
Mental Health Matters:

Progress Report on Mental Health and Psychosocial Support Activities
within the International Red Cross and Red Crescent Movement

Americas Region

October 2021



+CIFRC

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Psychosocial Centre

Executive Summary

This year's Movement-wide Mental Health and Psychosocial Support survey has been conducted to follow up on the [Mental Health and Psychosocial Support survey of 2019](#), which, for the first time, provided a dataset and baseline for mental health and psychosocial support (MHPSS) activities carried out by the components of the Movement. A total of 163 National Societies (NS), the International Federation of the Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) participated in the survey. This report, however, presents the results of the 2021 survey compared to the results of the survey conducted in 2019 with focus on the Americas region.

In 2021, all respondents (30 NS, the IFRC, and the ICRC) provide mental health (MH) and/or psychosocial support (PSS) activities. Nearly all respondents (97%: 29 NS, the IFRC and the ICRC) reported that they have carried activities around caring for staff and volunteers, followed by activities addressing basic needs for volunteers (75%: 22 NS, the IFRC and the ICRC) and stress management activities (72%: 22 NS and the IFRC).

Following the global trend, the close to all respondents targeted volunteers (97%: 29 NS, the IFRC, the ICRC) as a Movement-internal target group. Apart from this, migrants (69%: 20 NS, the IFRC and the ICRC), older persons (69%: 20 NS, the IFRC and the ICRC) were the most targeted group outside the Movement.

Most respondents (69%: 21 NS and the ICRC) delivered psychological support in 2021 versus only 38% (12 NS) in 2019. The second most frequent type of mental health activity in 2021 is, with 50% (15 NS and the ICRC), the provision of training of community actors in basic psychological support which is slightly less as two years before (60%: 18 NS).

Volunteers (69%: 20 NS, the IFRC and the ICRC) and older persons (63%: 19 NS, the IFRC and the ICRC) are the top two target groups of the Americas Movement components in 2021 regarding the provision of MH services. Older persons (66%: 19 NS, the IFRC and the ICRC) and migrants (50%: 14 NS, the IFRC and the ICRC) are the second and third most targeted group in 2021.

In 2021, 72% (21 NS, the IFRC and the ICRC) against 75% (24 NS and the ICRC) in 2019 state that they offer referral(s) to more specialized mental health services such as psychiatrists and psychologists. MHPSS activities are provided during emergency by most of the responses (97%: 29 NS, the IFRC and the ICRC). 84% of respondents (25 NS, the IFRC and the ICRC) stated to have appointed one or more focal points which is a stable result compared to the baseline study in 2019.

Collectively, around 2.7000 staff and volunteers are reported to having been trained in basic psychosocial support within the 32 NS of the Americas Region and the IFRC in the last year. The number of trained staff and volunteers in PFA has remained stable from 6.330 in 2019 to more than 6.700 in 2021.

All respondents (100%: 30 NS, the IFRC and the ICRC) state having a system in place to monitor the MH and/or PSS activities of their organization.

34% (12 NS) report having no budget dedicated for MHPSS activities. 85% of respondents (25 NS, the IFRC and the ICRC) report the lack of, or limited funds as an obstacle for delivering MH and/or PSS activities. It follows the challenge of stigma around tackling mental MH and PSS needs (42%: 15 NS and the IFRC) preventing the Movement components in the Americas region from addressing the MHPSS needs. However, around 38% of the respondents (12 NS) plan to expand their activities. 44% (13 NS and the ICRC) want to integrate or mainstream its activities. 19% (6 NS) plan to maintain the level of activities on MHPSS.

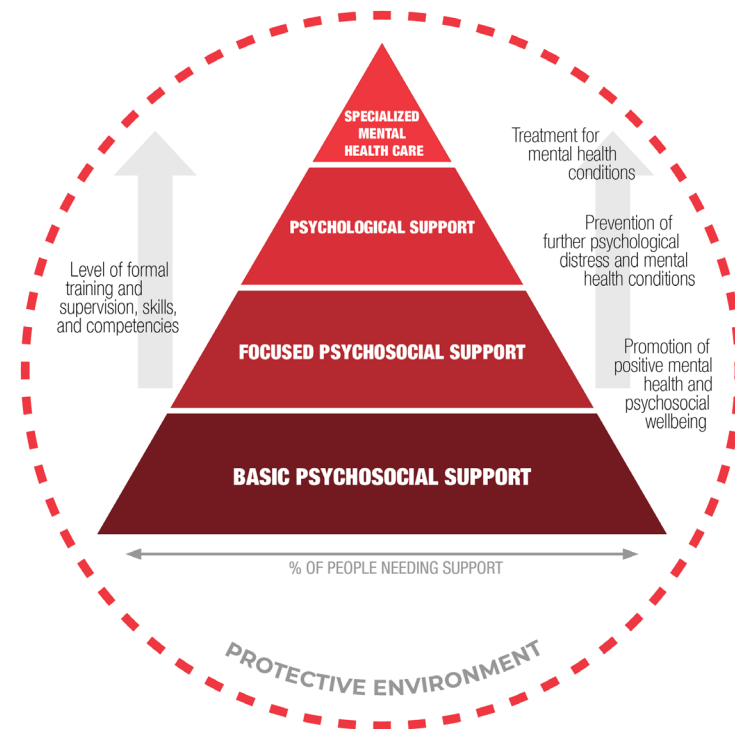
Finally, this report does not include specific information about the delivery of MH and/or PSS activities in relation to the COVID-19 pandemic. We acknowledge that the pandemic possibly has had an impact on the services provided. However, to maintain validity, the survey questions informing the report remained essentially the same as in 2019, with the exception of the questions introduced by the Working Groups of the MHPSS Roadmap implementation (please see the annex).

Introduction

Throughout the world, every day the International Red Cross and Red Crescent Movement (the Movement) witnesses the extensive unmet mental health and psychosocial support needs that populations endure. Needs that increase dramatically during armed conflicts, natural disasters and other emergencies. One of the most prominent examples is the COVID-19 health emergency, which sheds light on how crucial mental health and psychosocial support (MHPSS) is.

In the Movement, MHPSS continues to be high on the agenda. The different components of the Movement - the 192 National Societies (NS), the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) - respond to mental health and psychosocial needs through a variety of activities. These activities cover the spectrum of MHPSS from basic psychosocial support, to focused psychosocial support, psychological support and specialized mental health care. Psychosocial wellbeing and mental health support exist on a continuum, and therefore different people need different levels of care, from prevention and promotion of positive mental health, to treatment of mental disorders.

The Mental Health and Psychosocial Support survey was conducted by the International Red Cross and Red Crescent Movement in 2021 to assess and monitor areas of improvement as well as areas that need further strengthening in regard to the activities addressing mental health and psychosocial needs.



The Movement's mental health and psychosocial support framework. Read more: <https://pscentre.org/what-we-do/the-mhpss-framework/>

The survey also provides a method of tracking progress in implementing the Movement’s policy of addressing mental health and psychosocial needs and [resolution 2](#) of the 33rd International Conference “Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies”

This report, therefore, includes questions specifically related to the six Priority Action Areas, as defined in the [Roadmap for Implementation 2020-2023](#). This Roadmap specifies the Movement’s collective commitments and ambitions in responding to the mental health and psychosocial needs of the populations we serve, by translating those into activities and outputs that both the Movement as a whole and NS, the IFRC and the ICRC individually should work towards. The Priority Action Areas have guided the creation of working groups (WG) that facilitate the roll-out of the specific commitments, as defined in the Roadmap. Each WG contributed to the survey by providing additional questions or amendments to past questions, to ensure an efficient follow-up of the progress on the Priority Action Areas. (Please see the annex for the WGs’ focus and Priority Action Areas and a detailed list of the questions which were added or edited.)

The additional questions provided by the WGs are the only significant change compared to the survey conducted in 2019. The survey in 2019 established a dataset and a baseline of MHPSS activities carried out by NS, the IFRC and the ICRC. This report presents results from the 2021 survey and compares them with those from the previous report to document developments over the past two years.

To summarize, this report contains an overview of the survey results in 2021 compared to the results from the 2019 survey. It presents what the respondents made up of NS, the IFRC Americas and the ICRC Americas – have done in the last 12 months and what they continue to do in the field of MHPSS. The focus is on the development in the delivery of MHPSS activities by the respondents as well as the challenges encountered when delivering MHPSS activities.

The survey represents a snapshot of current activities but does not provide information about the quality of services being provided or about potential variation in approaches used across the Americas region. For the global Movement-wide survey report and the reports of other regions, please consult the IFRC Psychosocial Support Centre Website in this [link](#).

Key terminology

Mental health activities: counselling, group therapy, psychiatric or psychological assessments and treatments, often delivered by persons with professional training in mental health or psychology, or highly skilled, trained and supervised volunteers.

Psychosocial support activities: e.g. psychological first aid, psycho-education, awareness-raising, community-based activities and other activities usually delivered by trained volunteers but often supervised by someone with a more advanced background in psychology/social work/health.

Source: global MHPSS survey 2021

Methods: How was the survey conducted?

The survey was shared in Arabic, English, French and Spanish and disseminated to all 192 NS, the IFRC and the ICRC in June 2021. Follow-up on submissions took place between June and August 2021.

The survey requested each component of the Movement to provide information on their mental health (MH) and/or psychosocial support (PSS) activities related to both national and international work. Only one response was accepted per NS. In cases where more than one answer was submitted from the same NS, the respondents were given the opportunity either to consolidate their response and resubmit a joint answer or choose which of the already submitted responses should be considered.

Regarding the IFRC, a response was received from each of the five IFRC Regions - Africa, Americas, Asia Pacific, Europe and Central Asia (CA), and the Middle East and North Africa (MENA) - together with a response from the IFRC Reference Centre for Psychosocial Support (PS Centre). For the global report, these separate responses were merged into one response covering all the work undertaken by the IFRC. Like the IFRC, the ICRC also provided regional breakdowns for the regions - Americas, Africa, Eurasia, North Africa, and Middle East (NAME) and the Asia Pacific in addition to information on their MHPSS activities worldwide. This report, however, focuses on the performance of the Americas Pacific

region solely.

