

+C IFRC

Psychosocial Centre



IFRC REFERENCE CENTRE FOR PSYCHOSOCIAL SUPPORT

Strategic Operational Framework
2023

The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest volunteer-based humanitarian network, reaching 150 million people each year through our 192 Member National Societies through the work of over 13.7 million volunteers.

Together, we act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions.

The IFRC PS Centre is a centre of excellence. It is hosted by Danish Red Cross in Copenhagen, Denmark, and mandated to support, promote, and advocate for the awareness and implementation of mental health and psychosocial support through the IFRC Psychosocial Support Programme (PSP). The IFRC PS Centre's mission to enable and support National Societies to promote quality and timely mental health and psychosocial support is closely coordinated with the IFRC Global Health and Care Team, the Regional IFRC Health and Care delegates and Regional MHPSS delegates.

Our work is guided by IFRC's Strategy 2030 - our collective plan of action to tackle the major humanitarian and development challenges of this decade. It reflects our collective forward-looking vision for the Red Cross Red Crescent network globally and provides high-level guidance for National Societies in their own strategic plans.

Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. Through the wide and deep reach of our National Societies, we are uniquely placed to support people and communities before, during and after shocks and hazards, through National Societies' permanent presence in communities, their role as auxiliaries to the public authorities in the humanitarian field, and their extensive network of local branches and volunteers in almost every country in the world engaging in local action.

The IFRC Reference Centre for Psychosocial Support is hosted by the Danish Red Cross.

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Contact us:

Please contact the IFRC Reference Centre for Psychosocial Support should you wish to translate or adapt any part of this publication.

Address: Blegdamsvej 27, 2100 Copenhagen O, Denmark

T +45 35 25 92 00 | **E** psychosocial.centre@ifrc.org | **W** pscentre.org

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INTRODUCTION

The 2023 Strategic Operational Framework (SOF) for the IFRC Reference Centre for Psychosocial Support (IFRC PS Centre) presents the strategic operational priorities of the IFRC PS Centre in 2023. It builds on the Centre's previous SOFs as well as on IFRC's Global Plan 2023.

The work of the PS Centre in 2023 will continue to take place in the context of major and complex humanitarian crises and challenges. The Ukraine crisis and its implications, the food crisis in East Africa, poverty, climate-related events and inadequate health care, the impact of the global COVID-19 pandemic, disasters, and armed conflicts as well as high inflation rates will have direct and indirect impacts on people's health. The SOF 2023 therefore describes global challenges the PS Centre faces and sets out approaches to priority areas and actions to be taken to achieve the goals in 2023. The strategic priorities for the PS Centre's work in 2023 outlined in this publication should always be seen in a global context considering the many complex challenges that sometimes go hand in hand, especially as the public's attention is often involuntarily focused on certain crisis developments and events.

The SOF 2023 describes the PS Centre's global work, serving both as a compass and a guide regarding the Centre's global work to assist the Red Cross Red Crescent Movement to scale up and strengthen the quality of mental health and psychosocial support. In 2023 the PS Centre will strive to maintain and increase its targeted global influence on MHPSS policy work through a proactive and structured approach towards policy events and decision-making processes. At the same time, the 2023 SOF reflects the focus of the IFRC PS Centre, and the Red Cross Red Crescent Movement more broadly, on the implementation of the Movement's MHPSS Policy¹ on Addressing Mental Health and Psychosocial Needs of People Affected by Armed Conflicts, Natural Disasters and Other Emergencies that was adopted at the 33rd International Conference in December 2019.

This policy commits the IFRC, ICRC and 192 National Societies to scale up and strengthen the quality of mental health and psychosocial support in all situations, including humanitarian, development, and 'high-income' settings. The policy will inform the work and management of the IFRC PS Centre in 2023 and beyond, while continuing to deliver on its other core mandated activities, including support to National Societies to provide regular community health activities to people from cradle to grave. To ensure coherence with the broader priorities of the IFRC, the 2023 SOF is aligned with the IFRC Strategy 2030 and the 2030 IFRC Health and Care Framework.

All activities, goals and aspirations outlined in this publication are subject to the availability of sufficient resources.

The overall objective of the IFRC Psychosocial Support Programme is to assist the Red Cross Red Crescent Movement to:

- create awareness regarding psychological reactions at a time of disaster or long-term social disruption
- to set up and improve emergency preparedness and response mechanisms at global, regional and local levels
- to facilitate mental health and psychosocial support before, during and after armed conflict, disasters and other emergencies
- to restore community networks and coping mechanisms
- to promote the resilience and thereby the rehabilitation of individuals, families and communities
- to enhance mental health and psychosocial support for staff and volunteers

¹ https://pscentre.org/wp-content/uploads/2020/10/CD19-R5-Adopted-MHPSS-need-policy-draft-resolution-FINAL-EN_clean.pdf

The functions of the IFRC PS Centre

The IFRC PS Centre is a centre of excellence. It was established in 1993 and is hosted by Danish Red Cross in Copenhagen. It is mandated to support, promote, and advocate for the awareness and implementation of mental health and psychosocial support through the IFRC Psychosocial Support Programme (PSP).

The objective and the functions of the Centre are outlined in the hosting agreement² between Danish Red Cross and the IFRC and include:

- 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, including Danish Red Cross
- Access external research and make it accessible to National Societies
- Cooperate with other humanitarian organisations providing mental health and psychosocial support (e.g., IASC, WHO, Save the Children, UNHCR, IOM, UNICEF etc.) to exchange materials and experience, and to avoid duplication

The IFRC PS Centre strives to uphold a secretariat with key positions, which are considered the minimum resources required to deliver on the Centre's mandate. The IFRC 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.

The framework for mental health and psychosocial support

Mental health and psychosocial needs exist along a continuum ranging from positive mental health, through mild and temporary forms of distress, to chronic and more severely disabling mental health conditions. Responding to mental health and psychosocial needs is critical for people's survival and daily functioning and for their enjoyment of human rights and access to protection and assistance. It is key to achieving Universal Health Coverage and the Sustainable Development Goals. Mental health and psychosocial support services are a global public good that contribute to healthy societies in all countries, irrespective of socio-economic status³.

