INTRODUCTION

There is no way around it. A review of 2020 can begin with one topic and one topic only: In late 2019, a virus spread from Wuhan, China, and less than three months later, the whole world faced restrictions and lockdowns; a global pandemic became a reality.

Even now, as vaccine programmes roll out worldwide and a hesitant optimism is slowly spreading, we only have a glimpse of the consequences of the greatest public health emergency of our lifetime. The health consequences, the economic and political consequences, but also the mental health consequences.

Although the hard data and evidence are still emerging, there is a clear indication that the pandemic has caused a rise in people suffering from anxiety, depression, psychological distress, and a perceived sense of helplessness. Simultaneously, home confinement, travel restrictions and temporary suspensions of health and social care services have caused a steep decline in access to mental health and psychosocial support not least in areas of conflict and emergency.

It is important to stress, that even before COVID-19, nearly 1 billion people lived with mental health conditions and more than 800,000 people died from suicide every year. The pandemic is not the cause of the large number of mental health conditions in the world, it is merely an amplifier and a distractor from the fact that even before the pandemic, more than 75 per cent of people living with mental health conditions received no treatment.

To quote UN Secretary-General António Guterres in his statement on World Mental Health Day 2020: “We can no longer ignore the need for a massive scale-up in investment in mental health. We must act together, now, to make quality mental health care available for all who need it to allow us to recover faster from the COVID-19 crisis.”

The important questions for the IFRC Reference Centre for Psychosocial Support (PS Centre) when looking back at 2020 are these:

• Did we manage to support the Red Cross Red Crescent National Societies to provide mental health and psychosocial support (MHPSS) services in the midst of a global pandemic?
• Did we, despite self-isolation, travel restrictions, home schooling etc, meet the challenge when our support was more needed than ever?
• And will the changes in services dictated by circumstances be temporary or permanent?

If we focus on the two first questions, the numbers speak for themselves. The PS Centre either created or contributed to 53 publications; produced 39 videos and 18 podcasts; participated in 53 international fora as host, facilitator, presenter, speaker or participant; and carried out 17 trainings and 20 webinars. For the PS Centre, 2020 was probably the most productive year since the centre was established almost 30 years ago. And it happened at a time when the PS Centre, like the rest of the world, had to revise all procedures, and make them fit a new reality without compromising the quality of our services to National Societies.

Of course, the nature of our work as an IFRC reference centre makes it hard for us to quantify the impact of our effort, but IFRC studies reveal that more than 8 million people from 136 countries received MHPSS services from Red Cross Red Crescent National Societies in 2020, and more than 55,000 Red Cross Red Crescent staff and volunteers were involved in providing MHPSS services.

Regarding the changes in services, it has been quite a journey. Not least to transform our participatory and scenario-based face-to-face trainings into a digitally inclusive format. But also, to reach our peers in new ways. Luckily for the centre, several MHPSS technical advisors have previous experience with online training and were eager to push the boundaries for participants’ engagement in online training settings to a level, I am not afraid to call cutting edge, and the centre has since published On-line facilitation in Mental Health and Psychosocial Support to guide and encourage the use of online facilitation. To reach staff and volunteers all over the world, the PS Centre revised its’s strategy for communicating through social media, improved the design and core functionalities of the PS Centre website and, as something new, started podcasting.

All these initiatives are permanent. They have only improved the quality of the services provided by the PS Centre even in a post pandemic context. Even as face-to-face trainings are beginning to take place again, the advantages of online facilitations are too great to ignore, and the renewed focus on exploring online digital formats to reach more stakeholders in new ways will continue. Innovation, agility and flexibility are part of the PS Centre DNA.

The pandemic has been a lesson to all of us about the nature of human resilience, but also that mental health conditions are not just concerning a marginalised group of people living in areas of conflict or emergencies. Mental Health Matters - to all of us.

