

IASC

Inter-Agency Standing Committee
IASC Reference Group for Mental Health and
Psychosocial Support in Emergency Settings

IASC Reference Group Mental Health and Psychosocial Support Assessment Guide



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IASC Reference Group Mental Health and Psychosocial Support Assessment Guide

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1. Introduction

The purpose of this document is to provide agencies with a guide with three tools containing key assessment questions that are of common relevance to all actors involved in Mental Health and Psychosocial Support (MHPSS) independent of the phase of the emergency. This guide will be useful for rapid assessments of MHPSS issues in humanitarian emergencies across sectors. The guide is designed for use by various humanitarian actors (governmental and non-governmental; local, national and global). It is based on the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC, 2007).

This document gives an overview of essential elements in performing MHPSS assessments that are:

- (a) relevant for all phases of the emergency (as defined by the IASC Needs Assessment Task Force (NATF)) and
- (b) generally applicable to all emergencies, whether large- or small-scale as well as to contexts with or without coordination through clusters.

MHPSS needs assessments build on three types of information:

- (a) existing information collected through desk reviews;
- (b) collecting new information through assessments by MHPSS actors; and
- (c) collecting new information through integrating MHPSS questions in assessments by different sectors.

If organizations are prepared to coordinate assessments and to use shared information management systems, the potential benefits are enormous. The coordination of assessments in various sectors is crucial to ensuring a solid inter-sectoral analysis of humanitarian crises, which is essential in decision-making, planning and responding. Coordinated assessments are critical in avoiding burdening affected populations with multiple and overlapping assessments while they are engaged in reconstruction. For guidance on coordinated assessments, see the *Operational Guidance for Coordinated Assessments in Humanitarian Crises* by the IASC Task Force on Needs Assessment (IASC NATF, 2011).

2. Integration into other multi-cluster/sector assessments

It's important for MHPSS actors to use relevant information collected from multi-sectoral needs assessments whenever possible, whether these are organized by individual agencies or by multiple agencies.

Relevant multi-sectoral assessments with which MHPSS actors are encouraged to engage include:

- Multi-cluster/sector rapid needs assessments led by the overall coordinating agency (e.g., Multi cluster/sector Initial Rapid Assessments (MIRA; IASC, 2012)
- Protection Cluster needs assessments that cover multiple sectors

Multi-cluster assessments demand varying levels of effort and engagement depending on the scale of the emergency, the strength of the cluster system, among other factors. It cannot be assumed that MHPSS will automatically be included in multi-cluster assessments. MHPSS advocates may need to be proactive to find out what assessments are planned and advocate for MHPSS to be included.

3. Mental Health and Psychosocial Support: Key Questions

This document includes tools with key questions for the assessment of MHPSS aspects in humanitarian emergencies. These questions are meant to be relevant to multiple sectors and can be used by a multitude of agencies.

Obtaining answers of these questions requires different methodologies and involves different types of key informants and other sources.

Questions should be chosen by agencies depending on the context and relevance for specific program planning. It should be noted that no single agency is expected to cover all questions in every situation.

Some questions may need to be adapted or rephrased to better reflect the context (e.g. in a refugee context, the word ‘community’ could be replaced with ‘refugees from your country’).

3.1. Desk Review of Pre-Existing Information

The desk review of existing literature and program documents is aimed at gathering and summarizing existing information. This review is essential to focus assessments, make the best use of available resources, and avoid overburdening people by asking for pre-existing information. The desk review covers what information is available on the socio-cultural context, mental health and psychosocial context (e.g. prevalence and expression of mental health problems, mental health resources, systems and policies) and humanitarian context (see Tool 1 for a detailed template).

3.2. MHPSS information needs

The following questions usually need to be answered in a MHPSS assessment either through desk review (secondary data collection) or through new (primary) data collection.

