



# MENTAL HEALTH & PSYCHOSOCIAL SUPPORT IN EMERGENCIES

TRAINING GUIDE

**+C IFRC**

Psychosocial Centre

*Mental health and psychosocial support in emergencies: Training guide*  
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### **Translations and adaptations**

Please contact the IFRC Reference Centre for Psychosocial Support for translations and formats of *Mental health and psychosocial support in emergencies: Training guide*.

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## INTRODUCTION

Emergencies affect and may even destroy community and family resources. They also undermine personal coping strategies and social connections, which would normally support people. Human, social, and economic consequences are long-term and far-reaching and affect entire communities and societies. Most people who experience humanitarian emergencies show resilience and can manage their distress if they can activate their personal coping strategies and have access to basic services and external resources, such as the support of their families, friends, and community. Early and appropriate mental health and psychosocial support helps prevent distress from developing into more severe mental health and psychosocial conditions.

An emergency and disaster intervention effort without a mental health and psychosocial support strategy is incomplete, and mainstreaming MHPSS throughout disaster response and recovery operations will make them more effective. In times of emergencies, disaster managers and psychosocial responders are responsible for planning and supporting basic psychosocial support activities as part of the emergency response.

This training prepares disaster managers, emergency team leaders and psychosocial responders for work in the field by understanding basic concepts of psychosocial support in emergencies as well as planning and implementing PSS activities. It is for MHPSS focal points from the Red Cross and Red Crescent Societies Movement and humanitarian organizations responsible for initiating or supporting the overall mental health and psychosocial activities and interventions during emergencies.

## USING THIS TRAINING GUIDE

This guide and training modules have been developed to be flexible and adapted to different contexts and training needs. There are five modules addressing nine training objectives. Each module can be covered in one day of training. Depending on the training needs, the training modules can be conducted separately, all together, or in different combinations. This guide and accompanying materials include the information and materials you will need to design and facilitate Mental Health and Psychosocial Support in Emergencies (MHPSSiE) training.

**Please note, that the design of this guide requires facilitators to undertake preparation for training that will include some adaptation of sessions, training materials and scheduling.**

The following section outlines how to use the guide, including details on iconography and layout of the manual to help you navigate the document.

## ICONS

These icons are used in the guide:



### Facilitator notes / planning notes for facilitators

Facilitator notes highlight any specific issues in the training process, or in the materials, or preparation required for the section that follows.



### Activities

Activities are used in each section to reinforce learning. Each activity is described, with the purpose, materials and the procedure clearly set out.



### Methodology

A brief overview of the method used in the session. E.g., plenary discussion, interactive group work, role play etc.



### Speaker notes

This icon indicates points in the programme when the facilitator is speaking directly to participants. This includes ways of introducing the topic and notes for short presentations and plenary discussions. These notes are a guide only. It is recommended facilitators develop introductions in their own words.



### Estimated minutes needed

A suggested required for each session. These times have been tested in pilots of the facilitation materials. However, the time allocated for each session can be adjusted, if necessary, depending on the number of participants. Facilitator(s) should make sure that activities fit into the day's schedule.



### Materials needed

Materials required for each session.



### Plenary discussions

Notes, prompt questions or important points to highlight during the discussion.



### Breaks

Suggested points in the schedule to take breaks.



### Checklist

Checklists provide important points to remember to include in discussions.

## PowerPoint slides

A set of PowerPoint slides is available to accompany the training. Be sure to adapt the slides to the specific needs of the group. If you don't have access to a projector, you can print out the PowerPoint slides you want to use as handouts or copy the text onto flipchart paper.



### Sample workshop agenda

There is a sample agenda for a five-day training agenda in the Annex. Suggested schedules for each day of training are included at the start of each module.

## FACILITATOR PROFILE AND PREPARATION

It is recommended that two facilitators are used for this training, particularly for multi-day trainings. As a facilitator it is necessary to be well acquainted, and have experience, with mental health and psychosocial support standards, guidelines, and tools – preferably from several types of emergency responses.

### ROLE PLAYS

**These training modules include scenario-based activities, and it can at times be necessary to encourage role players to get into the roles, so they are a bit challenging for supporters. At other times it will be necessary to ask role players to tone it down and not make their role too difficult for those practising giving support.**

This training guide is indicative. Facilitators should analyse the background knowledge and conduct a training needs assessment before launching into more detailed planning. However, detailed notes for each activity are included in this training guide as a base for the course. Every group is different, facilitators may have to adapt to fit a talkative group who like to discuss at length or to a group that needs more encouragement to discuss the topics.

On-line adaptation of the session is possible using platforms that allow interactive on-line training and learning, such as Miro, Mural MS Teams etc.

Facilitators should be familiar with the following publications:

- The Inter-Agency Standing Committee (IASC) *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (2007)
- IFRC PS Centre *Monitoring and Evaluation Framework for psychosocial support interventions* (2017), including the:
  - Guidance note
  - Indicator guide
  - Toolbox
- IFRC and Canadian Red Cross, *Rapid Assessment Guide for Psychosocial Support and Violence Prevention in Emergencies and Recovery* (2015)

- IFRC policies: Child Protection policy, Fraud and Corruption Prevention policy, PSEA policy, IFRC Code of conduct, Whistleblower Protection Policy, Safecall
- IFRC Psychosocial Centre: *Caring for volunteers. A psychosocial support toolkit.* (2016)
- IFRC Psychosocial Centre: *A guide to psychological first aid* (2019)

## ADULT LEARNING NEEDS AND PSYCHOSOCIAL LEARNING

The facilitator must understand and use principles for adult and participatory learning and have good facilitation skills to be able to run the session. Each module should be carried out with limited use of PowerPoint to make it more engaging for participants. This is because adults learn best when actively engaged and when the learning is applicable to their daily lives and practices.





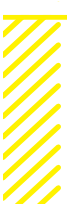
To engage participants in their own learning, there are suggested daily sessions with a buddy where participants can reflect on their well-being and learning and a daily evaluation process to ensure problems and suggestions can be addressed as soon as possible. Furthermore, a time slot can be left unplanned for, that participants will spend discussing topics they'd like to delve deeper into.

For adult learners it is important that they find themselves in a safe, inclusive, and respectful environment that makes it possible to experiment and make mistakes when practicing new skills. This requires that rules about confidentiality are discussed and that participants pledge to uphold confidentiality.

An inclusive emotional learning climate will help participants learn about and practice emotional regulation – key skills in psychosocial support. When learning about psychosocial support the learner needs to practise skills. Thus, learning is more than cognitive processes and needs to be based upon being engaged sensorially, relationally, and mentally. An important part of any psychosocial support training is the relation-building where the facilitator creates a conducive environment for participants to relate to each other and thus the practice relational and reflective skills, they will use in psychosocial support.

## TRAINING OBJECTIVES

There are nine training objectives covered by the five MHPSSiE training modules. The objective/s of each module are outlined below.

MODULE	TRAINING OBJECTIVE
 <p><b>Module 1 -</b> Introduction to MHPSS in emergencies</p>	<ol style="list-style-type: none"> <li>1. Understand the basic concepts of crisis event, stress reactions and psychosocial support</li> <li>2. Understand the importance of self-care and caring for staff and volunteers</li> </ol>
 <p><b>Module 2 -</b> Responding to MHPSS needs</p>	<ol style="list-style-type: none"> <li>3. Know about different types of emergencies and their prevalence</li> <li>4. Understand and are familiar with existing best practice in MHPSS</li> </ol>
 <p><b>Module 3 -</b> Coordination and MHPSS assessment in emergencies</p>	<ol style="list-style-type: none"> <li>5. Understand the role of assessment in planning and designing MHPSS interventions</li> <li>6. Be aware of the importance of coordination and cooperation with other stakeholders, civil protection and RCRC branches.</li> </ol>
 <p><b>Module 4 -</b> MHPSS interventions in emergencies</p>	<ol style="list-style-type: none"> <li>7. Know about key MHPSS approaches and interventions in emergencies</li> </ol>
 <p><b>Module 5 -</b> Planning MHPSS responses</p>	<ol style="list-style-type: none"> <li>8. Prepare for training and supervision of volunteers working with PS programmes</li> <li>9. Plan, design and implement MHPSS responses</li> </ol>

## **TRAINING METHODOLOGY**

The training is based on practical exercises and role playing mixed with short presentations. An essential part of the training will be based on different case scenarios. Sample case studies are provided in each module. Alternatively, facilitators can develop their own or task participants to develop different case studies in groups to ensure that the scenarios are as close to their reality as possible.

The organizers and facilitators can choose to implement the training in a more traditional classroom-based manner, or they can choose to develop a more live action simulation surrounding with actors, communities, props, additional emergency injects etc. The set up depends on time as well as available resources.

## **TARGET GROUP**

The target group for these training modules are Red Cross Red Crescent staff and volunteers who respond to emergencies. Especially staff and volunteers working with mental health and psychosocial support, such as psychosocial support programme managers, emergency team leaders and disaster management managers. The participants are expected to have basic knowledge of psychosocial support as well as having some practical experience in the psychosocial field.

## **TRAINING NEEDS ASSESSMENT**

This manual has been designed for National Societies to adapt and change to their context. Facilitators may not need to use all the modules and sessions in this guide. To determine what Modules and sessions to run we suggest conducting a capacity assessment.

See the Annex for a simple matrix that may assist in determine relevant modules and sessions to include.

## **TRAINING MATERIALS**

Supporting materials for each module can be found in the Annex. These will need to be printed and prepared prior to the training commencing. Each module includes a checklist of planning notes and preparation requirements for facilitators.

General materials needed for the course:

- flipchart, markers, and tape to hang flipcharts on walls
- an inflatable ball the size of a handball or a scarf made into a ball and tennis balls
- pens and post its
- masking tape or blu tac
- props such as Red Cross vests, caps, scarfs, jackets, toys etc. for different role plays.



## MATERIALS FOR PARTICIPANTS

If possible, it is recommended to give participants **a hard copy of the IASC MHPSS in Emergency Settings Guidelines**. If hard copies are not available to you a soft copy will be fine. You can find links to the Guidelines in several languages at <https://interagencystandingcommittee.org/>

The following are materials referred to in the modules. It will be useful to have these links ready to share with participants during the training. All are available at [www.pscentre.org](http://www.pscentre.org), in several languages. Links to English versions, correct at time of publication of this manual, are provided below:

- Council of Delegates of the International Red Cross and Red Crescent Movement: *International Red Cross and Red Crescent Movement policy on addressing mental health and psychosocial needs*. (2019)
- MOMENT project, *A roadmap for implementing International Red Cross and Red Crescent Movement commitments on addressing mental health and psychosocial needs 2020 – 2023* (2020)
- Hobfoll et al., *Five essential elements of immediate and mid-term mass trauma intervention* (2007)
- *IFRC, Minimum standards for protection, gender, and inclusion in emergencies* (2018)
- IFRC Psychosocial Centre, *The Well-being Guide* (2023)
- IFRC Psychosocial Centre, *The Well-being Cards* (2023)
- IFRC Psychosocial Centre, *A Guide to Psychological First Aid for Red Cross and Red Crescent Societies*. (2018)
- IFRC Psychosocial Centre, *Outreach Walk. Improving protection and psychosocial support through outreach*. (2020)
- IFRC Psychosocial Centre, *IFRC Monitoring and evaluation framework for PS programming Toolbox*, (2018)
- IFRC, IFRC Psychosocial Centre & Canadian Red Cross, *Rapid Assessment Guide for Psychosocial Support and Violence Prevention in Emergencies and Recovery* (2015)
- IFRC PS Centre, Different. *Just like you: A psychosocial approach promoting the inclusion of persons with disabilities* (2015)
- IFRC Psychosocial Centre, *Life Skills – Skills for Life: A handbook* (2023)
- IFRC Psychosocial Centre, *Remote PFA during COVID-19* (2020)
- IFRC Psychosocial Centre, *Loss and grief during COVID-19* (2020)
- IFRC Psychosocial Centre and World Vision, *Activity Catalogue for Child Friendly Spaces in Humanitarian Settings* (2018)
- IFRC Psychosocial Centre and World Vision *Operational Guidance for Child Friendly Spaces in Humanitarian Settings* (2018)
- IFRC Psychosocial Centre and World Vision *Activity Cards for CFS at home* (2020)

## **SUGGESTED TRAINING SCHEDULES**

A suggested schedule for each module is included at the beginning of the relevant module in this training guide. A suggested multi-day schedule can be found in the Annex.

Facilitators should discuss timing and schedule structure with organizers to determine an appropriate structure for the training course. These training modules have been designed to be flexible and adaptable for different countries and contexts. Facilitators are encouraged to develop schedules that reflect the needs and contexts of their training participants. Content should reflect the intended objectives of conducting the training with the chosen target group.

## STARTING AND ENDING EACH MODULE

Each module includes one day of training content. Facilitators can create their own schedules or see the beginning of each module for suggested training schedules. This section includes suggested instructions for starting and ending each module and for setting up and closing multi-day training courses. These sessions are recommended to help create a constructive and supportive training environment.

### RECOMMENDATION

**Allow approximately 45-60 minutes of the training schedule **per day** to facilitate welcome and wrap up sessions at the beginning and end of each day. More time will be needed to set up and close multi-day training courses.**

## WELCOME AND OPENING TRAINING



### Planning notes for facilitator/s

To set up the training room for the training, you will need to:

- set up training room with post-its, pens, markers, water, and glasses on group tables
- prepare a flip chart with the agenda for the day to hang in training room
- prepare a 'parking lot' flip chart to hang in training room
- prepare a 'dartboard' flip chart (see Example).

### Aim of session

For the participants to be acquainted with each other and get an overview of the training objectives and programme. This includes welcoming participants, inviting and creating a conducive training environment, introducing the buddy system set up and the three-phased model before, during and after or *'Are you ready, checking in and cool down'* for buddy conversations.



### Planning note for facilitator/s

Facilitate an introduction activity/icebreaker of your choice where the participants are introduced to each other. A suggestion has been included in the outline below but a similar activity that allows participants to get to know each other briefly can be substituted here. Be sure to leave time to introduce the buddy system as part of your introduction activity. Facilitators may also like to consider asking for volunteers or nominating participants to conduct a recap session each morning.



**Time:** 60 minutes



**Methodology:** Plenary



### Materials

- Prepared a 'dartboard' flip chart
- Slide: Training objectives, or printed copy
- Slides: Buddy system and check in questions
- Buddy system hand out, see Annex or slides
- Flip chart
- Markers / pens
- Post its



### Activity instructions

As participants are arriving and settling in, you can ask them to do a short pre-training assessment activity (see example flipchart):



1. Dartboard: Ask participants to indicate how close or far away they are to the “bulls eye” (the centre of the circle). Ask them to show this by placing a dot in the appropriate space. This exercise is repeated at the end of the training as a post-training evaluation. Include the following questions on the dartboard (or what you would like to measure, relevant to the training objectives):
  - The mental health and psychosocial impacts of emergencies.
  - The role of assessment, planning and coordination in emergencies.
  - The key best practices guiding MHPSS responses in emergencies.
  - The key MHPSS approached and interventions in emergencies.
2. Review the ‘Dartboard’ responses together with participants in the section about ground rules.

When participants have settled into the venue, begin with a welcome and an icebreaker, followed by information about the training programme and an exercise to establish ground rules for the training.



### Speaker notes

*Welcome to this Mental Health and Psychosocial Support in Emergencies training. My name is \_\_\_\_\_ and this is [co-facilitator]. I/we will be facilitating the training today/over the next \_\_\_\_ days. This training will focus on how we can consider mental health and psychosocial support (MHPSS) needs in emergencies and explore how your National Society can embed this work in your emergency response and recovery activities.*

*It is important to start by acknowledging that we will discuss events today that might be distressing, upsetting or emotionally challenging. This might include conversations about death and dying, mental health problems, suicide, loss and grief, trauma as well as protection related concerns such as child abuse, violence, and neglect. We will do our best to make this a supportive learning environment but if you have any concerns at any point, you are welcome to come talk to me, or [co-facilitator] at any time.*



### Activity instructions

1. Ask participants to walk around the training space among each other until the facilitators says “stop”.
2. Now ask participants to pair up with the person closest to them and ask them to introduce themselves to their partner by sharing their:
  - name
  - department and if relevant National Society or agency
  - their role and
  - a skill, talent, or hobby that they have.
3. Give pairs about 5 minutes to talk.
4. Now ask everyone to join a circle, standing next to the partner they have just met.

5. Ask each pair of partners to introduce each other to the wider group. This should take about 20 to 30 minutes, depending on the size of your group.
6. Explain to the participants that the person they are standing next to will be their “buddy” during the training.
7. Ask the participants what they think a “buddy system” requires of them?
8. Add to the comments:  
*During emergency responses it is a good idea to set up a buddy system as a support system for staff and volunteers. So, we are going to test this system in the training. Being a buddy includes:*
  - Keeping an eye at each other and making sure that their buddy is doing well.
  - Being responsible for keeping the buddy updated about what is happening if the buddy needs to leave the training room for some reason.
9. Ask participants to return to their seats, or they can remain standing if the space allows.

Note: If possible, separate any ‘buddies’ that know each other or are from the same organisation/team.



### Speaker notes

*Over the next few days, we are going to work through the agenda (refer to agenda slide / handout). The purpose of what we have included on the agenda is to prepare you for work in the field by understanding basic concepts of MHPSS in emergencies as well as planning and implementing MHPSS activities (refer to training objectives slide / handout).*

*The main outcomes of the training are that you (include those relevant to the module/s you are conducting):*

- *Understand the basic concepts of crisis event, stress reactions and psychosocial support.*
- *Understand the importance of self-care and caring for staff and volunteers.*
- *Understand and are familiar with existing best practice in MHPSS.*
- *Know about key MHPSS approaches and interventions in emergencies.*
- *Be aware of the importance of coordination and cooperation with other stakeholders, civil protection and RCRC branches.*
- *Understand the role of assessment in planning and designing MHPSS interventions.*
- *Prepare for training and supervision of volunteers working with PS programmes.*
- *Plan, design and implement MHPSS responses.*

*The training methodology is participatory, and you will be involved in discussions, group work, work in pairs and role plays. We will use case studies and scenarios throughout the training.*

*We have included the programme for the day is on the wall (point out prepared flip chart) for you to see and we will begin each morning by going over the plan for the day.*

*We also have a “parking lot” here (point out prepared flip chart). This is where topics or issues that needs to be discussed further can be noted down. We will aim to address these in either our wrap up sessions or morning recaps each day.*



**Discussion instructions**

1. Ask the participants to think of what is important for them to establish a good learning environment, and then begin to list ground rules for the training on flipchart paper.
2. Prompt ideas for other rules that may have been missed (see list below) and check if participants have any others that need to be added.
3. Ask the group to agree and commit to the ground rules.
4. Display the ground rules in a prominent place for the entire period of the training. Revisit the 'dartboard' flipchart and link the hopes to expectations for the training.



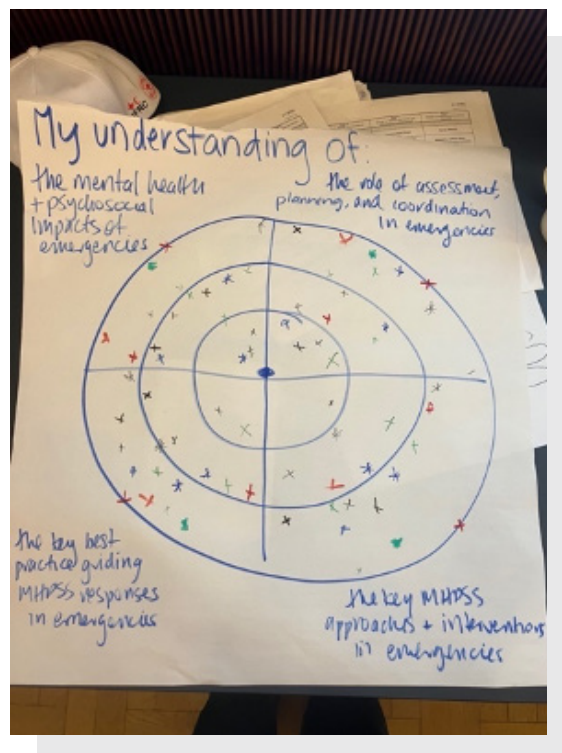
**Ground rules could include:**

- Mobile phones should be on silent mode out of respect for each other.
- Punctuality is important. The training can start and end on time, as long as everyone returns promptly from breaks and lunch.
- Respect the person who is speaking and do not speak when someone else is speaking.
- No-one should feel forced to share experiences during the training. Everybody is free to share if they wish, and in doing so, participants will feel a greater sense of ownership of the process.
- Participants should be non-judgemental when other people share their experiences.



**Example flipchart**

Dartboard



## END OF EACH MODULE WRAP UP

### Aim of session

For participants to share their learning points of the day, and to give facilitator(s) constructive feedback on what went well and what could be improved.



### Planning note for facilitator/s

You will need to prepare two pages of flipchart. One with a large + (plus sign) at the top, another with a large - (minus sign).



**Time:** 15 minutes



**Methodology:** Work in pairs



### Materials

- Slide: Buddy check in: After
- Slide: Plusses and minuses instructions
- Flipchart for plusses and minuses (see Example)
- Post-it notes (two different colours), pens, two pieces of flipchart paper, markers, ball



### Speaker notes

*We have come to the end of the day, and it is time to for the buddy cool down conversation. In your buddy pairs, after you have checked in with each other, I'm going to ask you to have brief conversation on the plusses and minuses about today ant note these down on different coloured post-its. Red (or another available colour) for minus and green (or another available colour) for the plusses.*

*In the morning we will look at the post its and see what is going well and what we can try to change.*



### Activity instructions

1. Ask participants to find their buddy and spend 10 minutes going over the cool down conversation. Refer to slide as reminder for cool down instructions.
2. Ask participant to end the conversation by going over:
  - Plusses of the day or what went well? – note them on the green post its
  - Minuses or what could be changed or improved? – note these on the red post its.
3. Refer participants to slide with instructions on plus and minus conversation, if needed.
4. Ask participants to place their green post-it notes on the flipchart marked with a plus and their red post-it notes on the flipchart marked with a minus.

