UNICEF's Mental Health Acceleration Initiative: Scaling Up & Deep Evidence-Based Child, Adolescent, and Caregiver MHPSS

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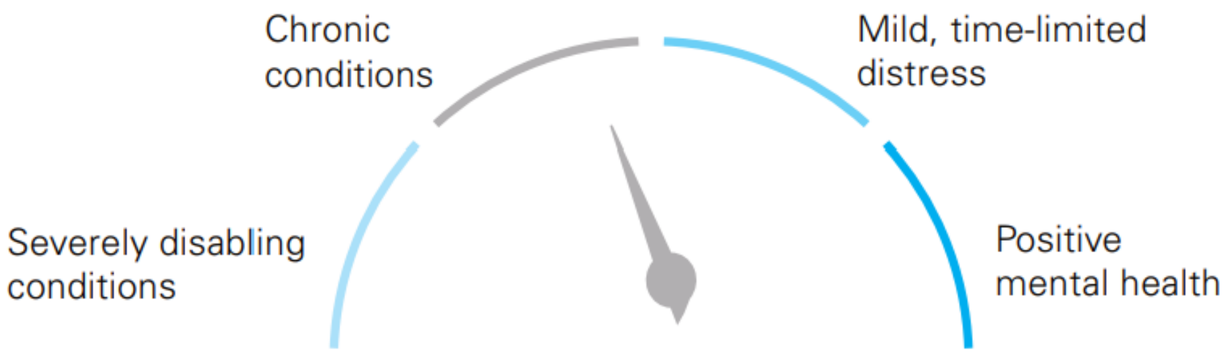
What is MHPSS?

Mental Health and Psycho-Social Support

A **composite** term reflecting a **continuum of care** interventions aiming to:

1. Safeguard or promote psychosocial wellbeing
2. Prevent or treat mental health conditions

MHPSS across the continuum of care

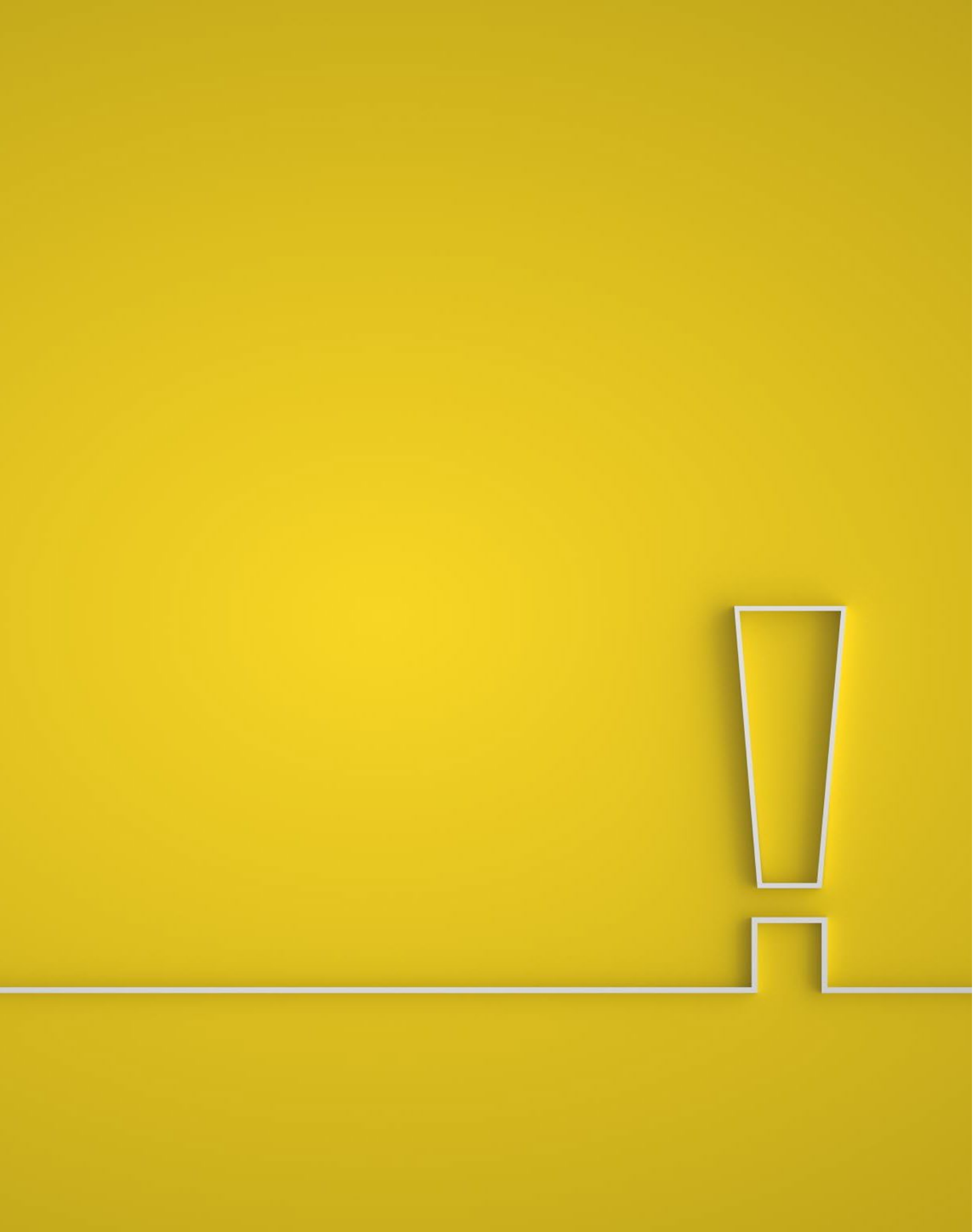


For most people exposed to potentially traumatic events or extreme adversity – they are likely to experience 'mild - time limited distress'. Supported by their protective factors, a return to positive mental health is likely.

Those at the higher end of the spectrum also require treatment, care, and dignity.

What MHPSS is not

- A substitute for civil, political, economic, social and cultural rights.
  - Determinants of structural violence (poverty, inequality, discrimination) are significant determinants of mental health that require holistic and integrated service solutions.
  - MHPSS is not about tolerating the intolerable.



Reflections

- How do you define and understand mental health?
- How is mental health defined and understood in your cultural, social, economic, or political context?

The Scope of the Problem: Global Mental Health of Children, Adolescents, and their Caregivers

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The state of the world and the polycrisis

Geopolitical shifts and escalating conflicts

Economic fragmentation

Pervasive structural inequities

Climate and ecological crises

Impacts of unchecked technologies

The Global Picture

1 in 4 children live with a parent who has a mental health condition

More than 1 in 7 adolescents aged 10–19 is living with a diagnosable mental disorder globally

Half of all mental health conditions start by 14 years of age and three quarters by age 25

Most cases, while treatable, go undetected and untreated

Source: United Nations Children's Fund, The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health, UNICEF, New York, October 2021.

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Globally, over 200 million children live in areas affected by armed conflict, while more than 30 million have been forcibly displaced.

Children and young people in humanitarian emergencies are facing unparalleled levels of vulnerability.

Children in humanitarian contexts are at a heightened risk of experiencing short- and long-term mental health issues

