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OPERATIONAL GUIDELINES

COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN HUMANITARIAN SETTINGS:

Three-tiered support for children and families

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ACKNOWLEDGEMENTS

LIST OF ACRONYMS

BFS	Baby-friendly spaces		**M&E**	Monitoring and evaluation
CBCPM	Community Based Child Protection Mechanism		**MHPSS**	Mental health and psychosocial support
CB MHPSS	Community Based Mental Health and Psychosocial Support		**MoPH**	Ministry of Public Health (Lebanon)
CCC	Core Commitments for Children in Humanitarian Action		**MOSA**	Ministry of Social Affairs (Lebanon)
CCCM	Camp coordination and camp management		**MoU**	Memorandum of Understanding
CFS	Child-friendly spaces		**NMHP**	National Mental Health Programme (Lebanon)
CP	Child protection		**PCA**	Project Cooperation Agreement
CPWG	Child Protection Working Group		**PFA**	Psychological first aid
CSO	Civil Service Organization		**PM+**	Problem Management Plus
DRR	Disaster risk reduction		**SDC**	Social Development Centre (Lebanon)
DWC	Department of Women and Children (Nepal)		**SEL**	Social and emotional learning
ECD	Early childhood development		**SGBV**	Sexual and gender-based violence
IASC	Inter-Agency Standing Committee		**SOP**	Standard operating procedure
IOM	International Organization for Migration		**SSFA**	Small Scale Funding Agreement
IPT	Interpersonal therapy		**SSOP**	Simplified Standard Operating Procedures
LGBTI	Lesbian, gay, bisexual, transgender and intersex		**TPO**	Transcultural Psychosocial Organization (Nepal)
MEHE	Ministry of Education and Higher Education (Lebanon)		**UNHCR**	United Nations High Commissioner for Refugees
MNS	Mental, neurologic and substance abuse		**UNICEF**	United Nations Children's Fund
			WASH	Water, sanitation and hygiene
mhGAP	Mental Health Gap Action Plan		**WHO**	World Health Organization

TABLE OF CONTENTS

DEFINITION OF KEY TERMS

CHILD	*Child* is defined as all children and adolescents aged 0-18 years of age (according to the Convention on the Rights of the Child). The term is inclusive of boys, girls and LGBTI children; children with protection risks or exposed to serious events; and children with disabilities or with mental, neurologic and substance abuse (MNS) disorders.
CAREGIVER	*Caregiver* refers to those responsible for the care of children, and may include mothers and fathers, grandparents, siblings and others within the extended family network, as well as other child caregivers outside of the family network.
COMMUNITY	*Community* includes men and women, boys and girls, and other stakeholders in child and family wellbeing, such as teachers, health workers, legal representatives and religious and governmental leaders. Community can be defined as a network of people who share similar interests, values, goals, culture, religion or history – as well as feelings of connection and caring among its members.
COMMUNITY MOBILIZATION	*Community mobilization* is "Efforts made from both inside and outside the community to involve its members (groups of people, families, relatives, peers, neighbours or others who have a common interest) in all the discussions, decisions and actions that affect them and their future." (IASC MHPSS Guidelines, Action Sheet 5.1, p. 61[1])
COMMUNITY PARTICIPATION	*Community participation* is the process by which individuals, families or communities assume responsibility for their own welfare and develop the capacity to contribute to their development. Community participation refers to an active process whereby the beneficiaries influence the direction and execution of projects rather than merely receive a share of the benefits.[2]
CULTURE	*Culture* is a set of shared values, beliefs and norms among a society. Culture is dynamic, changing as societies adapt to new information, challenges and circumstances.
FAMILY AND KINSHIP	*Family* is a socially constructed concept that may include children who live with one or both biological parents or cared for in various other arrangements such as living with grandparents or extended family members, with siblings in child- or youth-headed households, or in foster care or institutional care arrangements. *Kinship* indicates culturally recognized relationships defining roles and obligations between individuals and groups. In many contexts, kinship relationships extend far beyond those included in the conventional idea of a "nuclear family".
RESILIENCE	*Resilience* is the ability to overcome adversity and positively adapt after challenging or difficult experiences. Children's resilience relates not only to their innate strengths and coping capacities, but also to the pattern of risk and protective factors in their social and cultural environments.[3]
WELLBEING	*Wellbeing* describes the positive state of being when a person thrives. In mental health and psychosocial work, wellbeing is commonly understood in terms of three domains[4]: 1. Personal wellbeing – positive thoughts and emotions such as hopefulness, calm, self-esteem and self-confidence 2. Interpersonal wellbeing – nurturing relationships, a sense of belonging, the ability to be close to others 3. Skills and knowledge – capacities to learn, make positive decisions, effectively respond to life challenges and express oneself

1   IASC MHPSS Guidelines, Inter-Agency Standing Committee, Geneva, 2007.

2   Paul, Samuel, "Community Participation in Development Projects: The World Bank Experience," in 'Readings in Community Participation', Washington, D.C.: EDI. Chapter 2. (WHO, COMBI), 1987.

3   Dr. Michael Ungar, in Hague Symposium Report, 2015.

4   UNICEF, Inter-Agency Guide to the Evaluation of Psychosocial Programming in Emergencies, United Nations Children's Fund, New York, 2011.

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INTRODUCTION

UNICEF reports that almost one in ten children around the world live in areas affected by conflict and over 400 million children live in extreme poverty.[5] At the end of 2016 the United Nations High Commissioner for Refugees (UNHCR) reported that the number of displaced people was at its highest ever, a total of 65.6 million, and that almost 100,000 children were separated or unaccompanied in 78 countries. [6]

The challenges children face grow more threatening every day, ranging from large-scale conflict and displacement to poverty, violence and exploitation in many forms.

The escalation and protracted nature of conflicts today and the large-scale migration of families in search of safety and economic opportunity have led to a child protection crisis. Terrorism, disease outbreaks, intensifying natural disasters and the impacts of climate change also contribute to the changing dynamic of threats for children, families and communities in such contexts. They may lack adequate security, access to psychosocial support and recreational activities, and school for months, sometimes years. Moreover, in such vulnerable situations children can also be targeted by violent extremist groups and may experience various forms of violence or recruitment into extremist ideologies.

Mental health and psychosocial support (MHPSS) is a critical

WHY WERE THE GUIDELINES DEVELOPED?

The CB MHPSS operational guidelines were developed in response to emerging evidence on the determinants of children's resilience, lessons learned from the evaluation of existing approaches, and the unique challenges that today's crises pose for children's safety, wellbeing and optimal development.

During the symposium 'Growing Up in Conflict: The impact on children's mental health and psychosocial wellbeing', convened by UNICEF together with the Government of the Netherlands and a wide range of humanitarian and academic partners in May 2015 in The Hague, it was noted that interventions "help promote resilience by aiming to strengthen protective factors in children's lives so that they are able to develop attachments and rebuild hope and agency."[7] It has long been known that children's development benefits from positive attachment to caregivers.[8] Nevertheless, new findings show that the social environment of children and families – such as cultural adherence, social cohesion, material resources and identity – are also important.[7] These findings and lessons learned from decades of MHPSS programming in humanitarian settings inform the UNICEF guidelines and support the focus on community engagement and systems strengthening from national to community levels.

UNICEF has always promoted a holistic, community based approach to child programming. However, there is a need

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