Mental Health and Psychosocial (MHPSS) Woking Group Jordan

Guidelines on MHPSS Projects

This document was adopted by the Jordan Mental Health & Psychosocial Support Working Group to outline fundamental components in designing, implementing and evaluating MHPSS projects. Based on the Inter-Agency Standing Committee (IASC) MHPSS guidelines, the document was adapted from various resources and is intended to complement the Jordan MHPSS Inter-Agency Guidance Note.

AIM & RATIONALE

Following an increasing focus on MHPSS projects and interventions in Jordan, multiple partners have sought further guidance on developing and/or reviewing these projects, including donors, UN agencies, ministries and MHPSS actors. Accordingly, this document was developed with the following aims:

- Outline a common understanding of the MHPSS approach according to global standards and recommendations.
- Support the identification and standardization of common terms, interventions and principles of good programming and best practice.
- Provide guiding criteria in reviewing and appraising MHPSS projects submitted for technical evaluation or funding appeals.

MHPSS APPROACH & GUIDING PRINCIPLES

Exposure to distressing situations including disruption, displacement, loss, and violence, may have significant effects on the mental, psychological and social wellbeing of children, adolescents, families and communities. The way in which people experience and respond to extreme situations associated with emergencies varies greatly. While most people often exhibit resilience and recover using their own ways of coping which can be fostered by supportive environments, others may require basic supports to improve their psychosocial wellbeing, and yet a smaller number will develop more enduring mental health problems (or suffer from pre-existing problems) requiring specialized care. Despite these variations, the majority of people will be able to overcome these difficult experiences with suitable and adequate support.

MHPSS considerations are important for both the emergency response and development efforts following humanitarian crises[2]. Early interventions are essential to protect and support mental health and psychosocial wellbeing, not only in the MHPSS field, but also for psychosocial considerations across various sectors including Health, Protection, Education, Shelter, WASH, Cash, and NFIs.

Global direction in MHPSS programming has demonstrated a shift in emphasis from a traditional vulnerability-based framework to a holistic, resilience and recovery-based approach. This has been reflected in a shift from the excessively 'pathology-focused', trauma-based models of service delivery to those which recognize beneficiaries as active agents in the face of adversity[5], and support existing strengths, resources and capacities,

with the recognition of diverse needs. As such, these changes should be included in current and planned MHPSS projects and activities.

	Traditional Vulnerability Approach	**Holistic Resilience Approach**
1.	Emphasis on reducing physical risks only	Emphasis on reducing a comprehensive array of risks: physical, emotional, social, cognitive, behavioral
2.	Addressing mental disorders/ focus on pathology	Prevention and promotion of mental health and psychosocial wellbeing
3.	Emphasis on "traumatization" of affected populations	Emphasis on resilience of affected population, with varying needs and responses to emergencies
4.	Meeting adults' needs as the main strategy for assisting beneficiaries	Recognizing the specific needs and rights of each target group, including children
5.	Focus on biological interventions for mental disorders	Focus on comprehensive bio-psychosocial interventions for mental disorders
6.	Programs emphasize technical interventions	Programs include technical interventions as well as strengthening skills, capabilities, and coping mechanisms
7.	Work is conducted by mental health experts or outside specialists	Collective responsibility of trained humanitarian workers and local people (specialized or non-specialized)
8.	Children and youth are principally regarded as recipients of response efforts	Children and youth have agency, participation, and can exercise supported leadership
9.	Focus on individuals	Ecological emphasis on layered and interconnected systems at the individual, family, peer, community, and societal levels

***Adapted from MHPSS WG Gaza & West Bank*

Work on MHPSS has the potential to cause unintended harm as it deals with highly sensitive issues[1]. MHPSS actors can reduce the risk of harm by integrating the principles of 'do no harm' and good programming into their projects' overall approach, objectives and activities.

In general, MHPSS projects should target the protection and promotion of mental health and psychosocial wellbeing, and outline measures undertaken by the agency towards effective coordination, avoiding duplication, and ensuring responsible and sustainable programming. They should reflect a general understanding of the services and needs of the target population in the proposed area (including refugee and host population), and be based on existing knowledge, as externally driven programs often lead to inappropriate supports and limited sustainability. They should strengthen and build on local support systems to enable locally-owned, sustainable and culturally-appropriate responses, rather than the development of parallel systems.

