

# Conducting a Multisectoral Situational Analysis for MHPSS: A practical guide for country-level assessments

This tool is designed to complement UNICEF's [SitAn Core Guidance](#) (Internal UNICEF Document) and was modelled after the thematic areas presented in UNICEF's [Toolkit: New Generation Situation Analysis](#) (Internal UNICEF Document).

## Introduction

### Background

Mental health and psychosocial support (MHPSS) is an institutional priority for the United Nations and for UNICEF. The UNICEF flagship report [‘The State of The World’s Children 2021: On My Mind; Promoting, protection and caring for children’s mental health’](#), elevates the mental health and psychosocial needs of children around the world. The international community has increasingly recognized that poverty, violence, humanitarian crises or disease, including COVID-19, are significant threats to mental health and psychosocial wellbeing, as are the destabilizing effects of climate change on children’s mental health and psychosocial wellbeing. In addition, children, adolescents and caregivers around the globe lack access to quality mental health services. The World Health Organization estimates that governments spend only 2 per cent of their health budgets on mental health, a figure that drops to 1 per cent for low- and middle-income countries.<sup>1</sup> UNICEF country offices can provide the leadership and structure needed to change chronic underinvestment in mental health systems and services for children, adolescents and caregivers.

### Purpose of this resource

As an accompaniment to UNICEF’s [Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings](#) (MHPSS Framework), this

resource provides guidance for conducting a situational analysis for multisectoral MHPSS across sectors and settings. As depicted in the MHPSS situational analysis process flow diagram below, an MHPSS situational analysis is the first step a country office should take when developing a countrywide MHPSS plan and includes:

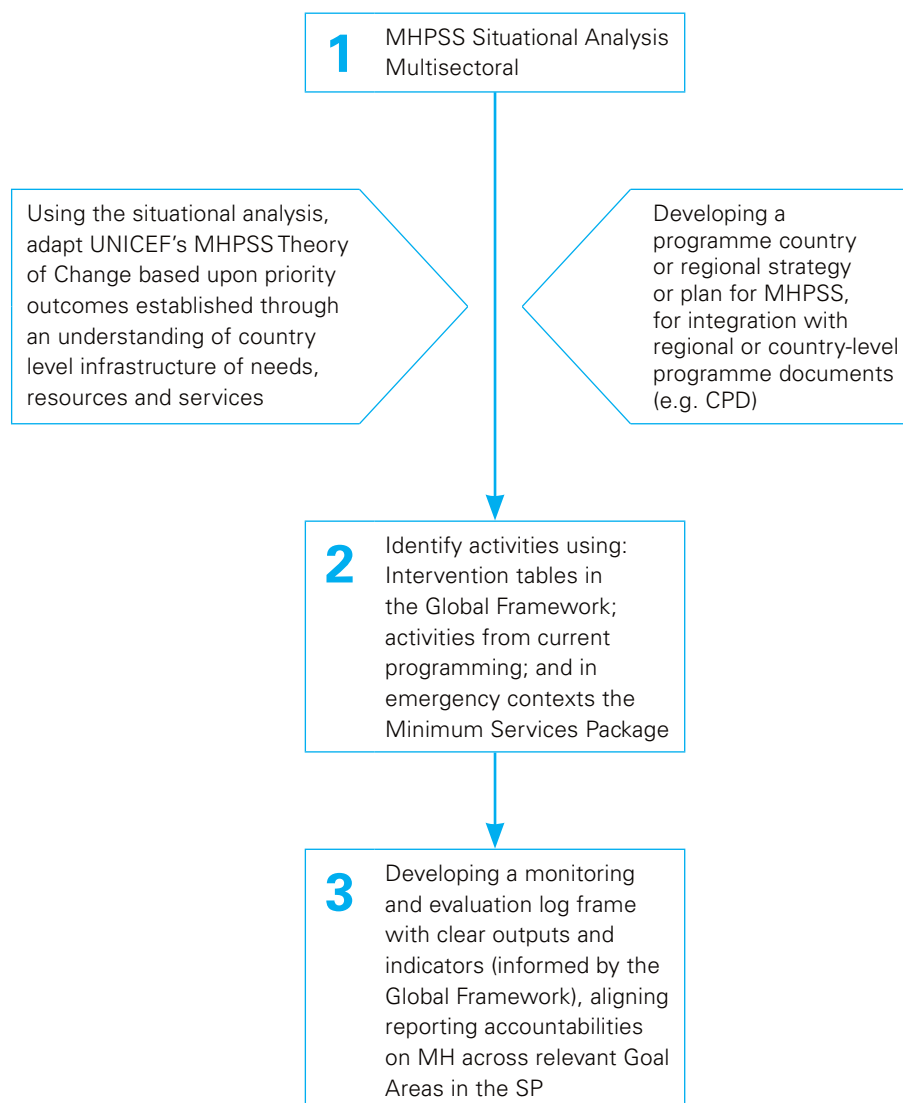
- ❑ Adapting the [UNICEF MHPSS Theory of Change](#) (MHPSS Framework, p. 18-20) based upon the country office’s priority outcomes established through an understanding of country-level needs and infrastructure of resources and services
- ❑ Developing a programme, country or regional strategy or plan for MHPSS that integrates with regional or country-level programme documents (e.g., country programme documents [CPDs])
- ❑ Developing a monitoring and evaluation log frame with clear outputs and indicators (informed by the MHPSS Framework), aligning reporting accountabilities on mental health across relevant goal areas in the [UNICEF Strategic Plan 2022–2025](#)