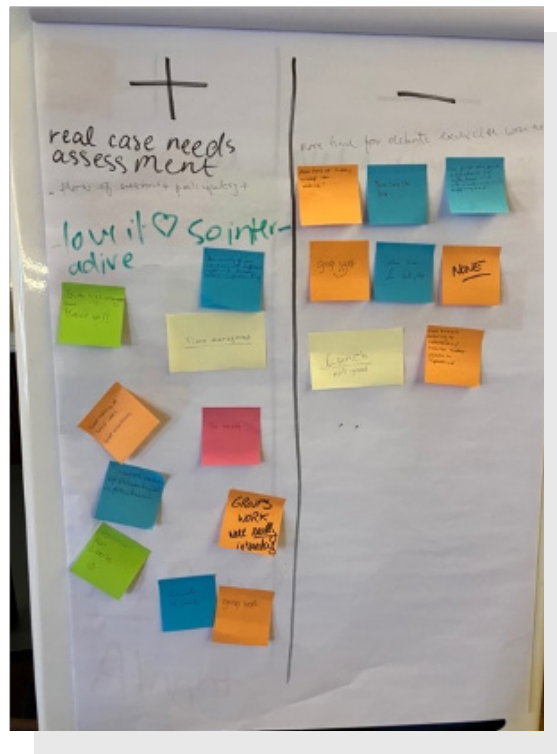


5. Remind participants that the facilitators will review the flipcharts and provide feedback the next morning.
6. Ask participants to form a circle.
7. Now throw a ball to someone and invite them to briefly share a key learning point or reflection from the day. Continue round the circle until everyone has had an opportunity to speak.
8. Remind 'recap volunteers' about the recap activity for the next morning.
9. Thank everyone and remind them of start time for day two.



### Example flipchart

Plus & minus



## DAILY WELCOME (FOR MULTI DAY TRAINING COURSES)

### Aim of session

Welcoming participants, checking the feedback to see if anything should be changed or added in the way the training is run, recap of day one and buddy talks.



### Planning note for facilitator/s

You will need to prepare a flipchart with a summary of the agenda for the day. Ensure you have reviewed the plusses and minuses from day 1 and address any issues that arose in the feedback.



**Time:** 30 minutes



**Methodology:** Plenary discussion



### Materials

- The participants who have been assigned to do the daily recap will need to organize any materials they need for their recap activity.
- A prepared flipchart with the agenda for the day.



### Speaker notes

*Good morning, everyone. Today we are going to focus on \_\_\_\_\_.*



### Activity instructions

1. Welcome the participants to the second day of the training.
2. Go over the programme for the day.
3. Provide feedback to the participants about the plusses and minuses from day.
4. Ask the volunteers to facilitate a recap of the previous day.
5. Ask buddies to have their 'Are you ready' talk.
6. Provide feedback to the participants about the plusses and minuses from the previous day, e.g., if there is any of the minuses that you as a facilitator are able to correct immediately.

## DAILY WELCOME (FOR MULTI DAY TRAINING COURSES)

### Aim of session

To provide constructive feedback on the participants' experience of the training and to give pointers for improving future training and to round up the training and give participants the chance to give constructive feedback, say goodbye and end on a positive note.



### Planning note for facilitator/s

This session needs to be conducted alongside the end of module wrap up.



**Time:** 15 minutes



**Methodology:** Plenary



### Materials

Evaluation questionnaire, see Annex



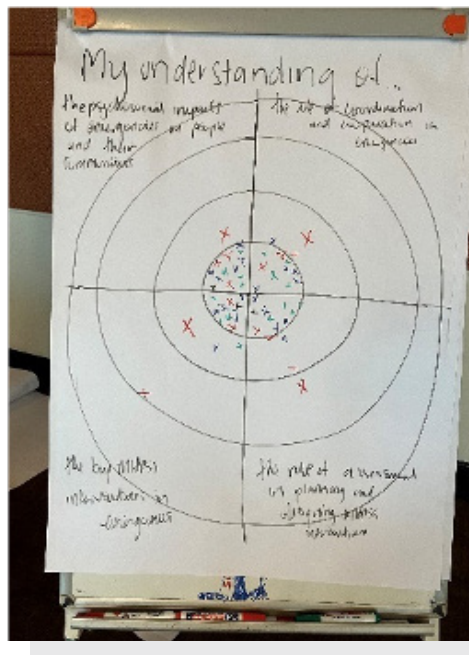
### Activity instructions

1. Close the training with a short speech praising participant for their efforts and wishing them good luck for the time ahead.
2. Hand out the evaluation questionnaire to everyone.
3. Ask the participants to spend ten minutes filling in the questionnaire.
4. Collect the questionnaires for later assessment.



### Example flipchart

Plus & minus



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## MODULE ONE

# MENTAL HEALTH AND PSYCHOSOCIAL IMPACTS OF EMERGENCIES

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This module introduces participants to the basic concepts relating to MHPSS in emergencies. This includes stress reactions and psychosocial impacts on individuals and communities, caring for staff and volunteers and self-care for people responding to emergencies.

### Module objectives

1. Understand the basic concepts of crisis event, stress reactions and psychosocial support.
2. Understand the importance of self-care and caring for staff and volunteers.



### Planning notes for facilitator/s

For module one you will need:

- flipchart
- pens and markers
- post it notes
- a very long ball of string
- scissors
- optional: Prepared flipchart with the community diagram, or slide
- optional: Prepared flipchart with the community frustration diagram, or slide
- prepare the Impact on communities' activity characters (printed and cut up)
- optional: Premade flipcharts of definition of stress
- optional: Premade flipchart with definition of burnout, or slide
- optional: Premade flipchart with definition of resilience, or slide
- if desired, prepare a case study for Session 1.4
- IFRC PS Centre Caring for volunteers Tool kit and Training Manual, a hard copy or link.



### Suggested schedule

Facilitators can use the suggested schedule below or adjust the flow of the day to meet the needs of participants. If starting a multi-day MHPSSiE training with Module 1, it is recommended to allow 60 minutes for the Welcome session. See Annex for suggested multi-day training schedule.

SESSION	TIME REQUIRED	TIME
Welcome	30 minutes	0900 - 0930
Session 1.1 Mental health and psychosocial impacts of emergencies	45 minutes	0930 - 1015
Break	15 minutes	1015 - 1030
Session 1.2 Impact of emergencies on communities	60 minutes	1030 - 1130
Session 1.3 Stress, trauma, loss, and grief in disasters	45 minutes	1130 - 1215
Lunch	60 minutes	1215 - 1315
Session 1.4 Caring for staff and volunteers	75 minutes	1315 - 1430
Break	15 minutes	1430 - 1445
Session 1.5 Self-care in emergency responses	75 minutes	1445 - 1600
Wrap up	30 minutes	1600 - 1630

## SESSION 1.1 MENTAL HEALTH AND PSYCHOSOCIAL IMPACTS OF EMERGENCIES

### Aim of session

For the participants to be introduced to the mental health and psychosocial impacts of emergencies and for facilitators to gauge participant existing understanding on MHPSS in emergencies.



#### Planning note for facilitator/s

You will need to prepare two pages of flipchart. One with a large + (plus sign) at the top, another with a large - (minus sign).



**Time:** 45 minutes



**Methodology:** Quiz and discussion



#### Materials

- Quiz questions
- Slides with rationale for answers



#### Speaker notes

*To start the day, and the training, we are going to do a short quiz. You might notice three signs around the room, with YES, NO, or DON'T KNOW written on them. These are your potential answers. In a moment, I will ask you to stand and after I read out a statement, I will ask you to stand at the sign that best represents your answer.*



#### Activity instructions

1. Instruct the group that you will read out a series of statements and that they are to respond to the question by standing near the sign (YES, NO or DON'T KNOW) that best represents their answer.
2. Start with a test question to make sure participants understand the exercise. You can make one up, such as: Dogs are better than cats. Make sure to ask for rationale from a few participants before starting with the quiz questions.
3. Read out the following statements (in ***Bold, Italics***) and after each statement ask for reflections from participants:
  - ***The Red Cross MHPSS Framework acknowledges that protection is essential to all levels.*** (Answer: Yes, the Red Cross MHPSS Framework is circled by a protective environment).

- **Everyone in an emergency is traumatized to some extent.**  
(Answer: No, it is true many people will experience distress and stress reactions, and this is to be expected, however most people affected by emergencies will not 'be traumatized').
  - **Do no harm is one of the core IASC principles that guides all MHPSS work.**  
(Answer: Yes, do no harm is one of the core principles, as well as Human rights and equity, participation, building on available resources and capacities, integrated support systems and multi-layered supports, see pages 9-13 of the IASC MHPSS Guidelines in Emergency Settings).
  - **One of the five Hobfoll elements is protection.**  
(Answer: No, the five elements are Safety, Calm, Self/collective efficacy, Connectedness and Hope).
  - **Stand alone services are preferable to integrated activities and programs.**  
(Answer: No, core principles 5 of the IASC MHPSS Guidelines in Emergency Settings, see page 11, calls for integration of MHPSS activities and programs to counter the fragmenting of the care system. Integration can assist to reach more people and reduce stigma associated with accessing MHPSS services.).
  - **All types of emergencies affect have the same mental health impacts.**  
(Answer: No, human caused emergencies, such as conflict or terrorism, tend to have higher rates of mental health disorders than natural hazards).
  - **All humanitarian/aid workers, and especially health workers, should be able to provide very basic psychological first aid (PFA).**  
(Answer: Yes, training humanitarian staff and volunteers in PFA is an important aspect of emergency preparedness).
4. Between each statement, check the understanding of participants. Check in with one or two people (check each group if they are standing at different answers) and lead a short discussion, referring to the rationale on the relevant slide for each question.



### Summary notes

Thank you for participating in the quiz! It's fun way for us to get to know the understanding of the group and to start the conversation for the training. The statements that were read out reflect the content of the MHPSS in Emergencies training, so we will be focusing more on these topics, and more, throughout the training.



Suggested tea  
& coffee break

## SESSION 1.2 IMPACT OF EMERGENCIES ON PEOPLE AND COMMUNITIES

### Aim of session

For the participants to understand the psychosocial and protection consequences of crises at a community level.



### Planning note for facilitator/s

To better reflect your context, you can change the name of the town and characters, type of disaster and other details of the scenario as you wish. Just make sure you can still connect the characters in the story and show the impact of loss in the community. If you are doing a multi-day training it is recommended you link all activities to one scenario, keep this in mind if you decide to change details in the provided scenario.

Facilitators should note that this activity can be quite emotional for some participants. Particularly if participants have been affected by a disaster. Ensure you start the day with a content warning and reiterate this at the beginning of this activity.

There are 25 characters in the story. If you have a smaller group, make sure you give out the key characters to participants (this will include characters that die/are missing/can no longer access the community in part two, and their family and friends referred to in part one of the story).



**Time:** 60 minutes



**Methodology:** Group activity and plenary discussion



### Materials

- Very long ball of string (or two balls of string)
- Scissors
- Character profiles (see Annex)
- Optional: Community diagram
- Optional: Community frustration diagram



*We are going to start talking about the mental health and psychosocial impacts of disasters by looking at impacts at the community or collective level. Communities are complex networks. They can be formed around locations or interests. A town is a community, so are a group of football fans. People make up communities, so the impacts of a disaster on people and their families also have an impact on their broader communities.*

*If we consider when deaths occur in disasters, the loss of people in disasters affects their closest family and friends and has a flow on impact to the community. For a family, one member has gone. The death of that person may lead to secondary losses of income, home, and social status.*

*In these circumstances, it can take a while for the family to reorganize. Grief can influence family dynamics e.g., new roles need to be defined and grief reactions can be very different which can cause tension and conflict in the families. The loss of a loved one can also include changes in social relations and status for the family and thus adding to the loss and grief reaction. When people's lives are lost it also impacts the whole community.*

*We are going to a short exercise and tell a story together to illustrate this.*



### Activity instructions

1. Ensure you have very long ball of string.
2. Hand out characters (see Annex) at random.
3. Ask the group to form a circle.
4. Explain that you will read out the story and that during the story different characters in the community will be referred to and when their names are mentioned we will link them with the string.
5. Read the following scenario, and make sure **each time a character is mentioned that the group link each character with string**. NB: the names in bold highlight when you will need to ensure the characters are linked.



### Scenario – Part 1

*We are in the town of San Andreas that lies in a pretty valley region, along a river. The town is some distance to the regional centre, approximately 3 hours by road. There are a number of other towns in the valley, they all have small populations. Despite these towns being small, these are vibrant communities. San Andreas is a farming community. In San Andreas, there is a school, a small church, a gas station, and a small store. The football field is a popular community meeting place. When the river is flowing and calm it is also an important gathering place for the community. If they are not working on a farm, most people in San Andreas travel to the nearby, larger towns for work.*

*The church pastor, **Miguel**, is a prominent member of the community. Miguel lives with his wife, **Suzette** and their two children **Hugo and Carlos** in a house next to the church. Along with church services, **Miguel** hosts youth groups on the ground of the church two nights a week and on Saturdays. **Suzette** is a proactive member of the local junior school community, where she is also a teacher.*

*The town does not have a high school, older students must travel to the neighbouring town of Reno to attend high school. **Suzette** teaches with **Amy** and **Jose** at the school. **Amy** also is the chair of the local art club that uses the school hall for meetings and classes. **Amy's** young children **Daive and Maria** attend the school and are close friends with **Suzette and Miguel's twin boys Hugo and Carlos**. **Amy's partner Sol** runs their small farm. **Jose** is a trainee teacher who grew up in the town and has returned to teach in the school, at the moment he is living at the farm his parents **Alberto and Emilia** still run. His **sister Ines** and **brother Leo** work on the farm also.*

**Carolina** runs the local store, it also has a small room attached to the store that is used for a variety of community services. **Mercy**, a local government officer also visits San Andreas regularly, usually about once a week and uses **Carolina's** store as an office when she is in town. The local sewing and weaving groups use the store to meet once a week. **Estella** leads the group. **Maya** also attends sewing club and sells her produce in Carolina's store. She and **Carolina** are good friends.

**Marcia**, Carolina's daughter works at the store, she also attends the Arts Club with **Amy** when she is home from school.

San Andreas does not have a hospital but has a small community health centre run by **Pritha**, the local nurse. **Dr. Gabriella** from Reno visits twice a month and takes appointments at the centre. Dr. Gabriella and Noah often do outreach at the school, organised by **Suzette, Amy, and Jose**.

The local mechanic, **Idris**, works on local farms, most recently with **Alberto and Emilia**, and at **Sol and Amy's** farm. Idris also helps with community groups and the football club.

**Tomas**, the head of the football club regular gets help from **Idris** around the club. **Tomas** is **Marcia's** father and used to be married to **Carolina**. **Tomas** recently remarried and he and his wife, **Valentina**, recently had a baby boy. They moved back to San Andreas about 18 months ago. Valentina has not yet made many friends and misses living in the city.

The local tavern is owned by **Roman**. It's a regular spot for members of the football club, often hosted by **Tomas**. The tavern often hosts community events and family gatherings. Harvest time often brings workers, like **Marco**, to town, looking for work on local farms.



### Activity instructions

6. Before moving on to part two of the scenario, ask participants to look around at the connections in the community, how each member of the community is connected to one another in multiple ways.
7. Ask for reflections from participants on the connections between community members. Are there other connections that are not visible by the obvious string connections.
8. Read Part 2.
9. As the loss of certain characters are mentioned, cut the string between the character who has died, or moved away, and the other characters.



### Scenario – Part 2

After an extreme rainfall event, flash flooding destroys or badly damages several villages in the valley. There were many deaths across the valley, including in San Andreas. In San Andreas, many houses will be uninhabitable for some time and the main road from the regional centre has been cut by a landslide, it will take some time to repair.



There were a number of deaths in San Andreas. **Tomas**, the head of the football club, was killed in the flooding, as was **Amy** a teacher at the school. **Alberto** has been missing the flood. **Dr. Gabriella** can no longer reach San Andreas as the road has been cut.



### Activity instructions

10. After the connections are cut between the characters who died and the survivors. Ask the group for their reflections.
11. Discuss with participant the results of the disaster on the community. You can use the following as prompting questions, if needed:
  - How will personal losses affect the broader community?
  - Where will people get medical care?
  - How will the children be cared for?
  - What will families do for income if their main source of income has been affected?
  - What other mental health and psychosocial needs do you anticipate?



### Summary speaking notes

*When a disaster strikes, the invisible connections that exist between us can be altered forever and the network of support provided by these relationships is disrupted. As humanitarians and MHPSS practitioners we must consider how these losses affect communities. The severing of these connections reduces both physical and social support, affect people's livelihoods and can complicate their recovery.*

*In the early stages of a crisis event there may be an abundance of public commitment, will and promises made by public figures. These commitments and the will to see promises through will decline over time as those people will start having other pressures or are again expected to be doing what they did before the crisis event. This happens whilst anger and frustration felt by communities increases as expectations are not met, and the actual impact of the crisis event are felt increasingly over time.*

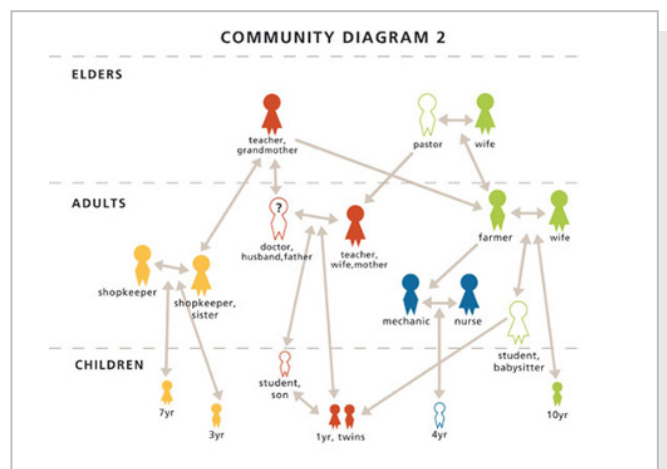
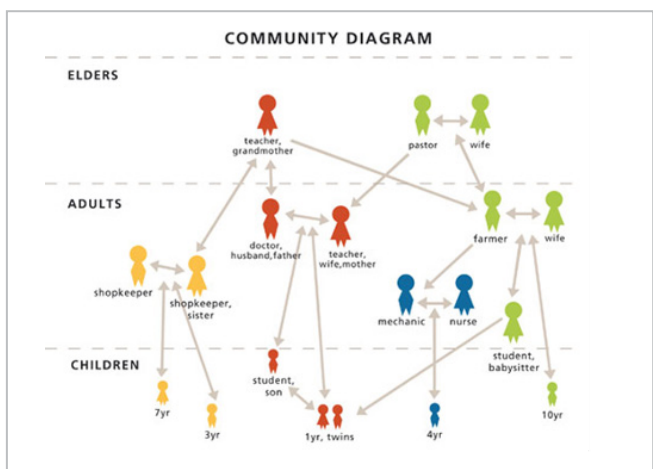
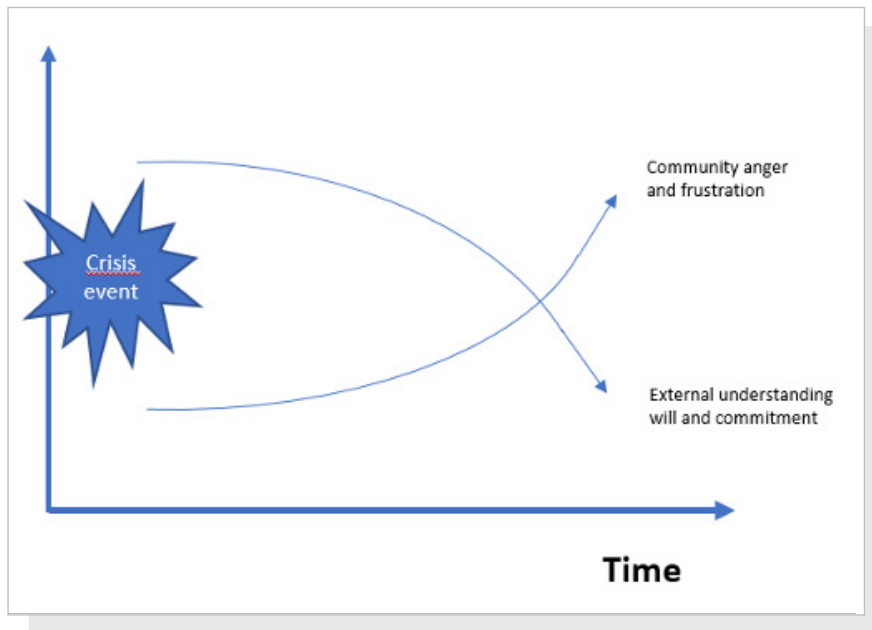


### Example flipcharts

#### Community diagrams

Note: You might not need these, but they are useful diagrams if your participants have trouble understanding the community impacts following the activity. You may prefer to incorporate them into the activity.

### Example flipcharts



Suggested tea & coffee break

## SESSION 1.3 STRESS, TRAUMA, LOSS, AND GRIEF AFTER EMERGENCIES

### Aim of session



#### Planning note for facilitator/s

The below are suggested notes to assist in planning a participatory lecture and plenary discussion on this topic. It is important to set the scene for this module with current research and evidence. The facilitator can use the following notes to prepare a lecture or replace this section with contextually and culturally relevant material if you choose. The focus of the session should be to ensure consistent understanding of participants related to the psychological and social impacts of emergencies.

Sources to consult in preparation:

- Australian Red Cross. 2022. Recovery Basics: the impact of disasters on communities and individuals.
- Bhugra, D., & Van Ommeren, M. 2006. Mental health, psychosocial support, and the tsunami. *International Review of Psychiatry*, 18(3), 213–216.
- Bonanno, G.A., Brewin, C.R., Kaniasty, K & La Greca, A. 2010. Weighing the cost of disaster: Consequences, risks and resilience in individuals, families, and communities. *Psychological Science in the Public Interest*, vol. 11.
- Charlson, F., van Omeran, M., Flaxman, A., Cornett, J., Whiteford, H. & Saxena, S. 2019. New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. *Lancet*, vol. 394. Pp240-48.
- Gibbs, L., Bryant, R., Harms, L., Forbes, D., Block, K., Gallagher, H.C., Ireton, G., Richardson, J., Pattison, P., MacDougall, C., Lusher, D., Baker, E., Kellett, C., Pirrone, A., Molyneaux, R., Kosta, L., Brady, K., Lok, M., Van Kessel, G. & Waters, E. 2016. Beyond Bushfires: Community Resilience and Recovery Final Report., University of Melbourne, Victoria, Australia.
- McNaughton, E., Wills, J. & Lalleman, D. Leading in Disaster Recovery: A companion through the chaos, New Zealand Red Cross.
- Newnham, E., Mergelsberg, E. L. P., Chen, Y., Kim, Y., Gibbs, L., Dzidic, P. L. & Ishid, M. 2022. Long term mental health trajectories after disasters and pandemics: A multilingual systematic review of prevalence, risk and protective factors. *Clinical Psychology Review*, vol. 97.



