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MAJOR DISEASE OUTBREAK RESPONSE

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Global Mapping of Mental Health and Psychosocial Support Resources Supporting Infectious Disease Outbreak Readiness and Response in Humanitarian Settings

JUNE 2023

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Acronyms

COVID-19	Coronavirus disease 2019
EPR	Emergency Preparedness and Response
EVD	Ebola Virus Disease
IASC	Inter-Agency Standing Committee
IASC GUIDELINES	IASC Guidelines on MHPSS in Emergency Settings
IASC MHPSS REFERENCE GROUP	IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings
IFRC	International Federation of Red Cross and Red Crescent Societies
MHPSS	Mental Health and Psychosocial Support
NGOs	Non-governmental Organizations
PFA	Psychological First Aid
PSS	Psychosocial Support
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

Since 2018, the United States Agency for International Development's (USAID) Bureau of Humanitarian Assistance (BHA) funded READY initiative has been augmenting global capacity for large-scale infectious disease outbreaks in or that have the potential to become humanitarian settings. Through investments in a robust and diverse capacity-strengthening portfolio, knowledge and best-practice sharing, and engagement with key coordination groups to identify and respond to real-time needs, READY is equipping national and international humanitarian actors with knowledge and skills to be ready to respond to major disease outbreaks through integrated, multi-sectoral and community-centered approaches.

Major disease outbreaks can be stressful events to witness and live through, and the impacts can be further exacerbated when outbreaks occur in or become a humanitarian setting due to their size and scale. Specific stressors unique to infectious disease outbreaks profoundly affect the population directly and indirectly and may become compounded over time. Fear, uncertainty, confusion, anger, anxiety, and grief can lead to long-term consequences within communities, families, and vulnerable individuals. Frontline workers, including nurses, doctors, ambulance drivers, and case identifiers, may experience additional stressors during an outbreak that stem from the nature of their work, such as guilt, burnout, isolation, and heightened exposure to the disease and its impact on the population. Social stigma and discrimination are common and contribute to negative mental health, care seeking, and community engagement outcomes during infectious disease outbreaks, and often target persons who have been infected, their family members, health care, and other frontline workers.[1]

The Coronavirus disease 2019 (COVID-19) pandemic heightened the importance of mental health and psychosocial support (MHPSS) in responding to infectious disease outbreaks. In its rapid assessment of global COVID-19 impacts on MHPSS services, the World Health Organization (WHO) stated that "inclusion of MHPSS is an integral cross-cutting component in public health emergency responses."[2] Along with increased recognition of MHPSS, an influx of resources was produced during the COVID-19 pandemic, including within the MHPSS sector. While other infectious disease outbreaks, such as the Ebola virus disease (EVD), Zika virus, and cholera, have also led to a similar increase in guidance for MHPSS programming, the rise was to a much lesser extent and speed than COVID-19.

Objectives

To better understand the status of globally available MHPSS resources supporting readiness and response to major infectious disease outbreaks in humanitarian settings, READY identified a real-time need to comprehensively map available MHPSS resources to support humanitarian actors' preparedness and response to infectious disease outbreaks.

The report aims to:

- Confirm and collate existing relevant resources for MHPSS readiness and response to infectious disease outbreaks in humanitarian settings.
- Identify resource gaps and provide recommendations to address the gaps.

Throughout the mapping and resource review process, READY also considered the following:

- If there was a need to develop additional outbreak-specific resources addressing MHPSS in infectious disease outbreak readiness and response or if existing resources were sufficient.
- Gaps and recommendations focused on operationalizing and applying existing resources to ensure MHPSS is well integrated into future outbreak readiness, response efforts, and coordination.

Methodology

The report was developed in three phases to ensure the mapping, findings, and recommendations were both comprehensive and informed:

Phase 1: Targeted Mapping and Review of the Guidance, Tools, and Other Relevant Resources for MHPSS Programming in Infectious Disease Outbreaks in Humanitarian Settings

Phase 1 involved an extensive desk review collating available inter-agency and other relevant global, regional, and national MHPSS resources. The resources identified during the desk review were then further validated for inclusion in this report by (i) the co-chair of the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings[i] (IASC MHPSS Reference Group), (ii) READY's MHPSS technical advisors, and (iii) participants of key informant interview consultations with MHPSS experts. These consultations were held with experts from the IASC MHPSS Reference Group and international humanitarian agencies such as the International Medical Corps (IMC) and Save the Children.

The resources in this review include MHPSS guidance, research, and recommendations on emergency readiness and response to infectious disease outbreaks. The focus was primarily on resources specific to humanitarian settings and the COVID-19 pandemic and EVD outbreaks, specifically the regional EVD outbreak in West Africa (2014–2015), given these are the most recent and rigorously documented outbreaks. A complete list of the 63 resources included in the desk review can be found in **Annex 1.**

Phase 2: Consolidating Practices, Lessons Learned, and Persistent Gaps Identified Within the Mapped Guidance and Resources

After the initial desk review and consultations, READY consolidated good practices and lessons learned, including consistently identified gaps, within the collated guidance and resources. Inclusion of the most relevant MHPSS resources and recommendations in this report were primarily determined through the expert consultations in Phase 1.

Phase 3: Formulation and Validation of Recommendations

READY undertook a validation workshop to collect feedback from critical MHPSS stakeholders and health actors working in infectious disease outbreaks on the proposed recommendations for MHPSS in readiness and response to infectious disease outbreaks found within this report. The aim of the workshop was to ensure buy-in and ownership of the findings from the wider global MHPSS humanitarian community. The workshop was organized as a virtual event and offered participants an overview of the report's methodology and findings, followed by a facilitated discussion to seek feedback on each recommendation. The workshop was held on April 13, 2023 and was attended by key representatives from the United Nations Children's Fund (UNICEF), the International Organization for Migration (IOM), Medecins du Monde France, Medecins san Frontieres, WHO, London School of Hygiene and Tropical Medicine, Johns Hopkins University, USAID/BHA, and Save the Children.

Background

What is Mental Health and Psychosocial Support in Humanitarian Emergencies?

What is a Humanitarian Emergency?

A humanitarian emergency occurs when human, physical, economic, or environmental damage from an event or series of events overwhelms a community's capacity to cope.[3] The event can occur naturally or human-induced. It can also result from a compounded effect from both human-induced and environmental disasters, and the onset of an emergency can be sudden or happen gradually.

What Is an Infectious Disease Outbreak?

The WHO defines disease outbreak as the "occurrence of cases of disease in excess of what would normally be expected in a defined community, geographical area or season. Outbreaks are maintained by infectious agents that spread directly from person to person, from exposure to an animal reservoir or other environmental sources or via an insect or animal vector. Human behaviors nearly always contribute to such a spread."[4]

What is Mental Health and Psychosocial Support?

The IASC Guidelines on MHPSS in Emergency Settings (IASC Guidelines)[5] (2007) stated that the term mental health and psychosocial support is used "to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder." Mental health and psychosocial support services in humanitarian settings are structured as a layered system of complementary support to address a spectrum of needs for different groups that require varying levels of services and care. These services are usually illustrated using a pyramid,[ii] as shown below.

This figure is an adaptation of the IASC MHPSS intervention pyramid.

The provision of these services is recommended to be contextualized according to the emergency, type of outbreak, local culture, established health systems, existing MHPSS networks and capacity, and respected community support practices.

Some outbreaks are endemic; for example, countries facing seasonal cholera outbreaks have gradually evolved their structures and systems to respond to them. However, when infectious disease outbreaks happen in settings already facing a humanitarian crisis (e.g., war, mass displacement, and natural disasters), the impact can have especially devastating consequences (e.g., loss of life, income, and resources, destroyed infrastructure, and fractured social support systems), and may constitute a Public Health Emergency of International Concern (PHEIC)[iv], that requires a greater level of coordination and response for MHPSS interventions to be fully and meaningfully implemented. The MHPSS needs of individuals, families, communities, and frontline workers, particularly health, social, community workers, and volunteers can become exacerbated during infectious disease outbreaks, especially in humanitarian settings, putting additional strain on fragile resources and complicating the provision of quality MHPSS services.

Effects of infectious disease outbreaks on healthcare worker's well-being

A survey conducted in Taiwan after the 2004 severe acute respiratory syndrome (SARS) outbreak revealed high levels of stress faced by health care workers. The study investigated stress reactions of 338 staff members in a hospital in East Taiwan that had discontinued emergency and outpatient services to prevent the nosocomial outbreak. About 5% suffered from acute stress disorder; 20% felt stigmatized and rejected in their community because they were hospital staff and 9% reported reluctance to go to work or had considered resignation.

Source: Bai Y., Lin C. C., Lin, C. Y., Chen, J. Y., Chue C. M., Chou, P. (2004). Survey of stress reactions among health care workers involved with the SARS outbreak. Psychiatry Services, 55(9), 1055–1057. **https://doi.org/10.1176/appi.ps.55.9.1055**

Major disease outbreaks, including epidemics and pandemics, also have unique drivers that exacerbate MHPSS needs and concerns. As evidenced by the COVID-19 pandemic, the protective measures of wide-scale quarantines, border closures and restricted movement, workplace and school closures, closures of recreational and exercise facilities, and the isolation of the elderly and those requiring palliative care led to severe repercussions. These repercussions included social isolation, disruption of work and education, increased boredom, anxiety, frustration, anger, and uncertainty. The aftermath led to devastating increases in suicides, domestic violence, breakdown in families, job losses, food insecurity, and poverty.

The direct and indirect impacts of the COVID-19 pandemic revealed significant effects on the mental health and psychosocial well-being of individuals, families, and communities. The key findings of the Mental Health and COVID-19: Early Evidence of the Pandemic's Impact: Scientific Brief[6] (2022) commissioned by the WHO showed a significant increase in mental health challenges in the general population in the first year of the pandemic. Data indicated a higher risk of suicidal behavior among young people with exhaustion (in health care workers), loneliness and positive COVID-19 diagnosis, resulting in an increased risk of suicidal thoughts.

In 2015, a study[7] conducted in Sierra Leone to assess symptoms of anxiety, depression, and post-traumatic stress disorder (PTSD) in the general population after experiencing over a year of the EVD outbreak found that in a sample size of 3,564 participants, the prevalence of anxiety and depression symptoms was 48% while 76% showed some form of PTSD symptoms.

While a greater level of research and evidence was generated during the COVID-19 pandemic and the 2014–2015 West Africa EVD outbreak, Much less is documented on the MHPSS impacts of the other outbreaks as they were either more localized or short-lived. The lack of documentation has resulted in limited evidence, awareness, and guidance to prepare and respond to MHPSS in infectious disease outbreaks adequately.

