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MHPSS Theory of Change Narrative

INTRODUCTION

UNICEF reports that almost one in ten children around the world live in areas affected by conflict and **over 400 million children live in extreme poverty**.[1] At the end of 2020 the United Nations High Commissioner for Refugees (UNHCR) reported that the number of displaced people was at its highest ever: 1 in 95 people in the world was forcefully displaced in 2020, compared to 1 in 195 in 2010.[2] **The challenges children face grows more threatening every day, ranging from large-scale conflict and displacement to poverty, violence and exploitation in many forms**.

The escalation and protracted nature of conflicts today, natural disasters and the environment and migration nexus, all causing the large-scale migration of families in search of safety and economic opportunity have led to a child protection crisis. Terrorism, disease outbreaks, intensifying natural disasters, COVID-19, and the impacts of climate change also contribute to changing threats for children, families and communities in such contexts. In these contexts, **many children do not have access to mental health and psychosocial support** (MHPSS), recreational activities, or school for months or even years. **Left without adequate security children are extremely vulnerable to protection risks, including violence, neglect, sexual exploitation, and recruitment and use by armed groups**.

MHPSS is a critical component of the Sustainable Development Goals (Goal 3, Target 3.4 and 3.5 Goal 4, Target 4.5), the UN Secretary General's Global Agenda, and the United Nations Global Strategy for Women's, Children's and Adolescents' Health for 2016-2030.

It is also a fundamental part of UNICEF's Core Commitments for Children (CCC) in Humanitarian Action, released in 1998 and revised in 2020. Building upon decades of experience in programming for children and adolescents, the 2021 Global Multisectoral Operational Framework[3] for Mental Health and Psychosocial Support of Children, including adolescents, and caregivers across settings, aims to protect and promote children's well-being and full participation within the family and community systems that surround and support them.

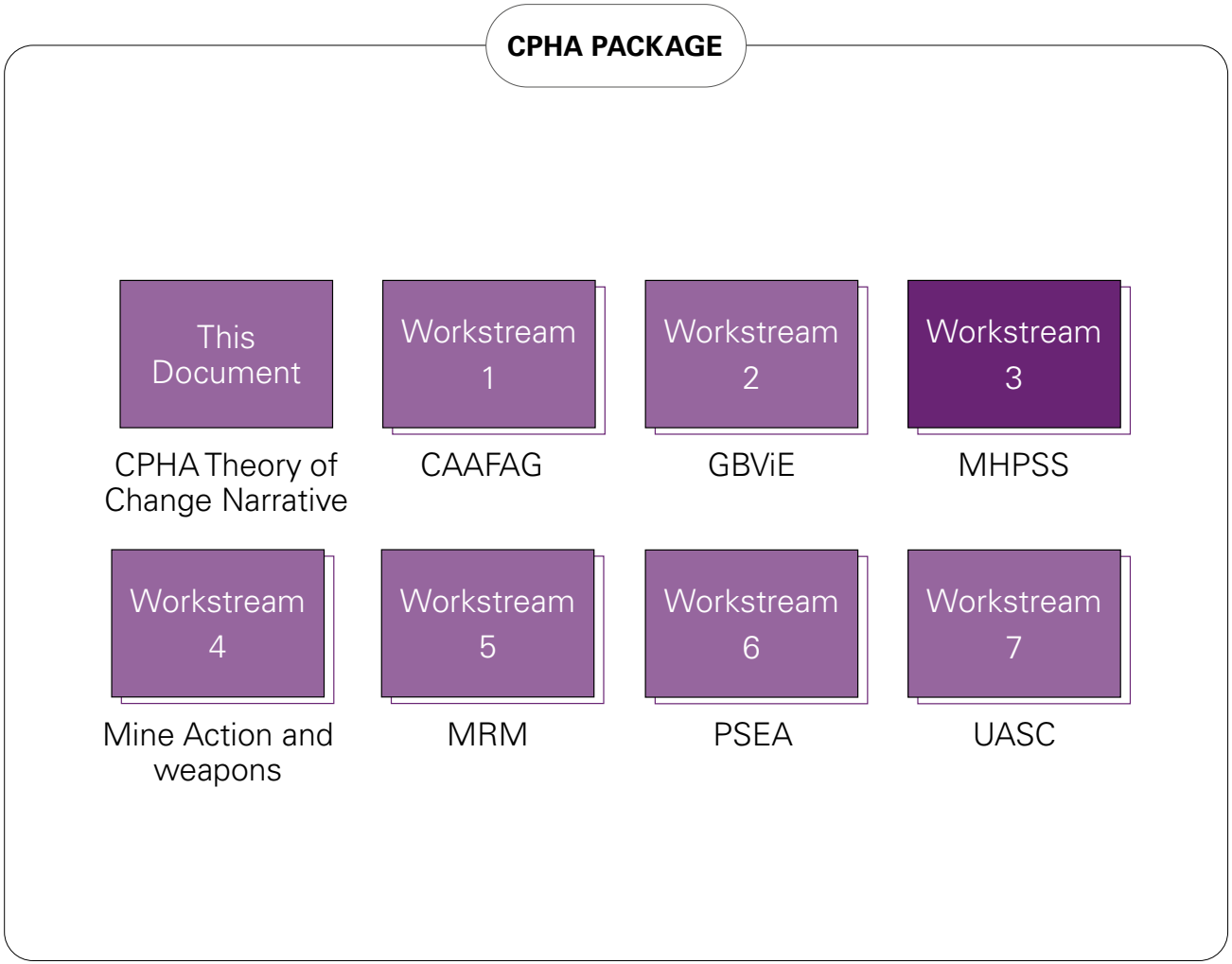
The overall problem statement for MHPSS in Humanitarian Action is: Humanitarian emergencies cause widespread suffering, threaten children and families' mental health and psychosocial well-being, and erode protective family and community support structures.

1 UNICEF Child Alert, 'Danger Every Step of the Way: A harrowing journey to Europe for refugee and migrant children', June 2016
2 UNHCR, Global Trends: Forced displacement in 2020: https://www.unhcr.org/flagship-reports/globaltrends/
3 https://www.unicef.org/reports/global-multisectoral-operational-framework, last accessed on 25/10/21

CPHA AND MHPSS

The Child Protection in Humanitarian Action (CPHA) section is one of five sections of the UNICEF Child Protection Programme Division. The mandate of CPHA encompasses interventions aimed at saving lives, alleviating suffering, preventing violations, maintaining human dignity, and protecting the rights of affected populations wherever there are acute humanitarian needs. This is regardless of the type of crisis[4] and irrespective of the gross national income level of a country, or the legal status of the affected populations.

MHPSS is one of seven CPHA workstreams, the other six are:



4 Sudden-onset or protracted emergency, natural disaster, public health emergency, complex emergency, international or internal armed conflict, among others.

The key populations that CPHA works for are not limited to children. The CPHA Theory of Change (ToC) explains that the term "Protection" is used, rather than the more specific Child Protection. This is done to encompass all aspects of child protection, but also protection issues for women, for families, including caregivers, and communities. Gender-Based Violence in Emergencies (GBViE), Protection against Sexual Exploitation and Abuse (PSEA), and also MHPSS, are workstreams that focus on children, but also to women and families.

MHPSS is an important component of the work done by CPHA which is strongly guided by the CRC. It is captured in the inter-agency work through the Global Alliance on CPHA and its minimum standards where Standard 10 focusses on MHPSS. The commitments and accountabilities of CPHA are also outlined and inscribed in the Core Commitment for Children in Humanitarian Settings (the CCCs). Mine Action is one of ten Child Protection commitments under the CCCs[5]:

Commitment 3: Mental health and psychosocial support (MHPSS): MHPSS needs of children, adolescents, and caregivers are identified and addressed through coordinated multisectoral and community based MHPSS services.

Commitment Benchmarks:

Family and community support systems are identified and strengthened to provide MHPSS activities and protection with meaningful participation of children, adolescents, and caregivers

MHPSS interventions and referral mechanisms ensure access to support across the IASC MHPSS pyramid of interventions for children, adolescents, caregivers, and communities, as per the Operational Guidelines on Community-based Mental Health and Psychosocial Support in Humanitarian Settings

All children, adolescents, and caregivers identified through MHPSS service entry points (including child protection, education and health) as needing specialised mental health services, are provided or referred to appropriate services.

5 UNICEF (2020), Core Commitment for Children in Humanitarian Action, https://www.corecommitments.unicef.org/ccc-2-3-5, last accessed on 13/10/21

BACKGROUND OF TOC DEVELOPMENT/REVISING

In 2019 the UNICEF Evaluation Offices conducted an Evaluability Assessment (EA) of CPHA which identified strengths and challenges in the current system and provided recommendations intended to improve programme design and implementation of CPHA-related programmes and ultimately strengthen CPHA evaluability in the future. The primary recommendation of the EA was:

UNICEF should develop a comprehensive CPHA programme impact pathway and associated results framework with indicators at different levels. All CPHA work streams should fall within its scope, with particular attention to children and the armed conflict agenda.

Two overarching objectives were defined:

A

Develop holistic, multi-sectoral ToC and package of interventions and indicators for all CPHA workstreams. For each of these, include required contributions from different sectors.