Nana Wiedemann
In 2020, thousands of people passed through four commercial ships docked off the shores of the Italian island of Sicily. The ships are being used by the Italian authorities as quarantine centres for the newly arrived migrants. Migrants and refugees must provide two negative COVID-19 tests before they are allowed to disembark. Each ship can hold up to 700 people.

Italian Red Cross volunteers and staff members live and sleep on the ships for three weeks at a time, providing health screenings, cultural mediations, and food distributions. Among them is a small team of psychologists who support the mental health needs of the people on board, both migrants, staff and volunteers.

Photo: Emiliano Albensi, Italian Red Cross
IFRC Reference Centres are delegated functions of the IFRC and hosted in various Red Cross Red Crescent National Societies. Their primary functions as “centres of excellence” are to develop strategically important knowledge and best practice that will inform the future operations of the IFRC and National Societies in their key areas of interest and influence.

The IFRC Reference Centre for Psychosocial Support is hosted by Danish Red Cross and assists Red Cross Red Crescent National Societies in facilitating mental health and psychosocial support. The PS Centre promotes mental health and psychosocial wellbeing for affected groups, staff and volunteers, and increases awareness of psychological reactions in times of crisis or social disruption.

The PS Centre works in partnership with Red Cross and Red Crescent National Societies, academic institutions, donors, international humanitarian organizations and other stakeholders to promote and enable the mental health psychosocial well-being of people affected by adversity.

Through trainings, publications, webinars, podcasts and training videos, the PS Centre enables National Societies to understand, respond and utilize evidence based practice in meeting the mental health and psychosocial needs of vulnerable groups.

The PS Centre coordinates closely with the IFRC Global Health and Care Team based in the IFRC Secretariat in Geneva and the Regional IFRC Health and Care delegates and Regional MHPSS delegates. The Centre is governed by its Steering Committee, which is advised by the Advisory Group.
On the night of 7 April 1990, the Danish passenger ferry Scandinavian Star is set on fire while sailing from Norway to Denmark. The fire kills 159 people.

This tragic incident will later lead to the first global IFRC Reference Centre: The PS Centre.

In the months after this catastrophe, the Danish Red Cross (DRC) is contacted by relatives who are struggling to cope. At the time, the DRC doesn't have the capacity or the knowledge to support this group of people, but nevertheless arranges group support sessions. For DRC, the notion of treating the mind as well as the body is born, but with it also the realization that it is a field which needs research.

In other Red Cross Red Crescent National Societies (NS) as well as in the IFRC, the need for psychological support functions and knowledge becomes more evident as well, and the first global IFRC reference centre, The IFRC Reference Centre for Psychological Support, is established in Copenhagen in 1993.

Initially, it is only a halftime position for one person in the DRC National Department, and the focus is on sharing knowledge and capacities with other National Societies, but conflicts and natural disasters through the 1990s and 2000s make it more and more evident that international emergency responses need a psychosocial support element, and the PS Center is moved to the DRK International Department and given more resources.

In 2000, the European Network for Psychosocial Support (ENPS) is founded. The network consists of European Red Cross Red Crescent NS staff responsible for psychosocial support programmes within their National Societies. From the beginning, the PS Centre plays a central role in the ENPS.

In 2007, the Inter-agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings (IASC RG on MHPSS) is established. The IASC RG on MHPSS is a collaboration between NGOs, UN and International Agencies and academics, promoting best practices in MHPSS, and it further adds to the focus on MHPSS as an integral part of emergency responses. From 2017, The PS Centre co-chairs the IASC RG on MHPSS with the World Health Organization (WHO).

From 2006 to 2020, the PS Centre grows from 3 to 18 people. It is a focused effort from Nana Wiedeman, PS Centre Director from 2006, to attract more resources. “It didn't make sense to me that only two technical advisors were supporting 192 National Societies world-wide. We needed resources to have an impact and make a difference.” Through fundraising and partnerships, the PS Centre slowly expands, scales up the production of publications, the variety of trainings, the capacity to meet the requests from Red Cross Red Crescent National Societies, and brings MHPSS on the international agenda through networking, advocacy and humanitarian diplomacy.