The MHPSS baseline survey in 2019 contained 27 questions, whereas this year's survey had 33 questions. The 6 additional questions stem from the Roadmap for Implementation 2020-2023 working groups' (WG) specific interest in their Priority Action Areas. Each WG contributed with amendments to the existing questions or added one to two questions. The survey was divided into two sections: existing MH and/or PSS activities, and MH and/or PSS activities moving forward.

Although the COVID-19 pandemic affected significantly the context of MHPSS activities in the past year it was decided because of reasons of validity to not further modify the initial survey of 2019. As the goal of the Movement-wide MHPSS surveys is to deliver coherent information from the commencement of the resolution 2 in 2019 until the end of the Roadmap for Implementation in 2023, the survey needs to remain comparable. The impact of COVID-19 on MH and/or PSS activities and services are subject to other appeal reports and publications.

A total of 30 NS out of 35 NS in the Americas Region, the IFRC Americas, and the ICRC Americas provided answers in this survey. This accounts for a total response rate of 86%, as in 2019.

Number of respondents per region

Year	Americas	Movement-wide
2019	86%	85%
2021	86%	84%

Table 1: Percentages of respondents per region

Results

Mental health (MH) and/or psychosocial support (PSS) activities

The delivery of MH and/or PSS activities has remained high since 2019. In 2021, all respondents of the Americas region (30 NS, the IFRC and the ICRC) indicate that their organization provides MH and/or PSS activities, as shown on the map (figure 1), compared to 93% (28 NS, the IFRC and the ICRC) in 2019.

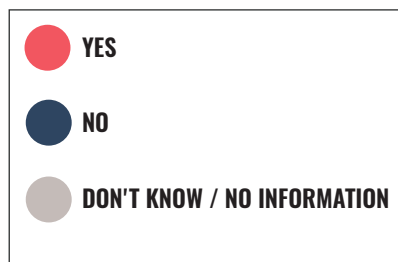


Figure 1: NS providing mental health and/or psychosocial support services

Against the Movement-wide trend, the number of NS having a MH and/or PSS focus in their organization strategy has decreased from 93% (28 NS, the IFRC and the ICRC) in 2019 to 80% (24 NS, IFRC and ICRC) in 2021 (figure 2).

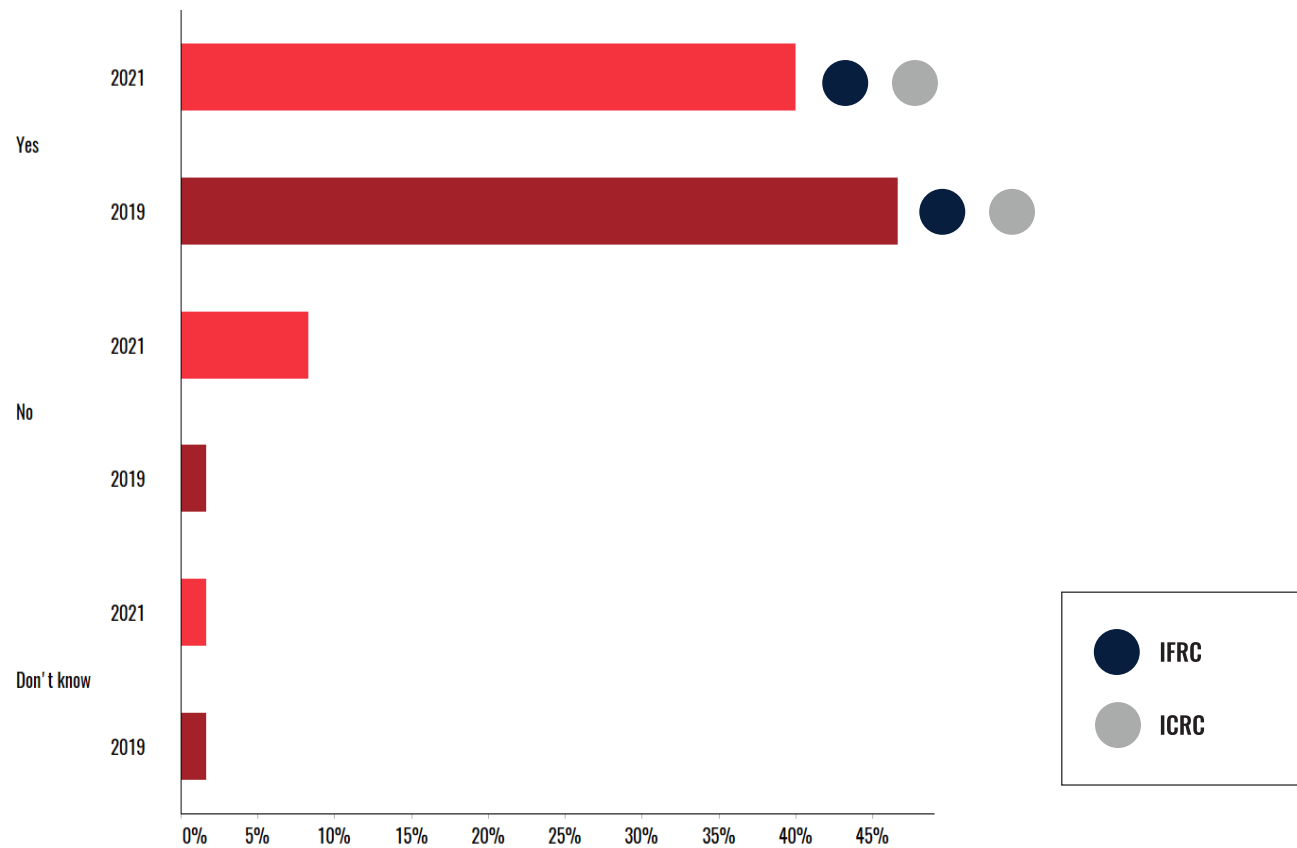


Figure 2: Provision of mental health and/or psychosocial support is a focus in the strategy

Provision of psychosocial support (PSS) activities

When looking solely at PSS activities, every respondent (100%) that participated in the survey (30 NS, the IFRC and the ICRC) stated to have carried out at least one activity defined as psychosocial support in the last year. This is the same number as in 2019.

The different PSS activities are shown in figure 3. Figure 3 includes a comparison of the activities carried out by the NS, the IFRC and the ICRC in 2019 and 2021. The top three activities in 2019 were the following:

- community events (69%: 22 NS)
- activities linked to restoring family links (66%: 20 NS and the ICRC)
- peer support (66%: 20 NS and the ICRC)

In 2021, the three most utilized activity approaches were:

- caring for staff and volunteers (97%: 29 NS, the IFRC and the ICRC)
- addressing basic needs for volunteers (75%: 22 NS, the IFRC and the ICRC)
- stress management activities (69%: 22 NS)

Regarding the target-groups reached by these activities, close to all respondents have focused on supporting volunteers (97%: 29 NS, the IFRC, the ICRC) and migrants (69%: 20 NS, the IFRC and the ICRC), older persons (69%: 20 NS, the IFRC and the ICRC) and staff (66%: 19 NS, the IFRC and the ICRC). The comparison between the target groups from 2019 and 2021 is depicted in figure 4.