B

Co-create one overarching conceptual framework that brings together all ToCs for all workstreams and will contribute to meaningful inclusion in a new Strategy for Child Protection, as well as guidance, to CPHA practitioners in different humanitarian situations.

This MHPSS Theory of Change was created in response to the first overarching objective defined in the management response to the EA.

INTENDED AUDIENCES

The primary purpose of this ToC, is to encourage collective responsibility of all UNICEF offices and its partners, for MHPSS outcomes, programming logic, and to introduce shared indicators that can help measure whether the sector is collectively achieving these.

Four key audiences for the ToC have been identified:

UNICEF teams at all levels (headquarters, Regional Offices (ROs), Country Offices (COs) and Field Offices (FOs), as a programme design and management tool, because it helps to:

- Understand and explain the UASC system in emergencies and its interdependencies;
- Inform policy making;
- Plan, design and monitor programming;
- Co-ordinate national and international support and identify gaps;
- Identify and leverage wider developmental and humanitarian efforts, including work Allied Sectors, to maximise results.

Governments being CRC State Parties with accountabilities under the CCCs, as a programme design and management tool, because it helps to:

- Understand and explain the CPHA system in emergencies and its interdependencies;
- Inform policy making;
- Plan, design and monitor programming;
- Co-ordinate national and international support and identify gaps;
- Identify and leverage wider developmental and humanitarian efforts to maximise results.

Donors, because it helps to:

- Align international support for UASC with country-level objectives;
- Recognise where specific objectives have interdependencies with other stakeholders;
- Identify the most strategic use of resources and partners to achieve objectives;
- Identify and leverage wider developmental and humanitarian efforts, including work in Allied Sectors, to maximise results.

Partners, UN sister organisations and civil society organisations, because it helps to:

- Understand how specific PSEA activities contribute to the sector overall;
- Inform design of programmes that understand interdependencies with other stakeholders, including work in Allied Sectors, to maximise results;
- Distinguish between implementation failure and theory failure and inform adaptation and advocacy as needed

This ToC was created and revised as part of a wider effort to create ToCs for each of the seven CPHA workstreams. While each of the individual workstream ToCs can be used as a stand-alone ToC for specific workstream programming, for example to strengthen MHPSS programming specifically, multiple ToCs can be used at the same time to develop and monitor broader CPHA programmes that can include activities across workstreams. **The overarching CPHA ToC largely follows the logic of the individual workstream ToCs which generally have pillars around prevention, response and mechanisms and systems and through the seven workstreams it focusses on national systems strengthening across the humanitarian, development and peace nexus**. The programming approaches across the workstreams are similar and in line with the overall UNICEF Child Protection Strategy 2021 - 2030.

TIMEFRAME

Setting a time-frame for a ToC is not essential since it is best practice to use a ToC as a living document that is constantly updated. However, given changes in UNICEF and in the contexts where it works, it is important to review the underlying logics and assumptions after a number of years of programming. For this ToC, and indeed the overarching ToC for CPHA, it was decided to follow the same timelines as the period set for the recently released UNICEF Strategic Plan. This means that this ToC will be relevant for the period 2022 to 2025 when it should be reviewed. Especially the strategic shift that is underway towards more prevention programming in Child Protection warrants a review by 2025.

THE KEY BENEFICIARIES AND THEY ARE REACHED

1. Children:

A

Young children in emergencies: Interventions for these children are aimed at minimizing harm that can disrupt optimal development. Such interventions capitalize on the crucial window of opportunity in the first five years of life when children are most ready to acquire new skills and adapt. MHPSS interventions may include **mother-baby groups, infant stimulation and feeding programmes, and various early childhood development (ECD)** activities.

B

Children, including adolescents[6]: Emergencies can greatly disrupt opportunities for children to play and for positive social interactions, while also interrupting routines that afford a sense of security, normality and predictability. Adolescents face the challenges of sexual maturation and changing relationships while taking on new responsibilities, particularly in emergencies. For adolescents, severe distress and exposure to traumatic events can lead to various harmful outcomes, including alcohol and drug abuse, low self-esteem, health issues, poor school performance, self-harm and suicide. MHPSS activities can provide a sense of routine and stability and opportunities for children and adolescents to play, to develop skills to deal with crisis, solve problems, regulate their emotions, and form and maintain relationships. MHPSS activities may include the provision of regular, structured activities. This could be through **peer-to-peer groups, structured group activities and recreational activities**.

6 Based on: https://www.unicef.org/protection/mental-health-psychosocial-support-in-emergencies, and the minimum service package: https://mhpssmsp.org/en

2. Caregivers and families[7]:

The family and caregivers of children are supported through strengthening parenting skills, e.g., by developing the knowledge and skills to promote the mental health and psychosocial well-being of children and support children in distress, by **promoting positive parenting knowledge and skills**, and by **training parents and caregivers** in supporting children with mental health conditions. Mental health and psychosocial support are also provided to teachers and parents, e.g., through peer support groups, orientations on self-care, and through focused care for distressed parents and caregivers. As needed, specialized care is offered to parents and caregivers with mental health issues. MHPSS activities also seek to strengthen family and community support networks, e.g., by **facilitating the inclusion and participation of vulnerable families in communal activities**.

3. Communities[8]:

The community, including community leaders, are also targeted through the support of pre-existing community initiatives that promote mental health and psychosocial well-being (e.g., **re-establishing normal cultural and religious activities, support groups, youth networks and other interest groups**) and the facilitation of new community self-help initiatives (e.g., **discussion and support groups, appropriate communal healing practices, activity groups**). Key community members are also equipped with basic psychosocial support skills to support people in acute distress or with acute needs. In addition, through sensitization campaigns (e.g., on stigma reduction), information about mental health and psychosocial needs is provided to help communities take action.

4. Partners and donors:

Key actors, including across protection, nutrition, education, health, WASH, camp management, and shelter, receive information on integrating MHPSS into the emergency response activities, on expected MHPSS outcomes and relevant considerations through **orientations** and **advocacy**.

7 Based on: https://www.unicef.org/protection/mental-health-psychosocial-support-in-emergencies

8 Based on: Sources: https://www.unicef.org/protection/mental-health-psychosocial-support-in-emergencies, and the Minimum service package: https://mhpssmsp.org/en

DESIRED CHANGE

Based largely on UNICEF's 2021 Global Multisectoral Operational Framework for MHPSS the working definition of long-term change is:

The mental health and psychosocial wellbeing of children, including adolescents, and their caregivers in humanitarian settings is supported and protected

Effective MHPSS intervention strategies work to reduce risks and advocate for protective environments and access to services. This includes building the coping capacity of children directly, as well as the social supports and services within their care environments. It also involves providing them with safety, stability and nurturance. Providing support to parents, caregivers and teachers that is focused on their individual needs, coping skills and recovery is necessary for their overall wellbeing and essential to give them the emotional margin necessary to provide children with nurturing care.

MHPSS aims to provide an overarching approach to the delivery of mental health and psychosocial support that is (1) accessible within the community, (2) free or affordable, and (3) rooted in community-led action and response at the district and subdistrict levels. This includes both community-based approaches to MHPSS and community-led interventions and services for MHPSS.

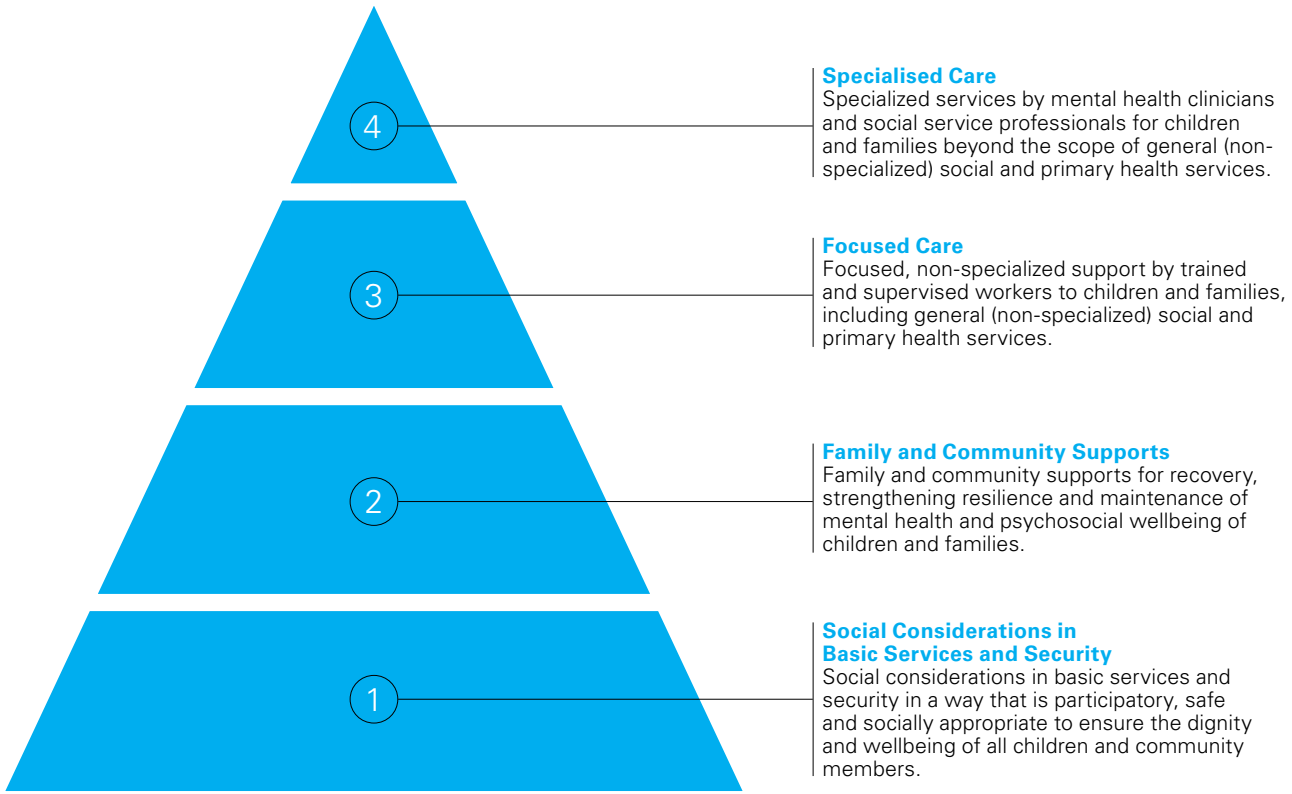
We see MHPSS addressing the broad spectrum of mental health issues that affect everyone, from specific mental health conditions to the overall mental wellbeing that we would want for every child. The enabling environment underpins and reinforces the circles of support and is shaped by the financing and budget allocations, policies, laws, institutions, culture, and social and gender norms creating a system that moderates access to mental health and psychosocial services.

