

Annex 1. List of key informants

Names	Organisation - Roles/ Positions
National Societies	MHPSS and PMER representatives
Africa region NS MHPSS representatives	Umar Abubakar Jiddari - Nigeria Red Cross Lintle Mathosi - Lesotho Red Cross
Asia-Pacific region NS MHPSS representatives	Charmaine Chan – Hong Kong RC Elizabeth Glorita – Timor Leste RC Sharmila Karmacharya – Nepal RC
Ali Paul	Canadian Red Cross - Senior Advisor, MHPSS/PGIE
Despina Constandinides & Linda Mpanang'ombe	Malawi Red Cross - DRC MHPSS Delegate Malawi Red Cross - First Aid and Blood donor Recruitment specialist
Hamed Seddighi	University of Groningen - Postdoctoral researcher Iranian Red Crescent Society - Former Deputy Managing Director in Education & Research
John Kimura	Kenya Red Cross - MHPSS focal person (interim)
Monia Aebersold	Swiss Red Cross – Project Manager
Monika Stickler & Barbara Juen	Austrian Red Cross - Head of Emergency medical services and Psychosocial support Universität Innsbruck - Professor
Nelson Sanz-Cadena	Canadian Red Cross - Senior Manager, Emergency Management
Randy Ferreira	Portugal Red Cross - Psychologist
Rhiannon Hunt	Australia Red Cross - Acting National Lead, Disaster Resilience,
Sarah Gribbin	New Zealand Red Cross – Psychosocial Advisor
Undram Chinges	Mongolia Red Cross – Monitoring and Evaluation Team Leader
Psychosocial Centre	Technical advisors and others
Arz Stephan & Ganna Goloktionova	Psychosocial Centre - TA EU4Health
Guleed Dualeh, Eliza Cheung, Ahlem Cheffi, Ea Suzanne Akasha, Catia de Matos	PS Centre - Technical Advisors with responsibility for regions
Nana Weidemann	PS Centre – Director
Sarah Harrison	PS Centre - Technical team lead
Research Centres	Research personnel
Salim Sohani	Canadian Red Cross - Head of Health Intelligence Research and Development Unit
Ilja Ormel	Canada Red Cross, Health Intelligence Research and Development - Senior Manager
Fiona Terry & Rodolfo Rossi	ICRC Centre for Operational Research and Experience (CORE) – Head ICRC – Senior Epidemiologist
Louise Baumann	Coordinator of RC3 and research assistants with French Red Cross Foundation.
Strategic	Overview of MHPSS evidence-building in (part of) the Movement
Sofia Ribeiro	IFRC Secretariat - MHPSS Officer Community Health Unit
Pia Lorentzen	IFRC Europe and Central Asia - MHPSS coordinator -
Louise Kryger	Danish Red Cross – MHPSS Team Leader

Sarah Davidson	British Red Cross – Head of Psychosocial and Mental Health Team & Co-lead of MHPSS Research Network
Prednison Morales	Co-ordinator, Asia-Pacific MHPSS Collaborative
Bhava Poudyal	ICRC - Regional MHPSS Specialist
Marianne Petri Kristensen	Danish Red Cross International Department - Senior P-MEAL Advisor

Annex 2. Analysis of MHPSS Roadmap survey 2019 and 2021 questions on evaluation and research

Data from respondents who reported that their organisations did not conduct MHPSS activities were removed before analysis.

2019 (N=163)

Africa	40
Americas	28
Asia Pacific	29
Europe & Central Asia	47
ICRC	1
IFRC	6
Middle East & North Africa	11
Other	1

11. How do you monitor the mental health and/or psychosocial support activities your organisation is involved in? Please select all that apply:

