

POLICY BRIEF

# In Pursuit of Sustainable Peace:

## *Practical Recommendations for Integrating Mental Health and Psychosocial Support (MHPSS)*

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## EXECUTIVE SUMMARY

- With rising global conflict, there is an urgent need to integrate mental health and psychosocial support (MHPSS) in humanitarian responses, and this integration is essential to sustainable peacebuilding efforts.
- Given the need for clear guidance on MHPSS practices, we offer key best practices for effective MHPSS approaches that utilize existing resources:
  - First, we recommend ensuring that intervention programs align with a “do no harm” approach, one that is culturally relevant in local contexts. This necessitates consultation with community stakeholders at every stage of program design and execution. Ensuring cultural relevance requires attention to local vocabularies, lived experiences, and cultural norms related to mental health.
  - Second, we recommend utilizing informal social networks and training local community members for MHPSS programming which can enhance capacity building.
- Key case studies from Mercy Corps (EKISIL, CREATE, and Advancing Adolescents) provide strong examples of these best practices and demonstrate the wide-ranging role that MHPSS plays in promoting sustainable peace, both in the post-conflict healing process and in preventing future violence.
- There are still barriers to MHPSS work, including a gap between research and implementation, inadequate support and training for non-specialists, and a lack of financing; however, these limitations can be addressed by enhancing communication between practitioners, researchers, and donors and crafting training tailored to the diverse needs of non-specialists.
- Overcoming these barriers and following the best practices outlined in this brief work hand in hand to outline MHPSS approaches that remain both adaptable to local communities and effective towards disrupting cycles of trauma and violence and execution. Ensuring cultural relevance requires attention to local vocabularies, lived experiences, and cultural norms related to mental health.

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## OVERVIEW

**This policy brief aims to answer two key questions:**

- 1. How can integrating MHPSS activities into humanitarian projects complement existing activities to cultivate sustainable peace through multisectoral intervention?*
- 2. What are best practices and key barriers organizations need to consider before integrating these MHPSS activities into their work?*

To answer these questions, we draw upon three case studies and consultations with experts at Mercy Corps - a global humanitarian organization dedicated to addressing the impacts of conflict and climate change by connecting people with food, water, and economic opportunities.<sup>1</sup> In recent years, Mercy Corps has made significant strides towards integrating MHPSS into their crisis responses and preventative efforts, aiming to reduce the effects of violence and trauma while fostering resilience, well-being, and flourishing. This falls against a backdrop of greater awareness of the centrality of MHPSS to peacebuilding.<sup>39</sup> However, many organizations, including Mercy Corps, still seek guidance on best practices for implementation and an understanding of how MHPSS fits into broader peacebuilding efforts. Therefore, this policy brief explains how MHPSS can contribute towards sustainable peace with key recommendations for humanitarian actors to follow.

## BACKGROUND

### Conflict and Trauma

In recent years, global crises have increased in frequency and complexity. With a rise in global conflict, one in 61 deaths globally results from war and conflict, as of 2022.<sup>2</sup> The last three years have been the most violent in the last three decades – with climate disasters forcing many out of their homes.<sup>2</sup> UNOCHA has estimated that more than 68.5 million had been forcibly displaced by violence and conflict by the end of 2017.<sup>2</sup> Violent conflict can be deeply traumatic for individuals and communities, causing both psychological and social impacts on everyday life, such as the loss of loved ones or a sense of safety.<sup>4</sup>

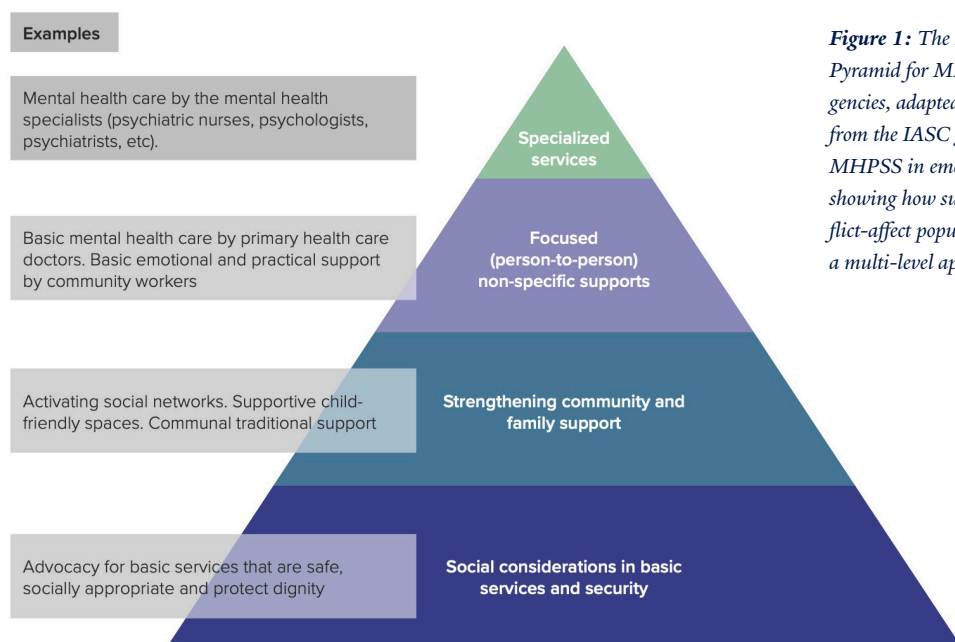
As a result, there is a growing burden of mental health conditions among conflict-affected populations, and therefore a growing need to incorporate mental health support in humanitarian responses.<sup>1</sup> Trauma, broadly understood as an emotional response to distressing life events or experiences, has significant effects on mental health and the brain and is associated with post-traumatic stress disorder (PTSD), substance abuse, and depression.<sup>5</sup> Consequently, one in five people in conflict-affected areas – a disproportionately high rate – experience mental health disorders such as depression and PTSD as well as alcohol and substance use disorders.<sup>2</sup>

