health care system, including primary care services for mental health (primary health care), psychiatric care in general hospitals or community mental health services (secondary health care), and long-stay facilities and specialist psychiatric services (tertiary health care).
Focused Psychosocial and Psychological Care	A range of psychological and psychosocial interventions including, psychological first aid, basic psychosocial support, linking people with psychosocial problems to resources and services, case management, psychosocial support activities, counselling, psychotherapy or other psychological interventions.

37 IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings, A Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings, Geneva, 2017.
38 WHO, International Medical Corps, UNICEF. (4Ws) in Mental Health, Psychosocial and Protection Support in Jordan Interventions Mapping Exercise March - April 2012.
39 Child Protection Working Group (2012) Minimum Standards for Child Protection in Humanitarian Action.
40 Child Protection Area of Responsibility. 2018 Whole of Syria Child Protection 4Ws. https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/child_protection_4ws_guidance_note_wos_2018.pdf

MHPSS SERVICE PROVIDER ROLES	
TERM	**DEFINITION**
Case Manager	• A professional who provides case management services to clients including a holistic range of mental health, physical health, shelter, legal and protection, economic empowerment and livelihoods, and social networks. Provides basic psychosocial support throughout the process. • At minimum, a case manager has been trained in, and has proven competence in, values and ethics, interviewing techniques and skills, active listening skills, principles and procedures of client-centered case management, documentation, Psychological First Aid, and referral pathways. • GBV case managers specifically provide case management services to clients who are GBV survivors. A GBV case manager has knowledge on GBV and uses a survivor-centered approach.[41] • Child protection case managers provide case management to address child protection issues. A child protection case manager has knowledge on child protection and considers the best interests of the child and involves children's meaningful participation throughout the case management process.[42] • Case managers are supervised by senior program staff.
Counselor	• A professional who provides basic counselling services for individuals, groups or families, including helping clients express themselves and understand their emotions, and enhancing clients' ability to solve problems, make decisions, and effect desired changes in attitudes and behavior. • At minimum, a counselor has been trained in and has proven competence in values and ethics, interviewing techniques and skills, active listening skills, principles of basic counseling, documentation, Psychological First Aid, and referral pathways.
Psychiatrist	• A professional who is a medical doctor with special training in the clinical management of neurological, and substance use disorders, including pharmacological and non-pharmacological methods, and inpatient mental health care. • At minimum, a psychiatrist has completed medical school and residency in psychiatry.
Psychologist	• A professional who provides psychological interventions studies mental processes and human behavior by observing, interpreting, and recording how people relate to one another and the environment and assisting clients in integrating their experiences. • At minimum, a psychologist has an undergraduate degree in psychology from an accredited university and has been trained in values and ethics, interviewing techniques and skills, active listening skills, counseling skills, documentation, Psychological First Aid, and referral pathways.
Psychosocial Support Worker	• A professional who provides person-focused psychosocial support to clients and/or community-focused psychosocial support activities. • At minimum, a psychosocial support worker has been trained in, and has proven competence in, values and ethics, interviewing techniques and skills, active listening skills, principles and procedures of case management, documentation, Psychological First Aid, and referral pathways.

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41 Interagency Gender-Based Violence Case Management Guidelines (2017)
42 Interagency Guideline for Case Management and Child Protection. The Role Of Case Management In The Protection Of Children: A Guide For Policy & Programme Managers And Caseworkers January 2014