### Humanitarian-development nexus consideration:

Conducting an MHPSS situational analysis under development programming will provide a baseline for humanitarian response. The humanitarian response programming team will then need to conduct a rapid assessment of the short-term and long-term MHPSS needs as a result of the specific emergency context.

<sup>1</sup> World Health Organization, ‘World mental health report: Transforming mental health for all’, WHO, Geneva, 2022, p.58.

## MHPSS Situational Analysis Process Flow Diagram



## Engage all Sectors on the MHPSS Programme and Strategy Development:

- Child Protection
- Health
- Education
- Nutrition
- Adolescent Development
- Early Childhood Development
- Climate Change
- Disaster Risk Reduction

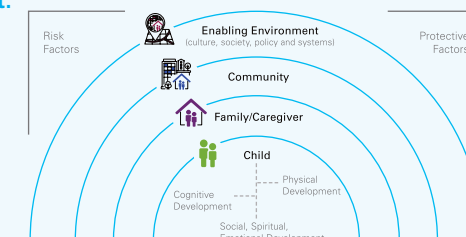
*Keep in mind: Conducting a Situational Analysis often results in the identification of which sectors are actively engaged in MHPSS programming.*

## MHPSS Cross-Sectoral Integration:

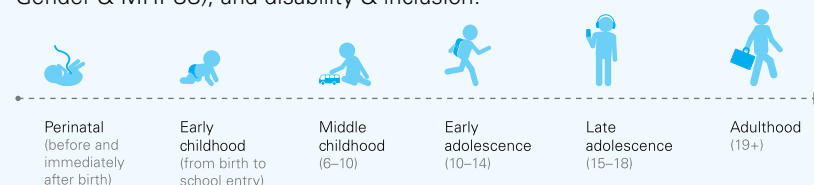
- Sectoral Focal Points Meeting
- Bilateral Discussions
- Identification of Implementing Partners
- MHPSS Capacity Building Needs
- MHPSS Needs Assessments
- Programming Technical Support

## Implementation Approaches Checklist:

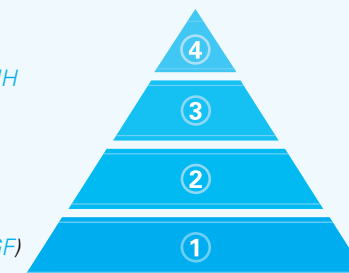
- Our programme follows the Social Ecological Model with programming at the child (individual), family, community, and society levels.  
(*Hint: the GF's 4 outcomes follows the Social Ecological Model!*)



- Our interventions and activities are responsive to the developmental needs of participants (*see the Life Course Approach*, gender differences and needs [see Gender & MHPSS]), and disability & inclusion.



- Our programme includes strategies that respond to all or part of the MH continuum of care (*see MH Continuum of Care Technical Note*)
- Our programme engages the community in the design and implementation of the programme.
- Our programme is multilayered with interventions across the Intervention Pyramid (*See page 13 of GF*)



## Why is a situational analysis necessary for your context?

A situational analysis will help you assess the mental health and psychosocial needs in your country and provide an overview of in-country actions taken by government, national and international agencies to address broader mental health and psychosocial issues. The information presented in a situational analysis report will further inform understanding of the needs of a country's vulnerable populations and provide recommendations on how these issues can be better addressed by UNICEF, its local partners, and service providers at large. A situational analysis also provides key recommendations for existing MHPSS programming to help better serve and address the needs of children, adolescents and caregivers. Specifically, a situational analysis will help you:

- ❑ Establish areas of good practice and strengths in MHPSS-integrated programming (including gathering a repository of documentation) to share as part of knowledge management
- ❑ Prioritize action and investment based on a needs assessment
- ❑ Identify opportunities for improved programming and use of UNICEF's MHPSS Global Goods ([Annex 1](#)).
- ❑ Identify opportunities for improved measurement (including measurement of mental health among adolescents at the population level [MMAP], among other approaches)
- ❑ Identify your country office's capacity needs in relation to MHPSS-integrated programming
- ❑ Provide a set of recommendations from which to formulate a regional strategic response

# ■ Diagnosis: Does my country need to do a situational analysis?

The UNICEF Strategic Plan 2022–2025 includes MHPSS in two goal areas, which means all country offices must integrate MHPSS within their country programme documents. The following diagnostic questions will help determine if your office should undertake an MHPSS situational analysis using this tool as your guide.