Beyond their contribution to rising prevalence of various mental health conditions, war and conflict upend the

social fabric of society.<sup>6</sup> Therefore, it is critical to understand MHPSS as a multi-level approach that works to address mental health and social well-being by understanding and tackling the psychological, emotional, and social dimensions of conflict and displacement.<sup>6</sup> The Inter-Agency Standing Committee (IASC), is a forum on humanitarian work within the United Nations which offers guidelines on MHPSS, and their intervention pyramid (see Figure 1) demonstrates how MHPSS programming must support mental well-being at a basic level, while connecting individuals to specialized care as needed.<sup>6,7</sup>

MHPSS is a cornerstone of peacebuilding. Research demonstrates that sustainable peace can only be achieved if people's mental and social well-being are addressed.<sup>6</sup> Those affected by trauma can experience an increased sense of threat and difficulty managing emotions which can contribute to a cycle of trauma and violence.<sup>4</sup> Moreover, peacebuilding efforts, such as dialogue and reconciliation require empathy and trust, which are often difficult to rebuild after severe trauma.<sup>3</sup> MHPSS supports peacebuilding efforts by fostering conflict transformation and addressing these underlying social factors in an attempt to end the cycle of trauma and violence.<sup>6</sup>

Understanding MHPSS as an avenue for sustainable peace also requires an expanded definition of standards for mental health and well-being. The World Health Organization



**Figure 1:** The Intervention Pyramid for MHPSS in Emergencies, adapted by the UNDP6 from the IASC guidelines of MHPSS in emergency settings,<sup>7</sup> showing how support for conflict-affected populations requires a multi-level approach.

(WHO) defines mental health as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.”<sup>40</sup> This takes an individual-level view and differs from “flourishing,” although the terms are sometimes used interchangeably in academic discourse.<sup>8</sup> MHPSS efforts should strive to promote flourishing on the community level rather than individual well-being. Although there is no clear cross-disciplinary consensus on the definition of flourishing, it has been noted to encompass multiple domains to allow for a holistic view of mental wellness (happiness and life satisfaction; physical and mental health; meaning and purpose; character and virtue; close social relationships; financial stability).<sup>9</sup>

This understanding of flourishing highlights how MHPSS not only can heal immediate trauma but also promote long-term resilience. Resilience is defined as the process of harnessing biological, psychosocial, structural, and cultural resources to sustain well-being.<sup>10</sup> MHPSS supports peacebuilding efforts, as it works to promote flourishing on an individual and societal scale.

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## BEST PRACTICES

### Minimizing Retraumatization

While working with communities affected by conflict, it is imperative to minimize further trauma by adapting MHPSS programming to make it inclusive, accessible, and safe for all participants. USAID’s Integrating Mental Health and Psychosocial Support Into Youth Programming toolkit outlines a helpful framework for MHPSS implementation which follows the tenets of “do no harm,” emphasizing the need to reduce retraumatization for vulnerable groups such as those with disabilities or preexisting mental health conditions.<sup>11</sup> MHPSS programming can help communities heal from trauma and support sustainable peace by disrupting cycles of violence; however, it can only be effective if it is inclusive and safe for all people. In order to minimize further trauma, organizations should implement activities using best practices based on cultural adaptation and contextualization. Minimizing retraumatization requires an understanding of an individual community’s relationship with mental health. Firstly, it is important to understand the role of historical trauma. Historical discrimination and exclusion, which compound to create historical trauma, often act as a barrier to mental health treatment, so it is important for MHPSS

programs to acknowledge and confront historical trauma in their work.<sup>11</sup> Secondly, with an understanding of current cultural customs, programming must be adapted without overgeneralization of marginalized groups.<sup>11</sup> Cultural and gender norms often influence how individuals describe their mental health concerns. Without culturally specific approaches, MHPSS approaches may not accurately diagnose and/or treat individuals who need mental health interventions.<sup>11</sup> The UN Development Programme (UNDP)’s report on integrating MHPSS in humanitarian settings also emphasizes this need for cultural competence in MHPSS approaches, particularly with varied understandings of mental health in religious contexts.<sup>6</sup>

### Best practices include:

**1. Consultation:** If not local to the community they are serving, MHPSS practitioners should spend time to understand how the people they are serving conceptualize distress and consult with local subcommunities about the best ways to culturally adapt programs.<sup>11</sup> This consultation should be budgeted ahead of time, including transportation to visit local subcommunities and compensation for consultation.<sup>11</sup> Within a given community, those who should be consulted include but are not limited to: LGBTQ+ people, indigenous groups, people with disabilities, and victims of torture.<sup>11</sup> This consultation should also involve an understanding of local laws and regulations to best understand how marginalized groups are at risk of criminalization.<sup>11</sup>

**2. Adaptation:** Based on consultations and knowledge from local communities, program materials should be translated into local languages and wording must be modified to reflect local understanding of mental health and trauma. Cultural bias can occur without consideration of local cultural contexts, so adaptation can help address this by minimizing the use of culturally inappropriate interventions which can cause unintended harm.<sup>11</sup>

### Local capacity building

Local communities already have important informal social networks for support and information dissemination. Within these networks, there are also many community-based mechanisms for promoting resilience that humanitarian actors should seek to understand and leverage. Utilizing local support networks and training local community leaders can help ensure local adaptation and sustainability of MHPSS integration and implementation.