Component	Questions	Methods
1. Relevant contextual information¹		
Culture-specific beliefs and practices	<p>What are the essential concerns, beliefs, and cultural issues that aid providers should be aware of when providing mental health and psychosocial support for [NAME OF TARGET GROUP]?</p> <p>What actions should be avoided?</p>	<p>Desk review</p> <p>Interview with: cultural/ medical/ social anthropologist/ sociologist/ socio-cultural expert, or other key informant</p> <p><i>Source: Tool 1</i></p>
Practices around death and mourning	<p>When someone in this community dies how do the family and friends express their grief?</p> <p>What are the first things to be done? Why?</p> <p>How do other family/ friends/ community members express support?</p> <p>What happens to the body? What other things need to be done? How long does mourning continue?</p> <p>What happens if the body cannot be found/ identified?</p> <p>What happens if the process you described (for example, burials) cannot be done?</p>	<p>Key informant or group interview with community members who have in-depth knowledge of the affected community.</p> <p><i>Source: Tool 3 (question C4)</i></p>
At Risk Groups	<p>Which people in your community are suffering the most from the current crisis. . . Who else? . . . and who else?</p>	<p>Key informant or group interview with community members who have in-depth knowledge of the affected community.</p> <p><i>Source: Tool 3 (question B)</i></p>
Attitudes toward severe mental disorder	<p>Do you have people with mental disorders in the community?</p> <p>What kind of problems do they have?</p> <p>In general, what do community members think about people with mental disorders? How do they treat them?</p>	<p>Key informant or group interview with community members who have in-depth knowledge of the affected community.</p> <p><i>Source: Tool 3 (question C5)</i></p>
2. Experience of the emergency		
Experience of the emergency (perceived causes and expected consequences)	<p>What do people in your community believe has caused the current [NAME OF HUMANITARIAN CRISIS]?</p> <p>According to community members, what are the further consequences of the [NAME OF HUMANITARIAN CRISIS]?</p> <p>According to community members, what will be the further consequences of the [NAME OF HUMANITARIAN CRISIS]?</p> <p>How has the [NAME OF HUMANITARIAN CRISIS] affected daily community life?</p> <p>How has [NAME OF HUMANITARIAN CRISIS] affected people's livelihood activities/work?</p> <p>How are people trying to rebuild and recover from this crisis?</p>	<p>Key informant or group interview with community members who have in-depth knowledge of the affected community.</p> <p><i>Source: Tool 3 (question A)</i></p>

¹ Main headings in the left column correspond to those in the IASC (2007) Guidelines on Mental Health and Psychosocial Support in Emergency Settings, action sheet 2.1 Conduct assessments of mental health and psychosocial issues

Component	Questions	Methods
3. Mental health and psychosocial problems		
Culture-specific expressions of distress	<p>How would an outsider recognize a child/a woman/a man/someone who is bereaved who is emotionally upset/distressed by [NAME OF HUMANITARIAN CRISIS]?</p> <p>a. What does the [person] look like?</p> <p>b. How do they behave?</p> <p>c. Are there different types of being upset? What are they?</p> <p>d. How can I tell the difference between [NAME ANSWER FROM ABOVE]?</p>	<p>Key informant or group interview with community members who have in-depth knowledge of the affected community.</p> <p><i>Source: Tool 3 (questions C1-C4)</i></p>
Priority Mental Health Related Problems	<p>What kind of problems do [NAME OF TARGET GROUP]² have because of the humanitarian situation? Please list as many problems that you can think of.</p> <p><i>The interviewer should select those problems which are especially relevant from a mental health / psychosocial perspective, such as: (a) problems related to social relationships (domestic and community violence, child abuse, family separation) and (b) problems related to feelings (for example, feeling sad or fearful), thinking (for example, worrying), or behaviour (for example, drinking)</i></p> <p>You mentioned a number of problems, including [READ OUT ALL MENTAL HEALTH OR PSYCHOSOCIAL PROBLEM NAMED ABOVE] Of these problems, which is the most important problem? Why?</p> <p>Of these problems, which is the second most important problem? Why?</p> <p>Of these problems, which is the third most important problem? Why?</p>	<p>Free list and ranking (individuals; general community members living in the humanitarian setting)</p> <p><i>Source: Tool 2 (questions 1 and 2)</i></p>
Impairment of daily activities	<p>Sometimes [NAME A MENTAL HEALTH OR PSYCHOSOCIAL PROBLEM FROM ABOVE] may make it difficult for a person to perform their usual tasks. For example, things they do for themselves, their family or in their community. If a [NAME OF TARGET GROUP] suffers from [NAME AGAIN THE MENTAL HEALTH OR PSYCHOSOCIAL PROBLEM LISTED ABOVE], what kind of tasks will be difficult for them?</p> <p>REPEAT THE QUESTION FOR EACH MENTAL HEALTH OR PSYCHOSOCIAL PROBLEM LISTED ABOVE</p>	<p>Free list (individuals; general community members living in the humanitarian setting)</p> <p><i>Source: Tool 2 (question 3.1)</i></p>
4. Existing sources of psychosocial well-being and mental health		
Coping methods	<p>What kind of things do [NAME OF TARGET GROUP] do to deal with such problems? E.g., things they do by themselves, things they can do with their families or things they do with their communities?</p> <p>Does doing that help with the problem?</p> <p>REPEAT THE QUESTION FOR EACH MENTAL HEALTH OR PSYCHOSOCIAL PROBLEM LISTED ABOVE</p>	<p>Free list (individuals; general community members living in the humanitarian setting)</p> <p><i>Source: Tool 2 (question 3.2)</i></p>
Community sources of support and resources	<p>In normal circumstances (before the recent emergency), what did community members usually do to reduce the upset/distress of [NAME OF TARGET GROUP]?</p> <p>What are community members doing right now for each other to reduce the upset/distress of [NAME OF TARGET GROUP]?</p> <p>What else is being done right now to help [NAME OF TARGET GROUP] who are upset/distressed seek help?</p> <p>Where do [NAME OF THE TARGET GROUP] who are upset/distressed seek help?</p> <p>What more could be done to help [NAME OF TARGET GROUP] who are upset/distressed?</p>	<p>Key informant or group interview with community members who have in-depth knowledge of the affected community.</p> <p><i>Source: Tool 3 (questions C1-C7)</i></p>

