



UPDATE OF NATIONAL SOCIETIES NEEDS AND CAPACITIES IN MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN THE AMERICAS

Summary Version
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Cover photo: Guatemala Red Cross

P.O. Box 303
CH-1211 Geneva 19 Switzerland
Telephone: +41 22 730 4222
Fax: +41 22 733 0395
E-mail: secretariat@ifrc.org
www.ifrc.org

**Updating of needs and capacities in Mental
Health and Psychosocial Support in the Americas**

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1. General Description

The aim of the Mental Health and Psychosocial Support (MHPSS) capacity and needs assessment of the National Societies in the Americas Region is to:

Support effective regional planning by the IFRC's MHPSS technical team to the National Societies in a collaborative way to identify the most appropriate strategies and interventions to meet their needs and build their capacity.

To provide an overview of the capacities of the NSs of the region in MHPSS and highlight the value that it adds in their auxiliary role to support in different emergency and non-emergency contexts and to address the psychosocial and mental health needs of affected people.

And based on the identification and analysis of information collected, guiding the main challenges perceived by the NSs to implement MHPSS actions and achieve the objectives of the 2020-2023 roadmap.

Recommendations are provided with enabling actions that can be used to develop an approach targeted to strengthen National Societies throughout the region and maximize their results in addressing the psychosocial and mental health needs of the general and most vulnerable populations. The needs assessment was designed with a focus on the usefulness of the information collected, ensuring the participation and valuable input of the national MHPSS and/or health coordinators of the NSs.

The methodology is mentioned in the below, and the people interviewed to obtain the information are mentioned in the appendix.

2. Background and context

Recently an abundance of literature and studies are showing the profound impact that the COVID-19 pandemic is generating on the well-being and mental health of people around the world, as risk factors (financial insecurity, unemployment, fear) increased exponentially, the protective factors (social connection, labor, and educational participation, access to physical exercise, daily routine, access to health services) reduced, thus generating a worsening of the mental health of the population¹.

The region of the Americas is not an exception and the challenges that the pandemic has brought, with the already existent ones, such as the great inequalities and inequities in social and health aspects, social and political conflicts, and high levels of violence that the region faces, contribute to further exacerbate the damaging effects on people's mental health, especially in groups that face the most vulnerabilities, such as migrants and indigenous²³. The economic and human resources allocated to mental health and psychosocial support in the region are one of

¹ <https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impact-of-the-covid-19-crisis-an-integrated-whole-of-society-response-0cca0b/>

² <https://www.weforum.org/agenda/2021/04/covid19-mental-health-america-women/>

³ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)00629-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)00629-2/fulltext)

the lowest, especially in low- and low-middle-income countries. All these contribute to the increase of the appearance or exacerbation of psychological and mental problems that could be prevented or minimized with actions at the community level.

The National Societies of the region have vast experience with MHPSS, especially at the community level, which they have shown by intervening in all recent events in the region such as the current COVID-19 pandemic, natural disasters like the hurricanes ETA and Iota or volcanic eruptions, the different migratory movements or social conflicts; All situations that increase the emotional suffering of people.

The national societies in the humanitarian mandate and with the guidelines of the Movement's Policy has been contributing to increase the well-being and promote the resilience of individuals, families, and communities by providing support, such as psychological first aid through telecare assistance, establishing friendly spaces and psycho-educational activities in shelters or working with the educational department at the country level to strengthen their ability to provide psychosocial support to students and their families.

The IFRC MHPSS team has provided remote technical support and accompaniment to the NS with the common goal of ensuring that the mental health objectives of the Movement are achieved and to support the NS in increase and/or strengthen their capacities to be able to in their auxiliary role support the government in meeting the growing psychosocial demands of the community.

3. Purpose

To identify the capacities that the National Societies in the region have to support the promotion of mental health and community well-being and identify the challenges that may interfere in the process of strengthening and increasing these capacities.

