

Mental Health and Psychosocial Support (MHPSS) in ACT Alliance Programmes

Guiding Principles

This document was developed by the ACT Psychosocial Working Group and first approved by the ACT Executive Committee on 14th December 2011 as policy guidance for ACT Alliance member programmes. The document was later revised in 2025 by the ACT Global Psychosocial Community of Practice (CoP).

1.Introduction

Members of the ACT Alliance and the ACT Secretariat (hereinafter referred to as ‘ACT’) have a common commitment to protect, without discrimination, the rights and dignity of the individuals with whom we work during our responses to emergencies and distressing events. ACT accepts its responsibility to protect vulnerable populations and recognizes and strengthens local capacities. An underlying core priority in emergencies is to protect and improve people’s mental health and psychosocial well-being, and to promote their capacity for recovery and resilience.

In 2010, the ACT Alliance established a Psychosocial Support Working Group (PSWG) to advocate for the need for social and psychological considerations in all ACT sectors of work. Following a decision by the ACT governing board in 2012, the PSWG evolved into the ACT Global Psychosocial Support Community of Practice (PS CoP), consisting of international and national ACT member organizations as well as the chairs of the regional CoP and other diverse ACT actors, engaging in MHPSS programming. In addition to the Global PS CoP, regional PS CoPs were also developed, comprising ACT members active in the different geographical areas. The present guidelines were originally developed by the ACT Psychosocial Support Working Group in 2011 and have been updated by the ACT Global PS CoP in 2025.

The added value of providing Mental Health and Psychosocial Support (MHPSS) to crisis affected populations, and ensuring that humanitarian and development assistance is delivered in an MHPSS-sensitive manner has been widely recognized in the last decade. This is due to both emerging evidence and validation through practice. When delivered appropriately, MHPSS can be lifesaving, promoting access to essential services, and laying the foundation for more effective long-term recovery.

This document serves a dual purpose:

1. To ensure that all relief aid undertaken by ACT members is MHPSS-sensitive, and
2. To assist ACT members providing MHPSS services to meet minimum interagency standards.

The guiding principles outlined in the document uphold the MHPSS minimum quality standards and represent best, interagency practices in this area. They are based on human rights principles, Core Humanitarian Standards (CHS), gender equality, understanding and empowerment. Faith is at the heart of the ACT Alliance’s international engagement, and as such, focus is given on ensuring faith-sensitivity across MHPSS service provision.

The document is structured as follows: The first section outlines key definitions, including an overview of faith-sensitive MHPSS, and the conceptual framework used to categorise different MHPSS services. The second section details the core MHPSS principles, as per IASC Guidelines on MHPSS in Emergency Settings¹. The final section summarises minimum

¹ Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC

operating standards across different MHPSS activities and provides references to supporting resources.