The documented evidence of MzHPSS effects and outcomes demonstrates how infectious disease outbreaks can have profound and long-lasting impacts on individuals and communities and the necessity to prioritize mental health concerns in outbreak readiness and response efforts. anecdotal evidence has suggested that the above findings reflect similar consequences of MHPSS in other infectious disease outbreaks such as small EVD outbreaks, cholera, SARS, and Zika virus.

Limitations

While the methodology for this report was comprehensive and engaged multiple expert stakeholders, there were several challenges and limitations which influenced the findings, identified gaps, and recommendations:

> **The volume of information following the COVID-19 pandemic.**
>
> The sheer volume of COVID-19-specific guidance, tools, and resources made it challenging to (i) prioritize which guidance documents were pertinent, (ii) determine if the guidance covered a global scope or was only relevant in certain circumstances or for certain groups of people, (iii) determine if the guidance was implemented, (iv) gauge evidence of the guidance materials being tested and implemented, and (v) understand capacity required to implement the guidance.

> **Focus on global-level documents and consultations.**
>
> This mapping was intended as a global exercise and therefore focused on reviewing globally relevant guidance (e.g., not country-specific guidance) and collecting expert opinions from humanitarian actors operating within international agencies and international non-governmental organizations (NGOs), particularly individuals working at the headquarter or global coordination levels. Though outside the scope of this report, consultation with regional and national-level actors regarding resources and lessons learned from past outbreak responses, could offer a more detailed perspective of gaps and recommendations that may substantially add to the collective global picture. Any future exercise or extension to this report should prioritize including these groups.

> **Lack of open resources for infectious diseases outside of COVID-19 and EVD.**
>
> There were far fewer well-documented open-source MHPSS resources for other infectious disease outbreaks, such as the Zika virus and cholera. In the interest of focusing on well-documented and available resources, only a small sample of resources and learnings from these other outbreaks were selected. This decision created the risk of the report appearing biased towards EVD and COVID-19 as more rigorously documented outbreaks.

> **Availability of key informants.**
>
> Consultations and the validation workshop with global and regional MHPSS experts were invaluable. However, time constraints and competing priorities restricted the number of individuals available to be consulted and/or engaged in validating the findings of this report.

> **Cross-sectoral nature of MHPSS made it challenging to focus the mapping and consultations solely on infectious disease outbreaks.**
>
> MHPSS is a cross-cutting thematic area often integrated across leading sectors (e.g., health, protection, education, and water, sanitation and hygiene) in outbreak preparedness, readiness, response, and recovery efforts.
>
> The report's methodology reviewed MHPSS resources from this multi-sectoral approach which resulted in a final report addressing areas beyond the original intended scope and focus of solely MHPSS and infectious disease outbreaks. However, this has further enriched the report's findings and does reflect the reality of MHPSS in humanitarian settings, as infectious disease outbreaks often exacerbate or expose existing gaps and needs within the humanitarian MHPSS sector. It benefits any future mapping exercise to focus on a particular disease, country, or region to further narrow and refine recommendations.

Findings

In total, 63 resources and documents were selected and reviewed for this report. The categorized resources and documents are presented in Annex 1. The following section discusses several of these resources and their importance to understanding, adapting and implementing MHPSS programming in humanitarian settings amid major infectious disease outbreaks. These were chosen based on diverse topics and agencies, guided by consultations with MHPSS technical advisors who highlighted key documents, demonstrating the breadth and depth of resources available during the COVID-19 and Ebola outbreaks.

This list is followed by a discussion on good practices, potential gaps, lessons learned, and recommendations for the humanitarian community to further advance the progress made to prioritize MHPSS in infectious disease outbreaks.

Evidence of MHPSS Resources and Programming in Humanitarian Emergencies

The IASC Guidelines on MHPSS in Emergency Settings[8] *(2007)* were developed through an inclusive process, with input from UN agencies, NGOs, and academic institutions. The guidelines help to plan, establish, and coordinate a set of minimum multi-sectoral responses to protect, support and improve people's mental health and psychosocial well-being amid an emergency. It is the leading resource for integrating MHPSS interventions in a humanitarian emergency at each level of the MHPSS pyramid of needs and services.

The IASC Guidelines, first developed in 2007 and last updated in 2017, cover actions required for minimum MHPSS preparedness and response, including (i) coordination, (ii) assessment, monitoring, and evaluation, (iii) human resources, (iv) community mobilization and support, (v) dissemination of information, and (vii) sector-specific interventions in health, education, food security, nutrition, shelter and site planning, and water sanitation. These interventions are embedded in protection and human rights standards centered in the Do No Harm[v] approach.

Further, the IASC's *MHPSS: Checklist for Field Use*[9] (2008) offers a concise, implementation-friendly checklist version of the IASC Guidelines for program planning and emergency response.

The Mental Health and Psychosocial Support: Minimum Service Package (MHPSS MSP)10 (2022) is an inter-sectoral package that is based on the IASC Guidelines as well as other global guidance across different sectors, including the Sphere Standards,11 the Minimum Standards for Child Protection in Humanitarian Action,12 and the Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming.13 The MHPSS MSP is a practical resource that outlines activities with each emergency response sector to meet the needs of emergency-affected populations with recommended checklists and actions to be taken at different stages of the emergency.

The MHPSS Emergency Toolkit[14] (2019) was compiled and promoted by the Mental Health & Psychosocial Support Network (MHPSS.net).[vi] The toolkit aims to provide MHPSS practitioners, policy, and decision-makers with easily accessible information on resources and tools related to MHPSS that are useful in the case of an emergency. A sample of these resources include:

- *Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know?*[15] *(IASC MHPSS Reference Group, 2010).*
- *Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Protection Programme Managers Know?*[16] *(IASC MHPSS Reference Group, 2010).*
- *Mental Health and Psychosocial Support in Emergency Settings: What Should Camp Coordinators and Camp Manager Actors Know?*[17] *(IASC MHPSS Reference Group, 2013).*
- *IASC Reference Group Mental Health and Psychosocial Support Assessment Guide.*[18] *(IASC MHPSS Reference Group, 2012).*
- *Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support: Manual with Activity Codes.*[19] (IASC MHPSS Reference Group, 2012).
- *A Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings.*[20] (IASC MHPSS Reference Group, 2017).
- *Caring for Volunteers: A Psychosocial Support Toolkit.*[21] *(International Federation of Red Cross and Red Crescent Societies* (IFRC), 2012).

- *Psychological First Aid Training Manual for Child Practitioners.*[22] (Save the Children, 2013).
- *Community-Based Mental Health and Psychosocial Support in Humanitarian Settings: Three-tiered Support for Children and Families.*[23] (UNICEF, 2018).

Evidence of MHPSS Resources and Programming in Infectious Diseases Outbreaks

The desk review and mapping of existing resources highlighted COVID-19 and EVD as the primary examples of when MHPSS was prioritized for programming guidance development and operationalization during disease outbreaks. A summary of essential resources related to the readiness and response of MHPSS primarily found in the COVID-19 and EVD outbreaks is listed below, including multi-sectoral resources that highlight MHPSS as a cross-cutting consideration.

Evidence of MHPSS Resources and Programming: COVID-19

The global nature of the COVID-19 pandemic enabled rapid mobilization and adaptation of MHPSS resources. Guidance also evolved in real-time as more information about COVID-19's etiology became known, and translation of crucial resources and contextualized guidance became available. Furthermore, guidelines inclusive of sub-groups of the population and vulnerable groups, such as children, elderly, and domestic abuse survivors, were developed, and interventions were specifically designed to provide remote and virtual solutions to address MHPSS needs during the lockdown, quarantine, and other public-health measures. This section outlines vital COVID-19-specific MHPSS resources and programming identified during the desk review and expert consultations.

In an immediate response to the COVID-19 outbreak, the IASC MHPSS Reference Group released a briefing note on *Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak*[24] (2020). The briefing note summarized overarching MHPSS principles and key considerations to integrate MHPSS interventions in the global COVID-19 response.

In addition, the IASC MHPSS Reference Group released the guidance on *Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programmes During the COVID-19 Pandemic.*[25] (2020). This guidance established operational guidelines, practical programming approaches within various humanitarian sectors (e.g., camp management, health, and protection) and recommendations for different scenarios depending on the progression of COVID-19 cases (e.g., no cases, sporadic cases, or community transmission). The guide has been translated into 24 languages.

The MHPSS COVID-19 Toolkit.[26] (2020) published by MHPSS.net, is an instrumental compilation of MHPSS resources for the COVID-19 response, covering a breadth of topics in the COVID-19 response; a sample of critical topics and resources are highlighted below:

General COVID-19 MHPSS Resources:

- *Basic Psychosocial Skills: A Guide for COVID-19 Responders.*[27] *(IASC, 2020).*
- *Interim Guidance on Public Health and Social Measures for COVID-19 Preparedness and Response in Low Capacity & Humanitarian Settings.*[28] *(IASC, 2020).*

Remote MHPSS Support:

- *Remote Psychological First Aid During a COVID-19 Outbreak.*[29] *(IFRC, 2020).*
- *Guidelines for Remote MHPSS Programming in Humanitarian Settings.*[30] *(IMC, 2022).*
- *EQUIP Courses on Providing Psychological Care Remotely.*[31] *(WHO & UNICEF, 2022).*

Risk Communication and Community Engagement (RCCE):

- *Community-Based Health Care, Including Outreach & Campaigns, in the Context of the COVID-19 Pandemic.*[32] *(IFRC, WHO, & UNICEF, 2020)*
- *How to Include Marginalized and Vulnerable People in Risk Communication and Community Engagement.*[33] *(The Risk Communication and Community Engagement Working Group on COVID-19 Preparedness and Response in Asia and the Pacific, 2020).*

Frontline Health Care Workers in COVID-19:

- *Supportive Supervision During COVID-19.*[34] *(IFRC, 2020).*
- *MHPSS for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus.*[35] *(IFRC Psychosocial Centre, 2020).*
- *Psychological Coping During Disease Outbreak Healthcare Professionals and First Responders.*[36] *(Hong Kong Red Cross, 2020).*

Child and Adolescent Protection in COVID-19:

- *How Parents Can Support Their Children Through COVID-19 Losses.*[37] *(UNICEF, 2020).*
- *COVID-19 Operational Guidance for Implementation and Adaptation of MHPSS Activities for Children, Adolescents and Families.*[38] *(UNICEF, 2020).*
- *My Hero is You: Storybook for Children on COVID-19.*[39] *(IASC, 2020).*

Education in COVID-19:

