MAIN DETAILS

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PROBLEM STATEMENT

How can we increase the mental health & psychological wellbeing of people affected by humanitarian settings?

CURRENT CHALLENGE

68.5 million people were forcibly displaced in 2017, over half of these children. In over 30 protracted crises, they are denied access to basic rights and services and are vulnerable to profound child protection risks. The rise in forced migration is likely to continue for the foreseeable future, driven by intersecting mega-trends such as climatic change, wealth inequality and rapid urbanization. Multiple stressors during displacement and unprecedented rates of violence and abuse increase children’s vulnerability to developing mental disorders compared to their unaffected peers.

Despite steady increases in migration and displacement in particularly in the Middle East and North Africa (MENA) where nearly 40% of children are affected by conflict, models for coordinated, quality seamless MHPSS care accessible to these vulnerable children and families are lacking across the migration route. The international community requires better understanding of the barriers, access points and cultural and contextual specificities to deliver meaningful MHPSS for children on the move.

Drastically compounding these challenges is the complexity of ensuring seamless MHPSS care to mobile populations, who pass through multiple geographies and healthcare and social service systems and supports on their journeys across origin, transit, destination, and return settings. Service quality and access vary greatly, fuelled by lack of trained providers, local knowledge of MHPSS standards, understanding of cultural and contextual specificities and appropriate services to meet needs of the most vulnerable, and exclusion from available supports due to displaced families’ legal status. Despite emerging resources, there is a dearth of existing tools that allow for measurement and analysis of children’s wellbeing in the contexts of migration, displacement and durable solutions. Additionally, millions of migrant and displaced children fall ‘between the cracks’ of host and origin state responsibility, and challenges to ensuring their access to evidence-based MHPSS solutions must be tackled from multi-stakeholder perspectives.

1 UNHCR, 2018
4 There are over 61 million children living in countries affected by war in MENA out of a total child population of nearly 166 million. This is to say that over a third of children in MENA are affected by ongoing conflicts and violence (UNICEF)
5 "MHPSS" refers to Mental Health and Psychosocial Support. According to the Inter-Agency Standing Committee Guidelines on MHPSS in Emergencies (IASC, 2007), MHPSS is a composite term that reflects a continuum of care interventions that aim to protect and promote psychosocial wellbeing, and to prevent or treat mental disorders.
IMPACT GOAL

Goal: A continuum of quality, evidence-based MHPSS care and services for vulnerable children and families on the move to ensure children’s protection, recovery and optimal development.

The global community needs a consolidated evidence base for quality, effective MHPSS services to meet priority needs of children and families in a coordinated way along the migration route (in countries of origin, transit and destination). Moreover, broad stakeholder engagement that includes child and family service users is required to define the research agenda for children on the move, generate effective community-based solutions that strengthen child and family coping capacities, and build a network of service providers (governmental and NGO) that are well-linked and coordinated ensuring access to care for vulnerable families regardless of legal status.

Ultimately, innovative assessment and identification tools, strategies and information management systems will effectively link vulnerable children and families with coordinated, quality services at new destination points, while protecting confidentiality and safeguarding human rights.

Childhood mental disorders are associated with a host of adverse outcomes: poor physical health and educational attainment, reduced employment opportunities and increased risk-taking. Timely and well-coordinated MHPSS interventions will promote more adaptive coping and resilience among vulnerable children and families, reduce adverse outcomes and their associated economic burden, and come closer to reaching the UN SDGs. Moreover, coordinated seamless MHPSS will lessen the need to repeat assessments, history-taking and other procedures with the benefits of: 1) reducing costs and improving diagnostic efficiency and treatment continuity, and 2) reducing the need for children and families to countlessly retell their stories of severely stressful events to different care providers.

As the majority of DRA programs are implemented in protracted crises situations with a large displaced population, ensuring effective, coordinated and seamless MHPSS will provide critical safety nets for children and help them reach their potential and ability to engage in building inclusive, peaceful societies.