## 1. Informal support networks

Informal support networks are the bedrock of sustainable, effective interventions and are essential to creating culturally informed interventions. Humanitarian actors should prioritize understanding these networks in their consultations and creating interventions which connect individuals to these networks. Informal social networks are connections based on personal relationships and shared values outside of formal structures.<sup>12</sup> In protracted crises where formal government and institutions crumble, people rely on their friends, neighbors, and faith communities for basic resources, economic opportunities, and negotiating safety.<sup>12</sup> These networks are just as important as formal healthcare or social services. Incorporating peer support groups into MHPSS responses is one way to connect individuals to informal support networks.<sup>13</sup> These peer support groups not only help individuals process emotion, but also strengthen social cohesion and provide linkages to resources for further support.<sup>13</sup>

Faith-based organizations, for example, can access communities that larger external organizations may struggle to reach due to insecurity. Faith-based community spaces can serve as practical hubs during emergencies, functioning as shelters, distribution centers for essential supplies, and sources of culturally and spiritually sensitive guidance.<sup>10</sup> Community worship and prayer can offer collective opportunities for individuals to process struggles together. Faith-based support can be especially crucial in the immediate aftermath of a crisis when external organizations often face delays in delivering resources.<sup>10</sup>

## 2. Training local community members

Training local communities to become partners in MHPSS responses facilitates capacity-building and integration of MHPSS programs into existing community structures. While primary care providers and non-specialist health-care workers have been increasingly important in MHPSS recommendations, non-health workers can also play a significant role in MHPSS delivery.<sup>14</sup> Humanitarian actors can partner with religious and community leaders for engagement support in interventions to build trust with community members and maintain enrollments.<sup>15</sup> For example, the United Nations High Commissioner for Refugees (UNHCR) organized training sessions for religious leaders to combat sexual and gender-based violence by speaking to Afghan refugees in Tehran during a five-day religious gathering.<sup>16</sup> These leaders integrated the training into their sermons, disseminating information to reduce stigma and validate UNHCR materials.<sup>16</sup>

Various humanitarian aid actors have developed models of short-term mental health capacity training for non-specialist workers.<sup>17</sup> Depending on the specific humanitarian context, curricula have been tailored to cover general mental health concepts, specific topics or conditions, and emergency responses.<sup>18,19,20</sup> It is important to create tailored training for non-specialists by asking these four questions: 1) who are the current providers, 2) what roles do they have, 3) what skills are needed, and finally, 4) how are initial and ongoing trainings conducted.<sup>14</sup> A systematic review of 29 training programs divulged that 52 percent of courses for non-specialists covered general concepts such as addressing stigma around mental health.<sup>17</sup> Thirty-eight percent taught specific aspects of mental healthcare such as group therapy and 10 percent taught mental health first aid amidst natural disasters.<sup>17</sup> A majority of training modules combined didactic and interactive methods.<sup>17</sup> Interactive methods had higher rates of engagement. Self-directed courses done without a group of fellow trainees had higher rates of drop out and incompleteness.<sup>17</sup> Despite variations in the training methods for non-specialists, all 29 mental health courses compared in a recent review improved the knowledge, attitude, skill and confidence of participants.<sup>17</sup>

One example of a program that effectively utilized existing community structures and locally-informed practices to ensure effective MHPSS programming is Friendship Bench. Friendship Bench is a cognitive behavioral therapy-based program in Zimbabwe working to bridge their mental health treatment gap, and the program first identified trusted community health workers and grandmothers and subsequently trained them to administer basic counseling.<sup>21</sup> Chibanda et al. found that Friendship Bench effectively addressed anxiety and depressive symptoms in adults who screened positive for common mental health disorders.<sup>21</sup> By leveraging respected communal figures and unconventional therapeutic settings, the Friendship Bench model has been used in other countries, such as Malawi and Kenya, establishing legitimacy for community-led interventions in areas where stigma and resource limitations are substantive.<sup>21</sup>

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## CASE STUDIES:

*We examined Mercy Corps' CREATE, EKISIL, and Advancing Adolescents programs, all of which demonstrate the benefits of integrating MHPSS in advancing sustainable peacebuilding using the key best practices outlined above.*



### **Collective Resilience Against Extremism (CREATE)**

The Collective Resilience Against Extremism (CREATE) program, implemented by Mercy Corps, is a helpful case study to understand how MHPSS contributes to peacebuilding in humanitarian settings, both by helping address conflict-afflicted trauma directly and by helping curb violent extremism.<sup>22</sup> The program centers on preventing and countering violent extremism (P/CVE) through MHPSS activities such as trauma counseling, mentorship, and dialogue and operates in Kenya, Uganda, and Tanzania.<sup>22</sup> CREATE's results indicate a clear connection between MHPSS integration and peacebuilding efforts, even in the long term. Pre- and post-assessment surveys found that participation in the CREATE program increased scores in all five dimensions of resilience: diverse social networks, skills and livelihood opportunities, sense of agency, sense of position in society, and participation in governance processes.<sup>21</sup> These improvements in components of resilience are associated with reduced vulnerability to violent extremism. Research findings revealed a negative correlation between most measures of resilience and support for violence. Furthermore, participating in CREATE was associated with a 38 percent reduction in the likelihood of justifying violence on average.<sup>23</sup> All five resilience dimensions remained significantly higher than the baseline nine months after the program, demonstrating its long-term effects.<sup>23</sup>

CREATE serves as a strong example of utilizing local community leaders to support effective interventions that support sustainable peace.<sup>24</sup> The program design required individual mentors to come from the same community as the at-risk youth participants and be young themselves, allowing them to better relate to their mentee. Mentors also received training on how to conduct both one-on-one and group sessions, as well as training in de-escalation and psychological first aid.<sup>24</sup> In the evaluation of key mentor characteristics, it was determined that having shared experiences, including past exposure to trauma, was associated with mentors better connecting to mentees. This finding highlights the importance of involving local community members in program design due to their shared understanding of traumatic experiences, including historical trauma which is culturally specific to a community.<sup>24</sup> These clear requirements for mentors enhance connections between mentors and mentees and demonstrate the need for training local community members, particularly in resource-poor settings.

