

**IASC**  
Inter-Agency Standing Committee

IASC Guidelines  
on Mental Health and  
Psychosocial Support  
in Emergency Settings



# Inter-Agency Standing Committee (IASC) Guidance on Mental Health and Psychosocial Support in Emergency Settings

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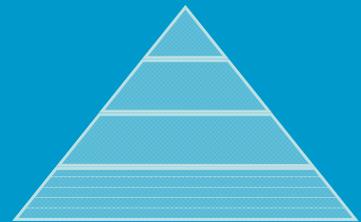
# Why inter-agency guidance?

- Enough consensus on good practices to develop interagency guidance
- Transcend ideological debates
- Facilitate addressing of a range of issues (from protecting and improving social well-being to severe mental disorder)
- Multiple needs in multiple sectors: no humanitarian actor can address needs alone
- Reduce inappropriate practices
- Less chaos: facilitate coordinated response on priority issues



# Core principles

1. Help, but foremost, do no harm
2. Promote human rights and equity
3. Maximize participation
4. Building on available resources and capacities
5. Facilitate multi-layered supports
6. Facilitate integrated support systems



# Key principle: multi-layered responses

**Examples:**

**Mental health care by mental health specialists (psychiatric nurse, psychologist, psychiatrist etc)**

**Basic mental health care by PHC doctors  
Basic emotional and practical support by community workers**

**Activating social networks  
Communal traditional supports  
Supportive child-friendly spaces**

**Advocacy for basic services that are safe, socially appropriate and protect dignity**

**Specialised services**

**Focused (person-to-person) non-specialised supports**

**Strengthening community and family supports**

**Social considerations in basic services and security**

# Multisectoral Guidance

- Example: The design of sites and shelters often causes distress owing to overcrowding, lack of privacy, and lack of safety at latrines
- Key Actions:
  - organize shelters in ways that promote privacy and reduce overcrowding
  - provide adequate lighting around lockable sanitation facilities



# Examples of practical do's and don't's in the IASC Guidelines (see pages 11-13, field guide)

- Build local capacities, supporting self-help and strengthening the resources already present in affected groups.
- After trainings on MHPSS provide follow up supervision and monitoring to ensure the interventions are implemented correctly.
- Do not organise supports that undermine or ignore local responsibilities and capacities.
- Do not use one-time stand alone trainings or very short trainings without follow-up if preparing people to perform complex psych interventions



# Matrix of Mental Health and Psychosocial Support: All Have Impact on Protecting MHPS Well-being

1. **Coordination**
2. **Assessment, monitoring and evaluation**
3. **Human rights standards**
4. **Human resources**
5. **Community mobilisation and support(\*)**
6. **Health services**
7. **Education**
8. **Dissemination of information**
9. **Food security and nutrition**
10. **Shelter and site planning**
11. **Water and sanitation**

MHPSS is an inter-sectoral, or mainstreaming concern. You can improve our MHPSS influence by taking A Mental Health & Psychosocial Support Lens across all our programs

**See Chapter 2 matrix with columns**

**- Preparedness**

**- 25 minimum responses (see poster)**

**- Comprehensive responses**

# On early recovery

- Early recovery is about planning for recovery from day one of a crisis
- IASC Guidelines is mostly about minimum response for emergencies but Chapter 2 (full matrix) contains many suggestions for "comprehensive response"



# Examples of ideas for early recovery (see Chap 2 of IASC Guidelines)

- Support safe community reintegration for displaced persons, especially isolated ones
- Provide the space for victims and survivors to discuss issues of reparation (economic, judicial, symbolic) to be addressed by responsible parties
- Facilitate recording of historical memory of how the community has dealt with the emergency
- Strengthen the MHPSS system, including referral mechanisms
- Strengthen mobilisation of community resources for self-help

# Examples of ideas for early recovery (see Chap 2 of IASC Guidelines)

- Organise discussions on helpful and harmful traditional practices
- Build local organizations' capacities to help parents to provide quality care for young children
- Develop national plan/policy for mental health
- Integrate mental health care in PHC
- Develop community mental health services
- Follow up on psychosocial support programmes offered in schools
- Support reliable and accessible systems of accurate dissemination of information, including on returns/resettlement/repatriation

# Sphere 2004: minimum standard for mental and social aspects of health

## 4 psychological/psychiatric interventions

- Psychological first aid for people with acute anxiety
- Care in PHC for urgent psychiatric problems
- Continue care for people with severe mental illness in previous care
- Initiate more comprehensive response

## 8 social interventions

- Eg restart schooling, give information, community-self help, etc