2. Understanding MHPSS

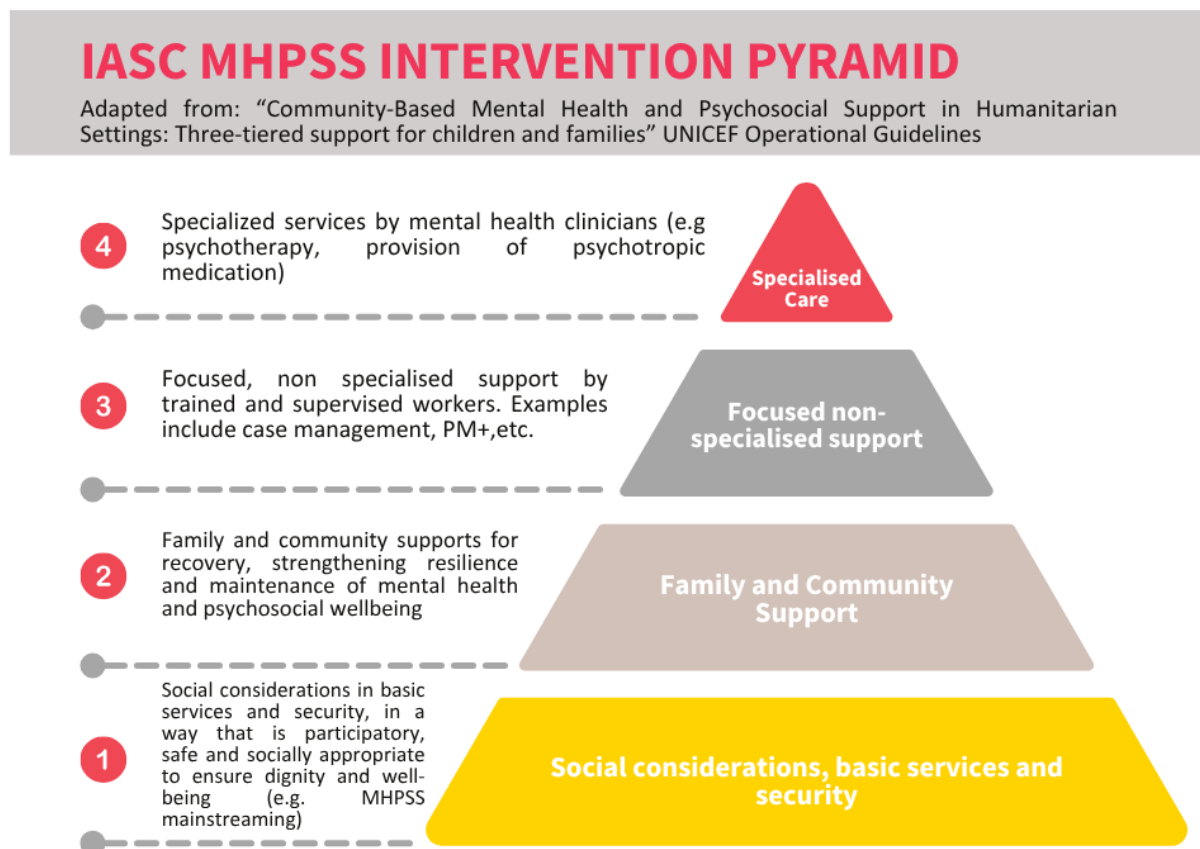
2.1 Community-Based Approach to MHPSS

Mental health and Psychosocial Support (MHPSS) is a composite term used to describe any type of local or external support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders¹.

As per the IASC MHPSS Guidelines and in line with ACT values, all MHPSS programming should be **community-based and community-led**, meaning it should build upon community capacities, promoting a shift in power from agency-led to community-led responses, and ensuring that affected populations are actively involved in the design and delivery of support. As such, throughout this document, references to community based MHPSS are grounded in this approach, emphasizing sustainability, inclusion, and local ownership.

2.2 The MHPSS Intervention Pyramid

In emergency contexts and beyond, people will need to access different types of support in order to not only survive, but thrive. To address this range of needs, MHPSS is conceptualized through four complementary layers of services, each targeting different groups and levels of need. This layered approach is illustrated in the “MHPSS Intervention Pyramid” (figure 1).



Layer 1 of the MHPSS intervention pyramid focuses on ensuring access to basic services and security, delivered in a way that respects the dignity and wellbeing of the affected population. This foundational layer represents the kind of assistance everyone needs in an emergency, regardless of their individual circumstances. Without this access, benefits from MHPSS activities at the higher levels of the pyramid might be compromised.

Services at this level are not considered as MHPSS activities; they are part of the “(MH)PSS approach” or “(MH)PSS mainstreaming”². This involves the process of integrating MHPSS sensitivity into all sectors of humanitarian response, ensuring that basic aid delivery supports the wellbeing, dignity, and inclusion of all individuals, particularly those who are marginalized, isolated or face barriers in accessing support in a participatory, rights-based manner.

MHPSS mainstreaming means that all humanitarian actors, regardless of their sector, are equipped to: 1) Understand, respond and adjust according to the MHPSS needs and capacities of the target population, 2) Ensure that people experiencing psychosocial distress or mental illness are included in service provision and 3) Treat all people with respect and dignity.

