

Introduction to *Special section*: mainstreaming psychosocial approaches and principles into 'other' sectors

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Ten years ago Williamson and Robinson (2006) argued in this journal for a move towards the integration of psychosocial approaches into all sectors of humanitarian work. One of the main elements of the approach they proposed was that '*activities intended to promote positive psychosocial results should be integrated with other interventions within the broader humanitarian context in order to promote the common goal of well-being*' (ibid., p. 7). They use the term '*wellbeing*' which '*is dependent on some degree of fulfilment of biological, material and psychological needs*' that all together should be taken into account (ibid., p. 8). According to this paper, interventions of any sort in humanitarian settings should take a psychosocial approach to enhance the wellbeing of the beneficiaries.

Since then, the mainstreaming of psychosocial approaches into other sectors has been widely advocated (e.g. *IASC Guidelines on Mental Health and Psychosocial Support in Emergencies*, 2007). In its manual, *Working with children and their environment* (2011), Terre des Hommes highlights the need to strengthen the '*psychosocial approach*' as well as psychosocial interventions for children. UNHCR's global review of mental health and psychosocial support (MHPSS) (2013) discusses the differences between MHPSS approaches and interventions, drawing upon Terre des Hommes' useful distinction between psychosocial approaches and psychosocial interventions:

A *psychosocial approach* is defined as a way to engage with and analyse a situation, build an intervention and provide a response, taking into account both psychological and social elements, as well as their interrelation.

A *psychosocial intervention* is defined as composed of one or several activities that aims to increase the coping capacity of children, families and communities, and to reinforce their integration within society. (Terre des Hommes, 2012, cited in UNHCR, 2013, p19.)

A psychosocial approach, as defined above, should be integrated into any programme in any sector. The psychosocial approach is clearly grounded in the core principles outlined in the *IASC Guidelines on Mental Health and Psychosocial Support in Emergencies* (2007). These core principles (p. 9), although well known to the *Intervention* readership, are worth restating here:

1. Human rights and equity: promoting the human rights of all affected persons, promoting equity and nondiscrimination.
2. Participation: maximising the participation of affected populations in the planning, implementation, monitoring and evaluation of humanitarian programmes.
3. Do no harm: reducing the risk of unintentionally causing harm through humanitarian interventions.

4. Building on available resources and capacities: interventions should build on and strengthen the assets and resources of the community, and support self-help.
5. Integrated support systems: MHPSS activities are integrated as much as possible into wider systems, rather than being provided as stand-alone services.
6. Multilayered supports: reflecting the fact that people are affected in different ways by crises, a layered system of MHPSS is provided that meets the needs of different groups.

The integration of these core principles into programmes in any sector of an emergency response will not only contribute to the psychosocial wellbeing of the community the programme is working with, but is also likely to contribute to the achievement of the primary objective of the programme. For example, in this special section, we have the example of MHPSS approaches integrated into nutrition programmes, resulting in improved outcomes both in terms of nutrition and psychosocial wellbeing of mothers and babies, as the UNHCR (2013) promotes. A psychosocial intervention can be executed side by side with any kind of intervention/discipline, but is not necessarily called mainstreaming. They are stand-alone psychosocial interventions with activities and objectives more specifically and directly related to the field of MHPSS (e.g. a support group for parents whose children have been forcibly recruited into an armed group), carried out by professionally trained MHPSS staff.

Currently, integrating psychosocial approaches into other sectors in emergencies is a relatively new way of working, and *agencies have found that defining, adopting and integrating the psychosocial approach has required significant investment in improving understanding and skills associated with psychosocial approaches and the core principles of MHPSS. It is evident that promoting understanding and support for the psychosocial*

approach is a challenge for many organisations' (UNHCR, 2013, p. 17). This is a cause and result of the strictly divided and focussed approaches of people working in this field. Most nongovernmental organisations (NGOs) are specialists in one field (e.g. livelihood, education, water and sanitation or MHPSS) and few are specialists in integrating disciplines with use of the MHPSS core principles to improve wellbeing even more. An additional challenge is that policymakers, donors and governments often want easily measurable results, which are still difficult to achieve within MHPSS. Recent reviews of research in the MHPSS field (e.g. Tol & van Ommeren, 2012) suggest that current research efforts are heavily biased towards interventions designed to provide focused, nonspecialised supports and there is a lack of attention to interventions designed to enhance psychosocial wellbeing through strengthening community and family supports, or through providing basic services and security.

Thus, ten years after the article of Williamson and Robinson, humanitarian interventions are still struggling to have an integrated approach. Interventions are still developed without respecting the MHPSS core principles and without integrating the psychosocial approach within their discipline.

This *Special section of Intervention* provides an opportunity for MHPSS practitioners and policymakers to focus on the challenges, best practice and ways forward in terms of mainstreaming psychosocial approaches into programmes implemented in emergency settings. Although there are few empirical studies of the effects of mainstreaming psychosocial approaches into other sectors in emergencies, with this special section we aim to contribute to generating a body of knowledge through the sharing of practical guidance and experience to help guide the integration of psychosocial approaches into a wide range of programmes at Levels 1 (basic services and security) and 2 (community and family supports) of

the IASC MHPSS intervention pyramid (IASC, 2007).