- ❑ My country is due for Country Programme Document (CPD) review, and there is opportunity to improve the quality and level of MHPSS integration in the CPD.
- ❑ My country has not completed a situational analysis focused on or inclusive of mental health and psychosocial needs of children, adolescents and caregivers in the past four years.
- ❑ The current MHPSS situational analysis is outdated or is specific to only one sector.
- ❑ My country is experiencing a crisis or emergency that has disrupted the daily lives of the local population.

### Key considerations:

- ❑ Countries with an ongoing humanitarian response may have access to prior MHPSS situational analyses conducted by partners or MHPSS inter-agency working groups. Countries with these resources should also reflect on any critical gaps for MHPSS situational analysis in their country, such as a focus on young people and caregivers or MHPSS needs that are unrelated to the humanitarian response.
- ❑ In the absence of an MHPSS working group and in an emergency's early stages, UNICEF country offices may choose to carry out a simpler situational analysis to define MHPSS needs requiring immediate action or to integrate MHPSS elements into a general multisectoral situational analysis or needs assessment.

## Key questions

The following questions are intended to provide some guidance on key areas of inquiry. The key questions presented here are shaped by the [MHPSS Framework](#). When relevant, we will note key linkages to the MHPSS Framework throughout the key questions section as a reference.

Key questions are grouped thematically:

- ☐ MHPSS programme implementation and service delivery
- ☐ Multisectoral collaboration of MHPSS
- ☐ Mental health financing, policy and legislation
- ☐ Mental health stigma, social norms, attitudes and beliefs around MHPSS

### MHPSS programme implementation and service delivery

Understanding MHPSS service delivery is a central element to any MHPSS assessment and analysis.

Service delivery of MHPSS is integrated across all layers of the social ecological model and, subsequently, the UNICEF Global Theory of Change (see [Annex 2](#) or [page 20 of the MHPSS Framework](#)). The following questions provide a starting point for your assessment of MHPSS service delivery in your context.

#### Key considerations:

- ☐ Be sure to look at service delivery across the four outcomes of the MHPSS Framework: Child and adolescent, caregiver, community and the enabling environment (MHPSS Framework, p. 19).
- ☐ Take a broad perspective. Common analyses of MHPSS in humanitarian settings tend to narrowly focus on trauma and mental health service provision by specialists. These guidelines for situational analysis offer an alternative that is consistent with a comprehensive public health and child-centred approach to mental health.

#### Guiding questions: MHPSS programme implementation and service delivery

- ☐ What kinds of programming do you currently offer across the life course?
- ☐ Where can children and adolescents access MHPSS services, such as through primary health care, social welfare and child protection services, or the education system? (MHPSS Framework – Theoretical underpinnings and approaches: Multisectoral supports)
- ☐ What capacities (financial, technical and institutional) exist at the national, subnational and community levels to deliver quality MHPSS services to children, adolescents and caregivers? (MHPSS Framework sections – Outcome 3: Community; Outcome 4: Systems)
- ☐ What is the structure of institutional care for individuals with more serious mental health conditions?
- ☐ Are services adapted based upon the developmental needs and ages of children and adolescents? (MHPSS Framework – Theoretical underpinnings and approaches: Life course approach)
- ☐ Are adolescents engaged in meaningful participation on MHPSS response? (MHPSS Framework – Theoretical underpinnings and approaches: Gender; Disability and inclusion)
- ☐ What mental health services are available at each layer of the intervention pyramid? (MHPSS Framework sections – Theoretical underpinnings and approaches: The mental health continuum; Multilayered MHPSS services; Multisectoral supports) (MHPSS Framework, p. 13)
- ☐ Has UNICEF been involved in providing training initiatives that include MHPSS in the past? How was this implemented, monitored and followed up?
- ☐ Has the country office supported any research elements with a MHPSS component? Gather details, such as concept note, methodology and outcomes, and list of partners.