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Every 11 minutes

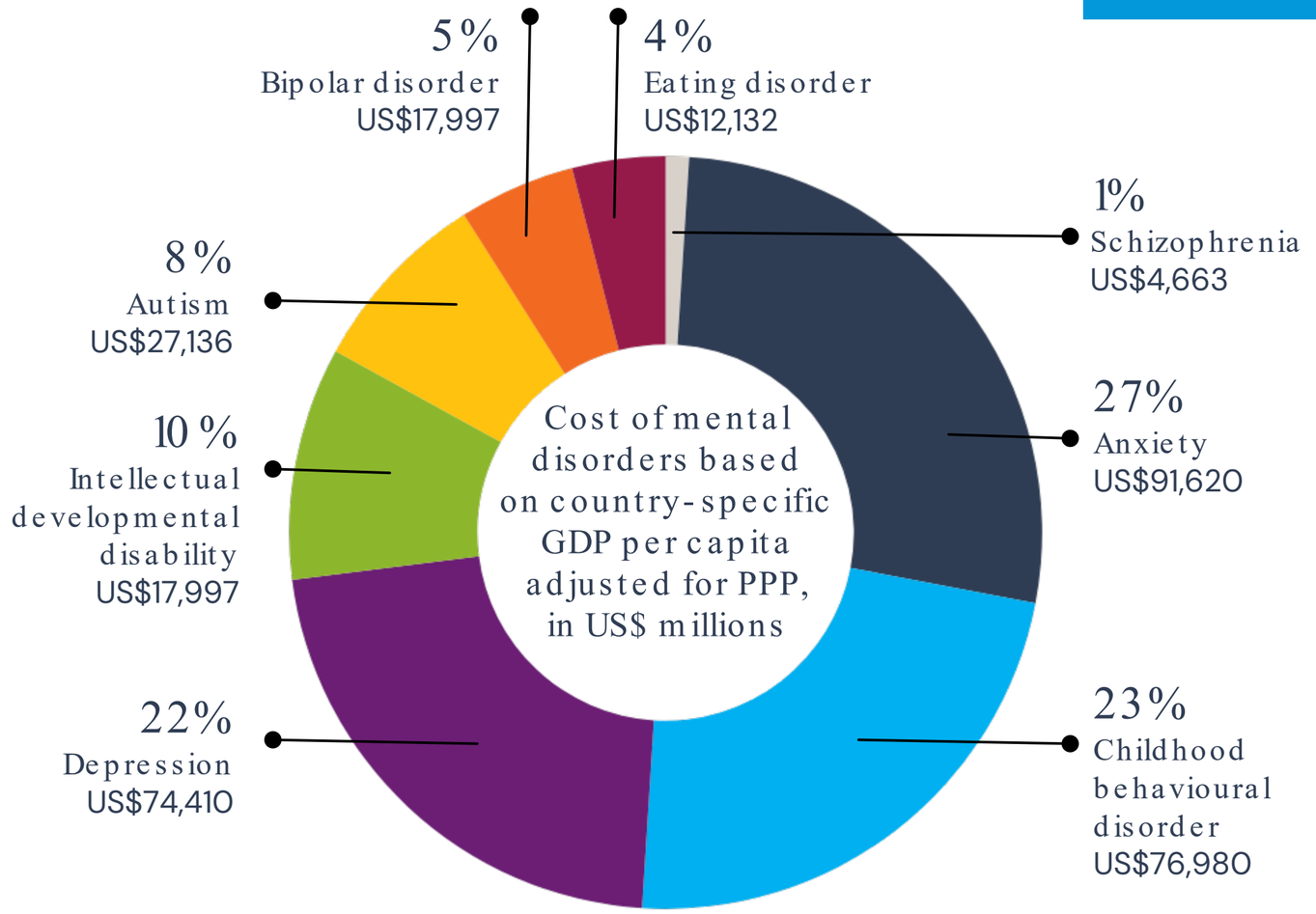
a child between the ages of 10 and 19 years takes their own life somewhere in the world

Source: United Nations Children's Fund, The State of the World's Children 2021: On My Mind – Promoting, protecting and caring for children's mental health, UNICEF, New York, October 2021.

Cost of human potential lost:

$387.2 billion/year

Due to mental health conditions and suicide in children and adolescents



Source: McDaid, David and Sara Evans-Lacko, 'The Case for Investing in the Mental Health and Well-being of Children', background paper for The State of World's Children 2021, United Nations Children's Fund, May 2021

Yet, the **mental health treatment gap is estimated to be as high as 90%** in some settings, i.e., **only 10% of those children** needing mental health support receive adequate care

2%

the average proportion of government health budgets allocated to mental health

Source: Mental health atlas 2020. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

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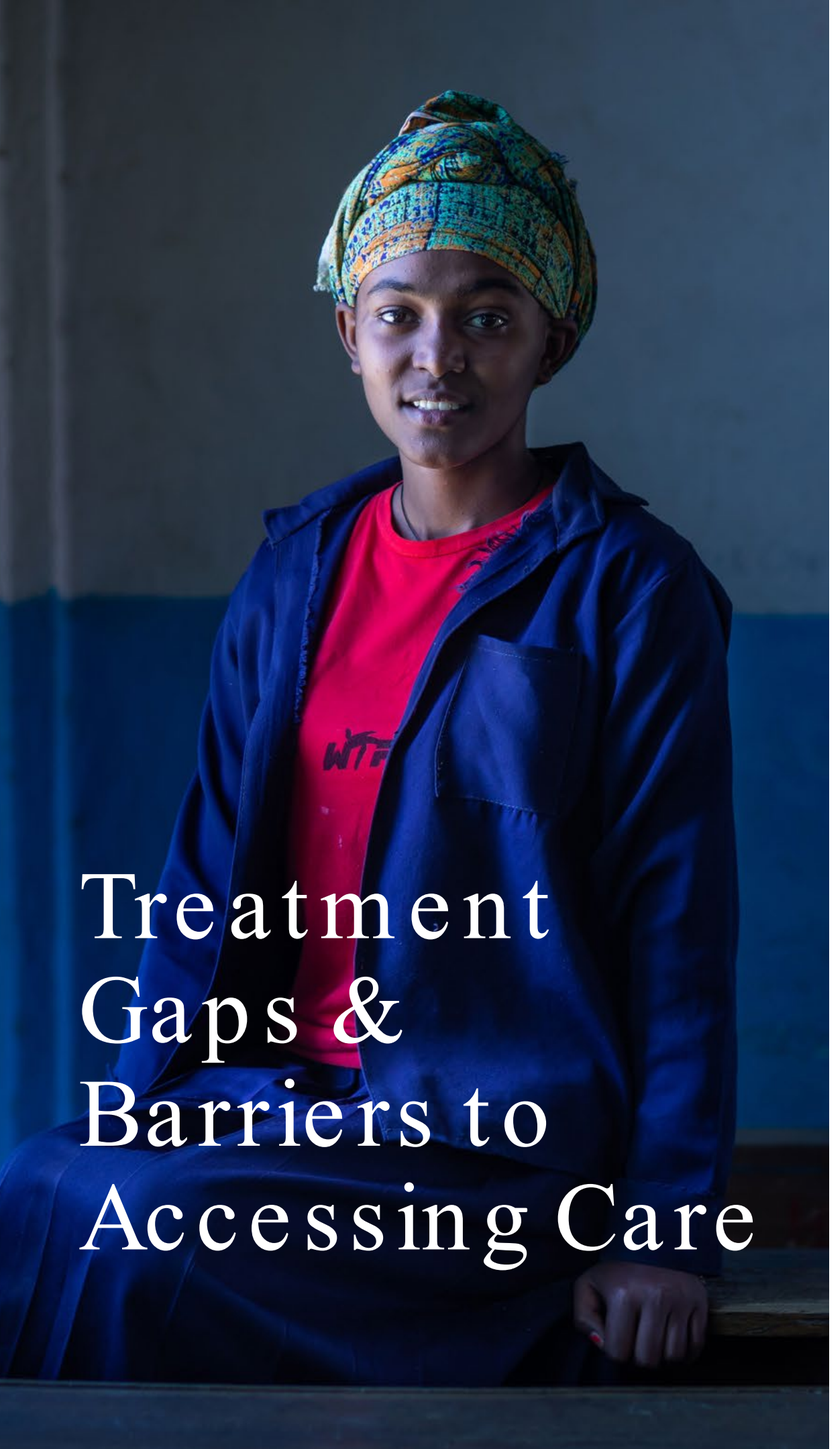


Treatment Gaps & Barriers to Accessing Care

LIMITED ACCESS TO SERVICES

Determinants of mental health including geographical, financial, and systemic factors