3.1. Objectives

- Identify the main MHPSS-related needs of the National Societies.
- Identify NSs' existing MHPSS capacities.
- Provide recommendations to implement adjustments to the IFRC's MHPSS policy and framework

3.2. Methodology

The evaluation was conducted in June 2021 and was divided into six phases:

- **Phase I:** Planning, organization, and **development of a questionnaire**-type instrument with 72 open and closed questions. These questions were framed within the following categories: MHPSS structure of the NS, MHPSS policy and guidelines, advocacy, resources, community, personnel, and volunteers, MHPSS interventions in COVID 19, referral, MHPSS in migration, evaluation, and monitoring, and challenges of the MHPSS service, which also framed and guide our recommendations.
- **Phase II:** Inviting the NSs to participate in the survey with the support of the clusters in the region. An e-mail was sent to all the NSs informing them of the objective and process, the suggested dates and the information on statistical data that would be needed during the interviews to be prepared in advance.
- **Phase III: Semi-structured** interviews with the MHPSS focal points of the different NSs in the region had an average duration of 45 minutes and it was conducted on the Teams platform. The interviewer led the session by asking the questions one by one and filling in the answers selected by the NS representative.
- **Phase IV: Analysis and interpretation** of the data obtained and divided by country, subregion, and region.
- **Phase V:** Preparation of **recommendations, actions, and proposals**.
- **Phase VI: Development of an MHPSS database** where the data of the NSs can be interactively visualized and updated periodically.

Important note: It is recommended to perform this exercise semiannually to:

- 1) Update the database.
- 2) Track, monitor, and evaluate MHPSS indicators.
- 3) Detect new areas of need and/or interest of the NSs.

3.3. Data analysis

- Qualitative data were coded and classified according to the 12 predetermined subject areas and based on specific questions.
- Quantitative data were analyzed through a form in Kobo format.
- The data stored in the Kobo server was passed to Power BI creating a Dashboard that has allowed the data to be structured and exploited through graphs.
- Graphs were analyzed to identify recurring issues and topics.
- Recommendations were developed based on the results.

3.4. Limitations

One of the main limitations was based on the coordination to schedule the interviews, due to the different day-to-day commitments of the National Societies' MHPSS National Focal Points or due to their absence by being on annual leave, meaning that people's availability was limited. In the case of the Caribbean, for example, most of the interviewees are volunteer and deal with different tasks in the different sectors of the NS that tend to have a general knowledge of MHPSS, which limits their understanding of certain topics in the area. However, there was, in general, a prompt and positive response from the NSs to participate in the process.

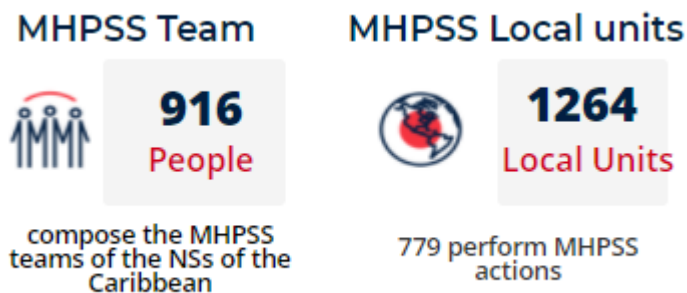
National Societies Participating



4. General Regional Findings

After analyzing and interpreting the information from the participating National Societies, some of the most relevant regional findings are presented below.

MHPSS NSs Capacities



People reached by MHPSS actions

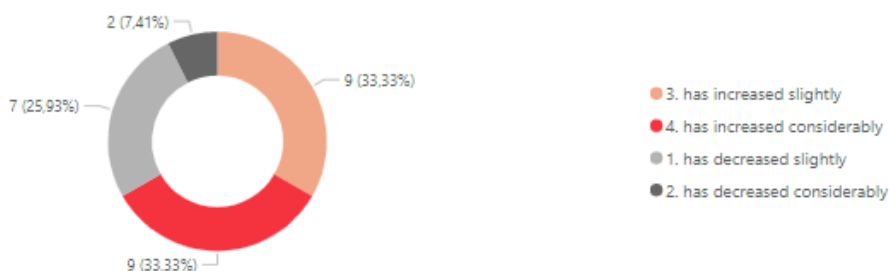


Total number of people supported by MHPSS services

119 K
2020

36 K
2021

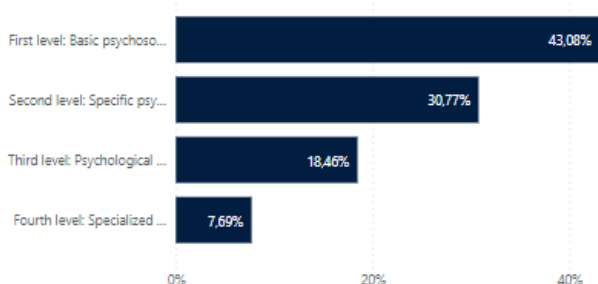
In the last 4 months, what changes did you identify in the MHPSS actions?