THE MULTI-LAYERED MHPSS SUPPORT PACKAGE

The Inter-agency Standing Committee (IASC) intervention pyramid (see Figure 6) is widely used to describe the multi-layered support that makes up a comprehensive and complementary package of MHPSS interventions for people's recovery and wellbeing. The pyramid begins with community foundations and works its way up to specialized care, with fewer people needing the services at each layer. The pyramid is helpful in that it provides a way to articulate and understand the layering of services. For example, a programme can have interventions that sit at only one layer of the pyramid or multiple interventions across the pyramid. The pyramid is designed to be used to inform programme planning by multiple sectors. It provides a generalized approach to MHPSS that can be tailored and adapted to a specific programme or sector.

In this section we outline the MHPSS approaches and specific activities at each of the four layers of the IASC pyramid. In each programme, different intervention strategies may be prioritized depending on needs, resources and contextual realities.

Figure 1: The IASC MHPSS Intervention Pyramid



Layer 1:

Social considerations in basic services and security - Interventions for the public that have not been identified to be at risk, including social Considerations in basic services and security in a way that is participatory, safe and socially appropriate to ensure the dignity and wellbeing of all children and community members. This includes activities such as mental health and substance abuse awareness raising, access to basic survival needs – food, shelter, and disease control.

For CPHA MHPSS activities under Layer 1 are mostly limited to advocating for services that:

1. Foster inclusive, participatory processes and community engagement;
2. Give attention to integrate socio-cultural considerations (e.g., cultural beliefs, power structures, gender relationships, help-seeking behaviours, the role of traditional healers) to ensure the dignity and well-being of all children and community members; and,
3. Contribute to ensuring that appropriate minimum services (including food, shelter, livelihoods, etc.) reach the most vulnerable children and families through other sectors.

Layer 2:

Family and Community Supports Interventions for a subgroup who exhibit psychological or social risk factors associated with mental, emotional, or behavioural disorders. This could be for both children, including adolescents, and their family and community supports for recovery, strengthening resilience and maintenance of mental health and psychosocial wellbeing of children and families. Activities include the support group for children exposed to domestic violence or a group of marginalized adolescents.

Layer 3:

Focussed care to address psychosocial distress and protective services - Interventions for high-risk individuals having detectable symptoms of a mental, emotional, or behavioural disorders, but do not meet the criteria for a diagnosis. Non-Specialised support by trained and supervised workers to children and families, including general (non-specialised social and primary health services).

An example is programming to develop social skills and coping mechanisms for adolescents referred to social services due to behavioural challenges.

Layer 4:

Specialized Care - In any emergency, a small percentage of children and their caregivers will require specialized care, such as clinical mental health care by mental health and social service professionals. Services by mental health clinicians and social service professionals for children and families beyond the scope of general (non-specialized) social and primary health services. This includes interventions for individuals with a diagnosable condition that are intended to cure, reduce the symptoms or effects of the condition.

Activities include individual, family and/or group psychotherapy for an individual that has been diagnosed with a mental health condition. Specialized services may include mental health interventions (psychological and/or psychiatric treatment) and social services (e.g., case management). Safe traditional and cultural healing practices may also be used as part of specialized care.

CHILD PROTECTION PROGRAMMING APPROACHES

In line with the UNICEF Child Protection Strategy 2021 – 2030[9], MHPSS programming builds on five strategies that have been adopted by the UNICEF Child Protection sector, and its partners, globally. The five programming approaches are briefly introduced below:

- **Strengthen data and research generation and use**: CPHA will work so that UNICEF, its partner governments, and the international community are equipped with the data and evidence to address child protection adequately in all humanitarian settings. The data and evidence landscape for Child Protection is improving but at too slow a pace. CPHA will prioritize data and evidence generation and utilization over the in coming years, particularly in those areas where evidence is insufficient to guide policy and programming choices;
- **Advocate for national legislation, policies, budgets and accountability**: CPHA works with partners to undertake evidence-based advocacy, including policy dialogue with partner Governments on laws, policies, budgets, implementation mechanisms and accountability for child protection outcomes as well as global/ transnational advocacy;
- **Build capacity for scaled-up child protection prevention and service delivery across sectors**: CPHA will work with governments and non-governmental partners in humanitarian and development contexts, to build capacity for prevention and child protection service delivery, particularly in Social Welfare and Justice sectors but also in sectors such as Health, Education, Nutrition and WASH, Social Protection, Food Security, Shelter & Settlement, and Camp Management;
- **Strengthen the engagement of communities, caregivers, children and adolescents**: CPHA will employ a range of strategies to strengthen child and adolescent participation, parent, caregiver and family support and community engagement across humanitarian settings to effectively address the behavioural, social, cultural and economic determinants of child protection violations at scale;
- **Develop partnerships for coordinated global and national action**: CPHA works closely with, and will aim to develop stronger partnership and coordinated action with, a range of partners, including UN agencies within the UN Development System operating framework, partner government, civil society organisations, faith-based organisations, bilateral partners, multilateral partners and global funds and partnerships, academia, the private sector, philanthropic foundations and the media.

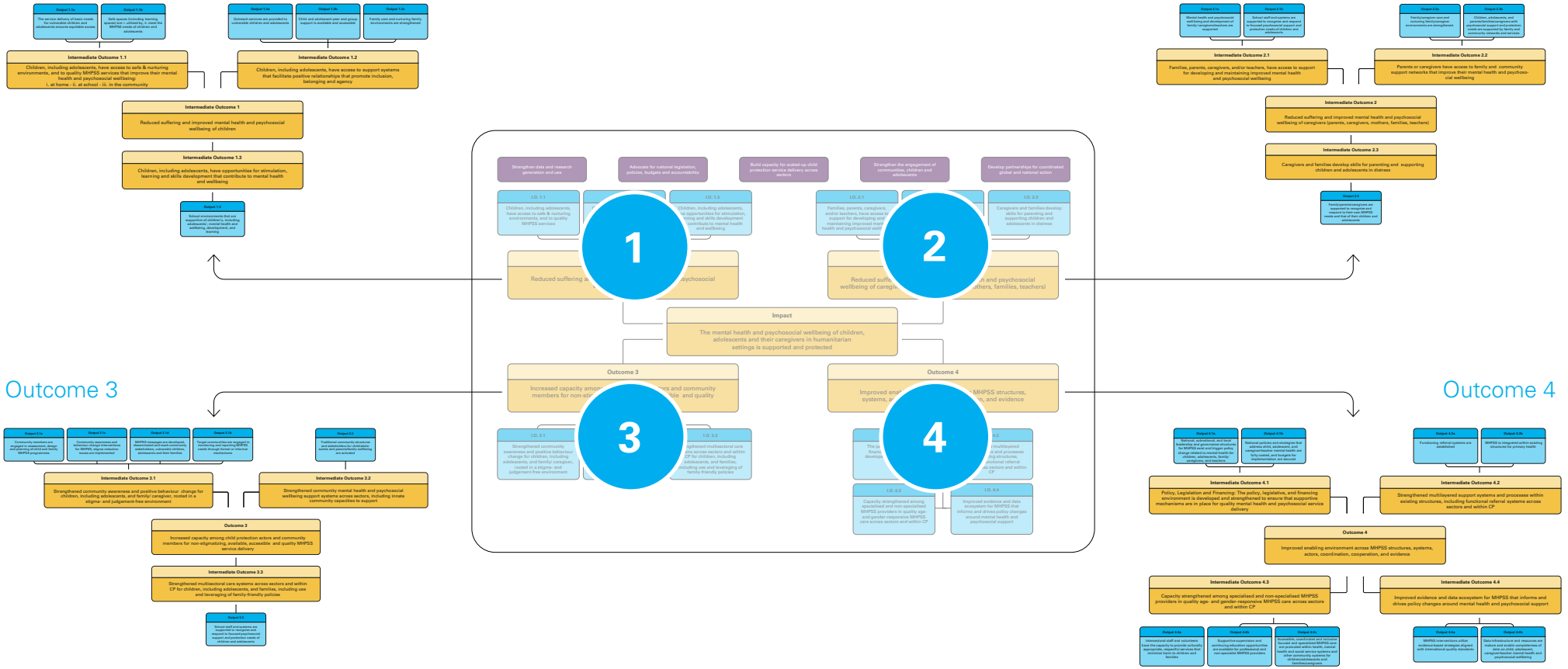
9 https://www.unicef.org/documents/child-protection-strategy, last access on 28/10/21

MHPSS THEORY OF CHANGE

On the next page the complete ToC diagram for MHPSS is presented. In the subsequent figures different parts of the ToC are highighted with larger boxes and fonts for easier reading.

