MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN HUMANITARIAN CRISES

Setting Consensus-Based Research Priorities for 2021-2030 (MHPSS-SET 2)

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Mental Health and Psychosocial Support in Humanitarian Crises: Setting Consensus-Based Research Priorities for 2021–2030 (MHPSS-SET 2)

PREFACE

Elrha's Research for Health in Humanitarian Crises (R2HC) programme aims to improve humanitarian response by increasing evidence on the effectiveness of public health interventions and promoting its uptake in policy guidance and practice. More than a fifth of the studies funded through the R2HC since 2013 have focused on mental health and psychosocial support (MHPSS) – more than 20 studies in total. With OCHA estimating that 274 million people needed humanitarian assistance in 2022 — a higher number than ever before — identifying interventions to alleviate the symptoms of mental health distress is critical.

In 2019, to support a research agenda for MHPSS humanitarian practitioners and researchers, we funded an update of the first MHPSS research prioritisation, MH-SET-1, covering a new ten-year period from 2021–2030. This report describes the rigorous methodology undertaken to identify research questions prioritised by actors across the wide MHPSS community. To ensure priorities were identified from as wide a group of stakeholders as possible, MHPSS experts in operational humanitarian organisations at local and global levels contributed questions, as well as academics and policy makers.

Using a consensus process facilitated by the CHNRI methodology, the results were synthesised into six broad thematic areas, with a final 20 priority questions and associated sub-questions identified. The synthesised results have been collated in this data visualisation tool. We hope the identified priorities will guide the focus of MHPSS research over the next ten years, ensuring that future research questions are of the greatest relevance and usefulness for practitioners supporting people whose mental health has been affected by crises.

We thank all those who were involved in the study: Wietse and PhuongThao as lead researchers; the IASC Reference Group on MHPSS under whose auspices the study was conducted; and members of the Funding and Policy Committee who helped steer the work.

Anne Harmer
Head of R2HC, Elrha

INTRODUCTION

Humanitarian crises, such as those that occur in complex emergencies, armed conflicts, environmental disasters, and infectious disease outbreaks are often associated with significant psychological and social suffering, affecting refugees, internally displaced people and host communities. Mental health and psychosocial support (MHPSS) comprise any type of local or external support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorders. There is consensus that MHPSS activities should address a wide range of mental health and psychosocial needs. Accordingly, consensus-based guidelines recommend multilayered, integrated support systems including psychological and social considerations in basic services and security; community and family support; focused, non-specialised support; and specialised services.

Systematic reviews have identified important gaps between MHPSS research and practice (Bangpan et al, 2017). The development of a consensus-based research agenda — which includes representation from the different research, practice and policy stakeholders — can contribute to research activities that are more closely aligned with the knowledge needs of key stakeholders more broadly. In addition, a consensus-based research agenda can assist research funders and other decision makers in prioritising research efforts, help to harmonise research efforts, and ensure the limited existing research funding is put to best use.

MHPSS-SET 2 PROJECT OVERVIEW

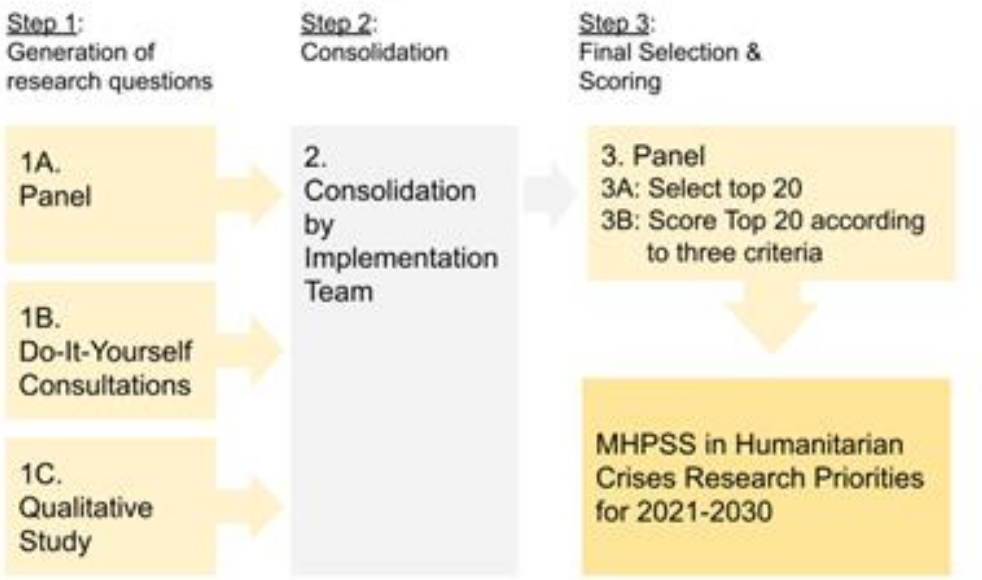
MHPSS-SET 2 aimed to develop a consensus-based research agenda to support MHPSS activities in humanitarian settings globally for the period 2021–2030.[1] The initiative was implemented under the auspices of the Inter-Agency Standing Committee Reference Group for MHPSS (IASC RG MHPSS), with funding from Elrha's R2HC programme. The methodology for the initiative followed the Child Health and Nutrition Research Initiative (CHNRI) and Grand Challenges methodology.