In 2019, this consistent effort to engage with National Societies and governments to get traction on MHPSS bears fruit, when at the 33rd International Conference of the Red Cross and Red Crescent Movement, a joint Movement policy and a resolution on addressing MHPSS needs of people affected by armed conflicts, natural disasters and other emergencies is adopted.

Throughout 2020, the PS Centre has been working on assisting National Societies in the implementation of the Resolution and Policy on MHPSS.
WHY DOES MENTAL HEALTH MATTER?

1 IN 4 ADULTS WILL EXPERIENCE MENTAL HEALTH ISSUES AT SOME POINT IN THEIR LIVES. IN CONFLICT AND EMERGENCY CONTEXTS, IT IS 1 IN 4 AT ANY GIVEN TIME.

EVERY 40 SECONDS, SOMEONE DIES BY SUICIDE, THAT IS 800,000 PEOPLE PER YEAR.

THERE ARE LESS THAN 2 MENTAL HEALTH WORKERS PER 100,000 PEOPLE IN LOW-INCOME COUNTRIES, WHERE MOST HUMANITARIAN CRISIS OCCUR.

RATES OF MENTAL HEALTH CONDITIONS CAN DOUBLE IN POPULATIONS AFFECTED BY EMERGENCIES.

80% OF PEOPLE WITH MENTAL HEALTH CONDITIONS ARE NOT RECEIVING TREATMENT.

DEPRESSION AND ANXIETY DISORDERS COST USD 1,000,000,000,000 PER YEAR.

THE PS CENTRE NEWSLETTER

The ps centre newsletter is published every second month and contains news about trainings, webinars, podcasts, publications etc. from the PS Centre.

Subscribe: https://pscentre.org/subscribe-to-our-newsletter/
The Mozambique Red Cross Society is working together with the government’s Institute of Social Action in the areas of Psychosocial Support and Risk Communication & Community Engagement (RCCE) to train community leaders and the most vulnerable populations.

During the training, a volunteer listens to questions, concerns and rumours from grandmother and grandfathers about COVID-19 which he then answers.

Photo: Matheus Bizarria, IFRC
ADAPTING TO A NEW REALITY

How do you set up a remote support system? How do people react to physical distancing, self-isolation or quarantine? How do children react to being sent home from school or being isolated from friends and relatives? How do you support Red Cross Red Crescent staff and volunteers during a pandemic?

“Interestingly, we knew already”, says Technical Advisor Ea Suzanna Akasha. “Or at least we knew a lot. The experience we had gained supporting staff working during Ebola outbreaks or monitoring the reactions to the global financial crisis in 2007 and 2008 gave us very clear guidance on what kind of support we needed to focus on. We know that it seriously reduces children’s mental well-being is if their school shuts down which meant that we had to create resources for children and their parents, caregivers and teachers. We knew that there was a rise in suicides after the global financial crisis, which meant that we needed to create guidance on suicide prevention, and so on. In many ways, we were just being guided by our own common sense.”

Of course, there was also new ground to be broken. Most of the existing trainings and resources offered by the PS Centre assumed that MHPSS services are predominantly provided face-to-face. But the first immediate need to address was guidance to all the Red Cross Red Crescent staff and volunteers setting up hotlines around the world. The first COVID-19 publication produced by the PS Centre, Remote Psychological First Aid during COVID-19, addresses exactly that The publication was available in nine languages in a matter of weeks, and more than half the translations were written, not by the PS Centre, but by the National Societies who needed this tool.

The second quarter of 2020 especially became a production frenzy in the PS Centre - seven guides, five training toolkits and a set of activity cards for children out of school produced in three months. “But we quickly realized that it was not enough to produce content, we needed to have a dissemination plan”, says Sarah Harrison, also a Technical Advisor at the PS Centre. “Previously our physical trainings or being present at relevant conferences around the world was a substantial part of our dissemination strategy. Now we needed to use our website, social media, newsletters, podcasts and videos to make people aware of our products.”