Mental health conditions are common in all regions of the world. The WHO estimates⁴ that one in four will experience mental illness in their lifetime and that mental health, neurological, and substance abuse disorders account for 14% of the global burden of disease. Persons with mental health problems experience disproportionately higher rates of disability and mortality and most of these people (85%) live in low- and middle-income countries where the coverage of mental health services is poorer than in high income countries. Despite this increasing global awareness and commitments around MHPSS, there are still significant gaps in mental health and psychosocial support capacity at country-level. In addition, funding levels for MHPSS remain critically low with, on a global average, less than two per cent of national health budgets spent on mental health and only approximately one per cent of Development Assistance for Health being allocated to mental health. In low-income countries, there are fewer than two mental health workers per 100,000 people compared to 72 in high-income countries⁵.

2 Agreement between the International Federation of Red Cross and Red Crescent Societies and Danish Red Cross concerning the revised structure, funding, and management of the "Federation Reference Centre for Psychological Support", August 2004

3 MHPSS Policy (Council of Delegates 2019 Resolution)

4 WHO Mental health action plan 2013–2020 (extended to 2030)

5 World Health Organization. (2019). Mental health atlas 2017: resources for mental health in the Eastern Mediterranean Region.

The term “mental health” is defined by the World Health Organization (WHO) as a state of wellbeing in which every individual realises 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).

Addressing mental health and psychosocial needs is a central part of the Movement’s broader objectives to prevent and alleviate human suffering, to protect life, health and dignity and to promote health and social welfare among individuals, families and communities, including staff and volunteers working in all contexts. The Movement engages in humanitarian diplomacy to ensure that States and other actors address mental health and psychosocial needs, and it is involved in the development of international standards and practices to ensure quality of care in very challenging circumstances.

States have the primary responsibility to respond to the mental health and psychosocial needs of people in their territory. The components of the Movement have important complementary and supportive roles, including the auxiliary role of National Societies⁶.

The Movement’s mental health and psychosocial support framework

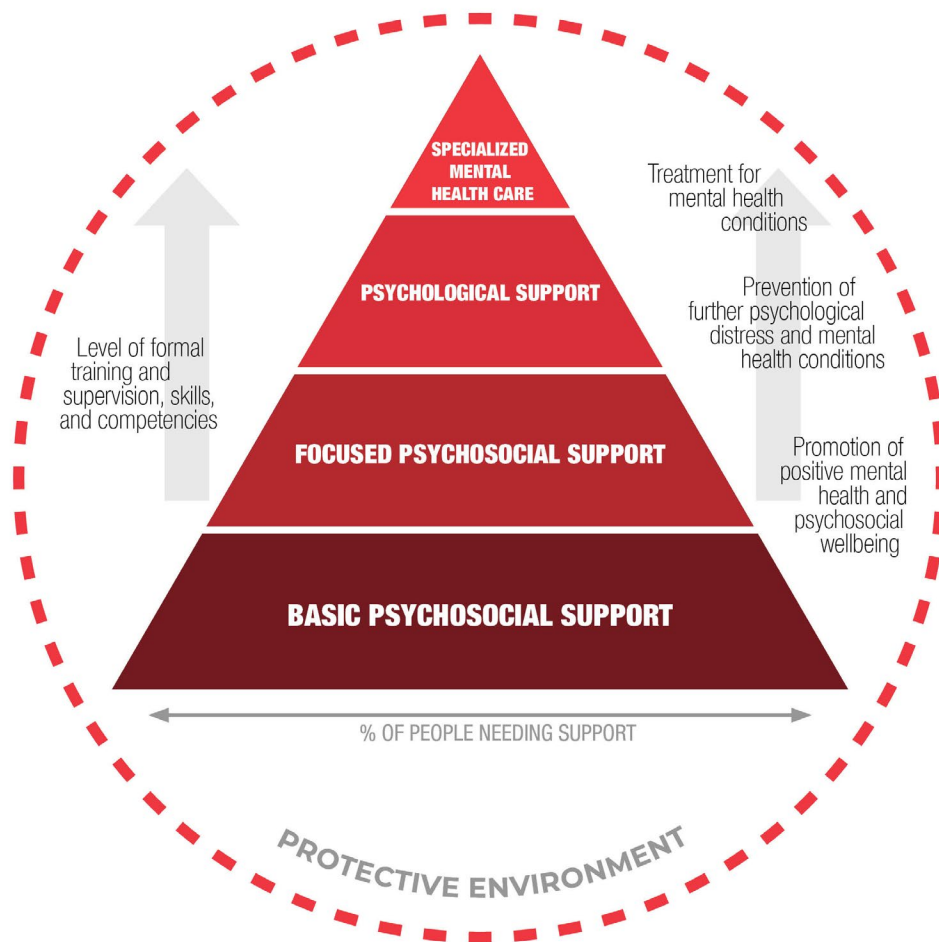
Each component of the Movement responds to mental health and psychosocial needs in accordance with its role and mandate. The pyramid model below represents the framework of mental health and psychosocial support services that are required to address the needs of individuals, families and communities in all contexts. A key to organising mental health and psychosocial support is to develop a layered system of complementary support that meets the needs of different groups. This multi-layered approach does not imply that all Movement components must provide services in all layers. However, Movement components are expected to assess, refer and advocate in relation to the full spectrum of mental health and psychosocial support presented in the model, from basic psychosocial support through to specialised mental health care.