Outcome 1

Outcome 2



Outcome 3

Outcome 4

Figure 1: MHPSS Theory of Change – Full Diagram

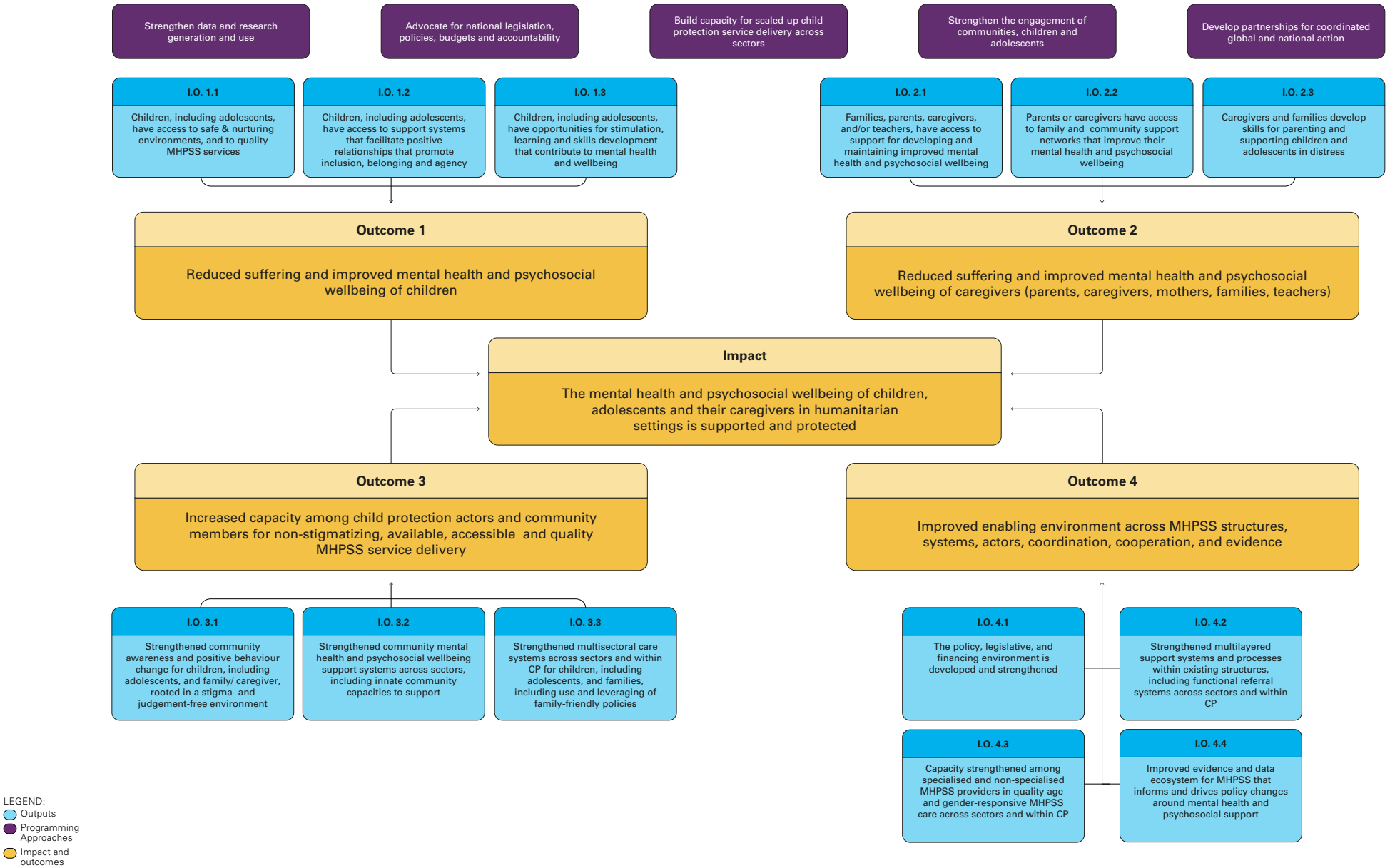


Figure 2: Outcome 1

Figure 2 shows the outcome logic under outcome 1 which is focussed on reducing the suffering of children, including adolescents, and the provision of safe and nurturing environments, support systems, and opportunities for stimulation, learning and skills development leading to improved mental health and psychosocial well-being.

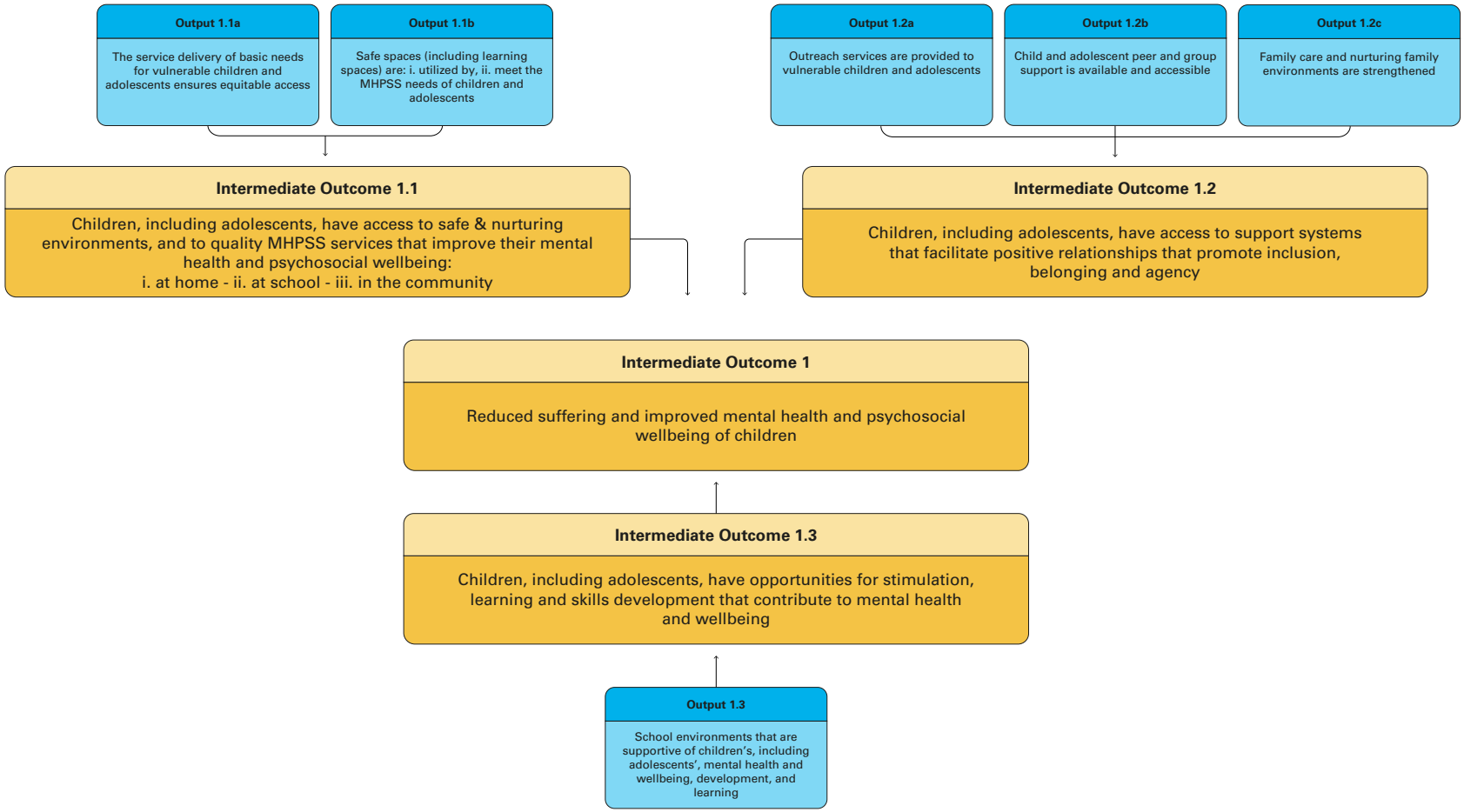


Figure 3: Outcome 2

Figure 3 shows the outcome logic under outcome 2 which is similar to the logic for outcome 1. Rather than focus on children, including adolescents, themselves, the outcome is aimed at the people around children. This includes the parents and caregivers, and teachers. The logic under this outcome is that the supporting mental health and psychosocial well-being of parents, caregivers, family members, and teachers, and providing them with skills to support the well-being of children, will also lead to improved outcomes for children, including adolescents, themselves.

