USAID Mission Checklist:
Integrating Mental Health and Psychosocial Support into Youth Programming

Introduction

The World Health Organization (WHO) reports that nearly one in five people are impacted by poor mental health in conflict and post-conflict areas and nearly 50 percent of all mental health issues globally start before the age of 14. For youth ages 15 to 29, suicide is the fourth leading cause of death and the leading cause of disability worldwide; it is a leading cause of death for those under the age of 15. Despite these high prevalence rates and the negative impacts of poor mental health on education, health, and employment outcomes, youth mental health is grossly under-resourced in international development and neglected in the global public health space and development investments.

The Integrating Mental Health and Psychosocial Support into Youth Programming Toolkit provides strategies for designing, implementing, and evaluating mental health and psychosocial support (MHPSS) programs and activities for youth in low- and middle-income countries (LMICs) and conflict-affected contexts. The Toolkit is designed for use by USAID and its partners to develop standalone youth MHPSS programs or integrate MHPSS strategies into cross-sectoral youth-focused programs. The Toolkit covers MHPSS terminology and definitions, reviews select evidence and good practices, explains the USAID MHPSS Framework, and shares examples from the field.

This USAID Mission Checklist is designed to support USAID field and headquarters staff when integrating MHPSS into the USAID's Program Cycle,[1] including country development and cooperation strategies, scopes of work, and USAID solicitations (see Figure 1). It should be used in conjunction with the Toolkit which can be found here.

The Checklist will help when conducting a MHPSS situational analysis, synthesizing information generated by the analysis, and integrating recommendations into the project and/or activity design phase of the program cycle. This is a comprehensive list of possible reflection questions to consider when preparing new activities. It is not expected that Missions and partners can complete all of these but rather address those that are relevant.
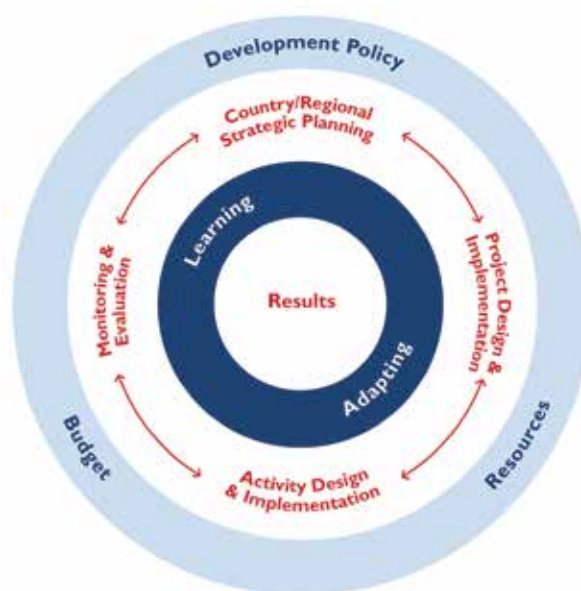

Figure 1: USAID Program Cycle

Project Design Planning

- ☐ Has the Mission identified a MHPSS technical expert?

- ☐ Has the Mission established a multi-sectoral project design team to integrate MHPSS activities across multiple sectors and reduce unnecessary duplication with education, health, social welfare, and any other relevant sectors/thematic areas?

- ☐ If youth will be engaged in the MHPSS design process, has the Mission selected youth stakeholders that will be involved?

- ☐ Has the team familiarized itself with USAID's MHPSS Framework (Toolkit Section 3), core terminology (Toolkit Section 1), and program design and development guidance for MHPSS programming (Toolkit Section 4)?

- ☐ If MHPSS consultants will support the situational analysis, has the Mission reached out to the Regional Bureau or Washington Operating Unit to locate relevant resources?

- ☐ If MHPSS programming is the major focus of the project, has this focus been articulated in the Preliminary Project Purpose?

- ☐ Does the budget cover the costs of translation, transportation, and MHPSS intervention adaption in addition to all staff costs and any other assessment-related costs?

- ☐ If possible, does the Plan for Engaging Local Actors include relevant in-country civil society and/or government organizations working on MHPSS services, including education, health, and social welfare actors? For conflict-affected areas, does it include engagement with the cluster system and MHPSS coordination structures (Toolkit Section 4)?

- ☐ Has the design team familiarized itself with the do's and don'ts of MHPSS programming as presented in the Inter-Agency Standing Committee's Guidelines on MHPSS (Toolkit Section 3)?

MHPSS Situational Analysis

- ☐ Does the MHPSS situational analysis incorporate information from sources such as government, donor, or academic analyses; regional or sectoral MHPSS analyses; official national/regional-level data and statistics; relevant public data from USAID projects/activities; and United Nations (UN) and non-governmental organization (NGO) reports?

- ☐ Does the analysis include a validation process for ensuring key MHPSS concepts and assessment tools are appropriate for the local context (Toolkit Sections 1 and 4)?

- ☐ Does the analysis include an overview of suicide in the country, including suicide rates and cultural perceptions/stigma around suicide?

