REVIEW AND ASSESSMENT OF MHPSS INTERVENTION RESEARCH IN HUMANITARIAN SETTINGS

APPENDICES

APPENDIX 1 – TABLES OF SEARCH TERMS

Medline – April 7, 2020		
Search Number	**Terms**	**Results**
1 Setting	TS=(Humanitarian OR Crisis OR War OR Conflict OR Emergency OR Epidemic OR Genocide OR Earthquake OR Flood OR Famine OR Drought OR Tsunami OR Terror OR Trauma OR Violence OR Accident OR Refugee OR Migrant OR Displaced OR Disaster	329,160
2 Outcomes	TS= (Wellbeing OR Well-being OR "Mental Health" OR "Stress reduction" OR Functioning OR Hope OR Self-efficacy OR Resilience OR Reconciliation OR "Social connectedness" OR "Social cohesion" OR coping OR distress OR "social support")	845,779
3 Intervention	TS=("Psychosocial support" OR "Psychosocial intervention" OR "Psychological support" OR "Psychological intervention" OR "Mental Health support" OR "Mental Health intervention" OR "Social support" OR "MHPSS" OR "Psychotherapeutic" OR "Counselling" OR "Socio-therapy" OR "Support group" OR "Peer support" OR "Community healing dialogue" OR "Communal healing" OR "Psychoeducation" OR "Community support" OR "Family support" OR "Social network" OR "Self-care" OR "Self care" or "Self-help" OR "self help" OR "Safe Space*" OR "Child Friendly Space" OR "Psychological First Aid" OR "psychosocial consideration")	77,569
4 Study type	TS=(Intervention OR trial OR program OR pilot)	1,007,321
5: 1 AND 2 AND 3 AND 4		**2,784**

TIAB is for un-indexed papers.

Web of Science Core Collection - March 31, 2020		
Search Number	**Terms**	**Results**
1 Setting	TS=(Humanitarian OR Crisis OR War OR Conflict OR Emergency OR Epidemic OR Genocide OR Earthquake OR Flood OR Famine OR Drought OR Tsunami OR Terror OR Trauma OR Violence OR Accident OR Refugee OR Migrant OR Displaced OR Disaster)	1,087,984
2 Outcomes	TS= (Wellbeing OR "Well-being" OR "Mental Health" OR "Stress reduction" OR Functioning OR Hope OR "Self-efficacy" OR Resilience OR Reconciliation	2,830,942

	OR "Social connectedness" OR "Social cohesion" OR coping OR distress OR "social support")	
3 Interventions	TS=("Psychosocial support" OR "Psychosocial intervention" OR "Psychological support" OR "Psychological intervention" OR "Mental Health support" OR "Mental Health intervention" OR "Social support" OR "MHPSS" OR "Psychotherapeutic" OR "Counselling" OR "Socio-therapy" OR "Support group" OR "Peer support" OR "Community healing dialogue" OR "Communal healing" OR "Psychoeducation" OR "Community support" OR "Family support" OR "Social network" OR "Self-care" OR "Self care" or "Self-help" OR "self help" OR "Safe Space*" OR "Child Friendly Space" OR "Psychological First Aid" OR "psychosocial consideration")	126,717
4 Study type	TS=(Intervention OR trial OR program OR pilot)	2,304,815
5: 1 AND 2 AND 3 AND 4		**4,295**
	Limitations: 2010-2020; English	

WEB OF SCIENCE: TS includes Title, Abstract and Key Word

PsycINFO – April 8, 2020		
Search Number	**Terms**	**Results**
1 Setting	(Humanitarian or Crisis or War or Conflict or Emergency or Epidemic or Genocide or Earthquake or Flood or Famine or Drought or Tsunami or Terror or Trauma or Violence or Accident or Refugee or Migrant or Displaced or Disaster).ti. or (Humanitarian or Crisis or War or Conflict or Emergency or Epidemic or Genocide or Earthquake or Flood or Famine or Drought or Tsunami or Terror or Trauma or Violence or Accident or Refugee or Migrant or Displaced or Disaster).ab. or (Humanitarian or Crisis or War or Conflict or Emergency or Epidemic or Genocide or Earthquake or Flood or Famine or Drought or Tsunami or Terror or Trauma or Violence or Accident or Refugee or Migrant or Displaced or Disaster).id. limited to human and English and 2010-present	134713
2 Outcomes	(Wellbeing or "Well-being" or "Mental Health" or "Stress reduction" or Functioning or Hope or "Self-efficacy" or Resilience or Reconciliation or "Social connectedness" or "Social cohesion" or coping or distress or "social support").ti. or (Wellbeing or "Well-being" or "Mental Health" or "Stress reduction" or Functioning or Hope or "Self-efficacy" or Resilience or Reconciliation or "Social connectedness" or "Social cohesion" or coping or distress or "social support").ab. or (Wellbeing or "Well-being" or "Mental Health" or "Stress reduction" or Functioning or Hope or "Self-efficacy" or Resilience or Reconciliation or "Social connectedness" or "Social cohesion" or coping or distress or "social support").id.	268470

	limited to human and English and 2010-present	
3 Interventions	("Psychosocial support" or "Psychosocial intervention" or "Psychological support" or "Psychological intervention" or "Mental Health support" or "Mental Health intervention" or "Social support" or "MHPSS" or "Psychotherapeutic" or "Counselling" or "Socio-therapy" or "Support group" or "Peer support" or "Community healing dialogue" or "Communal healing" or "Psychoeducation" or "Community support" or "Family support" or "Social network" or "Self-care" or "Self care" or "Self-help" or "self help" or "Safe Space*" or "Child Friendly Space" or "Psychological First Aid" or "psychosocial consideration").ti. or ("Psychosocial support" or "Psychosocial intervention" or "Psychological support" or "Psychological intervention" or "Mental Health support" or "Mental Health intervention" or "Social support" or "MHPSS" or "Psychotherapeutic" or "Counselling" or "Socio-therapy" or "Support group" or "Peer support" or "Community healing dialogue" or "Communal healing" or "Psychoeducation" or "Community support" or "Family support" or "Social network" or "Self-care" or "Self care" or "Self-help" or "self help" or "Safe Space*" or "Child Friendly Space" or "Psychological First Aid" or "psychosocial consideration").ab. or ("Psychosocial support" or "Psychosocial intervention" or "Psychological support" or "Psychological intervention" or "Mental Health support" or "Mental Health intervention" or "Social support" or "MHPSS" or "Psychotherapeutic" or "Counselling" or "Socio-therapy" or "Support group" or "Peer support" or "Community healing dialogue" or "Communal healing" or "Psychoeducation" or "Community support" or "Family support" or "Social network" or "Self-care" or "Self care" or "Self-help" or "self help" or "Safe Space*" or "Child Friendly Space" or "Psychological First Aid" or "psychosocial consideration").id. limited to human and English and 2010-present	55329
4 Study type	(Intervention or trial or program or pilot).ti. or (Intervention or trial or program or pilot).ab. or (Intervention or trial or program or pilot).id. limited to human and English and 2010-present	225312
5: 1 AND 2 AND 3 AND 4		**1381**
Limited to peer review		**964**

