



Mental Health & Psychosocial Support (MHPSS) Working Group Meeting Minutes
Thursday 15 November 2018 3-5pm

Chair: International Medical Corps (IMC)
Co-chair: World Health Organization (WHO)

Partners in attendance: IMC, WHO, Ukrainian Society of Specialists on Overcoming the Consequences of Traumatic Events (UASOCTE), GIZ, ADRA Ukraine, UNHCR/Protection Cluster, PUI, Malteser Ukraine, Polish Humanitarian Action (PHA), Mental Health Center at the Ministry of Health (MHC/MOH), NGO Development Foundation, People Living with HIV/100% Life

Administrative Updates:

A. ECHO-HIP Consultative Meeting

- Held in late August with goal to discuss humanitarian needs and gap to inform the 2019 priorities and funding
- Different Clusters and Technical Working Groups (including Health, Protection, GBV, Child Protection, Livelihoods) and Humanitarian Partners highlighted MHPSS as a major concern
- ECHO representatives indicated that partners should not be surprised if MHPSS is not included in the 2019 ECHO budget
- As follow-up to this meeting, MHPSS Working Group Coordinators prepared a two-page document describing the MHPSS issues/concerns and what actions could be taken to address the outlined key MHPSS issues. It was shared with the ECHO leaders in Ukraine but no feedback was received.
- In October, during the meeting with Dr Fahmy Hanna, IASC MHPSS WG, addressed this problem and decided that this document is to be disseminated at the global level. It is necessary for the donors to begin understanding that it is not possible to deal with these issues with no funding.

B. Meeting with partners from ICCG (Inter-Cluster Coordination Group), last month to discuss the status of the MHPSS WG –

- End result was that MHPSS to remain a Technical WG, not Sub-Cluster
- MHPSS is cross-cutting and needs improved representation from different clusters (Health, Protection, Child Protection, GBV, Shelter, Wash, Education) through participation in the meetings but also by providing the WG with the relevant updates for our WG to provide them with the necessary support.

ACTION POINT: MHPSS WG Coordinators to invite the representatives of these clusters to participate in the MHPSS WG meetings and to provide the relevant updates to the WG.

C. IASC Guidelines Workshop

- 4W mapping is continuing, but we have 60% of partners that have completed the 4W. This suggests that the form needs to be simpler so that partners can complete it quickly. So MHPSS WG will provide opportunity for partners to complete simplified version of 4W mapping at upcoming events.
- Regional workshops on referral mapping and IASC referral guidelines will be organized. In addition to getting partners to understand WHO is doing WHAT, WHERE and WHEN, these workshops will help to understand where there are issues with referrals. This is step forward towards goal of creating a referral pathway.
- Workshops will take place in Mariupol, Kramatorsk and Severodonetsk in December 2018 and January 2019.
- We will be sending the email to the entire WG, but we also request partners to involve/invite organizations that are involved in the related activities (within their regions) in the workshops.

D. Ideas for 2019 MHPSS Working Group

- A while ago we reviewed the WG Terms of Reference (ToR). A number of comments are being now incorporated in the ToR but it is still considered a draft. It is now a good time to put forward, and include in the ToR, the new ideas for 2019.
- We would like to increase engagement of local and state actors and strengthen their capacities. We will do that regionally but we also need to do that at the national level to start the regional process.
- MOH usually participates in our meetings. But since MHPSS is so cross-cutting, we cannot rely only on the MOH, we also need the Ministry of Social Policy, Ministry of Education and Science.

Q: It is necessary to have a common definition of MHPSS that is used by all the stakeholders.

MOH: In Ukraine, there is no definition in the laws of what is MH and what is PSS. So, it is a gap that needs to be resolved, in laws or bylaws.

Q: Can MHPSS WG be involved in the reform of the secondary level of health care?

MOH: The 2nd stage of the health care reform, in particular related to MH, will rely upon involvement of various stakeholders, including the Ministry of Education and the Ministry of Social Policy, through the Coordination Councils that are to be established at various levels (the Cabinet of Ministers, the regional administrations). However, in accordance with the Ordinance of the Cabinet of Ministers, it is the MOH that is fully responsible for MH and thus is a key coordinator of this domain.

