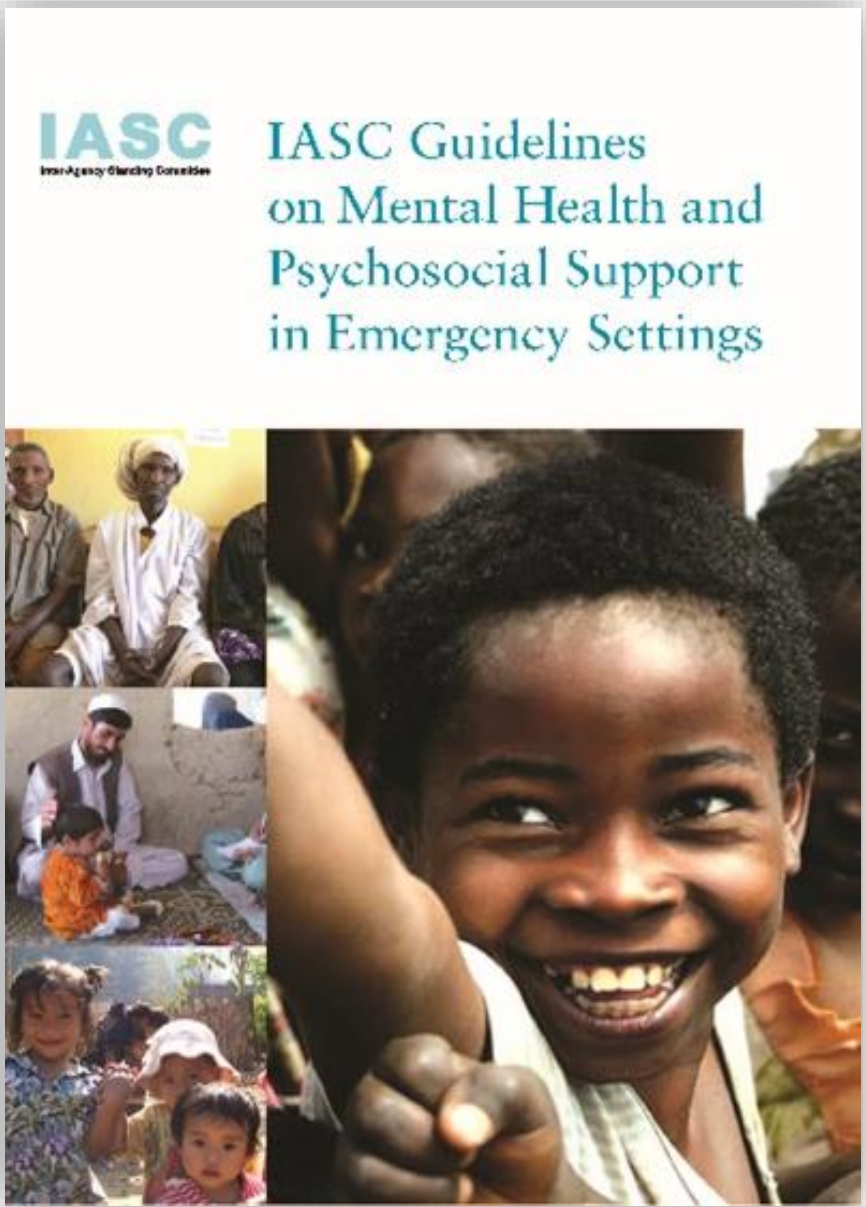
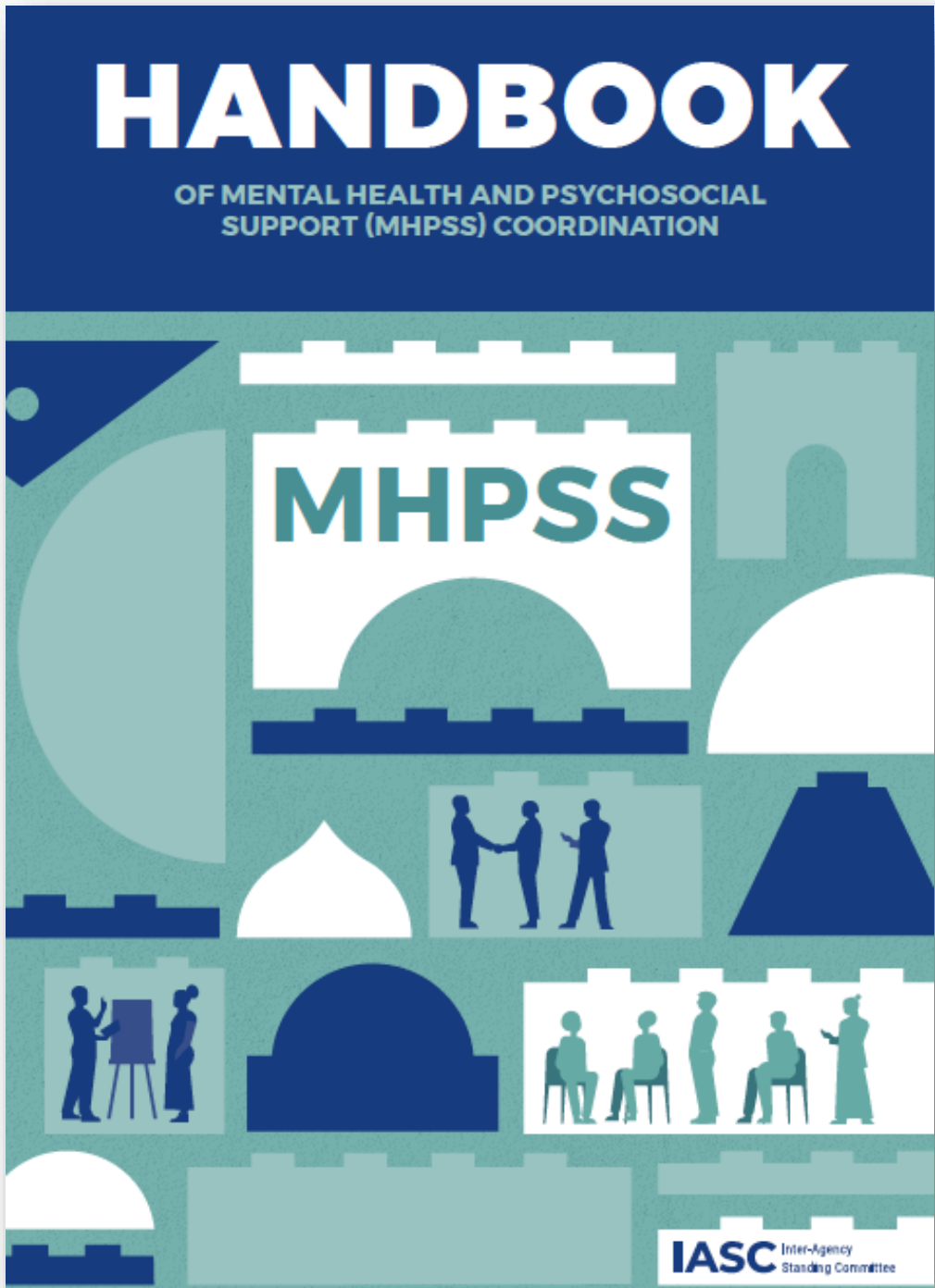