SHORTAGE OF MENTAL HEALTH PROFESSIONALS

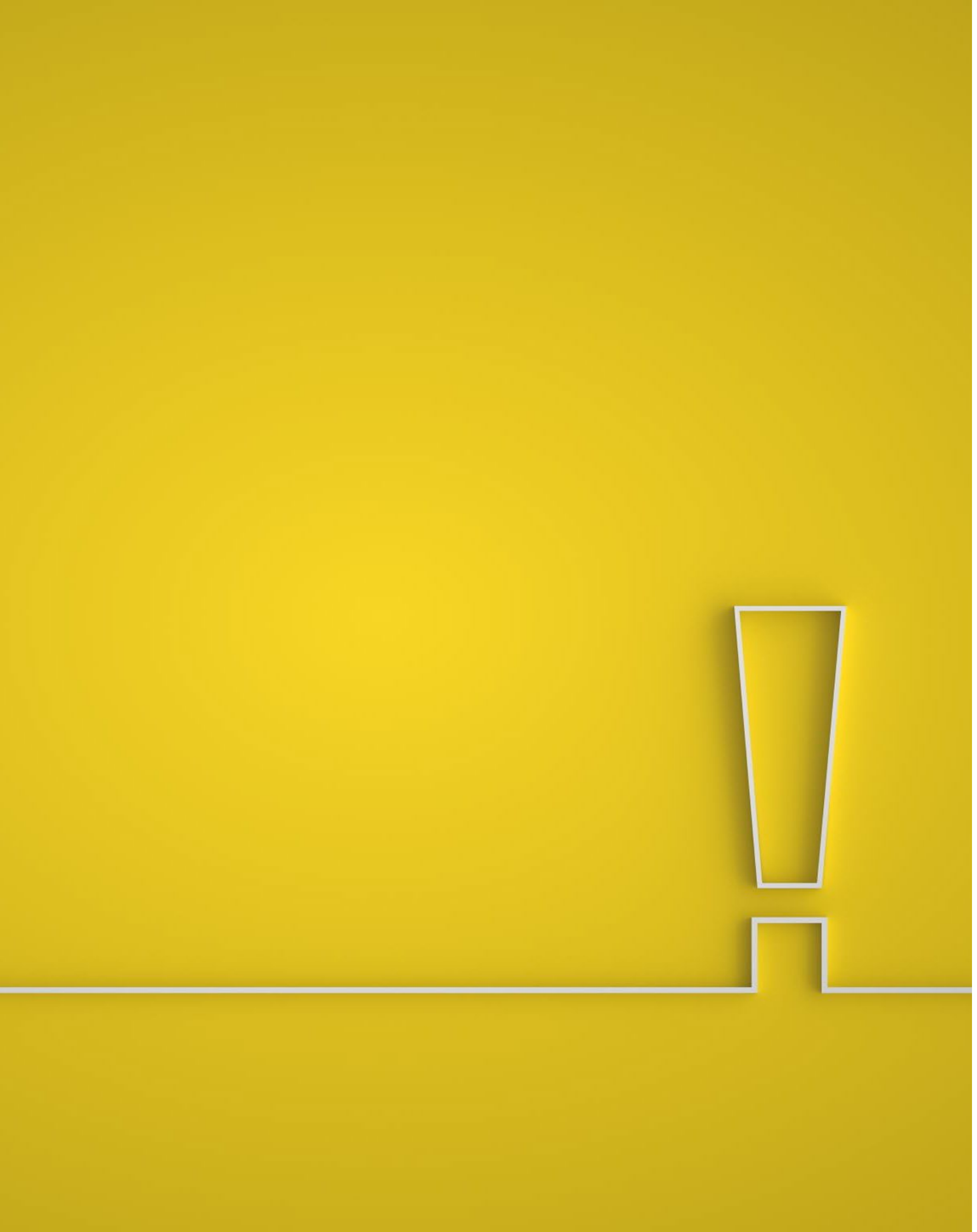
Exacerbates the challenge of providing timely and effective care

CULTURAL AND LINGUISTIC BARRIERS

Hinders effective communication and understanding of mental health needs

STIGMA AND MISCONCEPTIONS

Prevent young individuals from seeking help and support

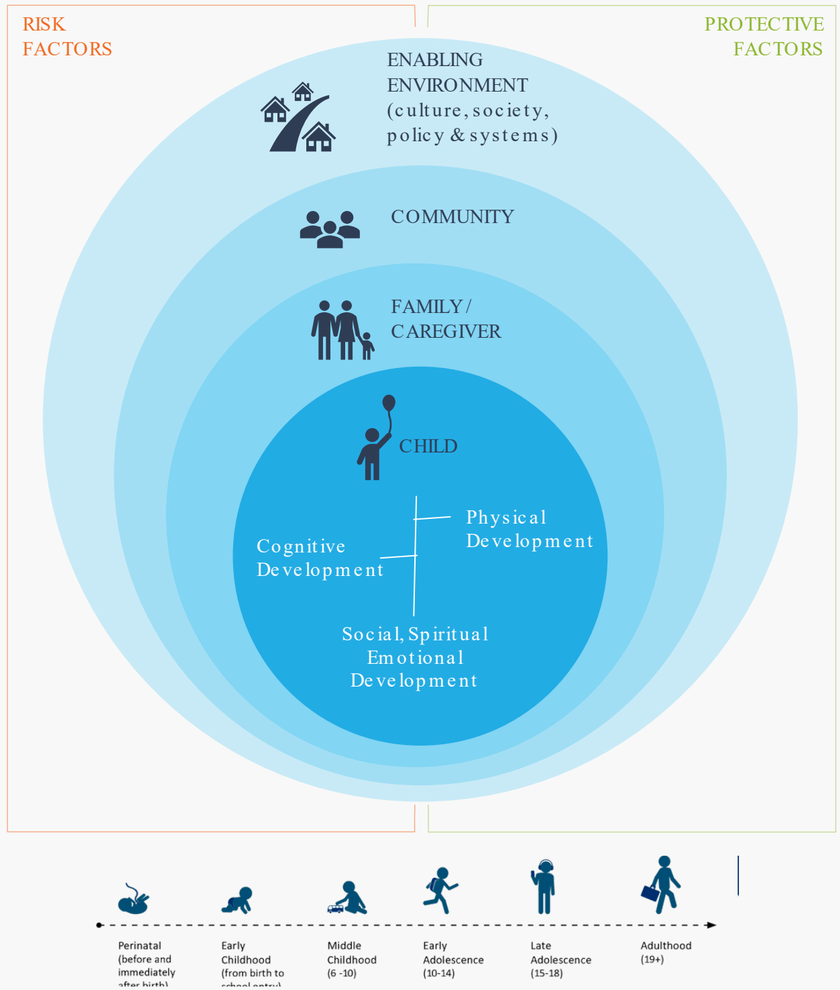


Reflections

- How can the global mental health community work together to build more effective and equitable systems of care?

- What complementary and different roles do communities, international organizations, governments, and local communities play in this effort?

The good news is we know what works!



- **Multisectoral approach** across Health, Child Welfare and Protection & Education
- **Life course & Developmental Stage** Approach from pre-birth to adulthood
- **Social Ecological Model** and Enabling Environments

INTEGRATION OF GENDER, DISABILITY AND INCLUSION

FRAMEWORK FOR ACTION

5 Pillars for successful "Scaling up" & "Scaling Deep" of MHPSS

	Pillar	What is needed?
1	CAMH Data, Research, and Evidence	Validated & culturally responsive data; M&E; Research
2	CAMH Policy and Legislation	Financing; Health Systems and Policy Research + Advocacy
3	CAMH Services and Interventions	Multisectoral evidence-based programmes and services
4	CAMH Competent Workforce	Investment in Specialized & Non-specialized support
5	Meaningful Engagement of Children, Adolescents, Caregivers	Responsible, ethical Engagement; Safeguarding

Enabling Factors

- Sustained political commitment and accountability
- Bottom-up Collective action and advocacy
- Innovation
- Evidence-driven Programmatic and Policy Action
- Data for Decision Making
- Multisectoral and multilayered responses
- Mental health systems strengthening

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UNICEF's Data Gathering and Policy Influence

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The influence of gathered data on global policy and MHPSS programming

Leveraging data, research, and evidence for:

- Policy action
  - Tabling and adopting of MHPSS resolution at UNGA
- High-level advocacy
  - Global Refugee Forum; COP28 MHPSS messaging; WHA; Mental Health and NCD Dialogue; Global Mental Health Summit
- Programmatic and policy action
  - Routine data collection through MMAPP module

Image 5. On 5-6 October UNICEF participated in the fifth Global Mental Health Summit in Argentina, bringing ministerial attention to the urgent need for action on child, adolescent, and caregiver mental health in the build up to World Mental Health Day on 10th October.

Measuring Mental Health among Adolescents and Young People at the Population level (MMAPP)

UNICEF is spearheading efforts to ensure that quality and reliable MHPSS data are generated, collated, and used to drive effective action on mental health at the global, regional, and country level, thereby guaranteeing that the MHPSS needs of young people are accurately counted, effectively heard, and visibly addressed.