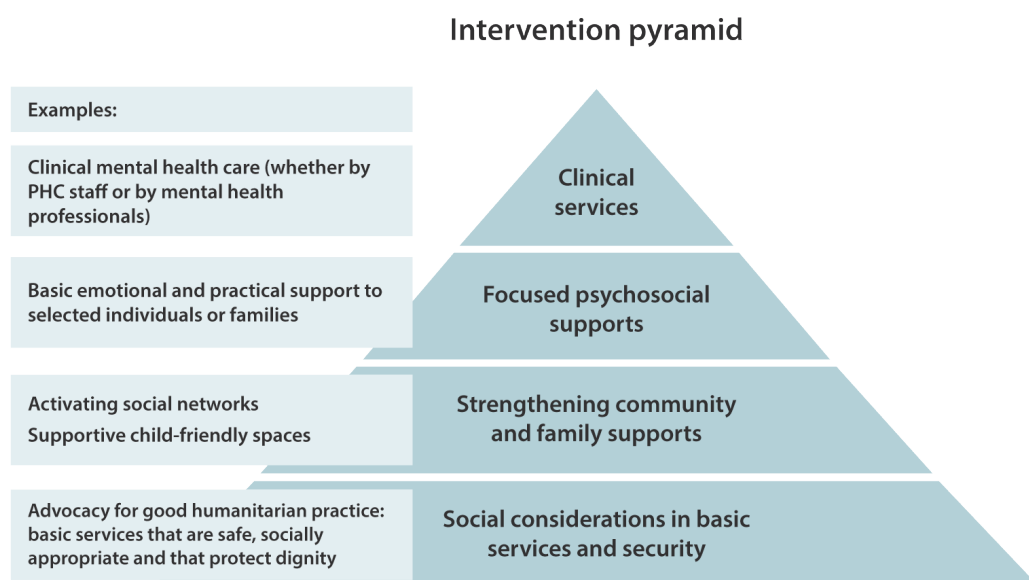| MHPSS SERVICE PROVIDER ROLES	
Psychotherapist	• A professional who provides psychotherapy and/or counselling. • At minimum, a psychotherapist has a master's degree in clinical psychology, clinical social work, or other relevant field of study and has been trained in, and has proven competence in, values and ethics, interviewing techniques and skills, active listening skills, specific evidenced-based therapeutic techniques and methods, mental health disorders, documentation, Psychological First Aid, and referral pathways.
Social Worker	• Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance well-being.[43] • A social worker may seek to facilitate the welfare of communities, individuals, families, and groups for example by undertaking case management by making assessments, referrals and follow ups. Some may be clinical social workers who can undertake counseling and psychotherapy while some can be non-clinical social workers that may undertake advocacy and policy-making. • At minimum, a social worker has an undergraduate degree in social work and has been trained in, and has proven competence in, values and ethics, social justice, human rights, empowerment and protection of vulnerable populations, interviewing techniques and skills, active listening skills, principles and procedures of case management, counseling skills, documentation, Psychological First Aid, and referral pathways.
Trained, non-specialist service providers	• Non-specialized service providers in healthcare facilities, social services facilities, and community programs (such as general nurses/physicians, community health workers and classroom teachers) provide focused care appropriate to the limitations of their training. Non-specialized service providers can deliver empirically supported psychological and psychosocial interventions when they are well trained, supervised and supported. • At minimum, a non-specialized service provider will have been trained in, and has proven competence in, some form of focused psychosocial or psychological care.

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43 International Federation of Social Workers, https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/

THEORETICAL FRAMEWORK

This Standard of Care Model is based on best practices and technical and ethical guidelines that can serve as a guide for all MHPSS services provided in the KRI.

IASC Guidelines on MHPSS in Emergency Settings
The primary purpose of the IASC Guidelines on MHPSS is "to enable humanitarian actors and communities to plan, establish and coordinate a set of minimum multi-sectoral responses to protect and improve people's mental health and psychosocial well-being in the midst of an emergency."[44] The IASC Pyramid of MHPSS Interventions (figure below)[45], provides an overview of various levels of MHPSS services.