The results from CREATE also emphasize the need to strengthen and utilize informal support networks, namely social networks.<sup>22</sup> The program specifically found that diversity of social networks and sense of position in the community are significantly negatively correlated with support for violence, which suggests that strong social support can help promote sustainable peace and alter violent behavior.

### **EKISIL**

USAID's and Mercy Corps' EKISIL program exemplifies best practices in cultural adaptation and local capacity building. EKISIL, meaning "peace" in the Ng'akarimojong language, was developed in 2017 as a conflict mitigation and management intervention in the Karamoja region of Uganda, aimed at promoting social cohesion.<sup>25</sup> Violence resurged in Uganda in 2019 due to the deep social and economic disruptions from the restrictions on movement and trade caused by livestock quarantining implemented across the region.<sup>25</sup> Two years later, with the increased instability further exacerbated by COVID-19, EKISIL was extended an additional two years with prioritization for expanding their community-based trauma-healing practices, including an MHPSS approach called "Rising Sun."<sup>25</sup>

The Rising Sun trauma healing approach is an example of the need for cultural adaptation to ensure effective and inclusive MHPSS programming. Activities included four weeks of sessions to learn about and reflect upon trauma using a blend of Indigenous healing practices and trauma healing based on neuroscience.<sup>25</sup> EKISIL adapted Rising Sun's implementation methodology to the specific cultural needs within the Karamojong region. For example, trauma healing sessions utilized traditional sitting tools and arrangements in addition to African and Christian storytelling on trauma to provide relatable contexts in which trauma is experienced and reconciled.<sup>25</sup>

Furthermore, the Rising Sun's emphasis on community involvement strengthened its impact and echoes the best practice of training local community members. The weekly sessions were led by local facilitators, who were familiar with the cultural and social dynamics of each community, and assisted by respective community leadership, village heads, and spiritual leaders who fostered trust toward the program.<sup>26</sup> Prior to implementation, facilitators underwent comprehensive training and were able to make logistical decisions like selecting participants, venue, and time of sessions.<sup>25</sup> Furthermore, EKISIL also included two other trauma-awareness approaches. This included a

trauma-informed community empowerment program and trauma education programs for community leaders.<sup>25</sup> These programs intended for community leaders to continue to do trauma-healing work and encouraged community members to seek trauma-healing from informal support structures.<sup>25</sup>

With the use of local community members and cultural adaptation, EKISIL serves as a strong example of how MHPSS integration into humanitarian efforts can help promote sustainable peace in conflict-affected regions. The impact of integrating MHPSS activities into this peacebuilding intervention was measured by comparing survey results of intervention and control areas.<sup>25</sup> The survey questions were tailored to the four primary drivers of conflict in the region, and participants were asked to self-report levels of agency, social cohesion as well as other intended outcomes, such as attitudes toward violence.<sup>25</sup> Rising Sun participants reported higher perceived sense of agency, intercommunity social cohesion via civic engagement, and trust and confidence in authorities and government than non-participants.<sup>25</sup>

Therefore, EKISIL demonstrates how MHPSS interventions have the potential to shape immediate trauma healing and strengthen the broader social fabric. Social cohesion and sustainable peace are directly related, as communities with stronger social connections are better equipped to handle conflict in the future and less likely to exhibit violent behavior.<sup>27</sup>

### **Advancing Adolescents**

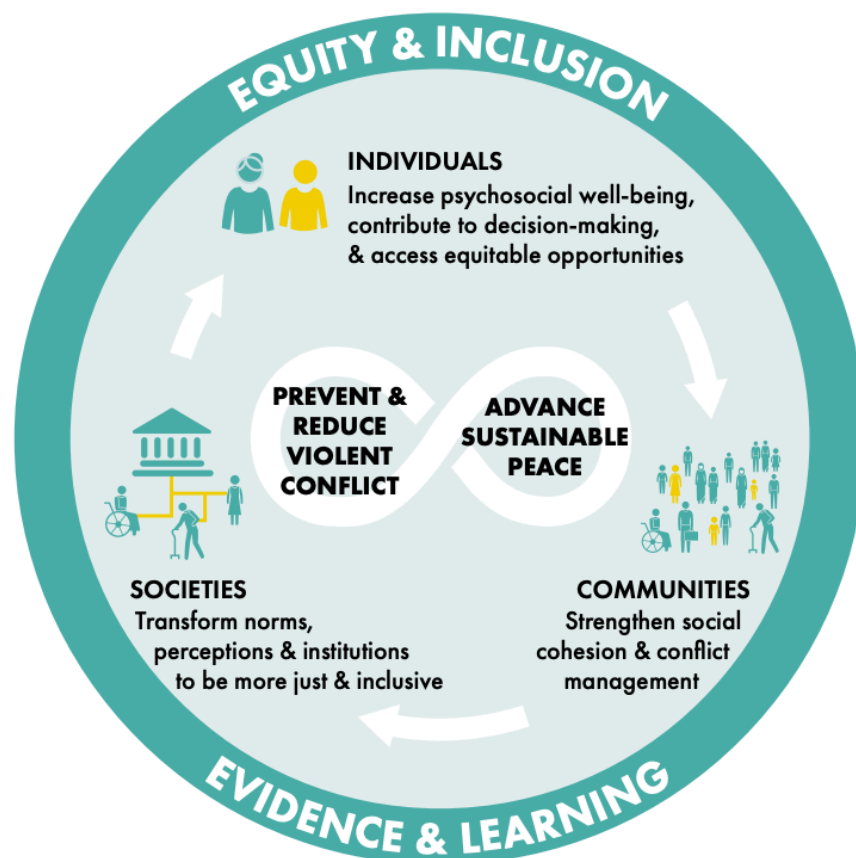
The Advancing Adolescents program implemented by Mercy Corps demonstrates a key example of relying on informal support networks to execute programming, training local community members, and utilizing culturally adapted measurements to best evaluate programming. War-affected children and adolescents are key populations particularly vulnerable to the mental health effects of humanitarian crises. The Advancing Adolescents program was implemented with youth in Jordan, including both refugees, and host communities affected by the Syrian crisis in starting in 2014. Senior Policy Advisor in Conflict, Peacebuilding, and Good Governance at Mercy Corps, Laura Strawmyer, highlighted Advancing Adolescents as a successful example for future MHPSS programming.<sup>28</sup> By relying on group-based activities and training of local community members, the program effectively demonstrated how MHPSS is essential to sustainable peace as it worked to heal individual trauma and support the greater social fabric.