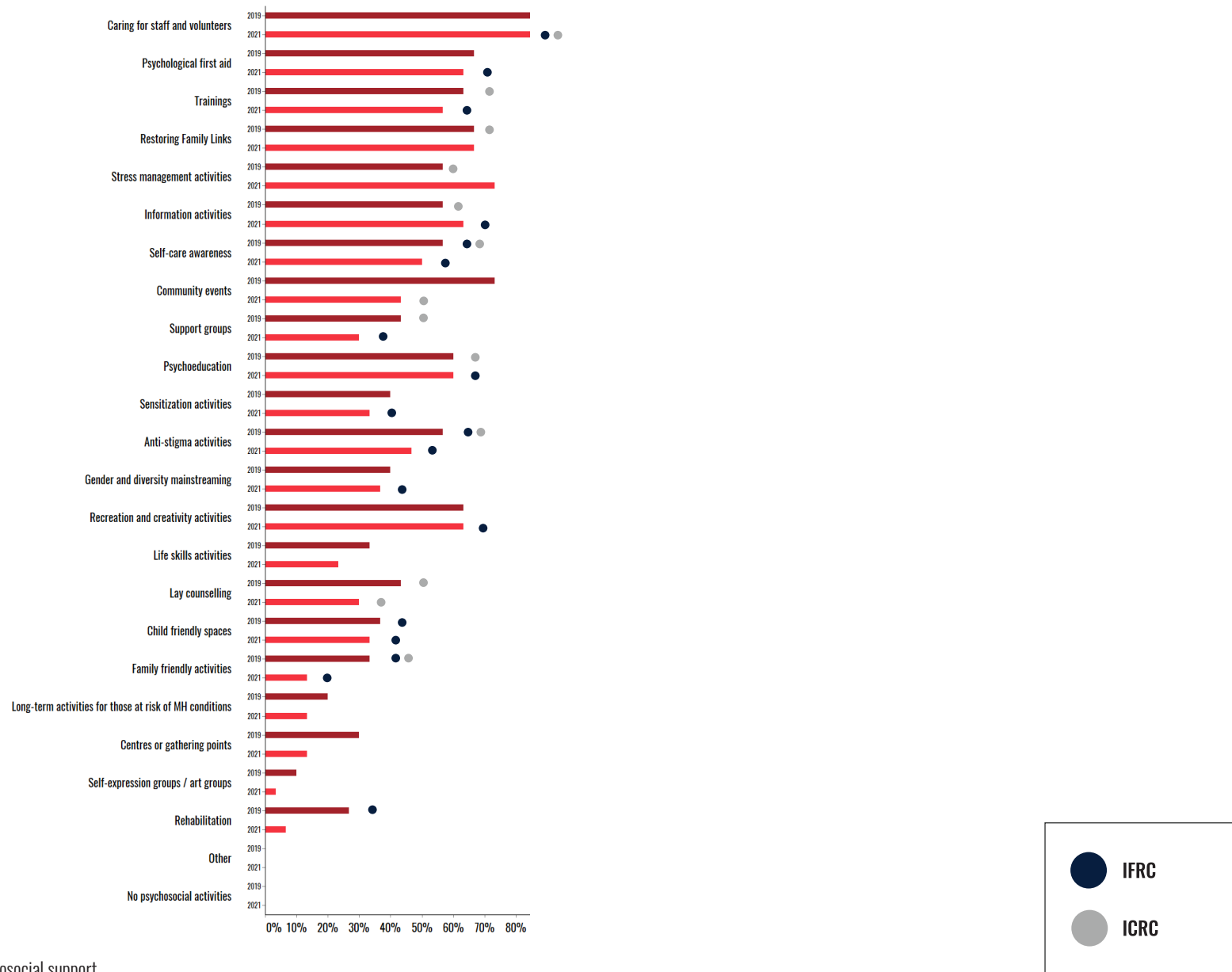


Figure 3: Provision of psychosocial support

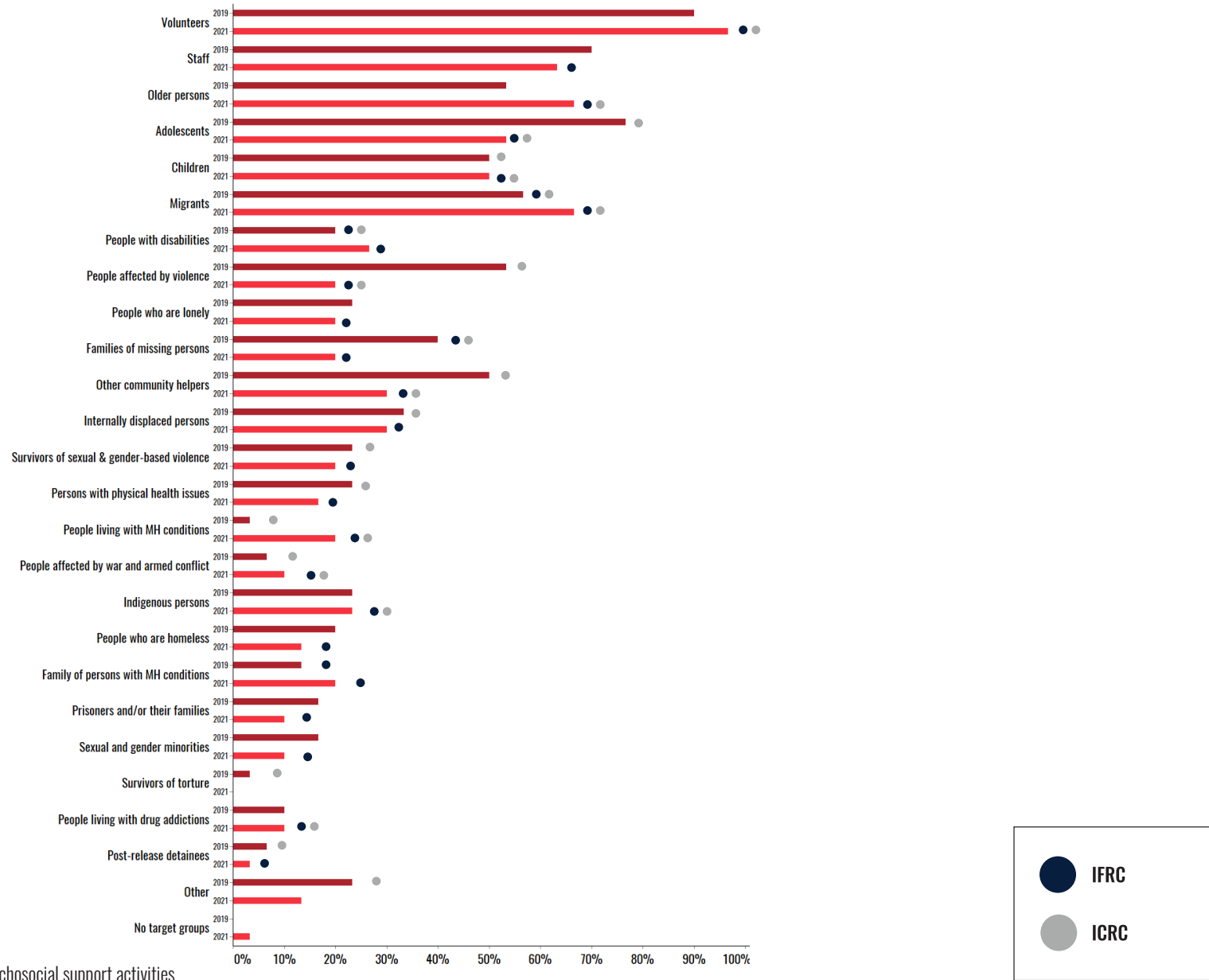


Figure 4: Groups targeted for psychosocial support activities

Provision of mental health (MH) activities

Turning towards MH activities carried out in the past year, 84% (137 NS, the IFRC, and the ICRC) in comparison to 78% of respondents (126 NS, the IFRC and the ICRC) of 2019, report that they have provided at least one activity defined as a MH activity.

The different MH activities are shown in figure 5. Most respondents, namely 69% (21 and the ICRC) delivered psychological support in 2021 versus only 38% (12 NS) in 2019. The second most frequent type of mental health activity in 2021 is, with 50% (15 NS and the ICRC), the provision of training of community actors in basic psychological support which is slightly less as two years before (60%: 18 NS). This is followed by 44% of the respondents providing training of health staff in basic psychosocial support (12 NS, the IFRC and the ICRC) and 38% providing psychological assessment (12 NS).

Volunteers (69%: 20 NS, the IFRC and the ICRC) at and staff (59%: 17 NS, the IFRC and the ICRC) are a significant target group of the Movement in 2021, regarding provision of MH services, as well as in 2019. However, respondents targeted in 2021 more than in 2019 older persons (66%: 19 NS, the IFRC and the ICRC), migrants (50%: 14 NS, the IFRC and the ICRC) and adolescence (39%: 14 NS, the IFRC and the ICRC).

Please see figure 6 for more detailed information about targeted groups of MH activities.

In 2021, 72% (21 NS, the IFRC and the ICRC) against 75% (24NS and the ICRC) in 2019 state that they offer referral(s) to more specialized mental health services such as psychiatrists and psychologists. This number includes one NS which itself has not carried out any mental health activities in the past year and therefore rely on referrals to ensure that the need for specialized MH care is provided.



Figure 5: Provision of mental health activities in the past year

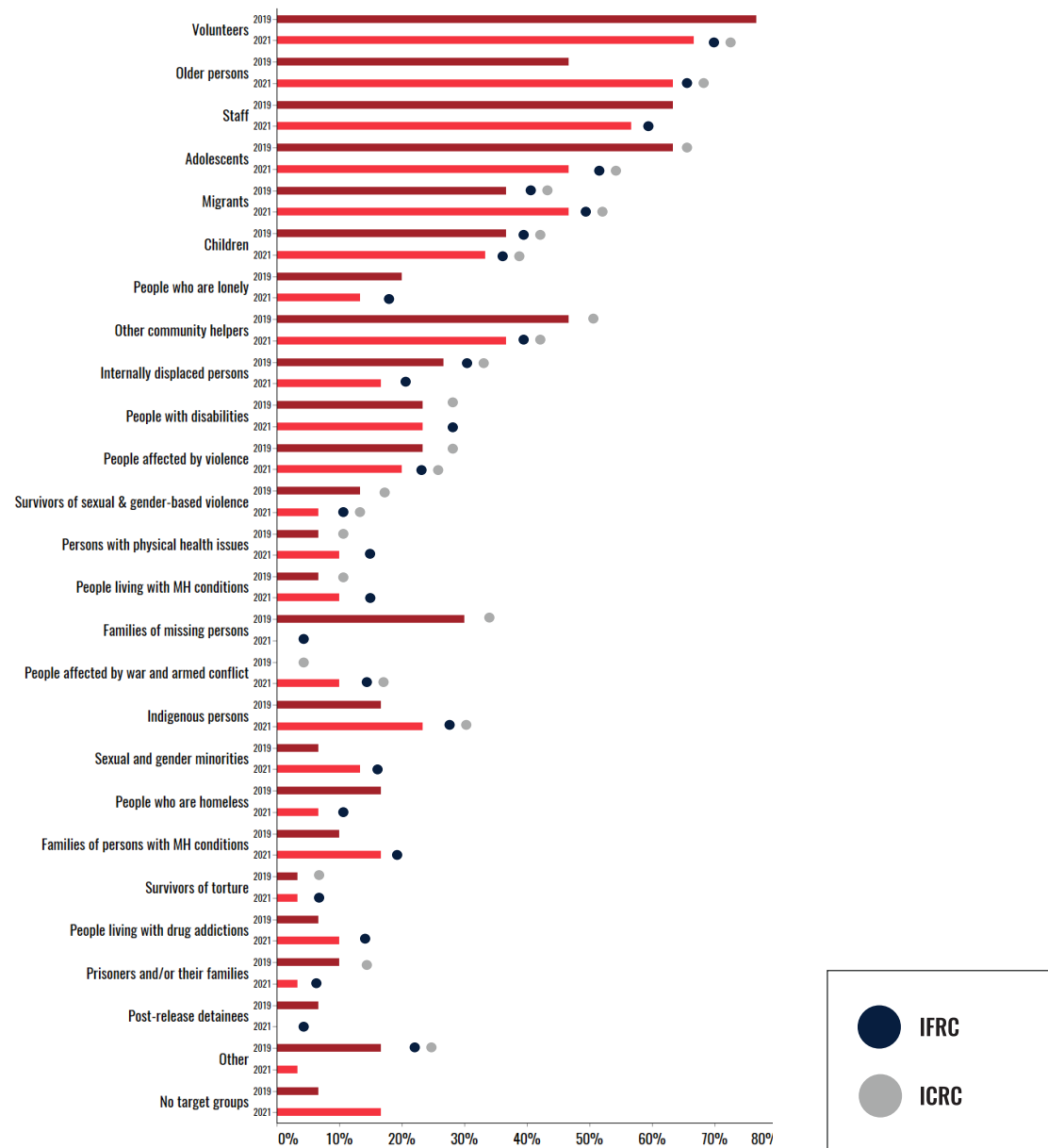


Figure 6: Groups targeted for mental health activities

Approach used when delivering MH and/or PSS services

The components of the Movement use different approaches when they deliver MH and/or PSS services: a stand-alone approach, an integrated or mainstreaming approach or a combination of both. The survey results indicate that the Movement respondents deliver MH and/or PSS activities in all the above-mentioned formats.