As per the Red Cross Red Crescent Movement MHPSS Policy, there are eight policy statements, which guide the Movement’s work in providing mental health and psychosocial support:

1. Ensure impartial access to mental health and psychosocial support and prioritise early response
2. Ensure comprehensive and integrated support and care for people with mental health and psychosocial needs
3. Recognise the resilience, participation and diversity of people in all mental health and psychosocial activities.
4. Ensure protection of safety, dignity and rights
5. Address stigma, exclusion and discrimination
6. Implement and contribute to the development of interventions based on mental health and psychosocial support standards and practices that are internationally recognised and informed by evidence
7. Protect the mental health and psychosocial wellbeing of staff and volunteers
8. Develop mental health and psychosocial support capacity⁷

⁶ World Health Organization. (2019). Mental health atlas 2017: resources for mental health in the Eastern Mediterranean Region.

⁷ <https://pscentre.org/what-we-do/mhpsroadmap/>



Specialised mental health care – the top layer of the pyramid – includes specialised clinical care and treatment for individuals with chronic mental health conditions and for persons suffering such severe distress and over such a period of time that they have difficulty coping in their daily lives. Examples of activities include treatment centres for survivors of torture and alternative approaches to drug therapy. Services are provided within State healthcare and social welfare systems and in detention facilities.

Psychological support – the third layer of the pyramid – includes prevention and treatment activities for individuals and families who present with more complicated psychological distress and for people at risk of developing mental health conditions. Examples of activities include basic psychological interventions, such as counselling or psychotherapy, which are usually provided in healthcare facilities with accompanying outreach work or in community facilities, where this is culturally acceptable.

Focused psychosocial support – the second layer – includes promotion of positive mental health and psychosocial wellbeing and prevention activities, with a specific focus on groups, families and individuals at risk. Examples of activities include peer support and group work. Focused psychosocial support can be provided by trained and supervised Red Cross and Red Crescent staff and volunteers and/or trained community members.

Basic psychosocial support – the first layer of the pyramid – promotes positive mental health and psychosocial wellbeing, resilience, social interaction and social cohesion activities within communities. Activities in this layer are often integrated into health, protection and education sectors and should be accessible to 100% of the affected population, where possible. Examples of activities include psychological first aid (PFA) and recreational activities. Basic psychosocial support can be provided by trained Red Cross and Red Crescent staff and volunteers and/or trained community members.

Global challenges

Over the past years, the world has experienced multiple global challenges that are increasingly complex and interconnected in nature and that continue to influence the mental health and psychosocial wellbeing of people. With the outbreak of the COVID-19 pandemic in late 2019 impacting significantly on people's mental health and wellbeing and continuing to take its toll, 2023 will be no exception. The global challenges are reflected in the IFRC PS Centre's Strategic Operational Framework 2023:

Protection, Gender and Inclusion

Gender inequality remains a global challenge; it negatively impacts human development and economic growth. It contributes to discrimination and exclusion from access to resources, public services, education, healthcare services and employment, and to gender-based violence. Gender inequality takes many forms and is rooted in unequal power relations. There is substantial evidence worldwide of the negative impacts on women, girls, men and boys when humanitarian assistance is not gender- or diversity-sensitive. However, when gender equality is actively promoted, it can positively transform and enhance individual lives as well as societies as a whole. By advancing gender equality and embracing diversity, it is possible to reduce the impact of many other humanitarian challenges, including violence, inequitable healthcare and the negative consequences of armed conflict, disasters and other emergencies.

Mental health and psychosocial support help people to gain control and a feeling of being able to influence one's own wellbeing. In other words, it empowers people. At the same time, it helps build empathy and create more cohesive communities.

Global inequalities and economic crises

The past decade has shown how changes in the global economy have profound consequences for the everyday lives of people across the world. Recurring shocks and periodic economic and financial crises create new patterns of migration, including trafficking, unemployment, insecurity and marginalisation, and at the same time reinforce existing inequalities. There are several psychosocial stressors related to the effects of economic crises: impoverishment for entire families, increases in intimate partner violence, discrimination, increased levels of urban violence and limited access to basic health and social welfare services. These 'psychosocial' stressors can also be referred to as the social determinants of mental health.

Natural and climate-related emergencies

In the past ten years, 83% of all disasters triggered by natural hazards were caused by extreme weather- and climate-related events, such as floods, storms and heatwaves⁸. The impacts of global warming are already killing people and devastating lives and livelihoods every year, and they will only get worse without immediate and determined action. The frequency and intensity of climatological events are increasing substantially, with more category 4 and 5 storms, more heatwaves breaking temperature records and more heavy rains, among many other extremes. Loss of natural resources, food insecurity, direct and indirect health impacts and displacement are likewise on the rise. Many communities are being affected by concurrent and consecutive disasters, leaving them with little time to recover before the next shock arrives. The most 'at-risk' people in these communities are in danger of being left behind if their needs and capacities are not understood, and their voices not heard.

Pandemic outbreaks – Public Health Emergencies

The COVID-19 pandemic has shown how vulnerable the world is to a global public health emergency. The pandemic has affected over 649 million⁹ people globally, numbers that will continue to rise daily. COVID-19 has caused the death of more than 6.6 million people, in addition to significant psychological distress and social disruption. The impacts of COVID-19 have compounded already fragile countries and populations affected by

8 IFRC World Disasters Report 2020

9 WHO COVID-19 Dashboard, https://covid19.who.int/?gclid=Cj0KCQiA3NX_%20BRDQARIsALA3f1KHLJRjcSg93BhV2176adCy0SA3VR4EpNyxySCYLGyD93pxOeGdPb8aAgCtEALw_wcB

conflict, natural disasters and weak health and social care systems; the impacts have placed additional strain on people's mental health and wellbeing globally.

Emergencies, in whichever form they may take, erode protective support systems that are normally available, increase the risks of a range of problems and tend to amplify pre-existing problems and inequalities. For these reasons, preparedness and response capacity for mental health and psychosocial support in emergencies continues to be a top priority at the IFRC PS Centre.