- *How Teachers Can Talk to Children About Coronavirus Disease.*[40] *(UNICEF, 2020).*
- *Activities and Games for Children's Well-Being in Times of Lockdown and School Closure.*[41] *(The United Nations Relief and Works Agency for Palestine Refugees in the Near East, 2020).*

COVID-19 and Gender:

- *Identifying & Mitigating Gender-Based Violence Risks Within the COVID-19 Response.*[42] *(IASC and Global Protection Cluster, 2020).*
- *MHPSS Considerations for Staff Working on GBV Prevention, Mitigation and Response During COVID-19 Crisis.*[43] *(The Gender-Based Violence Area of Responsibility, 2020).*

NGOs also contributed to global guidance and research during the pandemic;
a sample of these resources include:

- *Guidelines for Remote MHPSS Programming in Humanitarian Settings.*[44] *(IMC, 2022).*
- *COVID-19 Operational Guidance Note: Mental Health and Psychosocial Support within Health programs.*[45] *(The International Rescue Committee, 2020).*
- *Tips for Parents and Caregivers During COVID-19 School Closures: Supporting Children's Well-Being and Learning.*[46] *(The MHPSS Collaborative for Children and Families in Adversities & Save the Children, 2020).*
- *PLAY @ HOME Games for Health and Wellbeing During the COVID-19 Outbreak.*[47] *(Right to Play, 2020)*

Some resources are also targeted to specific settings or groups. For example, *Adaptation of MHPSS in Camps in the Context of COVID-19.*[48] (Balleto et al., 2021) and *The Impact of COVID-19 on Mental, Neurological and Substance Use Services: Results of a Rapid Assessment.*[49] (WHO, 2020) and regional and country-specific findings and guidance. Further resources can be found in *Strengthening Public Mental Health in Africa Response to COVID-19.*[50] (Mental Health Innovation Network., n.d.).

The above list of resources is not exhaustive; documentation and analysis of COVID-19 MHPSS interventions, along with research findings, infographics, and advocacy statements, continue to be produced.

Evidence of MHPSS Resources and Programming: EVD

This section outlines critical MHPSS resources and programming relevant to EVD outbreaks identified in the desk review and the expert consultations. While EVD outbreaks were endemic to remote parts of Eastern Africa, namely the Democratic Republic of Congo and Uganda; the West African EVD epidemic in Sierra Leone, Liberia, and Guinea in 2014–2015 propelled the need to generate concerted guidance in addressing the widespread EVD epidemic, including MHPSS services in EVD. Some of these key documents included:

- *Mental Health and Psychosocial Support in Ebola Virus Disease Outbreaks: A Guide for Public Health Programme Planners.*[51] (IASC MHPSS Reference Group, 2015).
- *Psychological First Aid During Ebola Virus Disease Outbreaks.*[52] (2014) *along with The Facilitation Manual: Psychological First Aid During Ebola Virus Disease Outbreaks.*[53] (WHO, 2014).
- *Psychosocial Support During an Outbreak of Ebola Virus Disease.*[54] (IFRC, 2014).

Following the West African EVD epidemic and subsequent outbreaks again in Eastern Africa, case studies, lessons learned, and MHPSS research findings were published. A sample of these include:

- *A Systematic Review of Mental Health Programs Among Populations Affected by the Ebola Virus Disease.*[55] *(Cénat et al., 2020).*
- *Post-Ebola Psychosocial Experiences and Coping Mechanisms Among Ebola Survivors: A Systematic Review.*[56] *(James et al., 2019).*
- *An Assessment of Ebola-Related Stigma and its Association With Informal Healthcare Utilisation Among Ebola Survivors in Sierra Leone: a Cross-Sectional Study.*[57] *(James et al., 2020).*
- *Prevalence of Mental Health Problems in Populations Affected by the Ebola Virus Disease: A Systematic Review and Meta-Analysis.*[58] *(Cénat et al., 2020).*

- *Associations Between Mental Health and Ebola-Related Health Behaviors: A Regionally Representative Cross-sectional Survey in Post-Conflict Sierra Leone.*[59] *(Betancourt et al., 2016).*
- *Integrating Psychosocial Support at Ebola Treatment Units in Sierra Leone and Liberia.*[60] *(Weissbecker et al., 2018).*

Good Practices in Readiness and Response of MHPSS Infectious Disease Outbreaks

Reflections and learnings on MHPSS considerations and programming continue to be documented during major disease outbreaks, and their influence on country Emergency Preparedness and Response (EPR) plans are briefly discussed below as an example of good practices.

Some notable achievements from 2019–2020 that have been reported by multiple stakeholders, such as the IASC MHPSS Reference Group, WHO, and United Nations Office for the Coordination of Humanitarian Affairs (OCHA), highlighted MHPSS readiness and response in emergency settings and the COVID-19 pandemic. These achievements include:

1. **Recognition of MHPSS in Emergency Response.** For the first time, an overview of MHPSS needs was included in the OCHA Global Humanitarian Overview, advocating that global outbreak response goes beyond supporting physical needs and is inclusive of mental health.[61] MHPSS was also formally recognized as a cross-cutting issue in all emergencies and advocacy continues for MHPSS to be better reflected in country-specific Humanitarian Needs Overviews developed by the Humanitarian Country Teams, Humanitarian Response Plans[vii] developed by OCHA and Refugee Response Plans developed by United Nations High Commissioner for Refugees (UNHCR), with requisite indicators and dedicated budget lines.[62] [63]
2. **Inclusion of MHPSS in Global Humanitarian Response Plans.** The Global Humanitarian Response Plan for COVID-19.[64] (2020) included MHPSS as a cross-cutting issue and was linked to activities implemented by the UNHCR, UNICEF, United Nations Population Fund, IOM, United Nations Relief and Works Agency for Palestine Refugees in the Near East, and WHO.
3. **Inclusion of MHPSS in COVID-19 Country Response Plans.** According to a WHO rapid assessment among WHO member states on the impact of COVID-19 on mental, neurological and substance use services[65] (2020), the majority of the 130 countries (89%) reported MHPSS activities in their national COVID-19 response plans.
4. **Development and Inclusion of MHPSS Monitoring Indicators.** MHPSS monitoring indicators were included for the first time in humanitarian multilateral response plans, and the COVID-19 Strategic Preparedness and Response Plan[66] and the UN Framework for the Immediate Socio-economic Support to COVID-19[67] (2020) both included MHPSS indicators.[68] [69]
5. **Increase in Country-level Coordination of MHPSS Activities.** During COVID-19, the number of country-level multi-sectoral coordination groups for MHPSS doubled from 22 countries in March 2020 to 50 countries in November 2020.[70]

SUCCESS STORY: MHPSS Response to COVID - 19 Outbreak in Lebanon

An MHPSS Action Plan was specifically developed as part of the national response to the COVID-19 outbreak in Lebanon. It was developed by the Ministry of Public Health – National Mental Health Programme with WHO and UNICEF under the IASC Guidelines.

The goals of the action plan included (i) mitigating stressors, stigma, and discrimination against persons affected and health workers; (ii) the provision of mental health support to persons in quarantine either at a hospital or at home; (iii) supporting the mental health of health workers and first responders, and (iv) to ensure continuity of mental health care of persons using mental health services were in line with IPC guidelines.

Defined actions such as awareness-raising, PFA training, establishing call centers, establishing referrals, and triage criteria are listed per goal, and actions are also defined per target group.

The Action Plan was intended for all persons living in Lebanon, including Palestinian and Syrian refugees.

6. **Increased Accessibility of Key Guidance Documents and Resources.** Some of the key guidance documents and tools for MHPSS in the COVID-19 response were translated; for example, t*he Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak*[71] (2020) was translated into more than 20 languages, the *Basic Psychological Skills—A Guide for COVID-19 Responders was also translated into 23 languages, and "My Hero is YOU" Children Story Book on COVID-19*[72] (2020) was translated into 130 languages.
7. **Increased Country Efforts on MHPSS Readiness.** From a readiness perspective during the COVID-19 outbreak, countries that had experienced other major infectious disease outbreaks, such as EVD, demonstrated a higher level of awareness and preparedness to integrate MHPSS into COVID-19 planning and response.

   For example, to continue advancing awareness and preparedness for MHPSS in infectious disease outbreaks and also generally in humanitarian crises, the Africa Centers for Disease Control and Prevention, together with the Ministry of Health of Kenya and partners, hosted a workshop on integrating MHPSS in EPR Plans for East Africa Member States in November 2022. The workshop brought together MHPSS focal persons and those involved in national EPR plans to link mental health as an essential, cross-cutting thematic area for all emergency responses in the region.

   In addition, a study on *Challenges and Opportunities for Mental Health and Psychosocial Support in the COVID-19 Response in Africa: A Mixed-Methods Study*[73] (Walker et al., 2022) found that 28 out of 55 countries in the African Union showed that while implementation of activities based on the MHPSS guidelines was below 50% in most countries, 57% had established coordination groups, and 45% had developed MHPSS strategies. While quality benchmarks in MHPSS programming may not have reached optimal levels, the recognition of MHPSS in response, recovery, and preparedness efforts are promising.

Gaps in MHPSS Readiness and Response to Infectious Disease Outbreaks

This section outlines the gaps in MHPSS readiness and response in various infectious disease outbreaks identified in the desk review and during the expert consultations. The findings are framed under two overarching themes of gaps in ***coordination*** and gaps in ***quality of MHPSS programming.***

Prioritization and Coordination of MHPSS in Emergency Readiness and Response of Infectious Disease Outbreaks

A systematic review published in 2021 by the International Journal of Mental Health Systems[74] reported 109 barriers to scaling up MHPSS policies. The main reasons cited for these barriers included a lack of political will to prioritize mental health, resulting in mental health policies, policy implementation, and financial resources disproportionate to MHPSS needs. In humanitarian settings, policymakers were further challenged with insecurity issues such as conflict and violence, further deprioritizing MHPSS interventions.

A strong level of political commitment and engagement also requires sustained coordination through preparedness, readiness, response, and recovery cycle of a response. Effective engagement in humanitarian and outbreak coordination mechanisms by MHPSS actors is critical to ensure the ongoing prioritization and integration of MHPSS considerations and activities at all stages of an outbreak response. In recent years, MHPSS has increasingly functioned as a stand-alone outbreak response pillar[viii] when it is prioritized; and critical activities include mapping existing services, training frontline works, and integrating MHPSS assessments in preparedness, response, and recovery plans.[75]

However, MHPSS actors historically have faced many challenges to effective coordination within responses, both within infectious disease outbreaks and generally for MHPSS in the humanitarian sector. Almost all participants of the African Union's 55 countries that participated in a research study on *Challenges and Opportunities for Mental Health and Psychosocial Support in the COVID-19 Response in Africa: A Mixed-Methods Study*[76] (2022) reported that there was a lack of political engagement and interest in mental health. This result was due to various competing priorities, the pre-existing strain on resources, and the restricted allocation of funds for health and social services.