- ☐ Does a recent programmatic or CPD evaluation exist that highlights a component related to MHPSS?
- ☐ Is the country office currently applying for any new project funding? If so, what opportunities exist to integrate MHPSS?
- ☐ Aside from funding, what do you perceive as the main barriers for integrating MHPSS in existing or future programming?
- ☐ As defined by the MHPSS Framework and the social ecological model, what are the primary groups that your current programming targets? This might include children and adolescents across the life course, youth, caregivers, mothers, teachers, family members, front-line workers, health workers, etc.
- ☐ Does UNICEF contribute to any government training curricula, whether focused on MHPSS or other topic areas?
- ☐ What data on child and adolescent mental health is available and used at the country level for planning and programming purposes?

## Multisectoral collaboration of MHPSS

The following questions are intended to help you examine and understand what multisectoral collaboration of MHPSS currently looks like in your country office. This will be helpful in guiding discussions and planning around what you want multisectoral MHPSS to look like in the future. More information on multisectoral MHPSS can be found in the MHPSS Framework under the following sections:

- ☐ Theoretical underpinnings and approaches:
  - Multilayered MHPSS services
- ☐ Theoretical underpinnings and approaches:
  - Multisectoral supports
- ☐ Outcome 3: Community
- ☐ Outcome 4: Systems

In addition, you will find that multisectoral supports are frequently discussed throughout each of the outcomes of the MHPSS Framework.

### Key considerations:

- ☐ Some of the questions may relate to a specific sector and others will be more general. If you come across a question that focuses on another sector, try using it as an opportunity to build your understanding of multisectoral supports for MHPSS.
- ☐ Strengthening systems and service delivery for MHPSS is a fundamental element of the situational analysis for all contexts and all sectors.

## Guiding questions: Multisectoral MHPSS

- ☐ Are you aware of specific programmes implemented by your country office that have a component related to MHPSS? Can you describe these components? Does the programme focus on children, families, communities, schools, workforces, or policy? Is it considered a humanitarian or development programme? Gather programme documents and any relevant measurement and evaluation tools used, such as completed evaluations.
- ☐ What opportunities do you see for further integration of MHPSS into existing or ongoing programmes? How about across sectors?
- ☐ Who are your implementing partners (such as from civil society organizations, INGOs, or government)?
- ☐ Have you developed or adapted technical guidelines on MHPSS, including during the COVID-19 pandemic? Was this done alone or in collaboration with partners, such as governments or WHO?
- ☐ Does the education sector incorporate interventions that promote mental health and psychosocial wellbeing of all children and adolescents, as well as teachers? What kinds of interventions?
- ☐ Is the UNICEF country office supporting or advocating to bring MHPSS into education sector analyses and sector plans?
- ☐ Are teachers' and school personnel's wellbeing considered in national policies, plans, and budgets?

- ☐ Does the country's ministry of education encourage schools to have dedicated MHPSS personnel?
- ☐ Do ministries or departments of education include policies and financing that support the integration of school-based MHPSS services for children, adolescents and teachers?
- ☐ Who are the other partners within the country that support government implementation of policy provisions (such as the World Bank, WHO, UNFPA, UNHCR, private sector partners, or local NGOs)?
- ☐ Do you know if key government staff, health providers, teachers, or social workers are trained on MHPSS? What type of training have they received and from whom? This might include continuous education, ad hoc training, university education, or professional supervision.
- ☐ Can you find documentation of key government policies related to health, education, and youth that include a mental health component?
- ☐ What are the main gaps and challenges at the policy and system delivery level, including cross-sectoral institutional capacity?
- ☐ What would help support increased integration across sectors?
- ☐ Does the country have a working group on MHPSS? This might be within the cluster system for humanitarian assistance or a government-led working group in any context. Does this group have a terms of reference and key products that can be shared?

## Mental health financing, policy and legislation

Several of the questions in this section were adapted from MHPSS Framework Outcome 4.1: Policy, legislation and financing.

UNICEF has a responsibility to engage governments and partners in strengthening the enabling environment

for mental health and psychosocial wellbeing. This requires partnering with national and local governments to ensure that the policy, legislation and financing environments support and facilitate stronger and improved systems for MHPSS. More information can be found in the MHPSS Framework under Outcome 4.