However, we can identify a much higher preference for the integrated or mainstreaming approach (38% (11 NS and the ICRC); 2021: 53% (16 NS

and the ICRC)) or a combination of that with stand-alone programs, over the stand-alone approach on its own (2019: 3% (1 NS), 2021: 12% (4NS)) as shown in figure 7.

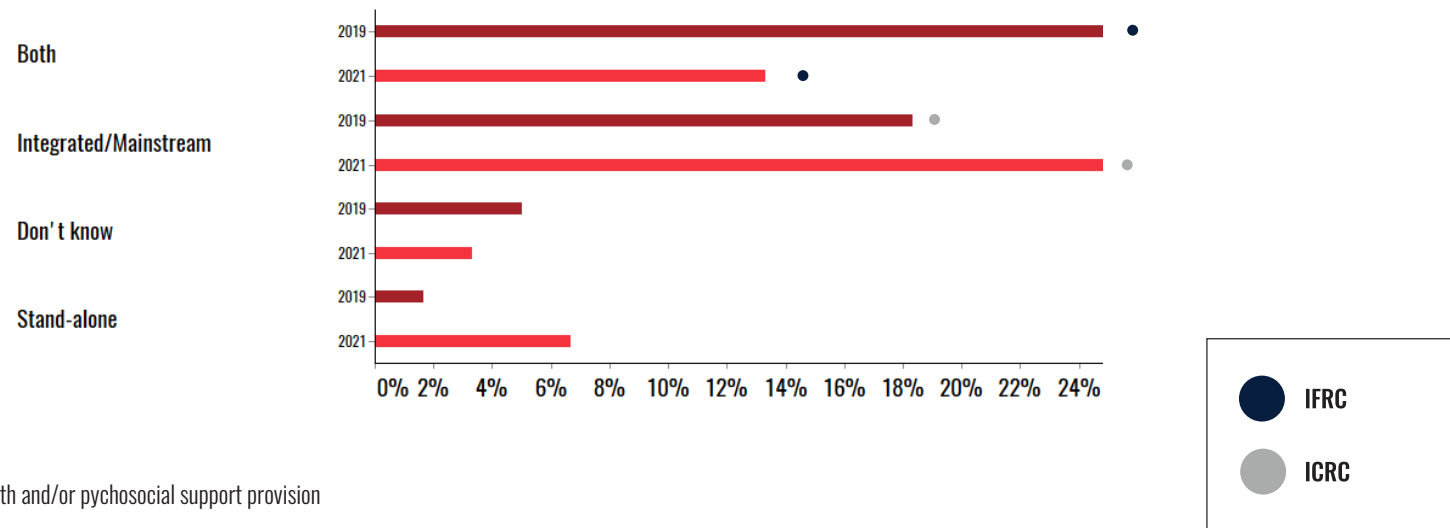


Figure 7: Approaches used in mental health and/or psychosocial support provision

Systems in place to ensure quality

The Movement invests in ensuring that quality support is provided. 66% (19 NS, the IFRC and the ICRC) of respondents, in contrast to 47% of respondents (14 NS and the ICRC) in 2019, have supervision mechanisms in place to ensure the quality of the MHPSS activities they provide. This is a positive development and an increase of 36%.

Further, all respondents (100%: 30 NS, the IFRC and the ICRC) state that they have a system in place to monitor the MH and/or PSS activities of their

organization. Figure 8 shows the tools used in the Movement to monitor MH and/or PSS activities in comparison to the tools used in the two years previously. As in 2019 (69%: 20 NS, the IFRC and the ICRC), documenting the number of beneficiaries engaged in an activity was the most used tool in 2021 (72%: 21 NS, the IFRC and the ICRC).

The response option ‘psychometric tools’ was not included in the baseline study and therefore there are no values available for this category in 2019.

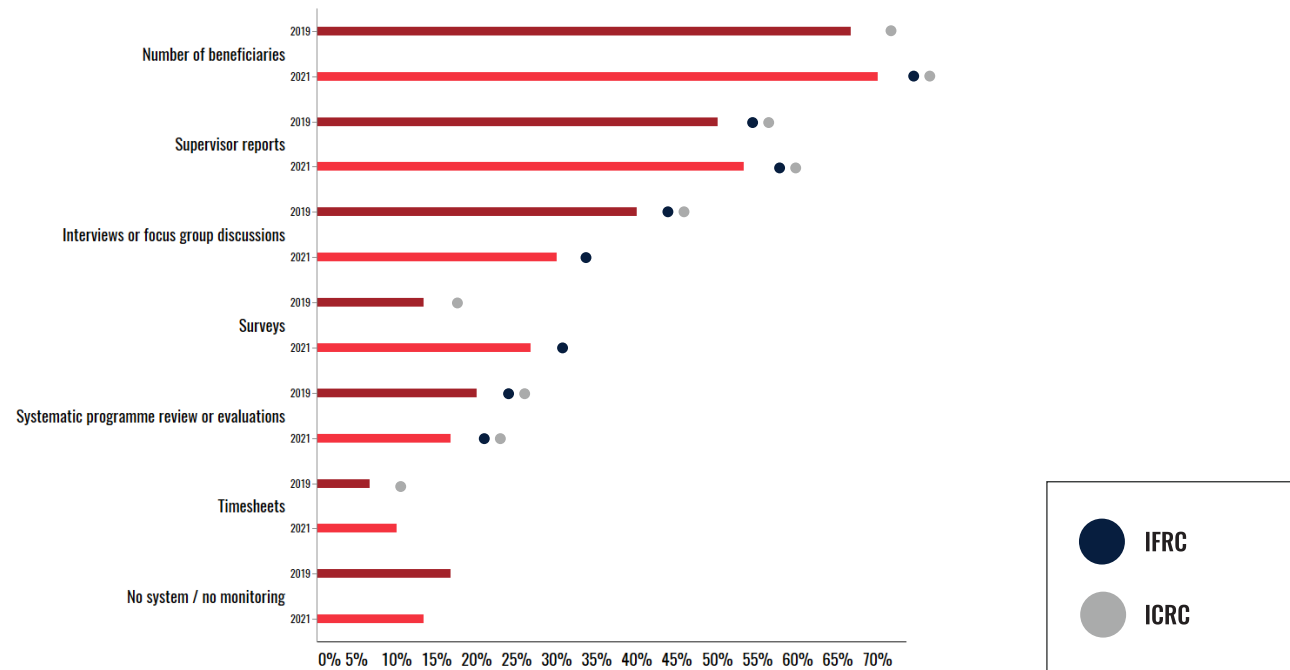


Figure 8: Type of tools/guidance used for mental health and/or psychosocial activities monitoring.

Data protection and confidentiality

In 2019, 53% of respondents (15 NS, the IFRC and the ICRC) had an information system in place to ensure confidentiality and protection of personal data. In 2021, the number of respondents having a system in place decreased (38%: 10 NS, the IFRC and the ICRC).

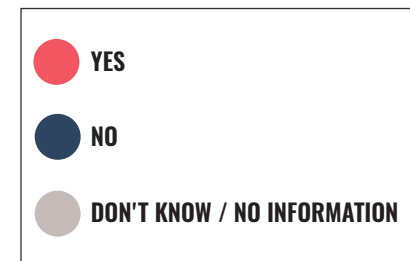
MHPSS in emergencies

During armed conflicts, natural disasters, and other emergencies, MHPSS needs to increase dramatically. The Movement has a specific role and mandate to address the humanitarian needs.

MHPSS activities are provided during emergencies by most of the respondents (97%: 29 NS, the IFRC and the ICRC), reaching the same number of National Societies as in the baseline survey in 2019 (94% 29 NS and the IFRC). Figure 9 shows the geographical spread of respondents.



Figure 9: Movement components providing MHPSS in emergencies



Mental health and psychosocial wellbeing of staff and volunteers

The mental health and wellbeing of staff and volunteers are critically important to the Movement. Therefore, staff and volunteers are particularly focused when providing MHPSS activities. 88% of the respondents (26 NS, the IFRC and the ICRC) indicate to have systems in place to support staff and volunteers' mental health and psychosocial wellbeing (figure 10).

offer staff and volunteers psychological support (internal and/or external) and conduct self-care training and capacity-building activities. Half of the respondents (14 NS, the IFRC and the ICRC) organize self-care activities, which include, for instance, awareness sessions, group activities, mediation practices, sports or recreational activities, as well as referral systems.

Most of the NS, the IFRC and the ICRC (75%: 22 NS, the IFRC and the ICRC)

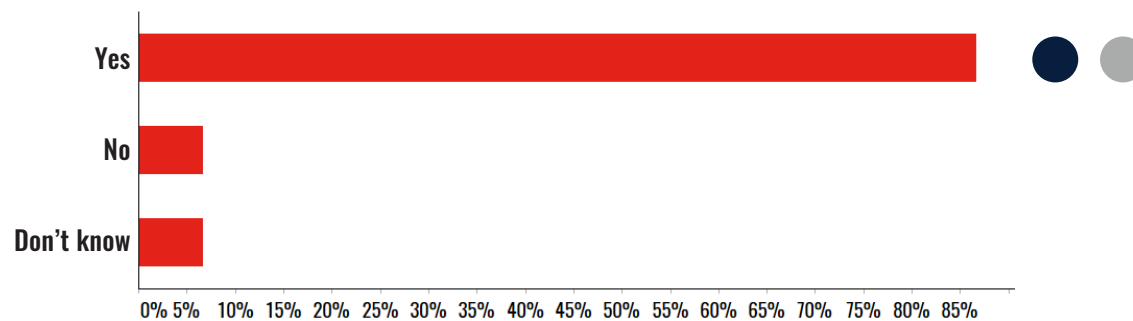
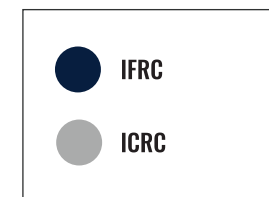


Figure 10: Components having systems in place to support staff and volunteers' mental health and psychosocial well-being



Human resources for MHPSS

The Movement has both staff and volunteers involved in MH and/or PSS activities. In 2019, 84% (26 NS and the ICRC) reported that they had at least one focal point for MH and/or PSS in their organization. In 2021, a similar number has appointed focal points together with the IFRC and the ICRC (84%: 25 NS, the IFRC and the ICRC) stated to have appointed one or more focal points. As an amendment to the survey of 2019, this year's survey more clearly defined 'focal point' as a representative of the NS which is responsible for MH and/or PSS within their NS (either alone or in collaboration with another/ others) and should be appropriately resourced and enabled by the NS/Movement component that they represent.