In terms of governance, the initiative was guided by a 15-member Funding & Policy Council (FPC; see **Appendix 1A**), co-chaired by Alastair Ager, Queen Margaret University and Deputy Chief Scientific Adviser to the UK Department for International Development 2017–2020, and Mark van Ommeren, WHO. A 25-member Scientific & Practice Advisory Board (SPAB; see **Appendix 1B**) was also formed, and co-chaired by Sarah Harrison, IASC RG MHPSS and Wietse Tol, University of Copenhagen & HealthRight International. A day-to-day implementation team was based at HealthRight International and led by PhuongThao Le.

[1] An earlier initiative aimed to set consensus-based MHPSS research priorities under the title 'Research for Mental Health and Psychosocial Support in Humanitarian Settings – Research Priority Setting' (MH-SET), which involved a structured process following the methodology of the Child Health and Nutrition Research Initiative and was intended to cover the period 2011-2020. (See Tol et al, 2011)

STUDY DESIGN AND METHODOLOGY

Figure 1. MHPSS-SET 2 Study Design



The study consisted of three steps, as illustrated by **Figure 1**. Step 1 aimed to generate a database of important research questions. This was achieved using three data sources, which were collected simultaneously: (1A) Panel; (1B) Do-It-Yourself (DIY) Consultations; and (1C) Qualitative Study. In Step 2, important research questions from these three data sources were consolidated into one overall list. In Step 3, the Panel (see below) was invited to: (3A) individually select their top 20 research questions to be included in the research agenda; and then (3B) score the consensus top 20 research questions according to a set of criteria.

PREPARATION PHASE

In preparation for the activities described below, a meeting with the FPC was held (14 August 2020), in which the members were consulted about the proposed methodology. A SPAB was also consulted for inputs on the study methodology over email.

PHASE 1: GENERATING A LIST OF RESEARCH QUESTIONS

1A. PANEL

The panel comprised of MHPSS research, implementation, and policy experts. Panel members were nominated by the SPAB, along with several additional rounds of snowball sampling to increase the number of panel members. We aimed to have a panel that was diverse in gender, location and discipline. In this step, the panel members (N=374) were asked to complete an online questionnaire responding to the question: What are the most important research questions in the field of mental health and psychosocial support in the next ten years? Each panel respondent could propose up to five questions.

1B. DO-IT-YOURSELF (DIY) CONSULTATIONS

Led by MHPSS.net (Ananda Galappatti), we conducted a social media campaign on major platforms (eg, Facebook, Twitter, WhatsApp) to invite MHPSS implementers, especially IASC MHPSS Technical Working Group members, to conduct 'DIY Consultations' in their respective organisations. We conducted a webinar (13 October 2020) to provide information about the project and the DIY consultation process to interested parties. The recording of the webinar was made available, along with a 'DIY Consultation Toolkit' to those who signed up to lead DIY consultations in their organisations. Team leaders for DIY consultations were asked to submit the DIY Consultation Summary Form, available via an online survey, and a table format that could be submitted via e-mail. Each DIY consultation could propose up to ten questions.

1C. QUALITATIVE STUDY

The aim of the qualitative study was to ensure that voices from direct MHPSS implementers and those affected by humanitarian crises were heard and could feed into the research priority setting process. We selected three sites, representing different types of humanitarian crises in different geographical settings: Uganda (post-conflict, hosting refugees), Lebanon (industrial disaster, hosting refugees), and Indonesia (disasters triggered by natural hazards). For each site, we hired an in-country team leader to recruit and conduct in-depth interviews (IDIs) and focus group discussions (FGDs) with local MHPSS service users, implementers, and policy makers. Participants were recruited via flyers and personal communications through local networks of MHPSS programs and implementers. Semi-structured interview guides for IDIs and FGDs were developed by the Implementation Team and were translated and locally adapted by the in-country team leaders. We obtained IRB approval from New York University (IRB#FY2020-4456). The numbers of IDIs and FGDs conducted, by stakeholder groups for each site, are listed in **Table 1**.