Intervention pyramid

Examples:	
Clinical mental health care (whether by PHC staff or by mental health professionals)	Clinical services
Basic emotional and practical support to selected individuals or families	Focused psychosocial supports
Activating social networks / Supportive child-friendly spaces	Strengthening community and family supports
Advocacy for good humanitarian practice: basic services that are safe, socially appropriate and that protect dignity	Social considerations in basic services and security

Basic services and security
The majority of people are represented in the bottom level of the pyramid. Most people recover their psychosocial well-being when basic physical security is established and they obtain the social, communal and health services they need. The recommended way people in a helping profession can intervene is by ensuring that basic services consider social and cultural factors and individual dignity.

Community and family supports
A smaller but still substantial number of people require extra support from their community and families to recover their psychosocial well-being, as shown in the second level of the pyramid. People in a helping profession, such as psychosocial support workers, can support by encouraging relevant traditional support and social networks.

Focused, non-specialized supports
A smaller number of people may need more focused services to regain their psychosocial well-being and protect their mental health, as shown in the third level. Such interventions include basic psychosocial support, case management, counseling, structured recreation, PFA, and other psychosocial support activities.

Specialized services
For a very small percentage of people, the support outlined above is not enough, and their mental health and ability to function productively depends on more specialized care. For these individuals, psychological interventions or clinical mental health care is required from trained professionals, such as psychologists, psychiatrists, psychotherapists, and trained and supervised service providers who can provide more advanced mental health interventions.[46]

44 Retrieved from http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf
45 Retrieved from http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf
46 Interagency Gender-Based Violence Case Management Guidelines (2017)

The layers of support recommended by IASC in emergency settings can become the basis for developing mental health care after emergencies. The WHO-recommended optimal mix of services for mental health systems is broadly consistent with the IASC-recommended layers of support.
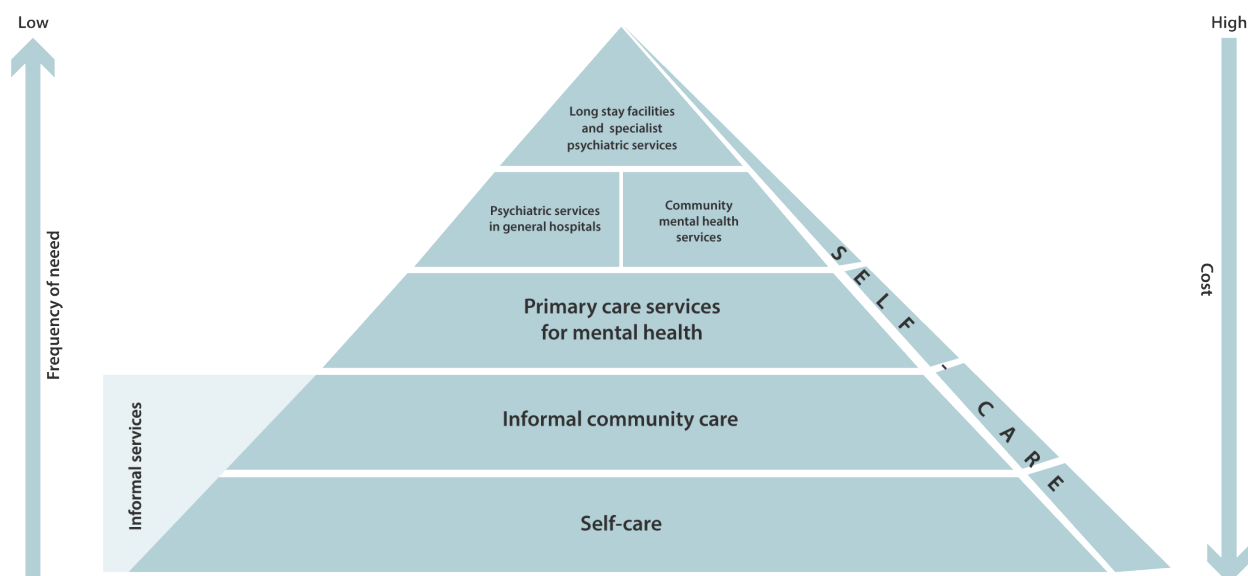
In KRI, there is political will for mental health system development. By including the WHO optimal mix of mental health services in the MHPSS Standard of Care Model, we aim to support progress on mental health and social care reform in KRI and advance the development of a sustainable, long-term MHPSS services system yet to come.