12 common pitfalls while planning or implementing mental health and psychosocial support programs in emergencies

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Pitfall 1: Starting from scratch- A.K.A: Reinventing the wheel



Pitfall 2: Focusing on one disorder, or on disorders only and -Or Using one intervention only- splitting mental health from Psychosocial Support

Intervention pyramid (Adapted from IASC 2007)

Examples:

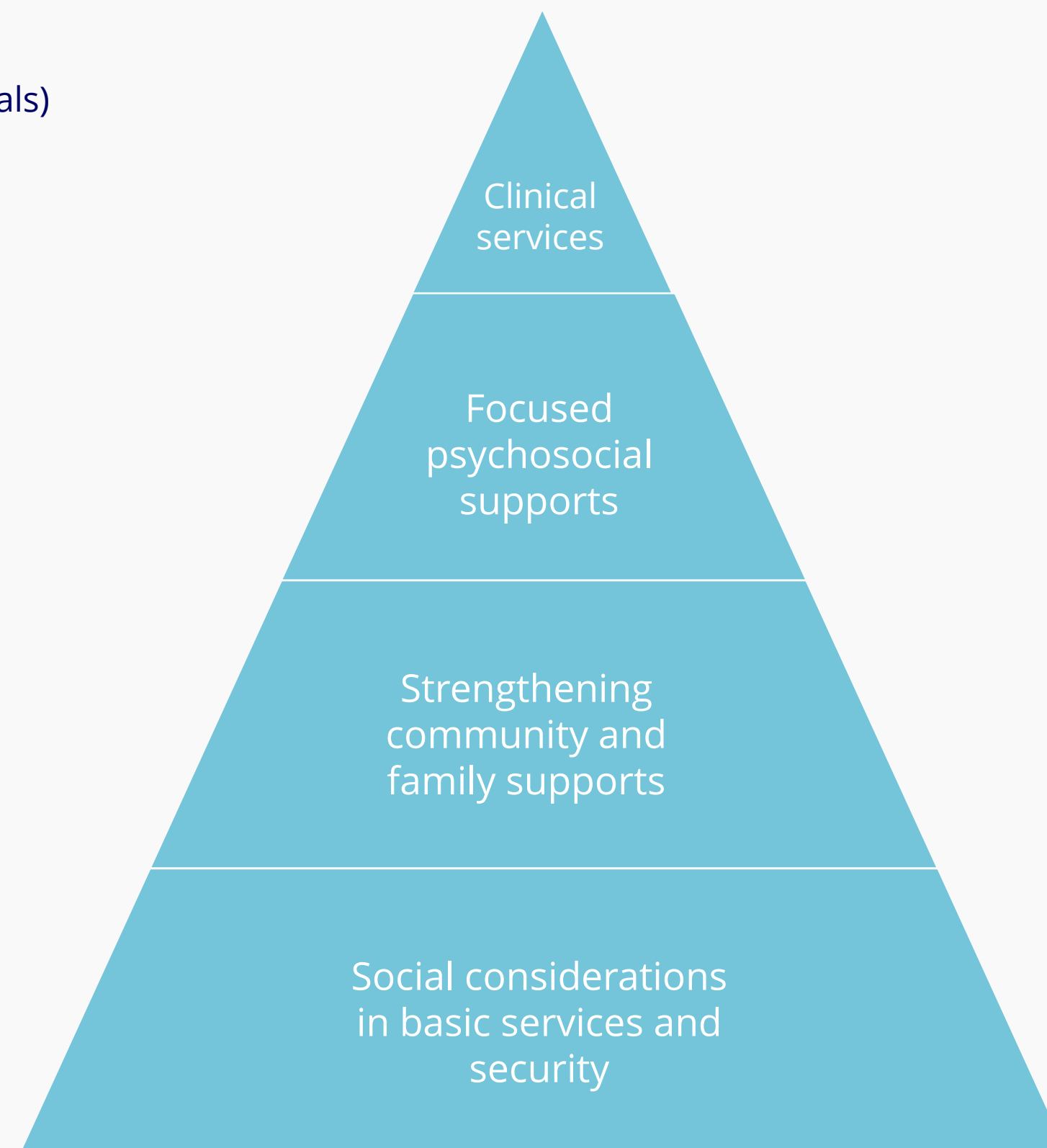
Clinical mental health care (whether by PHC staff or by mental health professionals)