Q: The issue of self-harm and suicides is very important. It is important to have awareness raising to prevent suicides and self-harm. The TG can organize a campaign on well-being/suicide prevention as a part of its activities. Such a campaign requires a lot of coordination and streamlining not even at the regional but a rayon level. We can work on that as the WG. Do we want to do that as a WG?

ADRA Ukraine: This time a year we see an increase in a number of suicides and requests to provide the assistance necessary to prevent it. We have recently received two requests,

from the directors of a high school (Krasnogorovka, Donetsk region) and a vocational school (Zolotoye, Luhansk region), to provide the training on self-harm/suicide prevention to the school staff.

But we need to build the organizational capacity (evidence-based trainings and materials, maybe in line with CBT) to do that so we are now looking for a trainer who could train us to work with suicide prevention.

We have the capacities to do the trainings on internet security.

MOH: MOH is still negotiating with the Australian Lifeline (24/7 suicide prevention hotline, <https://www.lifeline.org.au>). It is expected that same program will be implemented in Ukraine, but it requires a lot of resources (trainings, supervision) so it will some time.

ACTION PONTS: MHPSS WG Coordinators to share evidence-based resources on suicide/self-harm preventions; disseminate a call for assistance (for purposes to train ADRA staff in suicide prevention) among the WG partners.

3. Updates from Health Cluster

- Humanitarian program cycle – 1.3 million people targeted in current draft of Humanitarian Needs Overview (HNO), project proposals for the Humanitarian Response Plan (HRP) were submitted and reviewed.
- 15 project proposals submitted and almost half had at least some activities related to MHPSS.
- HRP plan will cover two years (2019 & 2020) for the first time
- December 20, 2018 – the results of the worldwide submitted proposals will be released; in January 2019 – a separate release for Ukraine. After that the partners can approach the donors directly if the projects are approved by HRP.

4. Updates from Protection Cluster (PC)

- MHPSS is one of the key issues, we hope that donors will give more money
- From PC, 14 MHPSS projects were submitted, three under GBV sub-cluster and six under Child Protection sub-cluster.
- In January, assessment will start, will be done through REACH, the target is Eastern Ukraine, it will be focused on the household level with a small qualitative level (a few focus groups); ToR is now finalized, in particular, the questionnaire.
- The goal is to add a few specific MHPSS questions to that questionnaire to get the data to understand the needs/gaps and how we can respond to them.

ACTION POINT: After the household level survey of the assessment is finalized, which will include some MHPSS questions, it will be shared with partners. WG Coordinators will continue to update partners on this upcoming Protection Cluster Needs Assessment.

5. Updates from Education Cluster

- Recently an exercise was done with partners to identify the key priorities for strategic planning for 2019
- GCA – 45% partners consider PSS in education to be a big gap, NGCA – 50% identified PSS in education to be a key gap

- Number of schools in proximity to military presence – 1 out of 3 schools has a nearby military presence
- GCA schools report that their staff have problems with stress and well-being; at the same time there is no similar information about children/adolescence available.

ACTION POINT: to share the presentation from the Education Cluster with the WG partners.

6. Presentation by Ministry of Health of Ukraine (see PowerPoint presentation attached)

Q: Are the MH patients aware that they have a right to request to be removed from the registration?

MOH: Yes, the doctors must inform them about it.

WG member: MH patients receive the pension from the state so it is very often impossible to talk them into getting unregistered due to financial considerations.

Q: Are you planning to include in your assessment of expenses on MH the share of the allocations for MH from the local budgets? What is the purpose of the analysis of the expenses of the MH/narcological facilities? Would such estimate make it possible for you to see the entire picture?

MOH: We will try to ensure that the picture is comprehensive. We plan on analyzing not only the MH/narcological clinics but the MH related expenses of the central, rayon and other public hospitals. Our experts are now working on the analysis of the activities of the NGOs as well; in particular, we are planning to ask the NGOs about their sources of financing. If these NGOs strive for transparency, we will receive this information.

Q: What is the purpose of the MH system mapping?