MICS

Multiple Indicator Cluster Surveys

MMAP Module Integrated into MICS

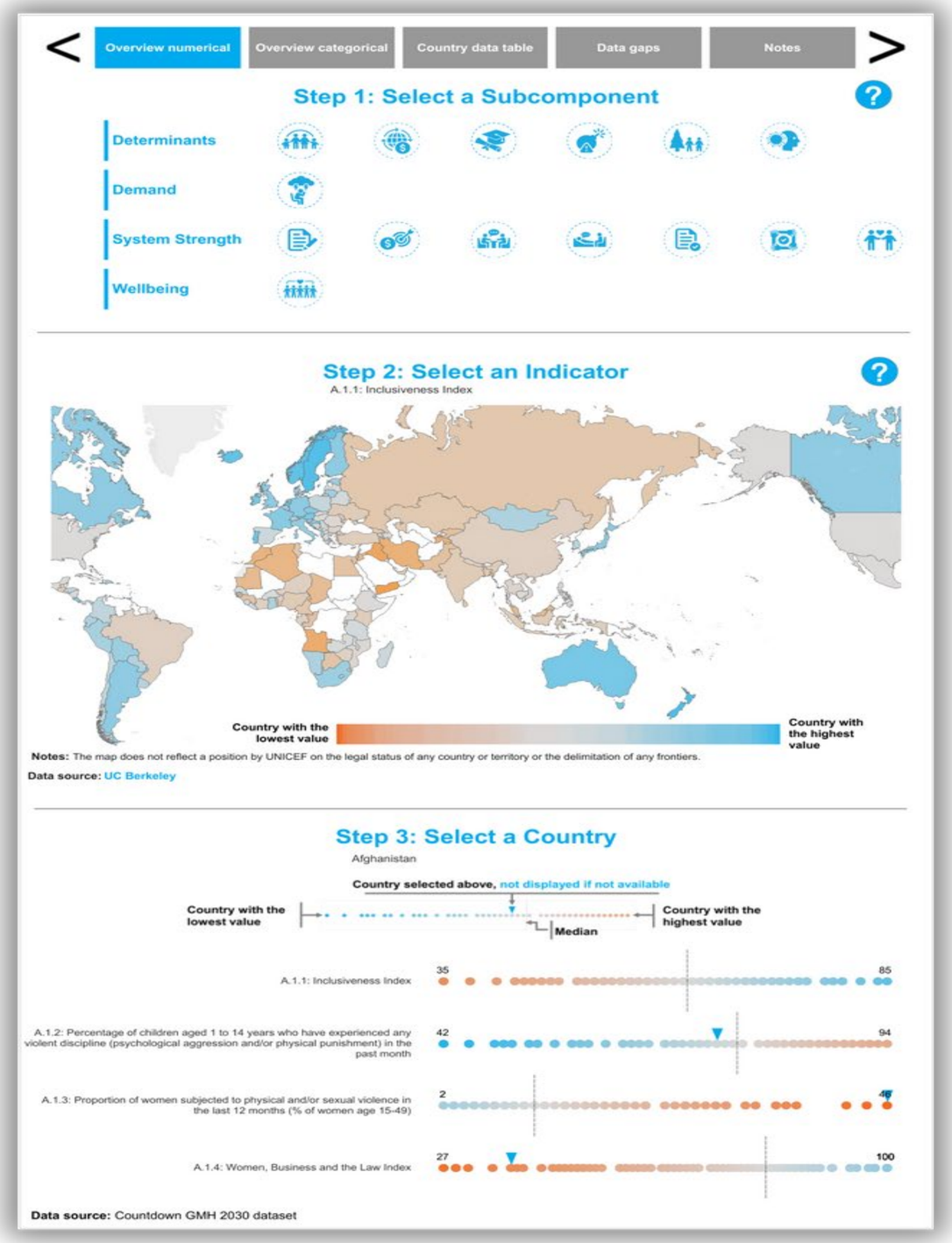
29 Years

120 Countries

365 Surveys

Countdown for Global Mental Health 2030 Dashboard

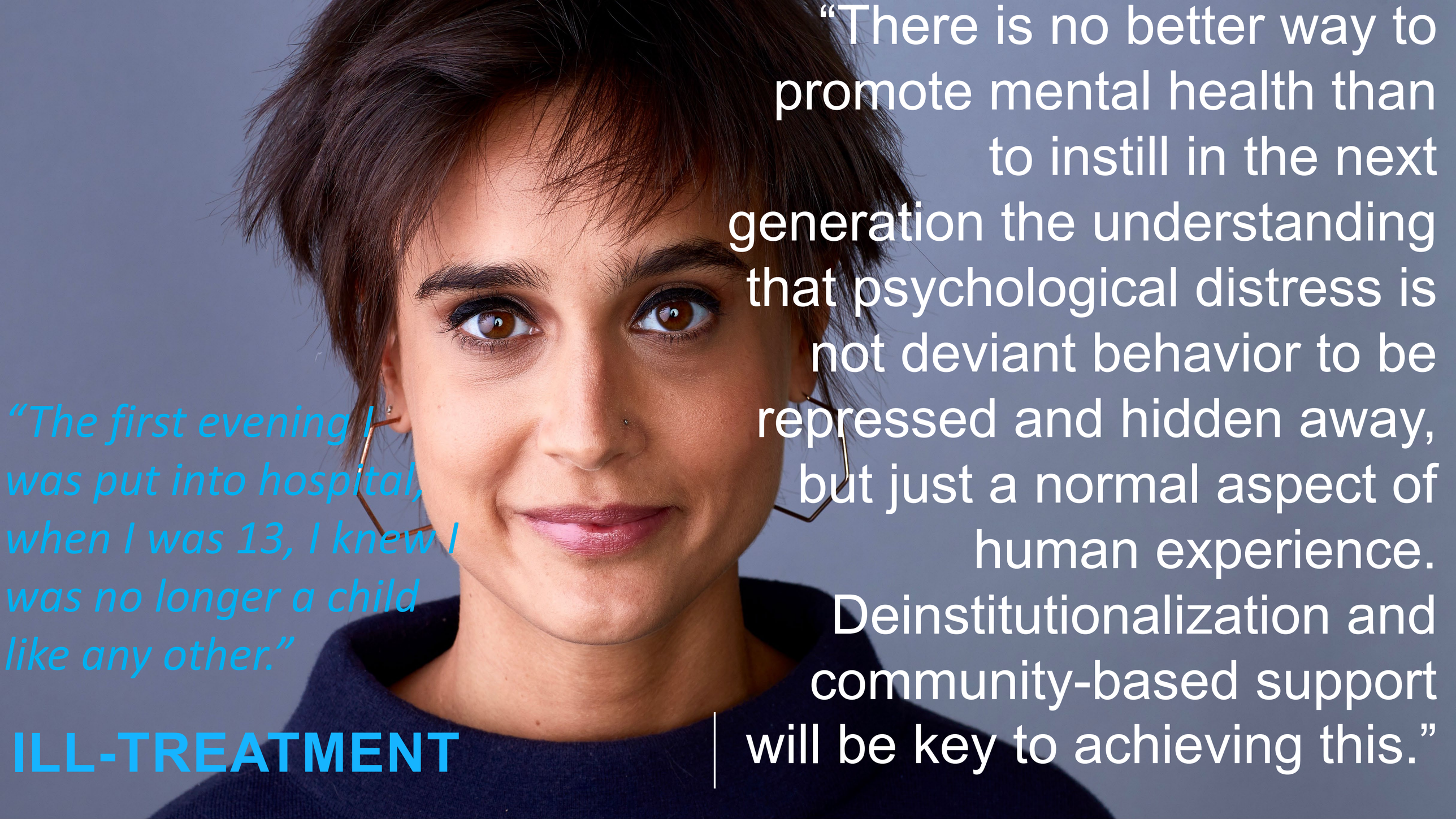
https://data.unicef.org/resources/**countdown-for-global-mental-health-2030-dashboard/**



2 Advocacy & Policy

Providing leadership that sets sights of diverse stakeholders on clear goals and investment

Tackling stigmas around mental health, opening conversations and improving mental health literacy