	Africa	Americas	Asia Pacific	Europe & Central Asia	ICRC	IFRC	Middle East & North Africa	Other	TOTAL
Interviews or focus group discussions	14	12	9	24	1	5	7	1	73
Number of beneficiaries	21	20	15	27	1	5	10	1	100
Supervisor reports	24	14	9	16	1	3	9	1	77
Surveys	8	4	4	18	1	3	4	1	43
Systematic programme review or evaluations	11	6	6	10	1	4	7	1	46
Timesheets	6	2	1	12	1	1	2	1	26
No system	10	4	8	9	0	0	1	0	32
Psychometric tools (please specify which tools)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Other	2	4	3	6	0	0	3	0	18

Other ways:

- Information about carried out activities reflected in the reports (monthly, annual)
- Intake forms (paper)
- Biannual and annual meetings with those responsible for activities in each territory
- baseline&endline assesments, pre&post tests, list of attendees field visits
- Number of referred cases
- Regular telephone interviews, follow-up
- mission reports
- Follow-up sessions
- Psychometric tools, self-assessment report, Professional's appraisal
- and any other tools used by MENA NSs
- No monitoring activity yet
- Internal routine assessments
- Visits to subsidiaries
- We have different systems for different activities
- Network meeting with government agencies, NGOs, stakeholders and the community
- Individual interviews
- In Trauma Centers SRC Follow Swedish health care legislation, including system for monitoring and routines for quality assurance
- standard diagnostic tools (questionnaires)

2021 (N=167)

Africa	39
Americas	30
Asia Pacific	26
Europe & Central Asia	48
ICRC	7
IFRC	6
Middle East & North Africa	11
Other	0

11. How do you monitor the mental health and/or psychosocial support activities your organisation is involved in? Please select all that apply:

	Africa	Americas	Asia Pacific	Europe & Central Asia	ICRC	IFRC	Middle East & North Africa	TOTAL
Interviews or focus group discussions	20	9	12	25	6	2	7	81
Number of beneficiaries	23	21	18	36	7	6	6	117
Supervisor reports	27	16	12	22	6	4	7	94
Surveys	9	8	9	29	0	5	5	65
Systematic programme review or evaluations	10	5	4	21	6	2	5	53
Timesheets	10	3	3	21	0	1	5	43
No system	4	4	8	4	0	0	2	22
Psychometric tools	2	1	1	8	7	1	3	23
Other	3	2	0	5	1	0	2	13

Other ways include:

- Post distribution surveys
- would be activities mentioned above but we do not have financial means
- Monthly reports and weekly meetings within the department discussing updates
- A way of tracking and monitoring these activities is still being developed.
- Mission reports
- coordination meetings and their minutes
- volunteer self-assessment

- Registration in computer applications and platforms
- There is no universal monitoring of MHPSS
- each department has its own monitoring tools and methods
- Close and frequent follow up with the NSs, whenever requested and whenever necessary

Psychometric tools used are:

- consultation guide, report and supervision sheet
- questionnaires to assess post traumatic stress
- Tests or psychological test
- K10, DASS21, HTQ, HSCI-25
- HADS, Job Stress Survey, etc.
- WHO5
- MAPPS (university of Zurich)
- Number of different tools is used mainly in our trauma centers
- KoBo toolbox
- The Geriatric Depression Scale (GDS), Beck's Depression Inventory, Fatigue Severity Scale...
- Combination of surveys and focus groups
- ProQOL
- DASS 21, IES-R, IES-R CRIES, HADS, Hopkins, ICRC "Severity Self Report", Brief cope, WHODAS 2.0, KRISOP, PRoQOL, SQR-20, Patient Specific Functioning Scale
- DASS21, IES-R, CRIES, ICRC Africa functioning scale, BriefCope, WHODAS, Patient-specific functioning scale
- DASS 21, IES-R, IES-R CRIES, HADS, Hopkins, ICRC "Severity Self Report", Brief cope, WHODAS 2.0, KRISOP, PRoQOL, SQR-20, Patient Specific Functioning Scale
- DASS 21, IES-R, IES-R CRIES, HADS, Hopkins, ICRC "Severity Self Report", Brief cope, WHODAS 2.0, KRISOP, PRoQOL, SQR-20, Patient Specific Functioning Scale
- DASS-21, and Functioning scale (local and WHO-DAS-2.0)
- WHO DAS 5, PM+ tool
- DASS-21 , ProQol , DAPS
- Pre and post questionnaires
- The pre and post questionnaire