Example of an MHPSS Mainstreaming Activity: Staff members delivering emergency food assistance are trained on how to communicate respectfully with communities, manage distress reactions, and recognize people who may need MHPSS, referring them appropriately with informed consent.

Layer 2 of the MHPSS Intervention Pyramid outlines psychosocial support (PSS) activities aimed at strengthening family and community resilience. Services at this level can benefit all persons in a community, and emphasize communal wellbeing. Activities at this level aim to promote social cohesion, building upon existing community capacities, and strengthening social support networks. While all actions across the IASC pyramid should be community based, this layer aims to strengthen communal structures as a whole without necessarily addressing specific MHPSS needs of individuals or groups in a focused manner. Layer 2 does not include focused interventions, but specific PSS resources must be still available to ensure good quality programming.

Example of a PSS Activity at Level 2: Community mobilizers organize peer-to-peer support groups for young people in a refugee camp, where issues around safety, wellbeing, and self and collective care are discussed.

Layer 3 of the MHPSS Intervention pyramid includes psychosocial support activities that are focused, meaning targeted interventions for specific groups facing particular MHPSS challenges (e.g. dealing with acute grief, facing a specific type of violence, etc.). Unlike layer 2, which serves the whole community, these activities are tailored to address defined MHPSS needs with a subset of the population. Activities at this level are provided by staff and

² The terms “(MH)PSS approach” and “(MH)PSS mainstreaming” have been sometimes used interchangeably in bibliography (for example in the “MHPSS and protection outcomes: Why joint action to improve mental health and psychosocial wellbeing of people affected by conflict, violence and disasters should be a priority for all protection actors” Policy Discussion Paper by the Global Protection Cluster). There are no interagency available definitions of the differences between the two concepts. As the ACT Psychosocial Community of Practice, we see the “MHPSS approach” as a lens through which humanitarian action is viewed, interpreted and communicated, while “MHPSS mainstreaming” involves the operationalization of this approach or lens through concrete actions.

community actors who are trained in psychosocial support and adequately supervised, but who are not necessarily specialised mental health professionals (e.g. teachers, religious leaders, community volunteers). Many evidence-based, scalable MHPSS interventions—such as *Problem Management Plus*³ or *Self Help Plus*⁴—are situated at this level.

Example of a PSS Activity at Level 3: Trained and supervised community health workers facilitate structured group sessions for people who have a difficulty managing acute distress and other overwhelming emotions.

Finally, the top **layer 4 of the MHPSS Intervention pyramid** encompasses specialized mental health activities aimed at preventing, managing and/or treating mental health disorders. These services are intended for a small percentage of individuals in crisis settings who require clinical support that should only be delivered by trained and supervised mental health personnel.

Example of a MH Activity at Level 4: General doctors, trained and supervised on WHO MHGap, provide psychotropic medication to persons dealing with specific mental health conditions.

2.3 Faith Sensitive MHPSS

Faith-sensitive MHPSS programming recognizes the central role that faith, spirituality, and religious practices play in the lives of individuals and communities affected by crisis, displacement, and adversity. For many, faith is a source of resilience, meaning-making, and emotional support. Integrating faith-sensitive approaches into MHPSS ensures that interventions are culturally and spiritually relevant, respectful of diverse belief systems, and responsive to the values and coping mechanisms of service users. This approach fosters trust, enhances community ownership, and strengthens the psychosocial impact of humanitarian responses by aligning with the lived realities of those we serve.

