

# Mental Health and Psychosocial Support Regional Indicators Guidance Ukraine RRRP 2024

## Mandatory Regional MHPSS Indicators

For the 2024 RRRP there are now three cross-sectoral regional MHPSS indicators. This will simplify reporting and address the complexities of reporting within each sector, while also collecting the same data as previous years, including number of individuals and number of consultations. Each indicator will be able to accurately capture MHPSS services, while also being able to be represented under Protection and Health respectively.

### Indicator 1:

#### ***# of individuals participating in MHPSS services and activities***

##### **What the Indicator Tracks for MHPSS:**

This indicator **includes all MHPSS activities** and measures the number of individuals participating in mental health and psychosocial support services/activities during the reporting period. The indicator is intended to provide agencies and organizations implementing the RRP with insight into the reach of services provided as well as capture the types of MHPSS services provided. Please include the three mandatory activities under this indicator which are divided according to the different layers of supports within the MHPSS pyramid of interventions. See below definitions for guidance on the activities included in this indicator.

##### **Country-level MHPSS activities to be included under this regional MHPSS indicator:**

- # of individuals that participated in community and family supports (structured or unstructured like sport, art, music, drama, recreational, traditional activities, peer support etc, with MHPSS components and implemented by staff trained in MHPSS) (level 2 of IASC pyramid)
- # of individuals who participated in focused individual and group psychosocial support (level 3 of IASC pyramid)
- # of individuals who participated in specialised MHPSS services (level 4 of IASC pyramid)

##### **Additional disaggregation required:**

- Age
- Gender

##### **Reporting Considerations:**

- Individuals reached with the above activities will be eventually aggregated and reported towards the umbrella Protection regional indicator: # of individuals who have been supported accessing protection services.
- The two regional MHPSS indicators are capturing two different aspects of MHPSS services (individuals and consultations). However, if concerned with double counting of Layer 3 and 4 activities under both Protection (individuals) and Health (consultations), please only include the MHPSS activity of *# of individuals that participated in community and family supports* under the regional Protection indicator.

**Indicator 2:*****# of MHPSS consultations provided (includes focused and specialized services only)*****What the Indicator Tracks for MHPSS:**

This indicator will include the number of mental health and psychosocial support consultations provided during the reporting period. Please note that this indicator includes number of sessions of individual and group focused and specialized services only. The indicator is intended to provide agencies and organizations implementing the RRP with insight into the reach and frequency of services provided as well as the types of consultations provided (specialized or focused).

When more than one person participates in a consultation (for example in a group therapy session or a couple/family therapy session), count each person separately. When people are seen over multiple sessions, count each session separately. The number of individuals receiving the session will be counted. So, for example, if a group with 10 participants meets for 5 sessions = 10 x 5 = 50 consultations. See below definitions for guidance on the activities included in this indicator.

**Country-level MHPSS indicators to be included under this regional MHPSS indicator:**

- # of consultations of focused individual and group psychosocial support (level 3 of IASC pyramid)
- # of consultations of specialized services (level 4 of IASC pyramid)

**Reporting Considerations:**

- This indicator can be reported for MHPSS and can also be reported and attributed as a stand-alone indicator under the Health sector.

**Mandatory MHPSS Country Indicator:*****# of individuals trained in MHPSS topics or approaches*****What the Indicator Tracks for MHPSS:**

This indicator is mandatory for all countries. It includes the number of people trained on MHPSS topics or approaches designed to strengthen capacity to provide MHPSS services to refugees and the host population as part of capacity building efforts. For reporting partners, please ensure the MHPSS training data is reported using this mandatory MHPSS country indicator. See below definitions for guidance on the activities included in this indicator.

**Country-level MHPSS indicators to be included under this indicator:**

- # of staff or volunteers trained on MHPSS topics or approaches (online and in-person)

**Reporting Considerations:**

- This indicator will be aggregated and reported at the end of the year towards the regional Health indicator: *# people trained to provide health services to refugees and host populations*

**Optional Indicators (to be selected by countries as desired)**

# of Refugee Coordination Forum members having a dedicated MHPSS focal point and/or an agreed MHPSS framework and implementation plan to ensure optimal coordination, scale and reach and preventing duplication.

% of participation in MHPSS coordination group and technical support mechanisms (e.g., the MHPSS Technical Working Group)

% of primary and secondary health care centers with trained and supervised staff and systems for managing mental health conditions.