11a. 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:

	Africa	Americas	Asia Pacific	Europe & Central Asia	ICRC	IFRC	Middle East & North Africa	TOTAL
Lack of / limited funds	4	4	7	3	0	0	1	19
Lack of planning (e.g. not including monitoring and evaluation plans at the beginning of the project/activities)	1	3	4	3	0	0	1	12
Lack of staff who can collect data	2	2	6	2	0	0	1	13
Lack of staff who can analyse data	3	2	6	2	0	0	2	15
Lack of suitable tools	3	4	7	1	0	0	1	16
Lack of / limited technical expertise (e.g. to identify manuals, trainings, specialists)	3	1	7	2	0	0	0	13
Monitoring mental health and psychosocial support activities is not seen as a core priority for the organisation	0	0	4	1	0	0	1	6
Monitoring and evaluation is not requested	0	1	3	0	0	0	0	4
Practical monitoring and evaluation support is not provided	1	1	3	1	0	0	1	7
Legal issues (e.g. data protection and information security)	0	0	2	1	0	0	0	3
Other	0	0	0	1	0	0	0	1

Other reasons are:

- The development of the PSS is only at the beginning stages...

11b. What resources/guidance does your organisation use to monitor mental health and psychosocial support activities? Please select all that apply:

	Africa	Americas	Asia Pacific	Europe & Central Asia	ICRC	IFRC	Middle East & North Africa	TOTAL
IFRC Reference Centre for Psychosocial Support 'Monitoring and Evaluation Framework for Psychosocial Support Interventions – Toolbox / Indicator Guide'	23	10	12	26	0	5	6	82
ICRC 'Guidelines on Mental Health and Psychosocial Support'	7	14	3	19	7	4	5	59
IASC 'Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings'	4	8	5	11	0	5	5	38
IASC 'Mental Health and Psychosocial Support Assessment Guide'	2	7	5	14	0	5	3	36
WHO & UNHCR 'Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings'	4	5	2	10	0	3	4	28
IFRC 'Project/Programme Monitoring and Evaluation Guide'	7	10	6	15	0	5	3	46
None of those listed	8	5	2	7	0	0	1	23
Other	5	4	4	12	0	0	1	26

Other resources/ guidance listed are:

- Kobo system
- documentation of health psychologists, with whom we collaborate
- we use a sheet made according to the place of the intervention
- we have just started using the IFRC tool kit and we were also using REPSSI guidelines
- PSP-SPS -STRESS ET LE TRAIMA
- Protocol built for the national society We follow the Jamaica Red Cross guidance material
- THE NATIONAL SOCIETY'S PROGRAMME IS AN 'AD HOC' ONE. IT NEEDS FURTHER DEVELOPMENT AND CONSISTENCY.
- Guide to differentiated health care and psychosocial support in migrant populations (Spanish)
- Only use activity reporting template, no standardize monitoring template in place.
- A variety including those accessed by other Trauma MH Services with the IRCT
- We do have some questionnaires for focus group discussion and data collection form for beneficiaries internally used
- Guidelines prepared by American Red Cross team after Gujarat earthquake are referred to by volunteers
- Minimum standards of MHPSS for the recognized aid organizations and the two main churches offering spiritual welfare services in Germany
- internal guidelines
- we adopt the above mentioned (mainly IFRC PSS Centers and IASC) resources to the needs fitting to the programs of our NS

- General Health Questionnaire, Hopkins Symptom Checklist, Perceived Stress Scale, WHO Wellbeing Index, Child and Adolescent Symptom Scale
- Depending on donors
- MHPSS is an integrated part of all our humanitarian activities and is monitored through the activities respective systems
- our own tools
- CEBaP: Centre for evidence Based Practice – We work together with universities for effect evaluation
- Resources and guidance developed with Public Health England and our internal research and evaluation team
- Internal resources and guidelines, based on the experience gained and the context in the NS and the country
- We are using a guideline on a PSS Centre developed by Psychology experts, in which guidance supervision sessions are recommended, and therefore organised, as well as narrative reports and list of calls including detailed information are based on project implementation reporting.
- sorry, I don't know how to answer this question. I should go around all the services concerned...
- depending on the program