**Time:** 45 minutes



**Methodology:** Participatory lecture and discussion



**Materials:** Slides, if desired



## Speaker notes

### Introduction

*Emergencies, from armed conflict to natural hazards, cause significant psychological and social suffering. They degrade our environments, destroy infrastructure, livelihoods, and economies, and cause long term physical, mental and social wounds. These impacts occur at individual, family, community, and societal levels and erode protective supports and amplify pre-existing problems of social injustice and inequality.*

*The consequences of emergencies include loss of life, destruction of homes and property, infrastructure, personal items, and ways of life. People's communities and routines are upended. We need to think about how people and communities deal with stress, trauma, loss and grief. When thinking about the mental health and psychosocial problems that arise in emergencies it can be helpful to consider these as:*

- **What people 'bring' to the disaster:** *this includes their experience of pre-existing (pre-emergency) social problems (e.g. extreme poverty; belonging to a group that is discriminated against or marginalised; political oppression), pre-existing mental health problems, alcohol misuse, level of education, gender, age etc.*
- **What happened during the disaster:** *the death of loved ones, what someone witnessed, their experience of the disaster, family separation; disruption of social networks; destruction of community structures, resources, and trust etc.*
- **What happened after the disaster:** *displacement, social problems caused by provision of services or humanitarian aid such as undermining of community structures or traditional support mechanisms), lack of information about available supports and services, challenges navigated 'disaster bureaucracy', disruption to routines etc.*

*This are important to keep in mind as when considering how people cope and manage during and after emergencies.*

### Stress

*When thinking about the psychological and social impacts of emergencies we need to understand stress responses. Our bodies have inbuilt survival mechanisms that are activated when are under threat. This system drives much of our behavior and cognition in emergencies.*

*As a responder we need to understand the implications of stress and for people who have experienced particularly distressing events we need to know more about trauma and its long-term implications.*

*Understanding the purpose and effects of stress can help us understand how and why people react to disasters the way they do. On a day-to-day basis, the human body adjusts to external and internal changes to ensure that the mind and body can operate effectively within an optimal physical and emotional 'comfort zone'. Stress is the body's natural way of finding the extra energy needed to work outside of this normal comfort zone.*

*Stress is caused by stressors. A stressor is any change, be it positive or negative, which triggers a stress response and may be external or internal. Stress may cause people to become vulnerable to more severe psychological or physical reactions to a disaster.*

*Primary stressors are those that arise directly from the emergency. They watching someone die or fearing for one's life and the lives and safety of others.*

*Actual, threatened, or perceived traumatic experiences can cause stress. An actual threat may include an injury, or a loved one dying or being injured. 'Threatened' may include a near miss, separation from loved ones. The perception of threat, even though someone may be some distance away, can also cause stress. A person may have experienced a similar event previously, or feel strong identification with victims, survivors, or the place, and their body and/or mind therefore responds as if the threat is immediate.*

### **Secondary stressors**

*In some cases, dealing with the stresses of recovery after an emergency can have more of an impact than the event itself. Secondary stressors can contribute significantly to the degree of stress, and ongoing distress, after a disaster and can often hinder or draw out recovery.*

*Secondary stressors are indirectly related to the emergency event. Some secondary stressors are entities in themselves, whereas others are unresolved primary stressors. The Beyond Bushfires study found that major life stressors associated with the bushfires such as loss of income, accommodation and relationship breakdown were associated with poorer mental health outcomes over the next 10 years. They also found that 10 years after the bushfires 17.4% of people were still experiencing some level of financial stress.*

*Other secondary stressors include practical problems such infrastructure failure and challenges in rebuilding or repairing structures and less tangible stressors such as a loss of control over one's life, a sense of community, dignity, or hope. They may also include the impacts of policies and plans made prior to events that inadvertently limit people's recovery.*

### **Common secondary stressors**

- **Anniversaries:** *Anniversaries fulfil both social and psychological functions, marking the passage of time and an opportunity to pause, reflect, celebrate, or mourn. Around anniversaries, people will often unhelpfully compare their situation or feel the weight of the expectation of others. People may also have their own expectations of how 'recovered' they should be and feel frustrated about their situation.*
- **Next hazard season:** *People may experience stress responses when the next hazard season arrives. Triggers might include warnings, storms, heavy rain smoke or sirens.*
- **Moving into a new home or relocating:** *For those who have lost their home, rebuilding is an important part of recovery, allowing those affected by disasters to re-establish routines, sense of place and identity. However decisions and uncertainties about rebuilding*

*shared spaces can be major stressors after disasters. Often people tell themselves that moving into a rebuilt home will signal the end of recovery. Rebuilding can be an important symbol and worth celebrating. Beyond Bushfires research found that generally people were satisfied with their rebuilt house, irrespective of whether the design was based on their original property or a new design. However sometimes the 'pause' that comes from stopping planning can cause people to reflect and mourn other things they have lost. Relocation affects both the people who go and the people who stay. The Beyond Bushfires study found that those who lost their property were more likely to move away, but it was a difficult choice. People who move away tend to report feeling guilty about leaving their community but the physical changes to the local environment, memories associated with the bushfires and aftermath, and social and community tensions are reasons given for moving. Those who stay report feelings of abandonment when their friends and neighbours move away and that it impacts on their sense of community and mental health.*

- **Financial stress:** This can be loss of income or insufficient insurance. Beyond Bushfires found that 10 years after the bushfires 17.4% of people were still experiencing some level of financial stress.

### **Trauma**

*Almost all people who are affected by an emergency will experience some degrees of stress at some point in time during or after the event. Depending on the type of event only a small percentage of people affected will experience trauma. The term trauma is commonly used to describe either a physical or psychological injury caused by an extreme assault. Definitions of what causes trauma are subjective and culture-bound and vary from person to person.*

*Potentially traumatic experiences include:*

- *a near death experience*
- *experiences of abuse or neglect*
- *witnessing or experiencing a tragic, terrifying, or overwhelming event*
- *loss of control.*

*Events that may cause trauma include:*

- *natural hazards – floods, fires, or storms etc.*
- *accidents or other incidents – transport accidents, industrial incidents*
- *relationship breakdowns*
- *violence – fights, war, terrorist attacks, domestic violence, abuse*
- *serious illness or other medical conditions.*

### **Long term outcomes after traumatic experiences**

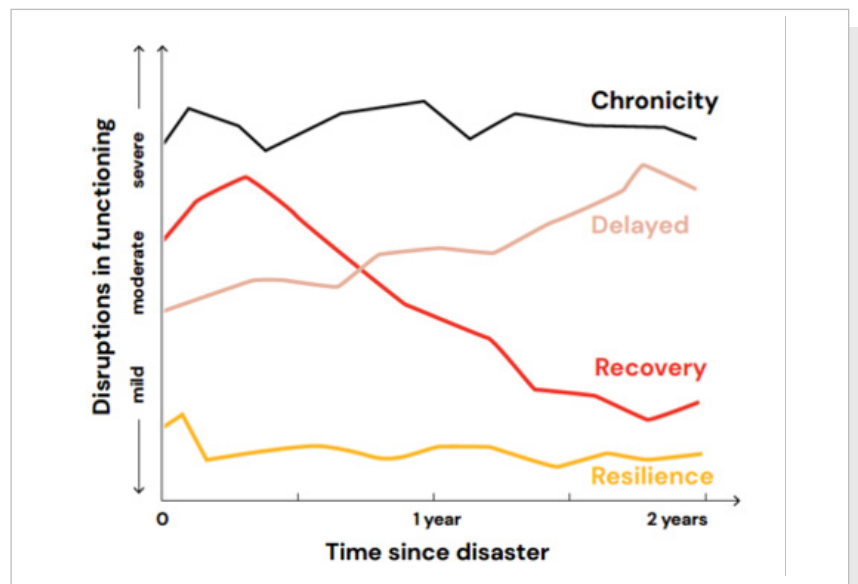
*There are a range of common outcomes for people in the aftermath of trauma. These are generally referred to as common trajectories.*



The image below shows the range of long-term mental health outcomes after a disaster or trauma. It is not intended to categorise or compare, but as a summary of how different people experience recovery over time. We've found it is useful for making sense of what people see around them, and for thinking about what this means for planning recovery support. It is worth noting, there is no specific time on the horizontal axis as recovery is complex and can take a long time.

### Resilience and recovery

Most people will experience a resilient or recovery trajectory. This means they will experience mild to moderate effects on their mental health and day to day functioning. The most common trajectory is that of healthy adjustment or resilience, meaning people experience some mild disruptions that ease over time. Particularly if they have good support from family and friends. It doesn't mean it is easy, and it won't take time. Just that the experience of distress will ease, and people will return to 'a life they have reason to value'.



### Delayed

We see delayed responses often in people who are heavily involved in recovery process, are busy supporting others or people who are very practical and focused on 'rebuilding'. They charge through the initial phase of recovery seeming quite resistant, but when they 'stop' experience the low point in their distress. It doesn't mean they won't recover, they still will over time with support from family and friends- it just might take longer or happen at a different time to others, which can be isolating. E.g., about two years after the Canterbury Earthquake in New Zealand a woman contacted Red Cross. She and her family had lived in Christchurch at the time of the earthquake and had since moved to Australia. She had spent the previous two years focusing on the wellbeing of her children and helping them cope with what had happened as well as being a central support in her community. Once the children started to recover and she moved out of the community she started to feel the impact of what had happened and started to be impacted by the event. She had a delayed response.

*In others, their symptoms worsen over time. As this happens when time has passed from the disaster there may be less intensive and specialized recovery support available, and it may be harder to connect their reactions to the event itself.*

### Chronic

*The chronicity trajectory refers to people who experience serious psychosocial harm because of their experience and will continue to experience severe mental health symptoms as a result. However, research tells us that, even in highly traumatising events (e.g., terrorism) the rates of chronic reactions, rarely exceed 30% of people affected.*

### A note on growth after trauma

*It is important to note that although it is a stressful and difficult time, many people report they came out the other end having learnt a great deal about their capabilities, priorities and how they deal with difficult times. There is also increasing research on those who experience a major trauma reporting subsequent positive transformations in their lives. A longitudinal study from Australia (the Beyond Bushfires report) found post-traumatic growth was higher among higher impacted, rather than lower impacted communities.*

*Another important thing to note is that people are having different experiences at different times. For those having a resilient reaction, the time they most need support may correlate with the time where there is the most support available. For those having a delayed reaction, this might have after they've moved/after the recovery workers have packed up and gone home.*

### **Loss and grief**

*Loss refers to the fact or process of losing something or someone. It is a common experience. Everyone will experience loss at a point in life. Loss is particularly common in crisis settings. The larger the scope of impact is in a crisis, the more people might be exposed to various types of loss. There are different types of losses:*

- *Physical loss refers to loss of physical health, loss of motor skills, loss of body parts (accident, disease).*
- *Psychological loss includes loss of self-esteem, loss of confidence and trust, loss of mental health.*
- *Cognitive loss includes loss of memory, loss of language, loss of visual and spatial abilities.*
- *Social loss includes loss of support networks, loss of freedom to gather, loss of meaningful relationships.*
- *Human loss means loss of loved ones.*
- *Spiritual loss refers to loss of faith, loss of belief, loss of hope, loss of values.*
- *Material loss includes loss of property and belongings.*
- *Financial loss includes loss of employment and livelihoods, loss of savings, loss of revenue.*

*Common reactions to loss:*

- *Physical reactions might include head and stomach ache, back pain, tiredness, sleep disturbances, shortness of breath, heart palpitations.*
- *Cognitive reactions refer to poor concentration, losing track of time, decreased problem solving capacity.*
- *Emotional reactions may include shock, sadness, anxiety, anger, fear, emotional numbness, guilt, irritability.*
- *Behavioural reactions might include risky behaviour, substance abuse, increased violent (physical or verbal) outburst.*
- *Interpersonal reactions might include withdrawn and isolation, aggressiveness, dependence.*
- *Spiritual reactions might include hopelessness, a feeling that life seems pointless.*

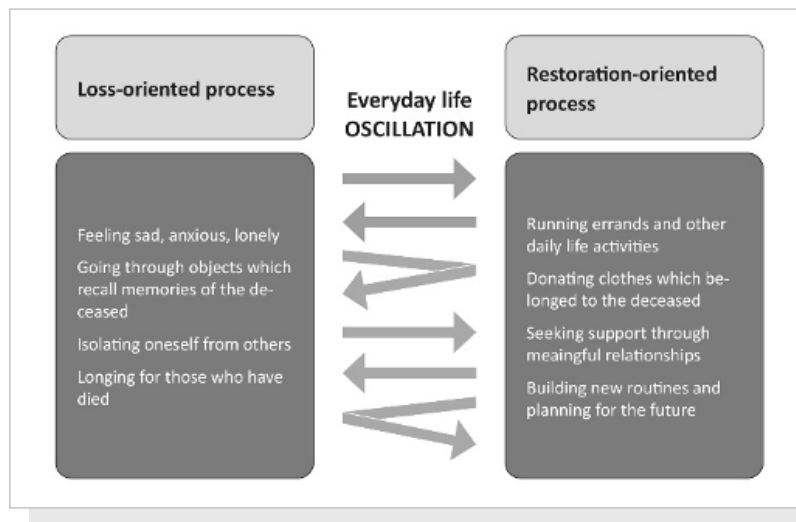
*Grief is a natural response to significant losses of people we love and important things. Grief is often a difficult process, but helps those affected adjust to the experienced loss. People in grief must cope with new and overwhelming emotions, as well as with new life circumstances.*

*The loss of a loved one can be the most difficult and painful loss of all. Grieving the death of someone a person was deeply attached to, can lead to a state of deep distress.*

**Common grief reactions include:**

- *Shock: Due to sudden and unexpected death (particularly if relatives had not been informed of the diagnosis at an early stage, or if the deceased was not perceived as high risk of contracting the virus).*
- *Guilt: For not having been able to do something to better protect the loved one or, if relevant, for having transmitted the virus to the deceased.*
- *Anger: Against the emergency situation, against the humanitarian workers (for “not having done enough” to save the loved one), against the authorities (for not having put in place earlier and more efficient protective or mitigation measures).*
- *Sadness: For the sudden or unexpected loss of a loved one, because the loved one died alone, unconscious or in pain, for not being able to say goodbye.*
- *Loneliness: For not being able to share the pain with others and for not benefitting from the physical closeness and comfort normally provided during these circumstances.*
- *Fear: That another disaster might occur or that humanitarian services may not be available or meet their needs.*
- *Helplessness: For not being in control of one’s life.*
- *Immense distress: If several losses are experienced simultaneously while grieving a loved one.*
- *A feeling of collective grief might also be experienced during this crisis as we are all dealing with the collective loss of the world we knew. Not only we are mourning the loss of thousands of lives, but we all face changes we have to adapt to.*

**The dual process model of coping** allows us to better understand how the grieving process works.



According to this model, two main emotional processes represent human grief: the loss-oriented and the restoration-oriented processes.

During the loss-oriented process grief is expressed through powerful grief-related emotions. When a person begins to recognize the reality of the loss and confront

emotions, loss-oriented stressors emerge. These stressors include thoughts, feelings, actions, and memories that cause feelings of pain and focus on the loss. Looking at old photos, recalling specific memories, or even a familiar scent that brings memories of a loved one are some of the loss-oriented stressors that make a person feel powerful emotions such as sadness, anger, and loneliness. This process helps confront and accept the reality of the loss.

The restoration-oriented process helps a person adjust to the various consequences the loss might bring and to learn new roles and responsibilities. Restoration-oriented responses can vary from practical things such as cooking or cleaning around the house more, to more significant adjustments such as accepting to change into a new identity from spouse to widow/widower. While focusing on day-to-day tasks it is possible to get at least temporary relief from the emotional drain the loss of a loved one can cause.

At times, the bereaved will be confronted by their loss; at other times they will avoid memories, be distracted, or seek relief by concentrating in other spheres of their lives. This dual process is not linear, there is a constant movement and oscillation – which is a back and forth shifting - between the loss-oriented and restoration-oriented states in the bereaved's daily life. It is important for those grieving to reach a good balance between confronting extreme emotions which are natural reactions to loss, and to seek for support and to make the necessary adjustments to their lives.

When someone focuses mainly on the pain caused by loss, it can lead to exhaustion and what is known as 'complicated grief'.

During the first few months of a loss, many reactions of normal grief are the same as in complicated grief. However, while normal grief reactions gradually start to fade and adjust over time, those of complicated grief linger or get worse. Complicated grief is an ongoing, heightened state of mourning that keeps the bereaved from healing.

*Factors that may increase the risk of developing complicated grief include:*

- *the sudden, unexpected, or violent death (accident, murder, suicide) of a loved one*
- *if the body of the deceased is never found in cases of disappearance*
- *death of one's child (experience of disruption of the natural order of the life cycle)*
- *dependent relation to the deceased person*
- *social isolation or*
- *loss of a support system or friendships.*

*Other factors that may heighten chances of complicated grief are:*

- *past experiences of unresolved grief*
- *ambiguous feelings about the loss*
- *other major life stressors, such as major financial hardships*
- *lack of access to traditional burial and mourning rituals*
- *occurrence of simultaneous multiple losses.*



### **Discussion instructions**

Throughout the session, ask for reflections from participants:

- a. Are you surprised by what research tells us? Why, why not?
- b. Is this different from your experience, or does this reflect your experiences? How?
- c. How to you talk with people about the mental health impacts of emergencies?

## SESSION 1.4 CARING FOR STAFF AND VOLUNTEERS IN EMERGENCY RESPONSES

### Aim of session



#### Planning note for facilitator/s

- You will need flipcharts and paper/pens for participants
- Handout “Volunteering in Norway after July 2011”, Own case study can be used as an alternative but ensure to have elements of stressful situations so the participants can identify protective factors
- Optional: Premade flipcharts of definition of stress
- Optional: Premade flipchart with definition of burnout, or slide
- Optional: Premade flipchart with definition of resilience, or slide



**Time:** 75 minutes



**Methodology:** Individual and group work with plenary discussion



#### Materials:

- Flipcharts listing the risks to volunteer well-being and paper/pens
- Premade flipcharts of definition of stress and examples of sources of stress
- Premade flipchart with definition of burnout
- Premade flipchart with definition of resilience
- Handout “Volunteering in Norway after July 2011”, see in annex. Or prepare own case study
- Post-it notes, markers

#### Related PS Centre resource

- Caring for Volunteers: A Psychosocial Support Toolkit
- Caring for Volunteers: Training manual



#### Speaker notes

*When leading emergency interventions, you will interact and work with volunteers. We will now look at some core concepts in relation to the psychosocial wellbeing of volunteers. We will identify the risks to volunteer wellbeing and how to reduce the psychosocial impact of these risks. We will look at the concepts of burnout, resilience, and protective factors. Finally, we discuss who is responsible for volunteer well-being.*





### Activity instructions

1. Divide participants into four or five groups.
2. Ask participants to discuss, in their groups, the following questions and make notes of their discussion on flipchart:
  - What are sources of stress and risks to volunteer wellbeing?
  - How might you identify signs of stress in volunteers?
3. Ask each group to feedback on their discussion.
4. Summarize their comments. See Summary section for key points and include any not covered in your summary.



### Speaker notes

*It is important both on an individual and an organizational level to be aware of the possible sources and signs of stress. This helps in setting up relevant policies and practices that create a supportive and healthy working environment. Volunteers who continuously experience sources of stress without receiving adequate support are at risk of developing the psychological condition called 'burnout'.*



### Discussion instructions

- Can anyone describe burnout for me?
- See summary notes for definition or use prepared flipchart or slide

*Often the person with burnout is the last person to realize what is happening. For this reason, it is important for everyone – including other team members and supervisors recognize what is happening to be able to support the affected person. At times, staff and volunteers may show signs of serious stress reactions or other mental health problems which is why it is important that referral mechanisms for individuals in need of professional support should be in place and be accessible. Now let's look at the concept of resilience.*

*Each person's response to stress is influenced by many factors, including the nature and severity of the crisis event, their personality and personal history as well as available support systems. It's important to note that resilience does not mean that people do not experience distress from crisis events, but that they are able to cope with and recover from experiences using their resources. Resilience is not a fixed personality trait, which a person has or does not have. Resilience levels can differ from person to person, and in fact, everybody has coping abilities that can be strengthened. Let's continue to look at some of the protective factors that can be put in place to strengthen one's resilience.*



### Activity instructions

1. Keep participants in their existing groups.
2. Distribute handout (Volunteering in Norway after 2011). Or alternative case study.
3. Ask the participants to read the case study and identify the factors that might have protected the Norwegian volunteers from experiencing stress. (Same instruction for alternative case study).
4. Ask the participants to share any other protective factors that could promote the volunteers' resilience.
5. Follow up in plenary asking each group to share one or two factors in turn.
6. Summarize their comments. See Summary section for key points and include any not covered in the summary.



### Speaker notes

*We have now looked at risks to volunteer well-being, how to identify stress and why it is important to prevent stress from accumulating. We have looked at the definition of resilience and identified a range of protective factors that might protect volunteers from experiencing stress. Protective factors also reduce the likelihood that volunteers will develop severe or long-term psychosocial effects when encountering hardship or suffering.*

*The question is now, **who** is responsible for volunteer well-being?*



### Activity instructions

1. Ask participants to discuss this question with the person sitting next to them:
  - Who is responsible for volunteer well-being?
2. After a few minutes ask the participants in plenary to briefly share what they discussed.
3. Note down the points on a flipchart.
4. Wrap up the session by running through the points added to the flip chart and answer any final questions.



### Speaker notes

*It is often not the crisis events themselves that cause stress for staff and volunteers. The most frequent kinds of stress come from interpersonal issues, working conditions and organizational issues. This is because staff and volunteers often find meaning in their work and through this, they are able to cope with the traumatic events and stories they are exposed to. It is therefore important to be aware of the sources of stress and the risks connected to stress.*

*It is important to understand that these signs of stress are common and usually disappear within a few weeks. However, if these signs continue and worsen for an extended period of time, the level of stress may be intensifying.*

*So, in conclusion National Societies have an obligation to support the well-being of their volunteers before, during and after an emergency response. However, everyone has a part to play in creating*

*a supportive work environment. This includes being understanding about the demands of the job and treating others and oneself with care and respect. Therefore, volunteer well-being is everyone's responsibility – managers, staff, and the volunteers themselves.*

*For the rest of the day, we will focus on practicing self-care which is important in terms of one's own psychosocial wellbeing and in terms of training volunteers in using these practices especially in emergency responses*



## **Points to cover in discussion / feedback**

### **Stress**

Stress is a normal reaction to a physical or emotional challenge and occurs when demands are out of balance with resources for coping.

