GROWING UP IN CONFLICT:

THE IMPACT ON CHILDREN'S MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING

Report on the symposium

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Please note that the presentations and resources used at the symposium are available on mhpss.net

Please use the link: http://mhpss.net/groups/psychosocial-care-protection-of-children/growing-up-in-conflict/

The video recordings of the plenary sessions are available at: http://mhpss.net/growing-up-in-conflict/

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PREFACE

The number and complexity of armed conflicts has escalated in the last five years. This has greatly increased the scale and scope of impacts on the well-being of children and presented the humanitarian community with acute challenges in child protection and development. Children are among the most vulnerable victims of war. Growing up in the midst of armed conflict, they experience long-term repercussions to their physical and mental health and psychosocial well-being.

Against this background, and for the first time in over a decade, mental health and psychosocial professionals came together to review evidence and practice in this field, focusing particularly on adolescents. The occasion was a symposium called 'Growing Up in Conflict: The impact on children's mental health and psychosocial well-being', 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.

The symposium made a significant contribution to the field of mental health and psychosocial support (MHPSS) by consolidating evidence, reviewing and revisiting strategies, and putting a spotlight on innovative practices that can address both the quality and scale of interventions. The role of MHPSS in addressing the effects of chronic stress and adversity, and in integrating protective/risk factors at multiple levels, was reinforced. The impact of conflict and displacement on wider social structures and on social cohesion and peacebuilding, and the importance of psychosocial support in those areas, was explored. The symposium also made an attempt to draw explicit linkages between mental health and economic, social and political justice and acknowledged the importance of justice as a foundation for mental health and psychosocial well-being.

The symposium was recognized as a milestone and provided new impetus to ongoing work in the field. It also resulted in a series of important recommendations. This symposium report is intended to serve as a useful reference in advancing these recommendations at various levels, ultimately benefiting the children most affected.

INTRODUCTION

In May 2015, UNICEF, in collaboration with the Government of the Netherlands and a wide range of international partners, assembled experts from academia, field practitioners and representatives of UN agencies, non-governmental organizations (NGOs) and governments for a symposium in The Hague. The symposium was convened to describe the state-of-the-art in mental health and psychosocial support (MHPSS) programming for children in humanitarian settings. It also aimed to identify key emerging evidence on this issue and to delineate a way forward in practice, research and advocacy. While the symposium addressed children in general, one panel discussion was devoted exclusively to adolescents.[1]

The symposium concentrated on a review of the evidence base on the impact of armed conflict and displacement on children across the life cycle, with particular focus on their mental health and psychosocial well-being. It also looked at how new insights on 'resilience' and 'social ecology' were being incorporated into culturally and contextually relevant MHPSS interventions for children in humanitarian settings. 'Social ecology' refers to the interaction of people and their environment. When interventions are viewed through a social ecology lens, a dynamic picture emerges of how children develop amid changing social, political, economic and cultural contexts that can both protect their rights and well-being and put them at risk.[2]

The symposium featured two days of panels and expert discussions, followed by a day for a core group of practitioners to share experiences during a planning workshop. Opportunities for advocacy were also part of the meeting, especially during the second day's concluding session, which brought together representatives of donor governments and practitioners from the field.[3]

This report synthesizes broad themes and recommendations arising from the symposium. It was developed in a process that began on the last day of the symposium through focused group work and was subsequently completed by a writing team. A review of evidence and practice on MHPSS programming for children[4] and a post-symposium advocacy brief were also prepared.[5] The report aims to contribute to advocacy associated with the post-2015 development agenda and to the World Humanitarian Summit to be held in Istanbul in 2016.[6]

1 While the term 'children' is used throughout this report, it includes adolescents.

2 Boothby, N., A. Strang and M. Wessells, eds., *A World Turned Upside Down. Social ecological approaches to children in war zones,* Kumarian Press, Inc., Bloomfield, CT, 2006, p 5.

3 Video recordings of the symposium are available on the MHPSS Network website at <www.mhpss.net>.

4 Meyer, S., and Z. Hijazi, 'Mental health and psychosocial support for children in humanitarian settings. A review of evidence and practice', Draft report, UNICEF, 2015.

5 The Hague Symposium, 'Submission to the World Humanitarian Summit', 2015.

6 For further information, see 'World Humanitarian Summit' at <www.worldhumanitariansummit.org>.

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOR CHILDREN: CONCEPTUAL BACKGROUND

Children caught in conflict face violence, loss of or separation from family and friends, deteriorated living conditions and lack of access to basic services. These circumstances and events can have immediate as well as long-term consequences for children's social and emotional well-being. The psychosocial approach that has emerged in the field in response provides support for children and families in community-based settings and focuses on generating positive change for children within their social ecology, in terms of the child, family, community and the broader culture or society.

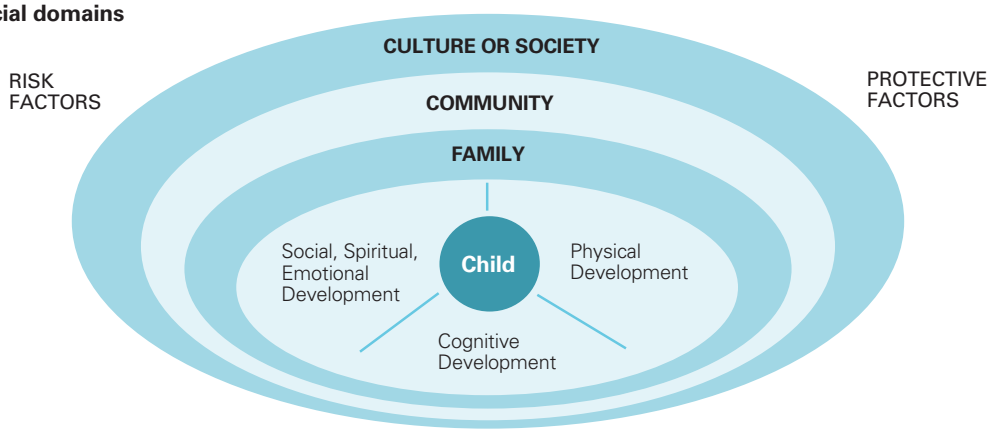
Figure 1 illustrates this approach, in which children are viewed as active agents in dealing with adversity, and interventions aim to build on local resilience and capacities. In regard to children's well-being, this model encompasses their social, spiritual and emotional development, as well as physical and cognitive growth.[7]

The *Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings* set a foundation for a cross-sectoral response in humanitarian emergencies. The term 'mental health and psychosocial support' is defined in the guidelines as "any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder."[8]

The IASC Guidelines indicate that "externally driven and implemented programmes often lead to inappropriate MHPSS and frequently have limited sustainability. Where possible, it is therefore important to build both government and civil society capacities."[9]

A key to developing MHPSS programmes is a layered system of complementary support that meets the varying needs of children and adults during and after an emergency.

Figure 1. Psychosocial domains



Based on: Action for the Rights of Children, 'Foundation Module 7: Psychosocial support', *ARC Resource Pack: Study material,* ARC, 2009, p. 12.

7 Action for the Rights of Children, 'Foundation Module 7: Psychosocial support', *ARC Resource Pack: Study material,* ARC, 2009, pp. 11-12.

8 Inter-Agency Standing Committee, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings,* IASC, Geneva, 2007, p. 1. <www.who.int/mental_health/emergencies/9781424334445/en>.

9 *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings,* p. 11.

Figure 2 represents an intervention pyramid, in which all services and supports are important and are ideally implemented at the same time. In the absence of a simultaneous multisectoral response, the aim is to integrate appropriate psychosocial services into all sectors of humanitarian assistance.

Level 1 represents the majority of children who will function normally without professional support after basic survival needs – food, water, shelter and disease control – are met and safety and security are restored.

Interventions at level 2 aim to reach children who have lost family and community support and will need assistance through strengthened community and family systems.

Level 3 represents children who need more focused individual, family or group action. This includes survivors of gender-based violence or recruitment into combat, with support provided by para-professional social workers who have received some training in specialized care, psychological first aid and basic mental health care, or structured psychosocial groups with children/parents.

Level 4 represents the small but important percentage of the population who, despite the support already mentioned, may have significant difficulties in basic daily functioning. This includes children who had pre-existing mental health disorders that were worsened by the disaster or conflict. [10]

THE REPORT

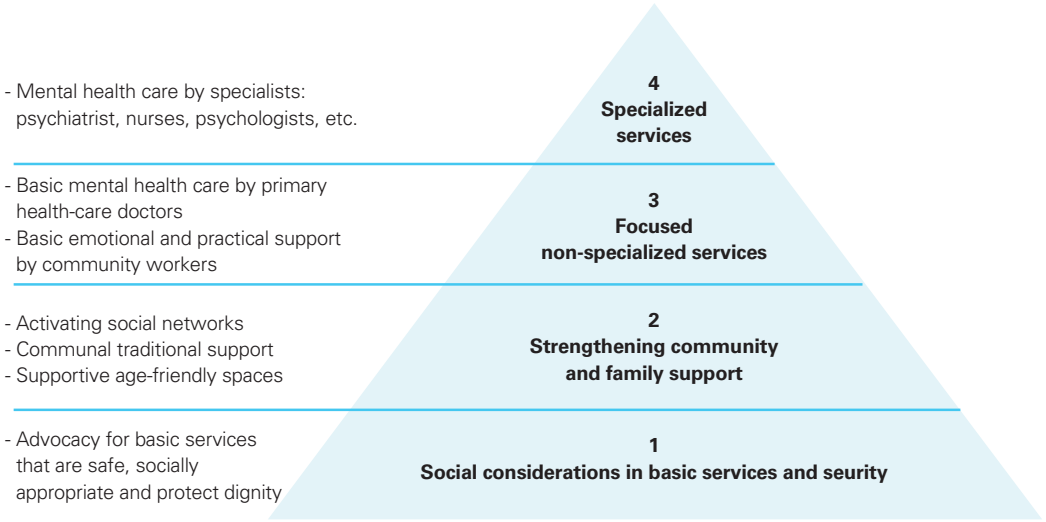
The report is divided into three sections:

- Section 1 highlights key themes that emerged during the symposium.
- Section 2 reports on symposium presentations and discussions and suggests policy and practice recommendations for the field.
- Section 3 presents key advocacy messages for the post-2015 development agenda.

Appendices are as follows:

- Appendix 1 is a summary of the symposium programme.
- Appendix 2 lists panel speakers, chairpersons and workshop facilitators.
- Appendix 3 lists organizations participating in 'market place' presentations.
- Appendix 4 is a list of participants.

Figure 2. Intervention pyramid for MHPSS in emergencies



Source: Inter-Agency Standing Committee, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings,* IASC, 2007, p. 12.

10 IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, pp. 11-13.

OPENING SESSION AND INSIGHTS FROM THE FIELD

The symposium began as Reina Buijs, Deputy Director General for International Cooperation of the Ministry of Foreign Affairs, the Netherlands, welcomed the participants. In her remarks, she spoke about how women and children suffer disproportionally in emergencies. She also spoke about recent discussion of these issues in the Dutch Parliament. Christian Salazar, Deputy Director of Programmes at UNICEF introduced the symposium, highlighted the recurring nature of conflicts around the world and the need for rethinking work in the field of mental health and psychosocial support. He referred to the need for a long-term, resilience-focused approach as critical for the field. Psychosocial support should not just focus on addressing immediate suffering, but also work towards longer-term peacebuilding and interrupting intergenerational cycles of violence.

Setting the tone for the symposium, Mark van Ommeren of the World Health Organization (WHO) made a short presentation about the history of the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings,* emphasizing the significant role they play in providing a sense of direction to the field.