Reasons that the documents listed are not used are:

	Africa	Americas	Asia Pacific	Europe & Central Asia	ICRC	IFRC	Middle East & North Africa	TOTAL
We did not know about any of these resources/guidance	2	2						4
We have not identified culturally appropriate resources/guidance	3							
We have developed our own tools and guidance	1	1	1	2			1	6
We use Nationally recognised tools/guidance	1	1	1	2				5
Other reason		1		3				4
We use other existing guidance/resources								

Other reasons include:

- Because the activities carried out under the command of the IFRC, in Beira, often without any CVM consultation, central level.
- We have not created access to these resources at this time
- We are just about to start this activity, we trained just a few people in psp and would like to continue in order to create our own network of psp group
- MHPSS is an integrated part of all our humanitarian activities and is monitored through the activities respective systems

25. Is your organisation involved in mental health and/or psychosocial support research (or has it been previously)?

	Africa		Americas		Asia Pacific		Europe & Central Asia		ICRC		IFRC		Middle East & North Africa		TOTAL	
	2019	2021	2019	2021	2019	2021	2019	2021	2019	2021	2019	2021	2019	2021	2019	2021
Yes	3	8	6	5	4	1	15	19	1	6	2	4	2	1	34	44
No	35	28	21	22	21	23	29	27	0	1	3	2	9	7	118	110
Don't know	2	3	1	3	4	2	3	2	0	0	1	0	0	3	11	13

Research described includes:

2019

Africa

In Salamat province with IOM

Identification and referral of people with mental illnesses

Participation in the Mental Health Congress in 2019

Americas

CRC funded research projects on pediatric and adult resilience in disaster; Pathways to Wellness research in Indigenous communities

In the implementation of the EPP Manual in conjunction with the reference center of the federation

Presentation of papers in National and International Congresses on Disasters and Mental Health

Mental Health Program of the Ministry

Protocolo SMAP

SI CON EL CREPD

We are part of the mental health technical working group from the MoH

Asia Pacific

User Choice Report, co-design work in community programs

International research for doctoral degree

An Assessment of the Mental Health and Psychosocial Status and Needs of Earthquake-Affected Communities in Rasuwa, Nuwakot, and Makwanpur Districts

Development of referral pathway for survivor of domestic violence, and the Minimum Standard for working with survivor together with the Social welfare

Europe & Central Asia

with University

CRC was involved in PSS research with Department of psychology, Faculty of Humanities and Social Sciences after severe floods in Croatia 2014

Study of Self protection with children

University students doing their studies

through EU funded projects (e.g. DRIVER+)

monitoring, surveys of pss activities on the ground (2017). Research on migrant people about pss (2016).

RCSK provides beneficiaries' stories or interviews for research work

in the research from University of Innsbruck PFA/CE Project funded by EU

vulnerable children and youth

Mental health of migrants

Various university investigations

Cooperation with Red Cross university college i.e. conducting reserach on Migrants newly settkled in Sweden mental health

The academicians have been conducting several thesis in our community centers on various topics. Those researches have not yet been released yet

Various research focussing on services and populations

ICRC

a) MHPSS to families of missing persons in Sri Lanka; b) MHPSS to HIV and TB patients in detention facilities in Kyrgyzstan; MHPSS to survivors of sexual violence in DRC; MHPSS to families of missing persons in Nepal

IFRC

Research of Mental Health of migrants in Serbia conducted in 2018-2019

We currently engage in five large research projects and we coordinate and host the RCRC research network on MHPSS.