If the NS/Movement component indicated that there are one or more focal points, they were asked which focus this person has (programming or human resources related) as an additional question in this year's survey. The result is that most of the focal points, (56%: 16 NS, the IFRC and the ICRC), focus

on both staff and volunteers' mental health and psychosocial wellbeing and MHPSS activities and programmes, whereas 9% (3 NS) focus only on staff and volunteer's mental health and psychosocial wellbeing, and 19% (6 NS) only on MHPSS activities and programmes.

Regarding the Movement's staff, half of the of the respondents (15 NS and IFRC) have less than 5 staff members involved in MH and/or PSS activities, while 19% (6 NS) have between 5-19, 19% (5 NS and the ICRC) have between 20-49 staff, 9% (3 NS) have between 50-99, and 6% (1 NS and the ICRC) have more than 100 staff involved in these activities.

When considering the profile and numbers of staff, the Movement has collectively close to 140 social workers, 481 psychologists, more than 8 psychiatrists, and close to 177 community health workers working in this field.

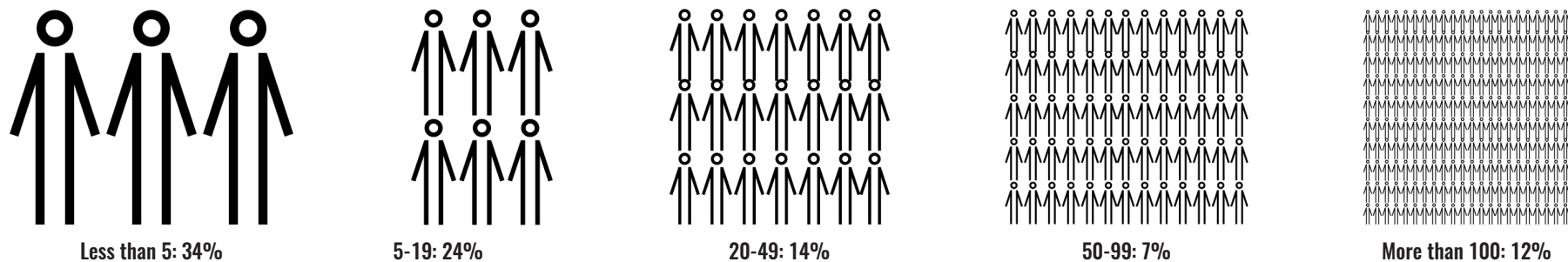


Figure 11: Staff involved in mental health and/or psychosocial support activities

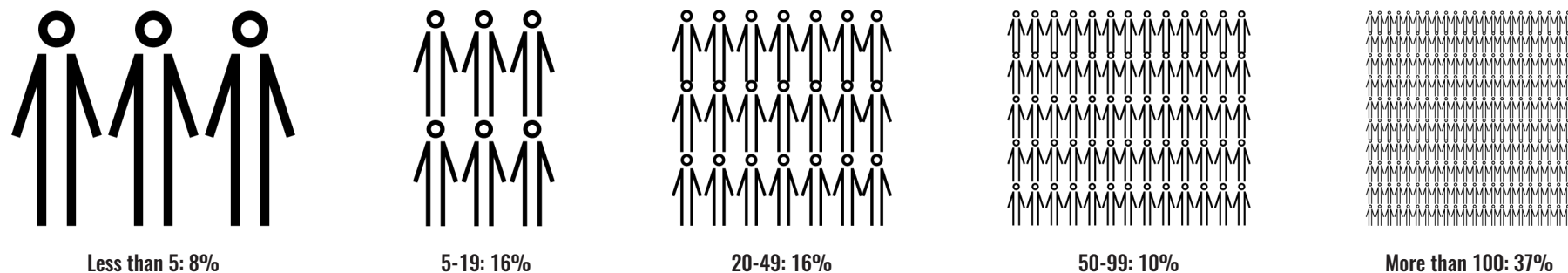


Figure 12: Volunteers involved in mental health and/or psychosocial support activities

Regarding volunteers, 3% (1 NS) have less than five volunteers involved in MH and/or PSS activities, while 38% (12NS) have between 5-19, 16% (5NS) have between 20-49, 16% (5 NS) have between 50-99, 16% of respondents (5 NS), have more than 100 volunteers. 6% (2 NS) answered “Don’t know”. The IFRC and ICRC collaborate with many volunteers that are usually recruited through the hosting NS. In some cases, however, the IFRC and the ICRC work directly with volunteers.

From the 30 respondent NS, around 505 social workers, 585 psychologists, 56 psychiatrists, and close to 1.003 community workers work as volunteers in this field.

Collectively, in the 30 NS respondents in the Americas region, the IFRC and the ICRC, almost 3.385 staff and volunteers are reported to have been trained in basic psychosocial support in the last year, compared to around 2.000 staff and volunteers in 2019. This is a growth of nearly 70%. As

explained in the Movement’s MHPSS Policy, the survey refers to basic psychosocial support as the first layer of the MHPSS Framework, addressed through activities that promote positive mental health and psychosocial wellbeing, resilience, social interaction and social cohesion activities within communities. Activities in this layer are often integrated into health, protection, and education sectors and should be accessible to the affected population. More information about the International Red Cross and Red Crescent Movement’s MHPSS Framework can be found in the [resource library of the IFRC Psychosocial Centre](#).

Furthermore, the number of staff and volunteers trained in PFA has risen from 6.330 in 2019 to more than 6.700 in 2021, which is a stable result over two years. In addition, around 2.700 staff and volunteers are reported to having been trained in basic psychosocial support within the 32 NS of the Americas Region and the IFRC in the last year. It should be noted that all specific numbers regarding staff and volunteers are likely to be higher as

respondents typed zero in cases where the actual numbers were unknown.

45% (15 NS, the IFRC, and the ICRC) of the respondents answered 'yes' to the question on whether, over the last 12 months, the management and other leaders in the Movement's components (e.g., board, branches) received training focused on the importance and benefits of mental health and psychosocial well-being of staff and volunteers. When asked about the content of training covered in this regard, frequently cited training topics included PFA and Basic Psychosocial Support.

Learning resources and needs for training staff and volunteers

The Movement has developed several learning resources such as manuals, courses, and lectures to use when training staff and volunteers. As seen in figure 13, approximately the same number of respondents (72%: 22 NS and the IFRC) as in 2019 (75%: 23 NS and the IFRC), report in 2021 that they use learning resources from the IFRC Reference Centre for Psychosocial Support. 47% of the respondents (15 NS) use adapted materials from the IFRC Reference Centre for Psychosocial Support. 21% (7 NS and the ICRC) indicate that they use other Movement learning resources, and 22% (7 NS) use other learning resources in their training (e.g. from other agencies producing resources on MHPSS matters).

However, there is a strong need for more technical support regarding training and programme/ activity guidance. 77% (23 NS, the IFRC and the ICRC) express a need for this. Further, 70% of the respondents (21 NS, the IFRC and the ICRC) state that they see a need for designing new training or tools to tackle specific aspects of the MHPSS activities within their organizations.

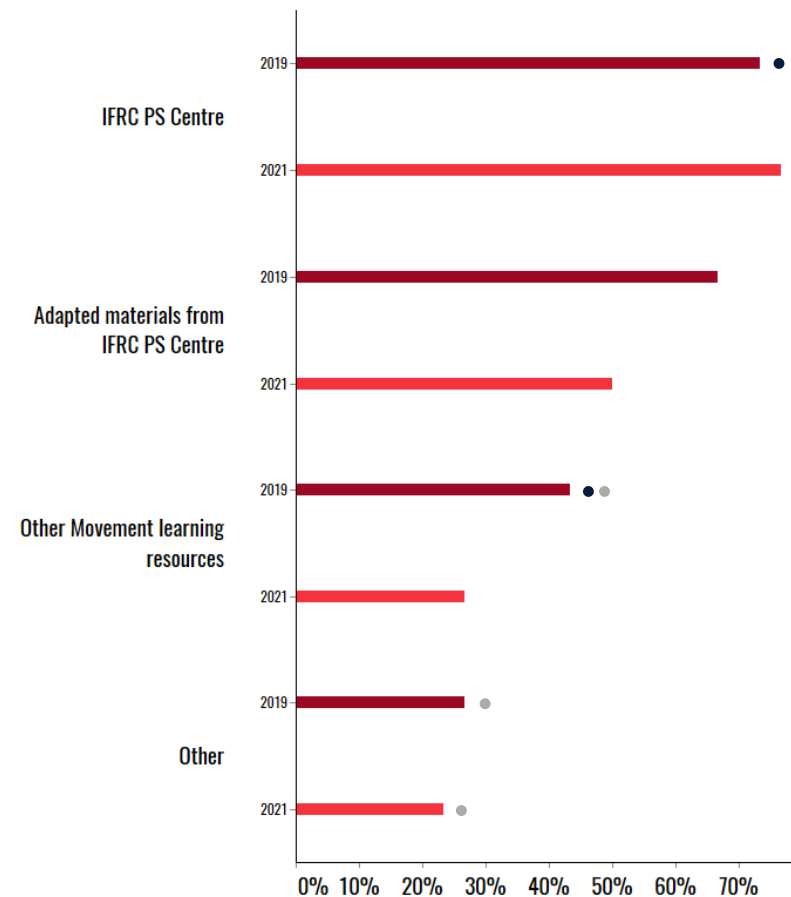
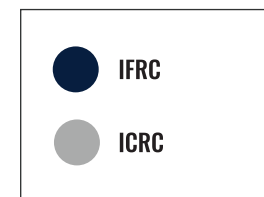


Figure 13: Learning resources used for training staff and volunteers



Budget dedicated to MHPSS

Each component of the Movement is fully independent and responsible for its own budget plan. Therefore, the budget for MHPSS is very diverse. 34% (12 NS), compared to 53% of respondents (17 NS) in 2019, have no budget dedicated to MHPSS activities, which represents the circumstance of most respondents. This may be because many activities are delivered as an integrated approach and therefore the budget is not captured specifically under MHPSS, but rather in other sectors.