The second part of the opening session was about listening to the field. A video made by the International Organization for Migration (IOM) featured young women affected by the conflict in the Syrian Arab Republic. It illustrated the hardships suffered by the women and their families, both when they were under attack in that country and as refugees. They recounted the terrible toll the experience had taken on them and were also very aware of how their parents had been affected. The young women also expressed their joy in being able to support one another as a group. Respondents from the symposium who themselves had been through the experience of forced displacement and are now involved in humanitarian work echoed the "many wounds inside" that the young women spoke about. They all talked about the feelings they carried and how being strong doesn't mean you are not hurting inside. The respondents urged humanitarian agencies to talk to those affected first, before implementing programmes. And they emphasized a comprehensive approach for families as a whole.

SECTION 1: MAJOR THEMES FROM THE SYMPOSIUM

As in every sector, there are areas of tension in mental health and psychosocial support that can lead to healthy development in the sector if they are thoroughly discussed. Since the symposium brought together MHPSS experts, donors, practitioners, and field and academic researchers, the discussions were both thorough and wide-ranging. Some views that were raised initially appeared contradictory. But as the discussions progressed, these ideas converged along a continuum that reflects the diverse cultural and political contexts in which we operate, as well as the complexity of the MHPSS sector itself. Section 1 highlights these themes and provides key questions for agencies' assessment of their operations, approaches and practices.

1.1 MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT: WORKING TOGETHER[11]

Symposium participants acknowledged the consensus achieved about mental health and psychosocial support. Participants referenced the maturing of discussions from conflictual debates that had characterized the field of MHPSS in the early days. There have been significant developments in building networks that have connected practitioners across the world.

KEY INSIGHTS/FOLLOW-UP ACTION/CONCERNS

KEY INSIGHT:
"The prior divide between mental health and psychosocial support has closed."

FOLLOW-UP ACTION:
"There is a need to have more of an intersectoral perspective throughout, including integrating MHPSS into primary health-care models."

CONCERN:
"Mental health is a health concern, but there wasn't enough discussion on strengthening collaboration with the health sector on this issue."

It was acknowledged that the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* provided a unifying framework for understanding how MHPSS can be implemented at different levels. Practitioners reported a diverse range of interventions relating to these levels during the course of the meeting and recognized their complementarity for the benefit of children and communities facing armed conflict.

> "The field and its practitioners have evolved. There used to be more of a dichotomy between 'mental health' and 'psychosocial support'. Now there is more understanding about the spectrum of interventions."
>
> Symposium participant

Challenges remain,however,in conceptualizing common goals and outcomes in relation to MHPSS. Agencies use an enormous range of objectives and draw on all kinds of concepts in seeking to plan and account for their work. Work in defining a common monitoring and evaluation framework has begun, identifying indicators with respect to both specific community-focused outcomes and person-focused outcomes.

The widespread adoption of the term 'mental health and psychosocial support' and its application in practice recognizes the connections between broad community-level programmes and focus on building resilience, as well as programmes that address a smaller percentage of the population who display significant mental distress and need more specialized support. Although research shows that the majority of interventions target the community level, there is little evidence on the impact of these community-based interventions – while resources to provide individual support are limited. Although the past decade has seen major advances in the MHPSS field, these challenges are still being worked on in order to address the full continuum of care.

11 The content in the red boxes in section 1 headed 'Key insights/follow-up action/concerns' is drawn from an individual written feedback exercise conducted at the end of the symposium.

1.2 TOP DOWN, MIDDLE OUT OR BOTTOM UP: BALANCING SYSTEMS STRENGTHENING WITH COMMUNITY ENGAGEMENT

Both systems strengthening and community engagement were frequent topics of discussion throughout the meeting. Mental health and psychosocial support in humanitarian settings is undergoing a shift that is similar to that in other sectors, moving towards strengthening systems on a national scale.

KEY INSIGHTS/FOLLOW-UP ACTION/CONCERNS

KEY INSIGHT:
"There is a need for evidence-based MHPSS programmes that reflect community knowledge and ownership."

FOLLOW-UP ACTION:
"I will focus more on how a community can help itself."

CONCERN:
"We don't have a clear mechanism to map and assess existing local knowledge rituals and practices."

Participants discussed that, while the use of a systemic approach is encouraging, many efforts to strengthen systems continue to fail to listen deeply to families and communities or to adequately recognize existing support mechanisms and their contributions to children's protection and well-being. One proposal was to intermix and balance top-down, bottom-up, and middle-out approaches. "Top-down approaches help to ensure that governments have the laws, policies and capacities that are essential in protecting vulnerable children. Bottom-up approaches work from [the] grass-roots level upward, feature community action, build on existing community strengths, and stimulate community-government collaboration. Middle-out approaches, which emanate from actors such as city councils that are situated between the national and grass-roots levels, embed the child protection agenda in regional centres of power."[12]

Many participants testified to the knowledge and experience of communities in the face of conflict and disaster. However, they recognized that there were no short cuts for agencies in engaging communities facing complex emergencies. Against a backdrop of unstable environments, participants emphasized the demanding nature of community engagement, while acknowledging how crucial it is in terms of well-being, healing, reintegration and peacebuilding.

"Talk with them, ask them, do not bring programmes parachuting from elsewhere."

Symposium participant

12 Wessells, Michael G., 'Bottom-up approaches to strengthening child protection systems: Placing children, families, and communities at the center', *Child Abuse & Neglect,* vol. 43, 2015, pp. 8-21, <www.sciencedirect.com/science/article/pii/S0145213415001246>.

1.3 RECOGNIZING THE NEED FOR BOTH UNIVERSAL AND CONTEXTUAL APPROACHES

The balance between universal or contextual approaches in response to complex emergencies was debated by symposium participants. Ideally, all states would have an emergency preparedness plan that included national staff with skills to support the affected population, thereby providing a contextualized response to the situation. However, this is rarely the case. More often there is a burden to deliver a rapid MHPSS response to the affected population. This gives agencies little opportunity to reach out to communities or contextualize existing tools. It was recognized that tools and approaches that could be rolled out quickly but with opportunity for local contextualization were crucial.

KEY INSIGHTS/FOLLOW-UP ACTION/CONCERNS

KEY INSIGHT:
"There is a huge gap between theory and practice, and not enough of what happens at global level trickles down."

FOLLOW-UP ACTION:
"I have a list of around 20 follow-up actions, including acquiring reports/assessments/tools, connecting with MHPSS peers."

CONCERN:
"We need to respond to the needs of practitioners."

Interventions such as child-friendly spaces or psychological first aid have been used in a wide variety of contexts by professionals or para-professionals as part of rapid MHPSS responses. The debate remains whether such interventions can be implemented in a way that encompasses local resources and perspectives. It is essential to develop a deeper understanding of the community's problems, coping strategies and available resources in order to construct culturally appropriate interventions. Particularly during long-term conflicts that have severe impacts on children, such as in the Syrian Arab Republic and Yemen, both the quick and generic MHPSS response and ongoing development of tailored interventions to support those children most in need are required. This approach includes enabling children's participation in the process by developing tools that build on local attitudes, practices, traditions and other forms of cultural expression.[13] More generally, the Core Humanitarian Standard on Quality and Accountability (CHS) recognizes that, "Responses that ignore the strengths and capacities of people affected by crisis, their governments and civil society are less effective and can undermine long-term development processes. In countries where there are recurring disasters, ensuring that individuals, communities and countries have greater control over decision-making and become more resilient can lead to a quicker recovery and a greater capacity to withstand future shocks."[14]

"My insight from the symposium: Interventions and research still tend to focus too much on one or few elements and not enough to realize the complexity and influence of the context on the participants."

Symposium participant

13 See, for example: Action for the Rights of Children, 'Foundation Module 4: Participation and inclusion', *ARC Resource Pack: Study material,* ARC, 2009, <http://resourcecentre.savethechildren.se/library/arc-resource-pack-actions-rights-children-english-version>.

14 Joint Standards Initiative, 'CHS Guidance Notes and Indicators' (Draft for consultation until 20 June 2015), HAP International, People in Aid, the Sphere Project and Groupe URD, 2015, p. 14, <www.corehumanitarianstandard.org/resources/chs-guidance-notes-and-indicators>.

1.4 BALANCING QUANTITY AND QUALITY: SCALING UP SUPPORT WITHOUT CUTTING CORNERS

From the outset, the symposium was framed in terms of the current challenge facing humanitarian organizations in scaling up MHPSS in response to increasing numbers of emergencies. The overwhelming pressure is to respond to huge numbers of people in distress. To its credit, one programme had, for example, provided assistance to about 60,000 children. But with an affected population of 1.1 million children, it had still only reached a minority of potential beneficiaries.

KEY INSIGHTS/FOLLOW-UP ACTION/CONCERNS

KEY INSIGHT:
"We have an opportunity to advance the evidence base for new innovative approaches."

FOLLOW-UP ACTION:
"I will focus on implementing new approaches."

CONCERN:
"How do we concretely operationalize all this?"

Mechanisms to reach larger numbers of children were a major theme of discussion. Schools were seen as especially important entry points for support. Interventions at the lower part of the IASC pyramid potentially reach larger numbers of the population. This includes making links with other sectors to integrate MHPSS into basic services as well as engaging directly with communities to decrease social isolation and improve safety and dignity, thereby reducing levels of distress for large numbers of parents and children. The value of linkages with child protection, health and education was widely recognized.

However, interventions at levels 3 and 4 of the IASC pyramid are important too. While there may be fewer individuals requiring help at these levels, the increasingly violent and protracted conflicts of recent years expose ever greater numbers of children to severe crisis experiences – including sexual violence, trafficking, torture, witnessing and directly experiencing violence, poverty and deprivation.The need is increasing, therefore, for focused (individual or group) support for children suffering from severe distress.

At all levels, quality in programming ensures a protective impact on children affected by armed conflict. Scalable interventions need to be of sufficient quality to be effective.

"Para-professionals are human resources that can reach out to more children at scale."

Symposium participant

Participants acknowledged the ethical responsibility to gather the extensive evidence needed to guide feasible and effective programming, to ensure quality at scale and, importantly, to reduce the potential for harm by inappropriate or ineffective practices. However, many agencies have limited human and financial resources to engage purposefully in research in operational contexts. Embedding research and evaluation within implementation strategies was seen as an important means of learning from programming in diverse settings and of meeting ethical standards in supporting communities in severe distress.

KEY INSIGHTS/FOLLOW-UP ACTION/CONCERNS

KEY INSIGHT:
"I appreciate the long way we have gone in terms of solid research findings in the wealth of experiences and good ethnographic research practices that participants shared in talk forums."

FOLLOW-UP ACTION:
"I will advocate for my organization to get much more involved in research."

CONCERN:
"Have we misunderstood evidence-based programming?"

1.5 BRIDGING THE GAP BETWEEN EVIDENCE AND PRACTICE

There is a critical need to bridge the gap between MHPSS practice and research on the complexities of humanitarian environments – concurrently meeting the enormous programming needs of children affected by armed conflict and the need to build the evidence base of effective interventions. The symposium recognized that protracted conflicts such as those in Iraq, the Syrian Arab Republic, Ukraine and Yemen, where the needs are enormous, place huge demands on the humanitarian community. How can agencies find the time and resources to implement research in the midst of their response on the ground?

While more effective monitoring and evaluation of programmes has a key part to play in contributing to the evidence base, it was recognized that specific research efforts are needed. Evidence for programming must be based on rigorous methodologies that can be mobilized within the demanding circumstances of humanitarian emergencies. A number of presentations reported on productive collaborations among actors such as MHPSS practitioners, researchers, governments and donors. Strategies included inter-agency research initiatives and investment in randomized trials to investigate the efficacy of interventions across multiple settings. Many participants urged that research initiatives remain connected with the voices of children and families, and build upon the considerable experience of practitioners in the field.

1.6 MAKING EXPLICIT THE LINKAGES BETWEEN MENTAL HEALTH AND PSYCHOSOCIAL WELL-BEING AND ECONOMIC, SOCIAL AND POLITICAL JUSTICE

The collective knowledge and experience of MHPSS practitioners and researchers in humanitarian settings can inform the rebuilding of peaceful societies. Social ecology perspectives 'locate' the suffering of children and families from armed conflict within the realm of social understanding, including social justice. There is an intimate relationship between the well-being of children and how children make sense out of the conflict they have experienced.