Table 1. Number of IDIs and FGDs in the qualitative study in Lebanon, Indonesia, and Uganda

	Lebanon	Indonesia	Uganda	Total
IDIs	**9**	**12**	**8**	**29**
Service Users	5	0	2	**7**
Implementers	3	10	6	**19**
Policy makers	1	2	-	**3**
FGDs (# participants)	**1 (7)**	**6 (57)**	**1 (4)**	**8 (68)**
Service Users	-	2 (10, 9)	1 (4)	**3 (23)**
Implementers	1 (7)	3 (10, 8, 10)	-	**4 (35)**
Policy Makers	-	1 (10)	-	**1 (10)**

PHASE 2: CONSOLIDATION OF RESEARCH QUESTIONS

After the research questions from the three data sources in Step 1 were generated, the implementation team consolidated the lists of research questions in an iterative process of thematic analysis. This was done in a collaborative online document, where individual research questions and their data source (ie, panel, DIY consultations, or qualitative study) were listed, then grouped together by trained research assistants according to themes and sub-themes. As a starting thematic framework, we utilised the four themes that were generated from an earlier MHPSS research priority setting exercise (Tol et al, 2011): 1) MHPSS Problems/Analyses; 2) MHPSS Interventions; 3) Research and Information Management; and 4) Context. Two additional themes were added in this round of priority setting exercise (see Results).

After proposed questions or topics were grouped together, we drafted research questions using words and phrasing from the respondents where possible, for questions or topics that had two or more mentions. The lead investigators met and discussed in weekly meetings to refine themes, sub-themes, and the structure and phrasing of the research questions. In the final round of consolidation, we retained questions that had five or more responses (from any data source). The consolidated list was reviewed by the project steering committee to further refine wording.

PHASE 3: (A) FINAL SELECTION & (B) SCORING OF THE TOP 20 RESEARCH QUESTIONS

Panel members and the Chair or Co-Chairs of the DIY consultations were consulted for the final step. They were asked to individually select the 20 most critical questions from the consolidated list, using a password-protected online survey developed from Qualtrics. Some research questions included options to specify sub-groups or sub-topics.

Panel members and DIY consultation co-chairs were subsequently asked to score from the selected top 20 research questions those considered most essential, using three criteria (see **Box 1**).

Box 1. Criteria for scoring the top 20 research questions

1. Significance: Would you say the research question **is an important question that needs answering** (eg, because answers to this question will help to reduce suffering, improve the well-being of marginalised populations or other aspects of significance)? In other words, do you think this research question is essential to address in the coming ten years? 0. No (Not at all important) or 1. Yes (Essential).

2. Answerability: Would you say that **a study to answer this question is feasible**? In other words, do you think it is possible to actually design a study that addresses this research question (eg, from a practical and ethical point of view) in the coming ten years? 0. No (Not at all feasible) or 1. Yes (Very feasible)

3. Applicability: Would you say that an answer to this question would help to **influence humanitarian policy and practice**? In other words, do you think answering this research question will lead to tangible practice results in the coming ten years? 0. No (Not at all applicable) or 1. Yes (Very applicable)

PANEL CHARACTERISTICS

As noted earlier, only the expert panel were consulted for all three surveys. However, the size and composition of the panel differed between the surveys, due to the progressive snowball sampling methodology employed and the availability of the panel members during each survey period.