### Guiding questions: Mental health financing, policy and legislation

- ☐ Which ministries or departments develop policies that promote mental health and psychosocial wellbeing? Does this include gender-responsive, child-centred, and inclusive family-friendly policies (such as paid parental leave, breastfeeding support, access to affordable quality childcare and child benefits) and access to care and treatment that provide parents and caregivers with time, resources, and services?
- ☐ Do health policies integrate mental health considerations for specific populations at higher risk of mental health challenges, such as people with HIV, pregnant adolescents, or migrant populations?
- ☐ Does a human rights-based approach to disability exist in the country's process of policy formulation, implementation and evaluation of mental health programmes and services?
- ☐ Are the MHPSS needs of children and teachers in the education sector integrated into analysis, planning, budgeting and monitoring?
- ☐ Do you know if the country has a specific policy on mental health?
- ☐ Do you know if the country has a specific policy addressing the mental health of children and adolescents or of caregivers, teachers and parents?
- ☐ Are you aware of any other national policies that have MHPSS integrated into them (e.g., social care, emergency preparedness, education, school emergency preparedness plans)? If yes, is the policy implemented by a specific ministry, directorate or coordination mechanism?
- ☐ What is the country's general implementation architecture? This might be through an interministerial committee or dedicated division at the national or subnational level. What is the coordination mechanism between ministries?

- ☐ Which ministries or departments of social welfare include policies that facilitate access to MHPSS services when necessary?
- ☐ If mental health-related policies exist, how are they resourced? Do you know each programme's budget allocation and staffing capacities?
- ☐ Does the legislative and policy environment secure public financing for parenting support programmes that promote positive parenting and nurturing caregiving and support caregiver wellbeing?

## Mental health stigma, social norms, attitudes and beliefs around MHPSS

Stigma around mental health is an issue in every society and one of the biggest barriers to seeking help

or treatment for a mental health problem. It is essential that country offices understand this stigma in their context, including social norms, attitudes and beliefs around mental health and MHPSS. More information can be found in MHPSS Framework Outcome 3.1.

### Guiding questions: Understanding mental health stigma, social norms, attitudes and beliefs around MHPSS

- ☐ What are the common social attitudes or popular cultural beliefs about mental health for children or adolescents and about accessing services?
- ☐ Are there attitudinal differences between rural and urban regions or any differences among groups, such as generations, social or economic classes, ethnicities, or different genders?
- ☐ Is there a national or regional strategy or plan to address stigma related to mental health across sectors?
- ☐ Is attempting suicide considered a crime? What steps have been taken to remove barriers to seeking help for suicidal ideation or after a suicide attempt?
- ☐ Have you developed any key messages or advocacy for government or donors on MHPSS? Do you have an opinion regarding the capacity of your country office, UNICEF as a whole, or any partners in the design and implementation of these?



# Methodologies

Sources you can use in your situational analysis include a desktop review and review of reports from UNICEF and other actors, including national-level or regional MHPSS-specific inter-agency working groups, UNICEF MHPSS service provision data, and verbal and written interviews with UNICEF technical and programme staff. The following tools and approaches may be used in data collection:

- ☐ Online questionnaires or surveys<sup>2</sup>
- ☐ Interviews
- ☐ Focus group discussions
- ☐ Desk reviews of key documents
- ☐ Shared spreadsheet

## Key consideration

For multisectoral data collection, it is important that the sectoral focal points are engaged in collecting data from their sector. Colleagues are more likely to respond to a request for information if the request is made from someone within their sector.

## Data-related references

The following resources are important reference points for your desk review. If MMAP or multiple indicator cluster surveys (MICS) have not been deployed in your context, you might want to consider advocating for and resourcing the roll-out of these tools to enrich or supplement the situational analysis.

- ☐ [Measuring mental health among adolescents at the population level \(MMAP\)](#), UNICEF
- ☐ [Multiple Indicator Cluster Surveys \(MICS\)](#), UNICEF
- ☐ [Mental Health Atlas 2020](#), WHO
- ☐ [Mental Health Atlas 2017](#), WHO
- ☐ [Adolescent Health Country Dashboards](#), UNICEF
- ☐ [Adolescent Health Regional Dashboards](#), UNICEF
- ☐ [Voices of Children & Young People Around the World in 2019](#), Child Helpline International
- ☐ [Countdown Global Mental Health 2030](#), United for Global Mental Health
- ☐ [Global School-Based Student Health Survey \(GSHS\)](#), World Health Organization, UNICEF, UNESCO, UNAIDS, Centers for Disease Control
- ☐ [Health Behaviour in School-Aged Children](#)



<sup>2</sup> Microsoft Forms can be an effective way of collecting information on MHPSS within your country office. The forms can easily be duplicated and then adapted based upon the needs of each sector.

# Examples of MHPSS situational analyses

## Examples from UNICEF offices

The following are examples of analytical mappings conducted in 2021 as part of UNICEF's MHPSS acceleration initiative. While conducting the mapping, MHPSS focal points from Regional Offices collaborated on the development of assessment tools to guide the regional office analytical mappings in 2021. These assessment tools were compiled into the *MHPSS SitAn – A practical guidance* document that you are using now. These links are only accessible to those with a UNICEF account. To request access to these reports please reach out to your local UNICEF Office.