MOH: The purpose is to have information about all the agencies involved in MH in Ukraine in one place.

Q: How is this data will be used?

MOH: It can be used for various purposes, in particular, to ensure cooperation between various facilities (health care, social facilities, private entrepreneurs who are psychologists/social workers). Very often the service providers are either not aware of each other or know only a few others. More information ensures better cooperation between the specialists.

Q: Is the mapping going to cover only the public services providers?

MOH: We will begin with mapping the public service providers and then add the others. Today we can include 150 organizations providing substance use treatment.

Two months ago, MOH organized a round table on the evidence-based treatment methods for the services providers, which work in substance use treatment/rehabilitation.

Q: Does MOH see any ways to influence establishment of the coordination councils at the local level in view of the decentralization reform?

MOH: Establishment of such councils is one of the provisions of the National MH Action Plan. After the Plan is approved (and this provision is still included in it), it will become one of the tools promoting establishment of such councils. The regions are now self-

governed and they decide for themselves what are the priority areas. So, it is quite possible that they decide that MH is not a priority task and will not thus set up the coordination council. However, the recommendation included in the national plan will push establishment of such councils forward.

Q: But they can still decide not to set them up.

MOH: Yes.

Q: In the beginning of the presentation, you've mentioned that MH and PSS are not defined in the law. There is a definition used globally. Is it possible to include them in the law? Because unless these are defined, it is not quite clear how it is possible to move forward.

MOH: We are working right now to include these definitions in the legal framework. We cannot just use the WHO definitions even if they are used worldwide unless they are a part of the Ukrainian legal framework. For instance, the law "On Psychiatric Aid" includes a definition of outpatient psychiatric care, which includes prevention activities, screening. In other words, examination by a psychiatrist is psychiatric care. It is a part of the law so we have to abide by this definition. There are numerous problems like that in the law.

Q: In the future, we could look into the existing contradictions in the law (language and other issues that we have already identified). Because in the process of decentralization and rolling out of the National MH Action Plan we should try and change these issues in the legislation, so it makes sense in the future and makes services provision smoother.

MOH: We appreciate your support. We will discuss all the proposed law drafts/amendments to the law with WHO since the experience of this organization should be used for the benefit of Ukraine, especially in the process of decentralization and deinstitutionalization to avoid the problems that might arise in the process. Experience of other countries demonstrates that prior to destroying the existing system it is necessary to create something new and that is why the process taking place in the country right now should be implemented in a well-thought and healthy manner.

IMC: It is very important to implement changes in stages. For instance, when we talk about MH specialists and whether they use the evidence-based methods and tools, we need to look into their training.

7. Updates from Partners

UASOCTE: We have an evidence-based suicide prevention program aimed at both the civilians and ex/combatants and the specialists in this area. We are ready to support the initiatives though we do not have a special project on suicide prevention. We work in Donetsk and Luhansk regions.

PUI: We have completed a session on mhGAP (the initial training).

ADRA: We are conducting the burnout prevention 3-day workshops with the school psychologists living in the 5-km zone, we've already done this work in Donetsk region. And will work in Luhansk region in December. We are planning to do similar, but longer-term, work in 2020-2021.



We still have the social buses working at the demarcation line taking people from the 0 km to Oshchadbank, Pension fund, hospitals etc.

WHO:

- QualityRights project – at the initial stage of the Phase 3 of this project, to be implemented in one MH hospital and one social care home (*internat*); WHO QualityRights methodology will be used; the trainings on human rights, the evidence-based treatment will be organized for the staff and patients of the facilities; the changes in these two institutions will be supported for one year. Phase 3 will start in December 2018;
- The mhGAP program – currently we are developing the mhGAP implementation plan together with the MOH.
- WHO mobile community-based MH multidisciplinary teams continue their work in Slovyansk, and it takes the referrals.

PHA: Working to establish the facilities for older people in Donetsk and Luhansk regions, to provide them group and individual PSS.

8) AOB

December 20, 2018:

- Last meeting of 2018 and small event to be organized as part of last meeting

ACTION POINT: all partners – please inform the Chair and Co-chair if you are not planning to be present at the meeting.