Basic emotional and practical support to selected individuals or families

Activating social networks

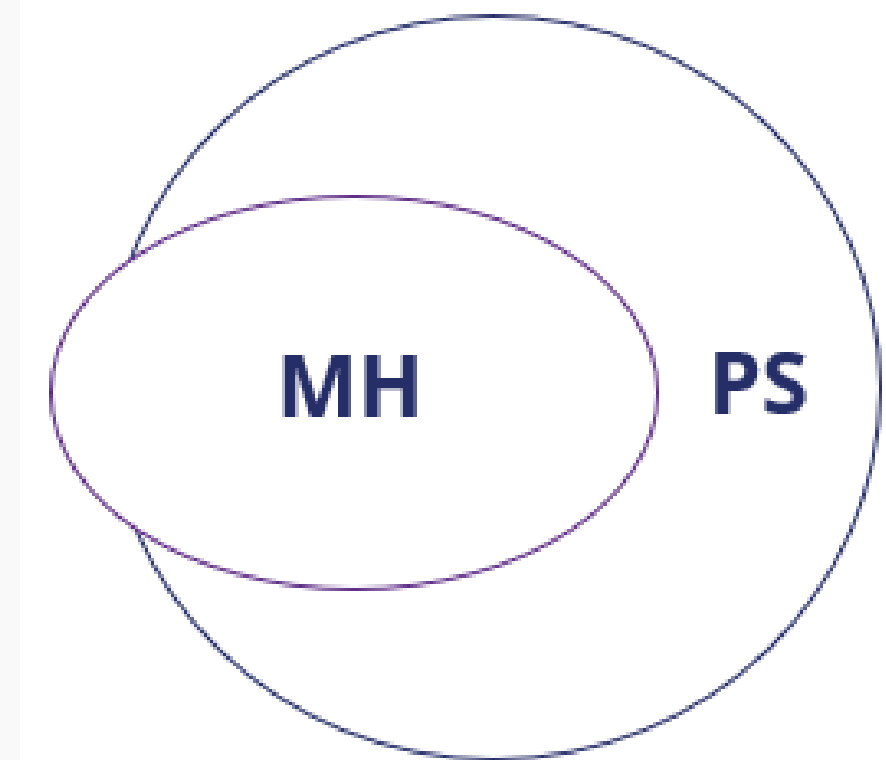
Supportive child-friendly spaces

Advocacy for good humanitarian practice: basic services that are safe, socially appropriate and that protect dignity

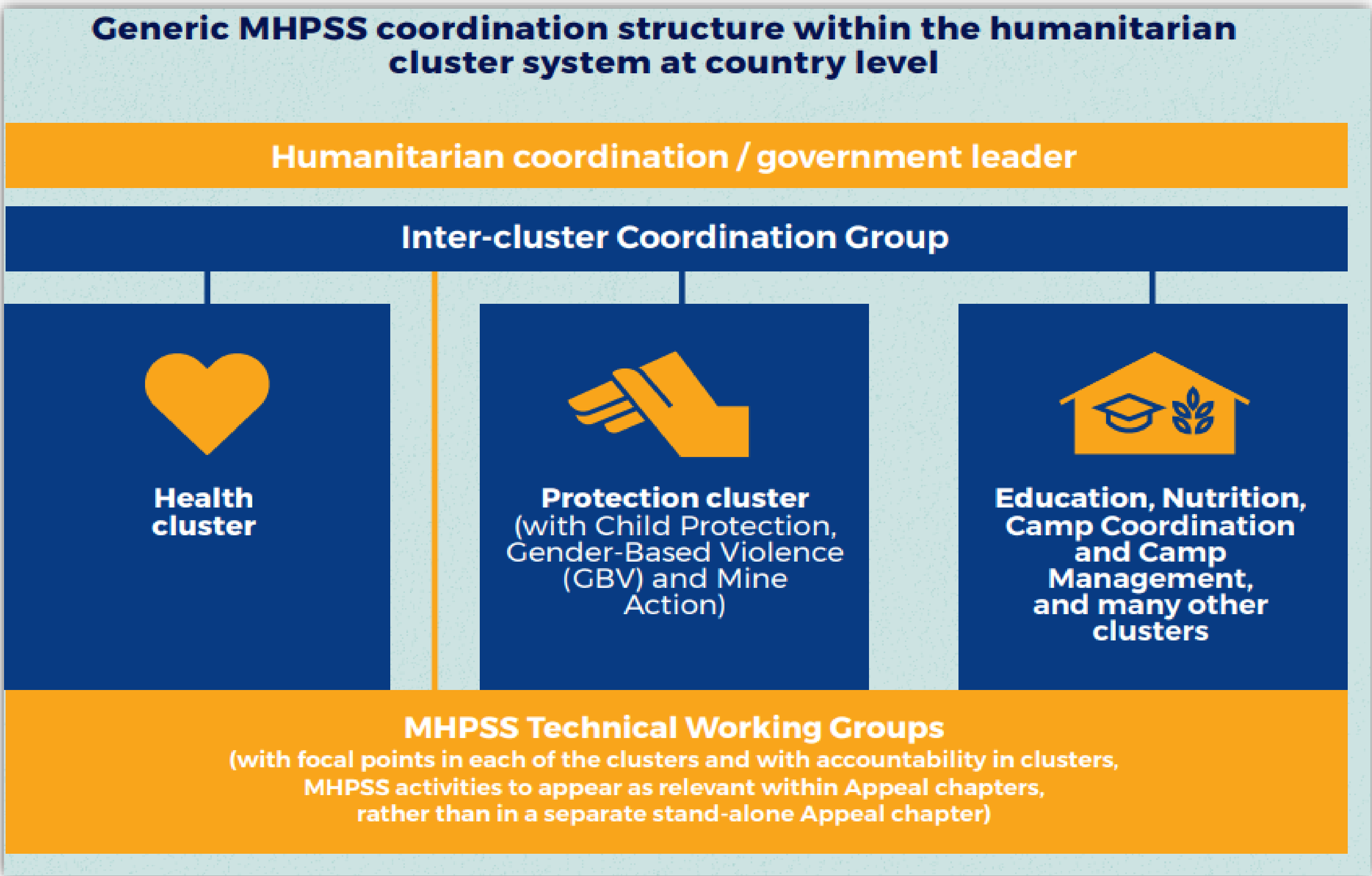


Composite term and definition

- protecting or promoting psychosocial well-being
- and/or
- preventing or treating mental health conditions.



Pitfall 3: Taking the MHPSS implementation path alone as one agency or one sector only and not coordinating with others



Implementing an MHPSS Programme requires strong collaboration between health, protection, education, nutrition, and other sectors, through multisectoral MHPSS coordination groups