MHPSS projects should apply clear, structured, and tested methodologies/interventions, and appropriately link the components of the project together (objectives, interventions, beneficiaries and service providers). They should use suitable terminology throughout the proposal, and include a monitoring and evaluation component to adequately assess the outcomes and effectiveness of the project. MHPSS projects should reflect the following principles:[1, 2, 5]

- Protect the human rights and best interests of women, girls, boys and men.
- Ensure equity, non-discrimination and inclusiveness with attention to vulnerable groups.
- Ensure the inclusion of gender considerations.
- Protect dignity and promote self-efficacy through meaningful participation, empowerment and ownership.
- Capitalize and build on existing local resources, knowledge and capacities.
- Respect the affected populations' sociocultural traditions, values and views.
- Strengthen natural networks including family and community structures, fostering a secure and stable environment for beneficiaries.
- Reduce risks to safety and wellbeing while promoting an environment conducive to positive development and effective coping, including child and adolescent comprehensive and age-appropriate development.
- Ensure privacy, confidentiality and informed consent.
- Ensure coordination, cooperation and transparent information sharing.
- Commitment to evaluation, and openness to scrutiny and external review.
- Design and deliver programs based on updated, evidence-based and sufficient information, while ensuring that quality standards are upheld.

COMMON DEFINITIONS & TERMINOLOGY

- **Mental health & psychosocial wellbeing**

  Mental health is described as "a state of well-being in which the individual realizes his/her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his/her community"[3]. Mental health is closely linked to physical health, and is an integral part of overall health and wellbeing.

  The term 'psychosocial wellbeing' is interpreted and applied in different ways across the MHPSS field. There is no single framework adopted, leaving humanitarian workers to encounter a variety of approaches in the field[5, 7]. In general, it refers to a state of balance between the self, others and the environment, including the effective functioning of individuals and communities.

  Overall, mental health and psychosocial wellbeing encompasses various areas including emotion, behavior, thought, memory, physical aspects, learning capacity and ability to function. The way in which an individual experiences wellbeing can be further explained through the following inter-linked components:[3, 9]

- Emotional wellbeing: such as perceived life satisfaction, happiness, cheerfulness, peacefulness.
- Psychological wellbeing: such as self-acceptance, self-esteem, personal growth including openness to new experiences, hopefulness, purpose in life, control of one's environment, spirituality, ability to deal with thoughts, feelings and behaviors, the ability to manage conflict, and the ability to learn.
- Social wellbeing: social participation, social acceptance, mutual responsibility, positive interpersonal relationships and communication, sense of community.

Mental health and psychosocial wellbeing can be observed in three core domains, all of which concern a person's ability to function: [5]

- The individual capacity of a person: physical and mental health, coping abilities, and ability to access resources. For children, this includes level of resilience and developmental stage.
- Family and community functioning: engaging in ordinary social and family roles, carrying out everyday activities, such as attending school or go to work. Effective functioning requires having networks of social support. For children, this includes having supportive caregivers, and other social resources such as family members, friends, and teachers.
- Societal Culture and Values: beliefs, values, and practices that give a sense of meaning, unite communities, and contribute to a person's identity e.g. religion, spirituality, and traditions. For children, this is influenced by beliefs held by their family/community.

- **Mental disorders**

  Health conditions characterized by alterations in thinking, mood and/or behavior that is associated with distress, often disrupting daily functioning and affecting the ability to cope with the ordinary demands of life[9]. Mental disorders can affect all people regardless of age, gender, ethnicity and socioeconomic background. Effective treatments are available and most people diagnosed with mental disorders can experience relief from symptoms and lead a fulfilling life. Some examples of mental disorders include depression, bipolar disorder, psychoses, anxiety disorders, alcohol and substance use disorders, in addition to intellectual disabilities, developmental and behavioral disorders.

- **Mental Health & Psychosocial Support**

  A composite term used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. Although the terms 'mental health' and 'psychosocial support' are closely related and overlap, for many aid workers they may reflect different, yet complementary approaches.[1]

- **Resilience**

  The ability to cope relatively well in situations of adversity.[1] There are numerous interacting social, psychological and biological factors that influence whether people develop mental health and psychosocial problems or exhibit resilience in the face of adversity. Resilience can be fostered by protective factors, such as promoting a supportive environment and adaptive coping mechanisms.

- **Psychological First Aid**

  A humane, supportive response to a fellow human being who is suffering and may need support after exposure to extreme stressors. PFA is often mistakenly regarded as a clinical intervention, while it actually entails basic, non-intrusive pragmatic care with a focus on listening but not forcing talk, assessing needs and concerns, ensuring that basic needs are met, encouraging social support from significant others and protecting from further harm.[2]

- **Counseling:**

  A structured, purposeful process whereby a trained professional provides analytical and problem-solving support to people with basic psychosocial problems through an individual, group or family setting.[8]

- **Therapy:**

  Structured interventions (beyond counseling) for the treatment of mental and emotional disorders delivered by professionals who are *specifically trained* in them (for example, cognitive behavioral therapy). They usually require substantial dedicated time, and are provided in either an individual or group format.[4]