As members of the ACT Alliance, we are committed to upholding dignity, inclusion, and holistic care in all aspects of our programming. Faith-sensitive MHPSS is not about promoting specific religious doctrines, but rather about creating safe, inclusive spaces where individuals can draw upon their spiritual resources as part of their healing and recovery. It involves engaging faith leaders as allies in psychosocial support, incorporating rituals and practices that promote wellbeing, and ensuring that services are accessible and respectful to people of all faiths and none. When thoughtfully implemented, faith-sensitive programming contributes to more sustainable, community-led systems of care and reinforces the protective factors that faith can offer in times of crisis. **Faith-sensitive and community-based approaches go hand in hand and can thus be integrated across the different levels of service provision in the IASC MHPSS Pyramid.**

³ Problem Management Plus (PM+): individual psychological help for adults impaired by distress in communities exposed to adversity (generic field-trial version 1.1). Geneva: World Health Organization; 2018.

⁴ Self Help Plus (SH+): a group-based stress management course for adults. Generic field-trial version 1.0, 2021. Geneva: World Health Organization; 2021 (Series on low-intensity psychological interventions, No. 5).

For more information on how to incorporate faith-sensitivity in MHPSS programming, see “*A faith-sensitive approach in humanitarian response: Guidance on mental health and psychosocial programming*”⁵.

2.4 MHPSS Core Principles⁶

Human Rights and Equity

Support efforts must be grounded in the rights of individuals and communities. While many rights develop from basic needs, a rights-based approach adds legal and moral obligations, along with mechanisms for accountability. Individuals and groups are encouraged and supported to claim their rights, recognizing them as right-holders entitled to dignity and protection. ACT promotes special consideration of the rights and dignity of older people, children and people with disabilities as their needs and concerns have often been overlooked in disasters and conflicts.

Participation

To create a truly inclusive and beneficial humanitarian response, it is necessary to address and involve women, girls, boys, men and persons beyond the gender binary in all aspects of the response work. Equal participation is essential to foster trust, relevance, and long-term sustainability. Following a disaster or conflict, the response efforts should facilitate the community’s assessment of their own needs, priorities, resources and values. ACT members should enable local ownership by recognising and encouraging communities’ own capacities to make change and protect their overall wellbeing. By using culturally appropriate, accessible, and gender-sensitive approaches, communities are actively engaged in decision-making, and better positioned to sustain changes beyond the recovery period.

Do No Harm

Responses to disasters can unintentionally cause harm, if due caution is not taken. To reduce the risk of harm, all humanitarian workers must adhere to international humanitarian principles, protection mainstreaming principles and standards of conduct. Agencies must also be open to evaluating their program and allowing for external reviews to avoid actions that may unintentionally stigmatize or cause distress. Cooperating with other agencies and organisations, especially local ones, will facilitate the adoption of ‘best practices’ that have been proven to be effective and successful.

During emergencies, many people depend on humanitarian aid to help them meet basic needs. This dependency can contribute to a power imbalance between those delivering services and those receiving them. Cultural, gender, and faith sensitivity and inclusion of the affected community will help minimize misunderstandings and power struggles.

Building on Available Resources

MHPSS approaches should acknowledge and build on existing coping strategies within the community and seek to enhance the resilience of individuals and their families. This might include mobilizing local spiritual, faith or cultural practices. Communities identify their needs

⁵ The Lutheran World Federation and Islamic Relief Worldwide (2018) *A faith-sensitive approach in humanitarian response: Guidance on mental health and psychosocial programming*. LWF and IRW: Geneva and Birmingham

⁶ As per the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

and participate in implementing strategies they consider appropriate to their circumstances. When external support is necessary from organisations like ACT Alliance, it must always build on existing local capacities with the intention of enabling the community to be self-sustaining. In collaboration, traditional coping mechanisms, local leaders, faith-based groups, and community-based organizations can be engaged to design and deliver psychosocial support that is locally relevant, trusted, and sustainable.

Integrated Support Systems

MHPSS activities and programming should be integrated, across the intervention pyramid, in coordination with other sectors, leveraging community-led systems to provide holistic and coordinated support. Stand-alone services, not in interaction with other systems of support led either by organizations or by the communities themselves, can cause fragmentation, be inadequate to meet the complex needs of the service users, and in some cases, cause harm.