However, this lack of leadership and unwillingness of senior ministry officials within health, social and psychosocial interventions subsequently resulted in MHPSS programming being deprioritized and underfunded, further restricting in-country MHPSS coordination groups from carrying out their plans and activities as committed.

While national-level coordination mechanisms may exist in some countries, and specifically through the activation of outbreak response pillars during an outbreak, these groups formulate programming

strategies, adaptations, and guidance that do not always filter to the sub-national level coordination in a timely way, creating barriers to a coordinated response.

Additionally, when in-country MHPSS Working Groups exist as a sub-working group within the Health Cluster or Protection Cluster, the multi-sectoral scope of MHPSS programming shrinks as attendance and strategy design becomes primarily influenced by national health authorities and institutions within those sectors that may not realize the value of prioritizing MHPSS strategies and interventions.

A 2019 report on Cox Bazar's coordination of MHPSS services for Rohingya refugees in Cox's Bazar provides insightful approaches and recommendations on facilitating sub-national level coordination, particularly when there are numerous agencies spread over many locations responding to the same humanitarian crisis.[77] This includes the involvement of ERP focal persons stationed at each site to coordinate receiving MHPSS referrals from different sectors and frontline workers and linking them with service providers; conducting local coordination meetings to discuss and find practical solutions to localized issues and; ensuring the involvement of the community members such as community health workers and social workers to provide useful feedback and recommendations on community-based MHPSS interventions.

Quality MHPSS Programming in Emergency Readiness and Response of Infectious Disease Outbreaks

Several key challenges related to the quality of MHPSS programming were identified through the desk review and expert consultations; these included:

> **Lack of Funding for MHPSS in Emergency Responses.** While 89% of countries reported MHPSS activities in their national COVID-19 response plans, only 17% of these countries reported full funding to implement these activities.[78] Additionally, mental health still receives less than 1% of international aid earmarked for health, and prior to the pandemic, countries were spending approximately less than 2% of their national health budgets on mental health.[79] Hence, despite best efforts to provide diverse guidance, technical support, and skills building, the gaps in MHPSS funding restricts plans for MHPSS services to come to fruition during infectious disease outbreak responses. Although the inclusion of MHPSS in country EPR plans is a measure of success, the scope of MHPSS programming and the ability to provide quality services tends to be misleading in the absence of funding to implement what is stated in the EPR plans.

> **The Limited Scope of MHPSS in Emergency Programming.** While lack of funding contributes to limitations of MHPSS programming and often leads to it operating as a siloed sector, the inclusion of MHPSS activities in national response plans does not necessarily qualify the scope, capacity, or quality of services that can be provided. It is common for MHPSS programming not to be carried out in its entirety, and MHPSS programs conducted by the vast majority of agencies, including NGOs and government agencies, tend to focus primarily on psychosocial support (PSS) activities, staying away from the more complex, more expensive, and more demanding mental health component of MHPSS. Reporting a multi-sectoral approach or integration of MHPSS within other sectors also risks the likelihood of tokenistic interventions being implemented to fulfill programming checklists but are unable to be not delivered in ways required to ensure quality programming and a continuum of care.

> **Need to operationalize existing MHPSS resources in infectious disease outbreaks resources beyond COVID-19.** The COVID-19 pandemic sparked the development of guidance documents on MHPSS programming in infectious disease outbreaks, including sector-specific guidance on the integration of MHPSS actions into multiple sectors. While much of this guidance is centered around COVID-19, the fundamental principles, implementation strategies, and program considerations emerging from these resources, in many cases, can be extended to infectious disease outbreaks more generally. The key next step is to expand awareness, training, socialization, and localization of these resources to make existing guidance accessible, actionable, and relevant.

> **Shortage of Skilled Mental Health Professionals.** One of the consequences of deprioritizing MHPSS is the lack of trained personnel and infrastructure to support the delivery of MHPSS services. For example, the Mental Health and Psychosocial Support Assessment[80] (IMC, 2019) conducted in Yemen revealed that out of 71 health facilities across the country, only 10% had staff trained in the identification or treatment of mental disorders. This reality is reflective of several humanitarian settings, and while community-based mental health screening and PSS interventions help to

boost some level of basic support services, it does not fill gaps in skilled MHPSS providers and the extent of care and services they can provide.

Additionally, in infectious disease outbreaks, health providers and clinicians also fear contracting the disease themselves, which can impact the overall quality of care provided and lead patients to feel shunned, exacerbating their fear and mistrust in the health and social services system. In a case commentary in the American Medical Journal of Ethics, Srivasta et al.[81] (2020) discussed how clinicians feared EVD patients due to the high fatality rate of EVD and this fear consequently diminished the quality of care patients received. They further stated, "Although the WHO created a Mental Health Gap Action Programme in 2010 for use in low-resource settings, this guide does not sufficiently emphasize the importance of culturally appropriate responsiveness, epidemic-specific challenges in global health care delivery, or 'upstream' prevention factors that could help decrease the need for mental health services."[82] In unpacking this statement, the gaps revealed are multi-fold: lack of skilled mental health professionals; existing MHPSS personnel facing fears of personal safety, specifically when experiencing an infectious disease outbreak; and a lack of culturally-relevant guidance and training for MHPSS workers, again explicitly in the context of infectious disease outbreaks.

> **Weak Information Management and Monitoring & Evaluation of MHPSS Programming in Infectious Disease Outbreaks.** In a study on *Challenges and Opportunities for Mental Health and Psychosocial Support in the COVID-19 Response in Africa*[83] (2022), a mental health focal point was highlighted by a member of the Ministry of Health's interview, "We didn't have enough mental health indicators collected or people trained on how to fill this indicator, so we had inadequate data collection and reporting, so what you are getting—the reports we are getting [do not represent] a true picture of what's going on in the ground."

This statement is illustrative of a wider complexity around information management systems related to MHPSS interventions. The reasons for monitoring and evaluation gaps are multi-fold. These include a lack of training on how to collect, verify and report data; lack of available, accessible, and functional technology for consistent collection and reporting use affecting timely reporting; overall gaps in the health information management system; lack of personnel to collect data and; a siloed collection of MHPSS data within specific sectors, namely health, and protection, leading to a non-holistic understanding of MHPSS. Furthermore, during infectious disease outbreaks, the stigma associated with being infected with the disease and the fear of being ostracized and spreading infection impedes accurate data collection due to people's reluctance to report on an already under-reported concern. The COVID-19 pandemic spurred substantial global research, but routine, country-level data collection and evaluation are still insufficient for EPR plans and resource mobilization.

Recommendations

The recommendations below have been formulated using findings from all phases of the mapping, including the desk review, expert consultations, and the validation workshop.

Cross-Cutting Recommendation: Acknowledge and Action on the Importance of Locally-Led Efforts in Maintaining and Prioritizing MHPSS Services During an Outbreak Response

Throughout the three phases of this report, it became clear that prioritization and support to locally-led response efforts is a key overarching theme cutting across all recommendations and is critical to prioritizing MHPSS in infectious disease outbreaks. Localization or locally-led action can be defined as 'the process to increase the leadership and authority of local and national actors in determining how local, national, and international resources are used within their communities to address their priorities and 'moving capacity, resources, and ownership to national and local actors will result in more timely, appropriate, and effective outcomes.[84]

The following learnings, informed by this report's findings, can be applied throughout all the recommendations.

> **Engaging national and local stakeholders as partners in the response and leveraging existing community resources are essential to developing community trust and acceptance of the response.** When an infectious disease outbreak occurs, people tend to experience stress, confusion and fear, which can be exasperated when control policies impose restrictive lockdowns, quarantine, or isolation and call for the disruption of traditional practices and the adoption of new behaviors. These and other factors can also lead to increased mistrust, misinformation, and stigma toward specific groups, including marginalized groups who tend to be targets of blame. Given that communities often have the best knowledge about what works in their settings, MHPSS and risk communication and community engagement actors can conduct communication and community engagement activities that identify and address these and other issues while leveraging knowledge and resources such as community influencers that can help build trust and reduce stigma and misinformation.

> **International agencies and organizations cannot respond effectively to MHPSS needs of a population without co-ownership with national and local MHPSS actors.** This is especially true for the design, implementation, monitoring, and evaluation of MHPSS programming in the preparedness and response phases.

> **Language is important for achieving an effective locally led response.** This includes using or translating to the chosen language of national and local actors in all communications and a common agreement on technical MHPSS and outbreak terminology.

> **Local and national MHPSS actors require support to truly participate and engage in the coordination of MHPSS outbreak response efforts.** They may require support to access, understand and benefit from humanitarian coordination structures and outbreak response coordination mechanisms such as the outbreak response pillars, especially regarding entry points for MHPSS programming and advocacy and ways of operating.

> **Localized trainings, ongoing capacity development and mentoring of local and community-based NGOs is essential for sustainability of MHPSS services, especially through the readiness, response, and recovery of infectious disease outbreaks.** Efforts to contextualize and translate skills-strengthening activities should be prioritized in outbreak preparedness and planning.

> **Integrating MHPSS into general health care at the local level can ensure MHPSS services are less stigmatizing and more accessible during outbreaks.** Ensuring that general and primary health care providers are trained in basic MHPSS (providing immediate PFA, recognizing signs of mental health conditions, and making safe referrals to specialized mental health services) is vital for MHPSS to be more accessible and less stigmatizing for people who are seeking care.

Recommendation 1: Increased Awareness and Training of Existing IASC MHPSS Guidelines & Related Resources

The IASC Guidelines, together with numerous sector-specific and other related MHPSS technical resources, offer a wide resource bank of MHPSS guidance that are relevant during infectious disease outbreaks. Desk research findings were consistent with the opinions of consulted experts that efforts should now be directed towards increasing awareness and capacity development of existing resources rather than developing new and more nuanced resources. However, if further country and regional-level consultations reveal a need for a composite resource that compiles all guidance materials specifically for readiness in infectious disease outbreaks, this can be later developed to offer an MHPSS Readiness Toolkit for Infectious Disease Outbreaks. Likewise, any training can also provide an opportunity for MHPSS actors to better understand the common coordination mechanisms often activated in major disease outbreaks, such as outbreak response pillars and emergency operations centers. This improved understanding will improve the integration and advocacy of MHPSS activities.