Emergency affected persons and survivors of violence

Armed conflicts, natural disasters and other emergencies have an immense long-term impact on mental health and psychosocial wellbeing. Rates of mental health conditions increase extensively after emergencies and especially in situations of armed conflict. Psychosocial difficulties increase too when, for instance, people are separated from or lose members of their family or friends, living conditions become exceedingly difficult and people are exposed to violence and cannot access assistance. Emergencies affect or destroy community and family resources and undermine personal coping strategies and social connections, which would normally support people. Human, social, and economic consequences are long-term and far-reaching and affect entire communities and societies.

Meeting the global challenges

The IFRC PS Centre's primary mission is to enable and support National Societies to promote quality and timely mental health and psychosocial support in the context of global challenges. Accordingly, in 2023, the IFRC PS Centre will work in support the three strategic aims of the IFRC 2030 Strategy outlined below, alongside a commitment to inclusion and diversity within its own staff at the PS Centre and in terms of the accessibility of its publications and content, and a dedication to being a data-driven, accountable organisation with strong internal systems.

Mental health and psychosocial support interventions are used as a method to foster and (re)build social trust, empathy, nonviolent communication, and peaceful resolution of tension and a culture of non-violence. Violence prevention and protection are integrated elements of mental health and psychosocial support interventions.

1 People anticipate, respond to, and quickly recover from crises

Mental health and psychosocial support interventions reach larger, increasingly differentiated target groups in more effective and better sequenced ways. Well-timed and appropriately delivered mental health and psychosocial support helps people more quickly recover from and mitigate the impact of a crisis and help to restore social cohesion and emotional wellbeing, and in turn, strengthen community resilience. It is both an integrated and complementary element of existing efforts to save lives and strengthen recovery from disasters and crisis.

2 People lead safe, healthy, and dignified lives, and have opportunities to thrive

The National Societies and the Global Health and Care Team are aware of the mental health and psychosocial impact, symptoms and means of mitigation related to violence, chronic and other long-term diseases, challenging and high-risk lifestyles, epidemics, mental health challenges including suicide and non-communicable diseases, and seek to integrate mental health and psychosocial support into community-based and other health and social care programmes when relevant.

3 People mobilise for inclusive and peaceful communities

Across global networks, the IFRC PS Centre will promote and support more inclusive, equitable and cohesive societies. The IFRC PS Centre strives for a world where all people are socially included, experience compassion, and diversity is celebrated. The IFRC PS Centre and the IFRC do this by promoting positive humanitarian values and embodying humanitarian values in their activities and

approaches. The IFRC PS Centre recognises that it plays an important part in helping to achieve this and that it must work effectively as part of a broader network to influence people's lives for the better. The IFRC PS Centre will therefore continue to work with partners and people of all ages and diversity.

4

Promoting the mental health and psychosocial wellbeing of staff and volunteers

The National Societies and IFRC operational and technical teams actively promote the mental health and psychosocial wellbeing of staff and volunteers through the facilitation of appropriate and timely provided management support that includes mental health and psychosocial support as and when needed. In most cases IFRC Staff Health or the National Societies will be responsible for the psychosocial well-being of staff, but in some cases (on request) mental health and psychosocial considerations for staff will also be included. In line with the Movement's MHPSS policy statement on staff and volunteers, the Movement components commit to protect the mental health and psychosocial wellbeing of staff and volunteers responding to humanitarian needs by ensuring that staff and volunteers have the required knowledge and psychological support skills to cope with stressful situations, look after themselves effectively and seek support when needed. They also commit to equip and support managers and other leaders to reduce work-related stressors for staff and volunteers to ensure that staff and volunteers are equipped with the required skills to support people with mental health and psychosocial needs. Relevant mental health and psychosocial aspects will be integrated into core and advanced trainings and seek to make them available to all.

5

Implementation of the Red Cross Red Crescent MHPSS Policy and Resolution

Over the course of 2021 and until this date, the IFRC secretariat, the IFRC PS Centre, ICRC and National Societies have focused on the continued roll-out and step-by-step implementation of the MHPSS policy and IC33 Resolution. It is the first ever Movement-wide policy to be adopted, placing MHPSS high on the global humanitarian and development agenda and thus creating a unique momentum to collectively ensure that commitments are translated into actions. To help support the awareness and implementation of the policy, six priority action areas have been identified in the 2020-2023 Roadmap for Implementation. By the end of 2021 Director and Secretary Generals of IFRC, ICRC, DRC and SRC have committed to the establishment of the new MHPSS Governance model to which the IFRC PS Centre will engage in, lead, and promote to National Societies throughout 2023. To this end, the IFRC PS Centre have established coordination mechanisms to enable implementation of the Movement Roadmap to deliver on the policy and resolution. Focus will continue to be on co-leading the development of a training package on the basic level of psychosocial support, including training modules and guidance on how to address stigma and provision of support to people who are facing discrimination and exclusion. The IFRC PS Centre will also continue to co-lead efforts around research and the research agenda for the Movement, investigate the challenges around monitoring and evaluation of MHPSS interventions for National Societies, as well as and strengthen capacity in monitoring, evaluating, and learning related to MHPSS interventions. The IFRC PS Centre will continue their engagement and collaboration in strategic dialogues and partnerships with states and other donors to mobilise more resources for MHPSS together with selected Movement partners. Finally, the IFRC PS Centre will also continue to ensure dissemination of information on and increase awareness and understanding of the MHPSS policy, IC33 resolution and the new MHPSS Governance model to National Societies. Progress will be reported to the 2024 Council of Delegates.

The IFRC MHPSS programme is global, but the challenges are met locally. There are large variations in the need for mental health and psychosocial support across the world, as well as significant differences in the National Societies' capacity to provide MHPSS. These differences vary from region to region and National Society to National Society. Close cooperation with the IFRC Secretariat and its five regions, as well as regional and national society delegations of the IFRC, is the cornerstone in the IFRC PS Centre's ability to follow the needs and capacity of the National Societies and be both proactive in supporting capacity-building, where needed, and reactive in providing technical support in emergencies, while also ensuring the sustainability of the MHPSS interventions beyond the involvement of the IFRC PS Centre.