ASSUMPTIONS MADE

- That migrating children and families are an extremely vulnerable population.
- That huge gaps exist in MHPSS knowledge, practice and tools for seamless MHPSS care for children and families.
- That few, if any, effective, tested models and approaches exist for seamless MHPSS across the migration journey.
- That no clear mechanisms currently exist at scale for safely sharing sensitive information for effective referral across borders.
- That resources exist for the necessary capacity building in child and family-focused MHPSS, including sufficiently qualified local personnel and structures for programming, training and supervision.
- That coordinated efforts among relevant actors are lacking to create seamless MHPSS care and cross-border safety nets and services.
- That a wide range of actors and stakeholders are willing to systematically engage in the topic and help to mainstream, integrate and coordinate MHPSS care.
- That children and families consider the MHPSS interventions culturally appropriate and useful to them.
RISKS IN PURSUING THIS CHALLENGE

Risks to confidentiality and cultural/contextual acceptability: Seamless MHPSS care requires information management systems for assessing and identifying vulnerable children and families who would benefit from MHPSS, capacity to track their movements and to link them with available services and supports across the migration route. Increasingly restrictive national policies towards migrants and displaced persons can exacerbate surveillance and control measures, accompanied by sanctions such as preventive detention, eviction, confiscation of documents, etc. Furthermore, a concerning number of return movements are facilitated by governments to countries neither safe nor conducive for such returns, with lack of procedural safeguards, oversight and accountability to ensure children are not put at risk. Within this environment, collecting personal information, ensuring confidentiality and GDPR\textsuperscript{6} compliance are challenging, and potentially places children and families at further risk in terms of their status in host countries.

In addition, cultural and contextual issues may hamper assessment and identification, due to stigma, discrimination, a lack of understanding by caregivers / service providers of children’s MHPSS needs and culturally-appropriate responses, and lack of knowledge of available services. Particularly in LMIC\textsuperscript{7}, child-focused MHPSS capacity and resources may be severely lacking, hampering effective solutions.

NEXT STEPS

In this initial phase the project will consist of the following steps:

1. **Review of existing programmes and evidence** for MHPSS needs of children and families affected by migration and displacement that includes qualitative input from children and families with direct experience, existing resource and capacity along the migration journey, and contextual particularities. This research will provide a better insight into the scope of MHPSS needs that vulnerable children and families are facing\textsuperscript{8}, especially those who need seamless care to be able to function, recover and maintain wellbeing, and prevent further distress or development of more serious disorders. It also allows us to understand what community-based solutions are already available, and the perceptions of children and families of their quality, accessibility and cultural and contextual appropriateness. In order to conduct this formative research, we will seek expertise to access and track vulnerable children and families in need of or already accessing MHPSS care along the migration route. As a first step, the research will focus on a particular region and select migration route (to be identified, but likely within the MENA region) for the purposes of accomplishing the subsequent steps in this project. However, given the steady increase of displacement globally, countries with larger cross-border migrations flows will be identified for potential future application and scaling of the invention for seamless MHPSS care.

2. **Invention phase**: Series of ideation workshops that follow a design challenge framework to allow participants to reflect on the co-design activities as well as gain additional stakeholder input (e.g., families, service providers, funders, agencies) on potential solutions to the challenge and refinement through prototypes. The potential solutions will aim to create a functional network of service providers (e.g., governmental, non-governmental and community-based) and service users working together toward sustainable solutions.
   
a. **First workshop**: present results of review, specify and refine the challenge and come up with initial ways to provide seamless care through linking existing (evidence-based) initiatives and potentially identifying initiatives/programmes needed to fill gaps. After this first workshop, participants reflect on and share with colleagues and other stakeholders and elicit more ideas with ongoing interaction through a digital compendium.

\textsuperscript{6} GDPR refers to General Data Protection Regulations  
\textsuperscript{7} LMIC refers to low and middle income countries.  
\textsuperscript{8} The project will focus on the most vulnerable, so children with developmental disability, serious distress, MNS disorders (mental, neurological or substance abuse), including those who have experienced seriously stressful events.
b. **Second workshop**: Review potential solutions and come to consensus on a handful that have the best chance for success. Map the solutions in greater detail and begin making prototypes for refinement. Participants return to organisations for stakeholder feedback and further refinements (again with digital communication).

c. **Final workshop**: Last workshop to reach consensus on a solution to take forward to pilot through applications for additional funding.

3. **Pilot development**: Finalise the solution for pilot testing, apply for funding and conduct a pilot collecting implementation (e.g., feasibility, acceptability, appropriateness, coverage) and outcome data to inform proposal design for a larger trial.