For any trainings or awareness sessions, the following should apply:

> ***Ensure all MHPSS trainings and capacity strengthening initiatives underpin the cross cutting and cross sectoral nature of MHPSS*** to avoid reinforcing the common misconception that MHPSS activities are stand alone or an additional task or activity during outbreaks.

> ***Prioritize integration of MHPSS within other infectious disease outbreak trainings and capacity strengthening initiatives,*** existing or new. To ensure MHPSS is integrated and prioritized in outbreak planning and response, there should be a united effort to build MHPSS modules into other outbreak trainings.

> ***Include non-MHPSS specialists in MHPSS capacity strengthening initiatives.*** Stand-alone MHPSS training curriculums that strengthen understanding of key guidance documents are still a priority, but the target audience should go beyond MHPSS specialists and practitioners and strive for multi-sectoral participants groups.

> ***Format and timing of trainings should be considered depending on the stage of the outbreak.*** For example, in preparedness and readiness phases, longer and more detailed trainings are appropriate, but in the early stages of a response, the MHPSS community should consider more targeted Just-In-Time (JIT) trainings in collaboration with other humanitarian responses across sectors. These JIT trainings can also act as awareness-raising sessions of MHPSS needs in outbreaks among non-MHPSS specialists and could focus on subjects like PFA, basic helping skills, mental health referrals, addressing the stigma around mental health, staff well-being, and other practical and targeted MHPSS topics.

> ***All trainings and capacity initiatives should prioritize local and national actors and be delivered in an accessible language and learning format.*** Where possible, trainings should be based on contextualized MHPSS needs of the population, incorporating cultural and diversity aspects, avoiding the presumption of a population as a homogenous group.

Recommendation 2: Prioritize Funding for MHPSS in Infectious Disease Outbreaks in the Preparedness and Response Phases

The success of MHPSS programming, in general, and specifically within infectious disease outbreaks, is heavily contingent on funding, especially in low-resource and humanitarian settings. Governments and international humanitarian actors should continue to advocate for donors to increase multi-year flexible funding that addresses immediate infectious disease emergencies and puts into place systems and processes to support MHPSS programming across the readiness, response, and recovery cycle.

Health actors, who are typically responsible for managing outbreak preparedness and response activities, should ensure the integration and prioritization of MHPSS activities into overall outbreak preparedness and readiness plans, proposals, and conversations with donors. Health actors can also support funding efforts by advocating for MHPSS as an essential component for an effective outbreak response and a core element of health programming before outbreaks occur. Too often MHPSS is underprioritized in essential services, preventing surge capability when outbreaks do occur.

Recognizing local and community support groups and networks as a priority for funding within outbreaks is essential in the move towards locally-led sustainable MHPSS services in outbreaks and humanitarian settings. Funding for local actors can be improved by creating greater awareness around what constitutes MHPSS activities, especially with non-MHPSS actors (e.g., funding to key community support groups should be prioritized particularly to help ensure services are adapted appropriately and remain available when public health and social measures may be in place during an outbreak).

Any increase in funding for outbreak preparedness or response should:

> ***Continue investments in workforce development.*** Support the education, supervision, and training of MHPSS specialists, prioritizing local and national individuals and organizations.

> ***Cover the full spectrum of MHPSS activities needed for infectious disease outbreaks.*** Inclusion of specialized mental health services with access to pharmaceuticals and their management, but also PSS services such as providing PFA and immediate PSS, strengthening community support systems through structured PSS activities for individuals and groups (e.g., families), child-friendly spaces, and other community-based MHPSS through integration into essential social and primary health services.

> ***Prioritize local organizations for direct or partnership funding.*** Local organizations are best placed to understand the population's needs, context, and culture and are more likely to carry on activities once international responses have ceased.

Recommendation 3: Increase the Number, Capacity, & Retention of Skilled Workers Who Can Provide MHPSS Services

Several of the sub-recommendations below reflect a more significant, much-needed investment in skilled workers for MHPSS globally, which is often exacerbated during major disease outbreaks, most recently with the COVID-19 pandemic. To increase the number, capacity, and retention of skilled workers who can provide MHPSS services in emergency response settings, such as major disease outbreaks, the humanitarian community should:

> ***Adopt a sustainable approach.*** There should be a sustained effort from the humanitarian community, particularly international NGOs, to include skilled workers who can provide sustainable MHPSS services as part of a standard team set up in humanitarian settings, regardless of an outbreak. During major disease outbreaks, there is also often an overreliance on international staff, exacerbating the failure to address long-term gaps in personnel through reliance on short-term positions rather than investing and upskilling local and national team members.

> ***Prioritize capacity strengthening of multi-disciplinary personnel able to support the delivery of MHPSS services and activities.*** This investment could increase the number and capacity of personnel to support the provision of some aspects of MHPSS services, including social workers, child protection workers, teachers, PSS counselors, and community outreach workers. Capacity strengthening of multi-disciplinary personnel is a necessary solution to complement shortages in MHPSS staffing gaps.

> ***Prioritize working with local actors such as government ministries and regional training institutions to contextualize global training materials.*** Context-specific modifications, beyond just translation of materials, should be conducted for culturally relevant MHPSS trainings and adopted within national training institutions. This applies to specialized MHPSS trainings to produce specialized mental health professionals; pre-service trainings for key personnel such as nurses and teachers; continuous professional trainings, supportive supervision and mentorship programs, to enable services across all levels of the pyramid to be offered but informed by country or regional context. Technical experts from international agencies and global teaching institutions can contribute to and strengthen this effort by continuing to collaborate with ministries (e.g., health, education, and social welfare) in countries to contextualize curriculum and provide training programs to produce different cadres of MHPSS professionals and para-professionals.

> ***Recognize and respond to the MHPSS needs of those working in outbreaks.*** Retaining professionals and para-professionals with MHPSS skills is as critical as the ongoing skills development of these workers. Ensuring the development and implementation of staff well-being programs and support, especially for those with direct client contact, must be prioritized so they remain healthy, can effectively carry out their work, avoid or reduce burnout and psychological distress, and lessen the likelihood of staff attrition.

Recommendation 4: Improve Monitoring and Evaluation of MHPSS in Infectious Disease Outbreaks

It is vital to include learning, feedback, monitoring, and evaluation mechanisms to measure the scope and effectiveness of MHPSS activities and to make a case for investing in MHPSS programming, both unilaterally and through multi-sectoral channels. The various findings from COVID-19 and EVD outbreaks strongly encourage governments and the humanitarian community to galvanize results and learnings from these experiences to inform their readiness measures in preparation for future infectious disease outbreaks and to ensure MHPSS is prioritized throughout all phases of an outbreak.

Comprehensive guidance is already available through the *IASC Common Monitoring and Evaluation Framework for MHPSS in Emergency Settings*,[85] updated in 2021 to include qualitative and quantitative means of verification for impact-level indicators in the framework. The efforts now need to be centered around familiarizing national stakeholders with this tool and adopting the use of this tool by developing it into training.

Recommendation 5: Build Solid and Inclusive Outbreak Coordination Mechanisms for MHPSS in Preparedness and Response

Ensuring the provision of quality MHPSS outbreak programming requires collaborative efforts from international, regional, national, local, and community actors. A highly collaborative and inclusive mechanism is critical to responding, especially for large-scale infectious disease outbreaks that are classified as PHEIC. Outbreak coordination mechanisms require collaboration across sectors and at various geographic levels.

To strengthen regional, national, and sub-national MHPSS coordination:

> In-country coordination through an MHPSS Working Group is recommended to be a standing interagency entity in humanitarian settings with a defined TOR. Their main objectives should remain (i) spearheading MHPSS efforts; (ii) advocating to establish an MHPSS outbreak response pillar to implement IASC MHPSS recommendations; (iii) coordinating with the global IASC MHPSS Reference Group and regional offices such as WHO and Centers for Disease Control and Prevention (CDC) regional offices and; (iv) providing technical support across sectors to implement multi-sectoral MHPSS activities.

> Regionally, there should be increased effort to develop policies and agreements to facilitate sharing experiences, learning between countries and reflecting measures that can be taken collectively as regional interventions. The IASC MHPSS Reference Group is the leading global body steering the technical advice on MHPSS in emergency settings, with individual agencies leading further different MHPSS technical programming integrations (e.g., WHO).

National and Sub-national Outbreak coordination mechanisms can strengthen inclusivity through the following:

> Active engagement of people with lived experience of mental health conditions throughout preparedness planning and response to infectious disease outbreaks.

> Inclusion of persons with disabilities, with a particular focus on assessment and special considerations for how the outbreak is or may be affecting them.

> Ensuring space and the development of relevant processes, as necessary, for actors working at the community and local level (including those from historically marginalized groups) to be heard in national level decision-making forums.

> Engagement with other actors involved in outbreak response beyond the conventional humanitarian actors (e.g., local support groups, civil society, and development actors).Translation and interpretation during coordination meetings and related documents in relevant languages (including languages of persons displaced from different countries and refugees where applicable).

> Translation and interpretation during coordination meetings and related documents in relevant languages (including languages of persons displaced from different countries and refugees where applicable).

> Youth participation at sub-national and national decision-making levels.

Any Emergency Preparedness Planning is recommended to:

> Ensure ERP mechanisms include cross-sectoral MHPSS programming in outbreak coordination planning to ensure timely services in the event of an outbreak and reinforce the cross-cutting nature of MHPSS.

> Be developed with UN agencies, such as the WHO, and international infectious disease agencies, such as the CDC, to guide their support to national governments in outbreak preparedness planning and response.

> Be used to advocate for readiness and response funding of MHPSS activities, especially by International NGOs, United Nation agencies, and international agencies such as the CDC.

> Be formulated in consultation with various stakeholders, particularly national and local NGOs, community-based organizations, and development agencies and be disseminated in an accessible format and language.

Conclusion

As the world experienced the dire impacts of the COVID-19 pandemic on mental health and psychosocial well-being, it further highlighted the critical need for MHPSS services during an infectious disease outbreak. The short- and long-term consequences of stress, fear, uncertainty, anxiety, anger, stigma, and grief are profound in communities and even more acutely experienced by high-risk groups such as health workers and vulnerable groups (e.g., children, refugees, and displaced persons).

While COVID-19 further exposed the need for the prioritization of MHPSS services during major disease outbreaks, these needs and vulnerabilities have always existed in outbreak responses, including in epidemics such as EVD and cholera.

Informed by the mapping and recommendations from the report, we conclude that there are currently adequate MHPSS resources to address infectious disease outbreaks (across preparedness, response, and recovery cycle), and there is not a current need for significant investments in the development of more nuanced MHPSS in infectious disease outbreak resources.