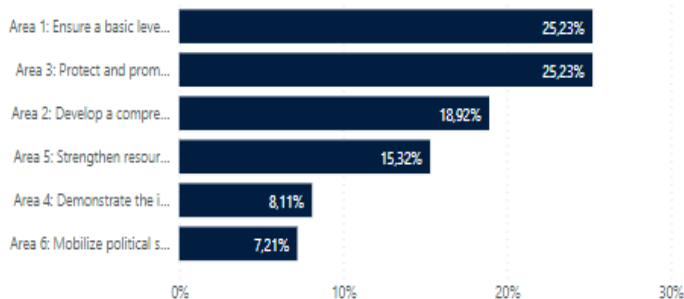
Between 2020 and the first semester of 2021, the NSs reported having reached 155.000 with MHPSS actions. Regarding the **demand for MHPSS**, **67%** of the NSs reported an **increase** in the last quarter.

MHPSS Policy and Guidelines

MHPSS level of care



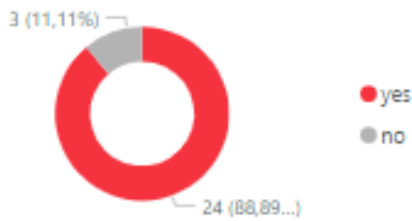
Priority Areas of Action



Regarding the **MHPSS framework**, **44%** of the **NSs are providing services** on the **first level** (Basic Psychosocial Support) and, in terms of the **roadmap priority areas 2020-2023**, **25.23%** are focused in the **first and third areas** (integrate MHPSS into an intersectoral and comprehensive approach and protect the mental health of the volunteers and staff).

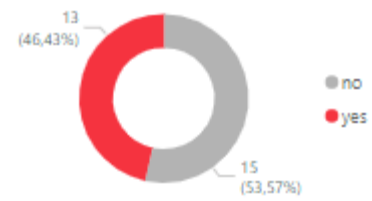
MHPSS Advocacy

Is the MHPSS component contemplated in the NS's Strategic Plan?



89% of the NSs reported having an **MHPSS strategic plan**.

Does your NS have a permanent MHPSS community-based program?



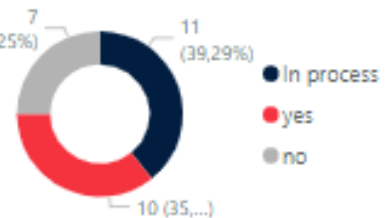
54% of the NSs have an **MHPSS Community-Based Program**.

Do you participate in a Mental Health coordination panel in the country with authorities and institutions?



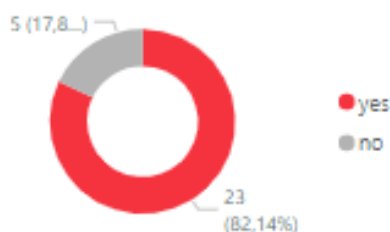
61% of the NSs reported being **part of the MHPSS working group** in their country and, only **35%** have an **MHPSS map of the actors and services** in their country.

Do you have a mapping of actors and services in MHPSS?

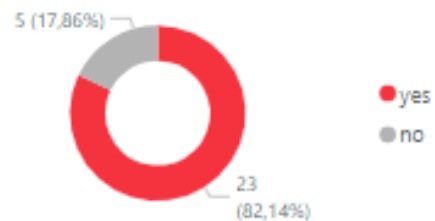


Cross-cutting collaboration

Is the MHPSS component articulated to the PGI approach?



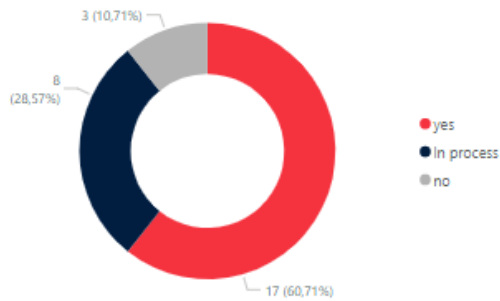
Is the MHPSS component articulated to the CEA approach?