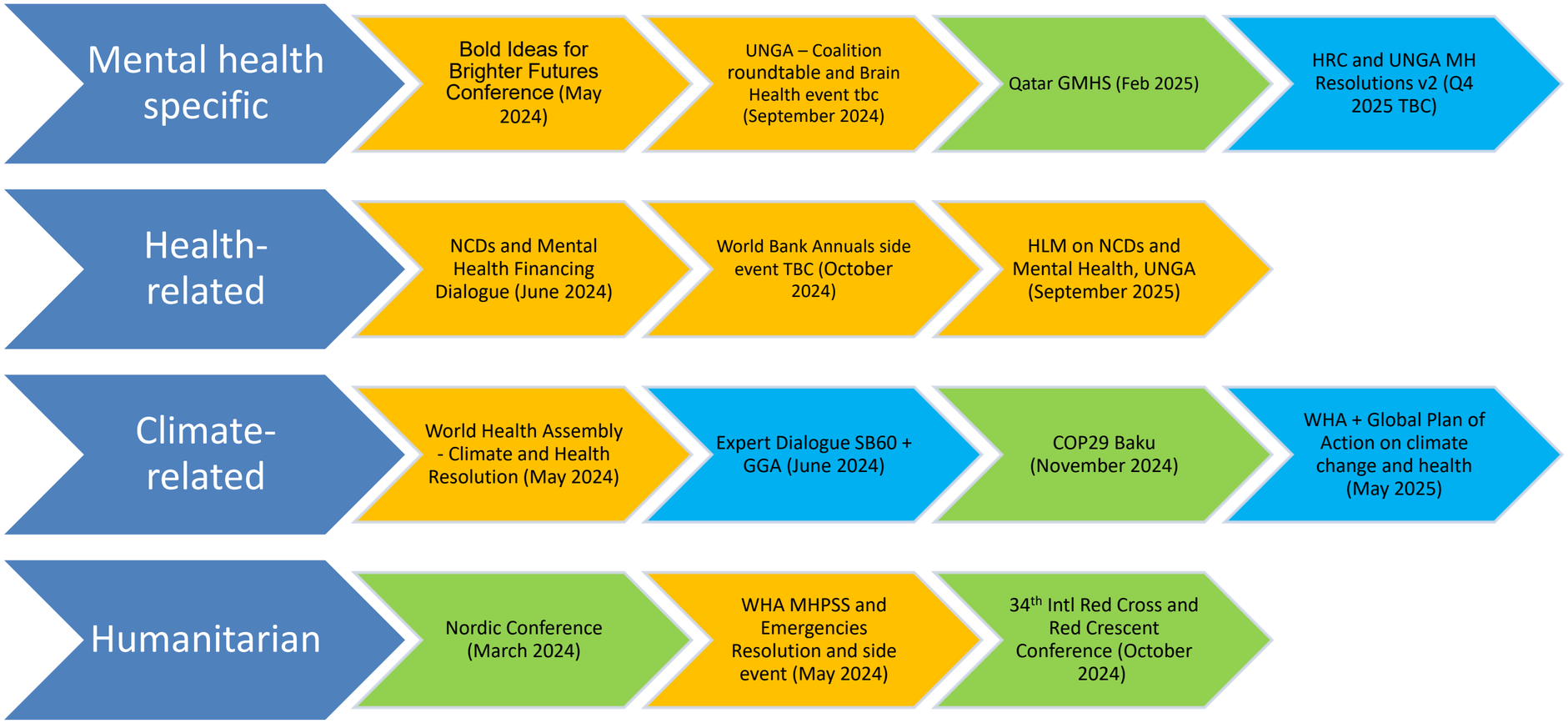


“The first evening I was put into hospital, when I was 13, I knew I was no longer a child like any other.”

ILL-TREATMENT

“There is no better way to promote mental health than to instill in the next generation the understanding that psychological distress is not deviant behavior to be repressed and hidden away, but just a normal aspect of human experience. Deinstitutionalization and community-based support will be key to achieving this.”

2 Key GMH Policy Processes & Milestones 2024 - 2025



Key:

Orange:

In-person Event (closed)

Green:

Hybrid/Online viewing may be possible

Blue:

UN policy process (closed)

Advocating for leadership that sets sights of diverse stakeholders on clear goals and investment

Scalable Strategies for Mental Health Support

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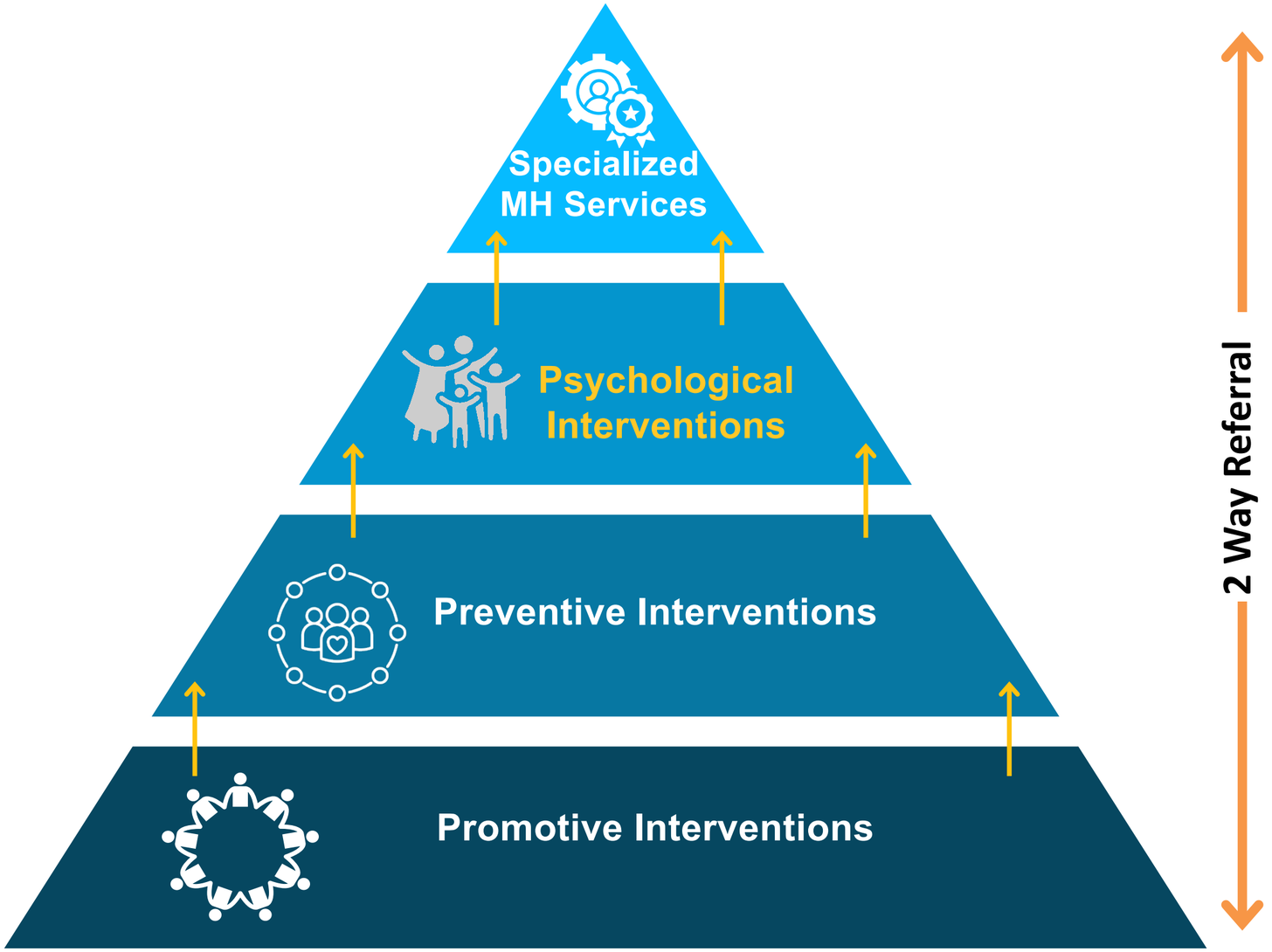
3 Comprehensive Evidence Based Scalable MHPSS Interventions



Resources to Scale Exist!