However, retrospective studies of conflict-affected children show that 'meaning-making' can also reinforce pro-violent or retributive ideologies. Further research is necessary to understand the role of MHPSS in reconciliation and future peacebuilding.

A common thread of experience from MHPSS programmes in diverse conflict contexts (from Guatemala, Lebanon, Northern Ireland, Rwanda and South Sudan to the former Yugoslavia) demonstrate how these programmes influence wider social change and individual and community capacities for peacebuilding. Programmes may reduce violence and strengthen capacities for positive relationships; challenge exclusion and isolation of children and their caregivers and reduce stigma to overcome stereotypes; help transform significant experiences of loss and trauma through personal and collective meaning-making that promotes reconciliation; and create new spaces of power and hope.

KEY INSIGHTS/FOLLOW-UP ACTION/CONCERNS

KEY INSIGHT:
"Peacebuilding, transgenerational issues and links with MHPSS need to be developed further."

FOLLOW-UP ACTION:
"I look forward to reviewing our programmes at a new level, not fearing what used to be taboo – such as social justice."

CONCERN:
"There is a problem of MHPSS being used as 'a pacifier' to help people cope with a situation; we should be careful that MHPSS is not used to that end."

"Now I have a renewed appreciation and understanding of the political nature of our work. Often I feel as though we are the touchy-feely stepchildren of 'real' humanitarian action. The symposium repositioned the work for me as a form of activism."

Symposium participant

SECTION 2: SYMPOSIUM TOPICS AND RECOMMENDATIONS

Discussions were rich and varied throughout the three days of the symposium. Section 2 provides summaries of the presentations and main discussions, grouped into five key recommendations. These recommendations are a synthesis based on notes from the meeting and the papers presented.

2.1 FOCUS ON CHILDREN, ADOLESCENTS AND FAMILIES

"The girl in the video (shown at the event) says 'I died once, I do not want to die twice.' This girl is still young. She will find out that indeed you can die many times during a lifetime growing up in conflict. We are very strong, women especially. But being strong does not mean you are not being hurt."

Symposium participant

Children: Highlighting that violence is widespread and severely affects children, Susan Bissell reported on findings from the UNICEF Multiple Indicator Cluster Surveys (MICS) that indicate that 8 in 10 children experienced violence by caregivers on a daily basis, and 120 million girls experienced sexual violence during 2014.[15] Growing up in the shadow of violence has long-term implications for children over their lifespan. James Leckman showed that exposure to violence – alone or in combination with other adverse childhood experiences such as poor nutrition, neglect, abuse and other forms of dysfunction in the home – can negatively impact brain structure and function, hormonal and immune systems, and even how human DNA is read and transcribed. He referred to the fundamental link between attachment and the organization of the brain.

Attachment and resilience were major themes of discussion. Michael Ungar suggested that children need seven types of resources in order to be resilient. These include attachment, cultural adherence, social cohesion, material resources and identity. How successful children are in addressing and coping with their situation depends on the pattern of risks and protective factors in their social environments, as well as on their internal strengths and capabilities.

Children's vulnerabilities increase when they are exposed to multiple risks at home and in their community and when they lack key protective factors in their lives, such as living with a caring parent, having supportive friends, and having good skills for seeking help. If children have strengths such as good problem-solving skills,they are often able to navigate the crisis environment relatively effectively, and to make decisions that support their well-being and that of their families. Mental health and psychosocial support 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.

The symposium presented many examples of programmes for children in conflict settings (see appendices for full details of the programme and participating organizations). These programmes draw on many different approaches and modalities, for example: 'I Cope' was developed by War Child; 'The Tree of Life' is a Regional Psychosocial Support Initiative (REPSSI); War Trauma Foundation has a multi-family approach; Save the Children has developed 'Safe You, Safe Me'; the International Rescue Committee uses safe healing and learning spaces; Terre des Hommes has a project for children's psychosocial development called 'Movement, Games and Sport'; the Association for the Protection of War Children uses a more clinical approach, called 'Memory Work'.

In terms of programming, Christian Salazar raised the issue of how MHPSS can increase its range to include children of all ages, starting from early childhood and spanning adolescence, rather than focusing primarily on school-age children.

Specific recommendations to make progress at the field level were to:

- Use activities that children and parents enjoy and that promote mutual support in interventions and programmes, for example, sports, drawing, theatre and cooking.
- Think more creatively about how to build life skills that are relevant to children's needs, for example, how to avoid snakes on the way to the toilet, or how to keep oneself safe in a particular location.
- Develop an inter-agency approach on children's coping and child protection, for example, by creating a toolbox of resources.

15 UNICEF global databases, 2014, based on Demographic and Health Surveys, Multiple Indicator Cluster Surveys and other nationally representative surveys, 2005-2013. See: <http://files.unicef.org/publications/files/Hidden_in_plain_sight_statistical_analysis_EN_3_Sept_2014.pdf>.

"Play and rituals are important because they enhance creative thinking, which is essential in situations of war and disruption. Play helps you to reconstruct yourself in relation to yourself and others. This is not something new, but it has been neglected by the clinical sector."

Symposium participant

Adolescents and youth: Symposium participants were particularly concerned about adolescents and youth. Aware that young people are at a critical juncture as they transition from childhood into adulthood, participants recognized that outcomes for this population can be compromised if care is not taken to provide appropriate MHPSS. In her presentation on programming for the displaced, Monika Sandvik-Nylund noted that while 'adolescence' and 'youth' are usually classified internationally in terms of age,[16] in many contexts transition from adolescence to adulthood is marked by significant changes in circumstances, such as marriage or leaving the parental home. For young people caught up in conflict settings, this transition may unfortunately be delayed or halted completely.

Displacement often forces adolescents and youth to take on new roles and responsibilities to ensure that their own and their families' basic needs are met. These new roles may put them at risk. For example, boys and young men may face an increased risk of forced military recruitment and exploitation in the labour market. In some contexts, adolescents and youth who seek refuge may be perceived as a threat to stability and security (especially males) or as vulnerable victims (females).

Helping adolescents and youth adapt and exercise their agency is a major focus of the MHPSS response for this population group. It strengthens their resilience and can help them develop a greater repertoire of choices in their lives. As they develop capacities to reflect on their experiences and build new problem-solving skills and means of expression, adolescents and youth have the potential to become positive agents for change in their communities. The preliminary results of a World Vision programme called Global Partnership for Children and Youth in Peacebuilding suggest the potential of youth in four areas: (1) aware and active citizens for peace, 2) increased peaceful cohabitation, (3) reduced discrimination and violence, (4) and support to vulnerable groups. Matthew Scott, the presenter of these findings, reported changes among children and youth in their beliefs, attitudes and behaviours towards other ethnic groups, which can lead to more peaceful cohabitation and reduced discrimination and violence.

Specific recommendations that emerged were to:

- Develop benchmarks for adolescents and youth in MHPSS programming.
- To integrate content on youth and adolescents in the existing guidance materials that are being used by all sectors in humanitarian response.

16 'Children' are defined in the Convention on the Rights of the Child as those under 18 years of age; 'adolescents' are between 10 and 19 years old, according to the United Nations; and 'youth' are between 15 and 24 years of age, according to UN General Assembly Resolution A/RES/50/81 of December 1995.

Families: Complementary MHPSS initiatives that assist primary caregivers in dealing with their own distress and in re-establishing positive parenting strategies help to increase caregiver resilience. In turn, caregivers are better able to meet the recovery and development needs of conflict-affected children and thereby assist families as a whole. Topics discussed included information on constructive coping methods, childcare by local service providers and on awareness of harmful practices. Nancy Baron issued a note of caution. Her experience in the field led her to believe that while the importance of family support has been recognized for many years, work with parents and families is still relatively underdeveloped. Most see the benefit of engaging families because they are the root of bonding and success for the child, but this work is difficult.

A number of panellists reported findings about the importance of connectedness with the family. Felicity de Zulueta highlighted how the lack of attachment and connectedness during and after a traumatic experience is an important risk factor for distress. She reported that children staying with their caregivers is key, even if this means staying in a war zone. Another panellist described the way that video interaction is being used by parents and children to overcome distress. By showing positive moments of interaction between the parent and the child, the videos promote positive parenting skills.

"Exclusion and isolation are causing violence. Fathers are important. If we do healing, we should include fathers."

Symposium participant

Relinde Reiffers and Trudy Mooren presented their work on families who have children with a disability. When these families face social isolation and stigma, the multi-family approach helps parents learn from each other and strengthens social cohesion. With a focus on restoring family dynamics, such issues as communication and defining household responsibilities are considered, as well as 'mentalizing'[17] and play.

The role of fathers in children's social ecology was highlighted, particularly in relation to children's needs in conflict settings. James Leckman described fundamental sex differences in the way the male and female genome react to the environment. Many programmes around the world focus on mothers. While that is crucially important, co-parenting is just as important, he suggested. He referred to programming in Turkey where engagement with both parents had led to transformative effects on fathers.

A key challenge debated was how to engage fathers in MHPSS programmes in a relevant, appropriate way. In Nicaragua and the West Bank, for example, practitioners found a productive strategy was to reach out to men in settings where they commonly met. In Beirut, an MHPSS programme engaged mothers first and found that fathers joined when they saw the benefits to their families. And as part of the response to the Syrian conflict, male focus groups identified key issues for men, which then formed the basis of a self-help booklet for those affected by the crisis. It was noted that the potential application of apps and social media could be pivotal in bringing support for fathers to scale.

Specific recommendations that emerged to make progress at the field level were to:

- Consolidate research and replicate effective parenting programmes.
- Develop parenting programmes specifically for unaccompanied and separated children and children who have been associated with armed forces or groups.
- Include support to parents when referrals are made in connection with child protection issues – for example, in relation to child-friendly spaces or in terms of individual support and economic recovery programmes.

2.2 INCREASE COMMUNITY EMPOWERMENT

The starting point for the presentation by Mike Wessells on community-based mechanisms as a source of resilience for conflict-affected children was about language. He reflected on the way that communities are commonly described, such as 'displaced communities', 'war-torn communities' and 'damaged communities'.His challenge to participants was to consider how these terms implicitly define communities in relation to what 'we do' rather than what 'they do to help themselves'. If one aim of a MHPSS response is to increase community empowerment, then humanitarian agencies need to see communities as groups who have resources and strengths that can be used to help heal themselves.

17 'Mentalizing' is the process through which individuals make sense of each other and themselves in terms of subjective states and mental processes.

He listed certain basic elements for building community resilience, including: collective planning and action such as asset identification, mapping and mobilization; local empowerment to build social capital and mobilize local networks; increased government capacities and responsiveness; child and youth socialization; religious and spiritual support; non-violent conflict resolution and reconciliation; and increased capacities for protection and prevention, in both the community and government.

The symposium featured many examples of engaging communities. Martha Bragin, for example, presented a community participatory method engaging families and children in conflict contexts. She emphasized the importance of mobilizing communities, which may be inhibited by mythologies that may harm psychological growth.

By contrast, Annemiek Richters presented a 'middle-out' approach using community-based social therapy, designed to reduce social isolation. Located in the African Great Lakes region, the community-based programme is called 'Mvura Nkuvuru' – 'You heal me, I heal you,' in which the group takes on the counsellor role.

"The focus here becomes the resilience of the entire culture group instead of the individual child. We need to know the way the group attributes meaning to violence. For instance, whether it is perceived as inevitable, part of the group's history or is it a one-time occurrence in which the group is singled out as a consequence of 'sinful' behaviour."

Symposium participant

Community acceptance and participation in community activities were key elements identified by Marie de la Soudière in her presentation on the reintegration of children recruited by armed forces or groups. Reintegration requires listening to the fears, needs and wishes of the communities and families, and discussing how the child will be reintegrated. When former child soldiers participate in a meaningful community activity, this reinforces their value as a community member. Community acceptance and developing a positive identity and role within the community are key for the child's psychosocial well-being.