Cochrane Library – April 6 2020		
Search Number	**Terms**	**Results**
1 Setting	Humanitarian OR Crisis OR War OR Conflict OR Emergency OR Epidemic OR Genocide OR Earthquake OR Flood OR Famine OR Drought OR Tsunami OR Terror OR Trauma OR Violence OR Accident OR Refugee OR Migrant OR Displaced OR Disaster	72,045

2 Outcomes	Wellbeing OR "Well-being" OR "Mental Health" OR "Stress reduction" OR Functioning OR Hope OR "Self-efficacy" OR Resilience OR Reconciliation OR "Social connectedness" OR "Social cohesion" OR coping OR distress OR "social support"	95,960
3 Interventions	"Psychosocial support" OR "Psychosocial intervention" OR "Psychological support" OR "Psychological intervention" OR "Mental Health support" OR "Mental Health intervention" OR "Social support" OR "MHPSS" OR "Psychotherapeutic" OR "Counselling" OR "Socio-therapy" OR "Support group" OR "Peer support" OR "Community healing dialogue" OR "Communal healing" OR "Psychoeducation" OR "Community support" OR "Family support" OR "Social network" OR "Self-care" OR "Self care" or "Self-help" OR "self help" OR "Safe Space*" OR "Child Friendly Space" OR "Psychological First Aid" OR "psychosocial consideration"	48,202
4 Study type	Intervention OR trial OR program OR pilot	1,248,871
5: 1 AND 2 AND 3 AND 4		**2513**
	Limitations: 2010-2020; English	

Google Scholar - April 13, 2020		
Search Number	**Terms**	**Results**
N/A	'humanitarian psychosocial intervention research'	First five pages @ 10 per page = 50 hits
N/A	'humanitarian mental health intervention research'	First five pages @ 10 per page = 50 hits
Limitations	Date=2010-2020, exclude citations and patents; sort by relevance; review only first five pages of hits	

APPENDIX 2 – RESEARCH TOOLS

INTERVIEW GUIDE – MHPSS RESEARCHERS

1. Introductions

a. Please describe where you work and your position in your institution/organisation.
b. Please describe and give an overview of your recent MHPSS research.

2. Advancing knowledge through research

In terms of: Research topic

a. Consider your current or most recent MHPSS research: what influenced your choice of research topic?
   Probe: influence of institution, funding, personal interest, identified gaps in literature etc
b. How, if at all, did the 2010 MHPSS research priorities outlined in the *Research Priorities for Mental Health and Psychosocial Support in Humanitarian Settings* article written by Wietse Tol, et al. inform your research topic? If no, were you aware of the priorities? *If necessary, give an overview of the 10 priorities*

In terms of: Answered / Unanswered research priorities

c. The effectiveness of family-based interventions / how to best adapt existing MHPSS interventions to different sociocultural contexts are relatively unanswered priorities. Why do you think these areas have not been well-addressed? What are the barriers to addressing these types of research questions?
d. Why do you think stand-alone MHPSS interventions which measure symptoms of mental health disorders as primary outcomes have traditionally been better covered? What are the facilitators for this type of research question? *Probe: ease to measure, standardised tools, ability to publish*

In terms of: Engaging stakeholders and knowledge transfer

e. Consider your current or most recent research, who were your target stakeholders?
f. How did you communicate and engage with stakeholders during and after the research process?
   Probe
   During the research and
   After the research was complete (dissemination)
   Probe:...
g. Which did you invest most time and resources into?
h. In general, which approaches do you feel are most effective to communicate and engage with stakeholders?

In terms of: Research quality

i. What are your perceptions of the quality of MHPSS research generate since 2010?
j. How did you assess quality in your work?

3. Uptake to impact of MHPSS research

In terms of: Translating research to change

Consider the total research process, not just dissemination of outputs

a. What do your target stakeholders know now that they did not know before? *Give concrete examples, e.g. PFA follow-up training is important*
b. How has your work impacted the capacity of actors to access, understand and use knowledge or research? *Give concrete examples*
c. Do you have any evidence of strengthened 'uptake networks' or communities of practice/knowledge around your research area? *Give concrete examples*

d. What do you think has changed in programmes or practices of humanitarian actors as a result of your work?
   Probes
   - *New programmes*
   - *Extended funding for pilot programmes*
   - *New initiatives/working between programmes or sectors*
   - *Changed ways of doing things on an existing programme (new staffing/management approaches, planning approaches, tools, resources, practices)*
   - *New policies within institutions*

   How have you gathered this information?

e. What do you think has changed regarding global MHPSS guidelines/policy as a result of your work?
   Probes
   - *New guidelines*
   - *New collaborations, working groups etc.*
   - ??

   How have you gathered this information?

f. What do you think has changed at the national government level as a result of your work?
   Probes
   - *New guidelines*

- *New programmes*
- *Extended funding for pilot programmes*
- *New initiatives/working between programmes or sectors*

How have you gathered this information?

g. What are the major barriers to translating research findings into change in programming / global MHPSS policy / at the national government level?
Probe:
   - *In terms of access*
   - *In terms of utilisation*

h. Going forwards, what are your recommendations for how research findings can better translate to change?

4. Advancing the MHPSS research agenda

In terms of: Current gaps in research

a. What gaps relevant to MHPSS interventions did you identify through your research?
b. How important are the gaps that remain from the 2010 priorities? (family-based interventions, adapting interventions to the socio-cultural context, addressing locally perceived needs, and to a lesser extent - school-based interventions)

In terms of: Constructing a new research agenda

c. What topic areas should be prioritised? Do you have any particular questions you would want answered, and why? *Probe: on how interventions should be delivered, to ensure quality, on who interventions work for*
d. Who should be informing the new research agenda and why?
e. Do you have any other recommendations for the process to determine the next MHPSS research agenda?

5. Closing

a. Do you have anything else to add or to ask?

Thank you and close

INTERVIEW GUIDE – MHPSS PRACTITIONERS

1. Introductions

a. Please describe where you work and your position in your institution/organisation.
b. Please describe your programming activities and your specific role in these.

2. Advancing knowledge through research

In terms of: Knowledge of recent MHPSS research

a. Firstly, what do you define as the sort of 'evidence' that should inform programming? What do you use the most in your work? *Probe: evidence underpinned by systematic research, information from routine M+E?*

Summarise that we will now be referring to 'research' as the systematic collection of data – in this case, around MHPSS interventions - often published in peer-reviewed journals or in other programmatic documentation

b. How familiar are you with the body of most recent MHPSS intervention research generated in humanitarian settings, conducted in the last 10 years?
c. How would you rate your own capacity to access, understand and use MHPSS research?

In terms of: Acquisition of evidence

d. How do you find out about/learn about relevant MHPSS intervention research? *Probe:*
e. How, if at all, have you been engaged during a research process itself, rather than just for dissemination of results? How important is this?
f. In your opinion, which are the most effective ways for practitioners to engage with research?

In terms of: Research quality

g. What are your perceptions of the quality of MHPSS research generate since 2010?
h. What counts as good quality research to you?

