Front cover: MHPSS trainer Den, Ukrainian Red Cross Society, attending a Care for Staff workshop in Kyiv.

Photo: IFRC Psychosocial Centre
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INTRODUCTION

24 February 2022 marks a dramatic escalation of the Russia-Ukraine international armed conflict. The devastation caused by the conflict throughout 2022 affected the lives of millions. More than eight million people have fled the country while an estimated eight million are internally displaced in Ukraine. Loss of family members, jobs, homes, daily air raid sirens, ongoing violence, power cuts, and water shortages – all factors adding to the everyday stress for Ukrainians in Ukraine and the surrounding countries.

The IFRC network in Europe launched its biggest mental health response in history as a response to the impact on the mental health of people affected inside and outside of Ukraine. Specialist volunteers and staff in more than 30 countries including Ukraine are providing mental health and psychosocial support to hundreds of thousands of people.

From the beginning, the IFRC Psychosocial Centre (PS Centre) played a central role in this response. Initially as a coordinating body, but as the scope of the crisis grew clearer, the PS Centre offered technical support, trainings, guidelines, workshops, webinars, and training videos to Red Cross (RC) National Societies (NS) in Ukraine and the affected countries in Europe and Central Asia. Essential resources were translated and disseminated in close collaboration with RC NS and the IFRC Europe Regional Office.

The effects of the conflict were not only confined to Ukraine and the region.
An emerging energy and food crisis causing prices to rise fueled an already devastating hunger crisis in East Africa triggered by a toxic cocktail of one of the worst recorded droughts, Covid-19, and local conflicts affecting more than seven million people. In Yemen, an estimated 21.6 million people – 75% of the population – needed humanitarian assistance by the end of 2022. From June to October, floods in Pakistan killed 1,739 people and left an estimated 20.6 million people in need of assistance. And the list goes on: the economic collapse in Afghanistan spinning a whole population into poverty, armed conflict in northern Ethiopia displacing more than 2.4 million people, 4.3 million displaced in Venezuela and neighboring countries, unprecedented floodings in South Sudan, unrest in Myanmar...

The combined force of a global pandemic, emerging and sustained conflicts, food crisis, inflation, and the devastating consequences of seemingly unstoppable climate change have created unprecedented uncertainty about the future around the world. In the 2021/22 Human Development Report, UNCERTAIN TIMES, UNSETTLED LIVES: Shaping our Future in a Transforming World, the United Nations Development Programme, UNDP, outlines a new uncertainty complex defined by current events, but on the backdrop of “everyday uncertainty that people have always faced”. These new instabilities are layered and feed off each other. The consequences of climate change, the Covid-19 pandemic, food insecurity, an increase in polarization, and the Ukraine conflict interact to unsettle life in unparalleled ways.

The report, and the context it was written in, makes it evident that the world needs more ways to manage ambiguity and face these uncertainties, and – unsurprisingly – the PS Centre once again faced its busiest year ever.

The increase in demand called for a reflection: How is the PS Centre perceived by the stakeholders it aims to support? Do we have the right focus, and do we provide the right services? To answer these questions, the partners of the centre, Danish Red Cross, and the IFRC commissioned an evaluation and a review of PS Centre activities since 2015, to guide the way ahead and to strengthen MHPSS within the Movement and beyond. An external consultant was hired to conduct the evaluation. The report is available on the PS Centre website and an interview with consultant Rebecca Horn can be found in this report, but the result in short, is: The National Societies want more - more technical support, more trainings, more resources, more language adaptions, and more humanitarian diplomacy with states and international organisations. They want more PS Centre.

Hopefully, in 2023 and the years to come we will be able to fulfil this wish.

Nana Wiedemann
Director, the PS Centre
The IFRC Psychosocial Centre (PS Centre) assists the Red Cross Red Crescent Movement - IFRC, ICRC, and Red Cross Red Crescent National Societies - in facilitating mental health and psychosocial support.

The PS Centre promotes mental health and psychosocial well-being for affected groups, staff and volunteers, and increases awareness of psychological reactions in times of crisis or social disruption.

In partnership with Red Cross and Red Crescent National Societies, academic institutions, donors, international humanitarian organisations and other stakeholders, the PS Centre promotes and enables the mental health and psychosocial well-being of people affected by adversity.

Through trainings, publications, webinars, podcasts and training videos, the PS Centre enables National Societies worldwide 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 at the IFRC Secretariat in Geneva and the Health and Care delegates and MHPSS delegates based at the IFRC Regional Offices. The PS Centre is governed by its Steering Committee, which is advised by the Advisory Group, and hosted in Copenhagen, Denmark, by Danish Red Cross.

IFRC Reference Centres are delegated functions of the IFRC and are hosted in various Red Cross Red Crescent National Societies. Their primary functions as “centres of excellence” are to develop strategically important knowledge and practices that will inform the future operations of the IFRC and National Societies in their key areas of interest and influence. The reference centres are mandated to represent the IFRC in their specific function area.
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.