2 Target groups of interest may include: men, women, youth (girls, boys), the elderly, etc.

3.3 MHPSS information collected through assessments by different sectors

Displayed below is a list of existing indicators that have been published by the IASC Needs Assessment Task Force (IASC NATF, 2011) and the Sphere Project (2011). These indicators are also potentially relevant to MHPSS. This list is neither a perfect nor a full set of indicators. These are **examples** of indicators that may be collected by clusters/sectors. MHPSS professionals can advocate for inclusion of assessment of these indicators, because they are often relevant sources of data for MHPSS assessment, monitoring and evaluation.

Sector	Source	MHPSS Related Information and Indicators Covered
Top Level Outcome	IASC NATF	<ul style="list-style-type: none"> • % of population in worst quintile of functioning , including those with severe or extreme difficulties in functioning
Camp Management	IASC NATF	<ul style="list-style-type: none"> • % of internally displayed person (IDP) camps that have a dispute resolution mechanism • % of IDP camps in which people are able to move freely inside and outside the camp • % of IDP camps where programs for disabled persons are offered to camp residents • % of IDP camps where programs for single heads of households are offered to camp residents • % of IDP camps where programs for older persons are offered to camp residents • % of IDP camps where programs for children are offered to camp residents
Shelter	IASC NATF	<ul style="list-style-type: none"> • % of affected population with a covered living area of less than 3.5m² per person
Health	IASC NATF	<ul style="list-style-type: none"> • Number of cases or incidence rates for selected diseases relevant to the local context,
	Sphere	<ul style="list-style-type: none"> • Key indicator for the sexual and reproductive health standard:: <ul style="list-style-type: none"> ◦ Ensure services for clinical management of sexual violence, including access to mental health and psychosocial support and legal assistance (<i>see guidance note 3 and Protection Principle 2, guidance note 7</i>). • Key indicator for the mental health standard: : <ul style="list-style-type: none"> ◦ All health facilities have trained staff and systems for the management of mental health problems • Key indicators for the non-communicable diseases standard: <ul style="list-style-type: none"> ◦ All primary healthcare facilities have clear standard operating procedures for referrals of patients with NCDs to secondary and tertiary care facilities ◦ All primary healthcare facilities have adequate medication for continuation of treatment to individuals with NCDs who were receiving treatment before the emergency
Education	IASC NATF	<ul style="list-style-type: none"> • % of schools/learning spaces with life skill-based education on crisis-related issues • % of schools/learning spaces offering psychosocial support for (a) children and youth; (b) teachers.
Protection	IASC NATF	<ul style="list-style-type: none"> • % of surveyed sites with communal facilities with separate toilet and bathing facilities for males and females • Number of children in institutional care • % of children with safe access to community spaces for socializing, play, learning • % of surveyed sites where there is a functioning dispute resolution mechanism (judicial or customary/informal) to address housing, land and property grievances • % of the affected population lacking personal identity documents • % of surveyed sites where there is a functioning dispute resolution mechanism (judicial or customary/informal) to address housing, land and property grievances
Nutrition and Food Security	Sphere	<ul style="list-style-type: none"> • Key indicator for the food use standard: <ul style="list-style-type: none"> ◦ Full presence of carers for all individuals with special assistance needs (<i>see guidance note on specific needs: “Outreach programmes or additional support and follow-up may be necessary to support some people with reduced capacity to provide food to dependents (e.g. parents with mental illness)”</i>).

4. Ethics and Principles for Using Mental Health and Psychosocial Support Assessment Tools

4.1. Guiding Principles (cf. IASC, 2007)

- **Participation** of relevant stakeholders (e.g. governments, NGO's, community and religious organizations, local research and university capacities, affected populations) in design, implementation, interpretation of results, and translation of results into recommendations
- **Inclusiveness** of different sections of the affected population, including attention to children, youth, women, men, older people, people with mental health problems, people with disabilities and different cultural, religious, and socio-economic groups.
- **Relevant data collection** with a focus on action rather than purely collecting information. Collecting too much data (i.e. so much data that not all can be analyzed) or data that is unlikely to guide or translate into action is a waste of resources. Psychiatric epidemiological surveys - assessing the prevalence, distribution and correlates of mental disorders - can be of academic and advocacy value but are outside the scope of the IASC (2007) MHPSS Guidelines and the current document.
- **Attention to conflict**, including maintaining impartiality, independence, and being considerate of possible tensions and power structures.
- **Protection** of people and groups providing data by taking into consideration protection threats and putting people at risk by asking questions, or inappropriately storing and/or sharing data.
- **Cultural appropriateness** of assessment methodology, terminology and the behaviour and attitudes of assessment team members.
- **Ethical principles**, including respecting privacy, confidentiality, voluntary participation, informed consent, and the best interest of the interviewee. Assessors should take care to avoid raising expectations and make sure that assessments are linked to action and tangible benefits where possible.
- **Assessment teams** trained in ethical principles, possessing basic interviewing skills, supportive when encountering people in distress (e.g. basic principles of psychological first aid), knowledgeable about the local context, and balanced in terms of gender. Some of the team members should be members of (or intimately familiar with) the local context.
- **Data collection methods** should adopt multi-method approaches including review of relevant literature, agency reports and policy documents, qualitative and quantitative data collection methods (e.g. key informant interviews, focus group discussions, surveys), observation, and site visits.
- **Dynamism and timeliness**. The guidelines describe assessment as a dynamic phased process. Assessments can take place in phases, with more detailed assessment taking place in later phases.