### **Risks to volunteer well-being**

- Personal domain:
  - feeling guilty at the death of some- one they were helping
  - having idealistic/unrealistic expectations of what a volunteer can do to help others
  - feeling they have to solve all the problems for the person they are helping
  - feeling guilty about paying attention to their own need for rest or support
  - facing moral and ethical dilemmas.
- Interpersonal domain:
  - feeling unsupported by their colleagues or supervisors
  - having difficult dynamics within a team
  - working with team members who are stressed or burned out.
- Working conditions:
  - performing physically difficult, exhausting and sometimes dangerous tasks, or being expected (or expecting themselves) to work long hours in difficult circumstances
  - becoming increasingly detached from their own family and home life
  - feeling inadequate to deal with the task, or overwhelmed by the needs of the people they are trying to help
  - being a witness to traumatic events – or hearing survivors' stories of trauma and loss.
- Organizational:
  - having an unclear or non-existent job description or unclear role on the team
  - being unprepared for facing the frustration and anger of beneficiaries who feel their needs are not being met
  - lack of information-sharing
  - being poorly prepared or briefed for the task
  - lacking boundaries between work and rest
  - having an atmosphere at the work- place where volunteer well-being is not valued and where their efforts are not acknowledged or appreciated.

### **Burnout**

Burnout is an emotional state due to long-term stress, characterized by chronic emotional exhaustion, depleted energy, impaired enthusiasm, and motivation to work, diminished work efficiency, a diminished sense of personal accomplishment, pessimism and cynicism.

Burnout is characterized by:

- physical symptoms, such as headaches or sleep difficulties
- behaviour changes, such as risk-taking or abuse of substances
- relational problems, such as temper outbursts or withdrawing from colleagues
- becoming less efficient at work or having difficulty concentrating
- developing a negative attitude toward the job or organization, or toward beneficiaries themselves
- emotional distress, such as continuous feelings of sadness, cynicism, and pessimism.

### **Resilience**

Resilience is the ability to react or adapt positively to a difficult and challenging event or experience. It is often described as the ability to 'bounce back' after something difficult has happened, or to get through difficult experiences in a positive way. Each person's response to stress is influenced by many factors, including the nature and severity of the crisis event, their personality and personal history, and available support systems. Resilience does not mean that people do not experience distress from crisis events, but that they are able to cope with and recover from stressful experiences using their resources. Resilience is not a fixed personality trait, which a person has or does not have. Resilience levels can differ from person to person, and in fact, everybody has coping abilities that can be strengthened.

### **Protective factors**

Ensure to mention these protective factors if not already:

- being motivated to help others Finding work meaningful
- being able to leave work behind and take a rest
- being able to give support to and receive support from team members
- knowing there is support available, if and when it is needed
- Reasonable working conditions through policies and strategies
- clear information about how to access available support
- maintaining daily routines and structures
- maintaining cultural practices and beliefs
- belonging to a caring family or community.



**Suggested tea  
& coffee break**

## SESSION 1.5 SELF-CARE IN EMERGENCY RESPONSES

### Aim of session

Participants understand their own resources for stress management, self-care strategies and self-care challenges.



#### Planning note for facilitator/s

Facilitators should be sensitive to the fact that the following exercise may bring up memories for some participants who have had similar experiences, and that some people may become emotional. Explain that this is natural and OK, and that participants may choose not to share their experiences or may prefer not to take part in this exercise.

For part 2 of the activity that includes the self-care scenarios make sure to only hand out the scenarios at the beginning of the activity and not the answers!



**Time:** 60 minutes



**Methodology:** Group work



#### Materials:

- Flipchart.
- Pens and markers
- Post it notes
- Self-care activity scenarios printed



#### Speaker notes

*Volunteers and staff in MHPSS programs and emergency responses need to be diligent in caring for themselves in order to be fully available for others in distress. This means committing to the things that keep them physically and mentally healthy on a daily basis. In addition, managers must understand the importance of supporting their staff and volunteers in practicing self-care. National Societies, managers and team leaders and a duty of care to their staff and volunteers, this includes ensuring supportive environments and policies that protect wellbeing.*

*In the following activities we will discuss our own resources for stress management and potential self-care challenges we may face in emergency response. We will also talk about the importance of self-care activities and how we can adapt our day to day activities during emergencies.*



### Activity instructions

1. Ask participants to find their buddy.
2. Ask the pairs to spend ten minutes interviewing each other, asking the following questions:
  - a. *What do you do to keep yourself healthy on a daily basis?*
  - b. *What resources do you use, especially when times are tough?*
3. After ten minutes, bring participants back to the plenary.
4. Ask participants to share examples of what they discussed with their buddy.
5. List examples of a flipchart (see notes for examples to include).
6. Ask participants if they listed something special or different for when times are tough.
7. Ask them if they pay extra attention to how they care for themselves when things are difficult.
8. Wrap up asking participants to spend two to three minutes writing their own self-care tipsheet on a small piece of paper, post it, or in their phone that they can keep with them for reference when needed.
9. Ask participants what challenges they might expect for volunteers in using any of these self-care tips. The facilitator can add to the discussion from the list below:
  - feeling guilty about paying attention to your own needs
  - being anxious about what supervisors and colleagues might think of you
  - finding a quiet place to relax without being disturbed
  - not realizing the negative impact of your own stress level
  - keeping regular routines in an unusual situation.



### Speaker notes

*When working in emergency responses you may find yourself in a turbulent situation that you have never experienced before and for which you may not be prepared. Or you might have been under stress for a long time.*

*It is impossible to be fully prepared for situations of crisis, but it can be helpful to try to prepare mentally, in order to be most effective in your work. The next exercise will help you prepare to take care of yourself in situations of crisis.*



### Activity instructions

1. Divide participants into five groups.
2. Ask each group to imagine practicing self-care as a volunteer in a crisis situation.
3. Tell participants they will receive a handout for each group that contains a fictional description of a volunteer in a situation and that in their groups they are to imagine themselves in that person's situation and discuss:
  - What would you do in this situation?



4. Hand out the self-care scenarios (found in the Annex), one to each group.
  - Group 1: Dealing with exhaustion and physical limitations
  - Group 2: Dealing with events that are emotionally trying
  - Group 3: Dealing with personal issues
  - Group 4: Dealing with heroic aspirations and unrealistic expectations
  - Group 5: Dealing with fear and stigma.
5. Give groups 10 minutes to read their scenario, discuss and record their answers the following question on a flipchart.
6. After 10 minutes bring the group back to the plenary.
7. Ask each group to read out their scenario and present back on their discussions.
8. Ensure the following are covered for each scenario:
  - Scenario 1:
    - Tell your colleagues that you need to take a short break.
    - Ask your manager to help organize your breaks.
    - Stay for now but go to bed early tonight.
  - Scenario 2:
    - Let your supervisor or colleagues know how you are feeling.
    - Find a quiet place to rest for a few minutes.
    - Tell your supervisor that you are not able to work today.
  - Scenario 3:
    - Go home to your family.
    - Stay.
    - Talk to your supervisor or colleagues about your dilemma.
  - Scenario 4:
    - Stay with the family for a while and tell them that you have done everything possible for now.
    - Remind yourself that you cannot perform miracles, even if you wanted to.
    - Talk to someone about your thoughts and feelings (supervisor/colleague/friend or family member).
  - Scenario 5:
    - Reassure those around you of the safety of your actions by explaining the ways the illness is transmitted and the precautions being taken.
    - Talk with other volunteers to hear if they have had the same experiences.
    - Express your concerns to your supervisor to see what he/she can advise you to do.
9. Give other groups the chance to offer other options for positive ways of reacting to the situation.
10. Wrap up the section by telling participants that there is no right or wrong answer, and that all of the actions discussed are acceptable self-care strategies. The most important thing is that the volunteers are aware of the importance of focusing on their own needs – even in crisis situations. It is also important to be aware of and to communicate to others what support systems are in place, when volunteers are in difficulty or distress.



### Notes for flipchart

#### Self care tips

- If you feel overwhelmed by the situation or your duties, try focusing for a while on simple, routine tasks. Let peers and supervisors know how you feel and be patient with yourself.
- If you experience a critical event, talking with someone about your thoughts and feelings may help you to process and come to peace with any unpleasant experiences.
- Some reactions are normal and unavoidable when working in difficult circumstances.
- Get enough rest and sleep.
- Limit your intake of substances such as alcohol and tobacco.
- If you have sleep difficulties or feel anxious, avoid caffeine especially before bedtime.
- Exercise to regulate or relieve tension.
- Eat healthy foods and keep regular mealtimes.
- Keep in touch with loved ones.
- Talk about your experiences and feelings (even those that seem frightening or strange) with colleagues or a trusted person.
- Don't be ashamed or afraid to seek help if you are feeling stressed, sad, or unable to handle your duties. Many other people may be experiencing the same feelings.
- Listen to what others say about how the event has affected them and how they cope. They may share useful insights.
- Express your feelings through creative activities, like drawing, painting, writing, or playing music.
- Play games or sports and take time for fun.
- Consciously try to relax by doing things you enjoy, such as meditation or yoga.



Photo: Ibrahim Mollik/IFRC



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## MODULE TWO

### RESPONDING TO MHPSS NEEDS

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This module focuses on familiarizes participants with the existing best practice in the MHPSS field and introduces guidelines for minimum responses in emergencies.

#### Module objectives

3. Know about different types of emergencies and their prevalence.
4. Understand and are familiar with existing best practice in MHPSS.



#### Planning notes for facilitator/s

For module two the facilitator will need to prepare:

- disaster prevalence activity cards
- number cards for Session 2.1
- prepared flipchart with list for Session 2.1.

#### Suggested schedule

Facilitators used the suggested schedule below or adjust the flow of the day to meet the needs of participants.

SESSION	TIME REQUIRED	TIME
Welcome	30 minutes	0900 - 0930
Session 2.1 Types of emergencies	60 minutes	0930 - 1030
Break	15 minutes	1030 - 1045
Session 2.2 Protection needs in emergencies	30 minutes	1045 - 1115
Session 2.3 Introduction to the MHPSS Policy and Resolution	60 minutes	1115 - 1215
Lunch	60 minutes	1215 - 1315
Session 2.4 Introduction to the IASC MHPSS Reference Group, Guidelines and Technical Working Groups	60 minutes	1315 - 1415
Session 2. 5 Minimum MHPSS responses	45 minutes	1415 - 1500
Break	15 minutes	1500 - 1515
Session 2.5 Minimum MHPSS responses, continued	75 minutes	1515 - 1630
Wrap up	30 minutes	1630 - 1700

## SESSION 2.1 TYPES OF EMERGENCIES

### Aim of session

To introduce participants to different types of hazards and their prevalence.



#### Planning note for facilitator/s

The facilitator/s will need to print and prepare 5 sets of the Disaster prevalence activity cards for this exercise.

The facilitator/s may also need to clarify the definition of a disaster that the EM-DAT uses. It is suggested that facilitators read, and are familiar with, the EM-DAT Disaster report found, at time of publication, here: <https://www.emdat.be/categories/adsr/>.

Note: Make sure **not** to show slides to the group before each discussion in the activity (the slides include the answers!).



**Time:** 45 minutes



**Methodology:** Group work



#### Materials:

- 5 x sets of Disaster prevalence activity cards
- Slides with EM-DAT diagrams



#### Speaker notes

*Every year there are hundreds of disasters that affect millions of people across the world. These disasters are caused by a range of hazards, and climate change is increasing the frequency and severity of these hazards. Accidents, terrorism, conflict, and a range of other human caused risks also cause death and serious harm to people and their environments.*

*The prevalence of different types of hazards varies by region and it is important we prepare for the hazards and risks we might face in the areas we work.*



#### Activity Instructions

1. Divide participants into five groups.
2. Distribute a set of the Disaster prevalence activity cards to each group.
3. Ask groups to discuss and rank the natural hazards by the hazard that occurred most frequently in 2022 (from most to least).
4. Give the groups five to ten minutes for discussion and ranking.
5. Show slide with the Occurrence by disaster type: 2022 compared to the 2002-2021 annual average diagram.
6. Ask for feedback from one or two groups on their ranking compared to the data.
  - Are they surprised by any of the results?
  - How might MHPSS needs differ across these hazard types?



7. Next, ask participants to discuss whether the ranking would be different when considering deaths caused by the different hazards.
8. Give the groups five to ten minutes to discuss and rank the order of most deadly disasters (from most to least).
9. Show the slide with the Number of deaths by disaster type: 2022 compared to the 2002-2021 annual average diagram.
10. Ask for reflections from one or two groups (different groups from the first round, if possible).
  - *Are they surprised by any of the results?*
  - *Does anyone have any reflections why the order may be different from the 20 year average for 2022?*
  - *What are the MHPSS implications?*
11. Finally, ask the group to discuss and rank the hazards based on which hazard affects the most people. NB: Facilitators can make this an optional question, and simply show the final diagram of number of people affected.
12. Give the groups five to ten minutes to discuss and rank the order of hazards that affect the most people (from most to least).
13. Ask for reflections from one or two groups (different groups from the first round, if possible).
  - *Are they surprised by any of the results?*
  - *What are some of the ways people's mental health and wellbeing might be affected by these hazards?*
  - *Are there different impacts depending on the hazard?*



### Summary notes

*Understanding the types of disasters our communities will face is important in considering our preparedness for these events. The mental health and psychosocial impacts of these hazards may well be different, and we will need to consider this in our responses to disasters.*

### Additional notes



#### **International Disaster Database (EM-DAT) definition of a disaster**

A situation or event which overwhelms local capacity, necessitating a request to the national or international level for external assistance; an unforeseen and often sudden event that causes great damage, destruction, and human suffering.

EM-DAT Inclusion Criteria includes:

- at least ten deaths (including dead and missing)
- at least 100 affected (people affected, injured, or homeless)
- a call for international assistance or an emergency declaration.

There are, however, secondary criteria, especially for past events where quantitative data were not available (e.g., "the worst disaster in a country or region" or "an event that resulted in considerable damage").

## Definitions of hazard types

- **Earthquake:** Sudden movement of a block of the Earth's crust along a geological fault and associated ground shaking.
- **Drought:** An extended period of unusually low precipitation that produces a shortage of water for people, animals, and plants. Drought is different from most other hazards in that it develops slowly, sometimes even over years, and its onset is generally difficult to detect. Drought is not solely a physical phenomenon because its impacts can be exacerbated by human activities and water supply demands. Drought is therefore often defined both conceptually and operationally. Operational definitions of drought, meaning the degree of precipitation reduction that constitutes a drought, vary by locality, climate, and environmental sector.
- **Extreme temperature:** A general term for temperature variations above (extreme heat) or below (extreme cold) normal conditions.
- **Flood:** A general term for the overflow of water from a stream channel onto normally dry land in the floodplain (riverine flooding), higher than normal levels along the coast and in lakes or reservoirs (coastal flooding) as well as ponding of water at or near the point where the rain fell (flash floods).
- **Mass movement (dry):** Any type of downslope movement of earth materials.
- **Landslide:** Downslope movement of earth materials with a hydrological cause (e.g., as a result of a storm, river flooding etc).
- **Storm:** A meteorological hazard caused by short-lived, extreme weather and atmospheric conditions that last from minutes to days including rain, lightning, hail, tropical storms, tornadoes, wind, blizzards, winter storms, storm surge, sandstorms etc.
- **Volcanic activity:** A type of volcanic event near an opening/vent in the Earth's surface including volcanic eruptions of lava, ash, hot vapour, gas, and pyroclastic material.
- **Wildfire:** Any uncontrolled and non-prescribed combustion or burning of plants in a natural setting such as a forest, grassland, brush land or tundra, which consumes the natural fuels and spreads based on environmental conditions (e.g., wind, topography). Wildfires can be triggered by lightning or human actions.



**Suggested tea  
& coffee break**

## SESSION 2.2 PROTECTION NEEDS IN EMERGENCIES

### Aim of session

Participants are introduced to why protection is an issue in emergencies and are introduced to the IFRC Protection, Gender, and Inclusion Minimum standard tool.



### Planning note for facilitator/s

The facilitator/s will need to prepare two resources for this activity. One is a set of 6 pieces of paper with numbers written on each and the other is a flipchart with a written list (see notes for flipchart for content).

To prepare the set of number cards take six pieces of A4 paper, or flipchart, and write one number on each sheet of paper, using the following numbers: 10%, 30%, 100%, 17%, 35%, 41%. These will be placed on the floor for participants to gather around, so make the text big and easy to read.



**Time:** 30-60 minutes



**Methodology:** Group activity and plenary discussion



### Materials:

- Paper and pens
- Ball
- Prepared number cards (as described above).
- Prepared flipchart with a list of reasons for increase in violence
- IFRC: Minimum standards for protection, gender, and inclusion in emergencies. (2018)



### Speaker notes

*We will now briefly discuss protection needs in emergencies. What happens in any emergency that require us to include protection in all interventions?*

[If running this Module as a standalone training].

*Before we do an activity, I'd like you to think about the types of emergencies exercise we did this morning. Think about what might happen to communities and households in a flood, or an earthquake, how might these disrupt services and social connections. Note down some points of protection needs you might anticipate in the aftermath of a disaster. You have three minutes. Save the paper for after the next exercise.*

[If running this session along with Module 1].

*You can begin by thinking about what happened in the scenario yesterday. note down a few points on protection needs you saw or thought about in the scenario. You have three minutes. Save the paper for after the next exercise.*



### Activity Instructions

1. Ask participants to stand.
2. Distribute the prepared papers (10%, 30% and 100%) on the floor.
3. Say: *I'm going to ask you a question and I'd like you to go and stand at the paper that shows the number you believe to be the correct answer:*
4. *By how much does violence increase in emergencies? 10%, 30% or 100%? (The correct answer is 100%. Violence is assumed to double).*
5. State the correct answer: *The correct answer is 100%, violence is assumed to double. In emergencies it is acknowledged that there will be an increase in all forms of violence.*
6. Ask for reflections from participants.
7. Distribute new papers (17%, 35%, and 41%).
8. Ask participants to stand at the figure they believe is correct when posing the question:
  - *According to WHO (2013) How many women have experienced one or more sexual abuses? (The correct answer is 35 %).*
9. Ask for reflections from participants.
10. Ball throw asking participants:
  - *Why does violence increase in emergencies?*
11. Take some answers and show the prepared flipchart, or slide, with a list of reasons for increase in violence.
12. Tick those mentioned.



### Speaker notes

*When protective systems weaken, violence will increase. While there are many variables that increase the risk of violence during an emergency, common underlying risk factors include:*

- *the collapse of protective systems; (explain what they are as police, rescue services, local authorities and local protection services and institutions, army, and armed forces)*
- *crowded and insecure environments*
- *a stress-filled context*
- *separation of family members*
- *gender and age-based inequalities and discrimination*
- *social isolation and exclusion*
- *harmful use of alcohol and other substances*
- *income inequality*
- *pre-existing vulnerabilities such as domestic violence, child abuse; and*
- *misuse of power.*



Additional session to introduce the IFRC: *Minimum standards for protection, gender, and inclusion in emergencies*.

13. Divide participants into four groups.
14. Hand out, or send a link to, the IFRC: *Minimum standards for protection, gender, and inclusion in emergencies*. (2018).
15. Assign a group one of the following standards of the DAPS framework:
  - dignity
  - access
  - participation
  - safety.
16. Instruct groups to discuss their assigned standard, focusing on the following:
  - *How does this standard relate to MHPSS responses?*
  - *What are the overlaps? How does the standard compliment MHPSS activities?*
  - *How might you embed this in your MHPSS activities?*
  - *What MHPSS outcomes might be met by these standards?*
  - *Are there gaps? If so, what are they?*
17. Give groups 15-20 minutes for discussion.
18. Conduct plenary reflection to summarize the group discussions



### Notes for flipchart

The flipchart list needs to include the following statements:

- the collapse of protective systems
- crowded and insecure environments
- a stress-filled context
- separation of family members
- gender and age-based inequalities and discrimination
- social isolation and exclusion
- harmful use of alcohol and other substances
- income inequality
- pre-existing vulnerabilities such as domestic violence, child abuse
- misuse of power.

## SESSION 2.3 INTRODUCTION TO THE MHPSS POLICY & RESOLUTION

### Aim of session

For participants to be aware of the MHPSS resolution and policy and to consider how it might be operationalized in emergency settings.



#### Planning note for facilitator/s

It will be useful to have copies of, or links to, the MHPSS resolution, policy, and roadmap available for participants to refer to. The groups will need a copy of the policy each but the other documents may be useful to have on a reference table for those interested.

Share the link to the sub-page where all these documents and other relevant information are hosted. The link can be shown on the slide deck or shared with the participants after. <https://pscentre.org/what-we-do/mhpssroadmap/>



**Time:** 60 minutes



**Methodology:** Group activity , followed by plenary discussion



#### Materials:

- Slide: MHPSS policy statements
- Slide: MHPSS policy activity
- 1 x copy of the MHPSS policy per group
- MHPSS Framework
- MHPSS Roadmap



#### Speaker notes

*This morning we have thought about the types of disasters that we might need to respond to and some additional considerations, in terms of protection, gender and inclusion, that we need to think about when responding to emergencies. For the rest of the day, we are going to be looking more closely at how we address mental health and psychosocial needs that arise during and after disasters. There is a wealth of existing material, publications, standards, and expertise across the humanitarian sector on MHPSS in emergencies. So, we are going to dive into this today.*

*However, as members of the Red Cross Red Crescent Movement it is important that we also understand and consider our commitments to MHPSS as a Movement. At the Red Cross Red Crescent Movement Council of Delegates and the International Conference in December 2019, the*



resolution “Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies” and a Movement policy on MHPSS were adopted.

This resolution is a landmark for all National Societies and countries signatories to the Geneva Conventions. The Movement policy on MHPSS is the first policy ever that covers ICRC, IFRC and its membership. To assist National Societies in their work, “A roadmap for implementing International Red Cross and Red Crescent Movement commitments on addressing mental health and psychosocial needs 2020 – 2023” has been developed that you can see on the table with reference materials. The Roadmap document was originally created to follow the Council of Delegates and International Conferences as to report progress made on both Policy and Resolution. Due to the COVID-19 pandemic the Council of Delegates and 34 IC were postponed until October 2024, hence the Roadmap has been extended to October 2024.