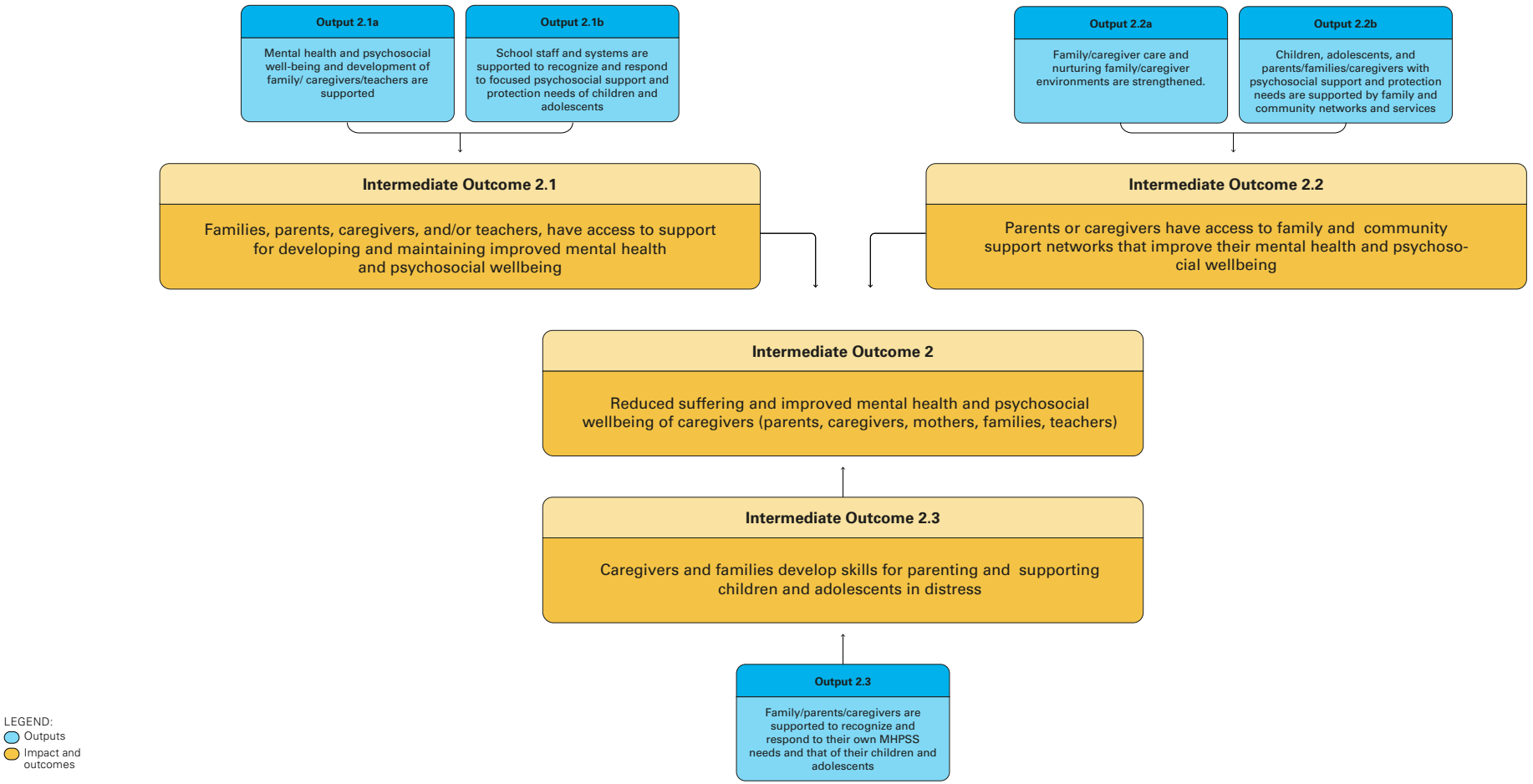


Figure 4: Outcome 3

Figure 4 depicts the outcomes logic under outcome 3. The logic for this outcome is that strengthening the systems across sectors and within child protection will lead to increased capacities of child protection actors and the wider community to deliver high quality mental health and psychosocial support services for children, including adolescents.

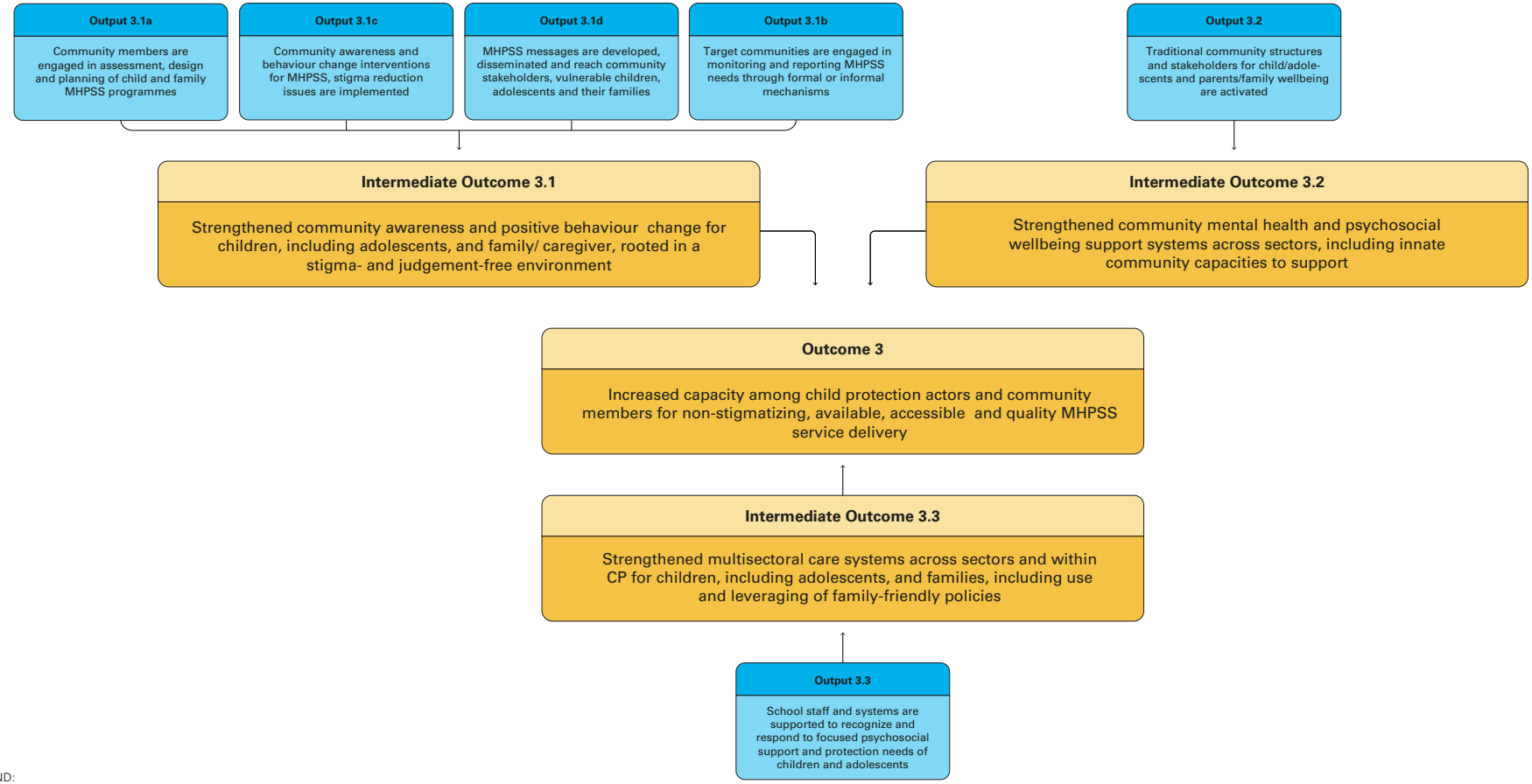
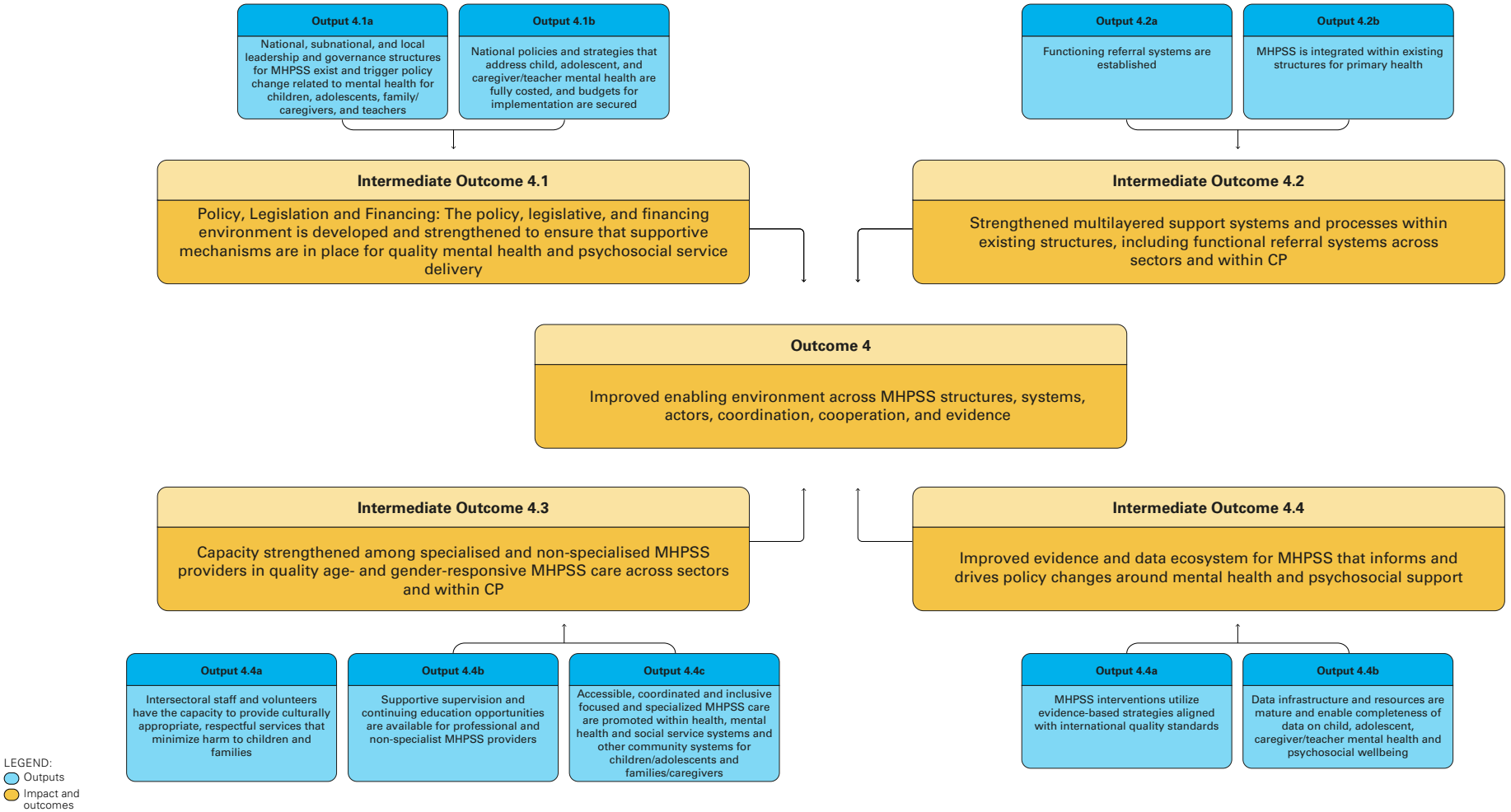