4.2. Notes of Caution for Interviews

- a) **Choose questions selectively.** Do not use all questions from these tools. Assessors should choose those questions that are of relevance to their setting.
- b) **Avoid lengthy interviews.** Remember that the most common mistake in assessments is to ask too many questions that are not subsequently analyzed, reported or otherwise used. Do not ask more questions than needed. Interview length should be no more than 1 hour. If interview takes more than 1 hour, then it is advised to make a second appointment at another time for a follow-up interview.
- c) **Be careful.** Highly sensitive questions that put people (interviewee, interviewer, or other people) in danger should not be asked. Questions that are not sensitive can be asked during group interviews. Depending on the context, sensitive questions may be asked during individual interviews.
- d) **Adapt to your setting.** Questions may be adapted for use in a group or individual setting.
- e) **Use probes only when necessary.** Some questions contain probes; these should only be asked if necessary (i.e. when the respondent cannot think of a response after some time). It is *not* necessary to use each probe one-by-one; they are meant as examples to stimulate a more elaborate response.

Note that a suggested introduction for interviews can be found in the WHO-UNHCR (2012) MHPSS needs assessment toolkit.

Relevant Resources

- Allden, K., Jones, L., Weissbecker, I., Wessells, M., Bolton, P., Betancourt, T. S., et al. (2009). Mental health and psychosocial support in crisis and conflict: Report of the Mental Health Working Group—Humanitarian Action Summit 2009. *Prehospital Disaster Medicine*, 24, s217-s227.
- IASC (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC. <http://www.humanitarianinfo.org/iasc/downloadDoc.aspx?docid=4445&ref=4>
- IASC (2012). *The Multi Cluster/Sector Rapid Assessment (MIRA)* (provisional version). IASC: Geneva. ocha.net.unocha.org/p/Documents/mira_final_version2012.pdf
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- The Sphere Project (2011). *Humanitarian Charter and Minimum Standards in Humanitarian Response*. Available at: www.sphereproject.org
- World Health Organization & United Nation High Commissioner for Refugees (2012). *Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Crises*. Geneva: WHO. Available at: http://www.who.int/mental_health/resources/toolkit_mh_emergencies/en/index.html
- Wessells, M.G. (2009). Do no harm: Toward contextually appropriate psychosocial support in emergency settings. *American Psychologist*, 842-851.

Appendices

Tool 1. Template for desk review of pre-existing information relevant to mental health and psychosocial support in the region/country³

Why use this tool: For summarising mental health and psychosocial support (MHPSS) information about this region/country already known before the current humanitarian emergency (to avoid collecting more data on what is already known)

Method: Literature review

Time needed: Seven to ten days

Human resources needed: Two people

Background

The main part of this tool (part A) consists of a sample table of contents for a desk review.

The table of contents in part A of this tool outlines the major topics for which to summarise existing information, but you need to adapt these to each context. The extent to which you can cover each topic depends on the information available. Different information will be available and important in different humanitarian crises.

Generally you can cover each line of the table of contents in one paragraph in the desk review.

Often, it will be useful to add to the collected information by interviewing national and international experts. Example questions to ask this group are included in part B which refers to primary data that you could collect to complement data identified through the desk review. If time allows, at least two local experts should read through the review before you finalise it.

You should use the tool flexibly to avoid unnecessary repetition in the resulting report. **It is essential that the report is highly readable by people without advanced academic training so you should avoid jargon and theory.** Where possible, the report should be edited into plain language.

The report should be shared electronically with everyone working on mental health and psychosocial support. And, where relevant, the report should be translated into key local languages.

For a guide on how to conduct literature reviews, see Galvan, J.L. (2006). *Writing Literature Reviews: a Guide for Students of the Social and Behavioral and Sciences – 4th Edition*. Pyrczak. For an example, see: http://www.who.int/mental_health/emergencies/culture_mental_health_haiti_eng.pdf

³ Reference : IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings. Template for Desk Review of Pre-Existing Information Relevant to Mental Health and Psychosocial Support in the Region/Country. In: *IASC Reference Group Mental Health and Psychosocial Support Assessment Guide*, IASC RG MHPSS, 2012.