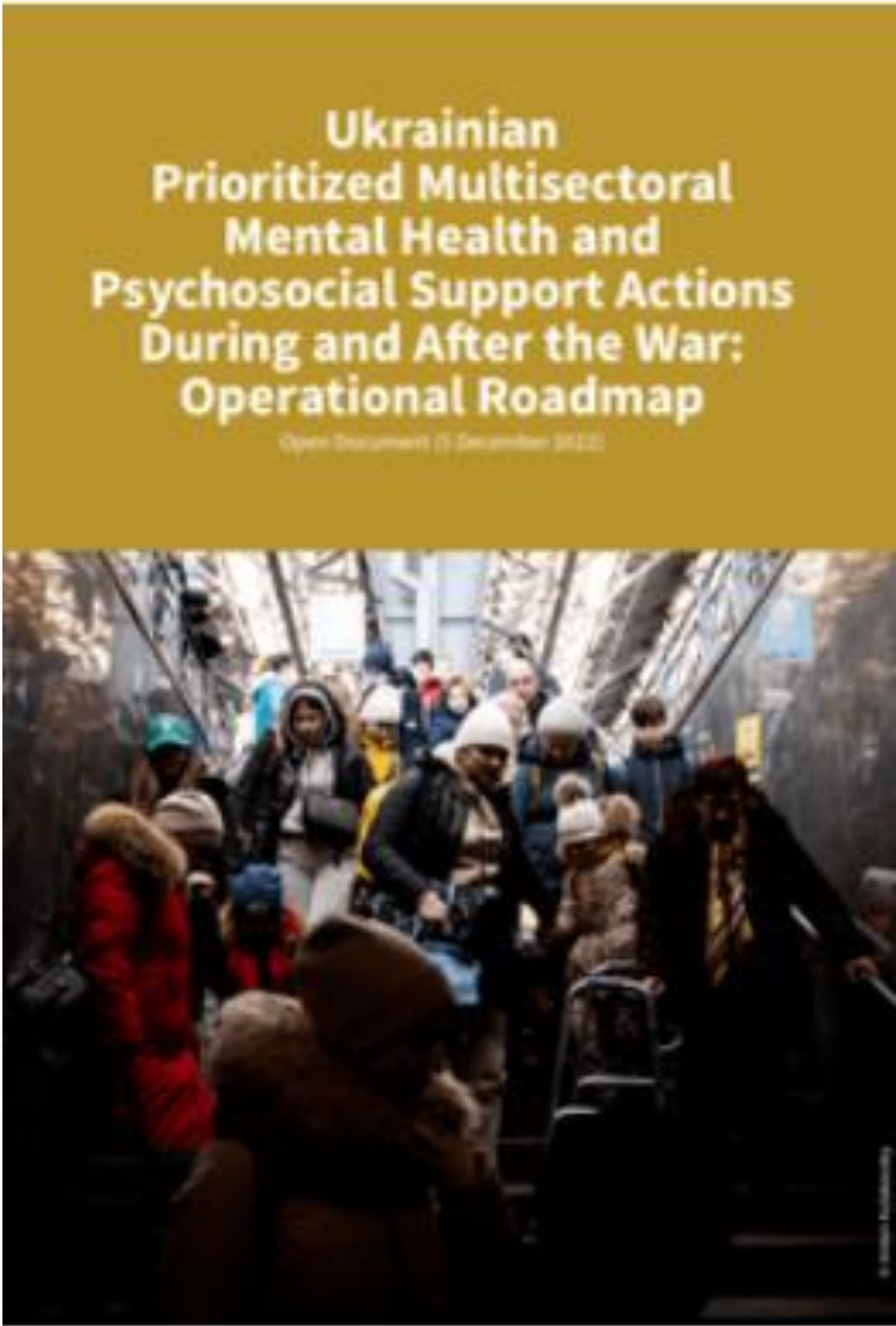
Pitfall 4: Starting MHPSS interventions without assessments- or worse- doing assessments that are not relevant, needed or used



Pitfall 5: Building vertical standalone non-integrated programs



Pitfall 6: Strengthening one sector only- and or- one layer of the intervention pyramid only- without national level commitment



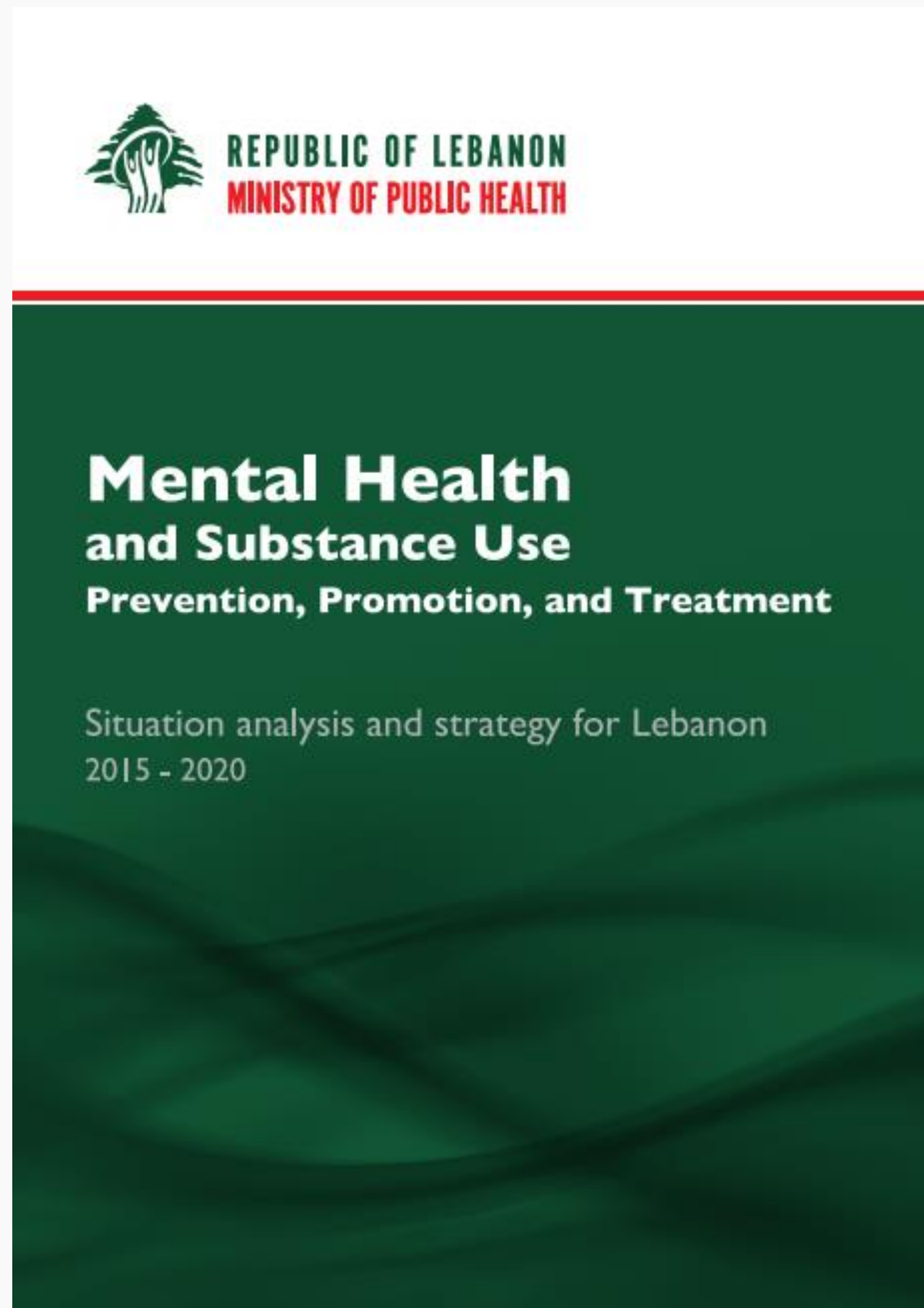
Pitfall 7 Training hundreds and thousands without supervision