Firstly, this case study demonstrates the power of utilizing informal social support through group activities and the utilization of local leaders. Advancing Adolescents implemented structured, group-based activities as part of the greater program No Lost Generation Initiative in Jordan, Lebanon, Iraq, Syria, and Turkey.<sup>29</sup> Mercy Corps employed the Profound Stress and Attunement framework in which they created a holistic platform for young people to learn and grow empathy and resilience and support their psychosocial development.<sup>29</sup> This neuroscience-informed approach allowed adolescents to understand their brain's reactions to stressors and learn impulse control, risk assessment, and empathy training.<sup>29</sup> Local mentors implemented education and skill-building training around the community and guided young people in planning how to contribute to their communities.<sup>30,25</sup> Facilitating opportunities where young people could connect with one another and their communities was central.

Secondly, the program utilized consultation and collaboration with local leaders to create contextually adapted and inclusive programming. The outreach team for the Advancing Adolescents program used their predefined criteria and knowledge from local community leaders to identify the most vulnerable youth in the region.<sup>30</sup> They reached out directly to the parents and caregivers of identified adolescents to remove barriers to their access to resources.<sup>30</sup> Another endeavor highlighted by the Advancing Adolescents program was tailoring the program to meet the needs of both boys and girls.<sup>30</sup> Mercy Corps provided supervised transportation options to promote equal access to MHPSS services. The program's intensive outreach and programming for vulnerable youth created safe spaces for both boys and girls, providing a model to emulate in future activities.

To measure the effectiveness of the programming, Advancing Adolescents used a rigorous, innovative, and mixed-methods research design to test the impact of Advancing Adolescents interventions. Scientific assessments – stress biomarkers, cortisol levels, and tablet-based tests of cognitive function tests – showed nuanced evaluative outcomes of research beyond traditional methods of participant self-report. The research examined psychosocial, physiological, and cognitive outcomes as well as resilience at pre-intervention, post-intervention, and one-year follow-up points.<sup>31</sup> The innovative approach of using stress measures alongside culturally relevant tools and measures provided potential new directions for research on future psychosocial support programming. In sum, Advancing Adolescents

## PEACE AND CONFLICT THEORY OF CHANGE



**Figure 2:** Mercy Corps' Peace and Conflict Theory of Change graphic (2021) illustrates MHPSS services as a significant part of the greater, holistic approach to achieving long-term peace.<sup>32</sup>

was found to have had a positive impact on Syrian and Jordanian adolescents' social networks by building trust, perceptions of safety and protection, and confidence in their futures.<sup>30</sup>

Building resilience to keep adolescents safe and connected enables compounded social and economic benefits for communities, all of which contribute to sustainable peace. Through MHPSS programs like Advancing Adolescents, adolescents are actively building social networks, enhancing their coping skills, practical skills for employment, and creating alternatives to anti-social behaviors such as substance use or joining local violent extremist groups. As highlighted in Mercy Corps' Approach on Peace and Conflict Theory of Change (see Figure 2), ensuring that community members (including youth) have access to the opportunities needed to flourish is critical to

building long-term social cohesion and lasting stability in the affected regions<sup>32</sup> Therefore, MHPSS for youth is not just a helpful addition to humanitarian aid, but rather a necessity for the future of the next generation.<sup>32</sup>

## CONCLUSION

These three case studies exemplify the wide-ranging benefits of integrating MHPSS into humanitarian responses in conflict-affected settings. MHPSS works to address individual trauma and further strengthen social cohesion and connection, factors associated with ensuring sustainable peace. In addition, MHPSS can serve as a preventative measure for violent extremism as in the



case of CREATE, where improving measures of resilience was positively associated with reducing approval of violent behavior. By promoting resilience and social cohesion, MHPSS programming is essential, helping individuals heal from trauma and connecting them to resources for more specialized care. It further helps address community-wide fallout which may contribute to cycles of trauma and violence and disrupts peacebuilding efforts. MHPSS should be integrated into existing and future programming in conflict impacted settings with the involvement of leaders from key populations. This should utilize adaptive approaches to modify language and strategy to align with local norms and sensitivities to ensure receptiveness and accessibility.

## Limitations and Mitigation Strategies

### 1. *Research-to-implementation gap*

There is currently a disconnect between MHPSS research and practice. The most well-studied interventions are not always those most commonly implemented, and the most commonly used methods have not been well-researched.<sup>33</sup> This research-to-implementation gap also exists due to design challenges, where interventions being researched are difficult to implement due to scarce resources or address irrelevant concerns.<sup>33</sup> Increasing partnerships between local practitioners and humanitarian organizations can help address this gap and provide implementation-based research with practical recommendations.