The goal is that all National Societies have sufficient capacity to provide quality mental health and psychosocial support that meets the needs of the populations in their country, while at the same time taking care of the physical, mental, and psychosocial well-being of their staff and volunteers. To meet this goal, focus will be on identifying and supporting National Societies that have little or no capacity for MHPSS or who are facing extraordinary challenges in meeting the needs in their country. It also involves transforming knowledge into evidence-informed interventions (promising practice, case examples etc.,) principles and practical guidance/ tools for National Societies.

STRATEGIC APPROACHES

By means of three strategic approaches, the IFRC PS Centre will seek to deliver the following outcomes:



Mental health and psychosocial support in emergencies

Global, regional, and local knowledge sharing

Training, supervision, and mentoring

Technical advice and guidance and quality assurance



Translating research into good practice

Driving innovation through the Movement

Monitoring, evaluation, accountability, and learning

Expansion and development of the MHPSS toolbox



Influence relevant policies and practices

Engage actively with stakeholders and partners

Utilising technology to do more, smarter

STRATEGIC APPROACH 1: TECHNICAL SUPPORT AND CAPACITY BUILDING

Over the last years, many National Societies have developed their capacity to provide mental health and psychosocial support to volunteers and affected groups. Based on the results of the 2021 Movement-wide Mental Health and Psychosocial support Survey, 155 National Societies, the IFRC and the ICRC provided mental health and/or psychosocial support activities in 2021, while 42% of all survey respondents reported limited or lacking technical expertise as an obstacle for delivering these activities. The details drawn from the report showcase that there are still gaps and many National Societies and external agencies request capacity-building and technical support from the IFRC PS Centre as and when needed. The focus of the IFRC PS Centre in 2023 will be on those National Societies with no or limited capacity and with the wider Red Cross Red Crescent Movement who work multilaterally or bilaterally on facilitating capacity-building and mental health and psychosocial support services in armed conflict, natural disasters, and other emergencies. Partnerships and service provided to external agencies will continue where they align with strategic priorities.

Mental health and psychosocial support in Emergencies

Emergencies are often the catalyst for National Societies to start engaging in mental health and psychosocial support activities. After the response phase, activities are adjusted and developed further to carry them over to future disasters and in recovery and development programmes. Providing technical and operational support to National Societies in emergencies thus often has a scope that reaches far beyond the immediate crisis.

Providing mental health and psychosocial support in emergency settings is highly prioritised in the IFRC MHPSS programme. Consequently, focus is on the further development and adaptation of the MHPSS component of the Emergency Response Units (ERUs), and to continuously develop systems that help identify, train, and prepare qualified delegates for ERU, capacity, assessment, and planning (CAP), indicators and Health Information Systems, Regional Disaster Response Teams (RDRT) and stand-alone MHPSS in emergency surge-deployments upon request. This requires close collaboration with the IFRC MHPSS delegate in Geneva, and with the National Societies running MHPSS rosters and Health ERUs (the MHPSS Emergency Technical Working Group). As the complexity of emergency operations is likely to increase, emphasis will be placed on the development and support of flexible, relevant, and National Society-applicable tools and materials that can be used in various contexts. This is a multi-year initiative, but particular attention will be directed to updating and finalising the training curriculums on providing MHPSS responses within National Emergencies and the MHPSS global surge delegate training package including corresponding competency frameworks.

The IFRC PS Centre will continue to co-chair the IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings. The IFRC PS Centre holds this position on behalf of the IFRC; the World Health Organisation is the other Co-Chair of this inter-agency group.

Regional support and knowledge sharing

Regional networks, MHPSS or otherwise such as PERCO, Youth networks and Protection Gender and Inclusion are cost-effective ways to facilitate learning and exchange of knowledge and ultimately build capacity across National Societies. In 2023, the IFRC PS Centre will therefore continue to work with existing regional networks and communities of practice to more effectively link and collaborate with IFRC regional and country-cluster offices and in particular to the IFRC Regional Health and Care delegates and the IFRC Regional and country MHPSS delegates (where they exist). In the IFRC PS Centre's experience, the presence of Regional MHPSS delegates act as a great force multiplier in lifting the National Societies' capacity (and the PS Centre's) to meet the MHPSS needs of affected populations.

Focus will also be on facilitating the creation of new formal and informal networks (such as communities of practice in the African region) and twinning of National Societies that, through common interest, common language, common geography etc. can benefit from peer exchange of knowledge and best practices. Examples

of this could be the formation of an informal network of trainees after a regional training, connecting two National Societies who provide mental health and psychosocial support in similar circumstances etc. In this way, the benefits of working in networks are explored without the need for extensive resources. The structure of these networks and communities of practice may be ad hoc or become more permanent if feasible and needed.

Capacity-building, supportive supervision, and National Society Development approaches

The IFRC PS Centre will focus on training of trainers, creating spaces for reflective practices after trainings/ workshops, and supporting National Societies to develop relevant supervision systems for volunteers. The IFRC PS Centre will continue to provide on-demand mentoring and technical support to National Societies and IFRC offices. A supportive supervision approach will be developed that is tailored to the volunteers and staff of Red Cross and Red Crescent National Societies. This supportive supervision approach will build upon the existing IFRC PS Centre's Caring for Volunteers toolkit, the inter-agency Integrated Model of Supervision and where possible, components of it will be included within new and existing programmes and new training curriculums developed by the IFRC PS Centre.

MHPSS Training Institute

The MHPSS Training Institute (formerly known as the PS Academy) is the umbrella term for mental health and psychosocial support trainings, workshops, webinars, and seminars focusing on cost-effective regional trainings and specialised 'thematic' trainings, e-learning and distance learning provided by the IFRC PS Centre. The MHPSS Training Institute will apply and disseminate the MHPSS toolbox (see section on Knowledge generation and sharing), which builds the capacities of the MHPSS, Health and Protection focal points within National Societies, the IFRC and other organisations to provide mental health and psychosocial support services. Trainings related to MHPSS in national emergencies and displacement settings, the MHPSS component of Protecting Family Links, community mental health and monitoring and evaluation will be prioritised at the global level. The MHPSS training institute will also provide selected trainings within the regions, in collaboration with IFRC regional offices and country clusters, and in partnership with National Societies. A greater focus will be directed on internal data management and internal reporting systems of the IFRC PS Centre to better document and demonstrate the impact of our capacity-building work with National Societies, the IFRC and other organisations.