THE PS CENTRE ONLINE

pscentre.org
facebook.com/Psychosocial.Center
twitter.com/IFRC_PS_Centre
linkedin.com/company/ifrc-ps-centre
youtube.com/c/PsychosocialCentre
instagram.com/ifrc_psychosocialcentre/
ISLANDS OF CALM IN A SEA OF DISRUPTION

“One day, I was watching my daughter playing in the street with some of her friends when the air raid alarm went off. The children paid no attention to it, they just continued playing. At that moment, I realized that we had lost our sense of fear - the shelling had become our new normal. And I decided to move away from Kherson with my daughter.”

Svitlana, mother of 8-year-old Liza, attending a Child Friendly Space (CFS) session arranged by Ukrainian Red Cross Society (URCS).
Liza is attending a session in a CFS set up by volunteers in the URCS in the Solomyanskyi district in Kyiv with five other children. The session lasts about an hour and includes stretching exercises, games, and creative activities for the children while their mothers talk to each other and URCS staff and volunteers.

Even though Liza is a very active child and seems to communicate with everyone in the class, her mother Svitlana tells that Liza misses her home a lot, especially her grandparents, her friends, and what she calls her “little home-zoo”, a cat and a wolfhound. It has been a difficult move for both mother and daughter although Svitlana also finds some relief: “At first, when we just moved to Kyiv, everything was so strange to me. Here, people are casually walking the streets and cafes and shops are open. Completely different from Kherson. But I feel safe here. And I find peace in watching my daughter attend these activities organized by the URCS. Even if it is not home.”

Since the beginning of the crisis, the PS Centre has been supporting the implementation of CFS and delivering training and support to National Societies in Ukraine and affected countries on setting up and managing CFS. With support from both the PS Centre and the Danish Red Cross, the URCS has provided recreational activities to almost 70,000 children in Ukraine and trained 319 staff and volunteers in managing a CFS in 2022.

Many of the children attending the CFS activities in the Solomyanskyi district have difficulties meeting new people. One of them is 9-year-old Rostyslav. He came to Kyiv from Kherson with his mother, Natalia, after a particularly heavy artillery shelling. Natalia tells that Rostyslav has been going through stages of anxiety, and he still gets afraid when the air raid alarms go off. But he enjoys the CFS sessions. “At first, he only felt safe when I was near. But now he always asks me to go away so he can spend time with his new friends.”

Supporting National Societies in setting up and managing CFS is not new to the PS Centre. In 2018, the PS Centre published, in partnership with the Danish Red Cross, a guide on how to set up and manage Child Friendly Spaces (CFS). CFS is a service to increase children’s access to safe environments and promote their psychosocial well-being.

Child Friendly Spaces (CFS) is a service to increase children’s access to safe environments and promote their psychosocial well-being.

Some CFS programmes may focus on informal education or other needs related to children. However, all CFS try to provide a safe place where children can come together to play, relax, express themselves, feel supported, and learn skills to deal with the challenges they face.

CFS activities are designed to build on children’s natural and evolving coping capacities and proactively involve children in the selection of activities to ensure that they are relevant to children. CFS can provide a child-focused and child-friendly environment in which children continue their cognitive development and can give them opportunities to learn on a variety of levels.

As one of the first responses to the escalation of the Ukraine-Russia international conflict, the PS Centre produced three training videos and a workbook on how to set up and manage a CFS. Ela Suzanne Akasha, MHPSS Technical Adviser in the PS Centre outlined the importance of this: “We know from our work around the world that disruptive events such as conflicts have an immensely negative impact on people’s mental health, and without treatment and support, it can have long-lasting effects. Children are a particularly vulnerable group, as they often don’t understand the context or the long-term implications. Therefore, we felt a need to move fast and provide the needed support, not only in Ukraine but also in the affected countries surrounding Ukraine.”

Victoria, like Liza and Rostyslav, fled from Kherson with her mother in October 2022, when the shelling became too heavy. They came to Kyiv and received help from URCS to set up a new life. After that, Victoria’s mother, Natalie, became a Red Cross volunteer herself: “I saw all the volunteers helping people in need and I decided that I wanted to help too.” And even if setting up a CFS is just a small part of the volunteer work by URCS, it is an important one for Natalie: “It is so relieving for me to see the change in Vika from when we arrived in Kyiv. She had become introverted, afraid of meeting new people, but she has opened up and found her curiosity again. Sometimes, she asks me “Mom, can I skip school today? Then we can go to the event in the URCS.” She is always waiting for these classes, prepares her bag and makes drawings for the volunteers.” But even if the Child Friendly Spaces are important, they can never substitute a home or school. “Every evening, Victoria asks me “Mum, when will we go home? I miss my toys and my bedroom.” I wish of all my heart that the day will come soon. And when the day comes and we can return to Kherson, I know that I will still be a Red Cross volunteer.”

Supporting the Red Cross National Societies in setting up and managing CFS is only one component of the support package provided by the PS Centre to URCS and other National Societies. Other elements include supporting the provision of Psychological First Aid, restoring and protecting family links, caring for volunteers and staff well-being, and MHPSS in emergencies.