A situational analysis may include the following questions:

- ☐ What is the availability of mental health and psychosocial services across sectors, including the capacity of primary health care providers to provide mental health services, the use of medication to treat mental health disorders, the availability of mental health services within hospitals, the provision of MHPSS in school systems (including social and emotional learning or SEL), and the types of services provided by social welfare? (This question should be adapted to reflect the relevant sectors)

- ☐ What are the referral pathways and how do they function?

- What are youth-focused MHPSS issues and stakeholders that are relevant to the sector(s) being addressed by the project?

- What are the descriptive statistics related to youth mental health and psychosocial needs?

- What are the cultural attitudes, perceptions, and beliefs about mental health and psychosocial issues, including stigma around mental health?

- What are the cultural coping approaches, rituals, and other customs that are important to the community's mechanisms for dealing with grief, loss, and other forms of hardship?

- What are the MHPSS issues that primarily impact women and girls, as well as men and boys?

- What are the cultural perceptions of disabilities and the services available for people with disabilities? How does that intersect with mental health and psychosocial services?

Project Design Finalization

- Has the Project Design Team reviewed MHPSS issues as they relate to youth, gender, inclusion, and other cross-cutting issues (Toolkit Section 4)?

- Does the project design apply the dos and don'ts of MHPSS programming (Toolkit Section 3)?

- Does the project engage youth in the planning and implementation of the MHPSS program activities (Toolkit Section 4)?

- Have the results of the MHPSS situational analysis been referenced throughout the Project Activity Description (PAD), specifically, in the Project Purpose, Context, Project Description, Summary of Conclusions from Analyses, and the Project Monitoring, Evaluation, and Learning (MEL) Plan?

- Does the Context section clearly describe how MHPSS challenges contribute to the root causes of the underlying development problem (which include how the interests, perspectives, and interdependencies of key actors in the local system affect the problem)?

- Has the MHPSS technical expert been added to the clearance list for the PAD?

- Does the PAD provide evidence that justifies the proposed intervention(s) based upon the following criteria?
  - There is evidence that this intervention works for the stated problems with the identified population.
  - There is evidence that this intervention works for the same or similar problems with similar populations.
  - There is evidence somewhere in the world that this intervention works for these or similar problems.
  - There is no direct evidence, but existing evidence indirectly supports the intervention's theory of change (promising).

- Has the Project Design Team reviewed the results of the MHPSS situational analysis, along with other analyses, and used it to develop a theory of change that describes how the Project Purpose will be achieved?

- Does the Project Description clearly reflect which identified MHPSS challenges affecting youth will be reduced by the project (e.g., high rates of mental and psychosocial distress, depression, and/or trauma due to exposure to high rates of violence and/or conflict; high rates of suicide amongst youth)?

- Does the Project Description clearly reflect how identified MHPSS challenges affecting youth will be reduced by the project (e.g., how the interventions will reduce rates of youth mental and psychosocial distress or suicide)?

- Does the Project Description discuss and address the needs of youth at different developmental stages (e.g., younger adolescents, older adolescents, young adults)?

Safeguarding, Preventing Sexual Exploitation and Abuse, and Do No Harm Considerations

- Does the Program have a clear Child Safeguarding Plan in place (Toolkit Section 4)?

- Does the program have clear referral procedures (Toolkit Section 4)?

- Does the program have a clear plan in place for ensuring the prevention of sexual exploitation and abuse (Toolkit Section 4)?

- Does the program describe how staff will be trained and equipped in the delivery of the MHPSS interventions included in the PAD (Toolkit Section 4)?

- Does the program include a clear plan for staff supervision and apprenticeship (Toolkit Section 4)?

- Does the program apply best practices for working with populations with high levels of distress (Toolkit Section 4)?

- Does the program include strategies and approaches in place to respond to suicide ideation within the project (Toolkit Section 4)?

Project Monitoring, Evaluation, and Learning Plan

- Is the logic model or graphic display of the theory of change clearly articulated?

- Is there a plan to disaggregate all people-level indicators in the MEL Plan by age bands? By sex? By disability?

- Are the findings of the MHPSS situational analysis reflected in the MEL Plan, as appropriate?

- Are the USAID mandatory and recommended MHPSS indicators included in the PAD (Toolkit Annex 3)?

- Have you considered which tools to use to measure mental health and psychosocial well-being (Toolkit section 4)? Have these tools been properly validated?

- Does the MEL Plan include a research and/or evaluation process that will contribute to the evidence base for youth-focused MHPSS?

- Does the MEAL Plan have strategies for addressing negative findings in MHPSS program monitoring and evaluations?

Examples of MHPSS Situational Analyses

Most publicly available example of MHPSS analyses have been developed in emergency contexts, where rapid assessment approaches are typically used. The two examples listed below used a comprehensive approach rather than a rapid assessment approach. USAID Missions should plan for comprehensive MHPSS situational analyses.

- International Medical Corps' South Sudan Baseline Mental Health Situational Analysis – 2015
- Understanding the Mental and Psychosocial Needs, and Service Utilization of Syrian Refugees and Jordanian Nationals: A Quantitative Analysis in the Kingdom of Jordan – 2017

More examples can be found in the International Medical Corps' Toolkit for the Integration of Mental Health into General Healthcare. This Toolkit breaks out examples into those best for rapid assessments and those best for situational assessments.