81.14% of the NSs are implementing an **intersectorial MHPSS approach** including **PGI** and **CEA**.

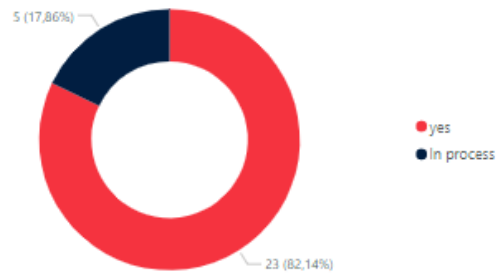
MHPSS for Volunteers, Staff, and Community

Do you have an MHPSS training plan for staff and volunteers?



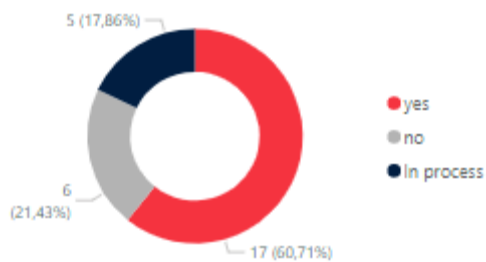
61% of the NSs have a specific **MHPSS training plan** for **volunteers and staff**.

Do you have support systems for the mental health and psychosocial well-being of staff and volunteers?



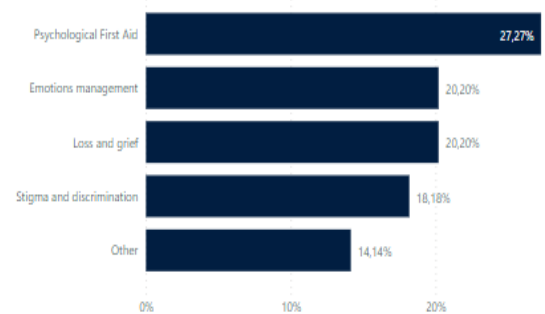
82.14% of the NSs have a **support system** to guarantee the **well-being and mental health** of **volunteers and staff**.

Do you have an entry-level training pack in PSS community-based?



61% of the NSs have a **basic MHPSS training package** for the **community**.

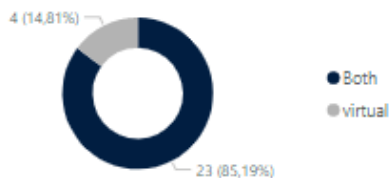
What are the main issues you address in the community?



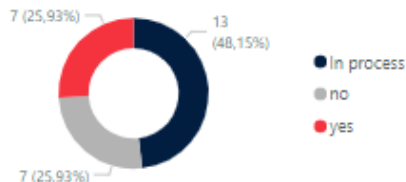
28% stated that **Psychological First Aid** is the **main issue** they address with the **communities**.

Activities during COVID-19:

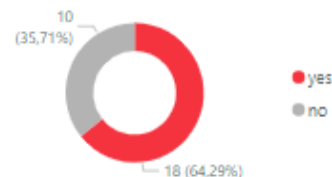
Do you carry out MHPSS actions in COVID-19 virtually and/or in-person?



Do you support psychosocial Support actions in COVID-19 vaccination?



Are you supporting MHPSS activities in the education sector?



81.19% of the NSs **provide services virtually and/or in person** and, **26%** reported that they are implementing **MHPSS activities during COVID-19 vaccination** roll-out, while **48.15%** still in the process of implementing it. **64.29%** reported being involved in **MHPSS activities in education**.

The complete results obtained are available on the MHPSS Dshboard at the following link:

<https://go.ifrc.org/emergencies/4379#covid-19-situation>

4.1. Regional recommendations and proposed actions:

1. All NSs must have a **support system** that guarantees the **well-being of volunteers and staff**.
2. Promote actions that encourage that each local unit of the National Society supports MHPSS activities in an intersectoral approach.
3. Ensure the permanent presence of a representative or National MHPSS referent to ensure the design, planning, coordination, execution, and monitoring of MHPSS interventions.
4. Strengthening the ties between the volunteer and training sectors of the NS for the establishment of a continuous and permanent system of basic MHPSS components ensuring that all new staff and volunteers will have the basic knowledge needed, such as Psychological First Aid (PFA).
5. Implement a permanent training program in specialized MHPSS topics so that the staff and volunteers of the MHPSS team can increase and keep their capacities up to date.