A number of good practices were shared in relation to the involvement of community members, including the integration of MHPSS in community committees by the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA); community centres with multidisciplinary outreach teams set up by the International Organization for Migration; and programmes organized by REPSSI that provide spaces for communities to define issues and allocate responsibility for actions through facilitation, linkages and referral.

The role of traditional healers in community-based practices was debated too. While perspectives on this differed, participants recognized the need to understand these practices through in-depth dialogue.

Acknowledging the long-lasting results that are achievable with communities, participants highlighted the major challenges of the community empowerment approach. It involves time, patience and high levels of participation in decision-making – which may not align with demands from donors and agency headquarters. Working with communities requires careful relationship-building to understand the power relations that are operating. Unintended harm may be caused by the reinforcement of local power structures that exclude or marginalize particular individuals or groups. The approach is based on skills that promote participation and cooperation and inclusion to build strong community ownership. Skills, knowledge and experience in this area are not as strong as in other aspects of MHPSS.

Specific recommendations were to:

- Listen and dialogue with the community to understand how they solve their own problems.
- Link informal and formal systems, driven by community.
- Document examples of community empowerment and engagement in humanitarian emergencies.

2.3 LINK MHPSS, EDUCATION AND CHILD PROTECTION

Strengthening multi-layered, intersectoral MHPSS approaches for children recognizes the value of linking MHPSS with child protection and education initiatives. Schools, emergency education programmes and child-friendly spaces deliver immediate support and reduce risks for millions of children. They are also an ideal entry point to families and communities to deliver other interventions in relation to food, water, sanitation and health care.

Jennifer Groves described the dramatic escalation in risks facing boys and girls of different ages when conflict disrupts education. In very young children, for example, toxic stress can permanently damage brain development. Children as young as 8 years old may take on adult roles within their families as their parents struggle to cope, often resorting to flight or separation in order to survive and maintain care for children. There are considerable risks too for adolescents demonstrating signs of anxiety and depression, as their cognitive, emotional and social development is curtailed by the violence around them. Girls who are not in school are more likely to be married before they reach adulthood. Boys and girls are at higher risk of joining armed groups or criminal gangs, and levels of exploitation and abuse, including trafficking and sexual violence, also increase.

"I was pleasantly surprised by the level of critical and 'out of the box' discussion that took place in the symposium – especially related to social justice and community ownership. It was also an excellent opportunity to validate what we have been doing as well as to think forward."

Symposium participant

Child protection concerns are of central importance to and deeply connected with children's well-being and therefore to the MHPSS response. Cases of female adolescent suicide in Afghanistan were linked to the experience of forced child marriage. Substance abuse was seen as a major factor in increasing violence, including sexual and gender-based violence. These examples show how actions addressing mental health and psychosocial issues can result in improved child protection and vice versa.

In her presentation on 'Healing Classrooms', Laura Boone reported on the International Rescue Committee's (IRC's) work based on action research in multiple settings over 10 years. Based on a meta-analysis of 203 school-based programmes, they propose that when learning environments are improved, mental health problems can be reduced, ultimately leading to better academic outcomes. Healing Classrooms is based on the assumption that children in extreme adversity have trouble concentrating and controlling impulses leading to problems in school. The intervention is designed to enhance academic performance, coping abilities, resilience, curiosity and creativity by focusing on socio-emotional skills, cognitive skills and mental health.

Anne-Sophie Dybdal underlined that children have the right to education and development, and the right to be protected from harm. Save the Children's fundamental approach is therefore always to see MHPSS as a child rights issue. She reported that Save the Children's mental health and psychosocial programmes always integrate child protection measures. She emphasized the role of civil society in holding duty bearers accountable, such that programmes must always be implemented in partnership with other actors. Programming uses resilience as one of their standards in minimum standards for child protection in humanitarian action.

Marie de la Soudière's presentation focused primarily on the missed opportunities for MHPSS in the provision of schools, in terms of reaching children and families and in accessing communities. She was concerned that often only a fraction of children affected by armed conflict attend safe, nurturing schools. This point was picked up later in discussion, when participants emphasized the absolute priority in making schools safe protective environments for the children attending.

Teachers face considerable challenges in offering psychosocial support. Marie de la Soudière pointed to the low level of education and training of teachers themselves, and in discussion afterwards participants added that lack of supervision, low salaries and unpredictable contracts also influence the motivation of teachers. The learning environment – with very large class numbers and a lack of teaching materials for children – is a cause for concern too. Agencies providing training in psychosocial support to teachers need to take these issues into account so that support strategies that teachers learn are suitable and manageable for the context. In Gaza, for example, teachers in the school system are being trained on standard operating procedures for child protection, including psychosocial stress, so that they are able to detect and refer children that need further support. Teachers in Gaza also expressed a need for stress management activities for themselves, so self-care strategies are now being included in the training.

Specific recommendations to strengthen joint MHPSS, education and child protection programmes were to:

- Feed into the review of evidence and practice of MHPSS for children.[18]
- Contribute to and strengthen the Child Protection Working Group Task Force on Psychosocial Support.
- Document and field-test good practices on education and MHPSS interventions.
- Develop an inter-agency training package for teachers on how to provide psychosocial support in classrooms.
- Enable duty bearers to recognize and implement psychosocial innovations in schools.

"There is a wide range of work being done across the sector that has the potential for being complementary. Yet there is a lot of fear by many that their area of specialization or particular interest will be rejected. Mental health and psychosocial support is interdisciplinary by nature, and we need to learn how to see how various methods and approaches can work together."

Symposium participant

2.4 INTEGRATE PEACEBUILDING COMPONENTS INTO MHPSS PROGRAMMES

Participants acknowledged the collective knowledge and experience of MHPSS practitioners and researchers in humanitarian settings that inform the rebuilding of peaceful societies. However, despite this, psychosocial practitioners do not often see their work as directly related to social change, while those involved in peacebuilding initiatives can have a limited focus on individual well-being.

Friedrich Affolter described a UNICEF programme, 'Learning for Peace,' which is seeking to leverage education for peacebuilding. This multi-country initiative takes a more systematic approach to conflict sensitivity and peacebuilding. Funding from the Government of the Netherlands has facilitated education programmes that serve as an entry point for the conflict-sensitive provision of social services and the strengthening of positive relationships. Based on the conflict drivers identified through conflict analysis, UNICEF country offices develop work plans with outputs aiming to mitigate sources of conflict through policy, institutional and grass-roots level interventions.

"Youth present promise, not peril."

Symposium participant

Interventions that build social cohesion were reported from different settings. Relinde Reiffers and Trudy Mooren of War Trauma Foundation described their work in the West Bank using a multi-family approach.Guglielmo Schininà of the International Organization for Migration presented on play and rituals in psychosocial support and dialogue after conflicts. Both programmes work at the grass-roots level seeking to promote communication and dialogue.

Lynne Jones located her research over a period of 20 years with Bosnian children who have grown up with war in the context of complex political understanding. She described the close relationship between children's well-being and how they make sense of the conflict. The adolescents who were doing well had adjusted to the political situation; those who did not were unable to make sense of the social injustice.

Participants discussed how MHPSS programmes engage with young people in terms of peacebuilding. Young people in conflict settings may be struggling with intergenerational legacies linked with violence, suffering losses linked to the conflict and remaining economically and socially marginalized. As a result, although political violence might be subsiding, young men particularly remain prone to risk-taking behaviour, violence and high levels of suicide. Psychosocial interventions, such as 'I DEAL' developed by War Child Holland, seek to reduce violence and strengthen relationships, thereby opening up the potential for individuals to contribute to wider peacebuilding processes. Working with young people as actors of peacebuilding is vital, mobilizing them as agents of change.

Participants made links between resilience and 'resistance' in terms of social justice. Conflict settings are frequently places of tremendous inequity, and the MHPSS response needs to accommodate the social and political realities faced by youth and other groups.

Recommendations were to:

- Collect examples of good practice (including case studies) at the intersection of MHPSS and peacebuilding.
- Map tools and practices in this area, including documentation of activities that involve neglected groups, such as interfaith discussions, truth and reconciliation groups and transgenerational dialogue.
- Develop a harmonized definition for peacebuilding and MHPSS to bridge the two areas.
- Engage stakeholders in peacebuilding and conflict resolution in school-based MHPSS.

18 Meyer and Hijazi, 2015.

"It is about the training of the people who are going to deliver the programmes, if we want it to be sustainable and cost-effective. We cannot make it too complicated – this won't work."

Symposium participant

2.5 DEVELOP INNOVATIVE APPROACHES FOR CHANGING NEEDS

Promising interventions: A number of panellists presented approaches that can be used in low-resource settings. They argued for the need to develop and test psychological interventions that could then be used in many settings. In 'high-intensity' interventions, specialists may facilitate sessions following specific manuals, and many sessions are offered for one problem. In contrast, low-intensity interventions do not rely on specialists and tend to be facilitated by lay people. They are therefore more sustainable than those requiring specialists. Low-intensity interventions are delivered using manuals covering multiple problems, and focus on skills for self-management.

Atif Rahman described 'Problem Management Plus' (PM+), a low-intensity face-to-face intervention to enhance self-management of common psychological problems. It is currently being tested in Peshawar and Swat, Pakistan. PM+ was applied to help people who come to primary health-care centres and are not able to function due to extreme distress. Rather than diagnosis, the emphasis is on practical implementation through a range of strategies delivered by lay helpers.

Wietse Tol reported on 'Self Help Plus' (SH+), an intervention for managing stress and coping with adversity. SH+ is based on acceptance and commitment therapy and helps people to be mindful and to act in accordance with their values. Materials are audiotaped, and participants receive an illustrated guide. There are five sessions involved in SH+: (1) grounding and 'present moment' awareness, (2) 'unhooking' from difficult thoughts and feelings, (3) identifying and acting on values, (4) being kind to self and others, and (5) making room for difficult thoughts and feelings.

Richard Bryant, who collaborates with WHO on developing low-intensity interventions for children affected by adversity, described recent work in this area. Building on the success of programmes with adults, the next step is to test a protocol that can improve children's psychological functioning. One approach being considered is group-based interventions that consist of six sessions, initially focused on children aged 10 to14, and include parents. The sessions would be delivered by para-professionals, emphasizing storytelling and child-friendly activities, and are likely to include a focus on building skills for regulating emotions and solving problems.

While not a new approach, the use of child-friendly spaces has grown rapidly within the field in a short time. However, the evidence base for this approach is agreed to have been weak. Alastair Ager presented the results of a three-year in-depth study conducted in collaboration with a variety of agencies and donors in five countries: Democratic Republic of the Congo, Ethiopia, Iraq, Jordan and Uganda.The research proposed three main elements of successful child-friendly spaces – establishing a safe environment, equipping local animators and providing structured activities. While these

could lead to significant improvements in children's well-being and protection, the extent that they did so varied markedly across contexts. The quality of interventions – as measured by an inter-agency checklist – had a substantial impact on children's well-being.

Recommendations were to:

- Collate evidence on what interventions work and in what circumstances and which require further validation.
- Continue to strengthen agency capacity for rigorous project evaluations to broaden the evidence base.
- Encourage research initiatives on addressing longer-term trajectories of children affected by conflict to shape future MHPSS response.

Building capacity and promoting staff care: Central to quality MHPSS responses is supporting capacity development of local agencies and organizations that are responding to the MHPSS needs of a conflict-affected population and promoting staff care.

The debate within the symposium focused particularly on building capacity in technical mentoring. Mark van Ommeren referred to the example of the Gen Cap programme, which sends experts to the field and provides guidance to multiple agencies. Agencies actively involved in the field in multiple crises need to have much greater technical capacity. Finding ways of providing inter-agency technical assistance is an urgent development need for the field.