A. Sample table of contents of a literature review

1: Introduction

- 1.1. Rationale for the desk review (description of current/recent emergency)
- 1.2. Description of methodology used to collect existing information (including any library search terms you used)

2: General context

- 2.1. Geographical aspects (for example, climate, neighbouring countries)
- 2.2. Demographic aspects (for example, population size, age distribution, languages, education/ literacy, religious groups, ethnic groups, migration patterns, groups especially at risk to suffer in humanitarian crises)
- 2.3. Historical aspects (for example, early history, colonisation, recent political history)
- 2.4. Political aspects (for example, organization of state/ government, distribution of power, contesting sub-groups or parties)
- 2.5. Religious aspects (for example, religious groups, important religious beliefs and practices, relationships between different groups)
- 2.6. Economic aspects (for example Human Development Index, main livelihoods and sources of income, unemployment rate, poverty, resources)
- 2.7. Gender and family aspects (for example, organisation of family life, traditional gender roles)
- 2.8. Cultural aspects (traditions, taboos, rituals)
- 2.9. General health aspects
 - 2.9.1 Mortality, threats to mortality, and common diseases
 - 2.9.2 Overview of structure of formal, general health system

3. Mental health and psychosocial context

- 3.1. Mental health and psychosocial problems and resources
 - 3.1.1 Epidemiological studies of mental disorders and risk/protective factors conducted in the country, suicide rates
 - 3.1.2 Local expressions (idioms) for distress and folk diagnoses, local concepts of trauma and loss
 - 3.1.3 Explanatory models for mental and psychosocial problems
 - 3.1.4 Concepts of the self/ person (for example relations between body, soul, spirit)
 - 3.1.5 Major sources of distress (for example, poverty, child abuse, infertility)
 - 3.1.6 Role of the formal and informal educational sector in psychosocial support
 - 3.1.7 Role of the formal social sector (for example, social services) in psychosocial support
 - 3.1.8 Role of the informal social sector (for example, community protection systems, neighbourhood systems, other community resources) in psychosocial support
 - 3.1.9 Role of the non-allopathic health system (including traditional health system) in mental health and psychosocial support
 - 3.1.10 Help-seeking patterns (where people go for help and for what problems)
- 3.2. The mental health system
 - 3.2.1 Mental health policy and legislative framework and leadership
 - 3.2.2 Description of the formal mental health services (primary, secondary and tertiary care). Consider the relevant Mental Health Atlas and WHO-AIMS reports among other sources to find out availability of mental health services, mental health human resources, how mental health services are used, how accessible mental health services are (for example distance, fee for service), and the quality of mental health services
 - 3.2.3 Relative roles of government, private sector, NGOs, and traditional healers in providing mental health care

4. Humanitarian context

- 4.1 History of humanitarian emergencies in the country
- 4.2 Experiences with past humanitarian aid in general
- 4.3 Experiences with past humanitarian aid involving mental health and psychosocial support

5. Conclusion

- 5.1 Expected challenges and gaps in mental health and psychosocial support
- 5.2 Expected opportunities in mental health and psychosocial support

6. References

B. Data to be collected through interviews with cultural and medical experts, social anthropologists, sociologists, other socio-cultural experts or key informants

Comment: This refers to primary data that you may collect to complement data identified through the desk review

What are the essential concerns, beliefs, and cultural issues that aid providers should be aware of when working on mental health and psychosocial support for [PROVIDE EXAMPLE TARGET GROUP, FOR EXAMPLE PEOPLE WHO SUFFERED LOSSES; FEMALE SURVIVORS OF SEXUAL VIOLENCE]? What actions should be avoided?

[PROBE IF NECESSARY] about the following.

- Local ways of describing emotional difficulties
- Existing resources to cope with emotional difficulties
- Local power structures (for example local hierarchies based on kinship, age, gender, knowledge of the supernatural)
- The political situation (for example issues of favouritism, corruption, instability)
- Interactions between different social groups (for example, ethnic and religious)
- Socially vulnerable or marginalized groups
- Former difficulties or bad experiences with aid agencies
- Gender relations
- Accepting services organised by people from outside the community
- Anything else that aid providers should know

Tool 2. Participatory assessment: perceptions by general community members⁴

Why use this tool: For learning about local perspectives on problems and coping in a participatory manner, to provide information for MHPSS response

Method: Interviews with general community members (free listing with further questions)

Time needed: One to two days

Human resources needed: Four people

Background

This tool is useful as a way to gain quick information from general community members living in a humanitarian setting.

This tool's first question involves free listing which is often useful in the beginning of an assessment to get an overview of the different types of problems and resources in a community. Free listing means asking an individual (often a general community member) to provide as many answers to a single question as possible. It can focus on a wide variety of topics. For instance, people can be asked to list the types of problems they have, what they do when they face problems, where they go for help and so on.