The Nature and Range of Mental Health and Psychosocial Problems and MHPSS Service Needs
The IASC Reference Group for Mental Health and Psychosocial Support presented a very useful way of describing and categorizing the large range of mental health and psychosocial problems that are commonly encountered in emergency settings:

- Pre-existing (pre-emergency) problems: belonging to a group that is discriminated against or marginalized; political oppression; severe mental disorder; depression; alcohol abuse
- Emergency-induced problems: family separation; safety; stigma; disruption of social networks; destruction of livelihoods, community structures, resources and trust; involvement in sex work; grief; non-pathological distress; alcohol and other substance abuse; depression and anxiety disorders, including post-traumatic stress disorder (PTSD)
- Humanitarian aid-induced problems: overcrowding and lack of privacy in camps; undermining of community structures or traditional support mechanisms; aid dependency; anxiety due to a lack of information about food distribution

Coordinated input may be required by many agencies at various levels of intervention to impact effectively on the same presenting mental health and psychosocial problems. As there are many simultaneous causes of and varying severity of suffering, distress, and disorders, the level and type of MHPSS service needed is based on the needs identified for the target population.

Stressors
- Many survivors of conflict and violence will experience stressors, such as discrimination, lack of security, disruption in work and/or education, financial challenges, threats of violence, etc.
- Some survivors can be supported in managing these stressors simply through basic services and security, ensuring their practical needs are met. Other survivors may need case management services, counseling, protection services, child protection services, or person- or community focused psychosocial support.

Psychosocial Impact of Traumatic Events and/or Suffering
- For some survivors, there will be psychosocial impact, meaning changes in how the individual relates to his/her social environment resulting in problems such as isolation, loss of roles inside or outside of the home, frustration, boredom, etc.
- For these many of these survivors, provision of opportunities for meaningful action is critical. Informal community care and community supports, such as participation in community events, opportunities for meaningful work/volunteering/recreation can help them reconnect with their social system, reestablish a role and identity within their support system, and feel productive in their society. Others will need person- or community-focused psychosocial care that improve coping, increase resilience, and promote psychosocial well-being, such as structured recreation, problem-focused counseling, psycho-education and community awareness sessions on mental health promotion, emotional support groups, structured recreation, and life skills classes.

Psychosocial Distress
- Other survivors may report distress due to their experiences, resulting in feelings of sadness, hopelessness, anxiety, anger, fear, etc.
- For survivors experiencing distress, some basic emotional support is indicated, such as psychological first aid and/or group or individual counseling through a trained professional.

Disabling distress, symptoms of mental disorder symptoms
- Still others may experience more pronounced debilitating distress or symptoms that result in functional impairment of normal activities such as changes in sleeping, eating, level of socialization, cognition, memory, developmental skills, etc.
- In such cases, more advanced intervention is necessary, and these survivors should be referred to specialized mental health professionals who can provide assessment and treatment or referral for appropriate, specialized services such as psychotherapy or clinical mental health care including psychiatric care.

Core Principles of MHPSS Service Provision[47]
1. Human rights and equity: promote the human rights of all affected persons and protect individuals and groups who are at heightened risk of human rights violations.
2. Participation: maximize the participation of local affected populations
3. Do no harm: take necessary measures to reduce risk of harm caused by provision of services
4. Building on existing resources and capacities: build local capacities, support self-help and strengthen the resources already present in the local population
5. Integrated support systems: reduce stigma and unsustainability by integrating services with other programs seeking to serve the community
6. Multi-layered supports: develop a layered system of complementary supports that meets the needs of different groups

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47 http://www.who.int/mental_health/emergencies/guidelines_iasc_mental_health_psychosocial_june_2007.pdf