19% (6 NS) have a budget between 1-50.000 CHF, only one NS and the IFRC Americas region (3%) have a budget between 50.001-100.000 CHF, and one has a budget between 100.001-150.000 CHF. Only one NS (7%) states to have the largest budget indicated, 150.001-200.000 CHF. Moreover, two NS and the ICRC (6%) have budgets different from the indicated intervals or have budgets which are included or based on other budgets. Every fourth NS (25%: 8 NS) reported that they do not have knowledge on this issue.

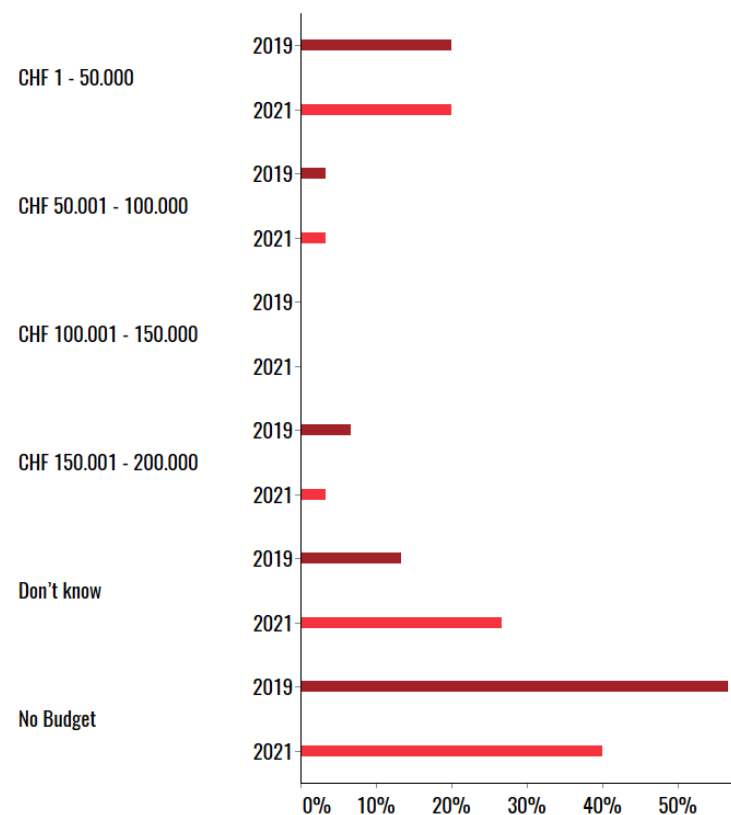


Figure 14: Annual budgets dedicated to mental health and/or psychosocial support activities

Collaboration regarding MH and/or PSS

The Movement receives support from various stakeholders and of different kind. It can be deducted from the survey data that the support received by the Movement components is mostly of the technical kind, especially provided by the IFRC (67%), the Partner National Societies (PNS) (47%), the respective governments (42%) and the ICRC (39%). The second frequent type of support is accordingly the funding. NS report that IFRC (53%),

PNS (42%) and the ICRC (31%) contribute with funding to their MHPSS service delivery and programming. In regards to individual donors, the private sector, United Nations Agencies and Universities, the survey revealed that collaboration is very limited.

	Funding	Human Resources	Technical	No collaboration
ICRC	31% (9 NS)	15% (3 NS)	39% (16 NS, IFRC)	33% (10 NS)
IFRC	53% (20 NS)	28% (11 NS)	67% (21 NS)	10% (1 NS, ICRC)
Partner National Societies	42% (7 NS, IFRC, ICRC)	24% (3 NS, IFRC, ICRC)	47% (15 NS, IFRC, ICRC)	28% (12 NS)
Government (e.g. ministry of social affairs, ministry of health)	19% (3 NS)	16% (3 NS)	42% (14 NS, ICRC)	22% (7 NS)
Individual donors	23% (10 NS)	7% (2 NS)	5% (2 NS)	64% (17 NS, ICRC)
Private sector	19% (5 NS)	5% (1 NS)	13% (4 NS, ICRC)	65% (19 NS)
United Nations Agencies	23% (6 NS)	5% (0 NS)	17% (6 NS, IFRC)	56% (19 NS, ICRC)
Universities	3% (0 NS)	19% (6 NS)	24% (8 NS, IFRC, ICRC)	52% (14 NS)

Table 2: Number of Movement components received a type of support (e.g. funding) from a specific partner (e.g. ICRC, IFRC)

Challenges that hinder or have already hindered collaboration between Movement partners are reported to be the lack of funding even when an agreement is reached (69%: 21 NS, the IFRC), the turnover of staff involved (41%: 11 NS, the IFRC and the ICRC) and the time-consuming operationalization of

partnerships (28%: 9 NS). Figure 15 illustrates the respondents' evaluation of the challenges experienced and encountered when exploring collaboration possibilities.

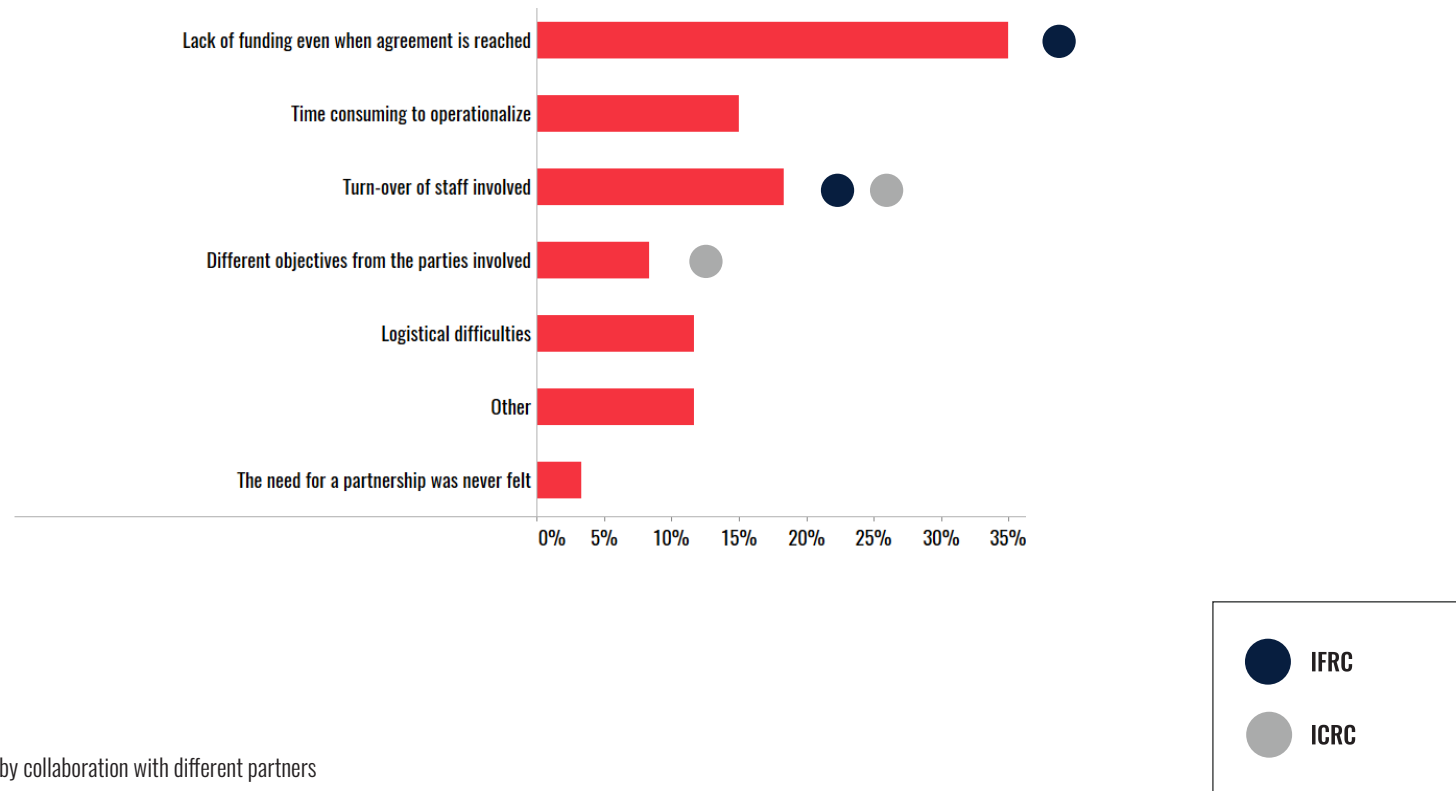


Figure 15: Type of challenges presented by collaboration with different partners

Challenges and gaps in delivering MH and/or PSS services

Budget constraints or limited budget availability are also this year's major obstacle for delivering MH and/or PSS activities, similar to what had already been identified in 2019. 85% (25 NS, the IFRC and the ICRC) in 2021, compared to 82% of respondents (24 NS and the IFRC) in 2019, indicate lack of funding as a major challenge, followed by the challenge of stigma around tackling mental MH and PSS needs (42%: 15 NS and the IFRC). An overview of the different challenges can be seen in figure 16.