We are going to spend a bit of time now with the policy and thinking about how it relates to our work in emergencies.



### Activity Instructions

1. Divide participants into 8 groups.
2. Assign each group one of the 8 policy statements. This can do this by numbering the group 1 to 8 and assigning each group the corresponding policy statement (i.e., group 1 works on policy statement 1 etc).
3. Ask groups to discuss, in relation to the policy statement they have been assigned:
  - “How, in practice, might you ensure your emergency response activities are in line with the policy?”
  - How will you work with partners and other stakeholders?”
4. Ask groups to report back to the plenary.

### Summary notes

Policy can be a bit dry but the Resolution and Policy are important documents for us in the Red Cross Movement. They outline what we are hoping to achieve in MHPSS and a standard we should be striving for. These can be useful documents when advocating internally for more focus and attention on MHPSS in emergencies and more broadly.



**Suggested  
60 minute lunch break**

## SESSION 2.4 INTRODUCTION TO THE IASC MHPSS REFERENCE GROUP, GUIDELINES AND TECHNICAL WORKING GROUPS

### Aim of session

To familiarise participants with the purpose of the IASC MHPSS Reference group and with the IASC MHPSS Guidelines and intervention pyramid.



### Planning note for facilitator/s

This section covers an overview of the IASC MHPSS Reference Group and related coordination mechanisms. It might not be relevant for all groups. If the facilitator decides to include it, it is recommended that facilitators undertake pre-reading of relevant documents to ensure they are confident discussing this topic with participants.

The below are suggested notes to assist in planning a participatory lecture and plenary discussion on this topic. The facilitator can use the following notes to prepare a lecture or replace this section with contextually relevant information, such as information about national or regional disaster response and coordination mechanisms.



**Time:** 60 minutes



**Methodology:** Quiz, short lecture, and plenary discussion



### Materials:

- Slides: Introductory module to the IASC MHPSS Guidelines, the Reference Group and the MHPSS Humanitarian Response
- Flip chart, or slide, with the IASC MHPSS intervention pyramid



### Speaker notes

*There are several international bodies, coordination mechanisms and standards that are relevant to, and guide, the work we do in emergencies. We will be spending a bit of time now talking about the Inter Agency Standing Committee (IASC) and the IASC MHPSS Reference Group.*

*Before we get into this topic we are going to start with a short quiz.*



### Activity Instructions

1. Explain that participants will be doing a short quiz in the plenary.
2. Read out the following quiz questions below and ask participants to call out if they know the answers:
  - **What year did the humanitarian cluster system come into effect?**  
(Answer: 2005).
  - **What year was the first World Humanitarian Summit?**  
(Answer: 2016).

- **What are the four areas of responsibility under the Protection?**  
(Answer: Child Protection, GBV, Housing-Land & Property, Mine Action).
- **Who takes the overall lead for coordination in refugee contexts?**  
(Answer: UNHCR).
- **What takes the overall lead for coordination in IDP contexts?**  
(Answer: OCHA).
- **What are the challenges for MHPSS actors within the cluster system?**  
(Answer: We are a cross-cutting issue that fits across many clusters/ WGs making it difficult to advocate for our role. A new cross-sectoral group should be formed working with clusters and WGs in refugee contexts. This is challenging if funding is allocated towards clusters for disbursement to the members).
- **Which are priority clusters/ sectors for MHPSS actors?**  
(Answer: Camp Coordination and Camp Management, Health, Protection, Nutrition and Education).
- **What does HNO and HRP stand for?**  
(Answer: Humanitarian Needs Overview and Humanitarian Response Plan).



### Speaker notes

*The IASC was created by United Nations General Assembly [resolution 46/182](#) in 1991. The IASC is the longest-standing and highest-level humanitarian coordination forum of the United Nations system. It brings together the executive heads of 18 organizations and consortia to formulate policy, set strategic priorities and mobilize resources in response to humanitarian crises. The IASC is chaired by the Emergency Relief Coordinator (ERC), who facilitates the leadership role of the United Nations Secretary-General.*

### **(Slide: A timeline of humanitarian coordination)**

*After the 2004 South East Asia tsunami there was considerable reflection across the humanitarian community due to failures and lack of coordination in the response. This led to several changes across the international emergency response system from 2005, including:*

- *humanitarian coordinators to ensure effective leadership, coordination, and partnerships,*
- *humanitarian financing: adequate, timely and flexible in support of local government*
- *the introduction of the cluster approach: Clusters are groups of humanitarian organizations (UN and non-UN) working in the main sectors of humanitarian action e.g., protection, shelter, health, logistics.*

*Introduced in 2006, the **Central Emergency Response Fund (CERF)** managed by ERC, rapidly releases funds for humanitarian crises. UN member states contribute to the fund. Humanitarian Coordinators requests use of CERF together with the Humanitarian Country Team, identifying critical priorities. Released funds should be spent and activities completed within 6 months of disbursement.*

*In 2011, the **Transformative agenda was agreed**. This was set of actions agreed by the IASC Principals to improve humanitarian response and collective action, including further refining of*

*the cluster approach. This includes a Common Framework for Preparedness, Emergency Response Preparedness, Multi-Sector Initial Rapid Assessment Guidance, protocols for system-wide emergency activation or Sale Up activation (level 3 response), etc.*

*The in 2016 there was the **World Humanitarian Summit and Grand Bargain**. Launched during the WHS in Istanbul. Agreement between some of the largest donors and humanitarian organizations to “get more means into the hands of people in need and to improve the effectiveness and efficiency of the humanitarian action.” Launched as part of efforts to address humanitarian funding gaps, ensure more localization and participation of affected communities, efficiency of funding (e.g., increased multi-year funding) etc. Includes 66 signatories (25 member states, 25 NGOs, 12 UN agencies, RCRC movement, two inter-governmental orgs). The Grand Bargain separate from IASC. <https://interagencystandingcommittee.org/node/40190>*

**(Slide: IASC and background MHPSS in emergencies)**

*In line with the changes happening in the broader humanitarian community, the MHPSS sector was also attempting to set guidelines and coordinate MHPSS responses. This resulted in the development of the IASC Guidelines on MHPSS in Emergency Settings.*

*Several Task Forces, Task Teams and Reference Groups support and conduct the work of the IASC, of which the Reference Group on MHPSS is one. The IASC MHPSS Reference Group was established in December 2007. Its main task is to support and advocate for the implementation of the IASC Guidelines on MHPSS in Emergency Settings. The Guidelines came before the Reference Group.*

*The Reference Group consists of more than 30 members, and fosters a unique collaboration between NGOs, UN and International Agencies and academics, promoting best practices in MHPSS. Currently, the IFRC PS Centre Co-Chairs the IASC MHPSS Reference Group.*

*In practice, there has been a wide range of approaches and activities undertaken in the name of “mental health” and “psychosocial support”. The IASC Guidelines have helped to bridge the gap between mental health and psychosocial support and encourage a shared understanding. The guidelines set out a framework that outlines steps to be taken before emergencies occur, describes minimum responses during the acute phase and then suggests comprehensive responses to be undertaken during early reconstruction phases of an emergency.*



**(Slide: Cluster system)**

*The cluster system was introduced to increase transparency, accountability, attempt to enhance predictability and clarify responsibilities. The approach attempts to ensure engagement with national and local authorities by having only or two contact persons, thereby ensuring more effective advocacy and joint strategic and operational planning.*

*The cluster system includes several sectors, with predefined lead agencies.*

**Where is MHPSS in these sectors? (Slide: Where does MHPSS fit?)**

So, the question here, is where to we place MHPSS? What about other cross cutting issues, like cash programming?

Note: In “mixed” context with IDPs, refugee response, etc., UNHCR and OCHA together with the government coordinates the response.

**Where do you work if you are a....?**

- protection case manager
- shelter
- health actor
- MHPSS Actor
- education in emergencies actor?

The reality is that MHPSS sits uncomfortably in between various sectors. So, coordination is critical.

All sectors must be involved and at different level. Therefore: coordination in one structure that works with all levels is needed **(Slide: Reaching agreement on a model for MHPSS coordinating in Emergencies)**. This is also why we use MHPSS and not MH and PSS: they can't be separated because we all need to work at all levels in different capacities **(Slide: Mental Health and Psychosocial Support (MHPSS))**.

To support the coordination of MHPSS in emergency responses Technical Working Groups exist in many contexts and their functions are core to coordination of MHPSS **(Slide: Main actions of MHPSS)**. The main actions of the MHPSS Reference Group and TWGs are to support with:

- (re)establishing and maintaining TWGs
- information management
- networks and links between stakeholders
- capacity strengthening
- monitoring and evaluation
- promoting sustainability
- advocacy.

Red Cross Red Crescent Societies are already active or lead in TWGs. Are you aware of a TWG in your country and if they are active?



**Summary**

The IASC guidelines are relevant for large-scale crises, when we work together with other international organizations. But the intervention pyramid can also be used as a framework for emergencies and for the ongoing situations handled day to day by our National Societies to ensure a multi-layered approach of different interventions and thus ensuring complementary supports. The layers represent the different kinds of supports people may need, whether at times of crisis, at an early stage of reconstruction or in the ongoing situations of distress experienced by people over many years.



### **Additional notes**

#### **IASC MHPSS intervention pyramid layers**

##### **First layer: Social considerations in basic services and security**

The first (bottom) layer includes the way basic services and security – necessary for the survival and well-being of all persons – are implemented. Psychosocial support includes help to ensure basic services and security are implemented in safe, dignified and socio-culturally appropriate ways. This can include sensitizing other sectors (e.g., shelter, water and sanitation) to psychosocial support approaches.

First layer examples:

- advocacy and awareness-raising activities related to psychosocial support issues
- sensitization of other sectors on psychosocial support issues
- violence prevention and general protection for basic services
- ensuring access and participation in basic services
- non-discrimination and non-stigmatization in basic services

##### **Second layer: Community and family supports**

The second layer – community and family supports – includes strengthening community support and helping people to mobilize their support networks. Interventions may include activation of networks, such as women’s groups and youth clubs, recreational activities aimed at enhancing psychosocial well-being and psychosocial activities within safe spaces. Other examples include psychosocial support in restoring family links (RFL) services, facilitating communal mourning and healing after a disaster or providing communities with psychoeducation on stress and coping.

Second layer examples:

- psychoeducation and awareness raising on psychosocial support (to wider community)
- life skills/vocational skills
- recreational and creative activities
- sports and physical activities
- restoring family links
- child friendly spaces
- community committees
- supporting memorials and traditional burials
- celebration of national and religious events.

##### **Third layer: Focused (person to person) support**

A smaller number of people will in addition require supports that are more directly focused on psychosocial well-being. The third layer includes family or group psychosocial interventions by trained or supervised staff and volunteers. This may include psychological first aid, lay counselling and focused support groups.



Third layer examples:

- psychological first aid (as “activity”. However, PFA can also be seen as a skill set that are relevant in all layers)
- lay counselling
- support groups and self-help groups
- structured follow-up after crisis events (e.g., for staff and volunteers).
- 

**Fourth layer: Specialized services**

At the top level of the pyramid are specialized services by mental health professionals (e.g., psychiatric nurses, counsellors, clinical psychologists, psychiatrists) that only a minor part of the affected population will require. Staff and volunteers may refer beneficiaries in need of specialized support to the appropriate resources in the community.

Fourth layer examples:

- professional counselling or psychiatric treatments.

## SESSION 2.5 MINIMUM MHPSS RESPONSES IN EMERGENCIES

### Aim of session



#### Planning note for facilitator/s

Ask participants to read Chapter 1 of the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, either before attending the training or the day before this session. If there is some time in the schedule (10-15 minutes), the reading time can be incorporated into the activity.



**Time:** 120 minutes



**Methodology:** Plenary discussion and Group work



#### Materials:

*IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*



#### Speaker notes

*For the rest of the afternoon, we are going to focus on the IASC Guidelines and explore the aspects of preparedness and the minimum actions that the guidelines map out.*



#### Discussion instructions

1. If participants have not yet read Chapter 1, give them time (15 minutes) to read it now.
2. Ask for reflections on what they read, in particular relating to the Core Principles.
  - Was there any content that surprised them?
  - Anything they don't understand?
  - Anything they really like, don't like?
3. Facilitate a short discussion session on the above questions.
4. Summarise the discussion before starting the following activity.



#### Speaker notes

*We are now going to look more at the Matrix of Interventions section of the Guidelines. These are outlined in Chapter 2. We are going to focus on Emergency Preparedness and the Minimum Responses.*

*In the Guidelines, Emergency Preparedness refers to actions that should enable organisations/agencies to take rapid action to implement the minimum responses. Ideally, we do these actions before emergencies, so we are better prepared to respond. Organisational or institutional preparedness is a critical aspect of disaster/emergency management and the actions outlined in the Guidelines are designed to help us prepare our MHPSS responses.*

*The Minimum Responses outlined in the Guidelines are actions that we conduct during emergencies. These are high-priority actions that should be implemented as soon as possible in an emergency. These actions should be seen as the minimum supports that affected populations are entitled. It is important to highlight that agencies do not need to do cover all these responses in their work. The intention is that broader MHPSS response will. This requires working in coordination with other service providers to ensure there not gaps in services.*

*The Guidelines outline actions for a more comprehensive response, and I would invite you to also look at these and consider how to integrate these into your MHPSS responses. However, today we are going to focus on preparedness and the minimum responses.*



### Activity Instructions

1. Divide participants into pairs, or groups of three.
2. Assign the pairs/groups the following roles:
  - shelter (can be Government run or humanitarian agency)
  - water and sanitation (can be Government run or Humanitarian agency)
  - National Society emergency operations team
  - National Society MHPSS team
  - National Society communications team
  - child protection organisation (can be Government run or Humanitarian agency)
  - local government
  - local health clinic
  - Ministry of Education
  - Ministry of Health.
3. Give pairs/groups two to three minutes to understand their roles, ask questions and understand the roles of other groups. i.e., the National Society teams should know one another.
4. Ask participants to discuss, in their pairs/groups, to go through the Matrix of Interventions and considering their role/organisation discuss:
  - What action/s they would prioritise? They must choose one to two preparedness actions and one to two minimum responses.
  - What actions are most important for their organisation? Why?
  - How would they implement these actions? What steps might be needed to undertake these actions?
5. Give the pairs/groups, 15 minutes to this discussion and to prepare to report back to the plenary.
6. Ask each group to feedback to the group, stating their role, what they prioritised and a summary of their discussion. This will probably take at least 45 – 60 minutes.
7. Discuss how groups worked together or could have worked together to complement each other's services or collaborate with one another?

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## MODULE THREE

# MHPSS COORDINATION AND ASSESSMENT

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This module focuses on assessment and coordination of MHPSS needs and services in emergencies. Participants spend most of the day working on assessment and coordination in relation to a flooding scenario.

### Module objectives

5. Be aware of the importance of coordination and cooperation with other stakeholders, civil protection and RCRC branches.
6. Understand the role of assessment in planning and designing MHPSS interventions.



### Planning notes for facilitator/s

For module three the facilitator/s will need to prepare:

- four x copies of printed Assessment packs (1 per group), see Annex)
- participants will need to bring laptop or have access to at least 1 per group (4 groups). Activity can be done without a laptop, but some groups may prefer to work on a laptop.

Note: This module requires the most preparation of all the modules. However, it is often participants favourite day!

### Suggested schedule

Facilitators used the suggested schedule below or adjust the flow of the day to meet the needs of participants.

SESSION	TIME REQUIRED	TIME
Welcome	30 minutes	0900 - 0930
Session 3.1 Assessment in emergencies	60 minutes	0930 - 1030
Break	15 minutes	1030 – 1045
Session 3.2 Briefing	15 minutes	1045 – 1100
Session 3.3 Planning and conducting assessments	75 minutes	1100 – 1215
Lunch	60 minutes	1215 – 1315
Session 3.3 Planning and conducting assessments, continued	45 minutes	1315 – 1400
Session 3.4 Coordination in emergencies	60 minutes	1400 – 1500
Break	15 minutes	1500 – 1515
Session 3.4 Coordination in emergencies, continued	75 minutes	1515 – 1630
Wrap up	30 minutes	1630 – 1700

## SESSION 3.1 ASSESSMENT IN EMERGENCIES

### Aim of session

To introduce participants to assessment in emergencies, including different types of assessment, the purpose of assessment and the intended outcomes of conducting assessment.



### Planning note for facilitator/s

The facilitator/s will need a prepared flipchart, or slides, that outlines the purpose of assessments and what MHPSS assessments provide, (see notes for flipchart notes).

This session is an introduction for the assessment activity. The facilitator/s can draw on participant experiences to have a discussion on assessment or use the notes below to start with a participatory lecture (asking questions and including discussion).

This session draws from IFRC materials and guidance on emergency assessment. Facilitators can adapt to their context and use assessment methodology used by their organisation/ National Society.



**Time:** 45-60 minutes



**Methodology:** Participatory lecture



### Materials:

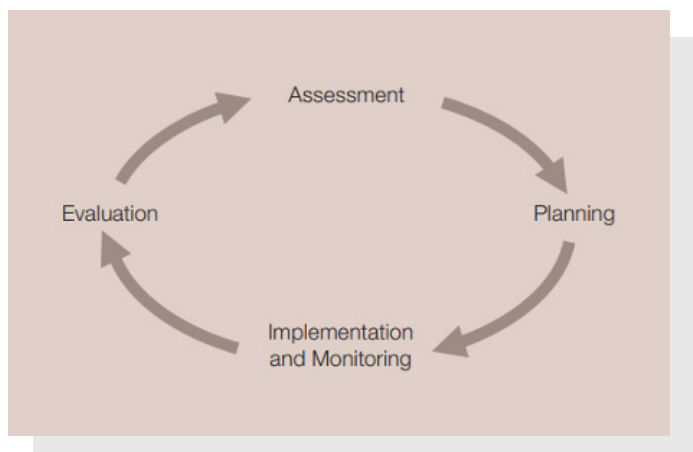
- A prepared flipchart, or slide, of the purpose of assessments
- A prepared flipchart, or slide, on what MHPSS assessments provide



### Speaker notes

*There are many different types and reasons to conduct assessments. In this training we will be focusing on MHPSS assessments in emergency contexts. There are existing principles and tools to guide us here and we will discuss and use these.*

*In project and programme management we undertake assessments as part of a broader project cycle of assessment, planning, implementation and evaluation. There are many approaches to project management but most include these stages in some form.*



*The IFRC Planning, Monitoring, Evaluation and Reporting (PMER) team use an approach with some additional steps. This includes guidance on when to undertake planning for monitoring and evaluation, conducting baseline studies and disseminating lessons.*



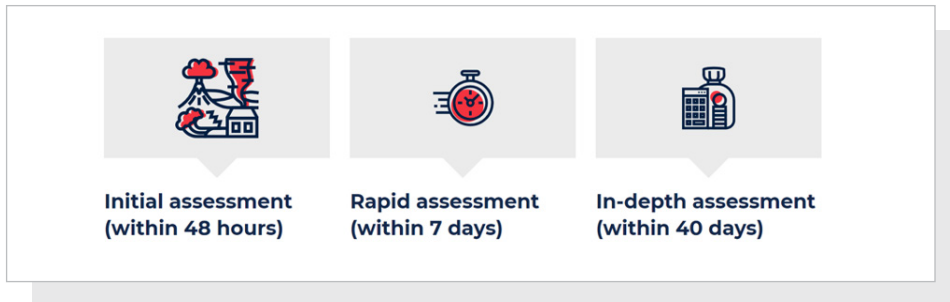
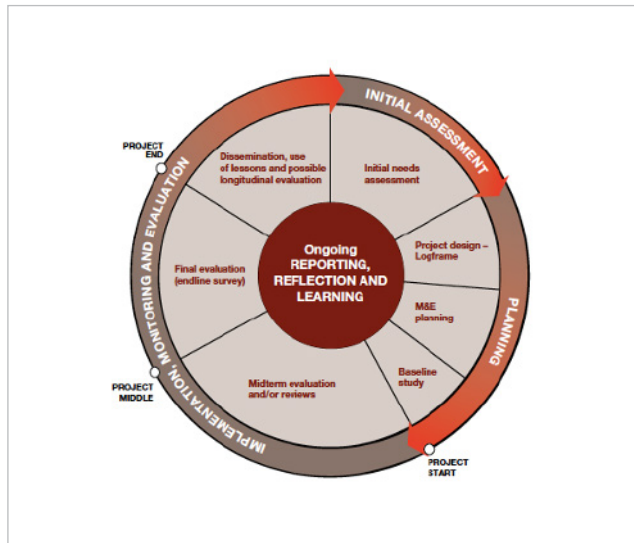
*In emergency contexts our operating environment is more constrained than in development settings. However, we still need to understand the impact of the emergency to better target*

*and plan our responses. Therefore, the reason, or why, we conduct assessments in emergency setting is to:*

- *create a broad and immediate picture of a population's well-being*
- *identify emergency issues requiring immediate follow up*
- *provide information and recommendations to aid survivors and their families during the recovery process*
- *to inform the development of appropriate policy and practice.*

*To do this, many agencies develop*

*emergency assessment methodologies. The IFRC uses a phased approach to emergency assessment in order to make decisions and guide the emergency response.*



**Initial assessments** include data gathered from reliable sources such as field reports, satellite imagery and meteorological forecasts to determine current and forecasted priority geographic locations, current and forecasted affected population groups and current severity of needs in each sector (for instance nutrition, shelter, health). This data is then analysed in a systematic way and used to produce an initial assessment within 48 hours of the disaster occurring.

The initial assessment informs whether the IFRC launches an **Emergency Appeal** or a loan to the National Society responding through the **Disaster Response Emergency Fund**.

Following the initial assessment, additional data is gathered in the form of a **rapid assessment**, such as feedback from community group discussions, which undergoes further detailed analysis.

Using this rapid assessment, the IFRC supports the National Society to produce an operational strategy and budget for the response.

**In-depth assessments** involve a detailed review of affected people's needs in each sector. Based on the in-depth assessment, the IFRC may revise the Emergency Appeal and operational strategy to reflect how the situation and needs of affected people have evolved.

The **outcome** of assessments should be a better and more informed understanding of the emergency situation, an analysis of threats to and capacities for mental health and psychosocial well-being as well as having the information and relevant resources to determine, in consultation with stakeholders, whether a response is required and what the response should include.