There is also a need to improve the outcome evaluation of MHPSS programs which can address the research-to-implementation gap; however, this often requires cross-organizational collaboration to determine consensus-based approaches. Cross-organization collaboration remains difficult due to a desire for organizations to define their own metrics; however, cross-organization collaboration should still remain a goal to develop a consistent measure of success. The Mental Health Innovation Network (MHIN) is an example of this cross-organization community.<sup>34</sup>

MHIN facilitates knowledge exchange across global mental health projects. Primarily in low- and middle-income countries, MHIN funds projects that improve cultural adaptability and community upliftment.<sup>34</sup>

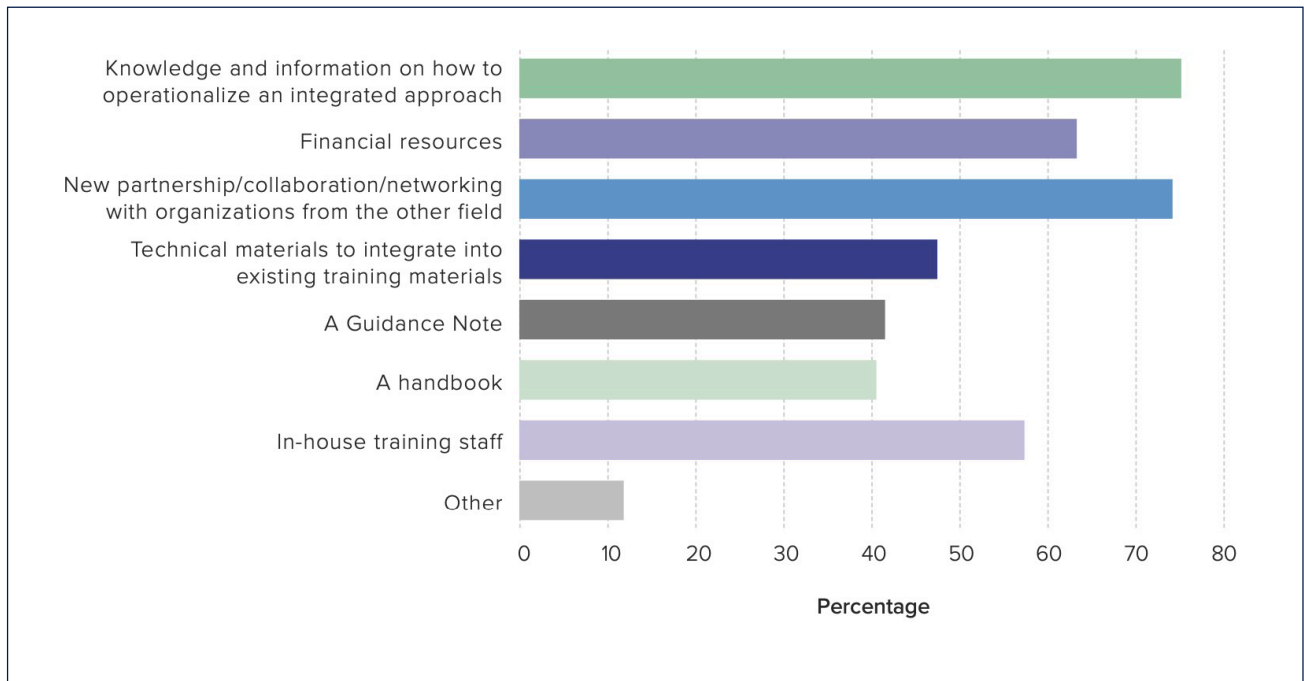
For example, MHIN has helped introduce public health interventions in settings where infrastructure is scarce, such as for maternal mental health support in Uganda, demonstrating success in combating postpartum depression.<sup>34</sup> MHIN's approach exhibits how inter-institutional collaboration can enhance low-income regions' ability to deliver efficient and culturally relevant mental health care.<sup>34</sup> Beyond MHIN, there is also the MHPSS Network, a growing platform to connect practitioners, policymakers, and researchers across over 100 countries. This is in addition to the MHPSS collaborative, which brings together leaders across the world to discuss the mental health of children and families facing adversity.<sup>35, 36</sup>

Improving research and evaluation of MHPSS programs will also enhance the transparency of humanitarian organizations. The evaluation metrics should include honest limitations, as well as ways in which the practices could be implemented in high-and-low-resource settings. Strengthening research on MHPSS effectiveness could help better understand how MHPSS programming can alter measures of trauma, both on individual and community levels, to understand how mental health and sustainable peace are related.

### 2. *Practitioner burnout and training*

MHPSS programs often rely on non-specialists which can help with building capacity. While these non-specialist practitioners are helpful given the shortage of mental health care workers globally, the diversity of staff can make it difficult to tailor training.<sup>37</sup> Ongoing, continuous training programs should be implemented to result in better training outcomes. Additional work must be done to identify necessary training for the wide range of MHPSS programming, from psychosocial interventions to mental health awareness and education.<sup>37</sup>

For achieving longevity in these programs for sustainable efficacy, it also remains important to address the burnout of the non-health sector staff being trained and implementing MHPSS programming.<sup>37</sup> Addressing burnout includes efforts to provide resources for stress-reduction techniques and coping to help regulate the stress that can contribute to burnout.<sup>36</sup> Scalability first requires long-lasting training which includes refreshers and follow-ups to keep existing staff; however, there must also be efforts to reduce burnout.<sup>38</sup>



**Figure 3:** Resources needed for successful MHPSS programming from a 2022 UNDP survey illustrate the need for financial support.<sup>6</sup>