Figure 5: Outcome 4

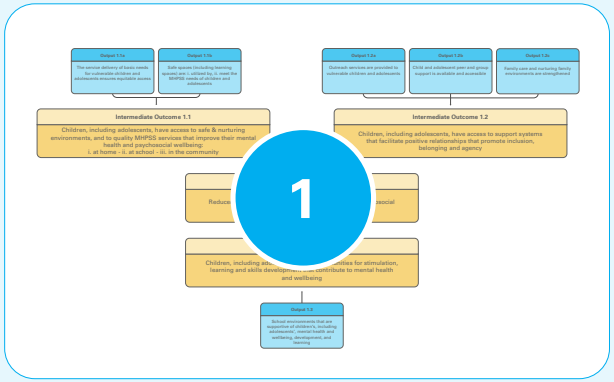
Figure 5 captures the final outcomes chain for the MHPSS ToC with the main outcome being the strengthened enabling environment for MHPSS as a sector. Strengthening policy, legislation, referral systems, capacities of providers, and evidence and data, is seen as essential for a stronger MHPSS programme overall.



THE UNDERLYING TOC LOGIC

In this section the outcomes logic for each of the four outcomes in the CPHA MHPSS ToC is briefly discussed. This section is not a full list of all MHPSS activities, rather it sheds light on the types of activities that lead to outputs and intermediate outcomes which in turn contribute to the outcomes, or wider benefits of MHPSS programming

> Figure 2: Outcome 1



Outcome 1:
Reduced suffering and improved mental health and psychosocial wellbeing of children.

In children and adolescents, wellbeing results from the interplay of physical, psychological, cognitive, emotional, social and spiritual aspects that influence their ability to grow, learn and develop to their full potential. Resilience is the capacity to overcome adversity and adapt after difficult experiences. Children's vulnerabilities increase with exposure to risks, especially if they lack protective factors such as problem-solving skills, caring caregivers or access to basic services and security. Effective MHPSS intervention strategies therefore work to reduce risks and advocate for protective environments and access to services. This includes building the coping capacity of children directly, as well as the social supports and services within their care environments. It also involves providing them with safety, stability and nurturance.

The presence of a stable adult caregiver aids children and adolescents' overall sense of wellbeing, and re-establishing routines (during times of personal, familial or external crisis) can boost the child and adolescent's coping and recovery. However, caregivers may have their own mental health and psychosocial needs, which may challenge their ability to offer safety, stability and nurturance to the children in their direct care. MHPSS interventions should therefore prioritize the mental health and wellbeing of caregivers, including through preventive and promotive parenting programmes, and responsive care as needed.

Table 1 lists examples of the intervention logic under outcome 1.

Table 1: Improved child and adolescent mental health and psychosocial wellbeing

Actions…	Lead to… (Measurable Effects)
Provide individual psychological interventions facilitated by a trained provider for the treatment of a mental health condition. (**Care, may include health**)	Intermediary Outcome 1.1: Appropriate MHPSS care and professional social services for children with mental health and psychosocial conditions or children who have been exposed to serious protection violations;
Provide children with MHPSS support and psychoeducation to help them manage and cope with distress, mental health conditions or disabilities. (**Prevention, may include health and education**)	
Build MHPSS capacity among community workers and protection case managers in identification and referral, including follow-up support, for children in need of specialized care (**Promotion, may include health**)	
Build children's transferable skills, including the capacity to think critically, recognize misinformation, and resist peer pressure (**Prevention, may include education**)	Intermediary Outcome 1.1: Ensuring children have access to safe and nurturing environments that support their overall mental health and psychosocial development.
Identify and address harmful behaviours and social and gender norms to reduce bullying, abuse, neglect, exploitation and violence against children and reduce the stigma with mental health and psychosocial problems. (**Promotion, may include health and education**)	
Ensure access of children to age- and gender-appropriate individual and group psychosocial support interventions by qualified staff. (**Promotion, may include health and education**)	Intermediary Outcome 1.2: Supporting all children, including those with mental health conditions or disabilities, to strengthen their interpersonal skills at home and in the community, and ensure that they are able to participate in their communities in meaningful ways;
Adapting services and activities for children based on their specific needs; done by someone who is trained and qualified in adaptive services (**Care, may include health and education**)	

And contribute to… (Wider Benefits)

Outcome 1: Improved child and adolescent mental health and psychosocial wellbeing

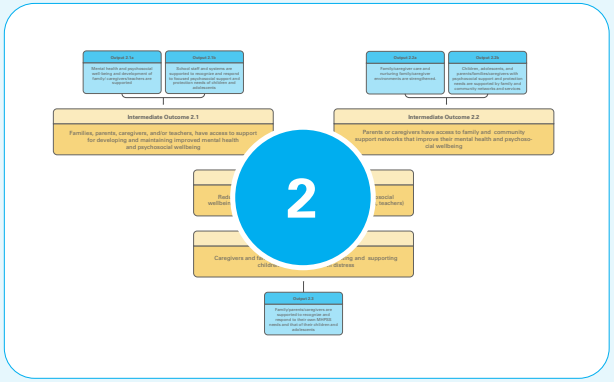
Actions…	Lead to… (Measurable Effects)
Support groups for adolescent parents that are responsive to their social and emotional needs, including the need to be included in activities that are responsive to their needs as an adolescent in addition to their needs as a caregiver. (**Care**)	Intermediary Outcome 1.2: Establishing adolescent-specific activities that promote inclusion, belonging and agency.
Peer-to-peer groups, youth clubs and group cultural and leisure activities for adolescents, including groups specific to girls' and boys' needs, interests, transferable skills. (**Prevention, may include health and education**)	
Support identification, family tracing and reunification, and appropriate care for separated children (**Prevention**)	Intermediary Outcome 1.3: Supporting access to and engagement in age-appropriate cultural, recreational, and supportive activities (e.g., youth clubs; adolescent peer to-peer groups; cultural events for healing, normalization, and recovery).
Group recreational and sports activities that promote problem-solving skills, emotional regulation, and the capacity to form and maintain relationships. (**Promotion**)	
Supporting interventions that promote mental health and prevent mental health conditions and substance abuse among school-age children and Adolescents. (**Prevention, may include health**)	Intermediary Outcome 1.3: Supporting interventions that promote mental health and prevent mental health conditions and substance abuse among school-age children and adolescents.
Group activities for child and adolescent wellbeing that build interpersonal, emotional regulation, problem-solving and stress management skills. (**Promotion, may include health**)	
Supporting children's physical and emotional development in all health and nutrition activities by building the capacity of caregivers in nurturing and responsive care (**Promotion, MHPSS advocacy to health and nutrition**)	Intermediate Outcome 1.3: Improving children's physical and emotional development through health and nutrition, education, and services for caregivers and children.