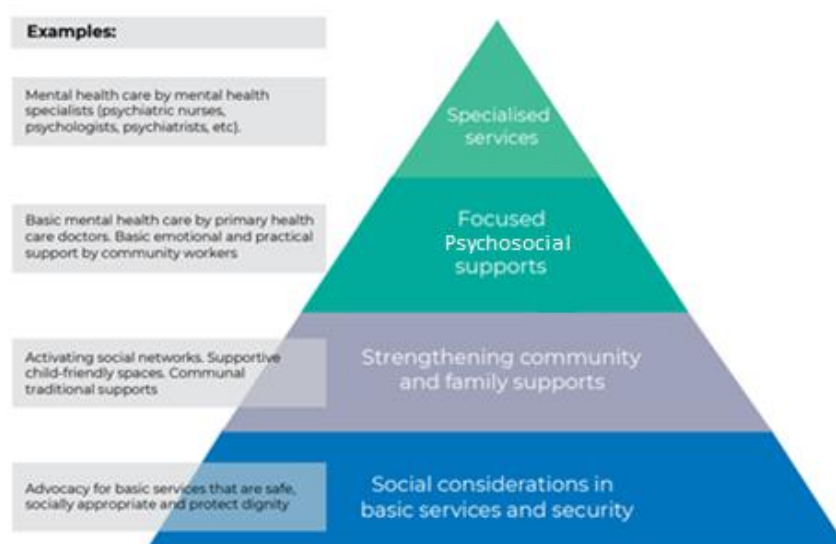
## Technical Guidance: Mental Health and Psychosocial Support (MHPSS)

Mental Health and Psychosocial Support (MHPSS) is a composite term used in the [Inter-Agency Standing Committee \(IASC\) Guidelines for MHPSS in Emergency Settings](#) 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”.

Among humanitarian agencies, the term serves as a unifying concept that can be used across various sectors, including Health & Nutrition, Protection (community-based protection, child protection and GBV), Education, and Livelihoods. Activities related to MHPSS are intended to address mental health and psychosocial problems, including social problems, emotional distress, common and severe mental health conditions, alcohol and substance abuse, and intellectual and developmental disabilities.

MHPSS programmes are often conceptualised as a pyramid of several layers of complementary support, with referral systems between the layers. It is important to provide support across the layers of MHPSS services, ranging from interventions that benefit all persons of concern to targeted interventions for specific groups, because people react differently to emergencies and therefore have varying needs for support. The model for layered supports is illustrated below (IASC intervention pyramid):

In the humanitarian system, MHPSS is not a sector by itself, but a multi-sectoral issue constituted of activities within various sectors. Consequently, **accountability for implementation, monitoring and evaluation and reporting of MHPSS activities lies within all sectors which are providing and supporting MHPSS activities**, including Health, Protection, Child Protection, and Education actors.



The aim of this guidance note is to align key humanitarian indicators related to MHPSS across all agencies and organizations engaged in the implementation, monitoring and reporting of the Ukraine Refugee Response Plan (RRP). Results should be interpreted, recorded, and reported in the same way across the different planning and reporting platforms, using standard definitions of key humanitarian indicators at country, regional and global levels. This will help to harmonize external reporting of country, regional and global results and communicate effectively to donors and the general public on issues around MHPSS.

## What is a MHPSS Activity?

MHPSS interventions and activities must have the overall goal of reducing suffering and improving mental health and well-being. However, the type of MHPSS activity is based **on the primary aim of the activity** and if it was **conducted by a provider who has received appropriate training in MHPSS skills**. To be counted as a MHPSS activity it should have a clear MHPSS objective and include MHPSS components (e.g., information about common mental health reactions, identifying emotions, practicing coping skills, exchange of peer-support). When possible, it is highly advised that the MHPSS outcomes and impact of the activity also be measured (e.g., change in participant wellbeing from pre-intervention to post-intervention).

Please note that simply integrating an *MHPSS lens* into an activity (e.g., distributing food and other aid in a way that promotes safety, dignity and empowerment) is important for ensuring service quality and avoiding doing harm, but does not mean that this activity constitutes an MHPSS activity for reporting purposes.

### *Example MHPSS Activities:*

*A recreational peer-support group for families with the goal of improving general well-being through social connection, that is facilitated by a psychologist, or a community psychosocial worker trained in basic psychosocial skills, would be considered a MHPSS activity.*

*A support group for adults experiencing moderate distress, with the goal of reducing suffering, conducted by a psychologist or psychiatrist, or a non-specialist community psychosocial worker trained on a [scalable intervention](#) would be considered a focused psychosocial support activity.*

## Key Terms & Definitions

**Mental Health:** A state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities. Mental health is an integral component of health and well-being and is more than the absence of mental disorder.

**Psychosocial Well-being:** This refers to the psychosocial dimension of well-being. Although there is no widely agreed definition, practitioners often use the adjective “psychosocial” to describe 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, behaviour, knowledge and coping strategies) that contribute to overall well-being.

**Community and Family Supports:** These are activities and interventions that aim to build on existing individual and community resources, capacities, and resilience. It includes identifying common reactions to stress, teaching positive coping skills, and building social connections and community cohesion. Community-based approaches are based on the understanding that communities can be drivers for their own care and change and should be meaningfully involved in all stages of MHPSS responses. Using community based MHPSS approaches facilitates families, groups and communities to support and care for others in ways that encourage recovery and resilience. These approaches also contribute to restoring and/or strengthening those collective structures and systems essential to daily life and well-being. The activities supported by such an approach can often be those that community members are already engaged in, but not solely. These activities respond to the suffering of individuals and groups, focusing on enhancing resilience factors and activities that traditionally mitigate distress

while giving evidence of the positive outcomes of the emergency in terms of skills, creativity, and reflections.