3. Uptake to impact of MHPSS research

Give participants a summary of recent research generated from review

a. What, if anything, have you learnt anything from recent MHPSS intervention research? *Give concrete examples*
b. Which, if any, initiatives have helped to increase your own capacity to access, understand and use MHPSS research? *See probes above*
c. Which, if any, 'uptake networks' or communities of practice are you involved in around any of these research areas? *See probes above*

d. How has any of your programming changed as a result of MHPSS intervention research?
Collect specific examples.
Probes
- *New programmes*
- *Extended funding for pilot programmes*
- *New initiatives/working between programmes or sectors*
- *Changed ways of doing things on an existing programme (new staffing/management approaches, planning approaches, tools, resources, practices)*

Which research findings in particular?

e. How has any of your institutional policy changed as a result of MHPSS intervention research?
Collect specific examples
f. What impact has this had on the actual outcomes of programming? What impact has this had on the lives of beneficiaries?
g. What are the major barriers to translating research findings into change in humanitarian programming?
Probe:
In terms of access
In terms of utilisation
h. Going forwards, what are your recommendations for how research findings can better translate to change?
i. Which actors must be involved? *Probe those we might traditionally miss, e.g. advocates, activists.*

4. Advancing the MHPSS research agenda

In terms of: Research Priorities

Consider those which are <u>currently</u> most important to your work:

a. Which specific interventions most need research? - e.g. community self-help, mh-GAP...
b. Which dimensions of programme delivery most need research? - e.g. on effectiveness, on *how* to ensure fidelity and quality, on what populations different interventions work...
c. Which other types of MHPSS research are most needed? e.g. prevalence studies, studies on the socio-cultural context, lived experience research, studies on assessment methods...

In terms of: Constructing a new research agenda

d. Who should be informing the research agenda and why?
e. Do you have any other recommendations for the process to determine the next MHPSS research agenda?

f. How can programming experience best inform research priorities and the research agenda moving forwards?

5. Closing

a. Do you have anything else to add or to ask?

Thank you and close

1. Introductions

a. Please describe where you work and your position in your institution/organisation.
b. Please describe the recent MHPSS policies you have been involved in // the recent MHPSS programmes and research you have funded // the coordination platform you are part of

2. Advancing knowledge through research

In terms of: Knowledge of recent MHPSS research

a. Firstly, what do you define as the sort of 'evidence' that should inform programming? What do you use the most in your work? *Probe: how important is evidence underpinned by systematic research versus information from routine M+E?*

Summarise that we will now be referring to 'research' as the systematic collection of data – in this case, around MHPSS interventions - often published in peer-reviewed journals or in other programmatic documentation

b. How familiar are you with the most recent MHPSS intervention research in humanitarian settings, conducted in the last 10 years?
c. How would you rate your own capacity to access, understand and use MHPSS research?

In terms of: Acquisition of evidence

d. How do you find out about/learn about relevant MHPSS intervention research? *Probe:*
e. How, if at all, have you been engaged during a research process itself, rather than just for dissemination of results? How important is this?
f. In your opinion, which are the most effective ways for researchers to communicate and engage with MHPSS practitioners like yourself?

In terms of: Research quality

g. What are your perceptions of the quality of MHPSS research generate since 2010?
h. What counts as good quality research to you?

Questions for Global MHPSS Policymakers / Coordination bodies

i. What specific role do global coordination platforms / policy makers play in the dissemination of research? What are the pathways and processes to spreading knowledge?
j. What are the strengths and weaknesses of these processes?

3. Uptake to impact of MHPSS research

Give participants a summary of recent research generated from review

Questions for Global MHPSS Policymakers/Coordination bodies

a. What, if anything, have you learnt anything from recent MHPSS intervention research? *Give concrete examples*
b. Which, if any, initiatives have helped to increase your own capacity to access, understand, and use MHPSS research? *See probes above*
c. Which, if any, 'uptake networks' or communities of practice are you involved in around any of these research areas? *See probes above*

d. How have global MHPSS in emergencies guidelines/policy changed as a result of recent MHPSS intervention research?
   Probes
   - *New guidelines*
   - *New collaborations, working groups etc.*
   - ??

e. What impact has this had on activities at the national, and local level? Has it changed anything?
f. What impact has this had on the outcomes of programming? What impact has this had on the lives of beneficiaries?
g. What are the major barriers to translating research findings into change at global policy/coordination level?
   Probe:
   In terms of access
   In terms of utilisation

Questions for National Government

a. What, if anything, have you learnt anything from recent MHPSS intervention research? *Give concrete examples*
b. Which, if any, initiatives have helped to increase your own capacity to access, understand, and use MHPSS research?
c. Which, if any, 'uptake networks' or communities of practice are you involved in around any of these research areas?

d. What do you think has changed at national government level as a result of recent MHPSS intervention research? *Give concrete examples relevant to humanitarian action*
   Probes

- *New guidelines*
- *New programmes*
- *Extended funding for pilot programmes*
- *New initiatives/working between programmes or sectors*

e. What impact has this had on the outcomes of humanitarian programming? What impact has this had on the lives of beneficiaries?
f. What are the major barriers to translating research findings into change at the national government level?
Probe:
In terms of access
In terms of utilisation

Questions for Funders

a. What, if anything, have you learnt anything from recent MHPSS intervention research? *Give concrete examples*
b. Which, if any, initiatives have helped to increase your own capacity to access, understand, and use MHPSS research?
c. Which, if any, 'uptake networks' or communities of practice are you involved in around any of these research areas?

Programme funding:

d. How has MHPSS intervention research (generated since 2010) informed current funding streams for humanitarian programmes? *Collect specific examples.* Which research findings in particular?
e. How important is research in informing your decision-making?
f. What are the major barriers to ensuring that research findings influencing funding mechanisms?
Probe:
In terms of access
In terms of utilisation

Research funding:

g. How do funders decide on which priorities areas of MHPSS research to invest in?
h. Have you heard of the 2010 Research Priorities for Mental Health and Psychosocial Support in Humanitarian Settings article written by Wietse Tol, et. al (2010)?

Questions for All

g. Going forwards, what are your recommendations for how research findings can better translate to change?

h. Which actors must be involved? *Probe those we might traditionally miss, e.g. advocates, activists.*

4. Advancing the MHPSS research agenda

In terms of: Research Priorities

Consider from your experience, topics which are currently most important:

a. Which specific interventions most need research? - e.g. community self-help, mh-GAP...
b. Which dimensions of programme delivery most need research? - e.g. on effectiveness, on *how* to ensure fidelity, and quality, on what populations different interventions work...
c. Which other types of MHPSS research are most needed? e.g. prevalence studies, studies on the socio-cultural context, lived experience research, studies on assessment methods...

In terms of: Constructing a new research agenda

d. Who should be informing the research agenda and why?
e. Do you have any other recommendations for the process to determine the next MHPSS research agenda?

a. How can programming experience best inform research priorities and the research agenda moving forwards?

5. Closing

a. Do you have anything else to add or to ask?