“It was new for us to distribute products in this way. Before, we used to produce the resources and that was it. Now we were following up with either a podcast or a video interview, which meant that we had to get used to talk about MHPSS in a completely different way.”

Apart from the steep learning curve of figuring out how to produce and distribute podcast episodes and video spots, the PS Centre also engaged in social media in a more focused and structured manner than previously. “We wanted to make it as easy as possible for people to find mental health and psychosocial support or our tools on MHPSS, and since the whole world was under public health restrictions, we rightly assumed that people spent more time on social media,” says communication officer Jesper Guhle. “Of course, it was an important channel for distributing our resources and advertise our trainings, but we also created content exclusively for social media.”

One of the examples of content produced just for social media is what the PS Centre internally named the Facebook Friday Exercise. Jesper Guhle: “The Facebook
Friday Exercise started as a way to, on one hand, provide some simple tools to conduct self-care at a difficult time, and on the other hand as an opportunity for the PS Centre to wish everyone a lovely weekend. It started off as an experiment, just to see how it would be received by followers of the PS Centre Facebook page, but it quickly became a very popular feature.

The next challenge was more complicated. Sarah Harrison: “We normally carry out trainings all over the world. Our trainings are participatory and scenario based, and we expect our participants to engage, not just be a passive receiver of information. We use props - Lego blocks, figurines etc. - we throw balls to the participants, we sometimes dress up - or encourage participants to dress up - for role plays. Now we had to translate this methodology to an online format without compromising the quality of our trainings or the methodology we have developed.

Ea Suzanna Akasha: “Lesson number one: It is possible. You can actually engage participants to the same extent online as you can in physical trainings. Lesson number two: It is very demanding! Our preparation time for online trainings is twice as long as we are used to from physical trainings. We learned very quickly that everything has to be coordinated down to the smallest detail. It is harder to keep people’s attention in an online training than face-to-face, and the only way not to lose the participant’s focus is to engage, engage, engage.”

In order to be true to the PS Centre training methodology in online trainings, the PS Centre hired an online training facilitator whose job was to produce and present visuals, assist when technical challenges appeared, help people in break-out rooms etc. “I don’t know if this job function existed before” says Ea Suzanna Akasha, “it was definitely new to us, but crucial when conducting online trainings.”

All these changes were a direct consequence of the COVID-19 pandemic, but the question remains: Will they be transitional or permanent? Nana Wiedemann, director of the PS Centre: “Over the years, many tragic events have contributed to define the PS Centre, our function, our focus and our position in The Red Cross Red Crescent Movement - the Balkan wars in the nineties, the Gujarat earthquake in 2001 and the tsunami in 2004, just to mention a few. COVID-19 is such an event, and the PS Centre will never be the same as it was before the pandemic. Luckily for us, many of these permanent changes have positive aspects. Not only has the world discovered the importance of MHPSS on a scale we have never seen before, but we, as an IFRC reference centre, have been forced to reflect on and optimize our work, and ultimately, we have come out of 2020 stronger than ever.”

The podcast series Heartbeat of Humanity is just one of the PS Centre initiatives to reach staff and volunteers in the Red Cross Red Crescent Movement working with MHPSS services in new ways.

The podcast explains and discusses different aspects of MHPSS like caring for staff and volunteers, resilience during COVID-19, youth mental health and the connection between MHPSS and International Humanitarian Law.

You can listen to the Heartbeat of Humanity podcast on the PS Centre website or you can subscribe to it on Apple Podcast, Spotify, Google Podcast or wherever you find your podcasts.
COVID-19 RESOURCES FROM THE PSYCHOSOCIAL CENTRE

It was a priority area for the PS Centre in 2020 to produce guides and training resources for National Societies to use in their MHPSS response to COVID-19. These publications are based on existing MHPSS material, but have been contextualised in relation to the pandemic, addressing the specific mental health needs for affected individuals, communities and families. Several of the publications also emphasize the importance of creating robust systems in which National Societies are able to effectively care for and support staff and volunteers involved in a COVID-19 response.

