Briefing Note

CONSENSUS-BASED RESEARCH AGENDA FOR MHPSS IN HUMANITARIAN SETTINGS (MHPSS-SET2)

IASC Reference Group on Mental Health and Psychosocial support in Emergency Settings

January 2024
Endorsed by IASC OPAG
A Consensus-Based Research Agenda for Mental Health and Psychosocial Support in Humanitarian Settings for 2021–2030 (MHPSS-SET2)

INTRODUCTION

Research can play an important role in understanding the scale, scope and contextual specificities of mental health and psychosocial support (MHPSS) issues in humanitarian settings and can guide the implementation of appropriate and effective services. Yet important gaps persist between MHPSS research and practice.

In 2009–2010, a first consensus-based research agenda for the field of MHPSS in humanitarian settings was completed. It aimed to ensure that research activities were more closely aligned with the needs of humanitarian stakeholders and to assist funders and decision-makers in prioritizing and harmonizing research efforts.

Recognizing that there has been a growth in MHPSS programming and research in humanitarian settings in recent years, the Mental Health and Psychosocial Support in Humanitarian Settings: Setting a Consensus-based Research Agenda (MHPSS-SET 2) process was initiated in 2020. MHPSS-SET 2 applied a systematic, stepwise process to establish consensus on MHPSS research priorities for the period 2021–2030, using established methodologies for setting research priorities. It engaged researchers, implementers and policy-makers in a multiphase process to generate and prioritize research questions. Efforts to include humanitarian practitioners were incorporated, including in the governance structure.

APPROACH

Governance: MHPSS-SET 2 was implemented under the auspices of the IASC Reference Group for Mental Health and Psychosocial Support (IASC RG MHPSS). The initiative was guided by a 25-member Scientific and Practice Advisory Board (SPAB), which provided critical input on the project’s methodology and the interpretation of results. A 15-member Funding and Policy Council (FPC) also provided guidance. The day-to-day implementation team was based at the NGO HealthRight International, a member of the IASC RG MHPSS.

The study consisted of three steps, as illustrated in Figure 1. Step 1 aimed to generate a list of important research questions. This was achieved using three data sources, which were collected simultaneously: (1A) an MHPSS expert panel; (1B) humanitarian agency-led consultations; and (1C) a qualitative study. In Step 2, research questions from these three data sources were consolidated into one overall list. In Step 3, the Panel was asked to: (3A) individually select their top 20 research questions to be included in the research agenda, and then (3B) score the consensus top 20 research questions according to predefined criteria.

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**Figure 1. MHPSS-SET 2 study design**

### Step 1: Generating a list of research questions

**1A. Panel**
The panel was comprised of MHPSS research, implementation and policy experts nominated by the SPAB and recruited through several additional rounds of snowball sampling. Panel members were asked to complete an online questionnaire responding to the question: "What are the most important research questions in the field of mental health and psychosocial support in the next 10 years?" Each panel respondent could propose up to five questions.

**1B. Humanitarian agency-led consultations**
Led by MHPSS.net, a social media campaign on major platforms was conducted to invite MHPSS implementers, especially members of the IASC MHPSS Technical Working Groups, to conduct their own consultations in their respective organizations. Team leaders for these consultations were asked to propose up to 10 research questions.

**1C. Qualitative study**
Qualitative interviews were done in three sites, representing different types of humanitarian crises in different geographical settings: Uganda (post-conflict, hosting refugees), Lebanon (disaster triggered by industrial hazard, hosting refugees) and Indonesia (disaster triggered by natural hazards). For each site, an in-country team recruited and conducted in-depth interviews (IDIs) and focus group discussions (FGDs) with local implementers, policy-makers and former service users. A total of 33 IDIs and eight FGDs were completed across the sites.

### Step 2: Consolidation of the research questions

The implementation team consolidated the research questions generated from the three data sources in Step 1 in an iterative process of thematic analysis. Research questions were divided along six themes: (1) Problems Analysis; (2) Benefits of Interventions; (3) Research and Information Management; (4) Context; (5) Implementation and Organization of MHPSS Interventions; and (6) Special Topics, which included two sub-themes, Digital Technologies and COVID-19/Pandemics. The final consolidated list included 61 research questions. Some research questions included options to specify particular sub-groups or sub-topics.

### Step 3: (A) Final selection and (B) scoring of the top 20 research questions

**3A. Panel members were consulted for the final step. The panel members in this step now also include the Team leaders for the agency-led consultations. They were asked to individually select the 20 most critical questions from the consolidated list.**

**3B. Panel members were subsequently asked to score the selected top 20 research questions considered most essential using three criteria: 1) significance (whether the research question is an important question that needs answering); 2) answerability (whether a study to answer this question is feasible); and 3) applicability (whether a study would provide results that can influence policy and practice).**
### TOP 20 MHPSS RESEARCH PRIORITIES

Table 1 lists the top 20 prioritized questions for the MHPSS research agenda for 2021–2030, ranked according to the average scores of the selected criteria (significance, answerability, applicability).