Alison Schafer reflected on capacity needs for a workforce that is likely to rely less on specialists and lay professionals over time. Strategies linking training and ongoing supervision were debated. An example shared from the Center for Victims of Torture described a stepped-care model used in various countries, where local counsellors (who are sometimes refugees themselves or members of the host community) receive ongoing supervision and training from a clinician. They see this model as contributing to a long-term sustainable workforce.

Noreen Huni presented on REPSSI's Certificate Course in Community-Based Work with Children and Youth, an 18-month distance-learning course delivered at minimal cost in 10 countries: Kenya, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Uganda, the United Republic of Tanzania, Zambia and Zimbabwe. This is the first accredited course of its kind and is designed to professionalize community-based care for children and youth. It was developed by REPSSI, UNICEF and the University of KwaZulu-Natal (the African Centre for Childhood). One thousand students are currently enrolled in the course.

In the final address of the symposium. Saudamini Siegrist of UNICEF indicated the need to address the care of caregivers. Quality staff care encompasses staff support and stress management strategies as well as training and supervision linked to the MHPSS response.

Recommendations in this area were to:

- Identify the means to provide technical mentoring and standby capacity for multiple agencies.
- Strengthen training and supervision strategies to meet the needs of a changing workforce.
- Identify strategies to reduce the isolation of practitioners working in the field.

CONCLUDING SESSION ON DAY 2

The symposium closed with a concluding plenary with **Shekhar Saxena**, WHO; **Preeta Law**, the UN High Commissioner for Refugees (UNHCR): **Christian Salazar**, UNICEF; **Rob Horvath**, US Agency for International Development (USAID); **Kevin Savage**, World Vision International, **Maria Bray**, Terre des Hommes, and **Joost Andriessen**, Ministry of Foreign Affairs, Government of the Netherlands.

The increase in and the chronic nature of conflict in contemporary times was highlighted by many speakers in their concluding remarks. This context creates major challenges for the humanitarian community in providing effective, quality MHPSS programmes at scale. All the speakers acknowledged this to be one of the most significant challenges for the field. A second prominent theme in this session was the increasing commitment to research-based evidence, such that investment in extending the evidence base for MHPSS (and indeed for humanitarian practice more generally) is more widely accepted among donors and agencies.

Speakers referred to various approaches in implementing programmes at scale. Rob Horvath advocated an approach using strategic partnerships that marry different tools and modalities. Maria Bray referred to the importance of partnership too, both with other agencies and in terms of tapping into resources within communities.Shekhar Saxena drew on lessons learned in relation to the Ebola epidemic in terms of the need to be better prepared, to have the mechanisms in place to be deployed quickly, and to have the human capacity or surge capacity and other resources ready to be immediately used. Christian Salazar reminded participants of promising ideas raised at the symposium in relation to scalable strategies, including technology and self-learning.

Rob Horvath reflected on the long-term implications for children's well-being in terms of the interventions being implemented on the ground. The care and protection of children, along with their families, he said, is a long-standing priority of the United States government. As a donor, USAID is pleased to be supporting research on impact evaluations and randomized control trials to show good practice in this vital area of work. Kevin Savage said he felt these were exciting times for action-based research. There is a greater commitment to research, and agencies need to be more engaged in working with the academic community. He signalled the importance of the symposium itself as a model for other sectors in the humanitarian community. Joost Andriessen reflected on his decision to bring humanitarian aid under the heading of peacebuilding within his Dutch ministry. He had never regretted the decision in the sense that mental health and psychosocial issues are integrally linked to the context of peacebuilding in conflict settings. Mr. Andriessen closed the session by recalling the wide range of issues that had been debated, from neuroscience to the role of youth in peacebuilding, and suggested that this provided a strong basis for innovation in programming.

SECTION 3: KEY ADVOCACY MESSAGES

An advocacy brief submitted to the World Humanitarian Summit and aimed at the post-2015 development agenda more generally highlighted six key messages arising from the symposium. The submission was made on behalf of the agencies that came together to organize the event.

The advocacy brief identifies the following advocacy messages:

1. ACHIEVE QUALITY AND SCALE IN MHPSS INTERVENTIONS

One tension in the MHPSS field is bringing high-quality interventions to scale in challenging and unstable environments. Ready-made interventions that can be rolled out by professionals and para-professionals have demonstrated feasibility and acceptability in some post-conflict settings. For example, child-friendly spaces, school-based interventions and psychological first aid for children provide scalable, rapid MHPSS responses to protect and support children and their caregivers.

Emerging evidence from a five-country study of interventions involving child-friendly spaces shows that, despite common features, impacts varied widely from one context to another. The results achieved depended upon various factors, including, importantly, the quality of implementation of the model. Quality in programming ensures sufficient intensity of MHPSS interventions necessary to achieve protective and promotive impacts for children affected by armed conflict.

Effectiveness therefore requires scaling up quality interventions to greater numbers of children. To achieve scale, further innovative approaches are required. Scalable community-based approaches that build on existing community resources and the introduction of low-intensity interventions need to be developed and evaluated.

2. ATTAIN RIGOUR IN ACTION RESEARCH FOR COMMUNITY-BASED PSYCHOSOCIAL SUPPORT

The MHPSS field in humanitarian settings retains an uneasy relationship with the notion of 'evidence'. It is widely recognized that understanding of well-being – and the strategies that are likely to promote it – are highly contextual. Sharing lessons learned from one crisis to another is essential to strengthen good practice. But specifying the determinants of effective community-based psychosocial interventions to guide concrete emergency response across diverse contexts is challenging.

To engage in more meaningful research in operational contexts, research and evaluation design must be integrated within implementation strategies (for example, phased roll-out of interventions). In addition, more robust methodologies should be developed that can deliver rigorous findings within unstable settings. It is important to note that the protective benefits of child-friendly spaces in one country may have been missed without a research design utilizing a control group. Children in the intervention group did not improve, but maintained well-being, whereas children in the control group significantly worsened.

Other examples of MHPSS initiatives combined with prospective evaluation strategies show great promise in building the evidence base – such as newly designed 'low-intensity' interventions that draw upon tested psychological treatment models culturally adapted and contextualized for communities.

3. FOCUS ON RESILIENCE AND SOCIAL ECOLOGY FOR CHILDREN, ADOLESCENTS AND THEIR FAMILIES

Advances in science clearly show that exposure to violence – alone or in combination with other adverse childhood experiences (poor nutrition, neglect, abuse) – can negatively affect brain structure and function, hormone and immune systems and even how children's DNA is read and transcribed. 'Toxic stress' damages brain development in very young children.

But studies are also emerging on the determinants of children's resilience – such as attachment, social cohesion, cultural adherence, social justice, material resources and identity. How successful children are in addressing and coping with their situation depends upon the pattern of risks and protective factors in their social environments, as well as their internal strengths and capabilities. MHPSS interventions aim to break the course of adverse events for children through meaning-making, rebuilding a sense of moral agency, strengthening human connectedness and attachment and harnessing the power of altruism.

MHPSS initiatives that help primary caregivers deal with their own distress and equip them with positive parenting skills strengthen caregiver resilience and, in turn, support the recovery and development of children. Fathers are important too in children's social ecology, and MHPSS programmes should target their specific needs and role.

Helping youth adapt and exercise their agency likely strengthens their resilience and can help them develop a greater repertoire of choices in their lives. As they develop capacities to reflect on their experiences as well as new problem-solving skills and means of expression, youth have the potential to become positive agents for change in their communities.

4. STRENGTHEN MULTI-LAYERED, INTERSECTORAL APPROACHES TO CHILDREN'S WELL-BEING

It is important to recognize the value of linking MHPSS with other sectors, such as child protection, health and education. Disruption of education compromises a central component of the protective fabric of children's lives and leads to increased risks for both boys and girls. Schools, emergency education programmes and child-friendly spaces deliver immediate support and reduce risks for millions of children, and they are an ideal entry point to families and communities.

Good MHPSS practices also capitalize on and strengthen existing, formal and informal local support structures at all levels (from community action to government policies), including the important resources and perspectives located within local knowledge and practices.

5. CLARIFY AND STRENGTHEN LINKS BETWEEN MHPSS, SOCIAL COHESION AND PEACEBUILDING

Knowledge and experience gained within the MHPSS field can significantly contribute to the rebuilding of peaceful societies. The social ecological approach that underpins most of MHPSS work locates the distress of children and families within the realm of social understanding, including social justice. There is an intimate relationship between the well-being of children and how children make sense out of the conflict they have experienced. However, retrospective studies of conflict-affected children show that 'meaning-making' can also reinforce pro-violent or retributive ideologies, and further research is necessary to understand the role of MHPSS in reconciliation and future peacebuilding.

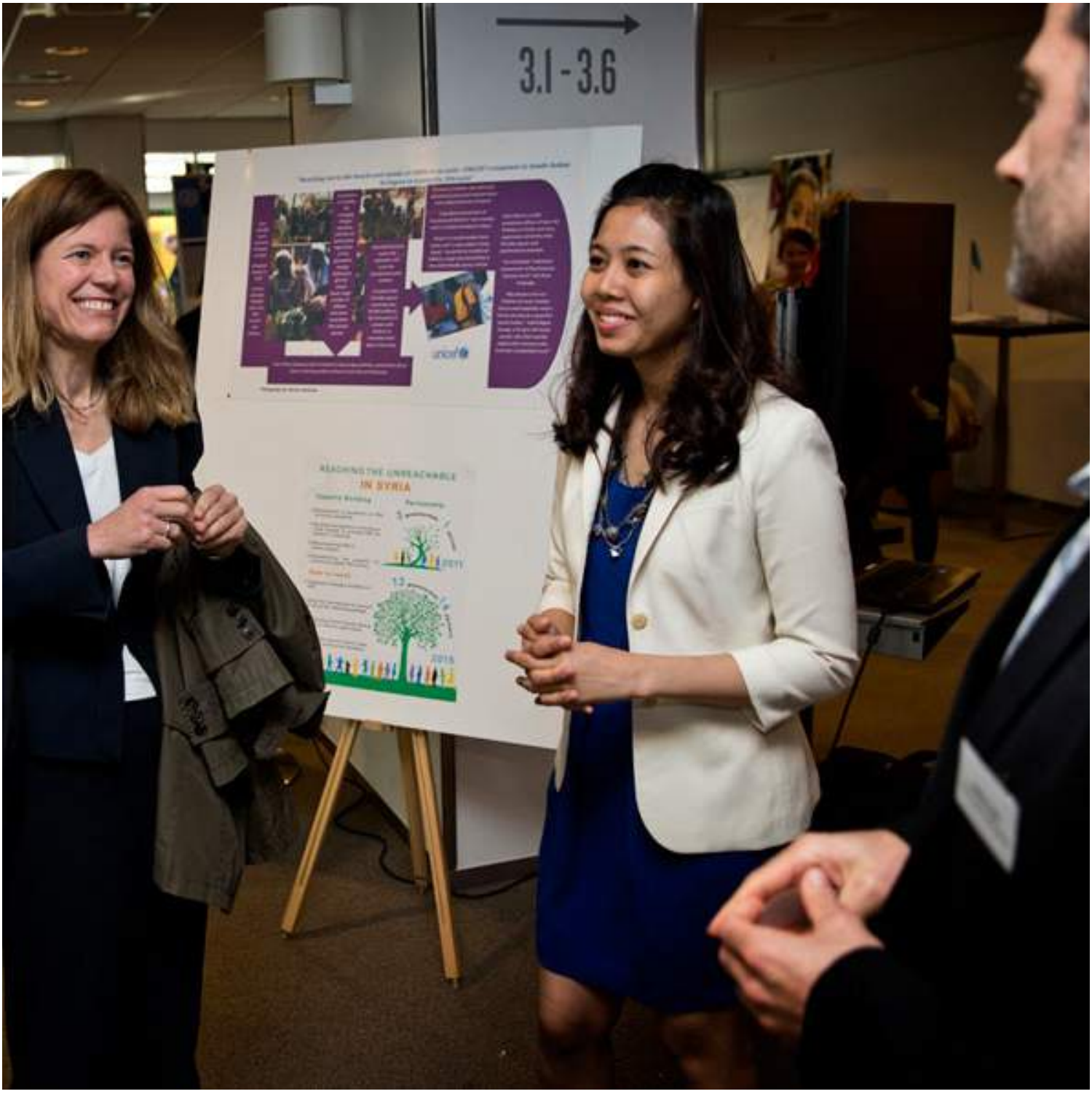
Diverse experience from MHPSS programmes in conflict settings has shown how programmes affect wider social change and capacities for peacebuilding. Findings indicate that programmes may: reduce violence and strengthen capacities for positive relationships; challenge exclusion and isolation of children and their caregivers and reduce stigma to overcome stereotypes; help transform significant experiences of loss and trauma through forms of meaning-making that promote reconciliation; and create new spaces for power and hope.