In the first two quarters of 2020, the PS Centre published seven guides, four Psychological First Aid (PFA) training modules and a set of child friendly activity cards. The training modules consist of worksheets, an adaptation and facilitation guide, a powerpoint presentation and video examples of how to conduct PFA remotely.

Most resources are available in at least English, French, Spanish and Arabic.
IN 2020, THE PS CENTRE
RECEIVED 1182 REQUESTS FROM 96 COUNTRIES

MENTAL HEALTH FOR ALL - ALL OVER THE WORLD

BALTIC SEA REGION
In 2020, The PS Centre in cooperation with Danish Red Cross finalized BALTPREP, a two-year project developing a new curriculum for Psychosocial Support in Emergencies and redefining the minimum standard for MHPSS in the Baltic Sea region.

EGYPT
In 2020, Egyptian Red Crescent provided MHPSS services to 193,726 individuals.
In 2020, the PS Centre produced ten COVID-19 response resources - guides, tools and training packages - in Arabic.

ECUADOR
In 2020, the Ecuadorian Red Cross provided MHPSS Services to 8,677 people as part of their response to the COVID-19 pandemic.
9 of the guides and training packages produced by the PS Centre in response to the pandemic are available in Spanish.

BOLIVIA
In 2020, the Bolivian Red Cross telephone-care psychosocial support team reached 6,912 people as part of their COVID-19 response efforts.
In June 2020, the PS Centre released the training package Psychological First Aid in the COVID-outbreak response: Remote Supportive Communication in response to the urgent need for training on how to support people in distress because of the COVID-19 outbreak. The training package contains training videos, PowerPoints and worksheets.

ARGENTINA
During 2020, The Argentine Red Cross carried out 594 psychosocial support sessions for volunteers.
In April 2020, the PS Centre published Volunteering in response to COVID-19: spontaneous volunteers.

BENIN
As part of the COVID-19 response, the Red Cross Benin set up a pool of trainers specialized in psychosocial support who trained volunteers supporting various health zones.
In May 2020, the PS Centre published Key actions on caring for volunteers in COVID-19: mental health and psychosocial considerations. The guide and 9 other guides and training packages produced by the PS Centre in response to the pandemic are available in French.
In 2020, it was impossible not to link MHPSS and COVID-19. Both because the pandemic clearly caused an unprecedented need for mental health and psychosocial support world-wide, but also because, for the first time ever, a global emergency response had a strong MHPSS component.

In the IFRC Covid-19 Outbreak 12-month update report, reporting from 31 January 2020 to 31 January 2021, it is estimated that 136 Red Cross Red Crescent National Societies have reached 8.7 million people with mental health and psychosocial support services.

The map below only shows a few excerpts of the MHPSS services provided by Red Cross Red Crescent staff and volunteers, and how the PS Centre were able to support these efforts.
THE FUNCTIONS OF THE PS CENTRE

ADVISE AND GUIDE NATIONAL SOCIETIES TO SOURCES OF INFORMATION ON COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

SUPPORT NATIONAL SOCIETIES IN DEVELOPING THEIR CAPACITY TO PROVIDE COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT TO VULNERABLE GROUPS AND VOLUNTEERS THROUGH ASSESSMENT AND TRAINING

DEVELOP, TRANSLATE AND SHARE MODELS, TOOLS AND CASE STUDIES THAT REFLECT BEST PRACTICE IN COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT WITHIN AND OUTSIDE OF THE MOVEMENT

DEVELOP THE NECESSARY CAPACITY TO MEET THE DEMAND FOR OPERATIONAL ASSISTANCE TO INTERNATIONAL MENTAL HEALTH AND PSYCHOSOCIAL PROGRAMMES WITHIN NATIONAL SOCIETIES

ACCESS EXTERNAL RESEARCH AND MAKE IT ACCESSIBLE TO NATIONAL SOCIETIES

COOPERATE WITH OTHER HUMANITARIAN ORGANISATIONS PROVIDING MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT TO EXCHANGE MATERIALS AND EXPERIENCE, AND TO AVOID DUPLICATION
Red Cross volunteer Janet and Matt outside Bairnsdale relief centre. Janet provided essential psychosocial support to Matt when he came into the centre very distressed after he lost his home to the fires on 31 December 2019.