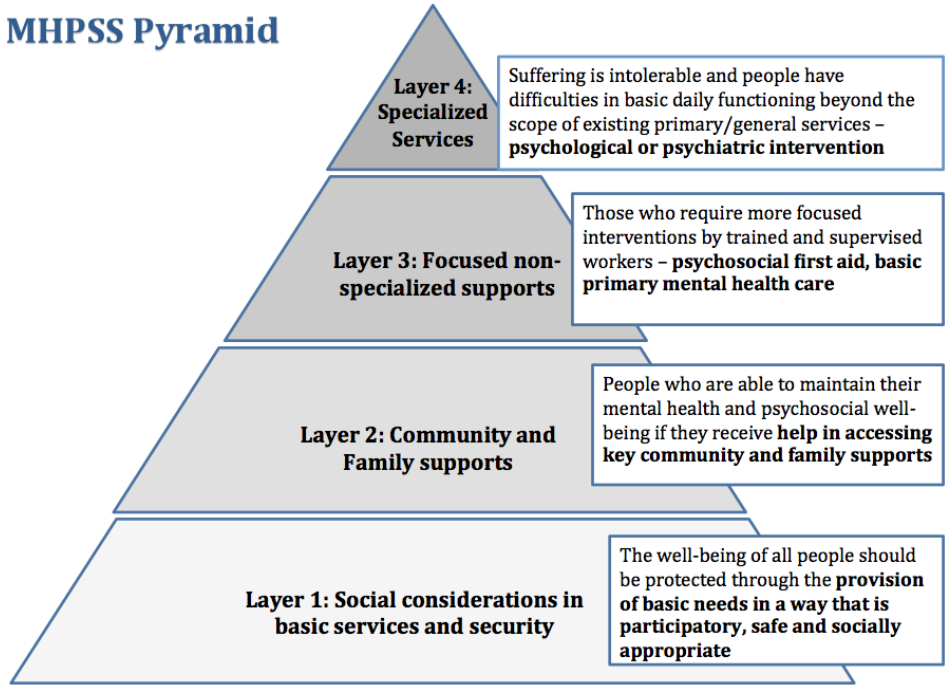
The terminology applied in MHPSS projects varies depending on whether the focus is on mental health or psychosocial support interventions. The use of consistent and appropriate terminology throughout projects reflects a good understanding and application of the recommended MHPSS approach. The following table provides examples of appropriate terminologies:

Terminology in Psychosocial Projects	Terminology in Mental Health Projects
▪ Psychosocial wellbeing	▪ Mental Health
▪ Signs of distress/ stress ▪ Reactions to difficult situations ▪ Psychological and social effects of emergencies	▪ Mental disorders including depression, anxiety, psychoses, post-traumatic stress disorder ▪ Symptoms
▪ Distressed beneficiary group (with normal reactions to the emergency) ▪ Severely distressed beneficiary group (with severe/extreme reactions to the emergency)	▪ Beneficiary group with mental health problems/ complaints/ disorders
▪ Terrifying events ▪ Overwhelming events	▪ Traumatic events
▪ Structured activities	▪ Therapy, rehabilitation, treatment interventions

***Adapted from MHPSS WG Gaza & West Bank*

MHPSS INTERVENTIONS

A key to organizing mental health and psychosocial supports is to develop a layered system of complementary responses targeting the various needs of different groups. This can be illustrated by the below pyramid that should be considered when structuring activities within MHPSS projects.[1, 5, 8]



1. **Basic services and security: The foundation for wellbeing through meeting basic needs and rights for security, adequate governance, and essential services such as food, clean water, health care and shelter. Advocacy with other sectors includes the delivery of services in a way that prevents psychosocial problems and supports wellbeing (this may include ensuring that families are not separated when aid is distributed).**

2. **Community and family supports: Community mobilization is an essential activity to strengthen social support networks, and help people resume daily functioning (this may include educational and vocational projects, supporting community-based children's activities, or promoting social support networks).**

3. **Focused non-specialized supports: A smaller number of people will require further supports, including beneficiaries experiencing difficulties coping with their existing support network, but who are not suffering from a clinical mental disorder. Interventions may include focused individual, family or group activities delivered by trained and supervised workers (e.g. social workers, community workers, health care professionals) to help deal with the effects of particularly distressing events or situations e.g. support groups for victims of rape or torture. (This layer also includes psychological first aid (PFA).**

4. **Specialized services: Additional support for a small percentage of the population whose suffering, despite the aforementioned supports, is intolerable and/or who have great difficulties in basic daily functioning. This includes beneficiaries with severe clinical mental disorders such as psychosis, alcohol or drug use, moderate to severe depression, anxiety, and other disorders. (This assistance could include psychological or psychiatric clinical interventions for people with mental disorders that cannot be adequately managed within primary health services).**

As previously mentioned, it is essential for MHPSS projects to include a clear description of objectives and interventions, which are well-matched with the appropriate target group(s) and service providers. Other considerations in designing MHPSS services and interventions include:

- Projects should promote inclusive programming, and avoid creating parallel services or focusing on a specific, narrow group or diagnosis (e.g. post-traumatic stress disorder), as this may result in fragmented, unsustainable services, overlook other problems, and may further isolate or stigmatize particular groups.
- All interventions should be based on evidence-based or tested methodology.
- All psychosocial activities should be structured, purposeful and productive.