Middle East & North Africa

with IFRC PS center and other UN agencies reserch on volunteering, ERC own reserch on the programs implemented with communitie in area of PSS

Yes, personally, it is shared

2021

Africa

Ethiopian Red Cross involved in MHPSS research done by Danish Institute for International Studies 'No Place For Me Here' The challenges of Ethiopian male return migrants and UK Research & Innovation_Global Challenges Research Fund (GCRF) Migration and Displacement: Roots of Vulnerability, Roads to Solutions

Community assessment to understand community coping strategies regarding Covid 19

psychosocial support

participation of the CRN in the congress on the mental health of African societies

whenever any kind of partnership is requested

Suicide and domestic violence

In 2014, identification and referencing of 51 people in MS pathologies.

Research on GPFA

Americas

impact assessment

With the reference center

Mental health effects of covid19

Training of volunteers of the elderly and others

Impact of covid on mental health- Humanitarian Observatory

Asia Pacific

Beyond Bushfires research by University of Melbourne

Europe & Central Asia

Jointly with ICRC in order to reveal the level of anxiety and depression among staff and volunteers.

During Covid response under National health Institute

Research on PSS services provided for homeless and former prisoners.

Targeting health care workers during the current COVID-19 pandemic

Research in the field of trauma; impact of mental health on migrants and refugees; validation of a mental health screening tool; validation of a psychological first aid program for children; risk perception

socio-anthropological research on certain projects, particularly in Africa

The impact of Covid 19 on older people and care workers

We do our own research

: several services are reviewed by universities, including: Life Skills program (Radboud university), Support for survivors of Human Trafficking (Free University Amsterdam)

Psychological Effects of Pandemic on Migrants Diagnosed Covid19, Status of Health Access of Migrants Diagnosed with Covid19 in Turkey.

cooperation with Bern university for digital MHPSS

SRC University college trauma research

Our research focus is mainly related to aging population including the mental health of informal carers, we as well done some work around mental health of migrants.

don't know the specifics

We strive to scientifically substantiate our activities according to the principles of evidence-based practice. This involves both primary and secondary research. Ex. develop systematic reviews, develop evidence-based guidelines. FAMP pilots were also subjected to a randomized controlled trial.

Considering the MHPSS needs of different groups following different forms of crises and the impacts of MHPSS resources on different groups

Together with Movement partners though we are lacking the contact with the local research partners

'- Vicarious traumatization and resilience in disaster response teams 2017 – City Red Cross of Skopje under RCNM - Early identification of cognitive changes, 2020 – “Early care and detection of early symptoms of detection) City Red Cross of Skopje under RCNM (conducted by 4 psychologists, 1 medicinal psychology – researchers – 100 persons)

ICRC

on various topics

on various topics

on various topics

We have M&E systems in place that feeds operational research

evaluation reports for programs

IFRC

well-being and resilience in students

pandemic fatigue research (AP); Engaged in multiple HORIZON 2020 EU Research initiatives plus leading one consortium initiative, Board member of the MHPSS Research Prioritisation Exercise under the IASC RG, Board member on the University of Virginia Effectiveness of PSS Review (PS Centre); bienestar y resiliencia en estudiantes (Americas); in 2018-2019 supported and facilitated: Advocacy Field Research: “Mental health of refugees and migrants” conducted by Serbia RC, Research “Access of migrants to Health and Care services in Balkan countries” in cooperation with Healthcare Leadership and Management Development Institute and WHO Collaborative Center on Migrants Health (Europe).

Pandemic Fatigue research

in 2018-2019 IFRC supported and facilitated the following researches: Advocacy Field Research: “Mental health of refugees and migrants” conducted by Serbia RC, Research “Access of migrants to Health and Care services in Balkan countries” in cooperation with Healthcare Leadership and Management Development Institute and WHO Collaborative Center on Migrants Health.