6. FUND INNOVATIVE APPROACHES TO MHPSS PROGRAMMES AND RESEARCH

It is important for the MHPSS field to evolve along the continuum of MHPSS by developing innovative interventions and testing them before replication. Promising programmes include the mental health Gap Action Programme (mhGAP) Humanitarian Intervention Guide for first-line clinical management of mental, neurological and substance-use disorders for general health-care providers working in non-specialized health-care settings. Other innovative approaches include what is termed 'low- [resource] intensity' psychological interventions offered by lay people or information technology, thereby reducing reliance on specialists.

In addition, there is an increasing need for focused (individual or group) support for children suffering from severe distress. The increasingly violent and protracted conflicts of recent years expose ever greater numbers of children to severe crisis experiences – including sexual violence, trafficking, torture, witnessing and directly experiencing violence, poverty and deprivation. Although those requiring specialized psychological services are in a minority, the scale of contemporary conflicts means that the absolute numbers needing this form of assistance are considerable.

Experience of emerging evidence from within the field underscores the need for in-depth, strategic and operational collaboration between MHPSS practitioners, researchers, governments and donors to advance the evidence base for effective and scalable MHPSS interventions for the millions of children affected by conflict.



APPENDIX 1: SYMPOSIUM PROGRAMME

Day 1

8.30-9.00	**Arrival and Registration**
9.00-9.30	**Opening** Saji Thomas, Child Protection Specialist, UNICEF **Welcome** Reina Buijs, Deputy Director-General for International Cooperation of the Ministry of Foreign Affairs, The Netherlands **Introduction** Christian Salazar, Deputy Director, Programme Division, UNICEF **Introduction to the IASC Guidelines on Mental Health and Psychosocial Support** Mark van Ommeren, World Health Organization (WHO)
9.30-10.15	**Insights from the Field** Facilitator: Alison Schafer, Technical Specialist, Mental Health & Psychosocial Support, World Vision International **Video** Video Respondents & Field Reflections Rita Giacaman, Birzeit University Lina Omran, UNICEF Syrian Arab Republic Refugee Perspective Theophile Sewimfura, Community-Based Sociotherapy for Refugees in Rwanda **Special Address** Roelof van Laar, Member of Parliament, The Netherlands
10.15-10.30	**Coffee Break**
10.30-11.45	**Panel One: Violence/conflict and its impacts on children – A review of what we know, including findings from neuroscience** (8 minutes per panelist, 3 minutes per discussant, a 17-minute moderated discussion, a 20-minute Q&A) Chair: Susan Bissell, Chief, Child Protection, UNICEF Panelists: Lynne Jones, Cornwall Partnership NHS [National Health Service] Foundation Trust 'Enduring effects of conflict on children – Findings from a 20-year-long study of Bosnian children who have grown up with war' James Leckman, Yale University 'The intergenerational effects of war: The impact on our brains and bodies' Felicity de Zulueta, Kings College, London 'Impacts of trauma from an attachment perspective' Myrna Gannagé, Saint Joseph University, Beirut 'Mental health consequences of conflicts on children – My clinical experience with the children of the war in Lebanon'

Discussants:	Laila Atshan, Psychosocial Consultant
	Q&A
11.45-1.00	**Panel Two: Resilience in children and communities affected by conflict. Social ecology: What promotes resilience – the role of social and community networks** (8 minutes per panelist, 3 minutes per discussant, a 17-minute moderated discussion, a 20-minute Q&A) Chair: Noreen M. Huni, Regional Psychosocial Support Initiative (REPSSI) Panelists: Michael Ungar, Dalhousie University 'What promotes and nurtures resilience in youth affected by conflict' Mike Wessells, Mailman School of Public Health 'Community-based mechanisms as a source of resilience for conflict-affected children' Rita Giacaman, Birzeit University 'Interventions for building positive resilience among youth in the State of Palestine' Annemiek Richters, Amsterdam Institute for Social Science 'Community-based sociotherapy in the African Great Lakes Area' **Discussants**: Ncazelo Ncube-Milo, Independent Consultant **Q&A**
1.00-2.00	**Lunch Break**
2.00-2.15	**Ted-like Talk** Sudhir Kakar, Writer and Novelist 'Psychology of religion – relevance for our times' **Panel Three: Social and psychological factors in relation to social cohesion and peacebuilding** (8 minutes per panelist, 3 minutes per discussant, a 17-minute moderated discussion, a 20-minute Q&A) Chair: Hans van den Hoogen, Government of the Netherlands Panelists: Matthew Scott, World Vision 'Peacebuilding and youth: Experiences in programming' Marie de la Soudière, Psychosocial Consultant 'Reintegration of children affected by armed conflict and social cohesion' Guglielmo Schininà, International Organization for Migration (IOM) 'Play and rituals in psychosocial support and dialogue after conflicts, challenges and perspectives' Relinde Reiffers and Trudy Mooren, War Trauma Foundation 'Growing up in conflict: Families strengthening social cohesion in the West Bank' **Discussants**: Noreen M. Huni, REPSSI James Leckman, Yale University **Q&A**

Coffee Break

Panel Four: Culture, gender, norms, and mental health and psychosocial well-being
(8 minutes per panelist, 3 minutes per discussant, a 25-minute moderated discussion, a 20-minute Q&A)

Chair: Sudhir Kakar, Writer and Novelist

Panelists:
Shekhar Seshadri, National Institute of Mental Health and Neurosciences (NIMHANS)
'Beyond mourning rituals and gender inequalities: Cultural considerations in child psychosocial interventions in conflict settings'
Martha Bragin, City University of New York
'Gender considerations for an effective psychosocial response – Challenges'
Amanda Melville, United Nations High Commissioner for Refugees (UNHCR)
'Gender, culture and norms – Insights from UNHCR's review of mental health in the Middle East'

Discussants:
Sheema Sen Gupta, UNICEF
Nancy Baron, Psycho-Social Services and Training Institute in Cairo (PSTIC)

Q&A

Concluding Day One
Christian Salazar, UNICEF

Day 2

9.00-9.15 **Welcome**
Review of day one and objective for the day
Christian Salazar, UNICEF

9.15-10.30 **Panel Five: New models – Evidence-based low-intensity psychological interventions**
(8 minutes per panelist, 3 minutes per discussant, a 20-minute moderated discussion, a 20-minute Q&A)

Chair: Shekhar Seshadri, National Institute of Mental Health and Neurosciences (NIMHANS)

Panelists:
Mark van Ommeren, World Health Organization
'Low-intensity psychological interventions for people in communities affected by adversity – A new area of mental health and psychosocial work at WHO'
Atif Rahman, Human Development Research Foundation, Pakistan
'Problem Management Plus (PM+) – Testing a face-to-face intervention to enhance self-management of common psychological problems in Peshawar and Swat, Pakistan'
Wietse Tol, Peter C. Alderman Foundation/Johns Hopkins University
'Self-Help Plus (SH+) – Multimedia package for coping with adversity among South Sudanese refugees in Uganda'
Richard Bryant, University of New South Wales
'Development of a WHO low-intensity intervention for children affected by adversity'

Discussant:
Alison Schafer, World Vision

Q&A

10.30-10.45 **Coffee Break**

10.45-12.00	**Panel Six: Evidence in the field on MHPSS – Challenges and opportunities** (8 minutes per panelist, 3 minutes per discussant, a 20-minute moderated discussion, 20-minute Q&A) Chair: Martha Bragin, City University of New York Panelists: Alastair Ager, Columbia University 'Findings from a three-year inter-agency initiative evaluating the impact of child-friendly spaces in humanitarian emergencies' Susan Bissell, UNICEF 'Supportive/protective factors as hard to measure issues' Wietse Tol, Johns Hopkins University 'New monitoring and evaluation framework on MHPSS' Mark Jordans, HealthNet TPO/ King's College London 'Reducing aggression among children in post-conflict Burundi: Evaluation of a brief parenting intervention' **Discussant**: Inka Weissbecker, International Medical Corps (IMC) **Q&A**
12.00-1.45	**Extended Lunch Break** 'Market place': Organizations and field offices of different organizations present their work, new approaches, interventions, studies and evaluations in the form of posters, videos and other methods
1.45-2.00	**Ted-like Talk** Sudhir Kakar, Writer and Novelist
2.00-3.15	**Panel Seven: Education as a vehicle for MHPSS: Across the life-cycle – Experiences from the field** (8 minutes per panelist, 3 minutes per discussant, a 17-minute moderated discussion, a 20-minute Q&A) Chair: Jennifer Groves, Office of US Foreign Disaster Assistance Panelists: Laura Boone, International Rescue Committee (IRC) 'Healing classrooms' Friedrich Affolter, UNICEF 'Education as an entry point for psychosocial support, socio-emotional well-being, and peacebuilding' Anne-Sophie Dybdal, Save the Children 'Schools as engines for psycho-social support recovery and a source of resilience for children' Marie de la Soudière, Psychosocial Consultant 'Psychosocial support through schools – a missed opportunity' Discussant: Cheryl Potgieter, University of KwaZulu-Natal **Q&A**
3.15-3.30	**Coffee Break**

3.30-5.00	**Concluding Session: Plenary with donors, UN, other stakeholders** Moderator: Saudamini Siegrist, Senior Adviser, Child Protection in Emergencies UNICEF Video, Central African Republic Remarks from key partners: Shekhar Saxena, Director, Department of Mental Health and Substance Abuse, WHO Monika Sandvik-Nylund, UNHCR Christian Salazar, Deputy Director, Programme Division, UNICEF Remarks from donors: Rob Horvath, Chief, Empowerment and Inclusion Division, US Agency for International Development (USAID) Center of Excellence on Democracy, Human Rights and Governance, Bureau for Democracy, Conflict, and Humanitarian Assistance NGO/International NGO interventions from the floor: Maria Bray, Protection/Psychosocial Adviser, Terre des Hommes Vote of thanks: Joost Andriessen, Director, Stabilization and Humanitarian Aid: Department of the Ministry of Foreign Affairs, Government of the Netherlands
5.30	**Reception** Donors, missions, participants hosted by the Government of the Netherlands
Day 3	
9.00-9.15	**Welcome** Review of the first two days and setting goals for the day Saudamini Siegrist, UNICEF
9.15-10.45	**Challenges in the field – Problem of scale and new approaches** Facilitator: Janis Ridsdel and Amanda Melville, UNHCR Group work
10.45-11.00	**Coffee Break**
11.00-12.30	**Recommendations for the field (life-cycle approach, adolescents, early childhood, play for psychosocial well-being)** Facilitator: Noreen M. Huni, REPSSI Insights from the field: Guglielmo Schininà, IOM 'Programming for adolescents and young adults in migration crisis and post-conflict situations' Monika Sandvik-Nylund, UNHCR 'Programming for adolescents in displacement' Ann Willhoite, The Center for Victims of Torture 'Group counselling interventions for Eritreans in Ethiopia and Syrians in Jordan' Inka Weissbecker, International Medical Corps 'MHPSS programmes for children and youth (youth empowerment programming, integrated mental health and protection case management which also includes children and youth)

	Kenneth Miller, War Child Holland 'Complexity of addressing level 3, focused interventions for severely affected children and adolescents and in settings of ongoing conflict'
12.30-1.30	**Lunch Break**
1.30-3.00	**Group Work: Recommendations for new strategies for MHPSS in the field** Facilitator: Sabine Rakotomalala, Child Protection Working Group Group facilitator: Maria Bray, Terre des Hommes Group 1: System strengthening Group facilitator: Alison Schafer, World Vision Group 2: Priority areas for further research/evidence Group facilitator: Peter Ventevogel, UNHCR Group 3: Coordination and response/knowledge management Group facilitator: Margriet Blaauw, MHPSS Reference Group Group 4: Capacity-building
3.00-3.15	**Coffee Break**
3.15-4.30	Feedback on the symposium – Insights, action points and questions Moderator: Ananda Galappatti, MHPSS Network
4.30-5.15	**The way forward** Chair: Saudamini Siegrist, UNICEF Technical Summary
5.15	**Conclusion** Vote of thanks: Saji Thomas, Child Protection Specialist, UNICEF

APPENDIX 2: SPEAKERS, CHAIRPERSONS AND FACILITATORS

Friedrich W. Affolter, EdD, is programme manager of UNICEF's Peacebuilding, Education and Advocacy Programme, Learning for Peace. He is a graduate of the Center for International Education of the University of Massachusetts Amherst. Prior to joining UNICEF Headquarters, he served as education cluster coordinator with UNICEF Sudan (2010–2012).