- ❑ [LACRO: Analytical Mapping of UNICEF MHPSS Services in Latin America and the Caribbean Region: Existing Capacities and Needs for Further Development \(Internal UNICEF Resource\)](#)
- ❑ [ESARO: Analytical Mapping of UNICEF MHPSS Engagement within Eastern and Southern Africa Operating Environment](#)

## Examples from UNICEF partners

The following examples were pulled from the International Medical Corps [Toolkit for the Integration of Mental Health into General Healthcare](#), under Step 1, Situational Analysis.

- ❑ [A Situation Analysis of Mental Health in Somalia, WHO](#)
- ❑ [IMC Ethiopia Baseline Mental Health Situational Analysis: Dollo Ado Refugee Camps; January 10th, 2013](#)
- ❑ [International Medical Corps South Sudan Baseline Mental Health Situational Analysis: March 2015](#)
- ❑ [MHPSS Situation Analysis: Anbar province and KRG, Iraq, WHO & UNHCR](#)
- ❑ [Assessing Refugee Mental Health in Ethiopia: A Representative Survey of Adi Harush and Mai Ayni](#)

[Camps, The Center for Victims of Trauma](#)

- ❑ [Exploring the Mental Health and Psychosocial Support Needs and Resources among Earthquake-Affected Communities in Nepal, International Medical Corps](#)
- ❑ [Rapid Mental Health Situational Analysis: Central African Republic, International Medical Corps](#)
- ❑ [Mental Health and Psychosocial Support Situational Assessment Needs: Services, and Recommendations for Support to Refugees, Asylum Seekers, and Migrants in Greece, International Medical Corps](#)
- ❑ [Rapid Mental Health and Psychosocial Support Assessment: Needs, Services, and Recommendations for Support to Refugees, Asylum Seekers, and Migrants in Northern and Central Greece, International Medical Corps](#)
- ❑ [Mental Health in Transition: Assessment and Guidance for Strengthening Integration of Mental Health into Primary Health Care and Community-Based Service Platforms in Ukraine, The World Bank Group](#)
- ❑ [Understanding the Mental Health and Psychosocial Needs, and Service Utilization of Syrian Refugees and Jordanian Nationals: A Qualitative & Quantitative Analysis in the Kingdom of Jordan \(2017\), International Medical Corps](#)
- ❑ [Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support Staff Working with Syrians Affected by Armed Conflict, 2015, UNHCR \(English version\)](#)
- ❑ [Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: A Review for Mental Health and Psychosocial Support Staff Working with Syrians Affected by Armed Conflict, 2015 UNHCR \(Arabic version\)](#)

## Resources specific to MHPSS

The following resources may be referenced to inform situational analysis practices in MHPSS. Most of them can be found on the [UNICEF Core Commitments website](#).

- ❑ [Mental Health and Psychosocial Technical Note, UNICEF](#)
- ❑ [UNICEF Compendium of Community-Based MHPSS Resources](#)
- ❑ [Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings](#)

- ❑ [Discussion Paper: A Rights-Based Approach to Disability in the Context of Mental Health](#)
- ❑ [Technical Note: Gender & Adolescent Mental Health](#)
- ❑ [Mental Health Advocacy Strategy](#) (requires a UNICEF login)

### Assessment tools

- ❑ [IASC MHPSS M&E Framework MOV Toolkit](#)
- ❑ [Assessing Mental Health and Psychosocial Needs and Resources: Toolkit for humanitarian settings](#)



## Contacts

Zeinab Hijazi, Global Lead for Mental Health, Programme Group Leadership Team (PGLT): [zhijazi@unicef.org](mailto:zhijazi@unicef.org)

Jennifer Groves, MHPSS Specialist, PGLT: [jgroves@unicef.org](mailto:jgroves@unicef.org)

Liliana Carvajal, Statistics & Monitoring Specialist, Division of Data, Analytics, Planning and Monitoring (DAPM): [lcavajal@unicef.org](mailto:lcavajal@unicef.org)

## Annex 1: UNICEF MHPSS Global Goods for Accelerating Mental Health

### MHPSS Framework

[Global Multisectoral Operational Framework](#) | UNICEF  
UNICEF's operational framework aims to help UNICEF staff and partners develop programmes across the social ecological model and the mental health continuum of prevention, promotion and treatment to improve the mental health and psychosocial wellbeing of children, adolescents and their caregivers globally. The strategies and approaches included in the framework will help in accelerating actions for children's, adolescents' and caregivers' mental health and psychosocial wellbeing in national and regional development strategies. The framework can be used in development contexts, humanitarian contexts and within the humanitarian-development-peace nexus. This operational framework emphasizes engaging actors in the health, social welfare and child protection and education sectors at all levels of society to design, implement and evaluate MHPSS strategies that are locally relevant, comprehensive and sustainable.