PS Centre activities implemented in response to the Ukraine crisis are funded by an appeal to National Societies and complemented by a programme funded by the EU4Health project. The two funding streams allow the PS Centre to provide a comprehensive and structured response to address the needs highlighted by affected National Societies. The EU4Health action has a clearly defined objective while the activities implemented under the appeal have made it possible to broaden the scope and include a variety of trainings and technical support, including essential capacity-building activities in specific technical areas.
IN 2022, THE PS CENTRE responded to 1,961 requests for assistance from 129 countries. 1,059 requests came from organisations within the Red Cross Red Crescent Movement. 902 requests came from organisations outside the Red Cross Red Crescent Movement.
REQUESTS FOR ASSISTANCE

As an IFRC Reference Centre, a centre of excellence, every day the PS Centre receives requests for assistance setting up or managing MHPSS services. The requests vary and cover a broad range of services - requests for trainings, for resources, for in-person assistance, for cultural adaptations of existing resources etc.

The main recipients of assistance from the PS Centre are within the Red Cross Red Crescent Movement, mainly the 191 National Societies. However, a wide variety of other organisations outside the Movement - research institutes, government representatives, NGOs, etc. - reach out to the PS Centre for guidance or assistance in their MHPSS work.

In 2022, the PS Centre received 1,961 requests from 129 countries. A little less than half of the requests were from organisations external to the Movement and approx. 20% of the requests were received through the Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support, co-led by the PS Centre and the World Health Organization (WHO).

IN 2022, THE PS CENTRE had
- 157,680 online visits and
- 5,889 resource downloads from the PS Centre website.
- 15,598 people followed the PS Centre on social media and
- 2,365 subscribed to the PS Centre newsletter PS News.
- People watched videos produced by the PS Centre 39,744 times on pscentre.org and social media.

Requests from organisations outside the Red Cross Red Crescent Movement

Requests from the Red Cross Red Crescent Movement
NO. OF REQUESTS PER COUNTRY IN 2022
The Sustainable Development Goals (SDGs) are a collection of 17 interlinked, universal developmental goals designed to promote and combat urgent environmental, political and economic challenges that our world faces today.

The PS Centre contributes to and addresses 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 and reduce instances of suicide for people recovering from and adapting to various adversities that have potentially damaging long-term impacts.

**#4: QUALITY EDUCATION**
The PS Centre publishes resources promoting 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 hazards has left hidden mental wounds around the world. The PS Centre addresses the impact of natural hazards on the mental health of affected individuals and communities through technical support, trainings, webinars and publications that are distributed globally.
In 2022, the partners of the PS Centre, Danish Red Cross, and IFRC, commissioned an evaluation and a review of the PS Centre over the last 7 years. The aim of this retrospective review was to get an objective evaluation of the functions of the centre. Psychosocial specialist Rebecca Horn was hired as an external consultant to conduct the review and in October 2022, the report was finalized.

Summing up the conclusion of the report, Rebecca Horn explains: “The PS Centre is perceived as a centre of expertise within the field of MHPSS both inside and outside the Red Cross Red Crescent Movement. In the period covered by the evaluation, the PS Centre helped strengthen the collaboration and focus on MHPSS within the Movement and created a shared vision and a shared language around MHPSS. The PS Centre is seen as a crucial source of support to National Societies implementing MHPSS in their programmes.”

“In the seven-year period that I reviewed, the PS Centre has been engaged in an increasing number of collaborative projects including research and the development of community-based MHPSS interventions along with other humanitarian actors, and is seen as a very strong partner. The co-chair position in the IASC MHPSS Reference Group has further increased the visibility and the opportunities of the centre; humanitarian diplomacy has been an increasingly strong aspect of the PS Centre’s work.”

Rebecca Horn emphasizes the quality of the resources produced within the PS Centre: “They are high quality, they are relevant, they are accessible and...”
they have been a key contribution of the centre. Not only the quality but the speed with which they’ve been produced in response to events. For example, when the Covid-19 pandemic began. The PS Centre was fast in producing materials to enable National Societies to respond in terms of supporting the mental health and psychosocial well-being of people in their communities.

“Another core strength of the Psychosocial Centre is the trainings. National Societies expressed a real need for training in MHPSS and the capacity-strengthening opportunities offered by the Psychosocial Centre were perceived to be both relevant and of high quality. The focus on basic psychosocial skills was seen as key and crucial.”

The report highlights that regional MHPSS capacities within the Movement are fundamentally important and crucial in the successful execution of the PS Centre’s work around the world: “In some locations, there are regional MHPSS delegates and when they are in place it really improves communication and collaboration with the National Societies. In some locations, there are regional MHPSS networks, and they are fantastically valuable. They create an important foundation for the work of the Psychosocial Centre. These networks of MHPSS actors and focal points across the Movement are really important.”