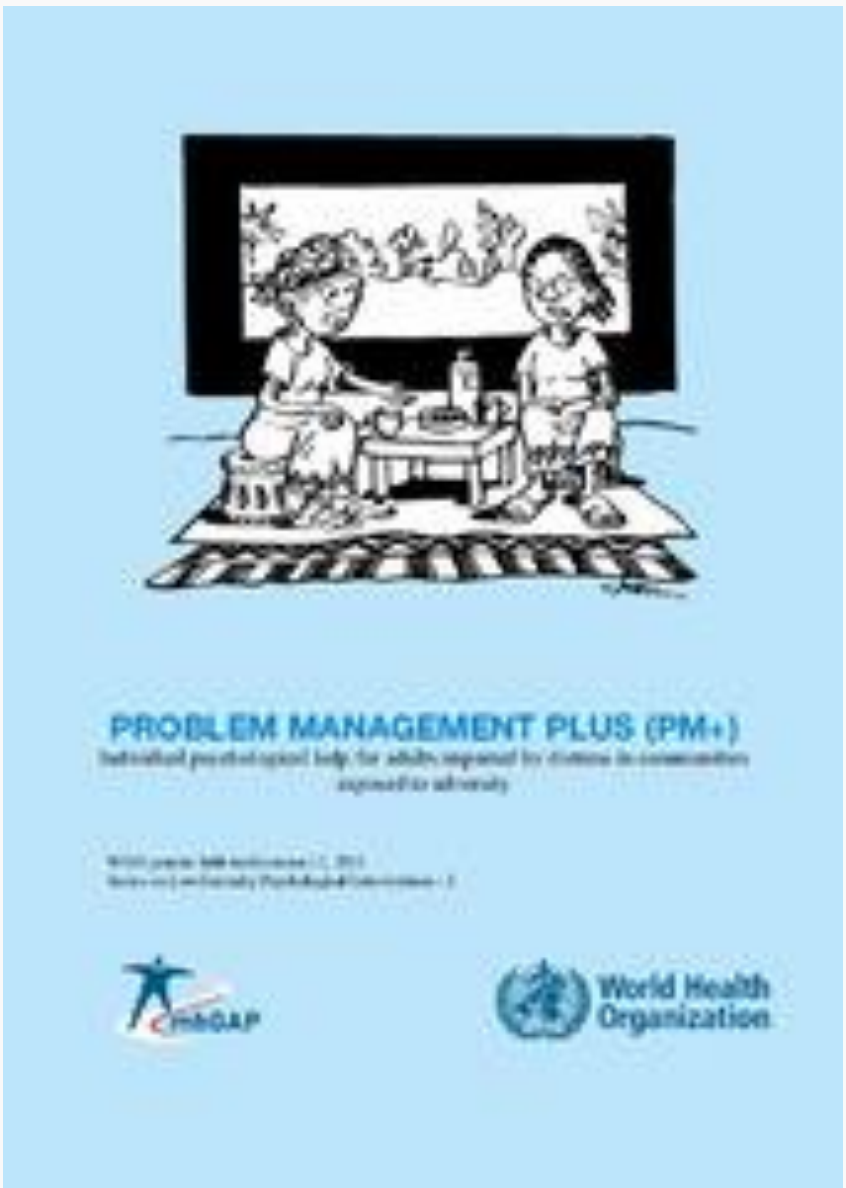
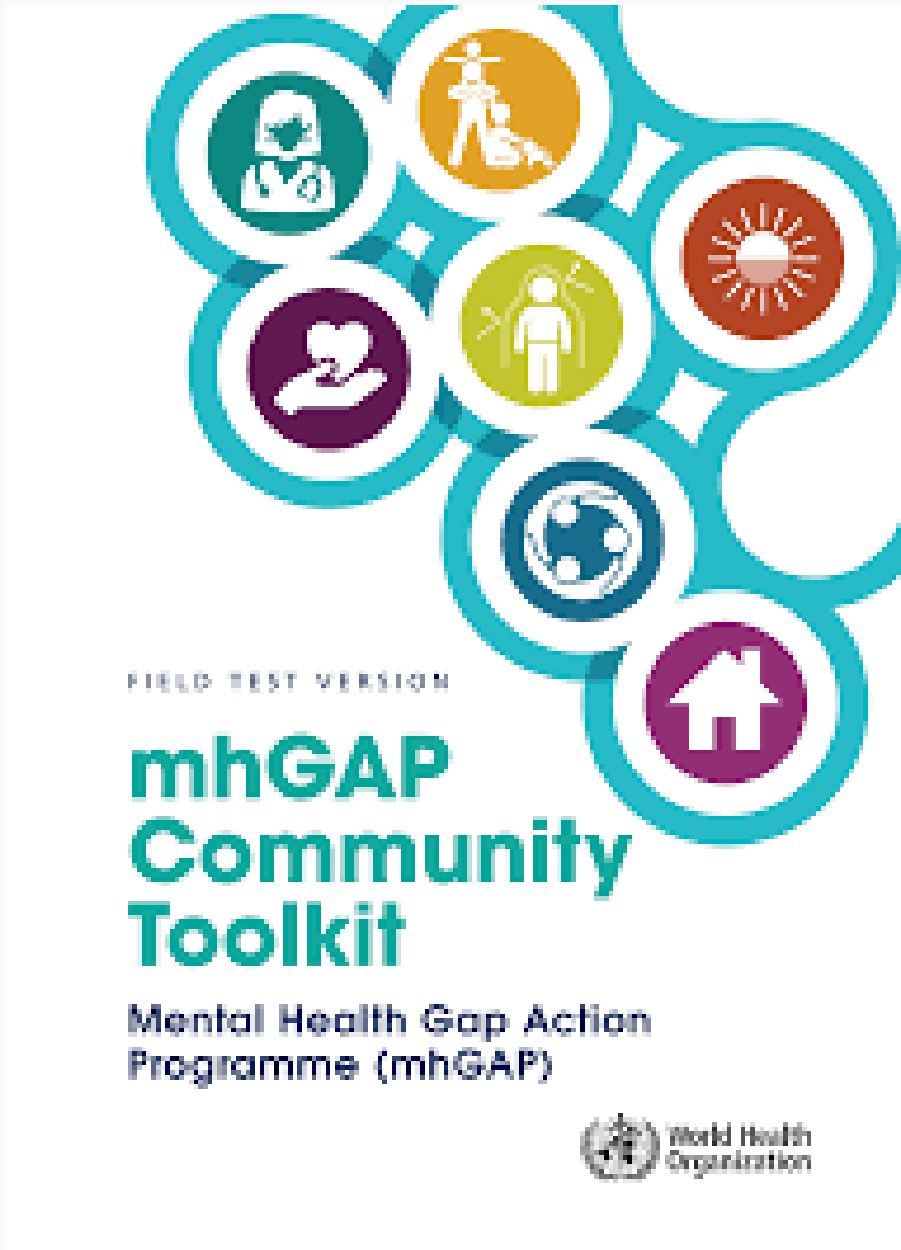
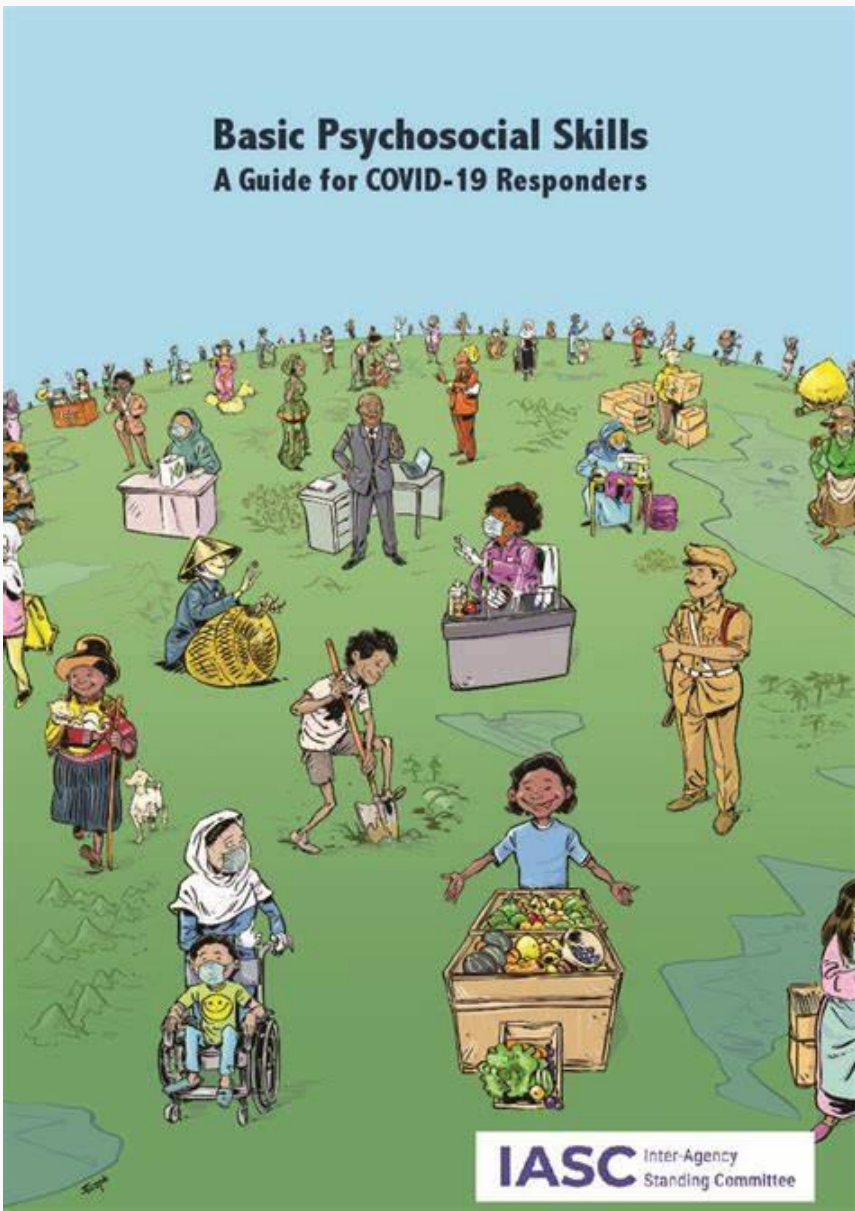
Pitfall 8: Missing to engage or even inform the community that a new service is now available leading to no service demand