Technical support on demand

Ad-hoc technical support and input can be requested by National Societies and IFRC operational units for assessments, baseline surveys, programme design, trainings, evaluations, programmes reviews and overall strategy planning. Additionally, support in developing proposals, log-frames, Theories of Change and indicators will be provided alongside quality assurance of mental health and psychosocial support approaches and local tools and guidelines. The IFRC PS Centre is committed to accompanying and mentoring National Societies over time as they build their capacity to provide MHPSS services.

Expected outcomes from Strategic Approach 1:

- The "mental health and psychosocial support in emergencies" component of the IFRC Emergency Health and Surge team is strengthened, leading to improved preparedness and response capacity to provide MHPSS services.
- Regional support and knowledge sharing are facilitated through the establishment and continuous support to regional networks, IFRC Regional Health and Care staff, MHPSS delegates and regional/ country-cluster offices.
- The MHPSS capacity of National Societies is strengthened through high-quality trainings (including training of trainers), mentoring and responsive technical support.

- National Societies are able to integrate community mental healthcare approaches within their Care in Communities programmes and services.
- A select number of National Societies are supported to provide psychological services (specifically Thinking Healthy approach and Problem Management+).
- National Societies have clear systems for supporting staff and volunteers.

STRATEGIC APPROACH 2: KNOWLEDGE GENERATION AND SHARING

Mental health and psychosocial support is a discipline under constant development both in academia and in practice. Evidence-informed and culturally/contextually tailored approaches are requested in an increasing number of National Societies and IFRC offices/ country-clusters. Additionally, strong interest is being reported in the exploration of methodologies that promote co-creation and participatory design. Innovative approaches (including psychological interventions) and new ways of integrating mental health and psychosocial support with other types of humanitarian interventions are continuously emerging and in need of research and evaluation to ensure appropriateness to humanitarian contexts and to volunteer-based humanitarian organisations. At the same time, universities and applied research institutions produce substantial amounts of research and knowledge on the application of new and existing approaches and have helped to shape a more nuanced understanding of target populations and core constructs relevant to mental health and psychosocial support implementation in humanitarian settings. As the area of expertise and the number of requests grow, the need for new knowledge, research, tools, and methodologies increases. Additionally, ensuring that core research results are disseminated broadly throughout the Movement, and in a way that is easily digestible by National Societies and the IFRC, is crucial to promote the provision of quality MHPSS services provided by volunteers engaged in principled action.

With strong ties to both the practical implementation of mental health and psychosocial support and the research in academia fora, the IFRC PS Centre is uniquely placed to bridge the gap between the two and work towards better generating and sharing of knowledge, ultimately resulting in better quality of MHPSS services and positive outcomes for affected national societies, communities, families, and individuals.

Translating research into good practice

The IFRC PS Centre is a highly recognised actor in the global mental health and psychosocial support community and as such is in an advantageous position to collaborate with other actors and to influence the global MHPSS agendas. Due to its strong connection with implementing National Societies, the IFRC PS Centre is well-positioned to ensure the voices of National Societies (local communities and volunteers) are amplified to influence global mental health and psychosocial support research agendas. This will encourage a shift towards bottom-up, practice-based research agenda-setting, rather than the traditional top-down approach that has been prevalent to date in academia and global mental health and social care research.

To ensure that the Centre and the Movement stays on the frontline of developments in the mental health and psychosocial field, it is important to actively engage in knowledge development, -generation – mobilisation and –sharing with academic and applied research partners. Academic teaching collaborations for Masters' level students will continue in 2023 with the Trinity College University in Dublin, University of Copenhagen and Sant'Anna Scuola in Pisa, Italy.

In 2023, the IFRC PS Centre will continue to host the Red Cross Red Crescent MHPSS Research Network and co-lead working group 4 in the MHPSS Roadmap along with the Swiss Red Cross. The Research Network currently has a broad membership including current and future potential academic collaborators active in global mental health research, along with National Society members across the Movement. The Network aims to foster connections between academics and implementing actors, highlight core research priorities for the Movement, and develop a 'culture of research' that enables National Societies to feel more confident in developing and implementing research projects, lessons learned and/or evaluation activities. The Network also promotes the generation of research with practical applications to humanitarian contexts.

Driving innovation through the Movement

To maintain and consolidate academic partnerships, the IFRC PS Centre will, where feasible, engage in large-scale research consortium projects aiming to generate innovative ideas and solutions to core issues facing the Movement with respect to MHPSS. This will result in new areas of knowledge that are translated into practical tools and guidelines for use by National Societies and volunteers. Participation in these research projects furthermore ensures that the IFRC PS Centre is up-to-date with current state of the art research in the MHPSS field and at the same time these research projects are valuable catalysts for new and stronger

partnerships and allow for more in-depth exploration of topics of interest to the Movement such as migration and volunteerism. The inclusion of Red Cross Red Crescent partners in research projects is an important parameter for choosing projects, ensuring the perspective of local staff and volunteers, and promotes better dissemination of results back to National Societies.

Monitoring, evaluation, accountability and learning

Monitoring, evaluation, accountability and learning (MEAL) of mental health and psychosocial support approaches are essential to ensure accountability towards donors and affected populations, and furthermore to facilitate learning. Yet, monitoring and evaluation of MHPSS approaches are perceived as a challenge by many National Societies. This area is still relatively young and the positive outcomes and impacts of mental health and psychosocial support can be less straightforward to measure than other types of programme approaches.