Many MHPSS programs and interventions also include psychological assessments that might help determine what intervention or program a client may be involved. It is important we are clear about the type of assessment we are referring too. When we refer to emergency assessments in MHPSS programming we are talking about assessments that help us plan our responses, not psychological assessment (although we may use this within our programs and interventions).



**Notes for flipcharts:**

**Flipchart 1 (WHY): The purpose of assessments in emergency setting is to:**

- Create a broad and immediate picture of a population's well-being.
- Identify emergency issues requiring immediate follow up.
- Provide information and recommendations to aid survivors and their families during the recovery process.
- Inform the development of appropriate policy and practice.

**Flipchart 2 (OUTCOME): When looking at specific MHPSS assessments they provide:**

- An understanding of the emergency situation.
- An analysis of threats to and capacities for mental health and psychosocial well-being.
- An analysis of relevant resources to determine, in consultation with stakeholders, whether a response is required and, if so, the nature of the response.



**15 minutes coffee  
and tea break**

## SESSION 3.2 BRIEFING: DISASTER SCENARIO

### Aim of session

To set up activities in session 3.3 and 3.4



#### Planning note for facilitator/s

The facilitator/s can use the scenario outlined in the speaker notes below or facilitator/s can prepare their own scenario that is adapted for the context of the training. One of the facilitators can play the Branch Secretary. It will be helpful to have props for the facilitator or participants playing any roles during the session. This could include a Red Cross vest, caps, or name tag. For survivors, hats, glasses, scarves etc. can be used.

The facilitator/s might like to hang some signs, or other props, in the training room in the morning before participants arrive to 'set the scene' for the morning assessment sessions.

**NB: This session can be linked with the flooding scenario from Module 1 if a multi-day training is being conducted. The hazard, community details and profile provided in the sample case study are used across the manual. However, if facilitator/s wish to run this Module alone, then remove any speaker references within the [brackets]. If a multi-day training is being conducted and the scenario in Module 1 is changed, facilitators also need to update the scenario here.**



**Time:** 15 minutes



**Methodology:** Plenary briefing to introduce scenario



#### Materials:

Red Cross vest and cap for a facilitator or guest star to role play the Anglabay branch secretary



#### Ground rules could include:

1. One of the facilitators or participant role plays the Branch Secretary and gives a briefing (script below).
2. Introduce the Branch Secretary.
3. Once the Branch Secretary has completed the briefing and taken any questions move on to Session 4.5



### **Speaker notes**

#### **Facilitator:**

*One of the most common disasters in this and other parts of the world is flooding. [As we heard on Monday] there has unfortunately, there has been a significant flood event here in the Democratic Kingdom of Baruna with the small town of San Andreas being particularly impacted. Last year, Baruna also experienced catastrophic flooding so for some people this is their second flood event in less than 18 months.*

*We are here to assist. The local Branch Secretary is here with us today to provide us with a briefing on the situation.*

#### **Branch secretary script:**

*Welcome to Baruna branch. We are happy you have come to assist us with the response. The flooding happened four days ago, so right after this briefing, I will ask you to help us by preparing the assessment of MHPSS needs, as we have reports many are not doing well following the emergency.*

*San Andreas is a city with 1,400 inhabitants in the Calvacros region and we are close to the border of the neighboring Agatonia. San Andreas is situated close to a river and near a mountain range.*

*One of the smaller outlying communities of San Andreas was most affected. The town has approximately 400 family houses, few apartment buildings, a primary school, a market, small health center, a church, and a tavern many of which are close to the river. The church is used as a community center for different kinds of activities and meetings, as is the market.*

*San Andreas also houses a group of approximately 100 immigrant workers with different national backgrounds. They all live in houses near the river, that are now flooded and uninhabitable. Most work as domestic workers, daily labor is in agricultural, working on the fields of the local farmers. However, due to the flood the harvest is lost. Many have low national language skills, and their children are enrolled in the local kindergarten and schools.*

*It rained heavily for five days, the flood water rose, inundating grounds and houses close to the river. Next, a flash flood hit the sides of the river 3 pm. It destroyed the market, the church and a handful or nearby houses. About 300 houses were flooded and so are the school, the health center as well as the whole area where the immigrants live.*

*When the flash flood hit the community, many were at the market purchasing or selling food. Those sitting near the water were washed into the river but managed to get to safety bruised and shocked, others had major cuts and wounds. Much of the medical equipment was lost to the flood and the local nurse was struggling to tend to the injuries. The only GP in the region has not been able to access the town yet.*

*Unfortunately, four persons are not yet accounted for.*

*A group of immigrant women were collecting mushrooms near the river when the flash flood hit, and two of the women were washed into the river. One managed to survive, one woman died leaving a partner and two school aged children.*

*Around 300 households nearest to the river were evacuated and have moved to a shelter in an old farm a few kilometers outside town. Some people are also staying with family or friends. The immigrant community is not treated well within this community and thus, they are taken to another shelter to avoid conflicts.*

*It is expected to take approximately five weeks for the water to recede and several months for houses to be dry and for damages to be assessed and repaired.*

*Any questions?*

**Facilitator:**

*Your task coming up is to prepare and conduct an MHPSS needs assessment. You will be part of the MHPSS team supporting the local Red Cross branch/chapter. The assessment will be used to inform further activities that Red Cross will undertake for the next 6 months.*

*(Move straight to Session 3.3 for activity instructions).*

## SESSION 3.3 PLANNING AND CONDUCTING ASSESSMENTS

### Aim of session

Participants are introduced to IFRC tools for rapid assessments of psychosocial needs, they plan and conduct assessment interviews and observation as a basis for planning of activities and interventions.



### Planning note for facilitator/s

In this session participants will first develop a plan for conducting an assessment. They will be required to present their plans to an Emergency Coordinator for approval. One of the facilitators can play the Emergency Coordinator. It will be helpful to have props for the facilitator or participants playing any roles during the session. This could include a Red Cross vest, caps, or name tag.

Facilitators will need to review and prepare the assessment pack prior to the training. The assessment pack (see Annex) includes:

1. Baruna country profile
2. Calvacros regional profile
3. Baruna Organisation for Migration, Community needs assessment
4. Baruna Red Cross, Operation Update
5. Baruna Ministry of Health, Situation Report
6. Baruna floods, The Lancet article
7. Baruna state of MHPSS, The Lancet article
8. Baruna Red Cross, Field notes from capacity assessment
9. Baruna Red Cross, Field notes from key informant interviews and focus group discussions.

Note: The Community Needs Assessment, Situation Report and Operation Update are from the previous year flood event provided to help the assessment team build a picture of the context of this year's flood event. The Baruna Red Cross field notes are from the current flood emergency.



**Time:** 120 minutes



**Methodology:** Group work and gallery walk



### Materials:

- Assessments pack x 4 (see Annex) that includes: Country profile, Operational Update, Key informant interview summaries, focus group discussion summaries, Situation Report
- 5 x copies (or a link to) of IFRC PS Centre M&E Toolbox chapter 2 & 3



- 5 x copies (or a link to) of Rapid Assessment Guide for Psychosocial Support and Violence Prevention in Emergencies and Recovery
- 5 x copies (or a link to) of IASC MHPSS Guidelines, Action Sheet 2.1, 2.2
- 5 x copies (or a link to) of IASC Reference Group Mental Health and Psychosocial Support Assessment Guide
- 5 x copies (or a link to) IFRC Minimum standards for protection, gender, and inclusion in emergencies
- A Red Cross vest, caps, or name tags
- Paper and pens



### Speaker notes

*In a moment, I'm going to split you into groups to prepare for the assessment. Because time is of the essence, we will be splitting up the preparations for this assessment. Each group will focus on a different aspect of assessment. Sometimes this will be the case in 'real life', other times one or two people will need to try to cover everything. So, we are somewhere in the middle today!*

*In your groups, you are part of a Red Cross team who will be conducting an MHPSS assessment to determine the priorities for the next 6 months of Red Cross activities. At the end of the first stage of this activity you will need to be ready to present your plans for the assessment to the Emergency Coordinator/s for approval, they will be visiting you in approximately 30 minutes.*



### Activity instructions, Part 1

1. Divide participants in 4 groups, assign one topic of the following to each group (Note: these are sections in the Rapid Assessment Guide for PSS and VP):
  - Group 1: Setting up the assessment
  - Group 2: Community key informant interviews / focus group discussions
  - Group 3: Desk review / field observation
  - Group 4: National Society and local community capacity.
2. Each group needs to prepare short briefing for the Emergency Coordinator/s to seek approval to go ahead with the assessment. Their briefing should include the following:
  - Group 1: Who is part of the assessment team? Do you have skilled assessors? How are you coordinating with the rest of the team?
  - Group 2: What questions will you be asking? How are you coordinating with the rest of the team?
  - Group 3: What sources will you be accessing? How will you conducting your field observation? How are you coordinating with the rest of the team?
  - Group 4: Who will you be seeking to talk to? What questions will you be asking? How are you coordinating with the rest of the team?
3. Instruct participants that they must note their plans on a flipchart and hang on the wall when done.

4. Each group must be prepared to present their plan to Emergency Coordinator/s and rest of the group.
5. Groups can decide how they would like to present. E.g., they might like to present alongside another group.
6. Share copies of, or links to, the following documents with each group:
  - *Rapid PSS and VP/protection assessment*
  - *IASC MHPSS Guidelines, Action Sheet 2.1, 2.2*
  - *IASC Reference Group Mental Health and Psychosocial Support Assessment Guide.*
7. Groups can work together if they determine that would be useful to help them plan and they could also choose to present together. However, each group **MUST** prepare a flipchart for presentation.
8. Give the groups 30 to 40 minutes to prepare for the assessment.



### **Speaker notes**

*Now that all the groups have completed their preparations. Let's have a walk around the room and have a look at each group's work and hear your plans.*



### **Activity instructions**

9. Invite participants on a gallery walk to look at the different plans.
10. One of the facilitators can play the Emergency Coordinator.
11. Give feedback on their preparations and discuss challenges, overlaps and synergies between the groups.



### **Speaker notes**

*Congratulations, the Emergency Coordinator has approved your plans and data collection for your assessment will go ahead.*

[NB: if it aligns with your schedule this could be a good time for a break].

*Now that data collection has been completed, next you will need to review the data to determine needs in the community, what is useful to inform the work of the Red Cross team and disseminate your findings.*



### **Activity instructions part 2**

12. Divide participants into 3 groups. Keep the groups from the first part of the activities and split participants from Group 1 (Setting up the assessment) across the other 3 groups. Or you can create 3 new groups. The following groups will be required:
  - Group A: Community key informant interviews / focus group discussions
  - Group B: Desk review / field observation
  - Group C: National Society and local community capacity.
13. Distribute the assessment packs, each group will need one full set of materials each. Group B will also need the video links or files.
14. Instruct groups that they are to analyze the results of the assessment and prepare a brief assessment report and briefing notes to inform their presentation to the upcoming Coordination meeting.

15. Give groups 45 to 60 minutes to prepare for the Coordination meeting.
16. Each group will need to nominate a spokesperson.
17. NB: The presentations will occur in Session 3.4.

### **Additional notes**

#### **Prompting questions for each group for Part 1, if required**

The facilitator can use the following prompting questions to help guide each group, if needed.

- Group 1: Setting up the assessment:
  - Who will you need to coordinate with?
  - Do you have volunteers/staff trained to conduct the assessment?
  - What will the assessors need to do?
  - How will you address the ethical guidelines?
  - What skills do you need in the assessment team?
  - Will you plan further assessments?
- Group 2: Community key informant interviews / focus group discussions:
  - What questions will you be asking?
  - How will you collect responses?
  - Will you ask all target groups the same questions? Or will you take a different approach for different target groups?
  - Which target groups are your priority?
  - What are capacities in the community?
- Group 3: Desk review / field observation:
  - Where will you get your data from?
  - Are there other agencies that might have information?
  - How will you conduct your field observation?
  - What information are you using?
  - What needs to be considered before going into the affected community?
- Group 4: National Society and local community capacity:
  - Who in the National Society can you speak with?
  - Is National Society capacity (MHPSS and other) different across branches and HQ?
  - Who needs to be consulted in the National Society?
  - What other agencies are working in the community?
  - Are they local agencies, or from outside the community?
  - What psychosocial skills already exist in the community?
  - What are capacities in the community?



**60 minutes  
lunch break**

## SESSION 3.4 COORDINATION IN EMERGENCIES

### Aim of session

Participants are introduced to IFRC tools for rapid assessments of psychosocial needs, they plan and conduct assessment interviews and observation as a basis for planning of activities and interventions.



### Planning note for facilitator/s

This session is linked to sessions 3.2 and 3.4. Participants must present their assessment findings in this session.

In this session, the facilitators and some of the participant will need to play the roles of different members of the coordination meeting.

The below Speaker notes are suggested notes to assist in planning a participatory lecture and plenary discussion on this topic. The facilitator can use the following notes to prepare a lecture or replace this section with contextually relevant information, such as information about national or local disaster response and coordination mechanisms.

The speaker notes here can be used if participants need more detailed introduction to coordination, if facilitators think this is necessary. If the group has this knowledge this section can be skipped.



**Time:** 135 minutes



**Methodology:** Participatory lecture and scenario-based group work



### Materials:

- Coordination roles, see Annex
- IASC Handbook of Mental Health and Psychosocial Support Coordination



### Speaker notes

*During and after an emergency, many local, national, and sometimes international actors respond to support those in need. In many cases, this aid is crucial and can save lives, reduce suffering, and maintain dignity. However, when it is poorly planned, un-coordinated and designed without the participation of local communities, aid can also lead to harmful outcomes. Therefore, it is essential that the different actors, each responding to the same crisis with their own mandates, missions, interests and working languages, organize their efforts. This coordination is of critical importance*

*because it prevents confusion and conflict, reduces duplication and harmful gaps, and supports the efficient use of scarce resources. In short, it can truly save lives. Therefore, coordination is not a goal. Instead, it is a process of collaboration to improve the quality and accountability of a humanitarian response.*

*Coordination in emergencies usually involves some kind of prearranged structure, with predefined roles and responsibilities. The cluster system and MHPSS Technical Working Groups are international examples of this. At a national and local level there may be existing coordination bodies or groups that aim to coordinate emergency responses. For MHPSS, these do not always exist which is why the IASC MHPSS TWGs are so important, however your country may have a different structure. If you don't know, make a note to find out after the training!*

*Coordination structures are often referred to differently, for example, there are multiple ways in which MHPSS coordination structures have been established and named, including MHPSS (Technical) Working Group, Coordination Group, Advocacy Group, Task Force, Coordination Forum, and MHPSS Network or Network Group. Similarly, there are various terms used to refer to the actors facilitating these groups, including MHPSS TWG facilitators, leads, stewards or coordinators.*

*Many factors can be a barrier to coordination and can lead to ineffective, inefficient, duplicative, and potentially harmful outcomes, including:*

- limited funding*
- differing agendas and time constraints*
- structural challenges that lead to division and competition*
- narrowly defined sectors and the risk of some being forgotten or ignored entirely*
- the existence of separate coordination groups for mental health and psychosocial support*
- linking MHPSS to only one sector or cluster.*

*However, the benefits of MHPSS coordination are that it brings together diverse actors, with local humanitarian leadership and knowledge at the centre and ensures a coherent, principled, and sustainable response. It results in:*

- greater predictability, comprehensiveness, and success of the response*
- identification and filling of gaps in the response*
- accountability to affected persons and communities*
- equitable and effective collaboration to meet their needs.*

*You are now going to experience this for yourself!*



### Activity instructions part 2

1. Set up the room so there is a circle of chairs or a large table the participants can sit around.
2. Assign a facilitator to act as the Chair of the Coordination Meeting.  
NB: The Chair can decide how to behave but it is suggested that the Chair make a few errors (such as not providing an agenda, or holding introductions, letting some attendees talk more than others) and perhaps exhibit some subtle bias (such as preferencing one group over another).
3. Explain that participants will be attending a coordination meeting shortly.
4. Give the 3 spokespeople from Session 3.3 five to 10 minutes to strategize how they will approach the coordination meeting. Their goal is to share their assessment results with the attendees of the meeting and determine what other organisations are doing to meet the needs identified in the assessment. Reinforce that the spokespeople are to present results, not activity plans.
5. While the spokespeople are preparing, distribute the meeting attendee roles to the rest of the participants. If there are more participants than roles, the remaining participants can be observers.
6. Allow them 5 minutes to prepare in their roles.
7. When ready bring together the participants and have the Chair call the meeting.
8. Let the meeting run for 15 to 30 minutes (Note: longer is better, but gauge needs of the group).
9. Call the meeting to a close, and if necessary, let the group take a short break.
10. Call the group back to the plenary and facilitate a debrief of the meeting:
  - How did the assessment team feel about the meeting? Were they successful in their goal?
  - Do any of the meeting attendees have anything relevant about their role that wasn't revealed in the meeting? Were these missed opportunities?
  - What are some of the issues raised in the meeting? How could you work to overcome these?
  - Was it a successful meeting? Why? Why not?
  - If there were observers, what was their impression of the meeting?

Note: Depending on participants, this activity can seem quite realistic and remind participants of professional challenges they have experienced in the past. It is recommended that the debrief session acknowledge this in a constructive manner and reinforce the learning aspect of this activity.





Chad /IFRC

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## MODULE FOUR

# MHPSS APPROACHES AND INTERVENTIONS IN EMERGENCIES

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This module aims to introduce participants to a range of MHPSS approaches and interventions that can be implemented in emergencies. Participants will practice some of these interventions.

The sessions included here are suggestion only. National Societies/organizations may have existing training content that covers their MHPSS activities and services.

### Module objectives

7. Know about key MHPSS approaches and intervention in emergencies.



### Planning notes for facilitator/s

For this session the facilitator/s will either need to determine priority sessions in advance or be prepared to run all the sessions and run the sessions indicated by participants in the Poll (Session 4.2).

For module four the facilitator/s will need to prepare:

- prepared flipchart that includes potential sessions listed, with space for participants to 'vote' on their top sessions
- stickers or post-its for participants to use to cast their votes
- flipchart with the agenda for the day.
- flipchart with the PFA action principles.
- 6 x Set of PFA action principles cards.
- prepared flipchart with the heading of the seven phases of a group meeting after a critical event
- reference materials: PFA Module 4 Training Manual, Group PFA
- IFRC PS Centre: Remote PFA during COVID-19
- planning information session handout, see Annex
- prepared flip chart outlining the agenda for Session 4.6
- flipchart and pens
- coloured paper.

## Suggested schedule

This module includes seven possible sessions, and it will take more than one day to cover all sessions. However, the content of some of these sessions may be covered other internal training in a National Society/organisation and therefore may not be relevant to participants. Alternatively, the National Society/organisation may not offer these services.

A sample schedule is included below. However, to reflect the wishes of participants facilitators could, start the day with a poll of participants on what their key interests are from the list of available sessions. A longer morning break is required for facilitators to prepare and adjust the schedule. In a multi-day training, the poll can be done the day before to allow facilitators to prepare the day. This could be done prior to the training by surveying participants or including priority topics for the National Society or organization.

SESSION	TIME REQUIRED	TIME
Welcome	30 minutes	0900 - 0930
Session 4.1 Introduction and poll	30 minutes	0930 - 1000
Session 4.2 Psychological first aid (PFA) in disasters	30 minutes	1000 - 1030
Break	30 minutes	1030 - 1100
Session 4.3 Group PFA for staff and volunteers after critical events	60 minutes	1100 - 1200
Session 4.4 Restoring Family Links	30 minutes	1200 - 1230
Lunch	60 minutes	1230 - 1330
Session 4.5 Planning and conducting community information sessions	90 minutes	1330 - 1500
Break	15 minutes	1500 - 1515
Session 3.4 Coordination in emergencies, continued	60 minutes	1515 - 1615
Wrap up	30 minutes	1615 - 1645

Other potential topics for this module could include:

- safe referral
- setting up information hotlines
- protection, gender, and inclusion in emergencies.



## SESSION 4.1 INTRODUCTION AND POLL

### Aim of session



**Time:** 30 minutes



**Methodology:** Plenary and poll



### Materials:

- Prepared flipchart that includes potential sessions listed, with space for participants to 'vote' on their top sessions
- Stickers or post-its for participants to use to cast their votes



### Speaker notes

*MHPSS is more than psychological first aid. There are a range of activities, approaches and interventions that makeup MHPSS programmes. Many of these are relevant in emergency responses. Today we are going to look at four or five different approaches that you need to know if participating in a emergency response with [relevant National Society/organisation].*

*As there are a few we could discuss we are going to ask you to prioritise the sessions you would like to focus on today*



### Activity instructions

1. Give participants four stickers/post its each.
2. Explain that they will shortly use these to cast their vote on the sessions they would like to see included in the schedule of the day.
3. Explain that participants can use their votes however they like. For example, they could cast one vote for four different sessions, or use all their votes on one session only.
4. Explain that the top four or five sessions will make up the schedule of the day.
5. Once they have cast their vote, participants can take a short break. Be sure to tell participants when they must return from the break.

## SESSION 4.2 PSYCHOLOGICAL FIRST AID (PFA) IN DISASTERS

### Aim of session

For participants to understand the action principles and key actions of psychological first aid.



#### Planning note for facilitator/s

The facilitator/s will need to prepare the headings and action principles from the Annex. Prepare a flipchart with the action principles listed.

Note: If the participants are experienced, or participants who have completed a full PFA training, facilitator/s could remove this activity and instead include a quick refresher on the PFA principles in session 2.2.



**Time:** 20 minutes



**Methodology:** Small group work



#### Materials:

- flipchart with the PFA action principles
- 6 x Set of PFA action principles cards



#### Speaker notes

*In this session we are introducing the principles used when interacting with and responding to those in need. The universally accepted approach is Psychological First Aid – a skill set that everyone everywhere can use anytime when meeting someone in distress. The action principles are LOOK, LISTEN and LINK.*



#### Activity instructions

1. Invite participants to stand. Let's do a quick exercise.
2. Say LOOK while placing their hand above the eyes as if looking for someone (put a foot forward and lean slightly forward whilst placing the hand above the eyes).
3. Say LISTEN while putting a hand to one ear (lean a bit to the side of the hand to the ear as if listening to someone).
4. Say LINK by linking arms with someone standing nearby (move quickly to the sides to link with someone else).
5. Repeat the Look, listen link exercise a few times going faster and faster maybe adding the moves as described in the parenthesis above.