And contribute to… (Wider Benefits)

Outcome 1: Improved child and adolescent mental health and psychosocial wellbeing

Outcome 2:
Reduced suffering and improved mental health and psychosocial wellbeing of caregivers

> Figure 3: Outcome 2



The caregiver tier of support encompasses those adults who have responsibility over the different spears of development for the child, including adolescents. This includes the family system with parents and primary caregivers, the education system with teachers, school counsellors and administrators and the social welfare and child protection system with case workers and social workers.

Providing support to parents, caregivers and teachers that is focused on their individual needs, coping skills and recovery is necessary for their overall wellbeing and essential to give them the emotional margin necessary to provide children with nurturing care. Achieving this outcome requires strategies that support caregiver wellbeing, coping and recovery, interpersonal wellbeing through family and community support networks, and strengthening and building the necessary skills and knowledge for parenting and supporting children in distress. Interventions for caregivers across these three domains equip them to be responsive to both their needs and the needs of the child in their care.

Table 2 lists examples of the intervention logic for this outcome.

Table 2: Improved child and adolescent mental health and psychosocial wellbeing outcomes logics

Actions…	Lead to… (Measurable Effects)
Individual evidence-based psychological interventions with a trained & supervised mental health provider trained in the treatment of a mental health condition (**Care, may include health**)	Intermediary Outcome 2.1: Specialized social services and/or mental health care for caregivers with mental health conditions, elevated levels of distress, or who have been exposed to serious protection violations
Ensure referral and access to clinical MHPSS and professional social services for caregivers/family members with mental health conditions or protection concerns. (**Prevention, may include health and education**)	
Build capacity among community MHPSS workers in identification, referral and case management (e.g., coordination, follow-up support) for caregivers and/or teachers in need of specialized care. (**Promotion, may include health and education**)	
Group evidence-based psychological interventions for caregivers facilitated by a trained and supervised MHPSS provider. (**Care, may include health**)	Intermediary Outcome 2.2: Providing access to support (community support, focused or specialized care) for caregivers.
Mother-infant groups that support responsive caregiving (e.g., providing MHPSS in breastfeeding spaces). (**Prevention, may include health**)	
Facilitating inclusion and participation of families of people with mental health conditions, disabilities and/or protection risks in communal activities that is responsive to their needs. (**Promotion, may include health and education**)	

And contribute to… (Wider Benefits)

Outcome 2: Improved caregiver mental health and psychosocial wellbeing

Actions…	Lead to… (Measurable Effects)
Provide social support to parents and primary caregivers, including through parents' associations and support groups, school and community-based activities. (**Prevention, may include education**)	Intermediate outcome 2.2: Strengthening services and systems for nurturing and responsive caregiving.
Raise awareness of early childhood development as a 'pathway to peace' (**Promotion, may include education**)	
Caregivers receive psychoeducation on stress reactions, coping and recovery. (**Prevention, may include health and education**)	Intermediate outcome 2.3: Caregivers are equipped with the necessary skills and knowledge to be responsive to their own wellbeing and that of the children under their care.
Provide training and information on positive parenting knowledge, skills, and behaviour among caregivers. (**Promotion, may include health and education**)	
Support to distressed caregivers through culturally appropriate models of engagement (e.g., gender-specific support groups; focused support or treatment for caregivers). (**Care, may include health**)	Intermediate outcome 2.3: Caregivers are equipped with the necessary skills and knowledge to be responsive to their own wellbeing and that of the children under their care.
Build capacity for caregivers to navigate the MHPSS care systems (e.g., to ensure adherence to treatment protocols; to advocate for adequate care for their children). (**Prevention, may include health**)	
Train and supervise non-specialized staff to provide individual and group psychosocial interventions for vulnerable caregivers/families (e.g., support to mothers with post-partum depression, interpersonal group therapy). (**Prevention, may include health**)	Intermediate outcome 2.3: Providers who work with caregivers are equipped with the necessary skills and knowledge to deliver effective and quality MHPSS services across the MH continuum of care, prevention and promotion.

And contribute to… (Wider Benefits)

Outcome 2: Improved caregiver mental health and psychosocial wellbeing

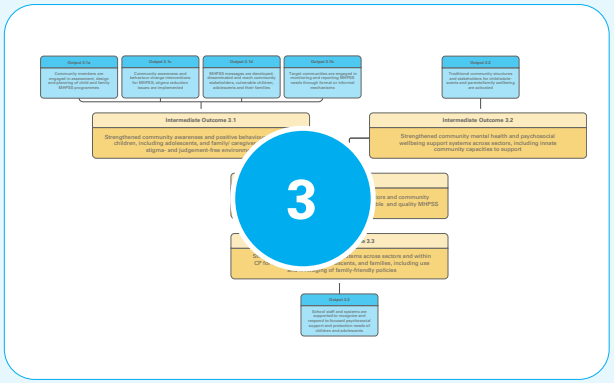
Actions…	Lead to… (Measurable Effects)
Support parents'/caregivers' ability to provide for the family's basic needs (e.g., facilitate access to livelihood strategies). (**Prevention, may include social protection, health and others**)	Intermediate outcome 2.3: During humanitarian response basic needs are addressed in a manner that is responsive to the mental health and wellbeing of the affected population
Training teachers to (a) observe children, including adolescents', behaviour and identify mental health and psychosocial concerns, (b) provide basic psychosocial support, and (c) refer children and adolescents in need of specialized MHPSS services. (**Prevention, may include health and education**)	Intermediate outcome 2.3: Building capacity of teachers and other educators in the knowledge and provision of MHPSS.
Work with governments and partners to promote the integration of MHPSS literacy and transferable skills grade-level curriculum in national education curricula (aiming for universal access to transferable skills in pre-schools, primary and secondary school, and other learning settings). (**Promotion, may include health and education**)	

And contribute to… (Wider Benefits)

Outcome 2: Improved caregiver mental health and psychosocial wellbeing

Outcome 3:
Increased capacity among child protection actors and community members for non-stigmatising, available, accessible, and quality MHPSS service delivery

> Figure 4: Outcome 3



The community level of support describes an overarching approach to the delivery of mental health and psychosocial support that is (1) accessible within the community, (2) free or affordable, and (3) rooted in community-led action and response at the district and subdistrict levels. This includes both community-based approaches to MHPSS and community-led interventions and services for MHPSS.

At the heart of a community-based approach to MHPSS is participation. Participation recognizes the important role that children, including adolescents, their families, and caregivers and broader community play as drivers of their own mental health and psychosocial wellbeing. Active engagement of communities across the MHPSS programme life cycle can contribute towards improved wellbeing by providing a greater sense of control, so that people exercise their sense of agency, and ensure that the needs specific to their lives and communities are driving the MHPSS programme response and delivery.

Table 3 shows examples of activities under outcome 3 and the intervention logic of this outcome chain.

Table 3: Improved community capacity for quality MHPSS service delivery

Actions…	Lead to… (Measurable Effects)
Implementing community-wide, targeted awareness-raising activities that combat stigma, discrimination, and abuse linked to mental health issues, and promote help-seeking behaviour. (**Promotion, may include health and education**)	Intermediate outcome 3.1: Stigma reduction campaigns for people with mental health conditions, CP messaging, including on unequal gender norms influencing gendered differences in child and adolescent mental health
Work with community leaders and resource people to promote stigma reduction and inclusion/participation of children and families with disabilities or MHPSS problems. (**Promotion, may include health and education**)	
Advocacy to ensure an enabling legislative environment (e.g., decriminalizing suicide). (**Promotion, may include health and education**)	Intermediate outcome 3.1: Establishing or strengthening laws, policies, and procedures that ensure a safe, supportive learning environment at all levels.
Strengthening information systems, evidence, and research on MHPSS. (**Promotion, may include health**)	
Establish national crisis helplines, that ensure confidential and 24-hour support, through trained hotline employees and volunteers who provide information and critical resources. (**Promotion, may include health**)	
Support to community leaders (e.g., faith leaders) in promoting child protection and mental health and psychosocial wellbeing. (**Promotion**)	Intermediate outcome 3.2: Strengthening community led action and advocacy for the promotion of mental health and psychosocial wellbeing, reduce stigma and increase access to community-based and led MHPSS services.
Building capacity and supervising MHPSS workers in scalable evidence-based individual or group psychological intervention. (**Prevention, may include health**)	
Facilitate opportunities for children and adolescents to contribute to community improvement and service activities. (**Prevention**)	