The IFRC PS Centre has developed key monitoring and evaluation guidance for the Movement (comprising a guidance note, toolbox and indicator guide, and a guidance on MHPSS monitoring and evaluation during the COVID-19 pandemic). These resources, along with updated IASC monitoring and evaluation framework and the accompanying means of verification guidance, were released in 2021 and serve to support National Societies in their efforts to collect relevant data, that respects principles of data minimisation, yet are sufficient to inform future implementation considerations. Webinars and various communication methods will be used to highlight the existing documents and to promote their use.

The IFRC PS Centre will also aim to strengthen connections with National Societies to highlight good practices in monitoring and evaluation and will support the dissemination of lessons learned documents to ensure mutual learning throughout the Movement. To this end, user-friendly M&E systems will continue to be developed and differentiated for different contexts, i.e., emergency phase, recovery and long-term development, different target groups etc. Furthermore, the systems will continue to be rolled out through integration of M&E in the PS Academy and the MHPSS Toolbox.

Furthermore, the IFRC PS Centre will demonstrate the impact of its global work through data management and a greater focus on data-driven internal monitoring and reporting systems.

Expansion and development of the MHPSS toolbox

The IFRC PS Centre is committed to developing and adapting (existing) guidance, training materials and tools, to support and facilitate the provision of MHPSS services by National Societies. During 2023, the PS Centre will place an even greater emphasis on community-based mental health care approaches, psychological interventions, Protecting Family Links, migration, supervision and suicide prevention and response:

- Group and individual approaches for the World Health Organisation's, Problem Management + and 'Doing What Matters in Times of Stress.'
- Thinking Healthy training curriculum, based on the WHO Thinking Healthy intervention, and the development of an MHPSS package for infants (aged 0-6yrs) and their families.
- Psychological First Aid (PFA) and Group PFA: Support to Teams.
- Community-based mental healthcare toolkit and integrating this into the eCBHFA Programme and the IFRC Care in Communities framework.
- Updating the community-based psychosocial support toolkit (linked to Priority Action Area 1 from the MHPSS Roadmap).
- Developing a supportive supervision approach/ component for Red Cross and Red Crescent National Societies and finalising the inter-agency Integrated Model for Supervision testing, training curriculum and Training of Trainers curriculum.
- MHPSS within Protecting Family Links.
- Loneliness.
- Suicide and harm prevention and response.
- Migration, dynamic integration between receiving and arriving communities, and migrant youth, education and MHPSS

Existing training tools will be consolidated, and the training portfolio will be continuously developed, updated and improved based on new knowledge and research. Trainings will be developed based on existing tools and emerging needs and trends and will be coupled with supervision/ mentoring structures and post-training reflective spaces too.

The IFRC PS Centre will continue to explore and internally-test psychological support interventions (developed by agencies such as the WHO, UNICEF and the UNHCR) with selected National Societies to see how/ if, they can be incorporated into the IFRC portfolio of MHPSS approaches.

Expected outcomes from Strategic Approach 2:

- The academic partnerships of the IFRC PS Centre are strengthened through closer collaboration with selected universities and involvement in knowledge and research projects.
- Research priorities across the Movement are documented and advocated for, with an aim to strengthen partnerships across the Movement and with relevant key external actors who can support the realisation of the research agenda.
- The capacity of National Societies to monitor and evaluate their mental health and psychosocial interventions is strengthened through the development of appropriate and relevant systems and dissemination of core guidance, which in turn will facilitate learning and accountability towards donors and beneficiaries.
- Best practices in monitoring, evaluation, accountability, and learning conducted by National Societies will be highlighted through the Research Network and various communication tools will be utilised to promote existing guidance.
- The MHPSS Toolbox is updated and expanded in response to emerging needs and trends, including remote training. A stepped approach with accompaniment will be developed to facilitate capacity-building in mental health and psychosocial support in National Societies.
- Selected psychological and community mental health approaches are tested, and if relevant the approaches and methods are integrated into the mental health and psychosocial toolbox of the National Societies.
- The effects of MHPSS Training Institute trainings are documented through a system for data collection, data management and evaluation of trainings and workshops.

STRATEGIC APPROACH 3: HUMANITARIAN DIPLOMACY AND COMMUNICATIONS

Humanitarian diplomacy is intricately linked to partnerships engagement and knowledge generation and sharing with external partners mentioned above, but it is also a set of independent activities which includes advocacy, negotiation, communication, formal agreements, and other measures. Advocating the importance of MHPSS is an on-going activity on all platforms, continuously making decision-makers and opinion leaders aware of the importance of MHPSS, but also informing National Societies, research institutions and other stakeholders about the available tools and guidelines for implementing MHPSS. To fulfil its goal of persuading decision-makers and opinion leaders to act, at all times, in the interests of vulnerable people, and with full respect for fundamental humanitarian principles, humanitarian diplomacy needs to be an integral part of the IFRC PS Centre's work and be formulated in its Humanitarian Diplomacy Strategy for 2023.

Many National Societies provide mental health and psychosocial support in different settings and for different vulnerable groups – in emergency settings as well as in non-emergency situations. Therefore, it remains important to continue to increase knowledge and understanding of MHPSS and its benefits to keep a high level of awareness among those National Societies who already provide mental health and psychosocial support, and to convince those that do not.

Cultivating a strong, skilled, and competent, locally-based (volunteer grounded) and globally-connected Movement is also necessary to monitor and ensure wide Movement participation in the future implementation of the high-level commitments and ultimately achieve positive mental health outcomes and wellbeing for all. Equally, it remains necessary to engage in broadening the knowledge and understanding of the urgency of integrating MHPSS in emergencies response, from appeals to surge and integration on ERUs, as well as the adequate resourcing of regions and National Societies with MHPSS expertise.

To that end, the MHPSS policy, the IC33 resolution, the Roadmap and the priority area working groups serves as important tools for humanitarian diplomacy at the national as well as the global level, with a particular focus in 2023 on the continued roll-out and implementation of the Roadmap activities. The IFRC, ICRC and Red Cross and Red Crescent National Societies, together with civil society actors, will use the adopted documents to advocate to public authorities or other relevant actors for effective access to services for people with MHPSS needs as well as vis-à-vis policy and decision-makers to support efforts to ensure that MHPSS is appropriately prioritised and funded: Nationally and in international development cooperation and humanitarian affairs.