With the global MHPSS resources to address infectious disease outbreaks now collated, the next step is to focus, through the overall lens of localization agenda and coordination efforts, on developing and advancing MHPSS in infectious disease outbreaks capacity and skills strengthening approaches (e.g., training and supervision models), cross-sectoral MHPSS coordination and collaboration at the national, sub-national and regional levels, enhancing the MHPSS evidence base (e.g., monitoring, evaluation, and learning) for further advocacy and keeping MHPSS high on the agenda of humanitarian response architecture and the national government's agendas in preparedness and response to infectious disease outbreaks.

Overall, challenges to act on these recommendations still exist, but humanitarian actors, including donors and national governments, have the opportunity to build on the momentum galvanized through the COVID-19 pandemic and apply its learnings for MHPSS readiness and response to future emergency infectious disease outbreaks. We hope this mapping report will serve as a useful resource base for shedding more light on more robust MHPSS integration, coordination, and implementation in readiness and response efforts in infectious disease outbreaks in the future.

Endnotes

I. The Inter Agency Standing Committee Reference Group on MHPSS or the IASC MHPSS Reference Group was established in December 2007 and the group's duty is to support and advocate for the implementation of the IASC MHPSS Guidelines. The Reference Group consists of more than 30 members, and fosters a unique collaboration between NGOs, the UN, and international agencies and academic institutions to promote best practices in MHPSS. Available here.

II. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007.

III. The International Federation of Red Cross and Red Crescent Societies defines psychological first aid as, "a method of helping people in distress so they feel calm and supported in coping with their challenges. The basis of psychological first aid is caring about the person in distress. It involves paying attention to the person's reactions, active listening and, if needed, providing practical assistance such as problem solving or help to access basic needs." Available here.

IV. A PHEIC is defined by the WHO's International Health Regulations (2005) as "an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response". This definition implies a situation that is: serious, sudden, unusual, or unexpected; carries implications for public health beyond the affected State's national border; and may require immediate international action. Available here.

V. According to IASC, the Do No Harm approach is described as "do no harm in relation to physical, social, emotional, mental and spiritual well-being and being mindful to ensure that actions respond to assessed needs, are committed to evaluation and scrutiny, supporting culturally appropriate responses and acknowledging the assorted power relations between groups participating in emergency responses". (IASC's Common Monitoring and Evaluation Framework for MHPSS in Emergency Settings, 2017).

VI. The MHPSS.net is an invaluable online portal that provides MHPSS practitioners, policy and decision makers with easily accessible MHPSS tools and resources during an emergency.

VII. The Humanitarian Response Plan is prepared by OCHA for a protracted or sudden onset emergency that requires international humanitarian assistance.

VIII. Response pillars define response activities and team structures and aim to reduce redundancy and siloed working. Response pillars can and will change with each response. Some pillars will always be essential in response coordination while others may be less of a priority for some diseases. (READY, 2022)

Annex

Evidence of MHPSS Resources and Programming in Humanitarian Emergencies:

1. IASC Guidelines on MHPSS in Emergency Settings (IASC Guidelines) (2007). Inter-Agency Standing Committee (IASC).
2. IASC Guidelines on MHPSS in Emergency Settings: Checklist for Field Use (2008). Inter-Agency Standing Committee (IASC)
3. Mental Health and Psychosocial Support Minimum Service Package (MHPSS MSP) (2022). Inter-Agency Standing Committee (IASC).
4. MHPSS Emergency Toolkit (2019). Mental Health & Psychosocial Support Network (MPHSS.net).
5. Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know? (2010). IASC MHPSS Reference Group.
6. Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Protection Programme Managers Know? (2010). IASC MHPSS Reference Group.
7. Mental Health and Psychosocial Support in Emergency Settings: What Should Camp Coordinators and Camp Manager Actors Know? (2014). IASC MHPSS Reference Group.
8. IASC Reference Group Mental Health and Psychosocial Support Assessment Guide (2012).
9. Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support: Manual with Activity Codes (2012). IASC MHPSS Reference Group.
10. Advocacy Package of IASC Guidelines on MHPSS in Emergency Settings (2022). IASC MHPSS Reference Group.
11. Mental Health and Psychosocial Support in Emergency Settings: Monitoring and Evaluation (2017). IASC MHPSS Reference Group.
12. Caring for Volunteers – A Psychosocial Support Toolkit (2012). International Federation of Red Cross and Red Crescent Societies.
13. Psychological First Aid Training Manual for Child Practitioners (2013). Save the Children.
14. Operational Guidelines Community Based Mental Health and Psychosocial Support in Humanitarian Settings: Three-tiered support for children and families (2018). United Nations Children's Fund.
15. Bridging the Gap from Policy to Practice on Mental Health and Psychosocial Services in Emergency Settings (2022). Inter-Agency Standing Committee
16. Mental Health and Psychosocial Support Assessment: Needs, services and recommendations to improve the wellbeing of those living through Yemen's humanitarian emergency (2019). International Medical Corps.
17. How Should Clinicians Integrate Mental Health into Epidemic Responses (2020). Srivasta, S. & Stewart, K. AMA Journal of Ethics. 222(1), 10–15.
18. Barriers and facilitators for scaling up mental health and psychosocial support interventions in low- and middle-income countries for populations affected by humanitarian crises: a systematic review (2021). Troup, J., et al. International Journal of Mental Health Systems 15(5).
19. Global Humanitarian Response Plan COVID-19 (2020). United Nations Office for the Coordination of Humanitarian Affairs (OCHA).
20. Global Humanitarian Overview 2020 (2020). United Nations Office for the Coordination of Humanitarian Affairs (OCHA).
21. Enhancing mental health pre-service training with the mhGAP Intervention Guide: experiences and lessons learned (2020). World Health Organization.

Evidence of MHPSS Resources and Programming in Infectious Diseases Outbreaks: COVID-19:

22. Interim Briefing Note Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak (2020). IASC MHPSS Reference Group.
23. Operational Considerations for Multisectoral Mental Health and Psychosocial Support Programs During the COVID-19 Pandemic
24. MHPSS COVID-19 Toolkit (2020). IASC MHPSS Reference Group.
25. Guidelines for Remote MHPSS Programming in Humanitarian Settings (2022). International Medical Corps
26. COVID-19 Operational Guidance Note: Mental Health and Psychosocial Support within Health programs (2020). International Rescue Committee.
27. Tips for parents and caregivers during COVID-19 School Closures: Supporting children's wellbeing and learning (2020). The MHPSS Collaborative for Children and Families in Adversities and Save the Children.
28. PLAY @ HOME Games for Health and Wellbeing during the COVID-19 Outbreak (2020). Right to Play.
29. Adaptation of MHPSS in camps in the context of COVID-19 (2021). Balleto et al.
30. The Impact of COVID-19 on mental, neurological and substance use services: results of a rapid assessment (2020). WHO.
31. Strengthening Public Mental Health in Africa Response to COVID-19 (2021). WHO AFRO et al.
32. Mental Health and COVID-19: Early evidence of the pandemic's impact: Scientific brief (2022). WHO.
33. Challenges and Opportunities for Mental Health and Psychosocial Support in the COVID-19 Response in Africa: A Mixed-Methods Study. International Journal of Environmental Research and Public Health (2022). Walker et al.
34. Strengthening Public Mental Health in Africa in Response to COVID-19 (2021). Mental Health Innovation Network.

General COVID-19 MHPSS Resources:

1. Basic Psychosocial Skills: A Guide for COVID-19 Responders (2020). IASC.
2. Interim Guidance: Public Health & Social Measures for COVID-19 Preparedness and Response in Low Capacity & Humanitarian Settings (2020). IASC.

Remote MHPSS Support:

3. Remote Psychological First Aid during the COVID-19 Outbreak (2020). International Federation of Red Cross and Red Crescent Societies.
4. Guidelines for Remote MHPSS Programming in Humanitarian Settings (2022). International Medical Corps.
5. EQUIP Courses on Providing Psychological Care Remotely (2022). WHO & UNICEF.

Risk Communication and Community Engagement (RCCE):

40. Community-Based Health Care, including Outreach & Campaigns, in the Context of the COVID-19 Pandemic (2020). IFRC, WHO and UNICEF.
41. How to Include Marginalized and Vulnerable People in Risk Communication and Community Engagement (2020). The RCCE Working Group on COVID-19 Preparedness and Response in Asia and the Pacific.

Front-Line Health Care Workers in COVID-19:

42. Supportive Supervision during COVID-19 (2020). IFRC.
43. MHPSS for Staff, Volunteers and Communities in an Outbreak of Novel Coronavirus (2020). IFRC PSS Center.
44. Psychological Coping during Disease Outbreak Healthcare professionals and first responders (2020). Hong Kong Red Cross.

Child and Adolescent Protection in COVID-19:

45. How Parents Can Support Their Children Through COVID-19 Losses (2020). UNICEF.
46. COVID-19 Operational Guidance for Implementation and Adaptation of MHPSS Activities for Children, Adolescents and Families (2020). UNICEF.
47. My Hero is You: Storybook for Children on COVID-19 (2020). IASC.

Education in COVID-19:

48. How Teachers Can Talk to Children about Coronavirus Disease (2020). UNICEF.
49. Activities and games for children's well-being in times of lockdown and school closure (2020). United Nations Relief and Works Agency for Palestine Refugees in the Near East.

COVID-19 and Gender:

50. Identifying & Mitigating Gender-Based Violence Risks within the COVID-19 Response (2020). IASC and Global Protection Cluster.
51. MHPSS Considerations for Staff working on GBV prevention, mitigation and response during COVID-19 Crisis (2020). The Gender-Based Violence Area of Responsibility.
52. Global Protection Cluster Gender-Based Violence Area of Responsibility (2020). Mental Health and Psychosocial Support Considerations for Staff During COVID-19 Crisis.

Evidence of MHPSS Resources and Programming in Infectious Diseases Outbreaks (EVD):

53. Mental Health and Psychosocial Support in Ebola Virus Disease Outbreaks: A Guide for Public Health Programme Planners (2015). IASC MHPSS Reference Group in Emergency Settings.
54. Psychological First Aid during Ebola virus disease outbreaks (2014). WHO.
55. Facilitation Manual on Psychological First Aid during Ebola virus disease outbreaks (2014). WHO.
56. Psychosocial support during an outbreak of Ebola virus disease (2014). IFRC.
57. A Systematic review of mental health programs among populations affected by the Ebola virus disease (2020). Cénat J. M. et al.
58. Post-Ebola psychosocial experiences and coping mechanisms among Ebola survivors: a systematic review (2019). James P. B. et al.
59. An assessment of Ebola-related stigma and its association with informal healthcare utilisation among Ebola survivors in Sierra Leone: a cross-sectional study (2020). James, P. B., et al.
60. Prevalence of mental health problems in populations affected by the Ebola virus disease: A systematic review and meta-analysis (2020). Cénat J. M. et al.
61. Associations between Mental Health and Ebola-Related Health Behaviors: A Regionally Representative Cross-sectional Survey in Post-conflict Sierra Leone (2016). Betancourt, T. S. et al.
62. Integrating psychosocial support at Ebola Treatment Units in Sierra Leone and Liberia (2018). Weissbecker, et al.
63. Impact of Ebola experiences and risk perceptions on mental health in Sierra Leone (2015). Jalloh M. F. et al.