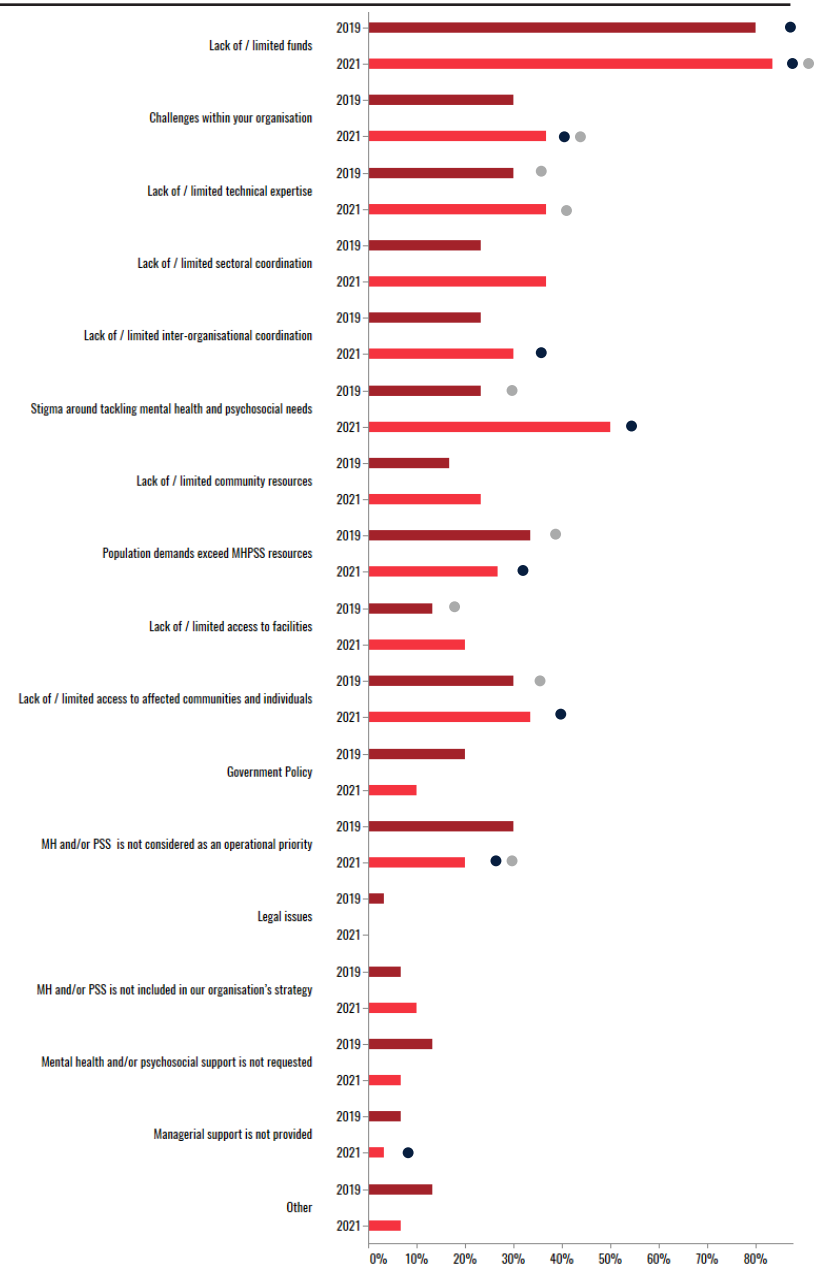
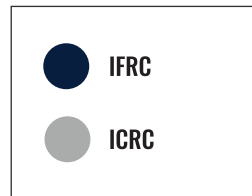


Figure 16: Perceived gaps in delivering mental health and/or psychosocial support activities

MHPSS research, advocacy and the national role

The Movement is involved in humanitarian diplomacy and research to generate awareness and funding for mental health and psychosocial support services, and thorough research to document our work and inform the development of new and innovative approaches.

More than two-thirds of the respondents, 69% (20 NS, the IFRC and the ICRC), work with humanitarian diplomacy on MHPSS related topics or issues. In 2019, one in five (7 NS and the ICRC) have reported that they are involved

or have previously been involved in MH and/or PSS research, while in 2021, a slight decrease can be reported with 5 NS and the IFRC (19%) engaging in research.

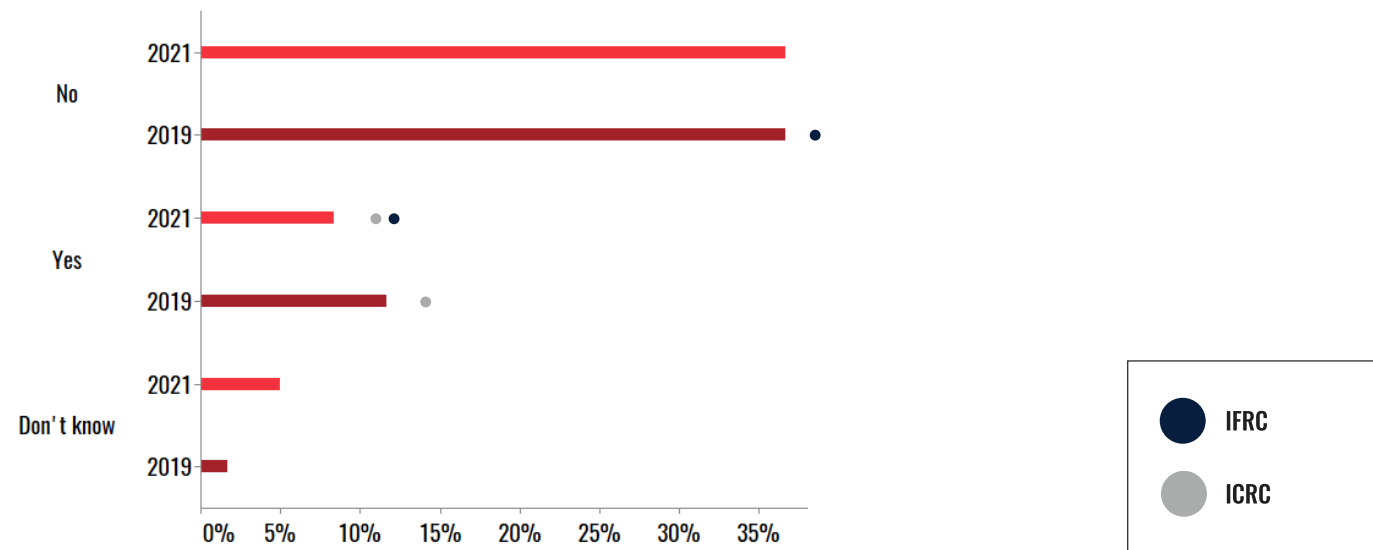


Figure 17: Involvement in mental health and/or psychosocial support research

One quarter of NS (25%: 8 NS) indicate that their role in providing MH and/or PSS services is expressly mentioned in national public health laws and policies and nearly half (47%: 11 NS) further have specific agreements with the public authorities. More than one third of the NS (34%: 11 NS) are mentioned in national public health or disaster management plans. Most NS (66%: 19 NS) are included as a participant in relevant humanitarian inter-agency mechanisms, and (56%: 16 NS) are included in inter-ministerial/departmental committees.”

As the NS work as auxiliaries to the public authorities, it is key to understand if the public authorities recognize MHPSS as a component of their responses to disasters and emergencies.

Most of respondents indicate that their respective governments mention specifically MH and/or PSS in their pandemic preparedness and response laws, policies, or plans, together with their disaster risk management laws, policies, or plans (33%: 10 NS). One in four NS indicates that their respective governments include MH and/or PSS in their plans for response to conflicts or violence.

Future plans

MHPSS activities appear to be on the rise. Around 38% of the respondents (12 NS) plan to expand their activities. 44% (13 NS and the ICRC) want to integrate or mainstream its activities, which means including MHPSS in other programme activities. This also includes an increase in the number of staff and volunteers who have a basic understanding of PSS and know how to integrate the approach in their activities. 19% (6 NS) plan to maintain the level of activities on MHPSS. The IFRC Americas office will be exposed to the

risk of reducing its support to National Societies as the regional reference permanence is uncertain.

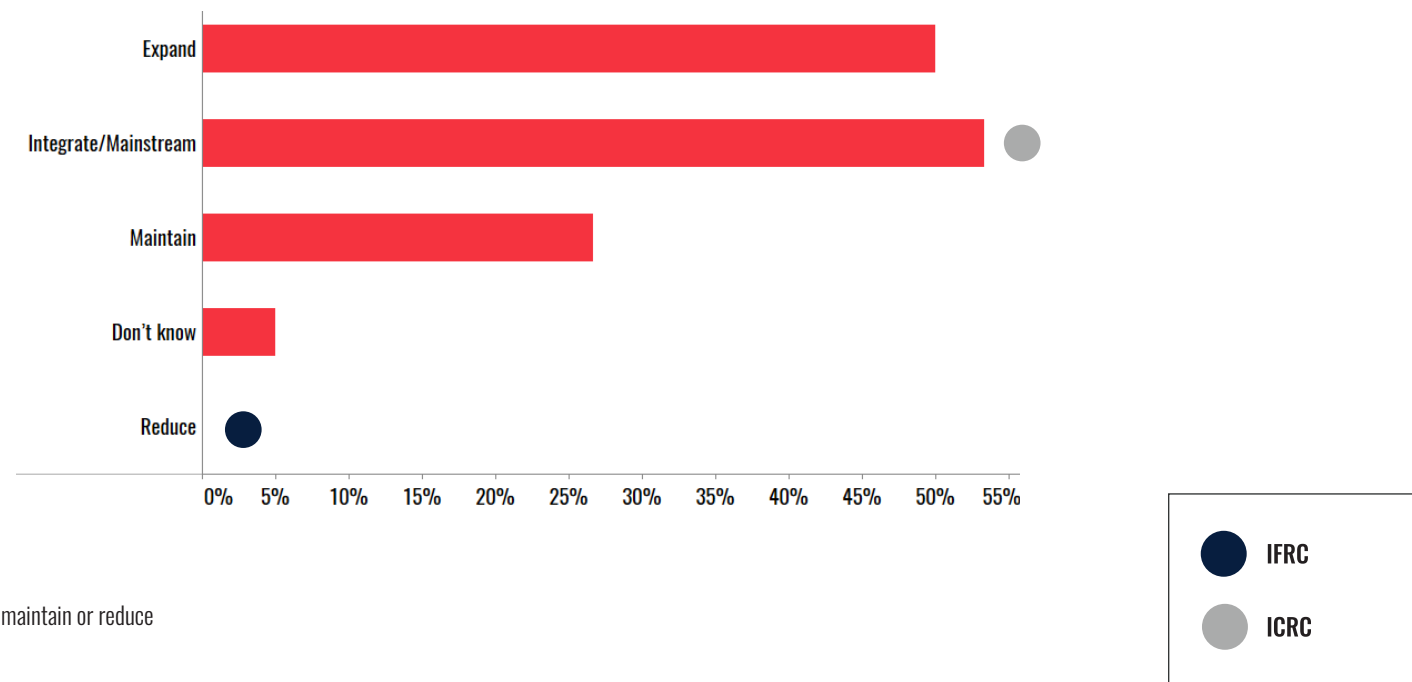


Figure 18: Future plans to expand, integrate, maintain or reduce mental health and/or psychosocial activities

Concluding remarks

Despite often limited resources and funds, the components of the Movement in Americas region are delivering a wide range of MHPSS services and activities in accordance with their respective mandates, commitments, and auxiliary roles.