<u>Ethical Guidelines</u>

Service providers should act in accordance with the following ethical values and guidelines:

- Human Rights and Dignity: Service providers' relationships should be based on rights to respect, privacy, reliability and confidentiality. Service providers should communicate effectively and work in partnership with individuals, families, groups, communities and other agencies. They should value and respect the contribution of colleagues from other disciplines.
- Social Justice: Service providers have a responsibility to promote social justice in relation to society generally and in relation with the people whom they work.
- Professional Boundaries: Service providers should establish appropriate boundaries in their relationships with clients and not abuse their position for personal benefit, financial gain, or sexual exploitation.
- Self-determination/Empowerment: Service providers should respect, promote, and support people's dignity and right to make their own choices and decisions, irrespective of their values and life choices, unless it threatens the rights, safety and legitimate interests of others.
- Informed Consent: Service providers should ascertain and respect each individual's preferences, wishes, and involvement in decision making, whether or not they or other persons have powers to make decisions on the person's behalf.
- Confidentiality: Service providers should respect the principles of confidentiality that apply to their relationships and ensure that confidential information is only shared with the consent of the client. Exceptions to this may only be justified on the basis of a greater ethical requirement such as evidence of serious risk or the preservation of life. Workers must explain the nature of that confidentiality to people with whom they work and any circumstances where confidentiality could be broken.
- Documentation: Service providers must maintain clear and accurate records of their interactions with clients.
- Competency: Service providers are expected to develop and maintain the skills required of their role.
- Safety and Security: Service providers must maintain awareness of the safety and security of themselves and the people to whom they are providing services.

STANDARDS OF CARE
The following guidance provides minimum standards of care (MSCs) for five key MHPSS services.

SERVICE	INDICATED	ELEMENTS OF SERVICE PROVISION	DURATION/ FREQUENCY OF SERVICE	PREREQUISITE TRAININGS
Case Management	Any client who is experiencing stressors, psychosocial impact, distress, or symptoms	• Needs Assessment • Care Plan • Referrals, as needed • Monitoring • Documentation • Evaluation	• Typically, three months duration • Client contact, typically a minimum of twice per month	• Values and ethics • Interviewing techniques and skills • Active listening skills • Principles and procedures of case management • PFA • Documentation • Referral pathways • Self-care • Population-specific training (IDPs, refugees, SGBV, child protection, etc.)
Counseling/ Basic Psychosocial Support	Clients experiencing psychosocial impact and/or distress	• Assessment • Emotional support • Referrals, as needed • Monitoring • Documentation • Evaluation	Individual and/or Group Work • No minimum duration • Can be a one-time service	• Values and ethics • Interviewing techniques and skills • Active listening skills • PFA • Principles of basic counseling • Documentation • Referral pathways • Self-care • Population-specific training (IDPs, refugees, SGBV, child protection, etc.)
Psychological First Aid (PFA)	For clients experiencing distress and/or symptoms	• Emotional support • Assessment • Referrals, as needed • Documentation	• No minimum duration • Can be a one-time service	• PFA • Documentation • Referral pathways • Self-care • Population-specific training (IDPs, refugees, SGBV, child protection, etc.)
Psychotherapy	For clients experiencing high forms of distress and/or symptoms	• Assessment • Treatment Plan • Monitoring • Documentation • Follow ups • Evaluation	Individual Therapy • Typically, minimum three months duration • Client contact, typically a minimum of twice per month Group Therapy • Typically, three months • Group meetings, typically a minimum of twice per month	• PFA • Documentation • Referral pathways • Self-care • Population-specific training (IDPs, refugees, SGBV, child protection, etc.)
Recreation	For any client who is experiencing stressors, psychosocial impact, distress, or symptoms	• Fun, trauma-informed activities offering social connection • Referrals, as needed • Documentation	• No minimum duration • Can be a one-time service	• Values and ethics • Interviewing techniques and skills • Active listening skills • PFA