References

1. IASC MHPSS Reference Group. (2020). Interim briefing note addressing mental health and psychosocial aspects of COVID-19 outbreak. https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/interim-briefing-note-addressing-mental-health-and-psychosocial-aspects-covid-19-outbreak
2. WHO. (2020). The impact of COVID-19 on mental, neurological, and substance use services. https://www.who.int/publications/i/item/978924012455
3. World Vision. (n.d.). What is a humanitarian disaster? https://www.wvi.org/disaster-management/what-humanitarian-disaster
4. WHO. (2023). Disease outbreaks. WHO Regional Office for the Eastern Mediterranean. https://www.emro.who.int/health-topics/disease-outbreaks/index.html
5. IASC. (2007). IASC guidelines on mental health and psychosocial supporting emergency settings. https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Guidelines%20on%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings%20%28English%29.pdf
6. WHO. (2022 March 2). Mental Health and COVID-19: Early evidence of the pandemic's impact: Scientific brief, 2 March. https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1
7. Jalloh, M. F., Li, W., Bunnell, R., Ethier, K. A., O'Leary, A., Hageman, K. M., Sengeh, P., Jalloh, M. B., Morgan O., Hersey S., Marston, B. J., Dafae, F., & Redd, J. T. (2015). Impact of Ebola experiences and risk perceptions on mental health in Sierra Leone. BMJ Global Health, 3(2). http://dx.doi.org/10.1136/bmjgh-2017-000471
8. IASC MHPSS Reference Group. (2007). IASC Guidelines on mental health and psychosocial support in emergency settings. https://interagencystandingcommittee.org/iasc-reference-group-on-mental-health-and-psychosocial-support-in-emergency-settings
9. IASC. (2008). Mental health and psychosocial support: Checklist for field use. https://interagencystandingcommittee.org/system/files/legacy_files/Checklist%20for%20field%20use%20IASC%20MHPSS.pdf
10. IASC. (2022). The mental health and psychosocial support: Minimum service package. https://interagencystandingcommittee.org/system/files/2023-01/IASC%20MHPSS%20Minimum%20Service%20Package.pdf
11. The Sphere Project. (2018). Sphere handbook 2018. https://spherestandards.org/handbook-2018/
12. The Alliance for Child Protection in Humanitarian Action. (2019). Minimum standards for child protection in humanitarian action. https://spherestandards.org/wp-content/uploads/CPMS-2019-EN.pdf
13. UNFPA. (2019). The inter-agency minimum standards for gender-based violence in emergencies programming. https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimun_Standards_Report_ENGLISH-Nov.FINAL_.pdf
14. Mental Health & Psychosocial Support Network. (2019). MHPSS emergency toolkit. https://app.mhpss.net/images/2019_MHPSS_toolkit.pdf
15. IASC MHPSS Reference Group. (2010). Mental health and psychosocial support in humanitarian emergencies: What should humanitarian health actors know? https://app.mhpss.net/?get=316/1.3_what_humanitarian_health_actors_should_know.pdf
16. IASC Global Protection Cluster Working Group and IASC MHPSS Reference Group. (2010). Mental health and psychosocial support in humanitarian emergencies: What should protection programme managers know? https://interagencystandingcommittee.org/system/files/legacy_files/MHPSS%20Protection%20Actors.pdf
17. IASC MHPSS Reference Group. (2013). Mental health and psychosocial support in emergency settings: What should camp coordination and camp management actors know? https://interagencystandingcommittee.org/system/files/legacy_files/IASC%20MHPSS%20booklet%20%27Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings%2C%20What%20should%20Camp%20Coordinators%20and%20Camp%20Manager%20Actors%20Know%27%20-%202013.pdf
18. IASC MHPSS Reference Group. (2013). IASC reference group mental health and psychosocial support assessment guide. https://app.mhpss.net/?get=316/1366828768-201304IASCRGonMHPSSAssessmentGuide.pdf
19. IASC MHPSS Reference Group. (2012). Who is where, when, doing what (4Ws) in mental health and psychosocial support: Manual with activity codes (field test-version). https://app.mhpss.net/?get=225/1355511992-iasc_4ws.pdf
20. IASC MHPSS Reference Group. (2017). A common monitoring and evaluation framework for mental health and psychosocial support in emergency settings. https://interagencystandingcommittee.org/system/files/2021-03/IASC%20Common%20Monitoring%20and%20Evaluation%20Framework%20for%20MHPSS%20Programmes%20in%20Emergency%20Settings_0.pdf
21. IFRC. (2012). Caring for volunteers: A psychosocial support toolkit. https://app.mhpss.net/?get=354/caring-for-volunteers-a-psychosocial-support-toolkit.pdf
22. Save the Children. (2013). Save the Children: Psychological first aid training manual for child practitioners. https://app.mhpss.net/?get=316/final_pfa.compressed-min.pdf
23. UNICEF. (2018). Community-based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families. https://www.unicef.org/media/52171/file/Mental%20health%20and%20psychosocial%20support%20guidelines%202019%20.pdf
24. IASC MHPSS Reference Group. (2020). Addressing mental health and psychosocial aspects of COVID-19 outbreak (Version 1.5). https://app.mhpss.net/?get=372/iasc-interim-briefing-note-on-covid-19-outbreak-readiness-and-response-operations-mhpss_0.pdf
25. IASC MHPSS Reference Group. (2020). Operational considerations for multisectoral mental health and psychosocial support programmes during the COVID-19 pandemic. https://interagencystandingcommittee.org/system/files/2020-06/IASC%20Guidance%20on%20Operational%20considerations%20for%20Multisectoral%20MHPSS%20Programmes%20during%20the%20COVID-19%20Pandemic.pdf
26. Mental Health and Psychosocial Support Network. (2020 June 15). MHPSS COVID-19 toolkit: Coronavirus disease (COVID-19) pandemic (Version 2.0). https://app.mhpss.net/?get=354/english-mhpss-covid-19-toolkit-v.2-3.pdf
27. IASC. (2020). Basic psychosocial skills: A guide for COVID-19 responders. https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-guidance-basic-psychosocial-skills-guide-covid-19-responders
28. IASC. (2020 May 6). Interim guidance on public health and social measures for COVID-19 preparedness and response operations in low capacity and humanitarian settings. https://www.alnap.org/help-library/interim-guidance-on-public-health-and-social-measures-for-covid-19-preparedness-and

29. IFRC. (2020). Remote Psychological first aid during a COVID-19 outbreak. Psychosocial Centre. https://app.mhpss.net/?get=360/ifrc-ps-centre.-remote-pfa-during-a-covid-19-outbreak.-final.-eng-1.pdf

30. International Medical Corps. (2022). Guidelines for remote MPHSS programming in humanitarian settings. https://cdn1.internationalmedicalcorps.org/wp-content/uploads/2022/06/Guidelines-for-Remote-MHPSS-Programming-in-Humanitarian-Settings-English.pdf

31. WHO & UNICEF. (2021). Ensuring quality in psychological support (EQUIP). https://equipcompetency.org/en-gb https://who-equipremote.org/en-gb

32. IFRC, WHO, & UNICEF. (2020). Community-based health care, including outreach and campaigns, in the context of the COVID-19 pandemic. https://app.mhpss.net/?get=354/who-2019-ncov-comm_health_care-2020.1-eng.pdf

33. The Risk Communication and Community Engagement Working Group on COVID-19 Preparedness and Response in Asia and the Pacific. (2020). How to include marginalized and vulnerable people in risk communication and community engagement. https://app.mhpss.net/?get=354/covid-19_communityengagement_130320.pdf

34. IFRC. (2020). Supportive supervision during COVID-19. https://app.mhpss.net/?get=354/supportive-supervision-during-covid-19.pdf

35. IFRC Psychosocial Centre. (2020). Mental health and psychosocial support for staff, volunteers and communities in an outbreak of novel coronavirus. https://app.mhpss.net/?get=360/mhpss-in-ncov-2020_eng_final.pdf

36. Hong Kong Red Cross. (2020). Psychological coping during disease outbreak healthcare professionals and first responders. https://app.mhpss.net/?get=354/mhpss-during-disease-outbreak_provider_eng_final.pdf

37. UNICEF. (2020). How Parents Can Support Their Children Through COVID-19 Losses. https://www.unicef.org/coronavirus/how-parents-can-support-their-child-through-covid-19-losses

38. UNICEF. (2020). COVID-19 Operational guidance for implementation and adaptation of MHPSS activities for children, adolescents and families. https://app.mhpss.net/?get=372/unicef-final_june-2020-covid-19-operational-guidance-for-mhpss-implementation-and-adaptation.pdf

39. IASC. (2020). My hero is you: Storybook for children on COVID-19. https://interagencystandingcommittee.org/system/files/2020-04/My%20Hero%20is%20You%2C%20Storybook%20for%20Children%20on%20COVID-19.pdf

40. UNICEF. (2020). How teachers can talk to children about coronavirus disease. https://www.unicef.org/coronavirus/how-teachers-can-talk-children-about-coronavirus-disease-covid-19

41. United Nations Relief and Works Agency for Palestine Refugees in the Near East. (2020). Activities and games for children's well-being in times of lockdown and school closure. https://app.mhpss.net/?get=354/sa-games-booklet-english_-compiled.pdf

42. IASC & Global Protection Cluster. (2020). Identifying & mitigating gender-based violence risks within the COVID-19 response. app.mhpss.net/?get=354/identifying-mitigating-gender-based-violence-risks-within-the-covid-19-response.pdf

43. The Gender-Based Violence Area of Responsibility. (2020). MHPSS considerations for staff working on GBV prevention, mitigation and response during COVID-19 crisis. https://app.mhpss.net/?get=354/mhpss-considerations-for-staff-working-on-gbv-prevention-mitigation-and-response-during-covid-19-crisis.pdf