6. Form groups of three or four.
7. Hand each group a set of randomly ordered cut outs of the actions of the action principles.
8. Ask the groups to organize the cut outs under the correct headings as they see fit giving them ten minutes to do so.
9. Show the flip chart of the principles as above and ask the groups to mention some of the actions that they placed differently and why they did so.
10. Explain that the principles overlap, so even though the three headings there the actions are overlapping, so each group will probably have made good choices!



### Example flipchart

The action principle 'LOOK' refers to assessing:

- information on what has happened and is happening
- who needs help
- safety and security risks
- physical injuries
- immediate basic and practical needs
- emotional reactions.

LISTEN refers to how the helper:

- approaches someone
- introduces oneself
- pays attention and listens actively
- accepts others' feelings
- calms the person in distress
- asks about needs and concerns
- helps the person(s) in distress find solutions to their immediate needs and problems.

LINK refers to helping the person in distress:

- access information
- connect with loved ones and social support
- tackle practical problems
- access services and other help.



**15 minute coffee  
and tea break**



## SESSION 4.3 GROUP PFA FOR STAFF AND VOLUNTEERS AFTER CRITICAL EVENTS

### Aim of session

To introduce to the support given to groups of volunteers after a critical event.



#### Planning note for facilitator/s

The facilitator/s will need to prepare a flipchart with the heading of the seven phases of a group meeting after a critical event.



**Time:** 60 minutes



**Methodology:** Role play



#### Materials:

- prepared flipchart with the heading of the seven phases of a group meeting after a critical event
- reference copy of PFA Module 4 Training Manual, Group PFA



#### Speaker notes

*Group PFA for staff and volunteers after critical events is extremely important to support the teams, to prevent effects of the incident and to promote inclusion and group cohesion.*

*A group PFA meeting is a way of providing support to more people at the same time often for group members who know each other beforehand. Group members learn that others may have similar reactions as themselves. This can help normalize and validate their feelings and make them feel connected to others. It can decrease isolation and lead to group cohesiveness. The meeting leads to the development of empathy as group members learn about each other's experiences and reactions. This can promote peer support and self-understanding. It can also inspire group members with new ideas and strategies for self-care, encouraging positive coping strategies. It gives the facilitators an opportunity to observe and assess if anyone needs individual support.*

*Team members that have experienced something together, people who know each other already should join the meeting. If someone is clearly very distressed or does not wish to participate, they should not be included. It is not always appropriate to have people from different levels within an organization together as some participants may not feel comfortable to talk freely.*

*We recommend there are not more than 10 people in a PFA support meeting. If only a small number of people seem to need PFA, it may be more fitting to hold a less structured, informal support meeting.*

*A group PFA support meeting is held at least two to three days after an event has happened, as this gives those affected a few days to rest and recover and leaves time for natural coping mechanisms to take effect such as reaching out to family or friends for support.*

*It takes skill and energy to manage communication and interactions in a group, especially the first few times. Having two facilitators makes this task easier and helps improve the level of support provided to the participants. It means one person can facilitate and run the meeting and the other can help to provide additional support to an individual if someone has strong or difficult reactions. Should you plan to run a group PFA event, please take time to consult the training manual and the additional materials, to ensure the meeting is held according to all guiding principles.*

*I will briefly go over the 7 phases of group support after a critical event:*

- *opening the meeting*
- *checking how participants are doing*
- *brief factual review of actions taken in the crisis situation*
- *providing information and psychoeducation*
- *promoting self-care, peer support and positive coping*
- *provide referral information, if needed*
- *ending the meeting.*

*We are now going to practice running a group PFA support meeting. I will now read out the scenario for you and after we will break you into small groups. We are carrying on with the flooding scenario in San Andreas (or use alternative sample case study below). There will be two team leaders per group and the rest of the group will be volunteers.*

***The scenario: Volunteers under attack***

*Three days ago, there was a very unpleasant and unexpected incident involving group of angry community members when the volunteers came to offer support to people affected by the flooding in the temporary accommodation camp.*

*The volunteers were attacked with angry words, a barrier of people blocking their entrance to the camp area and a few of the volunteers were pushed by some of the community. While prior some of the community were very supportive of the fate of those who have lost their homes in the flood, now there are complaints of the camps being dirty and unruly.*

*Some of the locals blame the volunteers for supporting those who live in the camp as they also*

*find they receive more financial and other support than the rest of the community.*

*The volunteer team leader first tried to reason with the most vocal of the angry people, and when realizing this did not help matters, withdrew the team.*

*The branch secretary has been asked the team leaders to run a group PFA sessions mitigate the effects of the attack and assuring everyone has received appropriate support. Since the incident there hasn't been more episodes, but volunteers were shaken by the unexpected event. Steps are also being taken by the Red Cross and the authorities to handle the criticism by the community and find ways to improve the situation.*



### Activity instructions

1. Break the teams into groups so there are approximately 6 participants in each group, then appoint 2 team leaders in each group.
2. The team leaders will lead the group PFA session so make sure to ask if they are willing to be leading the group PFA. The team leaders should preferably be participants who are experienced in psychological first aid.
3. Allow those role playing volunteers to spend two minutes preparing their roles and finding eventual suitable props.
4. Give the groups 15 minutes to conduct the role play.
5. Close the role play and ask team leaders to sit in the middle of the room (fishbowl style) and discuss how it went for a few minutes.
6. Next ask those role playing the volunteers what they found useful in the group PFA.



### Sample case study

#### Wildfires

After two very hot and dry months Anglaby has had to tackle eight wildfires, the biggest of which tore across an area of a forest the size of 900 footballs fields.

The Red Cross branch secretary says: "It has been an extraordinary summer. We've hardly had rain in the last two months, and it's been very hot. The air has been filled with wildfire smoke for days. Red Cross volunteers are helping firefighters getting the fires under control and we also run a health clinic and safe space for children."

Schools are functioning partially and the Red Cross runs a health clinic and safe space for children. The general feeling in the area is anxiety, many worry about the future and are afraid of the area being left alone.

# SESSION 4.4 PROTECTING/RESTORING FAMILY LINKS

## Aim of session

For the participants to be familiar with Protecting/Returning Family Links services



**Time:** 30 minutes



**Methodology:** Group discussion and plenary



**Materials:** flipchart



## Speaker notes

*We are now going to talk about restoring family links, which is another useful activity when providing PFA as you might need to re-connect that person with loved ones or refer the person to RFL specialists.*

*We have already talked about some of the psychosocial consequences of losing someone. Sometimes the fate of your loved ones is unknown or as a family member you can have difficulties in connecting with your loved ones, family, relatives and friends. This could be caused by natural disasters or other emergencies as well as by conflict and population movements.*

### **What do you know about RFL services?**

*Restoring Family Links (RFL) is the process of re-establishing contact or reuniting families who lost contact with loved ones. It involves searching for lost family members and restoring contact, reuniting families, and seeking to clarify the fate of those who remain missing. The International Committee of the Red Cross (ICRC) and National Red Cross and Red Crescent Societies work together around the world to locate people and link them back into contact with their relatives, in accordance with the Geneva Conventions of 1949 and their Additional Protocols.*

*This should always be in coordination with the authorities and often it will be the local authorities or ICRC who would be in charge of this task, including the important linkages to child protection services within social services. The Red Cross Red Crescent Movement will sometimes be supplementing this task.*

*Restoring Family Links is a term that covers a wide range of activities designed to reduce the pain of separation among loved ones. RFL activities include:*

- registering and keeping track of individuals – identification and accurate documentation help prevent separation. (Note that registration of people often requires permissions from officials and authorities and needs to be in accordance with national data protection laws)*
- organizing the exchange of family news*
- tracing lost individuals*
- reuniting and repatriating families*
- supporting the authorities in managing dead bodies and tracing family members to inform them of the death*
- establishing mechanisms to clarify the fate of those who are missing.*

*The above-mentioned services are quite specialized and involves specific formats, templates, and databases which RFL personnel are trained and specialized in managing. In international emergencies, RFL is often a specialised ICRC activity (sometimes supported by the NS). However. Other times, and often in emergencies, RFL might be more informal and MHPSS and other responders should also be able to make “rapid reconnection” between family members and loved ones in a more ad hoc manner. (e.g., re-connecting parents with a son who was in school during the crisis event by providing the parents with opportunities to use phone/laptop, or by having volunteers going to the school to support the family to establish contact).*

*We are now going to do a short activity where you will discuss how the MHPSS team can work alongside the RFL team.*

### **Scenario**

*During the emergency response, you are meeting up with the RFL team. The RFL team have been setting up a service where people can receive information about the service, call loved ones on the available phones, register if they are missing loved ones, and register themselves as safe etc. You are informed that the RFL team has not been sensitized to mental health and psychosocial support needs.*



### **Discussion instructions**

1. Break participants into groups of five.
2. Instruct groups to discuss how they can support the RFL team with your knowledge on psychosocial support and the needs of the people who have lost contact with loved ones.
3. Give groups five minutes for their discussion.
4. In plenary discuss the groups answer and write on flip chart. Add the following if not mentioned.
  - Sensitization of RFL personnel in relation to MHPSS issues; consequences of loss, ambiguous loss, communication with people in distress.
  - Support RFL personal in how to deliver distressing news in a sensitive and supportive manner.
  - Sensitization of RFL personnel in relation to child protection when they are managing cases with separated and unaccompanied children.
  - Support “rapid connections” between family members and loved ones.
  - Providing psychological first aid and general care and support to people who are looking for loved ones or have lost loved ones.
  - Knowing who/where to refer to if you as PS responders comes across cases that needs referral for RFL.
5. Refer the participants to the online RFL training (IFRC learning platform) where they can learn more.



**Suggested 60 minute  
lunch break**

## SESSION 4.5 PLANNING AND CONDUCTING COMMUNITY INFORMATION SESSIONS

### Aim of session

Participants plan and conduct community information sessions for different target groups.



#### Planning note for facilitator/s

Sessions 2.3 and 2.4 need to be run together as 2.3 is the preparation time for session 2.4. Ideally this session should be conducted in two different rooms so the groups can present to one another and limit noise. If separate rooms are not possible, situate the two groups as far away from each other as practicable. A facilitator should be assigned to each group.

If helpful, facilitator/s can prepare an agenda for the 60 minutes on a flipchart. See below for an example.



**Time:** 90 minutes



**Methodology:** Group work



#### Materials:

- planning information session handout, see Annex
- prepared flip chart outlining the agenda (see example)



#### Speaker notes

*In this session we are going to spend some time thinking about and planning an information session that might be relevant for a particular target group. In MHPSS programmes, we often help people learn about, and understand, mental health and wellbeing. This is an important part of supporting people affected by emergencies and in supporting people to help themselves.*

*MHPSS team members are likely to undertake psychoeducation in a range of different ways, such as through one-on-one conversations like demonstrated in the last activity and through group sessions or in community meetings. Tailoring these sessions for different audiences, environments and contexts is an important role for MHPSS teams.*

*The next hour and a half will be focused on this. You will spend half an hour planning a 15-minute information session with your group. After this you will present your session to another group. You can use materials from the reference table to help you with content of your session if needed. Consider the best way to share the information with your target audience, how will you structure the session, what materials might you need, where might you run the session?*





### Activity instructions

1. Ask participants to return to their groups from Session 2.2:
  - Group 1: Children
  - Group 2: Adolescents
  - Group 3: Adults and/or Older adults
  - Group 4: Volunteers.
2. Ask each group to appoint a timekeeper, a note taker and who will carry out the different parts of the session. Everyone in the group should be assigned a role in the planned session.
3. Give groups 30 minutes to prepare their 15mins session.



### Speaker notes

*Now you will conduct your sessions for each other. [Facilitator A – Name] will go with Group 1 and Group 2. [Facilitator B – Name] will go with Group 3 and 4. The facilitators will be timekeeper for the session.*

*The group receiving the session will have five minutes to provide feedback to the presenters. When giving feedback please focus on what went well and give suggestions and more ideas for how to also run the session if you have some.*

*After both sessions are conducted, the facilitators will give the overall feedback to both groups. Please remember when role-playing act normally and do not make it too difficult for your peers!*



### Activity instructions

4. Group Groups 1 and 2 and Groups 3 and 4. They will present their prepared session to each other.
5. Assign one of the training facilitators to each of the combined groups.
6. If possible, assign Groups 1 and 2 and Groups 3 and 4 to separate training rooms, or they could go outside or to opposite ends of the training room.
7. Using the prepared agendas (see example flipchart) get groups to give their prepared psychoeducation sessions and allow time for feedback.



### Example flipchart

#### Groups 1 & 2

- Group 1 (children) conducts a session for Group 2 (caregivers) – 15 minutes.
- Feedback from group Group 2 (caregivers) to Group 1 (children) – five minutes.
- Group 2 (caregivers) conducts a session for Group 1 (children) – 15 minutes.
- Feedback from Group 1 (children) to Group 2 (caregivers) – five minutes.
- Overall feedback by the facilitator assigned to Groups 1 & 2 – 10 minutes.

#### Groups 3 & 4

- Group 3 (older adults) conducts a session for Group 4 (volunteers) – 15 minutes.
- Feedback from Group 4 (volunteers) to Group 3 (older adults) – five minutes.
- Group 4 (volunteers) conducts a session for Group 3 (older adults) – 15 minutes.
- Feedback from Group 3 (older adults) to Group 4 (volunteers) – five minutes.
- Overall feedback by the facilitator assigned to Groups 3 & 4 – 10 minutes.



**15 minute coffee  
and tea break**

# SESSION 4.6 DESIGNING AND CREATING IEC MATERIALS

## Aim of session

For participants to practice adapting MHPSS messages for different audiences and to design and create IEC materials.



### Planning note for facilitator/s

You can link this activity to other sessions by using the scenario used in other activities. Alternatively, it can be a standalone activity using the general target groups listed below.



**Time:** 60 minutes



**Methodology:** Group work



### Materials:

- flipchart and pens
- coloured paper
- some participants may like to work on laptops



### Speaker notes

*Sharing information about natural reactions to stress and mental health is an important part of MHPSS responses. Often staff and volunteers need to adapt more general messages to target groups and audiences. You might have some written key messages or posters but only can share these messages verbally. Alternatively, you might need to translate materials into local languages. So, designing, creating, and preparing information, communications, and education (IEC) materials is a significant part of our MHPSS work.*

*In this activity, with your group, you are going to develop your own material, based on a PS Centre publication for a particular target group. You can choose what medium your material will be. It could be a short radio piece, or interview, maybe a poster, or flyer, something for social media or a short video. Be as creative as you like. We have flipchart, pens etc here for you to use.*



### Activity instructions

1. Divide participants into four or five groups.
2. Assign groups a target audience, or they can choose themselves:
  - Group 1: Children
  - Group 2: Adolescents
  - Group 3: Adults and/or Older adults
  - Group 4: Volunteers
  - Group 5: Parents and carers.
3. Tell groups they will have 30 minutes to prepare their materials.
4. They can choose what format to design their materials and what key messages to highlight in their materials.
5. After 30 minutes, gather groups back in the plenary.
6. Ask each group to present (or perform!) their materials for the plenary.
7. Give feedback as necessary.

## SESSION 4.7 REMOTE PFA DURING A DISASTER

### Aim of session

Understanding ways of enabling people to keep in touch with one another and to offer remote support.



#### Planning note for facilitator/s

The facilitator/s can prepare their own short scenario for the activity if a different disaster type or context would be better suited to participants.



**Time:** 60 minutes



**Methodology:** Plenary, group work and role play



**Materials:** IFRC PS Centre: Remote PFA during COVID-19



#### Speaker notes

*Often in disasters, for a range of reasons, it is not possible to provide support to people in person. Instead, PSS can be provided remotely. In this session we will look at remote support and you will get to practice your remote psychological first aid skills. I'd like to begin by asking if your National Society offers or has offered any remote support by phone or on-line in the form of having a chat function on the website or by on-line video consultations?*

*There are various options for National Societies in setting up services to provide remote support:*

- Setting up a 'well-being and care' call system, where volunteers call several people daily or run a well-being circle where members of the circle check on well-being and find out if there are unmet needs and where volunteers or members to listen to concerns. These services may be targeted at older adults, those who are lonely, or people living with disabilities, or those in isolation or quarantine, living far away from their social networks.*
- Collaborating with authorities to run call centres to answer questions from the public e.g. on a disaster or on COVID-19.*
- Establishing a helpline for people with mental health or psychosocial support (MHPSS) needs. Appointments can be booked using an app and then the person seeking help would be called back at the agreed time by a PFA helper.*
- Setting up a call centre to match people needing practical help and support with volunteers living in the same area (Add examples of remote support mentioned by volunteers if not covered above).*

*We are carrying on with the flooding scenario in San Andreas (or use alternative sample case study below).*



### Activity instructions, part 1

Divide participants in five groups ensuring a good mix between participants. Hand out the instruction to the groups and give them 15 minutes for the group work. Ask them to choose a team leader, a scribe and who will give a one-minute presentation of the key points from the group work.

- Group one:
  - Setting up services to provide remote support: What options are available and possible in the setting?
- Group two:
  - What practical and emotional support may the residents need?
  - What situation do the residents find themselves in? What are the imagined and realistic risks the residents are experiencing?
- Group three:
  - Plan remote support services: Which considerations are important in planning the remote services in the area? How to train volunteers to respond remotely?
- Group four:
  - Setting up the service: What are the basic requirements for a remote support service offered?
- Group five:
  - Plan remote psychosocial interventions for the residents: What information is important to provide the residents with?

Conduct a plenary with one to two-minute presentations, time for questions and comments from the group and a final set of comments from the facilitator.



### Activity instructions, part 2

1. Divide participants in two groups – one being the providers and the other being residents calling in - and instruct the two groups individually.
2. Instruct the providers:

*You are to provide PFA on the remote support telephone line. A resident from the scenario will call in and you will offer PFA and psychoeducation. Begin the call by presenting yourself and fast forward to five minutes into the conversation. Sit for a few minutes and prepare yourself for answering the phone.*

3. Instruct the residents explaining that they call in on the remote support telephone line.
  - *You are an adult of any age and gender that you choose yourself. After you have introduced yourself to the volunteer, you will fast forward to five minutes into the conversation.*
  - *You are worried and upset when calling the hotline as you have heard rumours that you are to be rehoused but have no information yet. What to do?*
  - *You have been sleeping badly since the fires broke out and it will be worse now. Your family (invent who is in the family) is also worried and you worry about them too. What can you do?*
  - *You also ask a concrete question: is there financial assistance available?*
4. Give the groups a few minutes to prepare themselves.
5. Next arrange for the responders to be matched with a resident. The resident can call the responder from another room or can arrange for the pairs to sit in the training hall to conduct the conversation sitting back-to-back.
6. End the exercise asking the resident to give feedback to the provider by saying what went well and what they appreciated the responder said on the phone.

### **Sample case study**

#### **Wildfires**

*After two very hot and dry months Anglabay has had to tackle eight wildfires, the biggest of which tore across an area of a forest the size of 900 footballs fields.*

*The Red Cross branch secretary says: "It has been an extraordinary summer. We've hardly had rain in the last two months, and it's been very hot. The air has been filled with wildfire smoke for days. Red Cross volunteers are helping firefighters getting the fires under control and we also run a health clinic and safe space for children."*

*Schools are functioning partially, and the Red Cross runs a health clinic and safe space for children. The general feeling in the area is anxiety, many worry about the future and are afraid of the area being left alone.*



## SESSION 4.8 CHILD PROTECTION AND CHILD FRIENDLY PLACES IN HUMANITARIAN SETTINGS

### Aim of session

To familiarize participants with the basics of Child Protection and Child Friendly Spaces.



#### Planning note for facilitator/s

The facilitator/s will need to printed copies of the Child Friendly Spaces cards and materials. Facilitators may wish to preselect cards to hand out to the groups.



**Time:** 60 minutes



**Methodology:** Group work



#### Materials:

- slide: Child protection in emergencies
- print outs of *Child Friendly Space at home cards* and materials
- pens and paper
- IFRC Psychosocial Centre and World Vision Activity Catalogue for Child Friendly Spaces in Humanitarian Settings
- IFRC Psychosocial Centre and World Vision Operational Guidance for Child Friendly Spaces in Humanitarian Settings



#### Speaker notes

*Violence against children can occur in many settings: homes, schools, orphanages, religious institutions, prisons, hospitals, and refugee camps. When an armed conflict or a disaster occurs, children are at increased risk of being subjected to violence from family and community members, as well as from outsiders. It is important to understand that these special risks can compromise children's psychosocial wellbeing. Working with children or other vulnerable groups requires special attention. Part of our responsibility is to protect our children and it is thus highly important to include protection and violence prevention into all psychosocial support activities.*



*This diagram from the Canadian Red Cross shows the relationship between emergencies and the increase in violence.*

*Let me show you some of the key manuals for establishing and running a CFS from the IFRC Reference Centre for Psychosocial Support and World Vision. There is a guidance manual and an activity guide for the CFS.*



### **Plenary discussion**

Do any of you have experience with a CFS or similar work with children?



### **Speaker notes**

*We will begin with an exercise from the Child Friendly Space at home cards adapted to COVID-19. They can be added to family kits and can be used by caregivers or older children as instructions for friend or younger siblings.*



### **Activity instructions**

1. Divide participants into groups of three or four.
2. Distribute a CFS at home card to each group.
3. Ask the groups to nominate someone who will lead the other group members in the exercise.
4. Give groups 10-15 minutes for the activities.
5. Bring the group back to the plenary and conduct a short reflection session on using the cards and participating in the exercise.



### **Speaker notes**

*In most emergencies, Child Friendly Spaces (CFS) or Safe Space for Children, are established. The aim of a CFS is to provide a safe space where children can come together, to play, relax, learn, and engage in psychosocial activities. A CFS is part of living up to the UN Convention of the Rights of the Child. (1989) Article 31 of the convention states: Every child has the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.*

*CFS often address these objectives:*

- *protection from risk*
- *promotion of psychosocial well-being*
- *strengthening the child protection capacities in communities.*

*In this part of the session, we will look more at child friendly spaces.*



### **Activity instructions**

6. Ask participants to form four new groups counting: safe, unsafe, definition and CFS.
7. Ask each group to discuss their groups focus and note key points on a flipchart.
8. Instruct groups to appoint a presenter to provide a one-minute presentation to the plenary.

