

MHPSS Working Group Minutes of Meeting
February 19th, 2014 – Ministry of Health, Amman
Chaired by Ahmad Bawaneh (IMC) and Zein Ayoub (WHO)

1. **Introduction & Updates:**

- a. MSF France: continuing their specialized surgical program (since 2006) currently targeting Syrians, Iraqis and Yemenis. They also have a maternal and child health clinic, and specialized staff providing psychiatric and psychological services to victims of violence.
- b. Un Ponte Per (UPP): providing case-management and psychosocial services with a focus on GBV, in collaboration with the Jordanian Women's Union.
- c. Bright Future: began working 2 months ago in collaboration with MDM in Za'atari camp, providing interventions related to counseling, coping skills, parental counseling, domestic violence, awareness activities, and social visits. They provide the same services in Amman, in addition to activities targeting students and persons with disabilities. Bright Future were encouraged to share further information regarding their interventions and target groups with the working group.

2. **RRP6 monitoring and reporting:**

Due to some of the difficulties faced in determining what objective/output to report MHPSS activities under using *ActivityInfo*, WHO and IMC reviewed an informal guide for MHPSS agency reporting that was drafted by the sector chairs. Points included in this brief guide were discussed during a meeting for the health sector and sub-sector chairs. Sector chairs are ready to provide further feedback and guidance to agencies encountering more specific challenges.

3. **Briefing on Mental Health Assessment (WHO/ IMC/ MOH/ EMPHNET)**

IMC and WHO delivered a brief presentation outlining the main findings and recommendations of a Mental Health Assessment conducted in Amman, Ramtha, Irbid, Mafraq and Za'atari camp. The WHO-UNHCR Assessment Toolkit for MHPSS Needs and Resources was used in this assessment.

Main findings:

- Reported mental health problems included distress, fear, anger, disinterest, hopelessness, sadness, excessive nervousness and social isolation.
- 18.8% felt a difficulty or inability to carry out essential activities for daily living because of feelings of fear, anger, fatigue, disinterest, hopelessness or distress.
- 17% of households with children aged 2-12 reported nocturnal enuresis (bedwetting) at least twice in the 2 weeks preceding the study.
- Coping strategies reported to deal with the expressed MHPSS problems included: doing nothing (41%), socializing (15%), praying (13%), fighting or getting angry (11%), crying (6%), walking out (5%), sleeping (5%) and smoking (3%).
- A need for counseling or psychological support services was reported by 13% of respondents.

Main recommendations:

- Advocacy for MHPSS programming and early detection and screening of MHPSS conditions.
- Strengthen outreach, community awareness and referrals for MHPSS.
- Support community-based interventions that promote resilience, skill building, increased functioning and sense of productivity, and social support.
- Support MHPSS interventions that promote adaptive coping strategies, stress reduction and effective management of anger and frustration.
- Support interventions to address MHPSS concerns in children, particularly nocturnal enuresis (bedwetting).
- Incorporate MHPSS considerations in multi-sectoral planning and programming, by mainstreaming these considerations in the health, protection, education and other sectors.

4. **MHPSS Working Group TORs**

Draft TORs were presented and discussed among working group members. The TORs are circulated for final review by WG members, kindly requesting that all comments are provided by **COB Monday March 17th** to incorporate in the final document.

5. **Any Other Business:**

Representatives from Al Ghara Charity provided a briefing on their program in Amman for Syrians, which includes health and dental care, psychosocial support, informal education and cash assistance. The purpose of their presentation was to request support and opportunities for collaboration with MHPSS partners. Al Ghara Chairty will be sharing more detailed documents with the working group outlining their activities and request for collaboration.

The next working group meeting will take place on **Wednesday, March 19th at 1:00pm** at the Ministry of Health.