In the papers included in this *Special section*, authors describe their experiences of integrating psychosocial approaches into various programmes, including a discussion of the challenges faced as well as the factors that contribute to the success of such approaches. The papers in this *Special section* focus on four sectors: livelihood; camp coordination and camp management; food security; and disaster risk reduction (DRR). In all these areas, the integration of psychosocial approaches and, in some cases, combining them with psychosocial support interventions contributes to strengthening the wellbeing of affected individuals and communities.

In their paper *The integration of livelihood support and mental health and psychosocial wellbeing for populations who have been subject to severe stressors*, Guglielmo Schininá and others present initiatives that took place within organisational, socio-economic and political environments that significantly differ from those of most humanitarian programmes. They give the examples of an organisation in the USA that successfully integrated MHPSS into livelihood programmes and of the challenges the largest development institution in the world, the World Bank Group, faced in its attempt to integrate MHPSS into its programmes.

The integration of psychosocial approaches into DRR programmes is a relatively recent initiative, but is an area that could particularly benefit from taking psychosocial considerations into account. Ananda Galappatti and Stephen Richardson describe in *Linking mental health and psychosocial support to disaster risk reduction: applying a wellbeing lens to disaster risk reduction* their work in the Philippines during the recovery from Typhoon Haiyan, in which they integrated psychosocial elements into the DRR work being carried out in the education sector. They offer a view on how the aims of both fields may be combined through the application of a 'wellbeing' lens to DRR activities.

In their paper *Mainstreaming mental health and psychosocial support in camp coordination and camp management*, Guglielmo Schininá, Nuno Nunes, Pauline Birot, Luana Giardinelli & Gladys Kios, authors from IOM, bring together perspectives from the development, humanitarian aid, MHPSS and livelihoods fields to explore the ways in which combining psychosocial support with livelihood support can positively reinforce the wellbeing of vulnerable individuals and communities. Authors from IOM also describe the integration of psychosocial approaches into camp coordination and camp management in two locations, Nigeria and South Sudan. These two very different case studies illustrate well how the mainstreaming of psychosocial approaches needs to be tailored to the specific context, taking into consideration issues such as the needs of the community, the capacity of the organisations providing services and other aspects of the context (e.g. the number of organisations working there, and the effectiveness of coordination processes).

In their field report *Integrated psychosocial and food security approach in an emergency context: Central African Republic*, Elisabetta Dozio, Lisa Peyre, Sophie Oliveau Morel & Cécile Bizouerne describe the experience of Action Contre le Faim in integrating psychosocial elements into its programmes, and in this special section they describe a food security programme in the Central African Republic that was strengthened by the addition of a psychosocial support intervention for women who were identified as being particularly vulnerable. Through the organisation's multisectoral approach, the women's average individual dietary diversity score increased and households improved their food consumption score. Furthermore, the women improved their psychological wellbeing and were able to regain some degree of hope and to develop coping skills.

Two papers do not focus on specific sectors, but rather explore the challenges and *'lessons learned'* in terms of integrating the

psychosocial approach and core principles described above into programmes. Rebecca Horn, Maria Waade & Marina Kalisky outline in their paper *'Not doing more, but doing differently: integrating a community based psychosocial approach into other sectors'* the approaches taken by the Church of Sweden to support its partner organisations within the Act Alliance to integrating psychosocial approaches into their work in various sectors globally. Again, case studies are used to illustrate the ways in which the six core principles can help organisations to strengthen the psychosocial wellbeing of the communities they work with.

'In spite of the clarity of the MHPSS core principles: the existence of a participation implementation gap' is the title of the paper of Djoen Besselink. He discusses the issue of participation using a case-study approach, giving illustrations of the consequences of a failure to adequately engage the community in designing and delivering programmes, as well as exploring some of the reasons why strengthening participation is not as simple as we sometimes assume.

The papers of Horn et al. and Besselink provide several illustrations of the ways in which integrating psychosocial approaches can increase the effectiveness of programmes in other sectors. They also raise again the issue of the need for research into effectiveness of these approaches, and perhaps the need for new evaluation methodologies. It may be that the new monitoring and evaluation framework being developed by the IASC Reference Group on MHPSS (2016) will encourage those integrating psychosocial approaches into their programmes in other sectors to include one or two indicators designed to assess the impact of this on the wellbeing of the target population.

Since the sharing of experiences and knowledge in mainstreaming psychosocial approaches has (still) been limited, there is a need to continue to do so. To reflect this, *Intervention* hopes to publish more papers in future editions exploring the interrelated nature of

all elements of wellbeing, as described by Williamson and Robinson (2006), and the ways in which MHPSS practitioners, policymakers and researchers can help to strengthen programmes in emergency settings.

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