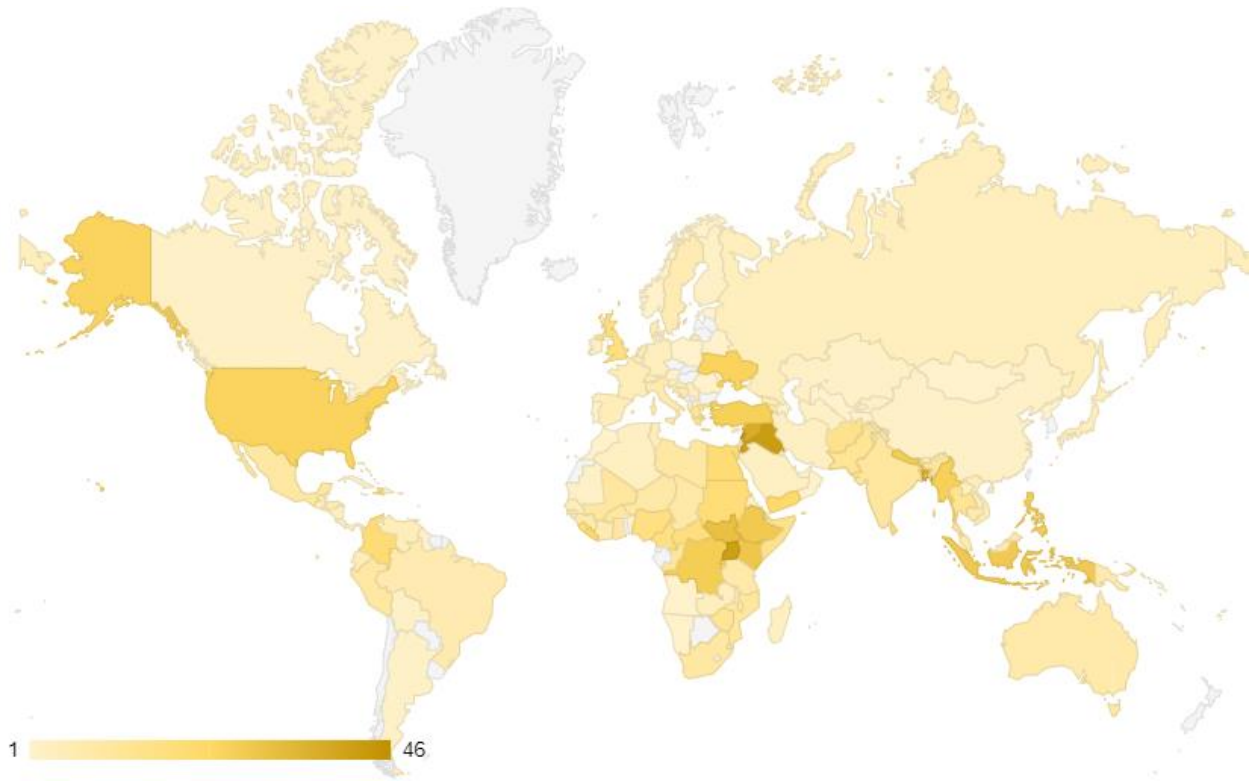
Across the project's duration, a total of N=304 panel members participated in at least one survey; 70 people participated in only one survey, 90 people participated in two surveys, and 144 people participated in all three surveys. **Table 2** presents the stakeholder type and gender breakdown of the panel members for whom we have this information. **Figure 2** illustrates the geographical distribution of the panel members' countries of MHPSS experience.

Table 2. Stakeholder types and gender of panel participants*

Stakeholder Category	Gender				
	Unknown	Female	Male	Prefer not to disclose	Total
	0	0	0		0
1. Researcher in LMIC	2	19	36	1	58
2. Researcher in HIC	1	29	10		40
3. Implementation expert in LMIC	9	64	58	1	132
4. Implementation expert in HIC	1	13	6		20
5. Policy maker in LMIC		8	7		15
6. Policy maker in HIC		2	2		4
7. Other	1	11	4		16
Grand Total	**14**	**146**	**123**	**2**	**285**
Grand Total	**14**	**146**	**123**	**2**	**285**

**Those who participated in at least one survey*

Figure 2. Geographic distribution of panel members' countries of experience



RESULTS

PHASE 1: RESEARCH QUESTIONS GENERATED

Across all three components in this phase, a total of 583 participants were engaged, generating a total of 1,503 proposed research questions (see **Table 3**).

Table 3. Number of participants and proposed research questions in panel, DIY consultations, and qualitative study (across three sites)

	Panel	DIY	Qualitative Study	Total
Number of participants	227	259	97	583
Number of research questions proposed	1046	179	278	1,503

Details for each of the components is as follows:

- **Panel**: Of the 374 panel numbers who were sent Panel Survey #1, N=227 (61%) responded, proposing a total of 1,046 entries for research questions. Each panel member proposed an average of 4.6 (of the maximum five allowed) research questions.
- **DIY consultations**: A total of 21 groups (with 259 total participants) conducted DIY consultations and proposed a total of 179 research questions.
- **Qualitative study**: A total of 29 IDIs and eight FGDs (with 68 total FGD participants) were conducted across the three sites (Lebanon, Indonesia, and Uganda), with a total of 278 entries proposed for research questions (24 from Lebanon, 179 from Indonesia, and 75 from Uganda). Preliminary themes for research questions collected via the qualitative study are illustrated in **Appendix 2**.