And contribute to… (Wider Benefits)

Outcome 3: Increased capacity among child protection actors and community members for non-stigmatising, available, accessible, and quality MHPSS service delivery

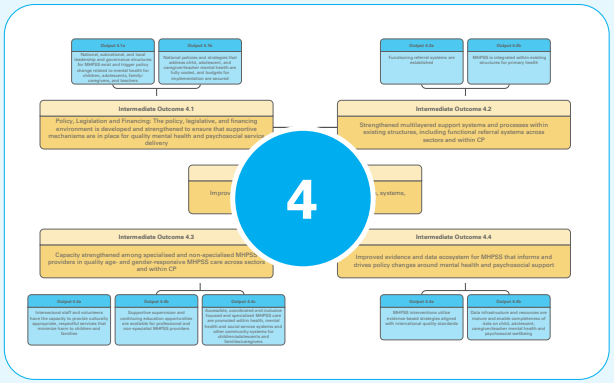
Actions…	Lead to… (Measurable Effects)
Ensure collaboration between health and child protection sectors to ensure health-care services are child- and family-friendly, including in the times, spaces and methods used in service delivery. (**Promotion, includes health**)	Intermediate outcome 3.2: Strengthening services and systems within the community to increase access to mental health and psychosocial wellbeing of children, adolescents and their caregivers.
Conduct national and community-based awareness-raising campaigns that promote learning that starts at birth and takes place within and outside formal educational settings (**Promotion, may include health and education**)	
Work with community and intersectoral actors to appropriately identify and reach out to vulnerable parents/ caregivers (with mental health conditions, disability or serious distress) for care and referral to relevant supports/services. (**Prevention, may include health**)	Intermediate outcome 3.3: Equipping community leaders and local services providers with the necessary skills and knowledge to be responsive to the mental health and psychosocial support needs in their community.
Build capacity and support the work of mental health and social service professionals, (e.g., school psychologists, clinical social workers) with at-risk children and families. (**Promotion, may include health and education**)	
Children and families have access to essential information about basic services, loved ones, legal rights and positive coping strategies. (**Promotion, may include health and education**)	Intermediate outcome 3.3: Coordinating MHPSS services and referral systems across education, child protection, social welfare and health systems.
Overall safety for the community is promoted, and protection risks for children and families are identified and addressed. (**Promotion, may include health and education**)	
Building the capacity of health-care providers and nutrition actors to provide basic psychosocial and positive parenting support to parents and caregivers. (**Promotion, may include health**)	Intermediate outcome 3.3: Improving capacity of primary health care staff to provide quality mental health services.

And contribute to… (Wider Benefits)

Outcome 3: Increased capacity among child protection actors and community members for non-stigmatising, available, accessible, and quality MHPSS service delivery

Outcome 4: Improved enabling environment across MHPSS structures, systems, actors, coordination, cooperation, and evidence

> Figure 5: Outcome 4



MHPSS promotes a support system that integrates service delivery at the child/ adolescent level, the family/ caregiver level and the community level. This system recognizes that everyone sits somewhere on the mental health continuum – from experiencing good mental health to anything from short-term distress to long-term disabling conditions, and many, if not most, people move along it at some stage. Accordingly, we see mental health on a continuum of prevention, promotion and treatment, addressing the broad spectrum of mental health issues that affect everyone, from specific mental health conditions to the overall mental wellbeing that we would want for every child. The enabling environment underpins and reinforces the circles of support and is shaped by the financing and budget allocations, policies, laws, institutions, culture, and social and gender norms creating a system that moderates access to mental health and psychosocial services. The enabling environment is made up of four areas: data & evidence generation, community mobilization, MHPSS system strengthening, and the MH continuum.

Intervention logics, from activities, to intermediate outcomes, to wider benefits under outcome 4 are shown in table 4.

Table 4: Improved enabling environment across MHPSS

Actions…	Lead to… (Measurable Effects)
Investment for all: secure greater and better investment in inclusive and gender-responsive mental health and psychosocial support services across all sectors and community services and structures for all children, adolescents, caregivers/ parents and families, from high income countries, low- & middle-income countries, and humanitarian settings. Services must be appropriate for and adapted to specific cultural contexts	Intermediary Outcome 4.1: Policy, legislation & financing
Promotion and prevention in the family: support caregivers/ parents and families, through rolling out parenting programmes53 to promote positive parenting and nurturing caregiving, and support caregiver wellbeing and mental health.	
Response in the school and community: ensure that all children and adolescents learn and interact in safe, supportive and secure environments, both online and offline, with supportive relationships with teachers and peers and access to mental health services for all who need them.	
Changing the public conversation on mental health: key actions around legislation, policy, services and investment are directly related to changing the global conversation and public perception on mental health & mental ill health, and related issues of abuse and neglect.	
Social welfare systems, including child protection services, provides children and their families with the supportive interventions needed to adapt and cope with mental health and psychosocial needs in the home and the community.	Intermediary outcome 4.2: Strengthened multisectoral systems & referral pathways
Referral pathways are a core aspect of MHPSS service delivery and should be established across service providers.	

And contribute to… (Wider Benefits)

Outcome 4: Improved enabling environment for MHPSS across the policy, legislation and financing systems, the MHPSS workforce, multisectoral supports and referral pathways, and MHPSS research and data

Actions…	Lead to… (Measurable Effects)
Specialized protection and social services (e.g., case management, outreach to vulnerable families) provided by social service professionals.	Intermediary Outcome 4.3: Workforce development and capacity
Trained workers who demonstrate the appropriate competencies, and receive proper training and regular supervision by mental health clinicians, can provide scalable interventions to support adults and children experiencing common mental health disorders	
Epidemiology: Research should help to answer key questions about mental health by providing projections of how many people are affected, who is affected (e.g., across gender and other sociodemographic groups), where they are most affected (geographic differences), and what is the economic and social impact of mental health conditions.	Intermediary Outcome 4.4: Research, evidence & data
Risk and Protective factors: Identifying the risk and protective factors for mental health outcomes is important for developing effective interventions and programmes, and for providing an enabling environment for children and adolescents to thrive.	
Evidence and Practice for Interventions: Research must be carried out to test existing interventions, adapt programmes to different contexts and develop new solutions for mental health across the prevention, promotion, treatment and continuing care continuum.	
Implementation Science: Implementation science provides critical information on the scalability and generalizability of interventions, how to translate interventions into policy and practice, and how to understand the barriers and facilitators to delivering evidence-based interventions across different contexts.	

And contribute to… (Wider Benefits)

Outcome 4: Improved enabling environment for MHPSS across the policy, legislation and financing systems, the MHPSS workforce, multisectoral supports and referral pathways, and MHPSS research and data

RISKS AND BOTTLENECKS

- Lack of funding for MHPSS;
- Lack of high-quality level 3 and level 4 services for children and adolescents;
- Limited MHPSS capacity among many humanitarian actors and limited existing local MHPSS capacity in many humanitarian contexts;
- Limited time and funding for MHPSS trainings Child Protection, Health, Education and GBV actors. Frontline workers in a new emergency have many competing and urgent training needs (e.g., child safeguarding, PSEA, case management, best interest procedures etc) which can leave little room in curricula for coverage of all needed MHPSS topics;
- Coordination for MHPSS across sectors can be extremely challenging, including managing collaboration between all relevant government ministries (e.g., ministries for Social Welfare, Education, Gender, Justice etc.), and building longer term capacity without creating parallel systems;
- Stigma relating to mental illness and associated concepts can create barriers to accessing support and resistance to services;
- Humanitarian actors across different sectors are not always open to integrating MHPSS considerations in the services provided;
- MHPSS services are not always seen as a life-saving priority, compared with basic security, health and education, despite the well-documented, severe and long-term consequences of failing to respond to distress and provide support;
- Limited tools and curricula available to support the timely establishment of certain MHPSS activities such as psychological interventions for children and adolescents, psychiatric care for children and adolescence, and MHPSS within Early Childhood Development Services.

ASSUMPTIONS

- With the numbers of forcibly displaced people at a record high, an increase in climate-related natural disasters, and ongoing protracted conflicts worldwide, children and families in emergencies will continue to need critical MHPSS services.
- The COVID-19 pandemic has had a widespread impact on livelihoods, health and well-being, impacting the wellbeing of both children and parents. The burden has been particularly high in humanitarian settings where it can be incredibly difficult for parents to ensure the safety of their children through appropriate hygiene measures and physical distancing.
- MHPSS will continue to be one of the key priorities of UNICEF in the coming years.
- Current strategies and approaches aimed at children, parents and caregivers, and the wider community will be maintained.
- CPHA MHPSS will continue to raise awareness about MHPSS activities internally and externally to partners actors across different sectors (e.g., education, health, protection), to implementers and the donor community.
- Despite strong internal commitment to MHPSS, UNICEF will continue with its efforts to attract external funding for MHPSS activities.
- Emergency affected population demand MHPSS or are open to receiving it.
- Humanitarian actors across different sectors are open to integrate MHPSS considerations in the services provided.

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