“The PS Centre is perceived to be a centre of expertise by stakeholders inside and outside of the Movement, and the resources, the trainings, the engagement in humanitarian advocacy and the research collaborations are considered to be of very high quality. As a matter of fact, the National Societies and other partners are asking for more. But especially within the Movement, a stronger integration in the Red Cross Red Crescent, especially on a regional level, could be an advantage moving forward. These networks, where they exist, are really effective, both the regional MHPSS delegates, the MHPSS networks and the MHPSS focal points within National Societies. All of these people play such an important role in taking what the Psychosocial Centre produces and operationalizing it for specific contexts in which they work.”
Key findings in the Evaluation of the IFRC Psychosocial Centre: EVALUATION OF THE IFRC PSYCHOSOCIAL CENTRE - A REVIEW OF ACTIVITIES AND FUNCTIONS 2015-2022 conducted by external consultant and Psychosocial Specialist, Rebecca Horn, in 2022

Leadership & Shared Vision
The PS Centre is recognized as a global leader in the MHPSS field in terms of advocacy, development and sharing resources, enhancing psychosocial support capacity within the Movement, and collaborating with stakeholders around the world to support the Movement.

Advocacy & Visibility
The PS Centre has played a significant role in placing MHPSS on the top of the global humanitarian aid agenda by raising awareness and strengthening the focus on MHPSS both within and outside of the Movement.

Creating & Developing Resources
One of the PS Centre’s significant contributions to the Movement and the MHPSS field beyond has been the development of high-quality materials, tools, and guidance on community-based psychosocial support. The PS Centre is also recognized for being up-to-date with current developments in the psychosocial field, contributing to the development of evidence around ‘what works’ in specific contexts.

Sharing & Dissemination of Resources
The PS Centre is appreciated for its strong communications approach with efficient and timely dissemination of resources in ways that are accessible and useful to National Societies and other stakeholders.

Training & Capacity Building
The PS Centre is recognized for its high-quality capacity building activities, including its PSS Academy/MHPSS Training Institute, which strengthens the skills and knowledge of National Societies in responding to psychosocial needs.

Cooperation & Collaboration
The PS Centre is respected within the MHPSS field because it is well-organized, and has a professional and responsive team who possess relevant and technical expertise. The PS Centre is also seen to be strong in terms of the dissemination of findings, communications, and development of resources. The outputs of the PS Centre are viewed as being practical and useful, which is attractive for potential partners who want to ensure that their MHPSS activities lead to a significant impact.

Requests for more PS Centre
Over the last seven years, the number of requests for assistance from within the Movement has steadily increased, as evidenced by the significant rise in the total number of requests from 488 in 2016 to 1,205 in 2021. The ICRC, IFRC, Danish Red Cross, and National Societies have consistently requested assistance each year, with the number of requests growing significantly for IFRC and National Societies. The increase in requests reflects the trust and confidence placed in the PS Centre and its ability to provide support and assistance to those in need.
The PS Centre collaborates and receives funding from a broad variety of Red Cross Red Crescent National Societies, research institutes, NGOs, institutional donors, and the private sector. Without their generous financial support and professional partnerships, the increase in activities and reach the PS Centre experienced in 2022 would not have been possible.
1991
The IFRC launches the Psychological Support Programme as a cross-cutting programme under the Health & Care Division.

1998
As a response to the Yugoslav Wars resulting in the breakup of Yugoslavia, the PS Centre gives support to programmes for children affected by armed conflict.

2001
The Gujarat earthquake in India, killing between 14,000 and 20,000 people, causes mental health problems among the affected survivors. Through an MHPSS delegate, the PS Centre becomes involved.

2004
The centre changes its name to the Reference Centre for Psychosocial Support, underlining the community-based character of the interventions.

2003
As a response to the psychosocial needs after the Bam earthquake in Iran kills more than 34,000 people, Iranian Red Crescent - with support from the PS Centre - deploys 11 psychosocial support teams.

1993
The International Federation Reference Centre for Psychological Support is established.

1999
A roster of MHPSS experts is formed and administrated by the PS Centre.
2023 marks the 30-year anniversary of the PS Centre. In 1993, the centre was established in Copenhagen as a response to a growing realization in the Red Cross Red Crescent Movement that international emergency responses needed a psychosocial support element. This recognition of mental health and psychological support as an integral part of the Movement’s emergency response programmes has only been growing. And so has the PS Centre. From a part-time position for one person in the Danish Red Cross National Department in 1993 to a centre consisting of 25 staff and 13 nationalities hosted by the Danish Red Cross International Department in 2023.
I think supervision is a good tool to use to see if the things we are doing actually work. It makes staff more confident because they have somebody to talk to who has more experience than them and they can share additional needs. Supervision can help in achieving our objectives of providing more quality services and support to others.

Anna Didenko, Head of the MHPSS Unit in the Ukrainian Red Cross Society
Staff and volunteers are the most valuable assets of mental health and psychosocial support (MHPSS) services. The success of MHPSS work relies on the capacity, competence, and motivation of its workforce to promote mental health and provide support for people in need.

A well-trained and supervised, culturally-sensitive and competent MHPSS workforce, including volunteers, is essential if services are to meet the needs of people and communities experiencing crisis. Critically adequate supervision remains a missing link in MHPSS programming and guidelines. Inadequate, infrequent, and unsupportive supervision compromises the quality of MHPSS interventions and affects the well-being of the MHPSS workforce.

Since 2019, supported by USAID, the PS Centre and Trinity College Dublin have worked on developing the Integrated Model for Supervision (IMS), a collection of guidance and tools to support organisations to better integrate supportive supervision in MHPSS activities across sectors. The IMS focuses on supporting the emotional well-being of staff and volunteers as well as developing their skills and ability to provide safe and effective mental health and psychosocial support.