### Supplementary implementation package

UNICEF has developed a complementary implementation package that you can use alongside this framework. The implementation package includes the following resources:

- ❑ **MHPSS research framework:** [Child & Adolescent Mental Health and Psychosocial Wellbeing Across the Life Course](#): Towards an integrated conceptual framework for research and evidence generation
- ❑ **Key MHPSS documents, resources and briefs:**  
These short sectoral briefing documents and checklists provide additional field-level guidance on mental health and psychosocial programming and activities, with sector-specific considerations and target audiences. UNICEF has developed briefing documents on the following topics:
  - Technical Note: [Gender in Adolescent Mental Health](#)
  - [Learning Brief on Mental Health and Psychosocial Support \(MHPSS\) in Education](#)
  - [UNICEF's Brief on the Social Ecological Model](#)

### Evidence-Based Packages, including capacity building & intervention tools

- ❑ [The MHPSS Minimum Services Package](#)
- ❑ [Helping Adolescents Thrive Toolkit](#) and Implementation Tools
- ❑ [Equip Programme](#)
- ❑ [Caring for the Caregivers](#)
- ❑ [Peer to Peer PFA: I Support my Friends](#)
- ❑ Resource Package | [Mental Health and Psychosocial Support in CAAFAG Programmes](#)

### Policy Briefs and Operational Guidance

- ❑ [Mental Health Technical Note](#)
- ❑ [Technical Note: Gender in Adolescent Mental Health](#)
- ❑ [Young People's Participation and Mental Health: A Protocol for Practitioners](#)
- ❑ [Promoting and protecting mental health in schools and learning environments: A briefing note for national governments](#) (accelerator 3 of the Global Advocacy Priority on MH)
- ❑ [Universal parenting support to prevent abuse, neglect and promote mental health \(accelerator 2 of the Global Advocacy Priority on MH\)](#)
- ❑ [The role of remote modalities in implementing MHPSS programs and services in the education sector](#)
- ❑ [Discussion Paper: A Rights-Based Approach to Disability in the Context of Mental Health](#)
- ❑ [Learning Brief on Mental Health and Psychosocial Support \(MHPSS\) in Education](#)

### Data, Evidence, and Research Track

The State of the World's Children 2021 examines child, adolescent and caregiver mental health. It focuses on risks and protective factors at critical moments in the life course and delves into the social determinants that shape mental health and well being. The report's landing page, "[On My Mind: Promoting, protecting and](#)

*caring for children's mental health*," includes links for an executive summary in [English](#) and the full report in [English](#), [French](#), [Spanish](#) and [Arabic](#). Including the following documents:

- Companion Report - [On My Mind: How adolescents experience and perceive mental health around the world](#)
  - Regional briefs: [Europe](#), [Latin America and the Caribbean](#) and [Africa](#)
  - For Parents - [Mental health and wellbeing](#): How to support your children and yourself.
- ❑ For Young People – [What's on your mind? Help break the stigma around mental health](#)
  - ❑ Viet Nam: [Mental health and psychosocial wellbeing among children and young people in Viet Nam](#)
  - ❑ Education: [The role of remote modalities in implementing mental health and psychosocial support program and services in the education sector](#)

## UNICEF OFFICE OF RESEARCH

- ❑ [Child and Adolescent Mental Health and Psychosocial Wellbeing Across the Life Course](#): Towards an integrated conceptual framework for research and evidence generation (Implementation Package)
- ❑ [Mental health evidence gap map](#)
- ❑ [Life in Lockdown: Child and adolescent mental health and wellbeing in the time of COVID-19](#)
- ❑ [Mind Matters: Lessons from past crises for child and adolescent mental health during COVID-19](#)

## Measurement of mental health among adolescents at the population level (MMAPI)

- ❑ Increasing Data and Understanding of Adolescent Mental Health Worldwide: UNICEF's Measurement of Mental Health Among Adolescents at the Population Level Initiative. Journal of Adolescent Health. [https://www.jahonline.org/article/S1054-139X\(21\)00151-8/fulltext](https://www.jahonline.org/article/S1054-139X(21)00151-8/fulltext)
- ❑ The Importance of Mental Health Measurement to Improve Global Adolescent Health. Journal of Adolescent Health. <https://pubmed.ncbi.nlm.nih.gov/36229397/>