ACT members should work closely with governments, UN agencies, and local and faith-based organizations to ensure coordinated, complementary MHPSS responses. Such collaboration strengthens referral pathways, aligns with national strategies, and promotes shared learning and advocacy. Active participation in interagency coordination platforms helps build sustainable, locally led systems of care that extend beyond emergency response.

Multi-Layered Support

Activities across the layers of the pyramid are complementary and should be delivered in a coordinated way. The pyramid is meant to highlight the close connection between the different types of MHPSS activities, not to create silos between practitioners and disciplines. Multi-layered support is by nature responsive to the diverse needs of people in crisis, based on communities' evolving circumstances.

3. Minimum Standards for MHPSS Across the Pyramid

Actions	Minimum Standards for MHPSS Mainstreaming (Level 1)	Minimum Standards for PSS Activities (Levels 2 and 3)	Minimum Standards for MH Activities (Level 4)
1. Multisectoral assessments consider and collect information on mental health and psychosocial wellbeing needs and capacities.	X	X	X
For support on this, see: MHPSS MSP-Multi-sectoral mental health and psychosocial support assessment toolkit			
2. Systems are in place to ensure that MHPSS principles (human rights and equity, participation, do no harm, building on existing resources, integrated support systems, multilayered support) are respected	X	X	X
For support on this, see: IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings			

2.Teams are provided with basic MHPSS training ⁷ .	X	X	X
3.Teams are provided with advanced MHPSS training. ⁸		X	X
For support on this, see: IASC MHPSS Minimum Service Package (MSP)			
4.Teams are provided with supportive supervision	Optional	X	X
For support on this, see: IFRC-Integrated Model for Supervision For Mental Health and Psychosocial Support			
5.Service mappings that include MHPSS services across the pyramid are available and staff know how to make safe referrals for people who might need them.	X	X	X
6.Actions are taken to promote and ensure the self and collective care of the frontliners.	X	X	X
7.Coordination with MHPSS actors is pursued and dialogue is fostered to ensure flow of information, and joint advocacy.	X	X	X
8. MHPSS activities are based on written SOPs and guidance that abide by interagency standards.		X	X
For support on this, see: WHO – Psychological interventions implementation manual Integrating evidence-based psychological interventions into existing services			
9. MHPSS programming is adequately resourced in terms of space, HR, and equipment.		X	X
For support on this, see: MHPSS MSP -Costing Tool			
10. Outcome measurements are planned/take place following the IASC MHPSS Common MEAL Framework.	X	X	X
For support on this, see: IASC - Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings			

4. Conclusion

Globally, humanitarian conditions are rapidly deteriorating. Both conflict and climate-related disasters are on the rise, while funding for humanitarian aid has dropped to its lowest level in a decade. Within this challenging operating landscape, the urgency for needs-responsive, community-led MHPSS is more apparent than ever.

There is strong evidence around the impact of emergencies on the mental health and wellbeing of populations. Access to mental health and wellbeing is not only a human right, but also a critical enabler to recovery, resilience and long term development, connecting actions across the triple nexus of humanitarian, development and peacebuilding work.

ACT alliance is dedicated to promoting access to services, advocating for more quality, community driven programming and stronger integration across all sectors. Its main goals are to ensure MHPSS mainstreaming across all sectors, to establish high-quality layer 2 and 3

⁷ The type of training delivered should depend on the sector and type of programming implemented. Training to be provided could include PFA, Foundational Helping Skills, Introduction to MHPSS, Communication Skills, etc.

⁸ The type of training should depend on the type of MHPSS activity to be delivered.

MHPSS activities in emergency responses, and to advocate for increased access to layer 4 mental health services for those who need specialized care. This document aims to support ACT members and partners in achieving these goals.

If you or your organization require support in designing, developing or implementing MHPSS activities across the intervention pyramid, do not hesitate to contact the Global or Regional PS CoP in your area of operation. To get in contact with the Global or Regional PS CoPs, get in touch with Caroline Njogu, caroline.njogu@actalliance.org, Humanitarian Program Officer at ACT Secretariat.

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