In 2021 and 2022, the IMS was piloted within four humanitarian organisations - Save the Children in Afghanistan, IMC in Jordan, UNICEF in Nigeria, and Red Cross in Ukraine - and 2022 also saw the first in-person training for the IMS, a Training of Trainer’s in Amman, Jordan.

IMS in Ukrainian Red Cross
The Ukrainian Red Cross participated in an online IMS pilot training in 2021. The training included modules for leadership and management, supervisors, and supervisees.

Anna Didenko, Head of the MHPSS Unit in the Ukrainian Red Cross Society: “After the training we decided internally how this supervision system could be used in Ukraine in our context, but these ideas and what we had in mind in 2021 changed a lot in 2022.”

“It was the plan to include supervision in our SOP on MHPSS in URCS stating that supervision is necessary for all trainers who were conducting their first two trainings, and we were also thinking about some kind of pilot on supervision for the field workers and for volunteers in the field. We managed this regular supervision with trainers, but we haven’t started with volunteers yet and we still don’t have the resources to fully implement supervision.”

Despite the obstacles, the URCS is still planning to implement supervision in their programmes. “I think supervision is a good tool to use to see if the things we are doing actually work. It makes staff more confident because they have somebody to talk to who has more experience than them and they can share additional needs. Supervision can help us achieve our objectives of providing more quality services and support to others.”
The Missing Link
The development of the IMS Training Curriculum and piloting of the IMS were part of the second phase of Supervision: *The Missing Link*. This project aims to fill the gap that exists in guidance, resources, and the practice of supervision in humanitarian organizations. To bridge this gap, and thanks to the support of the USAID department, the PS Centre and the Trinity Centre for Global Health have used participatory action research approaches to co-develop, pilot, and implement IMS.

The impact of the IMS is being continuously assessed through a parallel research study that is measuring changes in burn-out, secondary traumatic stress, knowledge, and confidence regarding supervision practices. Follow-up interviews are being conducted to assess the acceptability, appropriateness, and feasibility of the IMS.

Results to date have found that the IMS project has led to increased organisational support for supervision; evidenced by increases in protected time for supervision, use of supervision contracts, and increases in monitoring and evaluation practices.

The IMS comprises a Handbook, Training Curriculum, Cultural Adaptation Guide, Monitoring and Evaluation Guides, as well as other resources and tools that can be used by organisations, supervisors, and future supervisors, as well as supervisees.

Learn more on: [www.supervision-mhpss.org/](http://www.supervision-mhpss.org/)
HEARTBEAT OF HUMANITY

The PS Centre podcast series Heartbeat of Humanity is primarily for staff and volunteers in the Red Cross Red Crescent Movement working with MHPSS services. It explains and discusses different aspects of MHPSS - like scalable psychological interventions, mental health and climate change, youth mental health, mental health stigmas or pandemic fatigue, etc.

So far, the PS Centre has produced 36 podcast episodes, and 8 of them were recorded in 2022.

Listen to the Heartbeat of Humanity podcast on the PS Centre website or subscribe to it on Apple Podcast, Spotify, Google Podcast, or wherever you find your podcasts.
COORDINATING MHPSS TO ENSURE QUALITY

“Humanitarian coordination is a matter of accountability. If organisations don’t coordinate, the consequences are suffered first and foremost by the communities we are here to serve. This is even more relevant in MHPSS, a multi-sectoral area of work which requires very complex coordination among all sectors involved. This is why the Reference Group is so important and why I’m so passionate about our work.”

Carmen Valle-Trabadelo, Co-Chair IASC RG on MHPSS in Emergency Settings

The PS Centre has co-chaired the Inter-agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings (IASC MHPSS RG) since 2015, first with United Nations Children’s Fund (UNICEF), followed by the World Health Organization (WHO) from 2017 and onwards. As a co-chairing agency, the PS Centre works with a wide range of NGOs, UN and international agencies, academics, and diverse stakeholders (64 member agencies and over 30 observer organisations) to strengthen coordination of MHPSS at country level, ensure quality, and advocate for MHPSS as a multi-sectoral response in emergency settings.

One of the main tasks of the IASC MHPSS RG is to promote and implement the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, created in 2007. These guidelines provide a cross-sectoral, inter-agency framework to enable effective coordination, identify useful and harmful practices, and advise on how to facilitate an integrated approach in addressing MHPSS needs.

As interest in MHPSS continues to grow at both country and global levels, it is crucial to maintain the quality of and adherence to these guidelines. As an IASC MHPSS RG co-chair representing the PS Centre, Carmen Valle-Trabadelo advocates for the importance of including MHPSS in all sectors of humanitarian response. This has led to new collaborations with clusters and sectors at global, regional and country levels, such as shelter and settlements, Water, Sanitation and Hygiene (WASH), Food Security and Nutrition while strengthening all previous work with Protection and
its Areas of Responsibility, especially Child Protection (CP), Gender-Based Violence (GBV) and Mine Action (MA), Camp Coordination and Camp Management (CCCM), and Health.