Alastair Ager, PhD, is a professor at the Mailman School of Public Health, Columbia University, who assumes the directorship of the Institute for International Health and Development at Queen Margaret University, Edinburgh, in July. He was formerly convener of the Psychosocial Working Group and is currently research director of collaboration with World Vision (involving Save the Children, Mercy Corps and UNICEF), examining the impact of children-friendly spaces.

Laila Atshan is a psychosocial consultant with over 25 years of experience in the field of trauma and refugees. She also worked as a stress counsellor with UNICEF in Sudan, Darfur and South Sudan. Ms. Atshan has accrued a wealth of geographical and technical experience in her professional career. She worked in the State of Palestine throughout both intifadas and in Denmark with refugees from the State of Palestine and elsewhere.

Nancy Baron, PhD, is the director of the Psycho-Social Services and Training Institute in Cairo, a community-based MHPSS project in which refugees receive training to assist their communities. Since 1989, she has provided consultation, assessment, training, and programme design, development, research and evaluation for United Nations organizations and international and local NGOs in community and family-focused psychosocial, mental health and peacebuilding initiatives for conflict and post-conflict countries around the world.

Susan Bissell, PhD, first served UNICEF in the former Division of Information and Public Affairs before focusing on children in difficult circumstances in Sri Lanka. She continued this work in Bangladesh and then became chief of child protection in India. She later joined the Innocenti Research Centre and served on the editorial board of the 2006 *United Nations Secretary-General's Study on Violence against Children*. In 2009, she was appointed UNICEF's global chief of child protection. She holds a doctorate in public health and anthropology, a master's degree in law, economics and international relations, and an honorary professorship at Columbia University.

Margriet Blaauw is a physician with an international health background. She is currently co-chair of the Inter-Agency Standing Committee Reference Group on MHPSS in Emergency Settings. She has worked in mental health and psychosocial support programmes, and in programmes for the rehabilitation of torture survivors throughout the world.

Laura Boone is a social worker with a master's degree in social development. She has more than 15 years of experience working with vulnerable children in humanitarian and development settings including in Ethiopia, Kyrgyzstan, the Netherlands, Uganda and the United Kingdom. She has worked for a variety of organizations including EveryChild, GOAL, UNICEF, Volunteer Service Overseas (VSO) and national child-focused non-governmental organizations.

Martha Bragin, PhD, is associate professor at the Silberman School of Social Work at Hunter College, City University of New York. A long-time psychosocial and child protection practitioner, she currently specializes in developing culturally relevant and participatory methods to measure the effectiveness of psychosocial intervention in emergencies and post-conflict situations.

Richard Bryant, PhD, is a Scientia Professor in the School of Psychology, University of New South Wales (UNSW), Sydney, and director of the UNSW Traumatic Stress Clinic. He conducts epidemiological and treatment studies of indigenous populations affected by disaster, conflict and violence. His work includes developing low-intensity intervention projects in indigenous Australian communities, Indonesia, Thailand as well as in Africa and the Middle East.

Marie de la Soudière, MSW, PhD (honorary), has worked with children in armed conflict for over 30 years in Africa, Asia and Europe. Her fields of expertise are family tracing and care of separated children, reintegration of children associated with armed forces and groups, and integrated psychosocial support to children affected by armed conflict. After consulting for several organizations, including UNHCR and UNICEF, she joined the International Rescue Committee in 1997 to set up a child protection unit of which she was the director until 2005. She continues to consult regularly for several organizations.

Felicity de Zulueta, MD, FRCPsych, is an emeritus consultant psychiatrist in psychotherapy at the South London and Maudsley NHS Trust, and an honorary senior lecturer in traumatic studies at Kings College, London. She developed and headed both the Department of Psychotherapy at Charing Cross Hospital and the Traumatic Stress Service in the Maudsley Hospital, which specializes in the treatment of people suffering from complex post-traumatic stress disorder.

Anne-Sophie Dybdal is a clinical child psychologist who has worked in social work and MHPSS for 25 years, of which 12 years were in humanitarian contexts. She is currently a senior child protection adviser for Save the Children, with a focus on MHPSS. Save the Children works on prevention and response to potential psychosocial distress that can hamper and undermine children's abilities to thrive and develop.

Ananda Galappatti, co-founder of the Mental Health and Psychosocial Support Network (MHPSS.net), is a medical anthropologist and MHPSS practitioner in situations of conflict, disaster and other adverse social conditions. He has done extensive fieldwork in Sri Lanka for the past 18 years, where he has been involved in training, research, evaluation and coordination of services.

Myrna Gannagé, PhD, is professor of clinical psychology and the director of the Department of Psychology at Saint Joseph University, Beirut. She is the co-founder and president of the Association for the Protection of War Children. She has extensive clinical experience working with children of war in Lebanon and has published widely on this topic.

Rita Giacaman, PharmD, MPh, is founder, director and professor of public health at the Institute of Community and Public Health, Birzeit University. Since 2000, she has sought to understand the impact of chronic war-like conditions and the needed active and positive resilience and resistance to these conditions, especially among youth.

Jennifer Groves, MSW, is a child protection adviser and global health fellow at the US Agency for International Development's (USAID) Office of Foreign Disaster Assistance. She provides technical support to the Office of US Foreign Disaster Assistance regional teams and emergency response programmes focusing on both child protection and psychosocial support. Prior to her current position, she spent over 10 years working in the NGO sector on development and humanitarian response programmes globally. Her passion in psychosocial programming was born out of her time working on post-tsunami recovery programmes in Sri Lanka.

Noreen M. Huni is executive director for the Regional Psychosocial Support Initiative (REPSSI). She is also the chairperson of the Eastern and Southern Africa Regional Inter-Agency Task Team on Children and AIDS. Working with UNICEF, she also led the prevention of mother-to-child transmission (PMTCT) of HIV in the Eastern and Southern African region, setting out programming guidelines for PMTCT and orphans and vulnerable children.

Lynne Jones, OBE, FRCPsych, PhD, is a child psychiatrist, relief worker and writer. She is a visiting scientist at the FXB Center for Health and Human Rights at Harvard University and currently works for the Cornwall Partnership NHS Foundation Trust. She has established and directed mental health programmes in areas of conflict and natural disaster, including the Balkans, Central America, East and West Africa, the Middle East and South-East Asia. She was appointed an Officer of the Order of the British Empire for her work in child psychiatry in conflict-affected areas of Central Europe. Her most recent book is *Then They Started Shooting: Children of the Bosnian war and the adults they become.*

Mark Jordans, PhD, is head of research for HealthNet TPO and senior lecturer, Centre for Global Mental Health, King's College London, with a focus on developing and evaluating psychosocial and mental health-care systems in conflict-affected settings, particularly for children affected by armed conflict.

Sudhir Kakar, PhD, is a psychoanalyst who was in private practice in Delhi for 30 years before moving to Goa. He has been the head of the Department of Humanities and Social Sciences at the Indian Institute of Technology, Delhi, and is a leading figure and writer in the fields of cultural psychology and psychology of religion.

James Leckman, MD, PhD, is the Neison Harris Professor of Child Psychiatry, Psychiatry, Pediatrics and Psychology at Yale. For more than 20 years, he served as director of research for the Yale Child Study Center. He has a long-standing interest in Tourette's syndrome and obsessive-compulsive disorder. His research on these disorders is multifaceted, from phenomenology and natural history to neurobiology, genetics, and risk factor research and treatment studies.

Amanda Melville, PhD, is the senior protection officer for the UN High Commissioner for Refugees (UNHCR), focusing on child protection. She has worked for Save the Children on strengthening child protection systems for children affected by the Syrian crisis in Lebanon and Jordan, for UNICEF in Jordan, and in Indonesia and the State of Palestine as a child protection and psychosocial specialist.

Lina Omran, child protection officer, is working in mental health and psychosocial support programmes and interventions at the UNICEF country office in Damascus, Syrian Arab Republic. She has a bachelor's degree in sociology and a technical master's degree in psychosocial support and dialogue.

Atif Rahman, PhD, is an adjunct professor at the University of Health Sciences Lahore, the Institute of Psychiatry, Rawalpindi, and the Health Services Academy, Islamabad, in addition to his role as chair of psychiatry at the University of Liverpool, United Kingdom. He is also the honorary chief-patron of the Human Development Research Foundation, Pakistan, a non-profit organization working in rural areas that develops indigenous models of research and service for the optimal physical, mental and social well-being of Pakistanis.

Relinde Reiffers has a background in cultural anthropology, transnational communications and global media, and humanitarian action. People affected by humanitarian disasters, and refugees in particular, have her interest. Ms. Reiffers has been working for the War Trauma Foundation since 2005 and coordinates programmes in the State of Palestine and the Northern Caucasus; she has also coordinated programmes in Burundi, the Democratic Republic of the Congo and Egypt and is project coordinator of the journal *Intervention and Intervention Educational Materials*.

Janis Ridsdel is a child protection adviser seconded to UNHCR's Child Protection Unit by Save the Children Sweden. She specializes in child protection in emergencies, and has worked in over 20 emergency and refugee responses around the world. She holds a master's degree in forced migration from Oxford University.

Sabine Rakotomalala is the deputy coordinator of the Child Protection Working Group (CPWG). She has over 15 years of professional experience in the field of child protection, with the World Health Organization and as child protection emergencies adviser at Terre des Hommes.

Annemiek Richters, MD, PhD, is emeritus professor of culture, health and illness, Leiden University Medical Center, the Netherlands, and staff member of the Amsterdam Institute for Social Science Research, University of Amsterdam. Since 2005, she has been involved in community-based sociotherapy programmes in Rwanda, which aim to contribute to transitional justice through healing and reconciliation.

Christian Salazar Volkmann, PhD, is the deputy director of programmes for UNICEF at its headquarters in New York. Prior to this position, he served as representative of the High Commissioner for Human Rights in Colombia, as UNICEF representative in the Islamic Republic of Iran, as UNICEF deputy representative in Viet Nam and Guatemala as well as an adviser for youth and human rights in post-war Guatemala. He is a visiting research fellow at Harvard University and member of the Advisory Board for the Professorate on Economics of Child Well-Being and Development, University of Zurich.

Monika Sandvik-Nylund is the senior adviser for child protection at UNHCR. She has worked for the past 20 years in the field of child protection and humanitarian affairs with many organizations, including Save the Children, UNICEF, the United Nations Mission in Sudan and the United Nations Office for the Coordination of Humanitarian Affairs.

Shekhar Saxena, MD, is director of Department of Mental Health and Substance Abuse, World Health Organization. He is leading WHO's work to implement the Comprehensive Mental Health Action Plan 2013-2020 adopted by the World Health Assembly in May 2013.