Influence relevant policies and practices

The IFRC PS Centre will continue to contribute to relevant new IFRC policies and sub-strategies to ensure that mental health and psychosocial aspects are addressed and in line with the IFRC approach and international standards. In 2023 the IFRC PS Centre will disseminate information on and increase awareness and understanding of the MHPSS policy and IC33 resolution to National Societies with the aim to ensure successful implementation of the commitments and priority action areas laid out in the Roadmap and to promote and invite National Societies to actively engage in the new MHPSS structures. The IFRC PS Centre will further be a leading actor in collaborating with the IFRC, ICRC and National Societies on streamlining MHPSS messages in relevant high-level events throughout 2023.

Outside the Red Cross Red Crescent Movement, the IFRC PS Centre speaks on behalf of IFRC in matters of mental health and psychosocial support and promotes the mental health and psychosocial support programme and policy in relevant international networks.

In relation to other international humanitarian actors, the IFRC PS Centre will:

- Engage in global advocacy moments, which allows the IFRC PS Centre to proactively plan its level of engagement (leading, active engagement, partner support), and to liaise with IFRC Geneva and New York advocacy teams for global action, as well as Danish Red Cross and Nordic Civil Society Organisations for advocacy moments aimed at the Nordic governments who are traditionally great supporters of MHPSS, so the presence and influence of the ICRC movement in key advocacy moments is adequately planned and coordinated. This annual plan will be rooted in the HD Strategy of the PS Centre.

- The PS Centre will be led by a Key Humanitarian Diplomacy Engagement plan for the year, and create opportunities for engagement of National Societies, partner organisations and broader stakeholder networks.
- Continue to Co-Chair the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings (IASC MHPSS RG), thereby taking a leading global humanitarian diplomacy and coordination role and actively collaborate to host meetings, support emergency operations in humanitarian contexts, review and contribute to the development of international MHPSS guidelines, tools and interventions. Co-chairing and actively participating in the Reference Group has led to strong partnerships with UN agencies and IOM, Save the Children and other MHPSS actors.
- Work closely with UN agencies and other large INGOs in coordination and development of tools and guidelines.
- Strengthen collaboration with relevant research and academic bodies.
- Work closely with the ICRC to develop tools and methodologies and support each other promoting the mental health and psychosocial support agenda in the Movement.

Active engagement with stakeholders and partners

The IFRC PS Centre will support the aim of the IFRC Humanitarian Diplomacy Policy to establish humanitarian diplomacy as a permanent mindset across all National Societies and the International Federation, by strengthening the humanitarian diplomacy around MHPSS in the RCRC Movement.

In this regard, the IFRC PS Centre will engage with the IFRC Regions and National Societies to:

- Identify opportunities for joint advocacy and influence by exchanging information on events at national, regional, and global level where National Societies can be provided a platform for visibility and influence and support such engagements by providing support in key messages, representation of the PS Centre.
- Through the Role of Co-chair of the IASC MHPSS RG, support National Societies to engage with broader MHPSS and humanitarian networks at country level, to strengthen and amplify their Humanitarian Diplomacy efforts through these networks.
- Ensure active participation and inclusion of National Societies in advocacy and influence opportunities identified by the IFRC PS Centre, IFRC Advocacy teams, and ICRC, in the previous section.

The IFRC PS Centre makes use of several channels of communication, such as the IFRC PS Centre website, the PS Centre newsletters, a podcast channel, Communities of Practice and relevant social media platforms to reach and engage with as many stakeholders as possible. Participation in mental health and psychosocial network meetings and other face-to-face events are also important venues of engaging directly with stakeholders and the global mental health and psychosocial community.

Additionally, the latest developments in mental health and psychosocial support will be communicated and the stories and videos from volunteers and staff within National Societies to audiences inside and outside the Movement will be shared to sustain interest and build knowledge.

Utilising technology to do more, smarter

The mental health and psychosocial support programme will focus on doing more, smarter when it comes to communications. As accessibility to internet and portable hardware such as tablets and smartphones increases globally, it becomes possible to take better advantage of the possibilities for low-cost and flexible distribution of tools and training they offer, while keeping the digital divide in mind and continue physical distribution. National Societies and others can access information and knowledge through the IFRC PS Centre website, <https://pscentre.org>. To be widely accessible, the IFRC PS Centre also makes materials, tools, and guidelines available through other recognised channels, such as www.mhpss.net and www.ifrc.org/fednet.

To reach as broad an audience as possible, the IFRC PS Centre has a diverse communication setup, which includes regular podcast episodes, original social media content including weekly MHPSS exercises, video content on MHPSS, and both educational and advocacy and an extensive database of training materials and research publications available on the Centre's website.

Expected outcomes from Strategic Approach 3:

- Mental health and psychosocial support remain high on the agenda of internal and external stakeholders through concerted communication and humanitarian diplomacy efforts by the IFRC PS Centre as well as participation in relevant conferences and humanitarian summits.
- Increased awareness and engagement by National Societies, Donors and State Parties on the implementation of the IC33 Resolution and MHPSS Policy and active participation in a newly established MHPSS Governance model, which aims at strengthening MHPSS in the Movement.
- The International Red Cross Red Crescent Movement perspective, influence and visibility is leveraged through the continued Co-Chairing of the IASC MHPSS RG.
- Stakeholders and partners across the world are better informed about the IFRC PS Centre's work through a variety of channels.

IMPLEMENTATION

The SOF will be revisited towards the end of 2023 and updated in line with new structural, operational, and strategic developments pertaining to the Centre as well as the Movement's work on mental health and psychosocial support and implementation of the MHPSS 2020-2023 Roadmap. Fulfilment of activities will be pending on sufficient resources.

THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

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.

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