Technical Working Groups (TWGs) are an MHPSS coordination mechanism at country level, activated by emergencies and supported by the IASC MHPSS RG co-chairs. The TWGs do not belong under any specific sector, but rather bring together agencies, sectors, and clusters to effectively respond to local and national MHPSS needs. Since 2019, the number of TWGs has more than doubled from 23 to 58 groups around the world. As a co-chairing agency, the PS Centre can provide technical support, capacity strengthening, mentoring, humanitarian diplomacy, and direct field support at country-level through the TWGs and ensure that alongside new and complex emergencies, protracted crises are not forgotten.

In 2022, there was a strong focus on the Ukraine response, in which Carmen Valle-Trabadelo supported the coordination of the global mapping for organizations working in Ukraine and neighboring countries; sharing of information on resources; and the provision of technical support for relevant actors. She also conducted a field mission to Poland to support the refugee response, not only in Poland but also in other affected countries, through the newly established TWGs.

However, a key aspect of the work throughout the year was also to ensure that other ongoing emergencies were receiving the necessary support to respond to the MHPSS needs. In that regard, Carmen Valle-Trabadelo conducted missions to Yemen, Honduras, and Kenya. In Yemen, she supported the TWG co-leads, members and stakeholders with coordination needs, advocacy efforts and trainings. In Honduras, on a field mission, she conducted several workshops, trainings, and a needs assessment on MHPSS coordination, allowing the establishment of an MHPSS coordination mechanism in the country. In Kenya, Carmen Valle-Trabadelo worked to strengthen the capacity of the Ebola Virus Disease (EVD) preparedness response and delivered additional trainings for the TWGs responsible for the national response, urban refugees in Nairobi and Kakuma Refugee Camp.

In addition to these direct country-level visits, she continued to provide technical online support through meetings, workshops, mentorships, consultations, trainings and webinars, particularly for the following countries: Afghanistan, Bangladesh, Burkina Faso, Colombia, Ethiopia, Iraq, Mali, Mozambique, Myanmar, Niger, Nigeria, occupied Palestinian territories, Pakistan, Sierra Leone, Somalia, South Sudan, and Venezuela.

Thanks to its Surge Mechanism, the IASC MHPSS Reference Group also had the opportunity to support country coordination with the deployment of MHPSS experts to 13 emergencies in 2022, and Carmen Valle-Trabadelo supported these deployments by providing technical advice, supervision and in some cases joint missions, to the experts deployed in Afghanistan, Bulgaria, Djibouti, Gaza, Gaziantep, Honduras, Hungary, Lithuania, Poland, Sierra Leone, Somalia, and Venezuela.
ADVOCATING FOR MHPSS

"Our interest was naturally – as it always is - to promote MHPSS globally, and the Nordic Conference was a golden opportunity as we had the space to influence policies at a national, but also at a regional level."

Nana Wiedemann, Director of the PS Centre

With accelerating intensity, the PS Centre has engaged in high-level humanitarian diplomacy. In 2022, the centre participated in 72 international fora as either host, facilitator, presenter, speaker, or participant.

One important example is the Nordic Conference on Mental Health and Psychosocial Support (MHPSS) in Fragile and Humanitarian Settings. The conference was the preliminary culmination of an attempt from a selection of Nordic organisations to unite Nordic civil society behind an effort to advocate for more focus on MHPSS in the development strategies of the Nordic countries. The goal was – and continues to be – that MHPSS must be more clearly defined in the international development strategies. Danish Red Cross and the Danish Ministry of Foreign Affairs arranged the conference to promote this initiative, and – placed in Copenhagen and with a broad scope of contacts within civil society organisations in the Nordic Countries – the PS Centre naturally had a prominent role to play. Nana Wiedemann, director of the PS Centre: “Our interest was naturally – as it always is – to promote MHPSS globally, and the Nordic Conference was a golden opportunity as we had the space to influence policies at a national, but also at a regional level.” The conference resulted in the launch of a regional Nordic network on MHPSS, an adoption of the 2022 Copenhagen Declaration on MHPSS in Fragile and Humanitarian Settings, and a series of co-created and endorsed recommended actions to inspire and aspire to, catalogued in the 2022-2030 Nordic Road Map for MHPSS in Fragile and Humanitarian Settings. Nana Wiedemann: “But just as important, the participating organisations have
created contacts in the right ministries and thereby enabled them to further advocate for more focus on MHPSS in the development strategies in the future.” The next Nordic Conference on MHPSS will take place in Malmö, Sweden in 2024.

As a result of the continued engagement in humanitarian diplomacy over many years, the PS Centre was, for the first time, invited to partake in the High-Level Dialogue, an annual meeting between Directorates-General (DG) offices and the IFRC and selected RC National Societies. Nana Wiedemann: “The EU Commission expressed a wish to focus on MHPSS in the high-level dialogue in 2022 just as they expressed a wish for the PS Centre to participate. This is of course a major recognition of the position of the PS Centre within the field of MHPSS, but again, more than anything it opens the space for a continued push to influence policies at the highest level.”