6. Support the NSs to increase their capacities and be able to carry out actions framed according to the roadmap, such as those focused on investigating the impact of MHPSS interventions, resource mobilization, diplomacy, and advocacy in MHPSS.
7. Strengthen the implementation of community-based approaches to MHPSS interventions as an educational and preventive mechanism at the first levels of the Movement's framework.
8. To allocate permanent funds to MHPSS as an element to guarantee the continuity and sustainability of the interventions.
9. Systematize psychological care and referral processes for cases that need specialized attention.
10. Stimulate and reinforce permanent work in an intersectoral approach with other areas, such as CEA, PGI, WASH, livelihoods, Youth Commission, and more, to increase the impact and scope of actions.
11. Mapping actors and services in MHPSS at the national and local levels as it is an essential tool to support inter-institutional articulations and strengthen action guaranteeing collaboration in both emergencies and non-emergencies situations.
12. Reinforce the relevance of designing, using, and implementing monitoring and evaluation tools to systematize and demonstrate the impact of MHPSS interventions, in addition to accountability.
13. Continue with the regional support and collaboration to the National Societies and establish working groups focused on the issues of interest indicated in this evaluation, like suicide prevention, COVID-19 vaccination roll-out, and education.

To see the extended report by subregions (Latin America and the Caribbean) and by National Society, go to the following link:
<https://go.ifrc.org/regions/1#regional-profile>

5. Interviewees

Latin America and the Latin Caribbean

- Evelyn Magali Paredes - Focal Point of Health of Paraguay.
- Paul Acosta - National Coordinator of Health and Human Security of Peru.
- Ismael Navarro - Chile's Psychosocial Support Technician.
- Marta Hinojosa - Focal Point Psychosocial Support of Mexico.
- Ana Carolina Picado - Focal Point of Psychosocial Support of Nicaragua.
- Juan Kuster - National Coordinator PSS of Uruguay.
- Manuelita Diez - National Coordinator of PGI and Psychosocial Support of Argentina.
- Aaron Espinoza - Focal Point of Psychosocial Support of Venezuela.
- Grettel Perez - Focal Point Psychosocial Support of Panama.
- Lelly Pimentel - •National Coordinator of the Psychosocial Support Program of the Dominican Republic.
- Dunia Varela - Honduras Health Project Officer.
- Gleny Yepez - Responsible for Mental Health and Psychosocial Support of Bolivia.
- Ana Lucia Castillo Álvarez - Focal Point for Psychosocial Support of Guatemala.
- Marcelle Motta - National Coordinator of Psychosocial Support of Brazil.
- Lindsay Martinez - Focal Point of Psychosocial Support of Costa Rica.
- Rocio Villacis - •Technician of Mental Health and Psychosocial Support of Ecuador.
- Joyce Caballero - National Coordinator of Mental Health and Psychosocial Support of Colombia.

The English-speaking Caribbean

- Sylvia Jacobi - MHPSS and Health Focal Point of Suriname.
- Sylvester Jno Baptiste - Project manager for COVID of Dominica
- Joseph Richardson - Project manager for COVID 19 of Saint Kitts and Nevis
- Jerwanye Laiblow - MHPSS focal point of Saint Vincent and Grenadines.
- Victoria Charlton – Health focal point of Antigua and Barbuda.
- Cindy Lewis - MHPSS focal point of Grenada.
- Charletta Rowland - MHPSS focal point of Belize.
- Marva Edward _Oculien - MHPSS and Health Focal Point of Saint Lucia.
- Angela Gordon - MHPSS focal point of Jamaica.
- Andrea Phillips - MHPSS and Health Focal Point of Guyana.
- Andrea Thomas - MHPSS focal point of Trinidad and Tobago

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

Contact information

Maria Tallarico

Head of Regional Health and
Care Unit

Americas Regional Office

International Federation of the Red Cross and Red Crescent

maria.tallarico@ifrc.org

Greisy Trejo

Regional MHPSS and Health in Emergencies Officer

Americas Regional Office

International Federation of the Red Cross and Red Crescent

greysi.trejo@ifrc.org