Thank you and close

APPENDIX 3 – INFORMATION AND CONSENT FORMS

Consultation on the uptake and impact of recent Mental Health and Psychosocial Support (MHPSS) intervention research in humanitarian settings

Ashley Nemiro, The MHPSS Collaborative

Theresa Jones, Anthrologica - Visiting Fellow at the LSE Firoz Lalji Centre

Information for participants

Thank you for considering participating in this study which will take place in May 2020. This information sheet outlines the purpose of the study and provides a description of your involvement and rights as a participant, if you agree to participate in this study.

1. What is the research about?

This research aims to better understand the uptake and impact of recent MHPSS intervention research in humanitarian settings from the perspectives of researchers, practitioners, policy makers, coordinators, and funders. It is particularly focussed on the range and quality of research generated since 2010, how this research has increased the public health evidence base and how it has influenced programming and decision-making at the local, national and policy levels. The research aims to identify new directions for MHPSS research and to generate strategies on how research can better inform and support humanitarian programmes. The funder of the research is Elrha.

2. Do I have to take part?

It is up to you to decide whether or not to participate. You do not have to participate if you do not want to. If you do decide to participate we will ask you to review consent form which you can sign and return in advance of the telephone interview.

3. What will my involvement be?

You will be asked to participate in a telephone interview or in an online survey where you will be asked about your knowledge and experience producing and/or using MHPSS intervention research, and your recommendations for advancing the MHPSS research agenda. The interview should take approximately one hour, the online survey should take approximately 10 minutes.

4. How do I withdraw from the study?

You can withdraw from the study at any point without providing a reason for your withdrawal. Withdrawing from the study will not have any negative consequences. If you withdraw from the study we will not retain the information you have given thus far, unless you are happy for us to do so. You are not obligated to answer any of the questions during the phone interview and can simply say pass, and we will move on to the next question.

5. What will my information be used for?

We will use the collected information to inform an assessment report on the uptake of recent MHPSS intervention research and the advancement of the research agenda, and for a subsequent research publication.

6. Will my taking part and my data be kept confidential? Will it be anonymised?

The records from this study will be kept as confidential as possible. Only the research team, including both named researchers, and the overall project lead Dr Olivia Tulloch, will have access to the files and any audio tapes taken with your consent. Your data will be anonymised – your name will not be used in any reports or publications resulting from the study. All digital files, transcripts and summaries will be given codes and stored separately from any names or other direct identification of participants. Any hard copies of research information will be kept in locked files at all times.

Limits to confidentiality: Confidentiality will be maintained as far as it is possible, unless you tell us something which implies that you or someone you mention might be in significant danger of harm and unable to act for themselves; in this case, we may have to inform the relevant agencies of this, but we would discuss this with you first.

8. Who has reviewed this study?

This study has undergone ethics review in accordance with the LSE Research Ethics Policy and Procedure.

9. Who is funding this research?

The funder of the research is Elrha https://www.elrha.org/.

10. Data Protection Privacy Notice

The LSE Research Privacy Policy can be found at: https://info.lse.ac.uk/staff/divisions/Secretarys-Division/Assets/Documents/Information-Records-Management/Privacy-Notice-for-Research-v1.1.pdf

The legal basis used to process your personal data will be Public Task. The legal basis used to process special category personal data (e.g. data that reveals racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, health, sex life or sexual orientation, genetic or biometric data) will be for scientific and historical research or statistical purposes.

To request a copy of the data held about you please contact: glpd.info.rights@lse.ac.uk

11. What if I have a question or complaint?

If you have any questions regarding this study please contact Ashley Nemiro on ane@redbarnet.dk or Theresa Jones on theresajones@anthrologica.com.

If you have any concerns or complaints regarding the conduct of this research, please contact the LSE Research Governance Manager via research.ethics@lse.ac.uk.

If you are happy to take part in this study, please sign the consent sheet attached.

Consent form

Consultation on the uptake and impact of recent Mental Health and Psychosocial Support (MHPSS) intervention research in humanitarian settings

Researchers: Dr Ashley Nemiro and Dr Theresa Jones

PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY

I have read and understood the study information dated [DD/MM/YY], or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction.	YES / NO
I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and that I can withdraw from the study at any time up until 31 May, without having to give a reason.	YES / NO
I agree to the interview being audio recorded	YES / NO
I understand that the information I provide will be used for the final assessment report and for subsequent research publication and that the information will be anonymised.	YES / NO
I agree that my (anonymised) information can be quoted in research outputs.	YES / NO
I understand that any personal information that can identify me – such as my name, address, will be kept confidential and not shared with anyone other the aforementioned research team.	YES / NO

Please retain a copy of this consent form.

Participant name:

Signature: _____ Date _____

Interviewer name:

Signature:_____ Date _____

For information please contact: Ashley Nemiro on ane@redbarnet.dk or Theresa Jones on theresajones@anthrologica.com.

Survey consent

Consultation on the uptake and impact of recent Mental Health and Psychosocial Support (MHPSS) intervention research in humanitarian settings

Information and Consent

This survey aims to better understand the uptake and impact of recent MHPSS intervention research in humanitarian settings from the perspectives of researchers, practitioners, policy makers, coordinators and funders. It should take 10 minutes to complete.

Click – Link to full Information Sheet (see above)

"I have read the information sheet, I understand my participation in this survey is voluntary and I agree to participate"

APPENDIX 4 – CONSULTATION PARTICIPANT DEMOGRAPHICS

KEY INFORMANT INTERVIEW PARTICIPANTS

Participant Group	Country base	Institution Type	Sex
Researcher	Kenya	NGO	Female
Global Coordinator	Global	Global Coordinating body	Male
Practitioner	UK	INGO	Female
Senior Government Policy Officer	Netherlands	Government	Female
Coordinator	The Netherlands	Government	Female
Practitioner	Lebanon / Syria cross border	NGO	Female
Practitioner	Tanzania	INGO	Female
Global Coordinator	Global	Global Coordinating body	Female
Researcher	UK	University	Female
Global Coordinator	Global	UN	Male
Global Coordinator	Global	Government	Female
Practitioner	United States	INGO	Female
Government advisor	Zambia	Government	Female
Researcher	Denmark	University	Male
Researcher	United States	University	Female
Funder/ gov	Denmark	Government	Female
Researcher	The Netherlands	INGO	Male
National government	Zambia	Government	Male
Practitioner	Uganda	INGO	Female

Key to informant quotes references:

Re	Researcher
Pr	Practitioner
Co	Global Coordinator
DoGo	Donor country government
NaGo	National government of country affected by crisis/in which research took place

SURVEY PARTICIPANTS

Fifty-two participants took part in the survey, of whom 32 were practitioners and 20 were researchers. Thirty-three identified as female, 16 as male, and three preferred not to say.

Of the researchers, 12 were based in Europe, two in each of North America, Africa and the Middle East. One was based in Latin America and the Caribbean and one in Oceania. Eight were housed within universities and three at other research institutions, six at NGOs, one in government, one in a multilateral, and one across institutions. Nine were focused on humanitarian contexts and eight on the humanitarian-development nexus, while one each were focused on health, development, and psychotherapy. The main research focus areas were MHPSS-specific (eight researchers), MHPSS integrated across humanitarian sectors (seven researchers), MHPSS within education (two) and health (two), and MHPPS in infectious disease outbreaks and adolescence (one).