Art based interventions (5-12 years)

TeamUP (6-18 years)

Play and Heal (12 and under)

0-5 years | 6-10 years | 11-15 years | 16-19 years

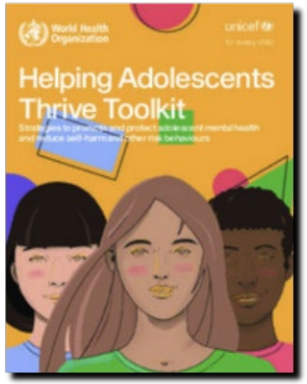
Caring for Caregivers
(under 5 years)

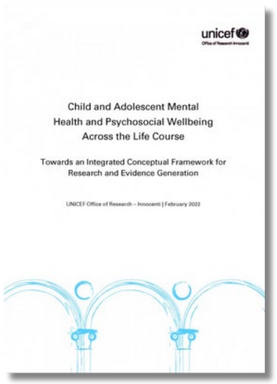
I Support My Friends
(children and adolescents aged 9-17 years)

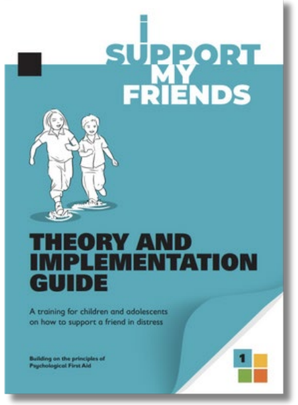
Building Lifelong Opportunities for Mental Health (BLOOM)
(5 - 10 years)

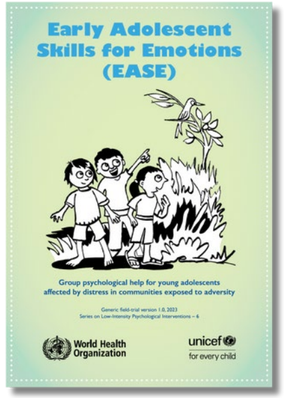
EASE
Early Adolescent Skills for Emotions
(10-14 years)

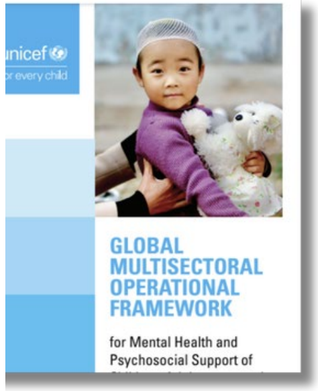
The Helping Adolescents Thrive toolkit
(10-19 years)











Supporting parents – responsive caregiving and caring for the caregiver

“The counsellor wrapped her arms around me and took me to a hospital for the first time in my life.”

PARENTING

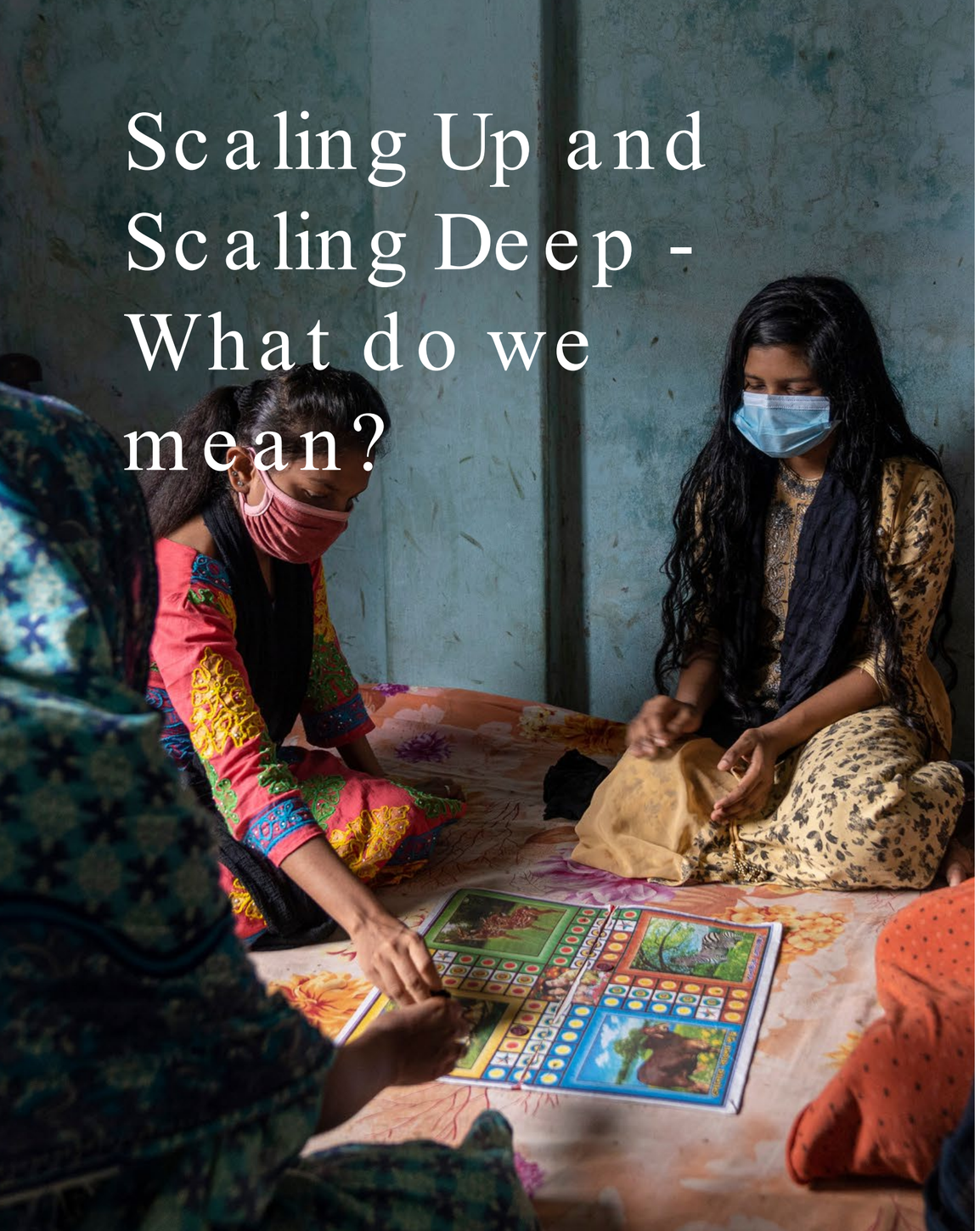
Investing in whole-of-school approaches

“[The psychologist] taught me to express my thoughts openly. I feel now that I should never give up.”

SCHOOLS

“My father was injured, my mother was upset, and my home was wrecked. I didn’t know what to do to help.”

HUMANITARIAN CRISES



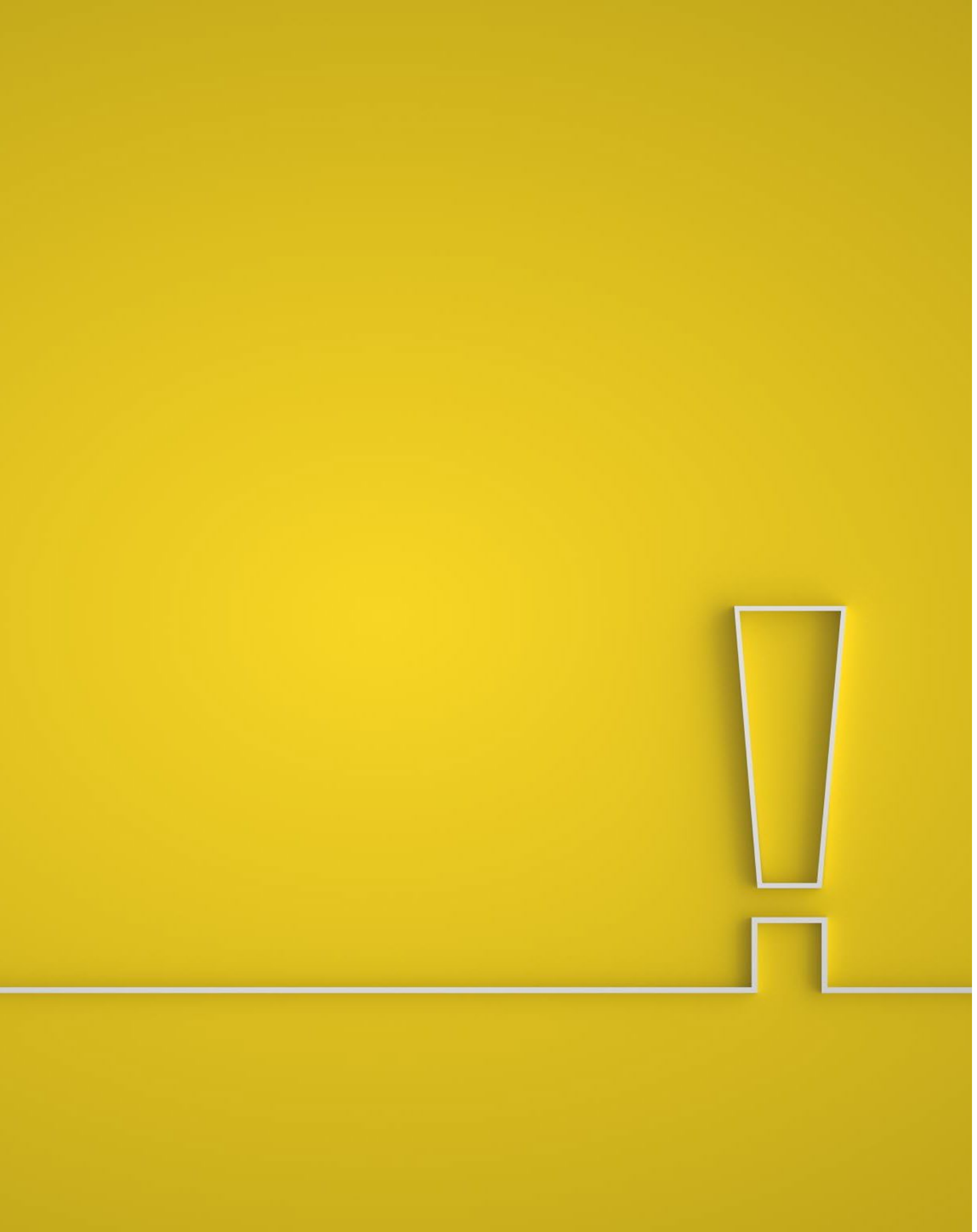
Scaling Up and Scaling Deep - What do we mean?

