

Mental Health and Psychosocial Support (MHPSS) Working Group Erbil - Iraq

March 2016

TERMS OF REFERENCE

INTRODUCTION and RATIONALE

Within the context of the crisis and its impact on Iraq, all agencies, organisations and affiliated ministries working in mental health and psychosocial support in Erbil, (KRI) are invited, and strongly encouraged to participate in the MHPSS Working Group. It is the responsibility of all MHPSS actors to respect and work towards good practice standards and coordinate their efforts in order to respond effectively to the mental health and psychosocial needs of the internally displaced, refugees and host communities. This Working Group will sit within the Directorate of Health in Erbil, as sub-cluster to the health and protection clusters yet the focus of its work will be cross-sectoral among all sectors as part of IASC guidelines.

OBJECTIVES

- I. **Coordination: To Streamline and strengthen Coordination and enhance referral Pathways** through an effective an effective, coordinated and focused inter-agency response to the MHPSS needs of the diverse population in Erbil and the surroundings focusing mainly on all individuals and groups affected by the conflict in Iraq. Conduct needs and resource assessment.

Activities:

- Monthly inter-agency meetings to update and disseminate work progress and plans.
- Maintain contact with sector focal points and ministries, promoting MHPSS as a cross-cutting issue.
- Encourage the active involvement of the relevant and ministries in the working group.
- Keep an updated 4Ws matrix on MHPSS and through the division of activities between the actors in way to avoid duplication.
- Strengthen the links between PSS with the Mental Health on all levels, starting from the field where first-liners can be trained on detection and referral of persons in need of a higher level of intervention.
- Coordinate with the Health, Protection and Education sectors/clusters/working group, and be represented in the key coordination platforms.

- II. **Research and assessment:** To Work towards identifying gaps in existing systems related to information sharing, research and assessment of needs through strengthened data collection processes, classification and analysis of knowledge and information pertaining to MHPSS activities in Iraq.

Activities:

- Establish a research committee headed by Ministry of Health involving all active MHPSS actors, WHO and UNHCR.
- To conduct services mapping exercise on Erbil Governorate level involving all actors working on the field.
- To conduct joint assessment among MHPSS actors when needed as per standards set by the Research Committee for assessment and research.

III. **Advocacy:** To better raise awareness at all levels regarding the importance of psychosocial support and mental health and to draw together existing evidence to advocate with different actors on the importance of MHPSS in Erbil.

Activities:

- Develop standards for training through capacity assessment and the development of capacity building framework as well as minimum standards for interventions working towards better knowledge sharing, experience, and lessons learned working towards building a system of multi-layered services.
- Identify and prioritise and scale-up key mental health and psychosocial evidence –based interventions.
- Capitalise on best practices and establish ways to share lessons learned and information sharing to improve implementation of the multiple layers of the IASC guidelines and work towards better integration of MH into PHC.
- Apply recruitment and selection principles in line with Guidelines to ensure staff retention, without compromising standard national MHPSS services. - Ensure proper induction and orientation of all staff and volunteers on MHPSS approach.
- Advocate through MHPSS sub-clusters/WGs, and scale up, lower level MHPSS community-based services and supports, such as outreach volunteers (by IDPs and refugees themselves), community councils, peer-to-peer support, and service user lead initiatives.
- Ensure trainings of outreach workers and community mobilizers linked to MHPSS and non MHPSS services are trained in PFA, and providing basic PSS, and psycho-education.
- To promote self-care and staff care through systemic and integrated approach to staff care is required including ongoing support to staff and orientation sessions on stress management and self-care.
- Advocate for welfare of staff as one of the principles of good practice.
- Advocate for the participation of displaced and host families and communities in the design and implementation of community-based activities across all sectors.
- Support community initiatives, actively encouraging those that promote family and community support for all emergency-affected community members, including people at greatest risk.