**Table 1. Top 20 prioritized questions for the MHPSS research agenda for 2021–2030**

<table>
<thead>
<tr>
<th>Research question</th>
<th>Theme#</th>
<th>Significance</th>
<th>Answerability</th>
<th>Applicability</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 How can we strengthen the MHPSS workforce in humanitarian settings?</td>
<td>5</td>
<td>94%</td>
<td>87%</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>2 What are the appropriate methods to assess the outcomes and impact (short-term and long-term benefits) of [MHPSS interventions] and approaches?</td>
<td>3</td>
<td>90%</td>
<td>84%</td>
<td>82%</td>
<td>85%</td>
</tr>
<tr>
<td>3 How can we effectively develop MHPSS monitoring, evaluation and research systems in humanitarian settings?</td>
<td>3</td>
<td>89%</td>
<td>80%</td>
<td>86%</td>
<td>85%</td>
</tr>
<tr>
<td>4 What is the added value of integrating/mainstreaming MHPSS services into other sectors (e.g. education, WASH, social protection) in humanitarian settings?</td>
<td>2</td>
<td>89%</td>
<td>78%</td>
<td>86%</td>
<td>84%</td>
</tr>
<tr>
<td>5 How can we better develop supervision models and strategies to address MHPSS needs in humanitarian settings?</td>
<td>5</td>
<td>85%</td>
<td>82%</td>
<td>84%</td>
<td>84%</td>
</tr>
<tr>
<td>6 What are the effectiveness and best practices of remote/digital MHPSS interventions?</td>
<td>6</td>
<td>87%</td>
<td>82%</td>
<td>82%</td>
<td>83%</td>
</tr>
<tr>
<td>7 What is the impact of [MHPSS interventions] in humanitarian settings?</td>
<td>2</td>
<td>89%</td>
<td>76%</td>
<td>85%</td>
<td>83%</td>
</tr>
<tr>
<td>8 How do mental health and psychosocial concerns influence social and economic functioning (e.g. economic outcomes, family functioning, social relations)?</td>
<td>1</td>
<td>89%</td>
<td>78%</td>
<td>82%</td>
<td>83%</td>
</tr>
<tr>
<td>9 How can we develop and adapt tools that are culturally and cross-culturally valid?</td>
<td>3</td>
<td>90%</td>
<td>78%</td>
<td>81%</td>
<td>83%</td>
</tr>
<tr>
<td>10 How can we ensure the sustainability of MHPSS services in various settings and sectors?</td>
<td>2</td>
<td>93%</td>
<td>71%</td>
<td>83%</td>
<td>82%</td>
</tr>
<tr>
<td>11 What should be the minimum/essential set of MHPSS services in humanitarian settings?</td>
<td>2</td>
<td>82%</td>
<td>73%</td>
<td>85%</td>
<td>80%</td>
</tr>
<tr>
<td>12 What are the major risk and protective factors of MHPSS issues in humanitarian settings?</td>
<td>1</td>
<td>81%</td>
<td>80%</td>
<td>77%</td>
<td>79%</td>
</tr>
<tr>
<td>13 How can we develop effective multisectoral, multilayered interventions in humanitarian settings?</td>
<td>2</td>
<td>87%</td>
<td>71%</td>
<td>79%</td>
<td>79%</td>
</tr>
<tr>
<td>14 What are the comparatively most optimal (e.g. effective, efficient, cost-effective, safe) MHPSS interventions/responses to address [issues] in humanitarian settings?</td>
<td>2</td>
<td>86%</td>
<td>67%</td>
<td>83%</td>
<td>79%</td>
</tr>
<tr>
<td>15 How can we ensure effective participation of [key stakeholders] in MHPSS programmes?</td>
<td>2</td>
<td>81%</td>
<td>74%</td>
<td>78%</td>
<td>78%</td>
</tr>
<tr>
<td>16 What is the current understanding and [what are the] gaps in knowledge about MHPSS issues in humanitarian settings?</td>
<td>1</td>
<td>75%</td>
<td>79%</td>
<td>73%</td>
<td>76%</td>
</tr>
<tr>
<td>17 What are the most important MHPSS problems in humanitarian settings?</td>
<td>1</td>
<td>76%</td>
<td>76%</td>
<td>72%</td>
<td>75%</td>
</tr>
<tr>
<td>18 What are the correlates of resilience in humanitarian settings?</td>
<td>1</td>
<td>80%</td>
<td>69%</td>
<td>73%</td>
<td>74%</td>
</tr>
<tr>
<td>19 How are the consequences of traumatic experiences and adversity, including childhood adversity, transmitted across generations?</td>
<td>1</td>
<td>81%</td>
<td>61%</td>
<td>67%</td>
<td>70%</td>
</tr>
<tr>
<td>20 What is the relationship between MHPSS programmes and peacebuilding, and how can peacebuilding be effectively promoted in MHPSS programmes?</td>
<td>2</td>
<td>73%</td>
<td>60%</td>
<td>67%</td>
<td>67%</td>
</tr>
</tbody>
</table>