Middle East & North Africa

The impact of COVID-19 on the mental health of refugees and migrants The impact of COVID-19 on the mental health of areas without mental health services

Annex 3. Examples of research collaborations involving the IFRC Psychosocial Centre

WHO low intensity psychological interventions: The PS Centre has engaged in several research projects and collaborations with universities, the WHO, large international NGOs and smaller local NGOs to support the development, adaptation and field testing of 'low intensity psychological interventions' developed by the WHO. The purpose of the PS Centre involvement was to investigate how the interventions could be used by NSs to address general psychosocial ill-being and to alleviate, treat and prevent common mental disorders such as anxiety, depression, and posttraumatic stress disorder.

For example, the STRENGTHS project (2017-2021) trained Syrian refugees to provide the WHO mental health intervention, Problem Management Plus (PM+) to fellow Syrian refugees. Together with consortium partners, the PS Centre delivered the culturally adapted version of the intervention and designed and delivered the training of trainers module, as well as contributing to communication and advocacy work related to the global uptake of interventions. The expertise built through involvement in this project was intended to strengthen the capacity of NSs to adapt the intervention to local settings and thereby provide quality, research-based MHPSS services.

As another example of involvement in development of WHO low-intensity, psychological interventions, the RE-DEFINE project (2018-2020) sought to provide evidence for SelfHelp+, a preventative psychosocial intervention for people affected by humanitarian emergencies. The PS Centre supported the dissemination aspect of the project.

FOCUS: The PS Centre led the consortium working on the FOCUS project (Forced Displacement and refugee-host community solidarity) (2019-2022). The aim was to impact on both research and practice by understanding and improving the dynamics of integration for migrants and host communities with a special emphasis on how psychological and social factors influence integration. The project aimed to provide effective, evidence-based solutions for integration of refugees into host communities. In order to ensure that the guidance resulting from the project was practically useful, NS representatives were invited to collaborate in its design. The main output was a practical implementation guide to dynamic integration based the expertise, ideas and experiences of practitioners. The project also helped to strengthen the partnership with IOM MHPSS's Global team and IFRC's work on migration in general, including informing discussions with the EU Commission conducted by the IFRC EU Brussels delegation office.

CONTEXT PhD Studentships: The Collaborative Network for Training and EXcellence in psychoTraumatology (CONTEXT) is a three-year doctoral training programme. It is an international, interdisciplinary collaboration between nine European partner organisations in the academic, non-governmental, voluntary, and public sectors. The PS Centre hosted two PhD students registered with Trinity Centre for Global Mental Health; one worked with the Sudanese Red Crescent on a project designed to strengthen managerial practices to ensure the wellbeing of volunteers, whilst the other worked with the Colombia Red Cross to evaluate the effectiveness of the PM+ low-intensity psychological intervention described above. These projects resulted in increased awareness and attention to caring for volunteers and low-intensity psychological interventions – particularly helping frame the PS Centre's engagement in the STRENGTHS project. The focus on caring for volunteers built upon previous research work that led to the development of guidelines for NSs on how to work with spontaneous volunteers. These guidelines have also been incorporated into the MHPSS in National Emergencies training curriculum from the PS Centre and the Baltic Sea Programme covering NSs around the Baltic Sea.

Integrated Model for Supervision: The IMS research project has been ongoing since 2021, in collaboration with Trinity Centre for Global Mental Health and funded by USAID. The intention is that the model and associated resources will be researched, tested and used outside the Movement as well as potentially by NSs to help them to incorporate supervision as an essential component of mental health and psychosocial support programming. The current testing phase of the project includes the

Ukraine Red Cross (piloted in 2021) and a National Society in the Asia-Pacific region in 2022, along with inter-agency partners in other locations (e.g., Save the Children Afghanistan, IMC in Jordan, UNICEF in Nigeria). Although the project and research is still ongoing, initial guidance is already available on the PS Centre website.

Refuge-Ed: The PS Centre is one of nine partners (including the Trinity Centre for Global Mental Health) in the EU Horizon-funded Refuge-Ed project, which is about co-creating and scaling up ways of supporting education, wellbeing and a sense of belonging for refugee children, unaccompanied minors and their host communities in Europe. The PS Centre is responsible within this project for developing the Brokering Knowledge Platform and the Community of Practice and Learning.