Pitfall 9: Taking an approach that target only the acute emergency response



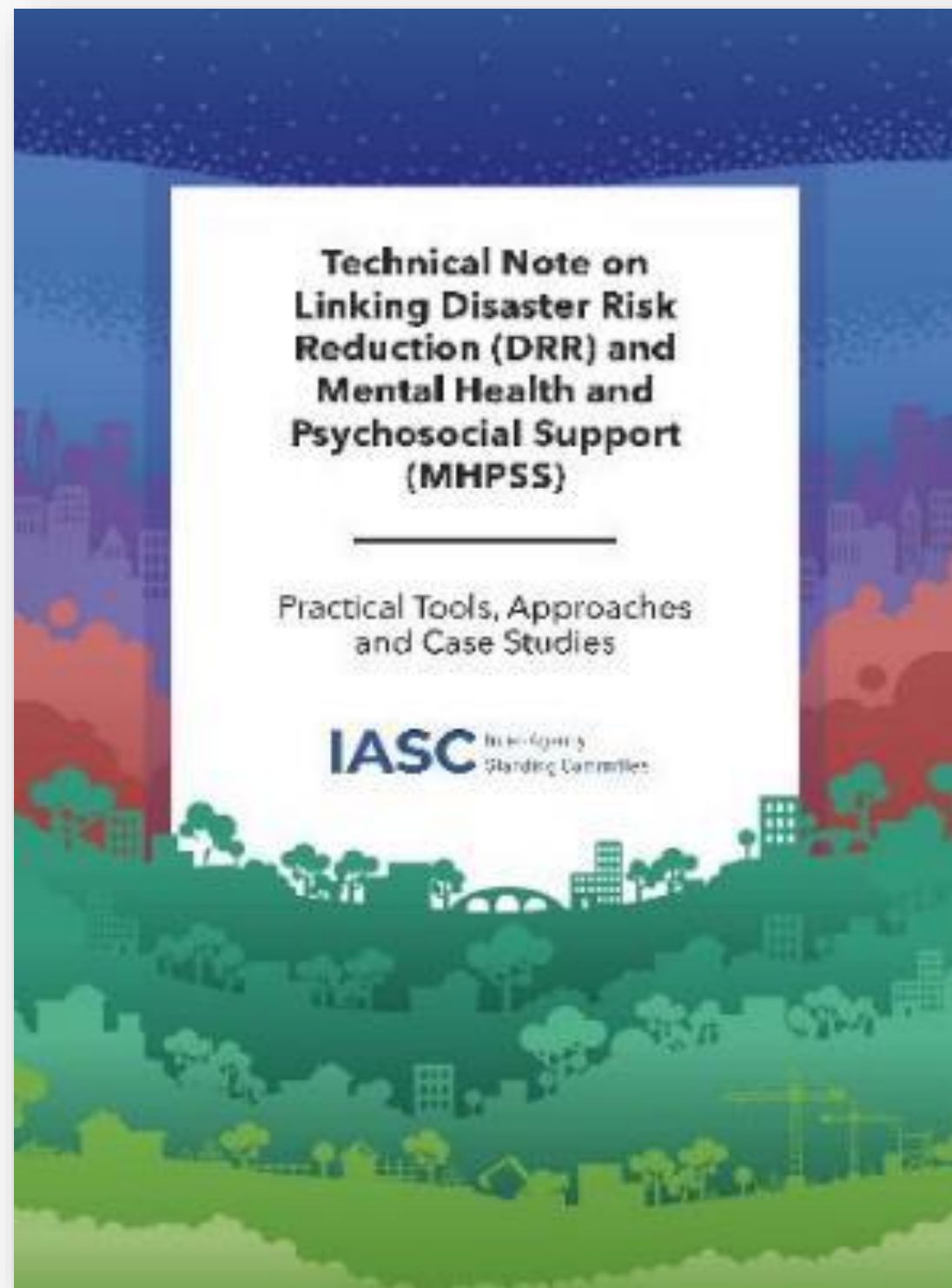
Pitfall 10: Taking a check box approach- PFA only as a replacement for multi-layered diverse intervention model that match people needs