44. IMC. (2022). Guidelines for remote MHPSS programming in humanitarian settings. https://cdn1.internationalmedicalcorps.org/wp-content/uploads/2022/06/Guidelines-for-Remote-MHPSS-Programming-in-Humanitarian-Settings-English.pdf

45. The International Rescue Committee. (2020). COVID-19 operational guidance note: Mental health and psychosocial support within health programs. https://app.mhpss.net/?get=354/irc-covid19_guidance-on-mhpss-within-health-programs_v.1_external.pdf

46. The MHPSS Collaborative for Children and Families in Adversities & Save the Children. (2020). Tips for parents and caregivers during COVID-19 school closures: Supporting children's well-being and learning. https://app.mhpss.net/?get=354/tips-for-parents-and-caregivers-during-covid-19-school-closures-supporting-childrens-well-being-and-learning.pdf

47. Right to Play. (2020). PLAY @ HOME Games for Health and Wellbeing during the COVID-19 Outbreak. https://app.mhpss.net/?get=354/play-home_covid-19_games_packet_compressed.pdf

48. Balletto, J., Bergbower, H., Tang, A., & Ona, F. (2021). Adaptation of MHPSS in camps in the context of COVID-19. Forced Migration Review. 66, 37–39. https://www.fmreview.org/sites/fmr/files/FMRdownloads/en/issue66/balletto-bergbower-tang-ona.pdf

49. WHO. (2020). The Impact of COVID-19 on mental, neurological and substance use services: Results of a rapid assessment. https://www.who.int/publications/i/item/978924012455

50. Mental Health Innovation Network. (n.d.). Strengthening public mental health in Africa in response to Covid-19. https://www.mhinnovation.net/innovations/strengthening-public-mental-health-africa-response-covid-19?qt-content_innovation=0#qt-content_innovation

51. IASC MHPSS Reference Group. (2015). Mental health and psychosocial support in Ebola virus disease outbreaks: A guide for public health programme planners. https://www.mhinnovation.net/sites/default/files/downloads/resource/ebola_guide_for_planners.pdf

52. WHO. (2014). Psychological first aid during Ebola virus disease outbreaks. http://apps.who.int/iris/bitstream/dle/10665/131682/9789241548847_eng.pdf?sequence=1

53. WHO. (2014). Facilitation manual: Psychological first aid during Ebola disease outbreaks. https://apps.who.int/iris/bitstream/dle/10665/144725/9789241548977_eng.pdf?sequence=1

54. IFRC. (2014). Psychosocial support during an outbreak of Ebola virus disease. https://pscentre.org/wp-content/uploads/2018/03/20140814Ebola-briefing-paper-on-psychosocial-support.pdf

55. Cénat, J. M., Mukunzi J. N., Noorishad P. G., Rousseau C., Derivois, D. &, Bukaka, J. (2020). A systematic review of mental health programs among populations affected by the Ebola virus disease. Journal of Psychosomatic Research, 131, 109966. https://pubmed.ncbi.nlm.nih.gov/32087433/

56. James, P. B., Wardle, J., Steel, A., & Adams, J. (2019). Post-Ebola psychosocial experiences and coping mechanisms among Ebola survivors: A systematic review. Tropical Medicine and International Health, 6, 671–691. https://pubmed.ncbi.nlm.nih.gov/30843627/

57. James, P. B., Wardle, J., Steel, A., & Adams, J. (2020). An assessment of Ebola-related stigma and its association with informal healthcare utilisation among Ebola survivors in Sierra Leone: A cross-sectional study. BMC Public Health, 20(1), 182. https://pubmed.ncbi.nlm.nih.gov/32020858/

58. Cénat, J. M., Felix, N., Blais-Rochette, C., Rousseau, C., Bukaka, J., Derivois, D., Noorishad, P. G., & Birangui, J. P. (2020). Prevalence of mental health problems in populations affected by the Ebola virus disease: A systematic review and meta-analysis. Psychiatry Research, 289, 113033. https://pubmed.ncbi.nlm.nih.gov/32388176/

59. Betancourt, T. S., Brennan, R. T., Vinck, P., VanderWeele, T. J., Spencer-Walters, D., Jeong, J., Akinsulure-Smith, A. M., & Pham, P. (2016). Associations between mental health and Ebola-related health behaviors: A regionally representative cross-sectional survey in post-conflict Sierra Leone. PLoS Medicine, 13(8), e1002073. https://pubmed.ncbi.nlm.nih.gov/27505186/

60. Weissbecker, I., Roshania, R., Cavallera, V., Mallow, M.,Leichner, A., Antigua, J., Gao, J., & Levine, A . C. (2018). Integrating psychosocial support at Ebola treatment units in Sierra Leone and Liberia, 16(2), 69–78. https://www.interventionjournal.org/article.asp?issn=1571-8883;year=2018;volume=16;issue=2;spage=69;epage=78;aulast=Weissbecker

61. OCHA. 2020. Global humanitarian overview. https://www.unocha.org/sites/unocha/files/GHO-2020_v9.1.pdf

62. IASC. 2019. Summary record and action points. https://interagencystandingcommittee.org/system/files/2020-01/Summary%20Record%20of%20IASC%20Principals%20Meeting%20-%205%20December_0.pdf

63. UN Sustainable Development Group. (2020). Policy brief: COVID-19 and the need for action on mental health. https://unsdg.un.org/resources/policy-brief-covid-19-and-need-action-mental-health#:~:text=Although%20the%20COVID%2D19%20crisis,at%20the%20best%20of%20times

64. UNOCHA. (2020). Global humanitarian Response plan. COVID–19. https://www.unocha.org/sites/unocha/files/GHRP-COVID19_May_Update.pdf

65. WHO. (2020). The impact of COVID-19 on mental, neurological and substance use services. https://www.who.int/publications/i/item/978924012455

66. WHO. (2021). COVID-19 Strategic preparedness and response plan. Licence: CC BY-NC-SA 3.0 IGO. https://www.who.int/publications/i/item/WHO-WHE-2021.02

67. UN Sustainable Development Group. (2020). A UN framework for the immediate socio-economic response to COVID-19. https://unsdg.un.org/resources/un-framework-immediate-socio-economic-response-covid-19

68. IASC. (2020). MHPSS achievements 2019–2020. https://interagencystandingcommittee.org/system/files/2020-12/MHPSS%20Achievements%202019-2020.pdf

69. OCHA. (2020 May 7). Global humanitarian response plan: COVID-19 (April-December 2020) GHRP May Update [EN/AR/ZH]. Relief Web. https://reliefweb.int/report/world/global-humanitarian-response-plan-covid-19-april-december-2020-ghrp-may-update-abridged

70. WHO. (2020). The impact of COVID-19 on mental, neurological and substance use services. https://www.who.int/publications/i/item/978924012455

71. IASC. (2020). Interim briefing note addressing mental health and psychosocial aspects of COVID-19 outbreak (version 1.5). https://app.mhpss.net/?get=372/iasc-interim-briefing-note-on-covid-19-outbreak-readiness-and-response-operations-mhpss_0.pdf

72. IASC. (2020). My hero is you: How kids can fight COVID-19. https://interagencystandingcommittee.org/system/files/2020-04/My%20Hero%20is%20You%2C%20Storybook%20for%20Children%20on%20COVID-19.pdf

73. Walker A., Alkasaby, M. A., Baingana, F., Bosu, W. K., Abdulaziz, M., Westerveld, R., Kakunze, A., Mwaisaka, R., Saeed, K., Keita, N., Walker, I. F., & Eaton J. (2022). Challenges and opportunities for mental health and psychosocial support in the COVID-19 response in Africa: A mixed-methods study. International Journal of Environmental Research and Public Health, 19(5), 9313. https://www.mdpi.com/1660-4601/19/15/9313

74. Troup, J., Fuhr, D. C., Woodward, A., Sondorp, E., & Roberts, B. (2021). Barriers and facilitators for scaling up mental health and psychosocial support interventions in low- and middle-income countries for populations affected by humanitarian crises: A systematic review. International Journal of Mental Health Systems, 15(5). https://doi.org/10.1186/s13033-020-00431-1

75. USAID & READY. (2022). Infectious disease outbreak response coordination: An introductory guide for non-governmental organizations. https://www.ready-initiative.org/wp-content/uploads/2022/11/Infectious-Disease-Outbreak-Response-Coordination-English-opt.pdf

76. Walker A., Alkasaby, M. A., Baingana, F., Bosu, W. K., Abdulaziz, M., Westerveld, R., Kakunze, A., Mwaisaka, R., Saeed, K., Keita, N., Walker, I. F., & Eaton J. (2022). Challenges and opportunities for mental health and psychosocial support in the COVID-19 response in Africa: A mixed-methods study. International Journal of Environmental Research and Public Health, 19(5), 9313. https://www.mdpi.com/1660-4601/19/15/9313

77. Elshazy, M., Alam, A. M., & Ventevogel, P. (2019). Field-level coordination of mental health and psychosocial support (MHPSS) services for Rohingya refugees in Cox's Bazar. Intervention, 17(2), 212–216. https://doi.org/10.4103/INTV.INTV_38_19

78. WHO. (2020 October 5). COVID-19 disrupting mental health services in most countries, WHO survey. https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey

79. Ibid.

80. IMC. (2019). Mental health and psychosocial support assessment. https://cdn1.internationalmedicalcorps.org/wp-content/uploads/2017/07/IMC-Yemen-2019-MHPSS-Assessment.pdf

81. Srivasta et al. (2020). How Should Clinicians Integrate Mental Health into Epidemic Responses. AMA J Ethics. 2020;22(1):E10-15. doi: 10.1001/amajethics.2020.10. https://journalofethics.ama-assn.org/article/how-should-clinicians-integrate-mental-health-epidemic-responses/2020-01

82. WHO. (2023). Mental health gap action programme (mhGAP). Mental Health and Substance Use. https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme

83. Walker A., Alkasaby, M. A., Baingana, F., Bosu, W. K., Abdulaziz, M., Westerveld, R., Kakunze, A., Mwaisaka, R., Saeed, K., Keita, N., Walker, I. F., & Eaton J. (2022). Challenges and opportunities for mental health and psychosocial support in the COVID-19 response in Africa: A mixed-methods study. International Journal of Environmental Research and Public Health, 19(5), 9313. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9368294/

84. Save the Children. (2023). Localisation. Save the Child Rights Resource Centre. https://resourcecentre.savethechildren.net/collection/localisation/

85. IASC MHPSS Reference Group. (2021 September 23). IASC common monitoring and evaluation framework for mental health and psychosocial support in emergency settings: With means of verification (Version 2.0). https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common-monitoring-and-evaluation-framework-mental-health-and-psychosocial-support-emergency