CAMBRIDGE EDUCATION

MHPSS & Options for Child Protection Actors

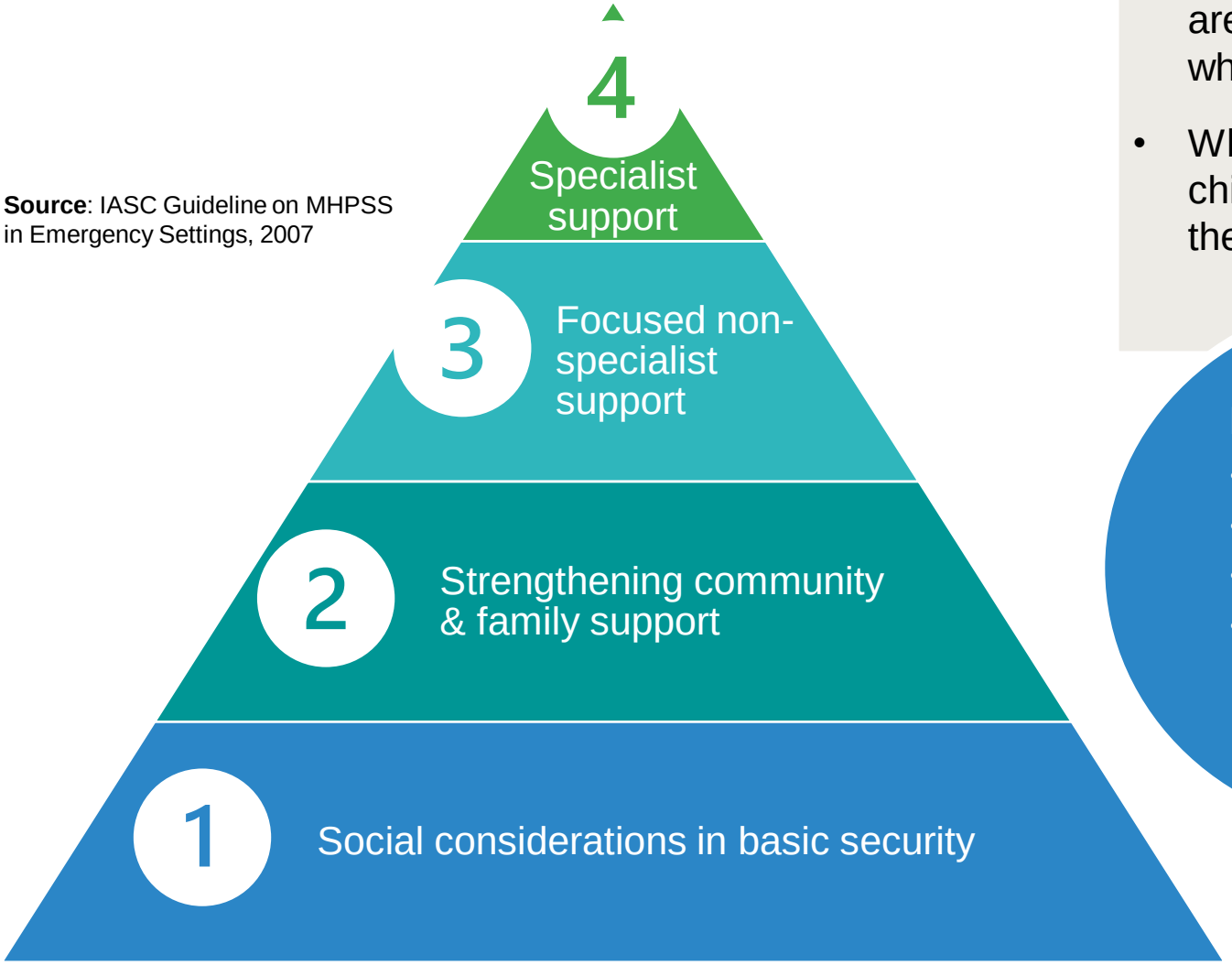
Summary of study findings

Child Protection Area of Responsibility

Global Protection Cluster

Study Design

Source: IASC Guideline on MHPSS in Emergency Settings, 2007



STUDY QUESTIONS

- In humanitarian settings, what coping strategies are used by children, adolescents & their families when L4 MHPSS services are weak?
- What practical recommendations can we make for child protection actors in humanitarian settings if there are limited L4 services?

Methodology

- Rapid assessment
- Mixed method
- Purposeful sampling
- Multilevel triangulation

5 countries

- Bangladesh (Cox's Bazar)
- Colombia (nr Bogotá)
- DRC (Maluku)
- Iraq (Kurdistan, Baharka Camp)
- South Sudan (nr Bor)

Summary of Key Findings

- In most cases, specialised services are not available or difficult/ costly to access.
- Where services are available, there is little evidence of consistency of care, coherent case management across services and of services that respond to the needs of the child/ family.
- Where services are mainly delivered by humanitarian organisations, services/ support tend to be unsustainable.
- Schools appear to be an under-utilised sources of support.

As for options for humanitarian child protection actors to assist children, the report showed:

- Across all case studies, it was evident that there was a strong, two-way relationship between protection risks and MHPSS.
- Child protection structures as well as efficacy varies across contexts.
- Most countries showed good examples of CP actors working with communities to assist children and families to support their mental health.
- **Religious and traditional healers are the most common first port of call for families. This highlights that referral system needs to find people at the point when they are reaching out for care, not the point where they are accessing the formal health system.**

Key recommendations for CP actors

Each setting is distinct and there's no one size fits all solution but we recommend…

Tailor mental health support for young people to context, resources and the services available. This requires an understanding of the cultural context, the stakeholder landscape, barriers to service uptake, as well as local terminology and issues of stigma.

Engage the education system – whilst recognising the opportunities and constraints of the sector. Consider that, while teachers can play an important role in identifying problems and supporting young people *in school*, they may also need assistance from other role-players, such as appropriately-trained social workers, primary healthcare workers, family welfare and child protection actors.

Adopt a youth-focused, case management approach – we found this is most effective when a primary role-player is identified to coordinate care based on a needs-based approach across sectors. **There is often scope for better engagement of traditional and faith-based sectors.** Importantly, case managers must apply **child protection principles** and ensure voice is given to the views of young people themselves.

Apply a socio-ecological lens - this could mean broadening programme engagement to the wider policy, regulatory and resource environment. It might also require evidence-based advocacy to improve the quality and accessibility of MHPSS services, so they are better tailored to the lived experience of young people in humanitarian settings.