Earlier in the year, in June 2022, the FOCUS project held its final conference. Designed to increase the understanding of key psychosocial and socioeconomic dynamics of integration and relations between arriving/host communities, the FOCUS project is a research project funded under the EU Horizon 2020 Research and Innovation Programme. In the 3½ year project, the PS Centre led the consortium of partners from nine countries representing universities, NGO sector, private sector, and regional authorities. At the Living Well Together Forum III, project partners showcased their results and took stock of the past decade of dynamic integration. Sabina Dziadecka Gråbæk, Senior Project Manager in the PS Centre: “We wanted to reflect the multidisciplinary approach of the FOCUS project in the conference, and therefore it was divided into three blocks: Research, practice and policy.” More than 200 participants and 28 speakers attended the 1½ day conference in Brussels. Sabina Gråbæk: “Of course, the purpose of the conference is primarily to disseminate the research project results, but it also gave us a platform to connect the stakeholders on an EU level and have a voice in the debate about the link between migration and MHPSS. We wanted to build a bridge between academia, policy makers and practitioners.”
THE WELL-BEING GUIDE: REDUCE STRESS, RECHARGE AND BUILD INNER RESILIENCE

“It is our duty at the PS Centre to provide resources, methods and approaches that equip volunteers with the practical skills to focus on their own self-care so they can navigate dilemmas, take care of themselves, and successfully fulfil their volunteering roles or tasks.”

Sarah Harrison, Head of the MHPSS Technical Unit
In 2022, the PS Centre decided to compile a selection of the weekly self-care exercises posted on social media and publish them as a booklet: The Well-being Guide: Reduce stress, recharge and rebuild inner resilience (2022).

Sarah Harrison: “It is our duty at the PS Centre to provide resources, methods and approaches that equip volunteers with the practical skills to focus on their own self-care so they can navigate dilemmas, take care of themselves, and successfully fulfil their volunteering roles or tasks.”

The guide is written by Sarah Harrison, Head of the MHPSS Technical Unit and Ea Suzanne Akasha, MHPSS Technical Advisor, and consists of 25 exercises addressing issues that IFRC staff and Red Cross Red Crescent volunteers sometimes struggle with, such as feeling overwhelmed, distressed or anxious, being unable to calm down and relax and experiencing poor sleep.

It was as a response to those issues – particularly common during the Covid-19 pandemic – that inspired the MHPSS Technical Advisors and the communications team at the PS Centre to share simple yet practical self-care and well-being exercises on the centre’s social media platforms, every Friday.

“We realized that people actually need very short, practical exercises with simple instructions that can be done anywhere, in a short amount of time, without requiring specific equipment and materials – and it was important to us that they don’t involve your phone or any apps” says Sarah Harrison.

The guide became a 25-page, simple and concise manual. By volunteers acting on their own initiative, the guide was quickly translated into Bosnian, French, Portuguese, Ukrainian and Arabic. Since being published in February 2022, it has been downloaded more than 1,000 times, and requests for translations in other languages continue.

The guide is a slim booklet, which is easy to disseminate, and it can be used by staff and volunteers in remote places where internet access is limited.

Though the weekly exercises came about as
self-care for anyone in need, during a stressful time at the onset of the pandemic, the exercises have – since launching the publication – served as the basis for many Caring for Staff and Volunteers training workshops and webinars, facilitated by the PS Centre.

“I am humbled by the very positive feedback we have received regarding the Well-being Guide and the Caring for Staff and Volunteers trainings. Participants share that the exercises are easy and useful, but also how they use the exercises for their own mental health. It is very gratifying to see that investment in well-being can yield such significant benefits for individuals and communities alike” – Ea Suzanne Akasha, Technical Advisor.

At the PS Centre, self-care and well-being, in addition to being a central component of the work of the centre, are also emphasized and practiced at the office, because “no one can pour from an empty cup; take care of yourself first, so you can take care of others, and the rest will fall into place” - Ea Suzanne Akasha.

**THE ‘FRIDAY SELF CARE AND WELL-BEING EXERCISES’**

The weekly self-care and well-being exercises came about at the onset of the Covid-19 pandemic when the PS Centre was exploring new ways of reaching its core audience in a time of global self-isolation.

Since the pandemic, the exercises have become a Friday tradition and are shared on the PS Centre’s Instagram, Facebook and LinkedIn pages.

The exercises are developed by the MHPSS Technical Advisors and are designed in such a way that they can be done anywhere, by anyone, and without any specialized equipment or devices.

The exercises vary from everything in between promoting mindfulness by engaging in creativity, to releasing stress and tension in the body, to practicing gratitude, kindness, or positivity.

Follow the PS Centre and keep an eye out on Friday mornings.
أنواع الكوارث تبعاً لمكمن الخطر الذي تسبب في وقوعها:
- الكوارث الطبيعية:
  - هيدروليكية (انهيارات طبيعية، هزة أرضية، الأمواج الساحلية، البراكين)
  - جيوفيزيائية (انهيارات، انزلاص الفيضانات)
- الأحوال الجوية (الأعاصير، الغبار، الإعصار)
- البيئية (الإشعاع، الفيضانات)
- الكوارث الصناعية (الإصابات، التصادمات)
- الكوارث المحولة: (حرب، نزاعات)

4 September 2022
In September 2022, the IFRC MENA Regional Office in coordination with the PS Centre, Danish Red Cross, the MENA MHPSS Network and ICRC offered an in-person training on MHPSS in emergencies.