The table below provides some examples of MHPSS interventions: [1,2,8]

Type of Activity	Objective	Service Provider	Target Group	Setting	Examples of Interventions
Focused therapeutic intervention	Management of mental health symptoms, promoting rehabilitation and daily functioning	Qualified & trained professional (e.g. psychologist, psychiatrist)	Women, girls, boys and men with mental disorders	Specific setting, e.g. clinic or center	Therapy, provision of psychotropic medications
Child-centered group intervention	Promoting healthy development and learning in children, promoting protective factors	Trained and supervised workers	Groups of girls and boys	Integrated in community or specific setting	Structured, supportive educational activities through non-formal means such as CFSs
Mutual support and self-help activities	Promote social support and positive social interaction, improve psychosocial wellbeing	Trained and supervised workers (e.g. health, social or community workers)	Selected groups of women, girls, boys and men	Integrated in community or specific setting	Support groups for caregivers, self-help groups for parents of young children
Intervention to normalize systems & structures	Restore social support networks, promote a sense of individual productivity, create a sense of normalcy conducive to positive coping and functioning	Community members & aid workers	Community as a whole	Integrated in community setting	Vocational training, life skills training, activation of social networks, women centers

***Adapted from War Child Holland*

MONITORTING & EVALUATION

MHPSS projects should outline an effective mechanism for monitoring and evaluation, to collect and analyse information that informs decision-making related to ongoing or potential new activities, and to analyse and evaluate the relevance, effectiveness or outcomes of ongoing or completed activities. Data collected should be disaggregated by age, gender, and location whenever possible.

Interventions should be linked to specific and appropriate indicators. The exact choice of indicators depends on the goals of the program (process, satisfaction and outcome indicators), and may describe the quality, quantity, coverage and utilization of services, satisfaction of beneficiaries, and/or effects and outcomes of the implemented interventions. Indicators should be SMART (Specific, Measurable, Achievable, Relevant and Time-bound).

Applying a baseline measure at the start of the project provides a basis for further evaluation of outcomes, and the identification of any changes after the intervention has been implemented. Quantitative data should be complemented with relevant qualitative data whenever possible.

MHPSS PROJECT REVIEW FORM

General Information	
Name of agency:	Date of application:
Name of reviewing agency/agencies:	Date of review:
Project title:	

Components of Review	
1. Relevant organizational experience and capacity, including technical know-how and contextual understanding related to Jordan and target populations	☐ Yes ☐ No ☐ Partially
2. Relevant local partner experience and capacity	☐ Yes ☐ No ☐ Partially
3. Community involvement in various stages of project development and implementation	☐ Yes ☐ No ☐ Partially
4. Clear analysis of needs and context, including age and gender considerations, reference to existing MHPSS assessments and available services for target groups/locations	☐ Yes ☐ No ☐ Partially
5. Clear/appropriate title, objectives, activities and proposed interventions	☐ Yes ☐ No ☐ Partially
6. Clear and tested methodology with SMART indicators and M&E measures	☐ Yes ☐ No ☐ Partially
7. Clear selection criteria for vulnerable and target groups	☐ Yes ☐ No ☐ Partially
8. Project meets needs of target group, activities developed according to identified needs of different target groups	☐ Yes ☐ No ☐ Partially
9. Appropriate terminologies used throughout the proposal	☐ Yes ☐ No ☐ Partially
10. Appropriate timeframe and clear exit strategy	☐ Yes ☐ No ☐ Partially
11. Project is achievable with the allocated funding, budget distribution is appropriate for proposed activities and target numbers	☐ Yes ☐ No ☐ Partially
12. Prior coordination with relevant ministries, stakeholders and MHPSS WG, measures to avoid duplication and complement current activities	☐ Yes ☐ No ☐ Partially
13. Overall adherence to objectives under Jordan refugee/resilience plans	☐ Yes ☐ No ☐ Partially
14. Overall adherence to IASC guidelines for MHPSS	☐ Yes ☐ No ☐ Partially
15. Overall adherence to a human right and child right approach	☐ Yes ☐ No ☐ Partially

Further Comments (including additional details on above points)

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