Of the practitioners, 13 were based in Africa, seven in each of Asia and Europe, three in North America, and one in each of Latin America and the Caribbean and the Middle East. Twenty-one were based in INGOs, five in local NGOs or CBOs, one in government, one in a multilateral, one in a private institute and three in other civil society institutions. Thirteen were technical advisors, seven were programme managers or supervisors, six were programme director/coordinators, two were programme assistants, one worked in finance, and three were psychologists, counsellors, or therapists. Nineteen were focused on humanitarian work, 11 on the Humanitarian-development nexus, and two in development or general mental health and psychosocial work. Thirteen worked on MHPSS-specific work, 10 on integrating MHPSS across multiple sectors, five in MHPSS within health, two in MHPSS in child protection, one in MHPSS within education, and one not related to MHPSS.

APPENDIX 5 – QUALITY REVIEW

TABLE 8: QUALITY REVIEW – PROCESS EVALUATIONS, INCLUDING PARTICIPANT PERSPECTIVES (QUALITATIVE AND MIXED METHODS DESIGNS)

Study	Steps taken to increase rigour in sampling?	Steps taken to increase rigour in data collection?	Steps taken to increase rigour in data analysis?	Findings grounded in the data?	Overall Reliability score		Breadth and/or depth in the findings?	Participants' perspectives were privileged?	Usefulness score
Aldersley, Turnbull & Turnbull (2016)	No	Yes	No	Yes	Medium		No	No	Low
Asghar et al. (2018)*	Yes	Yes	No	Yes	High		Yes	Yes	High
Barron & Abdullah (2012)	Yes	No	Yes	No	Medium		No	Yes	Medium
Eiling et al. (2014)*	No	No	Yes	Yes	Medium		Yes	Yes	High
El-Khani et al. (2016)*	No	No	Yes	No	Low		No	Yes	Medium
Eyber et al. (2014)*	Yes	Yes	No	No	Medium		Yes	Yes	High
Greene et al. (2019)	Yes	Yes	Yes	No	High		No – breadth not depth	Yes	Medium
Hechanova, Waelde & Ramos (2016)*	No	Yes	Yes	No	Medium		No	Yes	Medium
Hogwood et al. (2014)*	Yes	Yes	No	No	Medium		No	Yes	Medium
Hugelius et al. (2016)	No	No	Yes	Yes	Medium		Yes	Yes	High
King (2019)	No	Yes	No	Yes	Medium		Yes	Yes	High
Koegler et al. (2019)	Yes	No	Yes	Yes	High		Yes	Yes	High
Lykes & Crosby (2014)	No	Yes	Yes	Yes	High		Yes	Yes	High

McKay et al. (2011)	No	Yes	No	Yes	**Medium**		Yes	Yes	**High**
Ordóñez-Carabaño et al. (2019)	Yes	No	No	Yes	**Low**		No	No	**Low**
Richters et al. (2013)	No	Yes	No	Yes	**Medium**		Yes	No	**Medium**
Schafer et al. (2016)	Yes	No	No	Yes	**Medium**		Yes	Yes	**High**
Sullivan et al. (2019)*	No	No	No	No	**Low**		No	Yes	**Medium**
Tol et al. (2018b)*	Yes	No	Yes	Yes	**High**		No – breadth not depth	Yes	**Medium**
Walstrom et al. (2013)	Yes	No	Yes	Yes	**High**		Yes	Yes	**High**

TABLE 9: QUALITY REVIEW – COHORT STUDIES

	Selection				**Comparability (**)**	**Outcome**				**Overall Quality Score**
Study	Representativeness of the exposed cohort	Selection of the non-exposed cohort	Ascertain ment of exposure	Demonst ration of outcome of interest at start of study	Either exposed and non-exposed individuals must be matched in the design and/or confounders must be adjusted for in the analysis	Assessment of outcome	Follow-up was long enough for outcomes to occur	Median duration of f-up + justification	Adequacy of follow-ups	Good, fair, poor
Ager et al. (2010)	*	*	*	*	**		*	2+ years		Fair
Mercy Corps (2015)	*	*			*		*	8 months / 19-20 months		Poor

TABLE 10: QUALITY REVIEW – RCTS

	Selection Bias		Detection + Performance Bias		Attrition bias	Reporting bias
Study	**Random sequence generation**	**Allocation concealment**	**Blinding of participants + personnel**	**Blinding of outcomes assessments**	**Incomplete outcome data**	**Selective reporting**
Aber et al. (2015)	L	?	?	?	?	L
Betancourt et al. (2014)	L	?	?	L	L	H
Blattman et al. (2015)	L	L	?	?	L	L
Hallman et al. (2018)	?	?	?	?	L	?
Jordans et al. (2010	L	?	?	H	L	L
Khan et al. (2017)	?	?	?	?	?	H
McBain et al. (2015)	L	?	H	?	L	L
O'Callaghan et al. (2013)	L	L	?	L	L	L
O'Callaghan (2014)	L	L	?	L	L	L
O'Callaghan et al. (2015)	L	L	?	L	L	L
Puffer et al. (2015)	L	?	H	?	L	L
Puvimanasinghe & Price (2016)	?	?	H	?	L	L
Rahman et al. (2016)	L	?	?	L	?	?
Sijbrandij et al. (2020)	?	?	?	L	L	L
Tol et al. (2018b)	?	?	?	L	?	?
Tol et al. (2020)	L	L	?	L	L	L

TABLE 11: QUALITY REVIEW – RCTS AND CONTROLLED BEFORE-AND-AFTER STUDIES

	Selection Bias		Detection + Performance Bias		Attrition bias	Reporting bias	ROB due to confounding variables: Comparability
Study	**Random sequence generation**	**Allocation concealment**	**Blinding of participants + personnel**	**Blinding of outcomes assessments**	**Incomplete outcome data**	**Selective reporting**	
Ager et al. (2011)	L	?	?	?	L	L	+ **
Akiyama et al. (2018)	H	H	?	?	?	L	*
Jordans et al. (2013)	H	H	?	?	?	L	**
Lilley et al. (2014)	H	H	H	?	?	H	*
Metzler et al. (2019)	?	?	H	?	L	H	+ **
Metzler et al. (2019b)	?	?	H	?	L	L	+ **
Morris et al. (2012)	H	H	?	H	?	H	**
Mpande et al. (2013)	H	H	L	L	L	L	**

Sonderegger et al. (2010)	H	H	?	?	L	L	*
Uyun & Witruk (2017)	H	H	?	?	L	H	Not enough info
Ziveri et al. (2019)	?	?	?	?	?	L	+ Not enough info
Veronese & Barola (2018)	?	?	?	?	L	H	+ **

+ Used random cluster/quota sampling so ROB due to confounding variables may be less relevant