### 3. Financing

Scalability also requires significant long-term financing. In a 2022 UNDP survey which included leaders from peacebuilding and MHPSS organizations, 64 respondents reported that financial resources limited their ability to integrate MHPSS in their approaches.<sup>6</sup> However, 62 percent of respondents agreed their donors would be open to funding an integrated approach, so there is a key opportunity to bring donors and implementing organizations together to discuss ways to maximize financial resources across shared interests (see Figure 3).<sup>6</sup> Some organizations, however, suggested that if there was more policy guidance on MHPSS, donors would be more likely to fund an integrated humanitarian approach involving MHPSS.<sup>5</sup> Therefore, to incorporate MHPSS, it remains imperative for independent research organizations or research groups within humanitarian organizations to develop and promote both the benefits of MHPSS to donors, as well as best practices for effective interventions. Given that integrating mental health work into humanitarian responses is still a relatively novel field, this work of advocacy and awareness, targeted towards donors, remains imperative to the future of MHPSS and its implications in sustainable peace.

# REFERENCES

## HOW TO CITE

Cook S1, Lee G1, Mathew A1, Siddiqui H1, Ho J1, Lateef S1, Lance K2, Fallon C1, Panter-Brick C1 (2025). In Pursuit of Sustainable Peace: Practical Recommendations for Integrating Mental Health and Psychosocial Support (MHPSS), Policy Brief, Global Health Studies Program, Jackson School of Global Affairs, Yale University.

1 Jackson School of Global Affairs, Global Health Studies Program

2 Mercy Corps

1. Mercy Corps (n.d.). *What we do*. Mercy Corps. Retrieved November 24, 2024, from <https://www.mercycorps.org/what-we-do>
2. UN Office for the Coordination of Humanitarian Affairs (2019). *Global Humanitarian Overview 2019*.
3. Rustad, Siri Aas (2024) Conflict Trends: A Global Overview, 1946–2023. *PRIO Paper*. Oslo: PRIO.
4. Bubenzer, F., Bahmad, M., Boshuyzen, L., Reiffers, R., Sliep, Y., & Tankink, M. (2023). Taking Action Towards Sustainable Peace. ARQ National Psychotrauma Centre.
5. Bremner J. D. (2006). Traumatic stress: effects on the brain. *Dialogues in clinical neuroscience*, 8(4), 445–461. <https://doi.org/10.31887/DCNS.2006.8.4/jbremner>
6. United Nations Development Programme (2022). Integrating mental health and psychosocial support in peacebuilding. United Nations Development Programme. <https://www.undp.org/publications/integrating-mental-health-and-psychosocial-support-peacebuilding>
7. Inter-Agency Standing Committee (2006). IASC guidelines on mental health and psychosocial support in emergency settings. *Geneva, Switzerland: IASC 2006*.
8. Panter-Brick, C. (2023). Pathways to resilience and pathways to flourishing: Examining the added-value of multisystem research and intervention in contexts of war and forced displacement. *Development and Psychopathology*, 35(5), 2214–2225. doi:10.1017/S095457942300113X
9. VanderWeele, T. J. *On the promotion of human flourishing*. In: *Proceedings of the National Academy of Sciences, USA, 2017*, 8148–8156. <http://doi.org/10.1073/pnas.1702996114>
10. Ager, J., Fiddian-Qasmiyeh, E., & Ager, A. (2015). Local Faith Communities and the Promotion of Resilience in Contexts of Humanitarian Crisis. *Journal of Refugee Studies*, 28(2), 202–221. <https://doi.org/10.1093/jrs/fev001>
11. Groves, J., Fawaz, D., & Olenik, C. (2021). *Integrating Mental Health and Psychosocial Support into Youth Programming: A Toolkit*. USAID Youth Power 2.
12. Howe, K., Krystalli, R., Krishnan, V., Kurtz, J., & Macaranas, R. (2018). The wages of war: Learning from how Syrians have adapted their livelihoods through seven years of conflict. Washington, DC: Mercy Corps.
13. World Health Organization (2019). *Peer support groups by and for people with lived experience: WHO QualityRights guidance module*. Geneva: World Health Organization.
14. Barnett, M. L., Puffer, E. S., Ng, L. C., & Jaguga, F. (2023). Effective training practices for non-specialist providers to promote high-quality mental health intervention delivery: A narrative review with four case studies from Kenya, Ethiopia, and the United States. *Cambridge Prisms: Global Mental Health*, 10, e26, 1–9. <https://doi.org/10.1017/gmh.2023.19>
15. Le, P. D., Eschliman, E. L., Grivel, M. M., Tang, J., Cho, Y. G., Yang, X., ... & Yang, L. H. (2022). Barriers and facilitators to implementation of evidence-based task-sharing mental health interventions in low-and middle-income countries: a systematic review using implementation science frameworks. *Implementation Science*, 17(1), 4.
16. UNHCR - The UN Refugee Agency (n.d.). Partnership Note on Faith-based organizations, local faith communities and faith leaders | UNHCR. UNHCR.
17. Caulfield, A., Vatansever, D., Lambert, G., & Van Bortel, T. (2019). WHO guidance on mental health training: a systematic review of the progress for non-specialist health workers. *BMJ open*, 9(1), e024059. <https://doi.org/10.1136/bmjopen-2018-024059>
18. Jordans, M. J. D., Semrau, M., Thornicroft, G., & van Ommeren, M. (2012). Role of current perceived needs in explaining the association between past trauma exposure and distress in humanitarian settings in Jordan and Nepal. *British Journal of Psychiatry*, 201(4), 276–281. doi:10.1192/bjp.bp.111.102137