The adoption of the policy on addressing mental health and psychosocial needs and resolution 2 of the 33rd International Conference “Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters, and other emergencies” provides the Movement and States with the framework, technical direction, and political will to address unmet mental health and psychosocial needs. The data from the first Movement-wide MHPSS survey conducted in 2019 provided the critical baseline information against which we have been able to measure and track our progress in the operationalization and implementation of the policy and the resolution. The report will also inform the Council of Delegates. A similar survey will be conducted by 2023 to monitor progress throughout the years of the Roadmap implementation from 2020-2023, drawing on the baseline set by the original survey of 2019.

Key takeaways:



38%

(12 NS) plan to expand their MHPSS activities



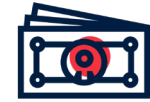
6.700

Volunteers and staff are trained in PFA



38%

(10 NS, the IFRC and the ICRC) have a system in place to ensure confidentiality and protection of personal data



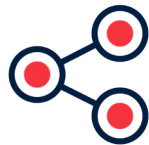
85%

(25 NS, the IFRC and the ICRC) identify limited funds as a challenge



85%

(25 NS, the IFRC and the ICRC) provide MH and/or PSS activities in emergencies



72%

(21 NS, the IFRC and the ICRC) offer referral to more specialized mental health services



19%

(5 NS, the IFRC) are involved in MH and/or PSS research



100%

(30 NS, the IFRC and the ICRC) have a system in place to monitor MH and/or PSS activities



69%

(20 NS, the IFRC and the ICRC) work with MHPSS advocacy

Breakdown of Movement staff



More than 140 social workers



More than 480 psychologists



More than 8 psychiatrists



More than 177 community health workers

Breakdown of Movement volunteers



More than 505 social workers



More than 580 psychologists



More than 50 psychiatrists



More than 1.000 community health workers

With thanks to the following for their participation in the survey:

American Red Cross

Guatemalan Red Cross

Salvadorean Red Cross Society

Argentine Red Cross

Guyana Red Cross Society

Suriname Red Cross

Belize Red Cross Society

Haiti Red Cross Society

The Barbados Red Cross Society

Bolivian Red Cross

Honduran Red Cross

The Canadian Red Cross Society

Brazilian Red Cross

Jamaica Red Cross

Trinidad and Tobago Red Cross Society

Chilean Red Cross

Mexican Red Cross

Uruguayan Red Cross

Colombian Red Cross Society

Nicaraguan Red Cross

Venezuelan Red Cross

Costa Rican Red Cross

Paraguayan Red Cross

International Federation of the Red Cross and Red Crescent Societies (IFRC) Americas Region

Dominica Red Cross

Peruvian Red Cross

International Committee of the Red Cross and Red Crescent (ICRC) Americas Region

Dominican Red Cross

Red Cross Society of Panama

Ecuadorian Red Cross

Saint Lucia Red Cross

Grenada Red Cross Society

Saint Vincent and the Grenadines RC

Annex

Working Groups & their Priority Action Areas	Working Group Co-Leads (status October 2021)	Changes to the survey 2021 compared to the initial survey 2019
<p>Working Group 1</p> <p>Priority Action Area 1: Guarantee a basic level of psycho-social support and integrate mental health and psychosocial support across sectors</p>	<p>British Red Cross: Sarah Davidson</p> <p>IFRC PS Centre: Sarah Harrison</p>	<p>Initial question (2019): Are there one or more focal points for mental health and/or psychosocial support within your organisation?</p> <p>Addition to initial question is a definition of ‘Focal Point’: “A Focal Point should represent the National Society and be responsible for mental health and psychosocial support within their National Society (either alone or in collaboration with another/others). The focal point should be appropriately resourced and enabled by the NS/ Movement component that they represent.”</p> <p>Question added to the survey: Please indicate their focus (and select all that apply for all of the focal points you have):</p> <ol style="list-style-type: none"> 1. MHPSS activities and programmes 2. Staff and volunteers’ mental health and psychosocial wellbeing. <p>Initial question (2019): How many volunteers and staff are trained in basic psychosocial support?</p> <p>Addition to initial question is a definition of ‘basic psychological support’: “Basic psychosocial support – the first layer of the pyramid – promotes positive mental health and psychosocial wellbeing, resilience, social interaction and social cohesion activities within communities. Activities in this layer are often integrated into health, protection and education sectors and should be accessible to 100% of the affected population, where possible. Examples of activities include psychological first aid (PFA) and recreational activities. Basic psychosocial support can be provided by trained Red Cross and Red Crescent staff and volunteers and/or trained community members.”</p>

Working Group 2

Priority Action Area 2:
Develop a holistic MHPSS approach
between Movement components and in
collaboration with other actors

Danish Red Cross:
Louise Steen Kryger

ICRC:
Douglas Khayat Araujo
Siqueira

Initial question (2019): If your mental health and/or psychosocial activities receive support, please specify from whom:

Questions added to the survey:

Does your organisation work in collaboration (this includes operational support, technical support and any form of coordination activities in the field) regarding MHPSS with other partners?

	Funding	Human Resources	Technical	Other	No collaboration
ICRC					
IFRC					
Partner National Societies					
Government (e.g. ministry of social affairs, ministry of health)					
Individual donors					
Private sector					
United Nations Agencies					
Universities					
Other					

What are the challenges that may (or have already) hinder collaboration between Movement partners (i.e. jointly develop and implement activities) – please select all that apply:

1. Time consuming to operationalize
2. Different objectives from the parties involved
3. Turnover of staff involved
4. Lack of funding even when an agreement is reached
5. Logistical difficulties
6. The need for a partnership was never felt
7. Other _____

Working Group 3

**Priority Action Area 3:
Protect and promote the mental health
and psychosocial wellbeing of staff and
volunteers**

Swedish Red Cross:
Maite Zamacona

IFRC HR:
Ines Hake

Questions added to the survey:

In the past 12 months, have management and other leaders in your organisation (e.g., board, branches) received training on the importance and benefits of mental health and psychosocial wellbeing of staff and volunteers? If yes, indicate what training they have received (at minimum one hour):

1. Yes _____
2. No
3. Don't know

Does your organisation have ways to support staff and volunteers' mental health and psychosocial wellbeing?

1. Yes _____
2. No
3. Don't know

Indicate which systems are in place:

1. Self-care activities (e.g., awareness sessions, group activities, meditation practices, sports or recreational activities, etc)
2. Peer-to-peer support (e.g., peer support groups, buddy systems)
3. Psychological support (e.g., it can be both internal and external)
4. Referral systems (e.g., supervision mechanisms for monitoring and/or directing staff and volunteers to the appropriate support groups/focal point)
5. Self-care trainings and capacity building (e.g., trainings or tools to tackle specific aspects of the MHPSS activities within your organisation)
6. Other _____

Working Group 4

Priority Action Area 4:
Demonstrate the impact of MHPSS interventions through research, evidence, monitoring and evaluation

Swiss Red Cross:
Monia Aebersold

IFRC PS Centre:
Michelle Engels

Questions added to the survey:

What are the reasons for why your organisation does not have a system in place to monitor your mental health and/or psychosocial support activities in your organisation? Please select all that apply:

1. Lack of / limited funds
2. Lack of planning (e.g. not including monitoring and evaluation plans at the beginning of the project/activities)
3. Lack of staff who can collect data
4. Lack of staff who can analyse data
5. Lack of suitable tools
6. Lack of / limited technical expertise (e.g. to identify manuals, trainings, specialists)
7. Monitoring mental health and psychosocial support activities is not seen as a core priority for the organisation
8. Monitoring and evaluation is not requested
9. Practical monitoring and evaluation support is not provided
10. Legal issues (e.g. data protection and information security)
11. Other _____

What resources/guidance does your organisation use to monitor mental health and psychosocial support activities?

Please select all that apply:

1. IFRC Reference Centre for Psychosocial Support 'Monitoring and Evaluation Framework for Psychosocial Support Interventions – Toolbox / Indicator Guide'
2. ICRC 'Guidelines on Mental Health and Psychosocial Support'
3. IASC 'Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings'
4. IASC 'Mental Health and Psychosocial Support Assessment Guide'
5. WHO & UNHCR 'Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings'
6. IFRC 'Project/Programme Monitoring and Evaluation Guide'
7. We do not use any of the above listed resources/guidance (please specify why not and select all that apply):
8. We use other existing guidance/resources, please specify: _____

Working Group 5

**Priority Action Area 5:
Strengthen resource mobilization for
MHPSS in humanitarian response**

and

**Priority Action Area 6:
Mobilize political support for MHPSS –
humanitarian diplomacy and advocacy**

Danish Red Cross:
Jakob Harbo

ICRC/POL
Barbara Jackson

IFRC PSK:
Joy Muller

Questions added to the survey:

Is your organisation's role in providing MH and/or PSS services expressly recognized by:

1. Mention in national public health laws or policies?
 Yes No Don't know
2. Mention in national public health or DM plans?
 Yes No Don't know
3. Specific agreements with the public authorities?
 Yes No Don't know
4. Inclusion of the NS as a participant in inter-ministerial/departmental committees of your government that handle this issue?
 Yes No Don't know
5. Inclusion of the NS as a participant in relevant humanitarian inter-agency mechanisms (e.g. clusters, technical working groups) that handle this issue?
 Yes No Don't know

Is the role of MHPSS specifically mentioned in:

1. Your government's pandemic preparedness and response laws, policies or plans?
 Yes No Don't know
2. Your government's disaster risk management laws, policies or plans?
 Yes No Don't know
3. Your government's plans for response to conflicts or violence?
 Yes No Don't know
4. Any other plans? Please specify: _____