- ❑ Bringing a Wider Lens to Adolescent Mental Health: Aligning Measurement Frameworks With Multisectoral Actions. Journal of Adolescent Health. [https://www.jahonline.org/article/S1054-139X\(21\)00153-1/fulltext](https://www.jahonline.org/article/S1054-139X(21)00153-1/fulltext)
- ❑ You Can't Manage What You Do Not Measure – Why Adolescent Mental Health Monitoring Matters. Journal of Adolescent Health. [https://www.jahonline.org/article/S1054-139X\(21\)00221-4/fulltext](https://www.jahonline.org/article/S1054-139X(21)00221-4/fulltext)

## UNICEF Investment Cases

- ❑ Global Investment Case: [Mental Health, Psychosocial Wellbeing and Child Development](#)
- ❑ ROSA Investment Case: [Mental Health in South Asia](#)
- ❑ ECARO Investment Case: [Mental Health, Psychosocial Wellbeing and Development of Adolescents](#)
- ❑ ESARO Investment Case: [Mental health, psychosocial wellbeing and child development in Eastern and Southern Africa](#)
- ❑ EAPRO Investment Case: [Humanitarian Action in the Time of COVID-19 Pandemic, East Asia and the Pacific](#)
- ❑ Spotlight [Lebanon: Flexible funds catalyse a new approach to mental health](#)
- ❑ Story of impact [Afghanistan: UNICEF is there before, during, and after emergencies](#)
- ❑ [Education investment case](#) to showcase UNICEF's MHPSS-related work in education settings for potential donors

## Annex 2: Visual of UNICEF's MHPSS Theory of Change

### IMPACT



The mental health and psychosocial wellbeing of children and adolescents and their caregivers is supported and protected to help them survive and thrive in their communities and societies.

### OUTCOMES



#### Outcome 1: Child and adolescent

Improved child and adolescent mental health and psychosocial wellbeing



#### Outcome 2: Caregivers

Improved caregiver mental health and psychosocial wellbeing, including for parents, caregivers, mothers, family and teachers



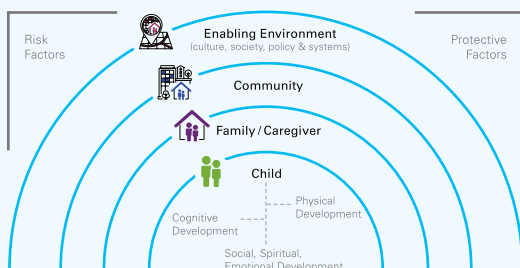
#### Outcome 3: Community

Improved community capacity at the district and subdistrict levels for non-stigmatizing, accessible, available and quality MHPSS service delivery across the primary health care, social welfare and protection, and education systems and structures



#### Outcome 4: Systems

Improved enabling environment for MHPSS is created across policy, legislation and financing systems, the MHPSS workforce, multisectoral supports and referral pathways, and MHPSS research and data



### OUTPUTS



Output 1.1  
Output 1.2  
Output 1.3



Output 2.1  
Output 2.2  
Output 2.3



Output 3.1  
Output 3.2  
Output 3.3



Output 4.1  
Output 4.2  
Output 4.3  
Output 4.4



#### Problem:

The serious gaps that exist in mental health and psychosocial wellbeing are a result of historic underinvestment in, and lack of action on, the promotion of positive mental health and the prevention among, and care for, children, adolescents and caregivers with mental health problems.



#### Determinants of mental health and psychosocial wellbeing:

Lack of secure attachment or nurturing care, violence, exploitation, abuse in the home, caregiver mental health, poverty, disease outbreaks, race and gender, exposure to adverse experiences, prolonged conflict, terrorism, mass displacement, family separation, intensifying natural disasters and climate change.



#### Barriers:

Stigma and structural discrimination, lack of political will, lack of (and access to) health care and services and skilled workforce, poor quality of limited services, lack of data, research and analysis, human rights violations, violence, abuse, coercion in formal and informal institutions, lack of sustainable resources and political will, lack of MHPSS financing within universal health coverage benefit packages/schemes with countries, scale of social determinants: poverty, inequalities, (gender-based) violence, childhood adversity, lack of coordinated emergency response, poor integration of physical and mental health care and comorbidities, lack of shared community identity or dispersion in urban areas.



This document was produced for internal use. For permission to share outside of UNICEF please email:  
Zeinab Hijazi [zhijazi@unicef.org](mailto:zhijazi@unicef.org) or Jennifer Groves [jgroves@unicef.org](mailto:jgroves@unicef.org)

UNICEF photographs are copyrighted and may not be reproduced in any medium without obtaining prior written permission from UNICEF. Requests for permission to reproduce UNICEF photographs should be addressed to:

UNICEF  
Division of Communication  
3 United Nations Plaza  
New York 10017, USA  
[nyhqdoc.permit@unicef.org](mailto:nyhqdoc.permit@unicef.org)