**Notes:**

* These questions contained drop-down options, where expert panel members could further specify particulars.

The top research question, "How can we strengthen the MHPSS workforce in humanitarian settings?", was scored highly across all three criteria. Together with another Theme 5 (Implementation and Organization of Interventions) question, question #5 "How can we better develop supervision models and strategies to address MHPSS needs in humanitarian settings?", this reflects the field’s current focus on implementation-related issues.

The majority of the questions were on the theme Benefits of Interventions, with eight questions, followed by Problem Analysis (six questions), Research and Information Management (three questions), Implementation and Organizations of MHPSS Interventions (two questions) and Special Topics – Digital Technologies (one question). No questions from the theme Context were among the top 20 prioritized questions.

Although questions about Benefits of MHPSS Interventions and Problem Analysis dominated in this current priority-setting exercise, just as they did in the earlier exercise, some questions targeted more complex issues: for example, under the theme Benefits of Interventions, #8 "How do mental health and psychosocial concerns influence social and economic functioning?"; and for the theme Problem Analysis, #19 "How are the consequences of traumatic experiences and adversity, including childhood adversity, transmitted across generations?".

The only question in the top 20 on the theme Special Topics Digital Technologies was "What are the effective and best practices of remote/digital MHPSS interventions?", which was ranked #6. This was likely due to increasing demand to leverage rapidly growing digital technologies, as well as the demand for remote services that developed as a result of the restrictions on in-person activities during the COVID-19 pandemic.

Different groups of participants tended to rate research questions in similar ways. However, there were some minor differences, as follows:

- Researchers rated questions on effectiveness, integration and sustainability higher than other questions.
- Implementers gave high ratings to questions on methods and information management.
- Policy-makers gave high ratings to optimal interventions, including a minimum package, which is in line with the IASC Reference Group Minimum Service Package on Mental Health and Psychosocial Support.

**COMPARISONS WITH THE TOP 20 FROM 2011**

**Similarities:** the 2021 agenda continues to be a clearly practice-focused research agenda, with less emphasis on more theoretical questions that dominate the academic literature. This research agenda is again quite diverse (even if specific questions have shifted) and calls for interdisciplinary and transdisciplinary research.

**Differences:** in 2011, problem analysis questions were very prominent, but intervention research, implementation research and M&E questions were more prominent in 2021. This may be a sign of maturation of the field: there has been an increase in evidence for interventions and now implementation research is emphasized more.

**Differences:** the questions on interventions are more oriented towards systems (workforce, integration, multilevel and packages of essential services). Workforce research can focus on measuring and building practitioner core competencies, comparative effectiveness of different training approaches and best supervision practices.

**Differences:** there appears to be less focus on context, although two questions still focus on this topic under other categories.

There are some similarities between the current proposed research agenda (2021-2030) and the prior exercise (2011-2020), such as the presence of many “problem analysis” questions in both agendas. However, some of the “problem analysis” questions selected in the current research agenda offer more specificity, such as a focus on resilience and intergenerational transmission of trauma.

**There are some notable differences, including a more practice-based research agenda, with a focus on implementation research, for the next decade, compared with a more research agenda previously focused more on situation analysis and problem assessment.**
RECOMMENDATIONS AND NEXT STEPS

• The current MHPSS research agenda needs to be disseminated and funded.

• With regard to next steps for future MHPSS research, current research efforts require better alignment between researchers and humanitarian practitioners. There is widespread concern that existing research findings do not sufficiently inform practice, and that practitioners do not sufficiently influence the research agenda. Implementing the current MHPSS research agenda should help to address the latter concern.

• It will be important to track the potential influence of this research agenda on the MHPSS and related research fields in the coming decade.

Thank you to the members of the Scientific and Practice Advisory Board and the Funding and Policy Council, and all those who contributed to the initiative. This work was funded by Elrha’s Research for Health in Humanitarian Crises (R2HC) programme.