In the tool described below, the assessor uses free listing to ask respondents about what problems they have. The assessor then selects the type of problem of our interest (that is, mental health and psychosocial problems) for more in-depth assessment on how the problem is seen to impact on daily functioning and how people may cope with it.

You can carry out free listing with individuals or in group settings. However, it is recommended doing it with individuals where feasible, because in a group people may influence each other's answers. It is recommended that you interview at least 10 to 15 people. It may be necessary to interview more than 15 people whenever additional interviews are likely to lead to relevant, new information.

Generally, it will be useful to ask these questions separately for women and men (and for children, youth and adults if this applies) and to check if there are differences.

Before using the tool you should be trained in general interviewing techniques that are relevant to semi-structured interviews in humanitarian settings, for example, how to probe and avoid introducing bias.

⁴ Reference: IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings. Participatory Assessment I: Perceptions by General Community Members. In: *IASC Reference Group Mental Health and Psychosocial Support Assessment Guide* IASC RG MHPSS, 2012.

Table 1. List of problems (of any kind)

Problem	Description
1.1.1	
1.1.2	
1.1.3	
1.1.4	
1.1.5	
1.1.6	
1.1.7	
1.1.8	
1.1.9	
1.1.10	
1.1.11	
1.1.12	
1.1.13	
1.1.14	
1.1.15	
1.1.16	
1.1.17	
1.1.18	
1.1.19	
1.1.20	

1.2 You should then look at the responses to question 1.1 and follow the instructions below to select mental health and psychosocial problems specifically.

Select those problems which are especially relevant from a mental health / psychosocial perspective, such as:

- (a) problems related to social relationships (domestic and community violence, child abuse, family separation); and
- (b) problems related to:
 - feelings (for example feeling sad or fearful);
 - thinking (for example worrying); or
 - behaviour (for example drinking).

Copy these into Table 1.2 below and also in the first column of Tables 3.1 and 3.2 below.

Table 1.2 List of mental health/ psychosocial problems	
1.2.1	
1.2.2	
1.2.3	
1.2.4	
1.2.5	
1.2.6	
1.2.7	
1.2.8	
1.2.9	
1.2.10	

Step 2: Ranking

2.1 Find out from the respondent which mental health / psychosocial problems are perceived to be important and why.

“You mentioned a number of problems, including [READ OUT PROBLEMS NAMED IN 1.2 ABOVE]. Of these problems, which is the most important problem?” “Why?”

“Of these problems, which is the second most important problem?” “Why?”

“Of these problems, which is the third most important problem?” “Why?”

Table 2.1 Top three priority problems

2.1.1	Problem:
	Explanation:
2.1.2	Problem:
	Explanation:
2.1.3	Problem:
	Explanation:

Step 3: Daily functioning and coping

3.1 Try to identify the impact of mental health / psychosocial problems on daily functioning by asking what tasks could be affected.

“Sometimes [NAME A PROBLEM FROM 1.2 ABOVE] may make it difficult for a person to perform their usual tasks. For example, things they do for themselves, their family or in their community. If a [INSERT GROUP OF INTEREST] suffers from [NAME AGAIN THE PROBLEM LISTED FROM 1.2 ABOVE], what kind of tasks will be difficult for them?”

Report the answer in Table 3.1. Repeat the question for each of the problems mentioned in 1.2.

Table 3.1 Impairment of daily activities	
Repeat for each problem mentioned under 1.2	
Mental health/ psychosocial problems (as listed in 1.2)	Affected task
1.2.1	3.1.1
1.2.2	3.1.2
1.2.3	3.1.3
1.2.4	3.1.4
1.2.5	3.1.5
1.2.6	3.1.6
1.2.7	3.1.7
1.2.8	3.1.8
1.2.9	3.1.9
1.2.10	3.1.10

3.2 Then try to identify how people cope with each of these mental health / psychosocial problems and whether this helps them.

“What kind of things do _____ [INSERT GROUP OF INTEREST] people do to deal with such problems? E.g., things they do by themselves, things they can do with their families or things they do with their communities?” “Does doing that help with the problem?”

Report the answer in Table 3.2. Repeat the question for each of the problems mentioned in 1.2.

Table 3.2 Coping		
Repeat for each problem mentioned under 1.2.		
Mental health/ psychosocial problems (as listed in 1.2)	Affected task	Is the coping method helpful?
1.2.1	3.2.1	Yes/No
1.2.2	3.2.2	Yes/No
1.2.3	3.2.3	Yes/No
1.2.4	3.2.4	Yes/No
1.2.5	3.2.5	Yes/No
1.2.6	3.2.6	Yes/No
1.2.7	3.2.7	Yes/No
1.2.8	3.2.8	Yes/No
1.2.9	3.2.9	Yes/No
1.2.10	3.2.10	Yes/No

5 *Reference:* IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings. Participatory Assessment II: Perceptions by community members with in-depth knowledge of the community. In: *IASC Reference Group Mental Health and Psychosocial Support Assessment Guide*. IASC RG MHPSS, 2012.