Photo: Gareen, Egypt Red Crescent Society

AN MHPSS EMERGENCY SURGE TRAINING IN CAIRO

We used a scenario for the training ensuring participants would experience all aspects of an emergency, which also gave us a clear indication of who was ready to be deployed and who needed more training.

‘’

Mahmoud Mohamed Tharwat, Senior MHPSS officer for the IFRC MENA Regional Office

In September 2022, the IFRC MENA Regional Office in coordination with the PS Centre, Danish Red Cross, the MENA MHPSS Network and ICRC offered an in-person training on MHPSS in emergencies. The six-day training took place in Cairo and was hosted by the Egyptian Red Crescent (ERC).

The training aimed to prepare participants for future deployment of MHPSS coordinators in emergencies as part of the IFRC Global Rapid Response System. Eighteen MHPSS experts from 12 National Societies took part in the training, which took almost a year to prepare.

Mahmoud Mohamed Tharwat, Senior MHPSS officer for the IFRC MENA Regional Office: “The idea for the training developed in 2021 after the earthquake in Haiti, when we were unable to find candidates for positions as MHPSS coordinators with the right competencies for the surge. We started discussing if we could develop a programme giving MHPSS Coordinators the right skills to be part of the first deployment of an emergency.”

Ahlem Cheffi, MHPSS Technical Advisor for the PS Centre: “The training was for participants who are already MHPSS experts, so we didn’t have to train them on, for example, what is Psychological First Aid (PFA). Instead, we created a cross-cutting training, preparing the participants to conduct PFA both within an emergency team and in an emergency context, which includes how to do a referral in an inter-agency meeting and how to coordinate within and outside the Movement. The training was essentially not about what to do, but how to do it.”
“The Rapid Response Surge team was involved from the very beginning, reflecting on how we could create this kind of training, and it became a unique experience – also for us, the trainers. Although we all had previous emergency experiences, we didn’t have experience as surge people and integrating MHPSS components into an already well-functioning surge mechanism became an intellectual challenge as we had to change our mindset completely.”

The preparation went beyond rethinking the training curriculum. The process of selecting the right participants for the training was in itself a long process with many steps.

Ahlem Cheffi: “With the assistance of IFRC Geneva, we developed a competency assessment along with a preparatory workshop in Lebanon, making it clear to the participants what was expected of them and what the criteria were for being selected for the training. Each participant had assignments they needed to share with us before being approved. Still, the group of participants ended up being very diverse.”

The training itself was based on a single scenario developed with the Rapid Response Surge team and this emergency scenario unfolded as the training progressed. Every day the participants would receive new information and new dilemmas they had to consider and act upon. And every day after the training ended, the participants would spend an hour with a facilitator going through the day’s sessions and the choices they had made.

Ahlem Cheffi: “We wanted to make the scenario as realistic as possible and show that things change constantly. To give an example, we had planned a two-hour exercise, but in the middle of it, the participants had to go to a meeting because of an evacuation. These incidents happened throughout the training as they do in reality and in this way, not just the knowledge of the participants was tested, but also their boundaries and their ability to adapt and find their place in a large emergency-response team.

Mahmoud Mohammed Tharwat: “We used a scenario for the training ensuring participants would experience all aspects of an emergency, which also gave us a clear indication of who was ready to be deployed and who needed more training. Who took initiative and who didn’t. Who were flexible enough to change strategy when the emergency scenario changed. We saw many different yet necessary competencies that we had to assess in every participant and the one-scenario approach gave us a comparable baseline for all. The daily evaluation of the participation of each individual was an important tool to assess their qualifications and their progress. By the end of the training, we felt that, within the larger group of participants, we had a pool of people ready to be deployed.”

Ahlem Cheffi: “It was also obvious that the participants themselves reflected on their ability and readiness for deployment during the training. On the last day, they were given a space to share their thoughts on the training and one of the topics being discussed was the importance of self-care. Throughout the training we introduced self-care exercises, but
On 8 May, more than 500,000 people attended a webinar carried out by the Asia Pacific MHPSS Training and Learning Collaborative celebrating the 75th World Red Cross Red Crescent Day.

PS Centre Technical Advisor Dr. Eliza Cheung spoke about the importance of MHPSS in humanitarian settings by using examples from missions in Nepal and Bangladesh.

Ahlem Cheffi: “One aspect of the training we shouldn’t forget, is the aspect of networking and building capacity at a regional level. Even if most participants and facilitators were from the MENA region, many of them had never met each other - and now we see they are communicating back and forth, exchanging knowledge and experience. That creates an important feeling of cohesion.”

The MHPSS Emergency Surge Training in Cairo was another important step in the process of implementing the set of commitments addressing mental health and psychosocial needs at the 33rd International Conference of the Red Cross and Red Crescent Movement in December 2019.
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YEARS IMPROVING MENTAL HEALTH AND WELL-BEING