WHO, Trauma Center, Menedek, Pszi Point, UNHCR, Cordelia, IOM, EMDR Hungary, IFRC

- **IOM**: Providing PFA, consultations, PSS activities for adults and children in 8 different shelters on weekly basis. In MHPSS team, social workers, psychologists, and interpreters are working.
- **EMDR Hungary**: Demand for specialized MHPSS services decreased. Most requests for MHPSS services are coming from frontline workers and volunteers. Have capacity regarding translation support when it is needed. (financial support 10k HUF per hour) (hunhelpemdr@gmail.com)
- **Cordelia**: Highlighted of importance of referrals between organizations. Continue providing MHPSS services in countryside. Also, it is highlighted the workload of local hospitals is a challenge for MHPSS response.
- **Trauma Center**: MHPSS services with support of TdH for mostly Roma, women, and children. PSS activities focusing on resilience and coping mechanisms. A new project will start for 10 months with psychologists. Also, providing staff care/supervision support for IOM.
- **Pszi Pont**: Working in the field volunteerly. A new association is under registration process.
- **Menedek**: School integration project is ongoing. It started with summer camp interventions including stress management, Hungarian language courses, sport and cultural activities. Provides how to enroll children to the school counseling and workshops. Also, be in touch with school principles and education community.
- **St. John Hospital**: Sent a letter for asking to have a representative from government side for MHPSS TF.
- **IFRC**: Services are being provided on Education, Health, and MHPSS. Focusing on school enrollments and psychosocial support activities.
- **UNCHR**: Conducting safety audits for the partner. The process will start on October with municipalities. The main goal to identify protection risks. (mcguinne@unhcr.org)

- Language barrier (even if working with interpreter is not fully effective in MHPSS activities)
- Focus is shifted into basic needs, shelter, cash enrollment and MHPSS is not prior need by refugee community (mainly due to winterization)
- Bias and stigma about seeking help for MHPSS conditions. Also, concept of MHPSS is not being understood by refugee community.
- As war continues, the increase of number of people who suffers from MH conditions expected and observed
- Lack of child psychotherapist and interpreters
MHPSS Task Force
Meeting Minutes

**Recording**

- MHPSS TF SharedFolder
- UNHCR Data Portal / Hungary
- UNHCR Hungary Shelters Mapping
- MHPSS.Net
- Intervention Journal Website
- Judit Balasz Interview about Hungary MHPSS

**Useful Links**

**Action Points**

- Trauma Center new project for 10 months
- Trauma Center’s contribution on sharing best practices
- #3 Rapid Service Mapping for Hungary by MHPSS TF
- Activity Info Reporting for September
- Encouragement of national partners to join the coordination meetings
- Government Participation to the TF meetings