Guglielmo Schininà is head of the International Organization for Migration's Mental Health, Psychosocial Response and Intercultural Communications Section and director of the Summer School in Psychosocial Interventions in Migration, Emergency, and Displacement at the Scuola Superiore Sant'Anna in Pisa.

Theophile Sewimfura, MA, is a healing, peacebuilding and reconciliation activist with a background in peace studies and conflict transformation. He is one of the four field coordinators of the community-based socio-therapy programme in Rwanda. Since 2002, he has been actively involved in the facilitation of hundreds of seminars and workshops on healing the wounds of ethnic conflicts in post-genocide Rwanda, at Mercy Ministries.

Shekhar Seshadri, MD, DPM, is currently a professor, Department of Child and Adolescent Psychiatry, National Institute of Mental Health and Neurosciences, Bangalore. Besides working with child and adolescent mental health, including developmental disabilities, he is involved in the areas of gender, sexualities, masculinities, violence/trauma and abuse, children in difficult circumstances, juvenile justice, experiential methodologies, school programmes/teacher training in life-skills education, community child mental health programmes, forum theatre and qualitative research.

Saudamini Siegrist is the senior adviser for child protection in emergencies at UNICEF, and previously served as chief of child protection for UNICEF in the State of Palestine and as a child protection specialist at the UNICEF Innocenti Research Centre.

Saji Thomas is a child protection specialist, working in mental health and psychosocial support and community-based child protection at UNICEF Headquarters in New York. He is the co-chair of the Inter-Agency Standing Committee Reference Group on MHPSS. He has over 15 years of experience in the field of child protection and psychosocial support, both in emergencies and development contexts.

Wietse Tol, PhD, is the Dr. Ali & Rose Kawi Assistant Professor at the Bloomberg School of Public Health and program director of the Peter C. Alderman Foundation. In his work with non-governmental and United Nations organizations, he has focused on strengthening needs assessments, monitoring and evaluating strategies, and conducting systematic reviews to identify best practices. He has also conducted research in Burundi, Indonesia, Nepal, Sri Lanka, the United Republic of Tanzania, Timor-Leste and Uganda.

Michael Ungar, PhD, is a researcher in the field of social and psychological resilience. He is also the founder, co-director and principal investigator of the Resilience Research Centre at Dalhousie University in Halifax, Canada.

Mark van Ommeren, PhD, is public mental health adviser at the Department of Mental Health and Substance Abuse, WHO in Geneva, with a focus on MHPSS for people affected by emergencies. He was also the initiator and former co-chair of the Inter-Agency Standing Committee Task Force on MHPSS in Emergency Settings.

Mike Wessells, PhD, is a professor in the Program on Forced Migration and Health at Mailman School of Public Health. Former co-chair of the Inter-Agency Standing Committee Task Force on MHPSS in Emergency Settings, he is currently the lead researcher on inter-agency, multi-country action research on strengthening community-based child protection mechanisms by enabling effective linkages with national child protection systems.

Inka Weissbecker,PhD,is the global mental health and psychosocial adviser for International Medical Corps. She provides overall support and oversight for MHPSS programme development, implementation and evaluation for 20 countries in the Middle East, Asia and Africa.

Ann Willhoite is international clinical adviser at The Center for Victims of Torture, specializing in emergency mental health and clinical supervision. Her work includes capacity-building and field experience in countries across Africa, Asia, Eastern Europe and the Middle East, and global mental health advocacy in Washington, DC.

APPENDIX 3: MARKET PLACE PRESENTATIONS

Organizations presented their work in the 'market place', which included new approaches, interventions, studies and evaluations in the form of posters, videos and other methods:

1. International Medical Corps, Jordan

   Title: Impact of child protection-case management and MHPSS services on vulnerable children well-being in camp and urban settings in Jordan

2. Leslie Snider (Peace in Practice) and Ananda Galappatti (Good Practice Group), Mark van Ommeren, (World Health Organization), Marian Tankink, (War Trauma Foundation), Alison Schafer (World Vision International)

   Title: PFA goes global: Innovations in capacity-building

3. UNICEF South Sudan

   Title: The journey from the war field to a safe playground – Regaining my childhood in South Sudan

4. REPSSI

   Title: Keeping MHPSS for children at the core of an emergency response: Afrophobic attacks in South Africa

5. UNICEF Ethiopia

   Title: Reaching out to the hearts and minds of children in exile: UNICEF's response to South Sudan refugees in Gambella, Ethiopia

6. UNICEF Lebanon

   Title: Providing community-based psychosocial support through a systems strengthening approach: The Lebanon case study

7. UNICEF Syria Arab Republic

   Title: Reaching the unreachable

8. Church of Sweden

   Title: Community-based psychosocial approaches in refugee settings: Dateline Kakuma

9. UNICEF Egypt

   Title: Picking up the pieces: Protecting refugee children in urban settings in Egypt

10. UNICEF Burundi

    Title: Building peace in Burundi: A child-centred approach

11. BMZ/GIZ (German development cooperation)

    Title: Development of MHPSS structures in protracted conflict situations working with Palestinian refugees

12. TPO Uganda

    Title: Building sustainable community-based psychosocial and socioeconomic support services for persons with severe mental disorders and epilepsy and their households

13. United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), West Bank

    Title 1: Impact of conflict-related violence on the mental health of refugee Bedouin children in the West Bank

    Title 2: Sustainable mental health and psychosocial support structures for Palestine refugees

14. International Organization for Migration Colombia

    Title: Research on the differential impact of different forms of victimization of children in their later functionality

15. International Organization for Migration Syrian Arab Republic/Lebanon

    Title: Video of the masters in psychosocial support and dialogue www.youtube.com/watch?v=Roat85n9n5s

16. International Organization for Migration South Sudan

    Title: Direct psychosocial support activities with children and youth in the Bor Protection Area

17. The Center for Victims of Torture

Title: Psychosocial group counselling interventions in Eritrea and the Syrian Arab Republic

18. UNICEF Jordan

Title: UNICEF'S emergency psychosocial support response for Syrian children in Jordan: An evaluation

APPENDIX 4: LIST OF PARTICIPANTS

Participant name	Organization/Affiliation
Ahmad Jaran	International Medical Corps
Ahmed Abu Tawahina	
Aissa Sow	UNICEF Burundi
Aissata Kane	
Alastair Ager	Columbia University
Albertien van der Veen	Antares Foundation
Alison Schafer	World Vision International
Alison Strang	Queen Margaret University
Amal Abdel-Fattah Ghanem	UN Relief and Works Agency for Palestinian Refugees in the Near East (UNRWA)
Amal Ghanem	UNRWA West Bank
Amanda Melville	UN High Commissioner for Refugees (UNHCR)
Ananda Galappatti	MHPSS.net
Ann Willhoite	The Center for Victims of Torture
Annemiek Richters	Amsterdam Institute for Social Science
Anne-Sophie Dybdal	Save the Children/UNHCR
Antoinette Ekam Abogo	UNICEF Central African Republic
April Coetzee	War Child Holland
Atif Rahman	Human Development Research Foundation, Pakistan
Barbara Boekhoudt	UNRWA Lebanon
Benedicte Weyl	Agence Française de Développement
Bryan Schaaf	US Agency for International Development (USAID)
Camille Evans	
Carmel Gaillard	Regional Psychosocial Support Initiative (REPSSI)
Carmen Martinez	Médecins Sans Frontières
Cécile Bizouerne	Action contre la Faim
Christian Salazar	UNICEF Headquarters
Claire Turgis	War Child UK
Clemencia Ramirez	International Organization for Migration
Diarra Sekou Oumar	UNICEF Mali
Djoen Besselink	War Child Holland
Dunja Brede	GIZ (German development cooperation)
Elisa Calpona	UNICEF Egypt
Elizabeth de Castro	UNICEF Philippines
Emilie Minnick	UNICEF Lebanon
Eva Hendricks	War Trauma Foundation
Felicity de Zulueta	Kings College, London
Florine Bos	UNICEF Netherlands National Committee
Friedrich Affolter	UNICEF Headquarters
Goossens Prakash	Fracarita International
Guglielmo Schininà	International Organization for Migration
Hans van de Hoogen	Government of the Netherlands
Idrissa Oumar Kane	Office of the High Commissioner for Human Rights (OHCHR) UN
Inka Weissbecker	International Medical Corps
Isabelle Khayat	International Rescue Committee (IRC)
James Leckman	Yale University
Janis Ridsdel	Save the Children/UNHCR
Jean Lokenga	UNICEF Central African Republic
Jennifer Groves	USAID
Jesus S. Far	UNICEF Philippines
Joy Wai Ping Cheung	UNICEF South Sudan
Julia Bala	War Trauma Foundation
Karin Tengnäs	Save the Children/UNHCR
Katherine M. Cocco	UNICEF Jerusalem
Kenneth Miller	War Child Holland
Kerstin Bücker	UNICEF Germany
Kevin Boers	War Trauma Foundation
Kevin Savage	World Vision International
Kim Hartog	War Child Holland
Laila Inawaz	
Laila Atshan	Independent Consultant
Laura Boone	International Rescue Committee UK
Lea Heursen	University of Zurich, Department of Economics
Lena Dietz	UNICEF Germany
Leslie Snider	Peace in Practice
Lina Omran	UNICEF Syrian Arab Republic
Lindsay Branham	Discover the Journey
Lotte Ghielen	UNICEF Netherlands National Committee
Lynne Jones	Cornwall Partnership NHS Foundation Trust
Maha El-Sheikh	UNRWA West Bank
Marcio Gagliato	MHPSS.net
Margriet Blaauw	MHPSS Reference Group
Maria Bray	Terre des Hommes

Maria Waade	
Marian Tankink	War Trauma Foundation
Marie Angeline Aquino	UNICEF Headquarters
Marie de la Soudière	Independent Consultant
Marieke Roelfsema	UNICEF Netherlands National Committee
Marieke Schouten	War Trauma Foundation
Marion Prats	Terre des Hommes
Mark Jordans	HealthNet TPO
Mark van Ommeren	World Health Organization (WHO)
Marlene Goodfriend	Médecins Sans Frontières Netherlands
Martha Bragin	City University of New York
Massimiliano Reggi	Gruppo per le Relazioni Transculturali (GRT) Somalia
Matthew Scott	World Vision International
Michael Ungar	Dalhousie University
Mieke Lopes Cardozo	
Mike Wessells	Mailman School of Public Health
Mini Bhaskar	UNICEF Ethiopia
Mireille Ndikumagenge	
Miriam Ventocilla	GIZ Lebanon
Mohammad Abulawi	International Medical Corps
Monica Sandvik-Nyland	UNHCR
Muhammad Rafiq Khan	UNICEF Jordan
Dr Mutiti Alfred Stuart	UNICEF Iraq
Myrna Gannagé	Saint Joseph University, Beirut
Nancy Baron	Psycho-Social Services and Training Institute in Cairo (PSTIC)
Ncazelo Ncube-Mlilo	
Noreen Huni	REPSSI
Orso Muneghina	Antares Foundation
Patrick Onyango Mangen	TPO Uganda
Pauline Birot	International Organization for Migration
Peter Ventevogel	UNHCR
Pierette James	UNICEF Headquarters
Pim Scholte	War Trauma Foundation
Rabih El Chammay	
Rana Khlifawi Jazaerli	UNICEF Syrian Arab Republic
Rebecca Horn	Church of Sweden
Relinde Reiffers	War Trauma Foundation
Richard Bryant	University of New South Wales
Rick Meulensteen	War Child Holland
Rinske Ellermeijer	War Child Holland
Rita Giacaman	Birzeit University
Rowella Kuipers	
Rudolf U. Laar	
Sabine de Jong	UNICEF Netherlands National Committee
Sabine Rakotomalala	Child Protection Working Group
Safa Nasr	UNICEF Gaza
Saji Thomas	UNICEF Headquarters
Samira Kheirallah	GIZ Lebanon
Sarah Coleman	UNICEF Pakistan
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