Extreme temperatures, dry conditions and winds have combined to cause or escalate hundreds of bushfires across five Australian states, in an unprecedented fire season. Entire communities have been evacuated and others are becoming isolated by issues with road access and power. Around 1500 Red Cross emergency personnel – largely volunteers – have supported people at 103 evacuation and relief centres. Teams are providing psychosocial and registration services in evacuation and relief centres across four states, as well as facilitating the distribution of food and water to communities in need. Australian Red Cross has also opened Register.Find. Reunite to help people get in touch with their loved ones. So far more than 49,000 people have registered with the service.

Photo: Australian Red Cross

The term “mental health” is defined by the World Health Organization (WHO) as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community.

The term “psychosocial” refers to the interconnection between the individual (i.e. a person’s “psyche” including internal, emotional and thought processes, feelings and reactions) and their environment, interpersonal relationships, community and/or culture (i.e. their social context). ICRC Guidelines on Mental Health and Psychosocial Support (2018).

“Mental health and psychosocial support” is a term that serves to unite as broad a group of actors as possible and underscores the need for diverse, complementary approaches in providing a holistic continuum of care. Red Cross Red Crescent MHPSS Movement Policy (2019).
As COVID-19 spread throughout the world and schools started closing in the first quarter of 2020, children had to adapt to a new restrictive lifestyle and many, both children and their parents, struggled with that fundamental question: Why?

The Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings (IASC RG on MHPSS) experienced a need to communicate directly with children about the pandemic, which led to the initiation of a storybook.

“A small team drawn from different member agencies created questions around what type of information children would need to know in order to manage the pandemic and for parents to manage children affected by the pandemic”, says Sarah Harrison, Technical Advisor in the Psychosocial Centre and Co-Chair of the IASC MHPSS RG in 2020.

The Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings (IASC MHPSS RG) was established in 2007, and since 2017 the PS Centre has Co-Chaired along with the World Health Organization (WHO).

The Reference Group consists of more than 30 members - NGOs, UN and International Agencies and academics.

Its main task is to support and advocate for the implementation of the The Inter-Agency Standing Committee Guidelines on MHPSS in Emergency Settings. These guidelines were developed in 2007 through an inclusive process, with input from UN agencies, NGOs and Universities.

The Guidelines help to plan, establish and coordinate a set of minimum multi-sectoral responses to protect, support and improve people’s mental health and psychosocial wellbeing in the midst of an emergency.
IASC RG on MHPSS then shared a global survey with children, parents and caregivers to understand children’s mental health and psychosocial needs as they were adjusting to the new norms from the COVID-19 pandemic. The survey received over 1,700 responses from 104 countries which shaped the themes and story elements of My Hero is You.

My Hero is You has since been translated into over 138 languages and bloomed into more than 50 multimedia adaptations, reaching hundreds of thousands of children worldwide. Creative adaptations include braille transcripts, sign language interpretations, audio files, animations, educational materials, audio files, puppet theatres and more. These multimedia adaptations exemplify both the beauty and effectiveness of this initiative, in which the story’s content was transformed and became more accessible for children living in various settings and conditions throughout the world.

“It is the most translated storybook in history, which is pretty incredible. This is a testament to the fact that it was released under the IASC logo and creative commons, so even though it is a product of the Inter-Agency Standing Committee, it’s a publicly owned book. We wanted people to embrace it and to be able to adapt it to their particularly settings,” says Sarah Harrison.