Tool 3. Participatory : Perceptions by community members with in-depth knowledge of the community⁵

Why use this tool: For learning about local perspectives on problems and coping in a participatory manner, to provide information for MHPSS response

Method: (Individual or group) key informant interviews

Human resources needed: One person

Time needed: Three days for collecting data (assuming the interviewer carries out four interviews a day) and three days for analysis and reporting

Background

This tool is especially useful as a way to gain more in-depth information after preliminary information has been obtained (see Tool 2).

This tool provides questions to use in **key informant or group interviews with community members who are expected to have in-depth knowledge of the affected community**. These could be displacement camp committee members, local staff, religious leaders, traditional healers, women's association leaders, midwives, youth club leaders, school principals, school teachers, counsellors, and so on. You could also include young people.

Do not use all the questions from this tool. Choose those questions that are relevant to you. Remember that a common mistake in assessments is to ask too many questions that are not subsequently analysed, reported or otherwise used. So, do not ask more questions than are needed. Interviews should last no more than one hour. If an interview takes more than one hour, then it is generally better to make a second appointment at another time for a follow-up interview.

When adapting the questionnaire to the local context, **do not** change the sequence of the interview questions (e.g., first asking about problems in a subgroup of the population, then asking what people in this subgroup are doing already to address the problem, and ending with a question on what additional help may be needed)

These interviews can be done with individuals or groups. However, it is recommended to do them with individuals where feasible, because individuals in a group may influence each other's answers. It is recommended to interview at least 10-15 people. It may be necessary to interview more than 15 people whenever additional interviews are likely to lead to relevant, new information.

Before using this tool you should be trained in general interviewing techniques that are relevant to semi-structured interviews in humanitarian settings, for example, how to probe and avoid introducing bias. You should not ask highly sensitive questions that may put people (interviewee, interviewer, or other people) in danger. Depending on the context, these should be asked only during individual key informant interviews (for example questions about people at risk of human rights violations).

Remember it can be very relevant to interview traditional/ religious/ indigenous healers on local perceptions of mental health and available resources. A specific tool with questions to interview them is available upon request. That tool in particular is relevant to implementing IASC Guidelines Action 6.4 on potential collaboration with healers.

Informed consent

Hello, my name is _____ and I work for _____. We have been working in _____ (area) to _____ (type of work) for _____ (period). Currently, we are talking to people who we believe know a lot about the people affected by this [NAME OF HUMANITARIAN CRISIS, FOR EXAMPLE FLOODS, EXPLOSION, ARMED CONFLICT]. In this interview I would like to ask you about various problems people in the community have. I would also like to ask how people deal with these problems, and if additional help may be needed.

Our aim is to learn from your knowledge and experience, so that we will be better able to provide support. We cannot promise to give you support in exchange for this interview. We are here only to ask questions and learn from your experiences. You are free to take part or not.

If you choose to be interviewed, I can assure you that your information will remain confidential. You are free not to take part. We cannot give you anything for taking part but I would greatly value your time and responses. Also, you can stop the interview at any time. Do you have any questions? Would you like to be interviewed?

1. Yes
2. No

A. Sources of distress

First, I would like to ask you about problems in the community.

- What do people in your community believe has caused the current [NAME OF HUMANITARIAN CRISIS, FOR EXAMPLE FLOODS, EXPLOSION, ARMED CONFLICT]?
- According to community members, what are the consequences of the [NAME OF HUMANITARIAN CRISIS, FOR EXAMPLE FLOODS, EXPLOSION, ARMED CONFLICT]?
- According to community members, what will be further consequences of the [NAME OF HUMANITARIAN CRISIS, FOR EXAMPLE FLOODS, EXPLOSION, ARMED CONFLICT]?
- How has the [NAME OF HUMANITARIAN CRISIS, FOR EXAMPLE FLOODS, EXPLOSION, ARMED CONFLICT] affected daily community life?
- How has [NAME OF HUMANITARIAN CRISIS, FOR EXAMPLE FLOODS, EXPLOSION, ARMED CONFLICT] affected people's livelihood, activities/ work?
- How are people trying to rebuild and recover from this crisis?

B. Risk groups

- Which people in your community are suffering the most from the current crisis. . . Who else? . . . and who else?

C. Nature of distress and support

C1. Now, I would like to ask a number of questions about children being upset/ distressed.

(COMMENT: You could repeat this question for boys and girls separately and for different age groups, for example, children under 6, children between 6 and 12, and adolescents from 13 to 18).