Pitfall 11: Thinking of refugees and migrants as a crisis not as an opportunity to strengthen the system



Pitfall 12: Waiting for emergencies to happen- to build back better- and not building better before



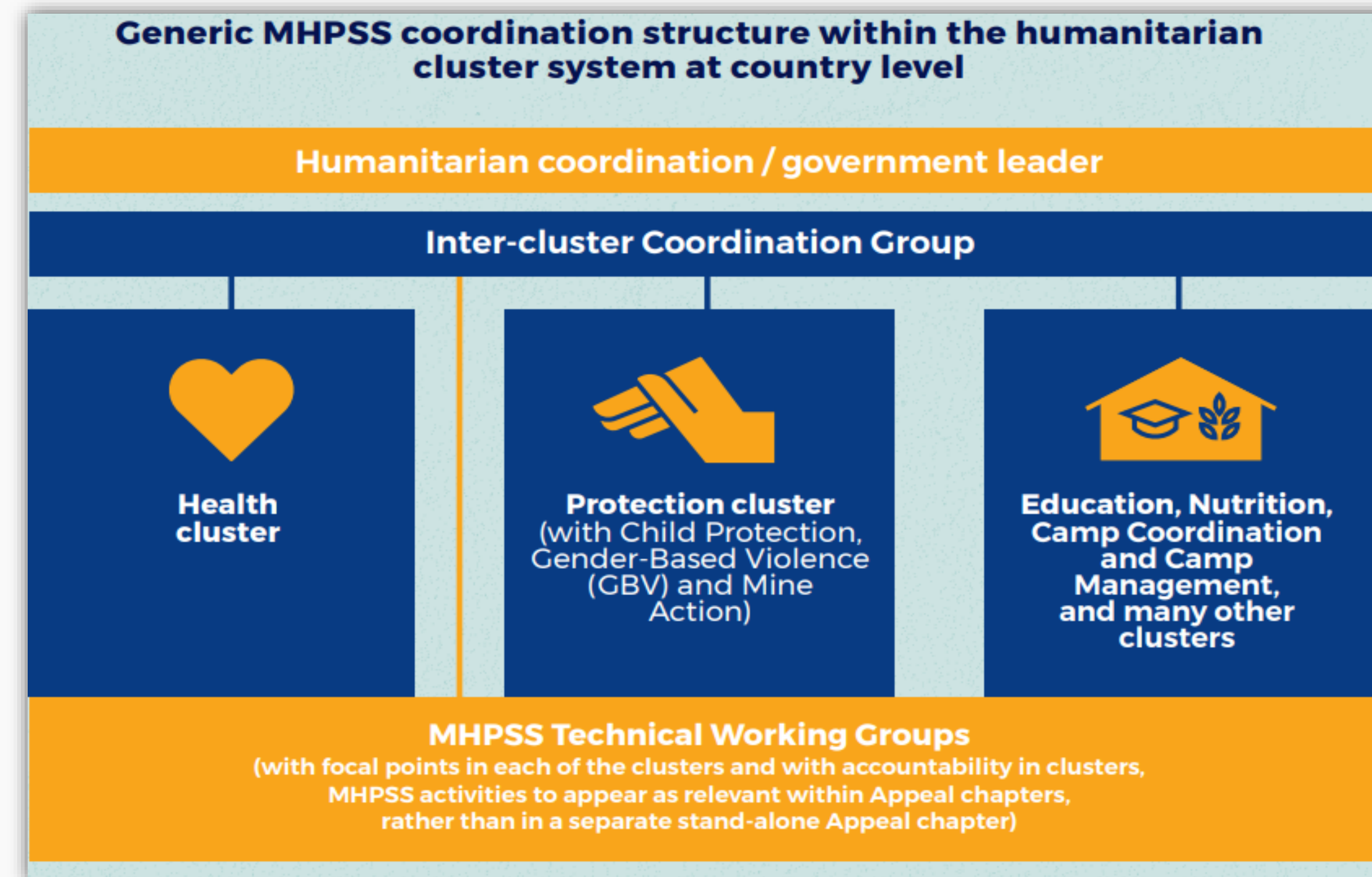
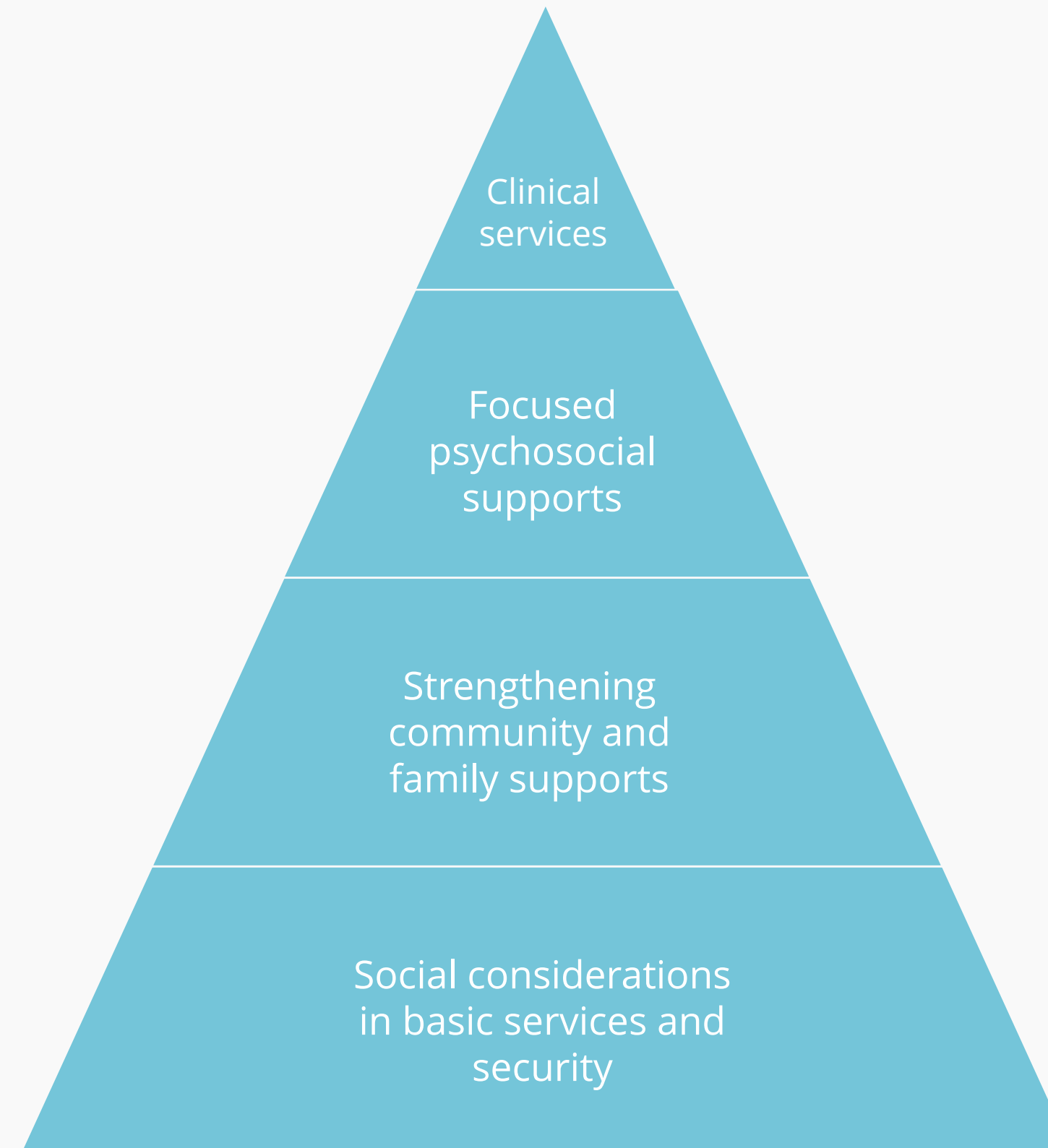
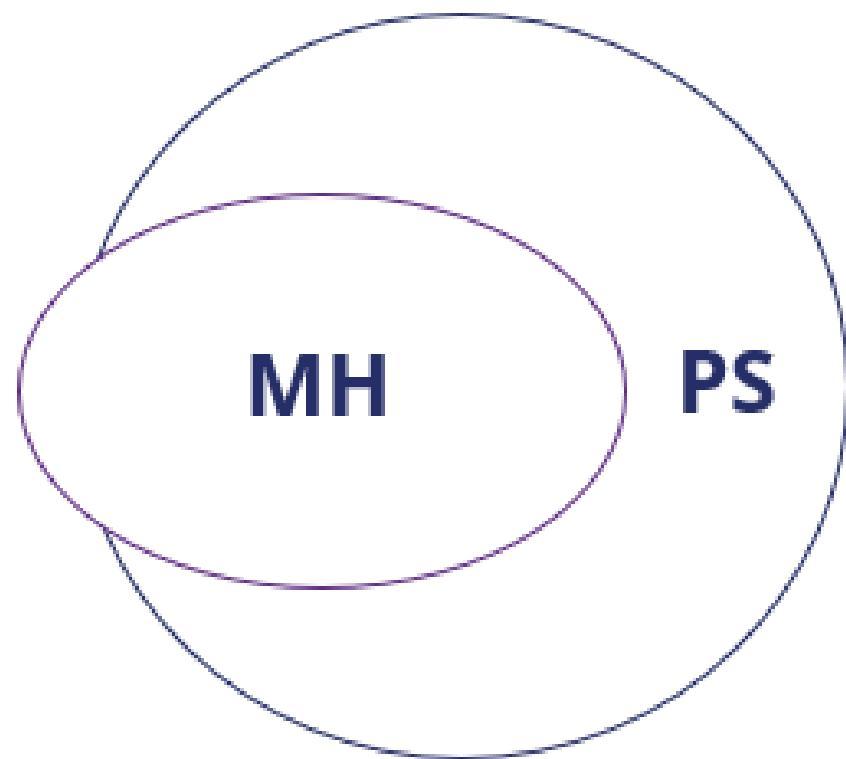
Remember the definitions- and remember the diagrams

Composite term and definition

- protecting or promoting psychosocial well-being

and/or

- preventing or treating mental health conditions.



Key messages

- ✓ Evidence-based and well-tested MHPSS tools exist and are recommended for adaptation to local context and use.
- ✓ Building on existing structures and integrating MHPSS programs into existing services ensure sustainability and contribute to addressing stigma. Investment in human resources importance outweighs the importance of investment in buildings.
- ✓ The multisectoral approach requires collaboration among various stakeholders from health, social, education, and other sectors. Coordination among sectors includes joint initiatives, synergies, and referral mechanisms.
- ✓ A systems approach is critical to address a wide range of population-diverse MHPSS needs- focusing on PTSD only or scaling up PFA only would not bring a sustainable system change.
- ✓ Emergencies, despite their tragedies, represent a unique opportunity to give attention to mental health systems, strengthening. It is always better to build better before emergencies.



World Health
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Thank you

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