*Examples of community and family supports:*

- *Structured or unstructured creative, cultural, recreational, arts, and sports activities for children, adolescents and adults*
- *Life skills and peer-to-peer groups for adolescents and young people*
- *Support groups for adults, parents etc. including peer support or self-help groups*
- *Communal activities that support communities to re-establish rituals or cultural events (e.g., commemoration events to foster communal healing, cultural festivals or religious celebrations)*
- *Support for community sporting or other cultural events and/or spaces to engage children, families and communities*

**Focused Psychosocial Support:** These activities and interventions refer to structured conversations with individuals or groups of individuals, that have a therapeutic outcome as their goal. Focused psychosocial support is a rich and diverse field, which can be practiced by several disciplines, with many different approaches. This can include social work, clinical psychology, and trained community providers (humanitarian workers or community volunteers trained on basic counselling and how to provide emotional/practical support, including scalable psychological interventions). An important characteristic of focused psychosocial support is its particular emphasis on supporting and maintaining well-being as well as following ethical guidelines such as those between a counsellor and the counselled persons.

*Examples of Focused Psychosocial Support Activities:*

- *Basic psychosocial support (e.g. empathetic listening, mentoring or counselling, conflict resolution, PFA, etc)*
- *Basic counselling (Counselling is a helping approach that highlights the emotional and intellectual experience of a client: how a client is feeling and what they think about the problem they have sought help for.)*
- *Focused individual and group support provided by trained and supervised non-specialized providers*
- *Focused individual and group support provided by trained and/or licensed mental health care providers*

**Specialized Services:** These activities and interventions refer to clinical services designed to address symptoms associated with common and severe mental health conditions. They include identifying mental health conditions, engaging and building relationships with people with mental health conditions, psychotherapeutic interventions, referral for more care and services, and providing support for caregivers and families. They are interventions that are implemented by specialists (i.e., psychiatrists, licenced clinical psychologists, psychiatric nurses or clinical social workers). Examples of specialised services would include psychotherapy (e.g., cognitive behavioural therapy or interpersonal therapy for depression) and pharmacological management of mental health disorders.

**Awareness Raising Activities:** These activities and interventions aim to promote mental health and psychosocial support within the community, as well as prevent the development of mental health and psychosocial problems. Activities include promotion of healthy lifestyles and coping, life skills, caregiver interventions and self-care for community providers, as well as sharing information for the prevention of suicide and substance use. This activity is often conducted through group sessions (with 10-12 participants) with the aim of raising awareness on MHPSS related topics and providing basic psychoeducation.

*Examples of Awareness Raising Activities:*

- *Dissemination of information about common MHPSS reactions and positive coping strategies*
- *Dissemination of messages designed to reduce MHPSS stigma and promote help-seeking*

**MHPSS Assessment:** These activities and interventions aim to provide a broad understanding of the humanitarian situation from the MHPSS point of view; analyse people's problems and their ability to

deal with them; and analyse resources to decide, in consultation with stakeholders, the nature of any response required.

**MHPSS Training:** These activities focus on building capacity and skills in recommended methods and practices within the field of MHPSS. This includes training health care or protection professionals, community workers, volunteers, teachers, etc., on MHPSS topics, tools, interventions and approaches recommended for use in emergencies. This includes but is not limited to IASC Guidelines; MHPSS Minimum Services Package, PFA, Basic Psychosocial Skills, basic psychosocial counselling, training in models such as I Support My Friends and Helping Adolescents Thrive, in scalable psychological interventions (such as Problem Management Plus, Interpersonal Therapy, Doing What Matters in Times of Stress) and trainings to help providers to identify and manage mental health conditions (for example through mhGAP trainings).

## Key MHPSS Guidelines & Resources

The above definitions of key terms were based on the following guidelines and resources in the field of MHPSS. Please refer to them when planning and/or reporting on MHPSS related activities across sectors.

- [IASC Guidelines MHPSS in Emergencies](#)
- [IASC Who is Where, When, Doing What in MHPSS \(4W Tool\)](#)
- [IASC Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: With means of verification \(Version 2.0\)](#)
- [IASC Community-Based Approaches to MHPSS Programmes: A Guidance Note](#)
- [IOM The Manual on Community-Based Mental Health and Psychosocial Support \(MHPSS\) in Emergencies and Displacement](#)
- [IFRC PS Centre MHPSS Guidance Website](#)
- [MHPSS Minimum Services Package](#)
- [Minimum Standards on Child Protection in Humanitarian Action](#)
- [UNHCR Community-Based Protection & Mental Health & Psychosocial Support](#)
- [UNHCR Emergency Handbook: Mental Health and Psychosocial Support](#)
- [UNHCR Operational Guidance Mental Health & Psychosocial Support Programming for Refugee Operations](#)
- [UNICEF Community Based Mental Health and Psychosocial Support in Humanitarian Settings](#)
- [WHO/ UNHCR Assessing Mental Health and Psychosocial Needs and Resources](#)
- [WHO Mental Health Gap Action Programme \(mhGAP\)](#)
- [WHO World Mental Health Report: Transforming mental health for all](#)