The story content and themes were developed, reviewed, and finalized according to the survey results and consecutive feedback from the global participants. This feedback process provided insight into what type of information children needed to know in order to manage and cope with the pandemic. The themes of My Hero is You include handwashing, physical distancing, missing friends and losing relatives. Every detail was considered, from the color choices to the very figure of “Ario,” a creature that children could trust and guide them through the story. The translations and adaptations of My Hero is You have been used in schools, homes and families, and Ario has become a source of support and a close friend for children globally.

“The worldwide appreciation and extraordinary use of My Hero is You shows what is possible when we listen, and we come together. Children told us what they needed and what their concerns were. We came together as a MHPSS community to respond to those needs. The outcome is a storybook that can be of such help, that the world has taken it and made it theirs. We couldn't be happier,” says Carmen Valle-Trabadelo, Technical Advisor in the Psychosocial Centre and co-chair of the IASC MHPSS RG.

Read My Hero is You in English.

Access the 138+ translations.

Access the various multimedia adaptations of My Hero is You.

Watch the My Hero is You Animated Movie.

Watch an interview with Sarah Harrison, Technical Advisor in the Psychosocial Centre and co-chair of the IASC MHPSS RG in 2020, about the making of My Hero is You.
IN 2020, THE PS CENTRE

PARTICIPATED IN

53 INTERNATIONAL FORA AS HOSTS, FACILITATORS, PRESENTERS, SPEAKERS AND PARTICIPANTS

AND HAD

97 ACADEMIC COLLABORATIONS WITH

39 UNIVERSITIES AND

58 ORGANIZATIONS

IN 2020, THE PS CENTRE

The 33rd International Conference of the Red Cross and Red Crescent Movement.
A joint Movement policy and a resolution on addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies are adopted.

March 2020

IFRC Youth Commission MHPSS Event
The PS Centre is a panelist presenting the 33rd International Conference and its adopted roadmap, policy and resolution.

April 2020

Interview in Books on Point, SABC News
SABC News interviews PS Centre Technical Advisor Sarah Harrison about Hero is You, the book's purpose and how it was developed in collaboration with children and children around the world.

December 2019

The 33rd International Conference of the Red Cross and Red Crescent Movement.
A joint Movement policy and a resolution on addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies are adopted.

June 2020

ECOSOC Humanitarian Affairs Segment side on MHPSS and COVID-19
The PS Centre participates at the event as a presenter talking about MHPSS in the context of COVID-19.
Again in 2020, the PS Centre continuously used conferences and high-level meetings to bring MHPSS on to the international agenda.

After the 33rd International Conference of Red Cross and Red Crescent in December 2019, the PS Centre has promoted the policy and resolution adopted at the conference and the roadmap developed to help strengthening the Movement’s collective response to mental health and psychosocial needs, in line with these commitments.

In 2020, the PS Centre participated in 53 international fora as hosts, facilitators, presenters, speakers and participants. The timeline below is just a short representation of the kind of events the PS Centre engaged in over the year.
Humanity
The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality
It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality
In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence
The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service
It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity
There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality
The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.
ON THE ROAD TO BETTER MHPSS

Meet the Mocca family: Sarah, her daughter Xanthie who has Down syndrome and her father Ted who is living with dementia. They are the point of referral in the PS Centre video explaining the Red Cross Red Crescent Movement’s MHPSS Framework.

PS Centre technical adviser and author of the script Sarah Harrison: “Our first draft for the video about the MHPSS Framework was 30 minutes of pure abstraction, not a single person was presented. We thought it was fine, very structured and simple to follow - but it was clear from the reaction we got from people outside the PS Centre reading it, that we needed to refocus to place affected families and volunteers at the centre of the framework”. And so, the Mocca family was born.