TABLE 12 – CITATION ANALYSIS AND JOURNAL IMPACT FACTOR

Study Authors	**Region**	**Humanitarian Context**	**Refugee / IDP**	**GBV / IPV**	**Intervention**	**Age range**	**Follow-up (T3)**	**Primary MHPSS-related focus / outcomes -** *How does the study frame what it is trying to understand?*	**Citation analysis**	**Journal Impact Factor***
Aber et al. (2015)	Central Africa	Conflict/war			**Learning in a Healing Classroom -** School-level intervention - Teacher training & curriculum development (group/school)	37.4 years (mean)		Student mental health and emotional wellbeing, teacher motivation + wellbeing		
Ager et al. (2010)	West Africa	Post-conflict/war			**SeeFafu post-conflict Reintegration programme**. Multi-component social reintegration programme (individual, group, community components)	17-25 years	Retros pective study – 2-6 years	Successful community reintegration – as locally defined, inc. attainment of 'steady head' - mental stability	13	
Ager et al. (2011)	East Africa	Post-conflict/war	X		**PSSA - Natural resilience programme -** Multi-component structured school-based psychosocial	7-12 years	12 months	Child well-being – locally defined – playful + social, interested in school intelligent, happy, respectful + non-	100	6.129

Study Authors	Region	Humanitarian Context	Refugee / IDP	GBV / IPV	Intervention	Age range	Follow-up (T3)	Primary MHPSS-related focus / outcomes - *How does the study frame what it is trying to understand?*	Citation analysis	Journal Impact Factor*
					intervention (school group)			violent, responsible + hard-working, healthy		
Akiyama et al. (2018)	South East Asia	Natural disaster			**Master Approach to Coaching -** Coaching education programme for school sports (school group)	16.6 years (mean)		Self-esteem	3	1.34
Aldersey et al. (2016)	Central Africa	Conflict/war			**ANAPEHMCO -** Family self-help associations (group)	'Adults'		Effective + meaningful support for emotional, informational and practical needs (qualitative)	10	0.925
Asghar et al. (2018)	South Asia	Conflict/war	X	x	**COMPASS** - Life skills + safe spaces + caregiver sessions (group)	12-19 years		Wellbeing + social support. Psychosocial wellbeing – self-esteem + hope (mixed methods)	3	2.851
Barron & Abdullah (2012)	Middle East	Conflict/war			**Healing Trauma Combating Hatred -** School-based 'trauma recovery'	7-17 years		Perceptions and experiences as related to 'building resilience' and	6	0.745

Study Authors	Region	Humanitarian Context	Refugee / IDP	GBV / IPV	Intervention	Age range	Follow-up (T3)	Primary MHPSS-related focus / outcomes - *How does the study frame what it is trying to understand?*	Citation analysis	Journal Impact Factor*
					programme (school group)			'trauma recovery' (qualitative)		
Betancourt et al. (2014)	West Africa	Post-conflict/war			**CBT** (group)	15-24 years	6 months	Emotion regulation, psychological distress, prosocial attitudes/behaviors, social support, functional impairment	70	6.391
Blattman et al. (2015)	West Africa	Post-conflict/war		x	**CBT** (individual and group sessions) vs CBT plus cash (integrated) CBT	18-35 years	12 months	'Mental health', social networks, self-control, positive self-regard	183	4.097
Eiling et al. (2014)	East Africa	Conflict/war			**IDEAL -** Multi-component structured school-based psychosocial intervention (school group)	8-16 years		Wellbeing – locally defined, emotional and social coping skills and personal goals (mixed methods)	9	
El-Khani et al. (2016)	Middle East	Conflict/war			**Psychological First Aid** (parenting focus) - individual/family	'Parents'		Feasibility/usefulness related to building resilience and reducing emotional suffering - self-help + positive parenting (mixed methods)	10	

Study Authors	Region	Humanitarian Context	Refugee / IDP	GBV / IPV	Intervention	Age range	Follow-up (T3)	Primary MHPSS-related focus / outcomes - *How does the study frame what it is trying to understand?*	Citation analysis	Journal Impact Factor*
Eyber et al. (2014)	Central Africa	Conflict/war	X		**Child friendly spaces** (group)	6-17 years		Psychosocial wellbeing + other protection outcomes (mixed methods)		
Greene et al. (2019)	East Africa	Post-conflict/war	X		**NGUVU -** Cognitive processing therapy + advocacy counselling - Integrated intervention for IPV (individual and group)	28.6 years (mean)		Psychological distress + IPV (mixed methods, formative)	2	2.696
Hallman et al. (2018)	West Africa	Post-conflict/war		x	**Girl Empower** - Life skills training, safe spaces + economic support + training providers (group)	13-14 years	24 months (T2)	Psychological wellbeing, self-esteem, self-confidence, self-efficacy		3.087
Hechanova, Waelde & Ramos (2016)	South East Asia	Natural disaster			**Katatagan -** Group-based structured psychosocial intervention (designed using CBT principles but as a separate model)	'adults'	6 months	Coping skills (mixed methods)	12	0.76

Study Authors	Region	Humanitarian Context	Refugee / IDP	GBV / IPV	Intervention	Age range	Follow-up (T3)	Primary MHPSS-related focus / outcomes - *How does the study frame what it is trying to understand?*	Citation analysis	Journal Impact Factor*
Hogwood et al. (2014)	East Africa	Post-conflict/war			**Psychosocial support group**	30-56 years	3 months (T4)	Life satisfaction, social support, parenting role, helpfulness of the group, (mixed methods)	13	
Hugelius et al. (2016)	South East Asia	Natural disaster			Disaster **Radio** - Information + Entertainment (community-wide)	18+ years		Impact on 'recovery' (qualitative)	5	1.415
Jordans et al. (2010)	South Asia	Post-conflict/war			**CBI -** Multi-component structured school-based psychosocial intervention (school group)	11-14 years		Mental health + functioning	210	6.129
Jordans et al. (2013)	East Africa	Conflict/war			**Psychoeducation** - caregiver (group)	10-14 years		Aggression + depressive symptoms	49	3.152
Khan et al. (2017)	South Asia	Post-conflict/war		x	**Psychoeducation** - caregiver (individual/family)	19-30+ years	2 months (T2)	Help-seeking, psychological distress, social support	5	1.37
King (2019)	East Africa	Post-conflict/war			**HLW -** Group-based reconciliation +	26-80 years	4 years	Experiences of the programme in terms		

Study Authors	Region	Humanitarian Context	Refugee / IDP	GBV / IPV	Intervention	Age range	Follow-up (T3)	Primary MHPSS-related focus / outcomes - *How does the study frame what it is trying to understand?*	Citation analysis	Journal Impact Factor*
					healing sessions (group)			of healing + reconciliation , motivations, impact, self-perceptions (qualitative)		
Koegler et al. (2019)	Central Africa	Conflict/war			**Solidarity groups -** Integrated economic and psychosocial support groups (group)	18-60 years		Factors contributing to mental health (qualitative)	1	1.636
Lykes & Crosby (2014)	Latin America & the Carribean	Post-conflict/war			**PAR** + Expressive approaches (group)	40-70 years		Engagement with creative resources to address the psychosocial effects of war (qualitative)	15	
McBain et al. (2015)	West Africa	Post-conflict/war			**CBT** (group)	14-25 years	12 weeks	Caregivers' mental health, burden of care and prosocial behaviour	7	6.818
McKay et al. (2011)	West Africa	Post-conflict/war			**PAR** + life skills training (group)	16-24 years		Positive coping + social reintegration (qualitative)	41	
Mercy Corps (2015)	West Africa	Drought/food insecurity			**Sawki -** Life skills training + safe	10-18 years		Confidence, decision-making power, access to		