Scaling Up (Increasing Reach)

- Expanding MHPSS coverage to serve a larger population or geographic area.
  - Important for accessibility, equity, and sustainability

Scaling Deep (Impactful Change)

- Ensuring quality of services – significant changes in attitudes, values, norms, pathways, systems, and policies related to mental health.
  - Important for cultural relevance, stigma reduction, multisectoral and systemic change, and long-term impact



Reflections

- What does "quality" mean in the context of mental health services for children and adolescents?
- How might these definitions vary based on cultural, economic, and social contexts?

Scaling Workforce Capacity in MHPSS

4

CAMH Competent Workforce

EQUIP: Ensuring Quality In Psychological Support

The EQUIP assessment tools and resources can be used in **existing or new training, supervision programs, and on-the-go for site observations** on laptop, tablet & mobile phone.

01 **Foundational helping competencies:** Core competencies across programs and manualised interventions

02 **Intervention-packaged competencies:** Competencies packaged and tailored to manualised interventions

03 **Technique-specific competencies:** Competencies grouped by specific techniques that may vary across programs and manualised intervention

Spotlight: MHPSS Frontliner Well-being Package

- Crucial role of frontliners in supporting affected children, adolescents, and caregivers in emergency settings
- Individual wellbeing needs of frontline workers
- In response: UNICEF's 'Talk to Me' Frontliners Wellbeing Preventative Care Package
  - knowledge, attitudes, and practices of frontline workers to identify and address their own mental health and psychosocial well-being needs during emergency contexts

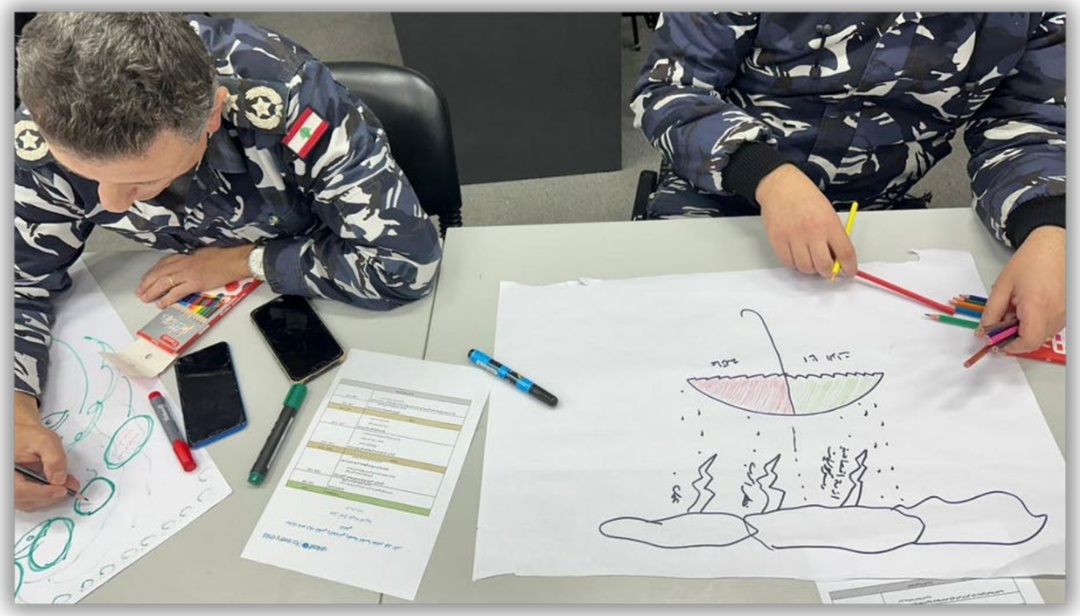
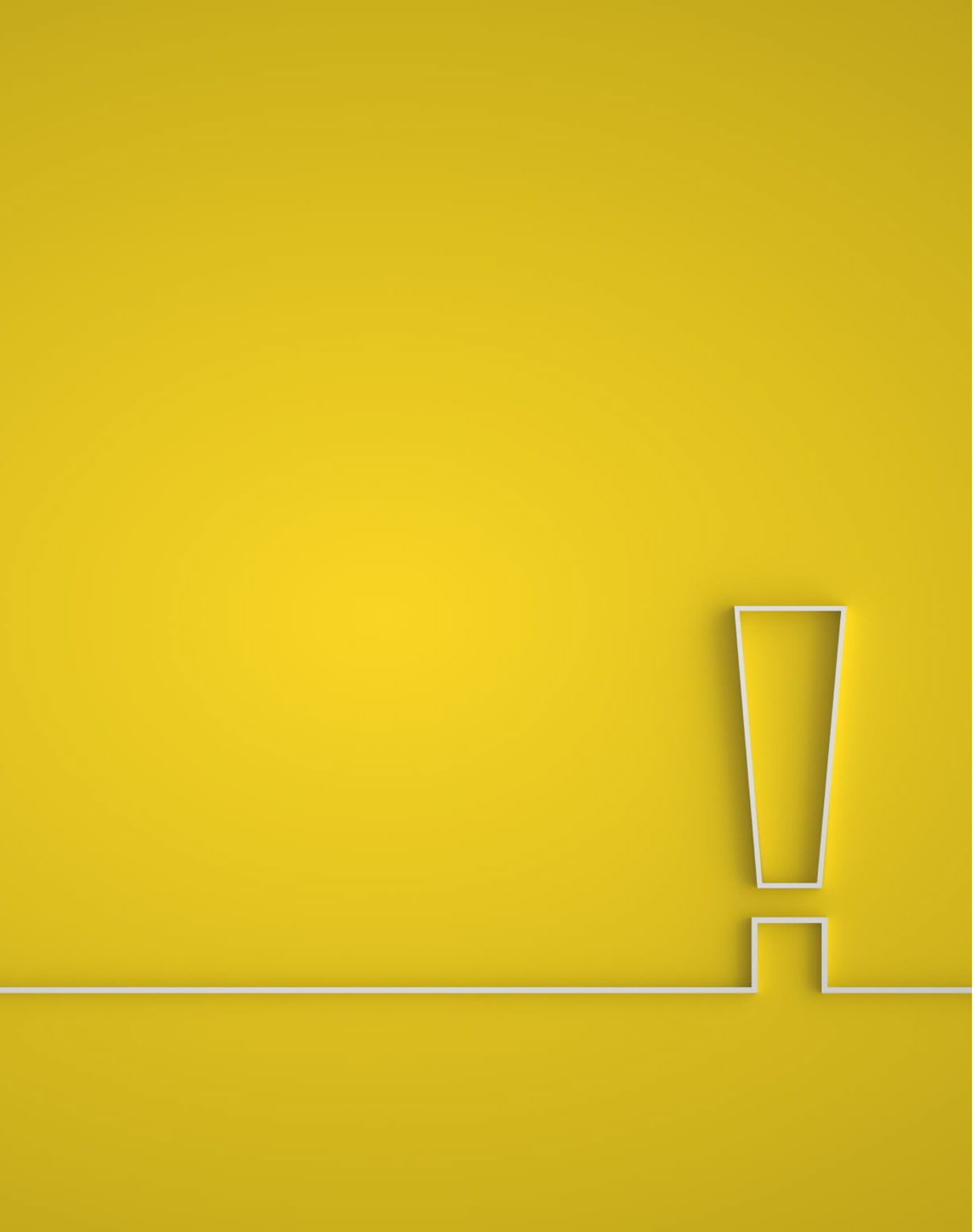


Image: Talk to Me training in Lebanon



Reflections

- How can interdisciplinary approaches benefit the scaling of mental health services for children and adolescents? What might these approaches look like in practice?