The video is just one product assisting Red Cross Red Crescent National societies in the implementation of the commitments adopted at the 33rd International Conference of the Red Cross and Red Crescent Movement. Throughout 2020, the PS Centre and the working group known as MOMENT cooperated to assist the Red Cross Red Crescent Movement to implement the roadmap, policy and resolution. On the PS Centre website, pscentre.org, a page is dedicated to compiling all resources - documents, videos, podcasts, webinars and presentations.

Project Manager Charlotte Thomsen explains: “The development of these guiding materials have received great feedback from National Societies and are being utilized for a variety of purposes to increase the understanding of and advocate for the Movement’s commitments and ambitions on MHPSS.”

After the 33rd International Conference of the Red Cross and Red Crescent Movement, MOMENT led the process of creating a Roadmap for Implementation in close collaboration with Movement partners. Charlotte: “The Roadmap for Implementation is an important accomplishment for the Movement. It provides strategic guidance and specific priority action areas, and it outlines the steps to be taken to fully implement the Policy and Resolution. It is clear that the more the document is used, the more it translates into action in MHPSS”.

On the basis of the Roadmap, five working groups have been formed, comprising of National Societies, IFRC and ICRC working together to drive the implementation forward. The goal is to integrate mental health and psychosocial support across sectors, develop a holistic MHPSS approach between Movement components and in collaboration with other actors, protect and promote the mental health and psychosocial well-being of staff and volunteers, demonstrate the impact of MHPSS interventions through research, evidence, monitoring and evaluation and strengthen resource mobilization for MHPSS in humanitarian response and mobilize political support for MHPSS.

With the end of the MOMENT project, the ICRC, IFRC and the PS Centre will coordinate and harmonize this work, support implementation in general and prepare for the statutory meetings in 2022 and 2023.
Throughout 2020, the PS Centre has maintained strong partnerships with its current partners and donors including the National Societies of Denmark, Iceland, Japan, France and Hong Kong. In addition, Danish Red Cross and the World Health Organization, through their back-donor funding from the Office of U.S. Foreign Disaster Assistance (OFDA) and DANIDA have contributed to the results of the PS Centre in 2020.

Through the IFRC Covid-19 Emergency Appeal, the PS Centre received funding to produce resources assisting National Societies in their COVID-19 MHPSS response efforts.

In 2020, the PS Centre took over the task of assisting Red Cross Red Crescent National Societies in their efforts to implement the roadmap, policy and resolution on MHPSS adopted at the 33rd International Conference of the Red Cross and Red Crescent Movement from the MOMENT group. This project is funded by ICRC.

The total expenditure of the PS Centre for 2020 is DKK 9,825,886 (1,418,435 CHF). It is a 20 percent increase from 2019 (DKK 8,086,644). The detailed financial report is included in the PS Centre Financial Statement, which can be requested from the PS Centre.
The Sustainable Development Goals (SDGs) are a collection of 17 interlinked, universal set of developmental goals designed to promote and combat urgent environmental, political and economic challenges that our world faces today. The IFRC Psychosocial Centre conducts trainings, publishes resources and disseminates critical information to support and ensure mental health and psychosocial support services throughout the world, thereby contributing to and addressing the following SDGs:

#3: GOOD HEALTH AND WELL-BEING
The PS Centre works to strengthen the resilience and well-being of individuals, families and communities who are recovering from and adapting to various adversities that have potentially damaging long-term impacts.

#4: QUALITY EDUCATION
The PS Centre publishes resources that promote mental health and psychosocial care for children in educational settings. Various publications are designed to assist teachers, caregivers and parents in addressing MHPSS needs for children in emergency settings.

#5: GENDER EQUALITY
The PS Centre works to close the global gender gap by empowering affected women and ensuring equal access to mental health services worldwide, as well as addressing prominent issues such as sexual and gender-based violence through trainings and online resources.

#13: CLIMATE ACTION
The devastation of climate change and natural disasters has left hidden mental wounds around the world. The PS Centre addresses the impact of natural disasters on the mental health of affected individuals and communities through trainings, webinars and publications that are distributed globally.

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