Study Authors	Region	Humanitarian Context	Refugee / IDP	GBV / IPV	Intervention	Age range	Follow-up (T3)	Primary MHPSS-related focus / outcomes - *How does the study frame what it is trying to understand?*	Citation analysis	Journal Impact Factor*
					spaces + livelihoods (groups)			social capital + safety nets		
Lilley et al. (2014)	Middle East	Conflict/war	X		**Child and Youth Learning Centres**	7-16 years		Children's psychosocial well-being (including the acquisition of skills and knowledge) + other protection outcomes	5	
Metzler et al. (2019)	East Africa	Conflict/war	X		**Child Friendly Spaces** (group)	'children'	18 months	Children's psychosocial well-being + other protection outcomes	3	6.129
Metzler et al. (2019b)	East Africa	Conflict/war	X		**Child Friendly Spaces** (group)	6-17 years	3-6 months (T2)	Psychosocial wellbeing + other education and protection outcomes		1.797
Morris et al. (2012)	East Africa	Conflict/war			Integrated nutrition programme + **psychoeducation** for caregivers (group)	26.6 years (mean)		Maternal knowledge of early child development, infant stimulation, maternal mood	53	1.898
Mpande et al. (2013)	Southern Africa	Conflict/war			**Trauma healing workshops vs**	19-83 years	5 months	Emotional health and community connectedness, inc	17	

Study Authors	Region	Humanitarian Context	Refugee / IDP	GBV / IPV	Intervention	Age range	Follow-up (T3)	Primary MHPSS-related focus / outcomes - *How does the study frame what it is trying to understand?*	Citation analysis	Journal Impact Factor*
					Psychoeducation (group)			'psychosocial distress'		
O'Callaghan et al. (2013)	Central Africa	Conflict/war		x	Culturally adapted **CBT** (group)	12-17 years	3 months	Post-traumatic stress symptoms	39	2.845
O'Callaghan et al. (2014)	Central Africa	Conflict/war			**Life skills/relaxation** - Family/Group-based structured psychosocial intervention	7-18 years	3 months	Post-traumatic stress reaction symptoms, internalising symptoms, conduct problems, prosocial behaviour	188	6.391
O'Callaghan et al. (2015)	Central Africa	Conflict/war			**Child Friendly Spaces** (group) (versus TF-CBT) Note: CFS was considered the primary intervention for this review with TF-CBT as the comparison	8-17 years	6 months	Prosocial behaviour + conduct problems (post-traumatic stress symptoms were primary outcomes for TF-CBT arm)	26	
Ordóñez-Carabaño et al. (2019)	East Africa	Post-conflict/war		x	Group-based **reconciliation + healing** sessions (group)	'Adults'		Personal lived experiences, presence of forgiveness within the process of interpersonal	1	

Study Authors	Region	Humanitarian Context	Refugee / IDP	GBV / IPV	Intervention	Age range	Follow-up (T3)	Primary MHPSS-related focus / outcomes - *How does the study frame what it is trying to understand?*	Citation analysis	Journal Impact Factor*
								reconciliation (qualitative)		
Puffer et al. (2015)	West Africa	Post-conflict/war			**Parenting skills training** programme (group)	35.5 years (mean)		Child wellbeing, parenting behaviour + caregiver-child interactions	30	
Puvimanasinghe & Price (2016)	South Asia	Post-conflict/war			**Testimony Therapy** (individual) Testimony Therapy	18+ years		Psychosocial functioning, social participation + emotional wellbeing	16	1.558
Rahman et al. (2016)	South Asia	Conflict/war			Multi-component behavioural intervention **PM+** (individual)	18+ years		Psychological distress	34	34.024
Richters et al. (2013)	East Africa	Post-conflict/war			**Sociotherapy** (group)	'adults'		Healing of suffering related to - sexuality, family violence + breakdown of social connections (qualitative)	15	1.746
Schafer et al. (2016)	Middle East	Conflict/war			**Psychological First Aid**	'various ages'		Safety, calm, connectedness, hope + efficacy, did they keep to the model (qualitative)	9	

Study Authors	Region	Humanitarian Context	Refugee / IDP	GBV / IPV	Intervention	Age range	Follow-up (T3)	Primary MHPSS-related focus / outcomes - *How does the study frame what it is trying to understand?*	Citation analysis	Journal Impact Factor*
Sijbrandij et al. (2020)	West Africa	Disease			**PFA** training (group)	18+ years	6 months	Professional attitude, confidence, and professional quality of life		2.468
Sonderegger et al. (2010)	East Africa	Post-conflict/war			Culturally adapted **CBT** (group)	13-74 years	3 months	Psychosocial functioning + pro-social behaviours	44	2.672
Sullivan et al. (2019)	South Asia	Conflict/war	X	x	**Acupressure + breathing** techniques (individual)	22-75 years		Stress, mood, sleep + acceptability (mixed methods)		
Tol et al. (2018)	East Africa	Conflict/war	X		Guided self-help (group) - **Self Help Plus**	29.5 years (mean)		Individual psychological distress	6	34.024
Tol et al. (2018b)	East Africa	Conflict/war	X		Guided self-help (group) - **Self Help Plus**	18+ years		Psychological distress + impressions; attendance; helpfulness; appropriateness etc (mixed methods)	8	
Tol et al. (2020)	East Africa	Conflict/war	X		Guided self-help (group) - **Self Help Plus**	30.9 years (mean)	3 months	Individual psychological distress	5	15.873

Study Authors	Region	Humanitarian Context	Refugee / IDP	GBV / IPV	Intervention	Age range	Follow-up (T3)	Primary MHPSS-related focus / outcomes - *How does the study frame what it is trying to understand?*	Citation analysis	Journal Impact Factor*
Uyun & Witruk (2017)	South East Asia	Natural disaster	X		**Spiritually-oriented sessions** (group)	18-50 years	2 weeks	'Psychopathological symptoms'	3	
Veronese & Barola (2018)	Middle East	Conflict/war			Multi-component structured **school-based psychosocial intervention** (more narrative approaches) (school group)	8-13 years		Pessimism and optimism, life satisfaction, overall happiness, positive + negative affect	12	1.36
Walstrom et al. (2013)	East Africa	Post-conflict/war			Integrated HIV+ **psychosocial support group** (group)	18-65 years		Support group process as related to their psychological wellbeing (qualitative)	33	1.943
Ziveri et al. (2019)	Middle East	Conflict/war			**Active listening + dialogue** (individual)	26-60 years		Psychosocial wellbeing, inc. emotional + social wellbeing		

* JIFs could not be identified for Intervention Journal, Global Mental Health, Journal of Peace Psychology, Disaster Health, Trends and Issues in Interdisciplinary Behaviour and Social Science