19. Paudel, S., Gilles, N., Hahn, S., Hexom, B., Premkumar, R., Arole, S., & Katz, C. (2014). Impact of mental health training on village health workers regarding clinical depression in rural India. *Community mental health journal*, 50, 480-486.
20. MacCarthy, D., Weinerman, R., Kallstrom, L., Kadlec, H., Hollander, M. J., & Patten, S. (2013). Mental health practice and attitudes of family physicians can be changed!. *The Permanente Journal*, 17(3), 14.
21. Chibanda, D., Weiss, H. A., Verhey, R., Simms, V., Munjoma, R., Rusakaniko, S., ... & Abas, M. (2016). Effect of a primary care-based psychological intervention on symptoms of common mental disorders in Zimbabwe: A randomized clinical trial. *JAMA*, 316(24), 2618-2626.
22. Mercy Corps (2022). *From high-risk to resilient: Reducing Vulnerability to Violent Extremism in Kenya through Social and Economic Interventions*. Mercy Corps. Retrieved from [https://www.mercycorps.org/sites/default/files/2022-05/From-High-Risk-to-Resilient-CREATE-Brief\\_10-Mar-2022\\_US.pdf](https://www.mercycorps.org/sites/default/files/2022-05/From-High-Risk-to-Resilient-CREATE-Brief_10-Mar-2022_US.pdf)
23. Mercy Corps (n.d.). *Moving the needle on violent extremism: Kenya CREATE*. Mercy Corps. Retrieved from <https://dldocs.mercycorps.org/MovingtheNeedleonViolentExtremismKenyaCREATE.pdf>
24. Mercy Corps (n.d.). *Beyond participants: The mentor study in preventing/countering violent extremism (PCVE) – CREATE*. Mercy Corps. Retrieved from <https://dldocs.mercycorps.org/BeyondParticipantsPCVE-MentorStudyCREATE.pdf>
25. Lance, K., R. Sheely, M. Longole Gutu, and B. Ayindo. 2023. *Mitigating Conflict Through Psychosocial Support and Community-Based Trauma Healing: Evidence from the EKISIL Program in Uganda*. Washington, DC: Mercy Corps
26. *"The rising sun"* (2015). PACT-PEACE III PROJECT (Karamoja cluster).
27. Cox, D., Fletcher, Fieldlier, Charlotte, Mross, Karina. (2023). *Strengthening Social Cohesion in Conflict-Affected Societies: Potential, Patterns, and Pitfalls*. IDOS. [https://www.idos-research.de/uploads/media/PB\\_3.2023.pdf](https://www.idos-research.de/uploads/media/PB_3.2023.pdf)
28. Laura Strawmyer, M. C. (2024). *Interview*
29. Mercy Corps (2014). *Advancing Adolescence*. <https://www.mercycorps.org/research-resources/advancing-adolescence>
30. Mercy Corps (2016). *Advancing adolescents: Evidence on the impact of psychosocial support for Syrian refugee and Jordanian adolescents*. Mercy Corps.
31. Panter-Brick, C. (2023). *Measuring the health and wellbeing impacts of a scalable programme of Psychosocial Intervention for Refugee Youth*. Elrha.
32. Mercy Corps (2021) *Peace and Conflict: Mercy Corps' Approach and Programming*. Mercy Corps. <https://www.mercycorps.org/sites/default/files/2021-06/Peace-and-Conflict-Overview-Mercy-Corps-May-2021.pdf>
33. Tol, W. A., Ager, A., Bizouerne, C., Bryant, R., El Chammay, R., Colebunders, R., ... & van Ommeren, M. (2020). Improving mental health and psychosocial wellbeing in humanitarian settings: reflections on research funded through R2HC. *Conflict and Health*, 14, 1-12.
34. Hanlon, C., Luitel, N. P., Kathree, T., Murhar, V., Shrivasta, S., Medhin, G., ... & Fekadu, A. (2019). Challenges and opportunities for implementing mental health services in low- and middle-income countries. *Journal of Global Health*, 9(2), 020419.
35. Mental Health and Psychosocial Support Network. (n.d.). *Mental Health and Psychosocial Support Network*. Retrieved [November 30, 2024], from <https://www.mhpss.net/>
36. MHPSS Collaborative (n.d.). *MHPSS Collaborative*. Retrieved [November 30, 2024], from <https://mhpsscollaborative.org/>
37. Bunn, M., Gonzalez, N., Falek, I., Weine, S., & Aciri, M. (2021). Supporting and sustaining non-specialists to deliver mental health interventions in low- and middle-income countries: An umbrella review. *Intervention Journal of Mental Health and Psychosocial Support in Conflict Affected Areas*, 19(2) Retrieved from [https://journals.lww.com/invn/fulltext/2021/19020/supporting\\_and\\_sustaining\\_nonspecialists\\_to.3.aspx](https://journals.lww.com/invn/fulltext/2021/19020/supporting_and_sustaining_nonspecialists_to.3.aspx)
38. Troup, J., Fuhr, D. C., Woodward, A., Sondorp, E., & Roberts, B. (2021). Barriers and facilitators for scaling up mental health and psychosocial support interventions in low- and middle-income countries for populations affected by humanitarian crises: A systematic review. *International Journal of Mental Health Systems*, 15(1), 5. doi:10.1186/s13033-020-00431-1
39. Hertog, K. (2024). *Integrating mental health and psychosocial support (MHPSS) and peacebuilding: A critical and constructive perspective from the integrated field of psychosocial peacebuilding*. *Peace and Conflict: Journal of Peace Psychology*, 30(4), 531-539. <https://doi.org/10.1037/pac0000773>
40. World Health Organization (2012). *Comprehensive Mental Health Action Plan 2013-2030*. <https://www.who.int/publications/i/item/9789240031029>.

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