- Group *safe*: Note factors that would make a child feeling and being safe during a disaster.
  - Group *unsafe*: Note factors that would make a child feeling and being unsafe during a disaster.
  - Group *definition*: Write a definition of child protection.
  - Group *CFS*: How you could engage children in setting up and running activities in a CFS?
9. Give groups ten minutes for discussion and notetaking.
  10. Ask each group to present to the plenary. One minute per group.
  11. After the one-minute presentations, and time for comments and questions, show a definition of child protection (noting that there are several definitions): *Child protection involves prevention and responses to abuse, neglect, exploitation, and violence affecting children. Also quote the UN Convention article 19: Children have the right to be protected from being mistreated, physically and mentally.*
  12. Ask the participants to give examples on the difference between “prevent and respond” (add the below points to the discussion if it is not mentioned by the participants):
    - prevention: advocacy, training, child safe recruitment, education, policy, risk management
    - response: active listening, psychosocial support, reporting/documentation, referral counselling.
  13. Ask participants to go back to their groups and plan for a CFS in a shelter:
    - Group 1: Which activities would you plan in the shelter for children from 6 to 12 years of age?
    - Group 2: Which activities would you plan in the shelter for children from 13 to 18 years of age?
    - Group 3: What can the MHPSS, or disaster response, team do to improve the overall child protection situation in the shelter?
    - Group 4: How can the MHPSS, or disaster response, team ensure the safety for children in the CFS?



### Speaker notes

Round the activity of by explaining that:

*Child protection can be defined as “the prevention of and response to abuse, neglect, exploitation and violence against children”. All staff needs to be aware of child protection measures, so they are able to identify and react to violence against children, or other vulnerable groups, in an appropriate and safe manner and know when and how to refer to other services or relevant authorities*

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## MODULE FIVE

### PREPAREDNESS FOR MHPSS RESPONSES

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This module focuses on organizational preparedness for MHPSS responses. Time is given to participants to reflect on the needs of their organization in terms of preparedness for MHPSS in emergencies and plan next steps for building organizational capacity and preparedness.

#### Module objectives

8. Prepare for training and supervision of volunteers working with PS programmes.
9. Plan, design and implement MHPSS responses.



#### Planning notes for facilitator/s

For module five, the facilitator/s will need to prepare:

- a flipchart with the agenda for the day
- a flipchart with the below questions
- paper, pens, colour pencils and crayons for the personalized buddy certificates
- evaluation form (online or hard copy)
- a flipchart with a dart evaluation & questions (see session 5.5 for example).

#### Suggested schedule

Facilitators can use the suggested schedule below or adjust the flow of the day to meet the needs of participants.

SESSION	TIME REQUIRED	TIME
Welcome	30 minutes	0900 - 0930
5.1 Planning PSS interventions	60 minutes	0930-1030
Break	15 minutes	1030 - 1045
5.2 Monitoring & evaluation for MHPSS programmes	75 minutes	1045 - 1200
Lunch	60 minutes	1200 – 1300
5.3 Building MHPSS capacity	60 minutes	1300 – 1400
5.4 Preparedness for MHPSS responses	60 minutes	1400 – 1500
Break	15 minutes	1500 – 1515
5.5 Certificates and wrap up	105 minutes	1515 - 1700

## SESSION 5.1 PLANNING PSS INTERVENTIONS

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### Aim of session

Participants learn to plan activities and interventions for a period of six months following a disaster.



#### Planning note for facilitator/s

This activity is linked to the scenario from session 3.2 and the assessment interviews participants conducted in session 3.3.

If this day is being run as a standalone module, the facilitator/s will need to provide participants with a needs assessment report to base their plans on.



**Time:** 90 minutes



**Methodology:** Group work, using scenario from 3.2, or specially prepared scenario and assessment results



**Materials:** simple activity planning tool from Annex



#### Speaker notes

*Based on the information gathered in the assessments your groups conducted you are to plan which psychosocial interventions you would prepare for one target group for the next six months. Begin the discussions by deciding who will present the plan to the Baruna Red Cross Secretary General who will visit us today and is taking a keen interest in mental health and psychosocial support.*





### Activity instructions

1. Ask the participants to go into their needs assessment groups and discuss their findings from the needs assessment.
2. Give the participants 10 minutes to discuss their findings.
3. The groups then have 10 minutes to brainstorm what different types of psychosocial support activities would be relevant based on their findings in the assessment. Consider the following questions when guiding their discussion and brainstorm on activities:
  - What are the unique psychosocial needs?
  - What activities or interventions are appropriate as a response to the needs identified in the case story?
  - What level of the pyramid does the activities fall under?
4. Hand out the simple activity planning tool from the annex.
5. Instruct the groups to work through the template. They will have over an hour to complete their plans.
6. Ask groups to select a person who will present the plan to the Baltasian Secretary General and provide an overview of the highlights of the group discussions.
7. Ask each group's spokesperson to present their plans.
8. The facilitator, and plenary, can provide feedback on the activity plans of each group.

Note: Focus on MHPSS needs. Assume other activities are being undertaken by other actors e.g., temporary housing is being provided by the housing authority etc.

## SESSION 5.2 MONITORING & EVALUATION FOR MHPSS PROGRAMMES

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### Aim of session

Participants proactive developing a logframe and discuss methods required to collect monitoring data.



#### Planning note for facilitator/s

If this day is being run as a standalone module, the facilitator/s will need to provide participants with a needs assessment report to base their plans on.



**Time:** 90 minutes



**Methodology:** Group work



#### Materials:

- IASC Monitoring and Evaluation Framework (with Means of Verification)
- IFRC PS Centre Monitoring and Evaluation Framework
- simple logframe template from Annex



#### Discussion instructions

1. Ask participants what kind of questions monitoring and evaluation help to answer.
2. Begin with monitoring first and then move onto evaluation.
3. Write down their suggestions on a flipchart with two columns (one column with the heading 'monitoring,' and the other column with the heading 'evaluation').



#### Speaker notes

*Monitoring and evaluation are closely interlinked and are important management tools used to keep a check on all aspects of a MHPSS response. M&E are used to assess if implemented activities have the desired effect of improving PS well-being. M&E form the basis for clear and accurate reporting on results achieved by a PS project/programme. Information reporting therefore provides an important opportunity to learn from our programmes, to inform decisions, and to assess the impact of what we do.*



### Activity instructions

1. Divide participants into three or four group. If running the training alongside Module 3 ask participants to return to their groups from Session 3.3 (the Assessment exercise).
2. Provide groups with a copy of, or links to, the IFRC PS Centre Monitoring and Evaluation Framework and if desired, the IASC Monitoring and Evaluation Framework (with Means of Verification).
3. Hand out a copy of the logframe template.
4. Explain that each group should begin to fill in their logframe based on the small pilot project they outlined in the previous session.
5. Provide the participants with an example of a logframe.
6. Ask the participants to start by only filling in one outcome and one output with corresponding indicators, MoV, assumptions. Encourage them to use the indicator guide. They may need to adapt the indicators or objective statements or develop new ones.
7. Ask the groups to pair up and present the logframe to each other. Two groups in one end of the room present the logframe to each other, and two groups in the other end of the room present their logframe to each other. The groups can discuss, pose questions, add new ideas and provide peer support/sparring to each other.
8. To wrap up, ask participants:
  - How was it to develop the logframe using the indicator guide?
  - What worked well?
  - What was difficult?
  - Will this be a useful tool in your work?
  - Does this process correspond to how logframes are usually developed in your work and in your role?

## SESSION 5.3 BUILDING MHPSS CAPACITY

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### Aim of session

To create a realistic training plan based on the long-term scenario.



#### Planning note for facilitator/s

The facilitator will need to determine the relevance of this activity and/or adapt this activity according to the National Society's priorities and based on the role participants have within the National Societies. This is particularly relevant if participants are not responsible for training volunteers or building internal capacity. Facilitators can use the below scenario, linked to prior activities/Modules or use this time in the training to brainstorm and plan for implementing training and other capacity building initiatives within participants organisations.



**Time:** 45 minutes



**Methodology:** Group work with case study from 4.2, or relevant scenario developed by facilitator



#### Materials:

- IFRC PS Centre *Caring for volunteers Tool kit and training manual*
- training plan template



#### Speaker notes

*We will look at creating an overview of training for volunteers having different key tasks. The scenario is the following: A month after the flood, the temporary housing is ready for the move back to the town. A temporary kindergarten and school are open and the local branch asks the MHPSS team to design and run MHPSS activities in the coming six months having a community centre with support groups, a Child Friendly Space and activities for young people and for older adults.*



#### Activity instructions

1. Ask participants to form groups depending upon their interest and at the same time ensuring all four areas of the planning is covered.
2. What should volunteers be trained in, when and how should they be supervised to be able to plan and run the activities?
3. Create a training plan for volunteers carrying out the mentioned activities.
4. Give participants 20 minutes to prepare their plans.
5. Ask each group to present their plan to the plenary.

## SESSION 5.4 PREPAREDNESS FOR MHPSS RESPONSES IN YOUR NATIONAL SOCIETY

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### Aim of session

Participants discuss their learning in the light of their national/regional/local context, plan what to implement, when and how to make use of the interventions discussed during the training.



### Planning note for facilitator/s

In this session participants can work individually or in groups with other participants from their National Society, regional/local team or branch creating individual plans for the work in MHPSS for the coming year.



**Time:** 75 minutes



**Methodology:** Group work with case study



### Materials:

- flipchart
- post-its
- pens, markers
- laptops (optional, some groups may like to type up their notes)



### Speaker notes

*Today we are going to consider how you can take what you have learnt over the last four days and put it into practice in your National Society, regional/local teams, or branch groups. You will have time in groups to discuss what new concepts, tools, and interventions you think you could employ in your emergency responses. This will require consideration, planning and future work with your colleagues outside this training but we want to give you time in the training to think about next steps from here. You have all the reference materials at your disposal, as well as your notes and learning from the last few days. Remember to think about your people also and consider plans for caring for staff and volunteers.*



### Activity instructions

1. Divide participants into groups that reflect their national/regional/local teams or branches. The facilitator/s can ask participants how to best divide them up into groups, if necessary.
2. As a warm-up exercise, ask participants to form two lines standing opposite each other.
3. Instruct them to each talk for a minute: If you came to my country/region to offer support during an emergency, you should know XYZ about our National Society/part of the country, our culture, our collaboration with authorities in order not to make a complete fool of yourself!

4. After the first exchange, ask participants to move in bicycle chain fashion, so they are standing in front of a new participants exchanging information on their National Society.
5. Repeat a final time.
6. Next divide participants into their national/regional/local teams or branch groups. Should there be one person only from a National Society, area or branch they can join another group or work alone, as the facilitator sees fit.
7. Instruct groups to discuss and develop plans for embedding, or expanding, MHPSS in their emergency responses. They will need to make notes of their plans to present to the plenary. Groups should aim to:
  - create a realistic plan for the work in the coming 12 months or so
  - note which materials can support their work
  - discuss how to engage management in promoting their initiatives
  - discuss how they can use the collegial support from fellow MHPSS focal persons in own or other National Societies or regional Communities of Practices
  - discuss funding strategies to support the work plans.
8. Alternatively, participants could use the time individually to develop a personal plan of action following the training:
  - what would they like to learn more about?
  - what information from the training will they follow up on?
  - is there further training they need to pursue?
  - what information will they take back to their teams?
  - what resources or materials will they need to meet their goals?
  - do resources or materials they want to use require translation and/or adaptation?



**15 minute coffee  
and tea break**



## SESSION 5.5 CERTIFICATES AND WRAP UP

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### Aim of session

Participants reflect with their buddy on their learning and their next personal steps in acquiring MHPSS knowledge and skills and for participants to reflect on their buddy when preparing a certificate for him or her.



### Planning note for facilitator/s

Facilitators will need to prepare certificates prior to this session.



**Time:** 75 minutes



**Methodology:** Group work with case study



### Materials:

- prepared flip chart, or slide, with the below questions
- paper
- pens, coloured pencils, crayons



### Speaker notes

*We are now at the end of the training, but before we finish for the day we would like you to spend a little time talking with your buddy, and thinking about what you learned from each other and experienced together during the training. We will then hand out your certificates!*



### Activity instructions

1. The facilitator instructs participants to form pairs with their buddy for a final buddy talk.
2. They have 10 minutes each to talk with their buddy about the questions on the prepared flipchart (see below).
3. The facilitator instructs participants to create a personal certificate for their buddy noting:
  - what they liked about the buddy
  - what they learned from their buddy
  - what they wish for their buddy
  - when developing the certificates, they can be as creative and innovative as they wish to be.

(If you prepare official certificates, participants do not need to create a certificate, but rather prepare to tell their buddies their reflections on each other).

4. The facilitator invites the buddies to hand their certificate to their buddy. The training certificates from the training management can be handed out after each pair of buddies have exchanged the personalized certificates or mailed to participants after the training e.g., when they have filled out the evaluation as suggested – and that the facilitator adapts as needed - in Annex 6.
5. Inform participants that they will do an evaluation of training at the end of the training or on-line after the training.



#### **Example flipchart**

- The most significant change they have experienced during the training.
- How they will continue learning about MHPSS and develop their MHPSS skills.
- Who will benefit from them having been in the training?
- How can they ensure transfer of knowledge and skills from the training to their daily work?
- What could be changed in the training to make it more effective?

## MONITORING AND EVALUATION

### TRAINING NEEDS ASSESSMENT

The following basic matrix may be useful in determining what modules and sessions in this training manual to prioritize based on the context of the training.

KNOWLEDGE AND/OR SKILLS REQUIRED	MODULE	SESSION
<input type="checkbox"/> The potential mental health and psychosocial consequences of emergencies	1	1.1
<input type="checkbox"/> The impact of emergencies at the community level	1	1.2
<input type="checkbox"/> Stress and trauma during and after emergencies	1	1.3
<input type="checkbox"/> Loss and grief during and after emergencies	1	1.3
<input type="checkbox"/> How to look staff and volunteer wellbeing	1	1.4
<input type="checkbox"/> Responsibility for staff and volunteers in emergency responses	1	1.4
<input type="checkbox"/> How to look after self care in emergency responses	1	1.5
<input type="checkbox"/> That there are different types of emergencies	2	2.1
<input type="checkbox"/> What protection needs arise during and after emergencies	2	2.2
<input type="checkbox"/> Minimum standards for protection, gender and inclusion in emergencies	2	2.2
<input type="checkbox"/> About the Red Cross and Red Crescent Movement policy on MHPSS	2	2.3
<input type="checkbox"/> About the Red Cross and Red Crescent Movement Resolution on MHPSS	2	2.3

## Monitoring and evaluation

KNOWLEDGE AND/OR SKILLS REQUIRED	MODULE	SESSION
<input type="checkbox"/> About the Inter-Agency Standing Committee (IASC) MHPSS Reference Group	2	2.4
<input type="checkbox"/> The IASC MHPSS Guidelines on MHPSS in emergency settings	2	2.4
<input type="checkbox"/> About the IASC MHPSS Technical Working Groups	2	2.4
<input type="checkbox"/> About the IASC MHPSS recommended minimum responses in emergencies	2	2.5
<input type="checkbox"/> Assessment in emergencies	3	3.
<input type="checkbox"/> Planning and conducting MHPSS assessment in emergencies	3	3.2 & 3.3
<input type="checkbox"/> Coordination of MHPSS activities in emergencies	3	3.4
<input type="checkbox"/> Introductory understanding of psychological first aid (PFA)	4	4.3
<input type="checkbox"/> Using PFA in group settings for staff and volunteers	4	4.3
<input type="checkbox"/> Conducting PFA remotely, via phone or online	4	4.7
<input type="checkbox"/> Planning community information sessions on MHPSS related topics	4	4.5
<input type="checkbox"/> Conducting community information sessions on MHPSS related topics	4	4.5
<input type="checkbox"/> Introductory understanding of Restoring Family Links	4	4.4
<input type="checkbox"/> Designing and creating MHPSS Information, Education and Communications materials	4	4.6
<input type="checkbox"/> Child protection and Child friendly spaces in emergencies	4	4.8
<input type="checkbox"/> Planning MHPSS interventions	5	5.1
<input type="checkbox"/> Introductory understanding of monitoring and evaluation of emergency responses	5	5.2
<input type="checkbox"/> How to build MHPSS capacity in National Societies/ organisations	5	5.3
<input type="checkbox"/> Preparedness for MHPSS responses	5	5.4

## TRAINING EVALUATION

The following sample questions can be used to create a survey to evaluate the success of the training. These questions focus on the facilitation and content of the training. However, facilitators could also include questions to assess participant learning against the learning outcomes. If facilitators wish to do this, it is recommended that knowledge be assessed both before and after training to determine if there is any change in participant knowledge.

### Sample questions

1. Overall, how would you rate the content of the training?

- Excellent
- Good
- Average
- Poor
- Very poor

Comments:

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2. The facilitator/s was knowledgeable about the topic:

- Strongly agree
- Agree
- Neither agree, nor disagree
- Disagree
- Strongly disagree

Comments:

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Monitoring and evaluation

3. The facilitator/s presented the content in a clear and logical manner:

- Strongly agree
- Agree
- Neither agree, nor disagree
- Disagree
- Strongly disagree

Comments:

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4. The facilitator/s had good facilitation skills

- Strongly agree
- Agree
- Neither agree, nor disagree
- Disagree
- Strongly disagree

Comments:

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5. What worked well and what should we keep doing or do more of?

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6. What did not work well and what should we stop doing or do less of?

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7. Any other feedback you would like to share?

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### Dartboard evaluation

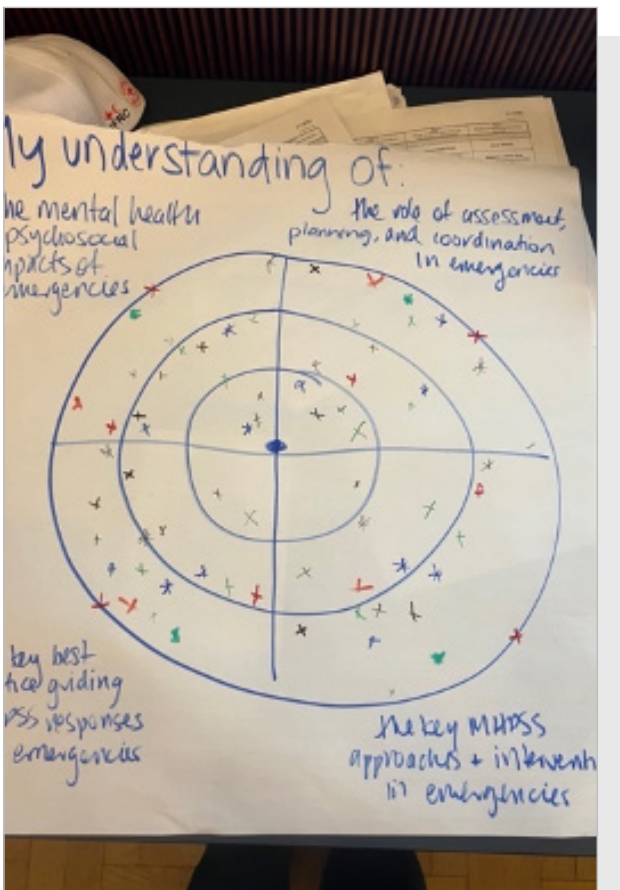
At the beginning and end of the training, facilitators can conduct a short, interactive pre and post evaluation of participants perceived knowledge.

Facilitators can decide which objectives they would like to assess. Example statements are listed below and completed examples of the dartboard with assessed statement are also below.

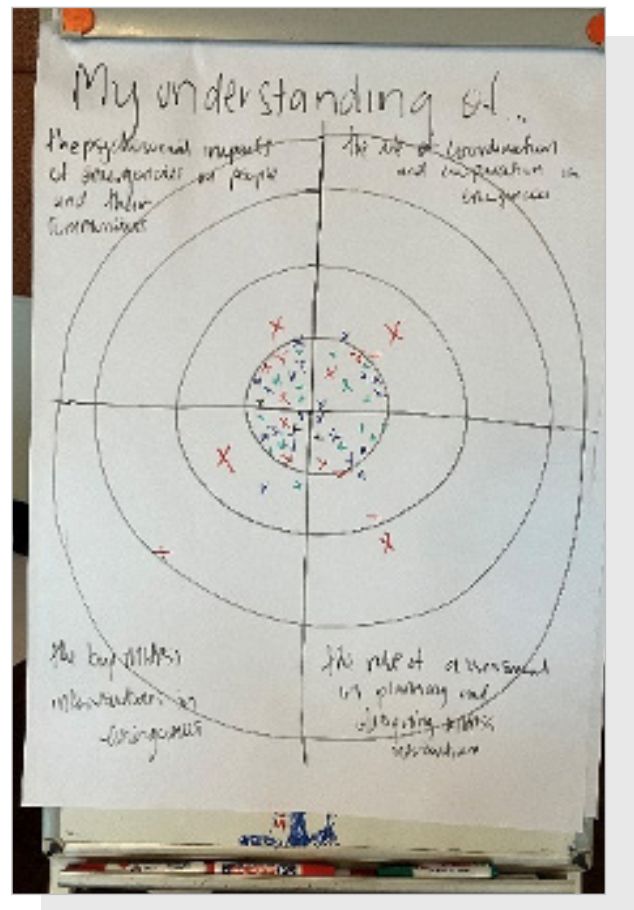
My understanding of:

- The mental health and psychosocial impacts of emergencies.
- The role of assessment, planning and coordination in emergencies.
- The key best practices guiding MHPSS responses in emergencies.
- The key MHPSS approaches and interventions in emergencies.

#### Pre-evaluation example



#### Post-evaluation example



## ANNEX

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Annex documents can be found on the PS Centre website.

- 1. SAMPLE TRAINING RUNSHEET FOR 5-DAY TRAINING**
- 2. STRUCTURED BUDDY TALKS BEFORE, DURING AND AFTER INVOLVEMENT IN EMERGENCY RESPONSES**
- 3. IMPACT ON COMMUNITIES ACTIVITY CHARACTERS**
- 4. CARING FOR STAFF AND VOLUNTEERS ACTIVITY HANDOUT**
- 5. SELF-CARE SCENARIOS**
- 6. PLANNING INFORMATION SESSIONS**
- 7. SIMPLE ACTIVITY PLANNING TOOL**
- 8. SIMPLE LOGFRAME TEMPLATE**
- 9. ASSESSMENT PACK**
- 10. ROLES FOR COORDINATION MEETING**





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## Psychosocial Centre

**International Federation of Red Cross  
and Red Crescent Societies Reference Centre  
for Psychosocial Support**

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