TABLE 13 – CITATION ANALYSIS AND JOURNAL IMPACT FACTOR FOR R2HC STUDIES

Lead researcher	Lead organisation	Duration of study	Region	Humanitarian context	Ref Ugee / IDP	GBV / IPV	Intervention	Integration	Age	Academic article that detail testing or trialling of intervention	Citation analysis	Journal Impact Factor*
Cécile Bizouerne	ACF	January 2015 - July 2017	Nepal	Conflict/war			Mother-Infant Psychosocial stimulation for severe acute malnutrition – *Family Strengthening*	Nutrition	Mothers of children 6-24 months			
Mark van Ommeren	WHO	November 2014 – November 2016	Pakistan	Conflict/war	x		Problem Management Plus – *Psychological Intervention*		33 (SD 11.8)	Rahman et al. (2016)	34	34.024
										Rahman et al. (2016b)	114	15.916
Kevin Savage	World Vision	April 2014 – December 2016	Jordan; Nepal; Uganda	Conflict/war + natural disaster			Child Friendly Spaces – *Child/Youth Friendly Spa* *ces*	Child Protection	6-17 years	Hermosilla et al. (2019)	4	2.567
										Metzler et al. (2019)	3	6.129
Courtney Welton-Mitchell and Leah James	Colorado University	June 2014 – December 2016	Haiti; Nepal	Natural disaster			Integrated mental health + disaster preparedness – *Group-*	Disaster Preparedness	18-78 years	James et al. (2020)	3	5.641

							based structured psychosocial intervention					
Courtney Welton-Mitchell	Colorado University	November 2014 – February 2018	Nepal	Natural disaster	x	x	Integrated mental health + disaster preparedness – *Group-based structured psychosocial intervention*	Disaster Preparedness	18-72 years	Welton-Mitchell et al. (2018)	8	2.666
Wietse A. Tol	Johns Hopkins Bloomberg School of Public Health - Psychosocial Health	October 2015 – April 2018	Tanzania	Post-conflict/war	x		Cognitive processing therapy + advocacy counselling - *Psychological intervention*	GBV/IPV	28.6 (SD 10.4)	Greene et al. (2019)	2	2.696
Mark van Ommeren	WHO	April 2015 - July 2017	Uganda	Conflict/war	x		Self-Help Plus – *Skills Training*		30.9 (SD 10.9), 35.4 (10.9)	Tol et al. (2018)	6	34.024
										Tol et al. (2018b)	8	
										Tol et al. (2020)	5	15.873
Catherine Panter-Brick	Yale University	January 2015 - December 2016	Jordan	Conflict/war			*Advancing Adolescents, Profound Stress Attunement - Group-based*	Livelihoods; Child Protection	14.37 (SD 1.72)	Panterbrick et al. (2017)	41	6.129

							structured psychosocial intervention					
Joop de Jong	War Trauma Foundation	June 2016 - September 2018	Sierra Leone	Epidemic			Psychological First Aid – *Look, Listen, Link*		39.6 (SD 9.26)	Horn et al. (2018)	4	
										Sijbrandij et al. (2020)		2.468

*JIF could not be identified for Global Mental Health

APPENDIX 6 – GLOBAL MHPSS GUIDELINES AND STRATEGIES

The reference lists and bibliographies of the following documents were reviewed to see whether any of the review studies had been directly cited, or indirectly cited though their inclusion in cited systematic reviews.

Key documents developed through the Inter-Agency Standing Committee (IASC) MHPSS reference group over the past 10 years:

- IASC Reference Group for Mental Health and Psychosocial Support (2013). *Assessment Guide.* Geneva: IASC.
- IASC Reference Group for Mental Health and Psychosocial Support (2014). *Recommendations for Conducting Ethical Mental Health and Psychosocial Research in Emergency Settings.* Geneva: IASC.
- IASC Reference Group for Mental Health and Psychosocial Support (2014). *Who is Where, When, doing What (4Ws) in Mental Health and Psychosocial Support; Manual with Activity Codes.* Geneva: IASC.
- IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings (2017). *A Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings.* Geneva: IASC.
- IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings (2017). *Inter-Agency Referral Form and Guidance Note.* Geneva: IASC.

Additional key inter-agency guidelines

- United Nations Childrens Fund (UNICEF) (2011). *Inter-Agency Guide to the Evaluation of Psychosocial Programming in Humanitarian Crises.* New York: UNICEF.
- World Health Organization (WHO) & United Nations High Commissioner for Refugees (UNHCR) (2012). *Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for Humanitarian Settings*. Geneva: WHO.
- The Lutheran World Federation and Islamic Relief Worldwide (2018). *A Faith-Sensitive Approach in Humanitarian Response: Guidance on Mental Health and Psychosocial Programming.* Geneva and Birmingham: LWF & IRW.

Publicly available guidelines/strategies from 12 key MHPSS organization (UN, INGO and other convening bodies):

- Médecins Sans Frontières (MSF) (2011). *Psychosocial and Mental Health interventions in Areas of Mass Violence. A Community-Based Approach.* Amsterdam: MSF.
- Regional Psychosocial Support Initiative (REPSSI) (2012). *Psychosocial Care and Support Mainstreaming Guidelines.* Johannesburg: REPSSI.
- UNHCR (2013). *Emergency Handbook – Mental health and Psychosocial Support.* Geneva: WHO.

- UNHCR (2013). *Operational Guidance – Mental Health and Psychosocial Support Programming for Refugee Operations.* Geneva: WHO.
- WHO (2013). *Mental Health Action Plan 2013-2020.* Geneva: WHO.
- Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) (2015). *Guiding Framework for Mental Health and Psychosocial Support (MHPSS) in Development Cooperation.* Bonn, Germany: GIZ.
- UNICEF (2018). *Operational Guidelines on Community-Based Mental Health and Psychosocial Support in Humanitarian Settings: Three-tiered support for Children and Families (field test version).* New York: UNICEF.
- UNICEF (2018). *Compendium of Resource: A Supporting Document to UNICEF's Operational Guidance: Community-Based Child Protection*. New York: UNICEF.
- International Organisation for Migration (IOM) (2019). *Manual on Community-based MHPSS in Emergencies and Displacement.* Geneva: IOM
- International Federation of the Red Cross (IFRC) (2019). *Mental Health and Psychosocial Support in Emergencies – Delegate Handbook.* Copenhagen, IFRC.
- WHO (2019). *Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health.* Geneva: WHO.
- Save The Children (in draft). *MHPSS Cross-sectoral Strategy Framework in Humanitarian Settings.*
- UNHCR (N.D.). *Community-based Protection and Mental Health and Psychosocial Support.* Geneva: WHO.
- International Rescue Committee (IRC) (N.D.). *Mental Health in Humanitarian Crises – Closing the Treatment Gap.* New York: IRC.
- War Child (N.D.). *Reclaiming Dreams – Prioritising the Mental Health and Psychosocial Wellbeing of Children in Emergencies.* London, Amsterdam: War Child.
- CBM (N.D.). *Community Mental Health Initiative.* CBM

Criteria for inclusion of organisation:

1) Provides MHPSS services in humanitarian settings/ supports the development of interventions and approach's for MHPSS in humanitarian settings;

2) Is a member of the IASC MHPSS RG/ co-chairs a MHPSS RG subgroup;

3) Works globally and/or regionally on MHPSS;

4) Clearly highlights their MHPSS strategy/ area(s) of work.