5

Spotlight: "Nothing about us without us"

- Children and adolescents have inherent strengths that are important to understand and leverage in the context of transforming mental health outcomes
- "Nothing about us without us": Young people and youth leaders are critical co-creators when it comes to shaping mental health programmes and policies
- Intergenerational leadership for child and adolescent mental health, especially in cross-cutting areas such as the climate and ecological crisis
- Think locally, act globally: Drawing on expert local and Indigenous knowledge and practices to move beyond one-size-fits-all solutions for youth mental health

5 Meaningful and Ethical Engagement

- **Meaningful youth engagement** in programmes and policies that involve them

MHPSS for Children in Complex Humanitarian Emergencies

Case Study: State of Palestine

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Phases of Response - Gaza

PHASE 1

ongoing attacks, inconsistent communications, populations experiencing displacement, food insecurity

- **MHPSS Priority:** Protect workforce, stay present, coordinate and advocate, prepare for phase 2 & 3

PHASE 2

Resuming basic services – food, hygiene, shelter stabilizing and becoming more reliable.

- **MHPSS Priority:** Support workforce, Establish integrated service structures, Engage young people and volunteers

PHASE 3

Children and families are secure, have reliable safe accommodation and access to life-saving needs like food and sanitation. Children and families can regularly attend sessions.

- **MHPSS Priorities:** re-establish community based MHPSS programmes,

PHASE 1:

priorities and actions

- **Protect** workforce: supplies as and when possible, feedback mechanisms, technical helpline for providers
- **Stay** present: '*picking up the phone*'– 24/7 Helpline, recreational activities, peer support and individual check ins as feasible, MHPSS in distributions, messaging, radio, websites, UASC +CwD
- **Coordinate** and advocate: MHPSS is PC1, MHPSS integrated in UNICEF led cluster area-based responses
- **Prepare** for phase 2 & 3: inter-agency partnerships for resource development, TOT for master trainers in West Bank and region, brief trauma-informed training for partners, adaptations to existing curricula to meet additional needs

PHASE 2:

Stabilization Priorities and Actions for Area Based Response

Emphasize Duty of Care:

where is our workforce? Rapid assessments, MHPSS care packages and support interventions for frontline workers across protection, education and health workers

Establish integrated service safe spaces:

- Consultation and collaboration with affected population
- Reflect familiar community-based models of service: emphasis on connectedness, expression and storytelling, co-regulation work with children, with necessary adaptations to respond to nutritional status and new disabilities.

Specialized MHPSS support to:

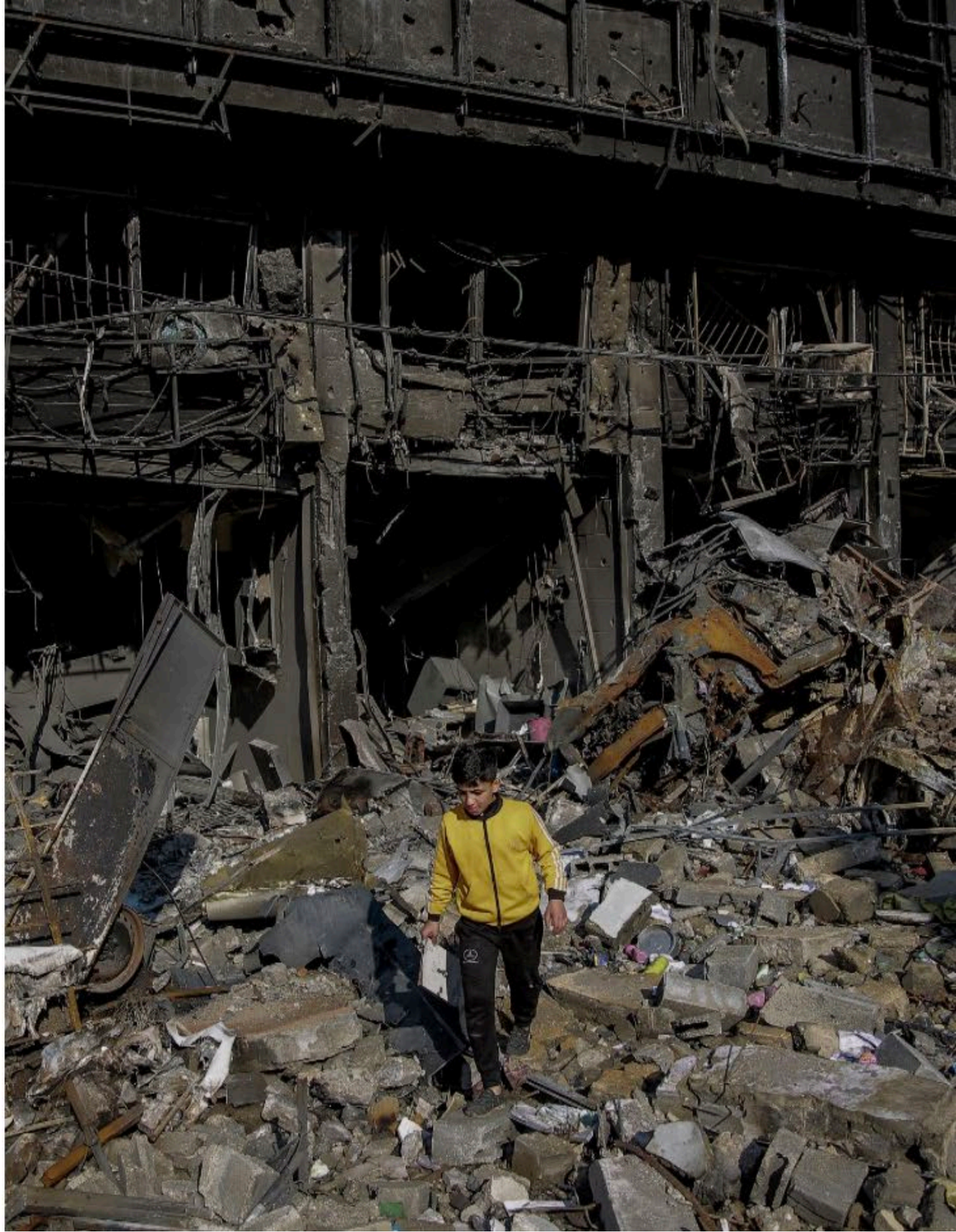
- UASC: family tracing and reunification, counseling support to individuals, groups and kinship care families.
- Children with Disabilities: expand existing assistive device and cash support to include MHPSS
- Adolescents and young people: Particular attention to supporting experiences of meaning, purpose, and value for peacebuilding

PHASE 3:

Healing through rebuilding

- Re-establish sustainable community based MHPSS model based on Family Center with focus on community healing and trauma integration
- MHPSS in Education Embed MHPSS programmes and services into learning spaces and strengthen the education workforce capacity to respond to MHPSS needs of children and adolescents
- MHPSS in Health focus on maternal mental health and ECD
- Maintain specialized support focus for at risk groups: UASC, ex-detainees and GBV survivors, CwD, adolescents

Approaches informed by integrated MHPSS/Peacebuilding principles.



Enhancing our shared goals

- **Advocacy**
  - Ceasefire
  - Access to humanitarian supplies including essential tools for MHPSS interventions (E.g- recreational kits)
  - Reinforcing MHPSS interventions as life saving across the response
  - Long term, flexible funding needed to ensure that Phase 2 and 3 meet goals of peacebuilding.

Conclusions

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Technical Takeaways

- Effective MHPSS interventions need to meet young people and caregivers where they are, leverage strategic entry points across sectors and systems, and be positioned to achieve reach and meaningful long-term impact

- Over the past few years, we have entered a new era of evidence-informed programmes and policies; but we have ways to go in terms of strengthening evidence-based implementation --> research, data, and evidence play a critical role in advancing this

- Sustained political commitment and policy advocacy are critical to ensuring that youth mental health remains at the heart of the global agenda, especially given the polycrisis

Personal Takeaways

- Embrace opportunities that align with your passion.
- Seek mentors who see and foster your potential.
- Never stop learning; education and experience go hand-in-hand.
- Believe in your ability to contribute to global change.
- Remember, every expert was once a beginner—start where you are, use what you have, do what you can.

Thank you.