- How would an outsider recognise a child who is emotionally upset/ distressed by [NAME OF HUMANITARIAN CRISIS, FOR EXAMPLE FLOODS, EXPLOSION, ARMED CONFLICT]?
 - a. What does the child look like?
 - b. How do they behave?
 - c. Are there different types of being upset? What are they?
 - d. How can I tell the difference between [NAME ANSWER FROM C1]?
- In normal circumstances (before the recent emergency), what did community members usually do to reduce the upset/ distress of children?
- What are community members doing right now to reduce the upset/ distress of children?
- What else is being done right now to help children who are upset/ distressed?
- Where do children who are upset/ distressed seek help?
- What more could be done to help children who are upset / distressed?

C2. Now, I would like to ask a number of questions about women being upset/ distressed.

- How would an outsider recognize a woman who is emotionally upset/ distressed by the [NAME OF HUMANITARIAN CRISIS, FOR EXAMPLE FLOODS, EXPLOSION, ARMED CONFLICT]?
 - a. What does she look like?
 - b. How does she behave?
 - c. Are there different types of being upset? What are they?
 - d. How can I tell the difference between [NAME ANSWER FROM C2]?
- In normal circumstances (before the recent emergency), what did community members usually do for women to reduce upset/ distress?
- What are community members doing for each other right now to reduce women's upset/ distress?
- What else is being done right now to help women who are upset/ distressed?
- Where do women who are upset/ distressed seek help?
- What more could be done to help women who are upset / distressed?

C3. Now, I would like to ask a number of questions about men being upset/ distressed.

How would an outsider recognize a man who is emotionally upset/ distressed by the [NAME OF HUMANITARIAN CRISIS, FOR EXAMPLE FLOODS, EXPLOSION, ARMED CONFLICT]?

- a. What does he look like?
 - b. How does he behave?
 - c. Are there different types of being upset? What are they?
 - d. How can I tell the difference between [NAME ANSWER FROM C3]?
- In normal circumstances (before the recent emergency), what did community members usually do for men to reduce upset/ distress?
 - What are community members doing for each other right now to reduce men's upset/ distress?
 - What else is being done right now to help men who are upset/ distressed?
 - Where do men who are upset/ distressed seek help?
 - What more could be done to help men who are upset / distressed?

C4. Now, I also would like to ask about what happens when people die in your community.

- When someone in this community dies how do the family and friends express their grief?
 - a. What are the first things to be done? Why?
 - b. How do other family/ friends/ community members express support?
 - c. What happens to the body?
 - d. What other things need to be done?
 - e. How long does mourning continue?
 - f. What happens if the body cannot be found/ identified?
- What happens if the process you described (for example, burial) cannot be done?
- What are community members doing for each other right now to help bereaved families and friends?
- What else is being done right now to help people who are bereaved?
- Where do people who are bereaved seek help?
- What more could be done to help people who are bereaved?

C5. In all communities there are people with mental disorders. May I ask about them? (Comment: the word mental disorders may not be well-understood. Where needed, use an appropriate synonym that is understood.)

- Do you have people with mental disorders in the community?
- What kind of problems do they have?
- In general, what do community members think about people with mental disorders? How do they treat them?
- In normal circumstances (before the recent emergency), what did community members usually do to help people with mental disorders?
- What are community members doing right now to help people with mental disorders?
- What else is being done right now to help those with mental disorders?
- Where do people with mental disorders seek help?
- What more could be done to help people with mental disorders?

C6. In most communities there are people (men, women and children) who have been raped or sexually abused. May I ask about them? (COMMENT: additional questions may be phrased by replacing the word 'raped or sexually abused' with 'tortured' or with any other potentially traumatic event that is relevant.)

- If someone has been raped, what kind of problems may the person have?
- In general, what do community members think about people who have been raped? How do they treat them?
- In normal circumstances (before the recent emergency), what did community members normally do to help those who have been raped?
- What are community members doing right now to help those who have been raped?
- What else is being done right now to help those who have been raped?
- Where do people who have been raped seek help?
- What more could be done to help those who have been raped?

C7. In most communities there are people who have problems with alcohol. May I ask about them? (COMMENT: depending on the context, the questions below may need to be asked also - or only - for drugs.)

- If someone frequently drinks a lot of alcohol, what kind of problems may happen in the family or community?
- If someone frequently drinks a lot of alcohol, what kind of problems may happen for him or her?
- In general, what do community members think of people who frequently drink a lot of alcohol? How do they treat them?
- In normal circumstances (before the recent emergency) what did community members normally do to reduce problems caused by alcohol?
- What are community members doing right now to reduce these problems?
- What else is being done right now to deal with these problems?
- Where do people seek help for these problems?
- What more could be done to reduce these problems?



Inter-Agency Standing Committee
IASC Reference Group for Mental Health and
Psychosocial Support in Emergency Settings

This document is for humanitarian actors working in countries facing humanitarian emergencies. It provides tools and guidelines to carry out MHPSS assessments, regardless of the phase of the emergency. It applies to organisations working to address psychosocial and mental health needs of the population, including governmental and non governmental service providers.

This document should be used in conjunction with the IASC Guidelines for Mental Health and Psychosocial Support in Emergency Settings (IASC, 2007).