PHASE 2: CONSOLIDATION

The consolidation of research questions from all three data sources resulted in 170+ research questions that were deemed to be unique from each other and had two or more entries. To further refine the list, we created super-ordinate categories to group questions that were similar in their structures. For example, questions that asked about the effectiveness of MHPSS interventions for refugees and people who have been internally displaced in humanitarian settings were grouped with questions about the effectiveness of MHPSS interventions for children and adolescents in humanitarian settings. The specific target group (or setting, condition or intervention) was included as a drop-down option as part of the overall question. Using the cut-off of five or more responses, the resulting consolidated list included 61 research questions, grouped into six themes: 1) Problem assessment/analysis; 2)

Benefits of interventions; 3) Research and information management; 4) Context; 5) Implementation and organisation of MHPSS interventions; and 6) Special topics. The final consolidated list of 61 research questions is included in Appendix 3. Summaries and illustrative research questions of each theme are included in Box 2A and 2B. While themes 1–4 were similar to those generated during a prior MHPSS research priority setting exercise, themes 5 and 6 were added during this exercise.

Box 2A. Themes 1-4 of the consolidated list of research questions generated by panel, DIY consultations and qualitative study in Phase 1.

1. **Problem assessment/analysis:** This set included nine questions, focused on understanding the extent and relationships of MHPSS issues in humanitarian settings. There were two sub-themes: **(1A) MHPSS needs and consequences** [five questions]; and **(1B) Determinants (ie, Risk and protective factors)** [four questions] of MHPSS issues. Some questions included: RQ#1: What are the most important MHPSS problems for different issues (violence, armed conflict) or different populations (eg, children and adolescents, survivors of gender-based violence)?; RQ#3: How are the consequences of traumatic experiences and adversity, including childhood adversity, transmitted across generations.

2. **Benefits of interventions:** This theme was the largest set, comprising 16 questions that explored both the impact, and potential impact of MHPSS interventions in various settings with six separate sub-themes: **(2A) Effectiveness** [five questions], **(2B) MHPSS systems** [two questions], **(2C) Broader MHPSS strategies and approaches** [four questions], **(2D) Scalability and sustainability** [two questions], and **(2E) Integration** [three questions]. Examples of some questions included are: RQ#10: What is the impact of [MHPSS interventions] in humanitarian settings?; RQ#17: How can we effectively design and/or implement trauma-informed care?; RQ#22: How can we ensure the sustainability of MHPSS services in various settings and sectors?

3. **Research and information management:** This set included five questions that enquire about the process of how to best assess MHPSS needs and intervention methods, and applying new knowledge to improve MHPSS systems. It is divided into two sub-themes: **(3A) Methods and indicators** [four questions], and **(3B) Research and uptake strategies** [two questions]. Some questions include: RQ#27: What are the appropriate methods to assess the outcomes and impact (short-term and long-term benefits) of [MHPSS interventions] and approaches?; RQ#30: How can we effectively develop MHPSS monitoring, evaluation and research systems in humanitarian settings?

4. **Context:** This set included seven questions that strive to understand MHPSS needs and apply interventions with a specific focus on local context, and are divided into two sub-themes: **(4A) Understanding local context**, and **(4B) Adapting to local context**. Some example questions include: RQ#34: How does the local and cultural context impact MHPSS service accessibility, provision and outcomes in humanitarian settings?; RQ#37: What methods/practices/models can be used to adapt MHPSS interventions to different local contexts?

Box 2B. Themes 5 and 6 of the consolidated list of research questions generated by panel, DIY consultations and qualitative study in Phase 1.

5. **Implementation and organization of MHPSS interventions:** This set included 15 questions on understanding factors that affect the implementation processes of MHPSS interventions and how to strengthen the organisation and infrastructure of MHPSS activities. It is divided into three sub-themes: **(5A) Implementation**, **(5B) Capacity building**, and **(5C) Funding, policy and governance.** Questions include, among others: RQ#42: How can MHPSS responses be designed to ensure appropriate referral and continuity of care in humanitarian settings?; RQ#47: How can we strengthen the MHPSS workforce (including community health workers, social workers, psychologists, psychiatrists) in humanitarian settings?; RQ#53: What are the risk and protective factors affecting the mental well-being of MHPSS workers, and how can we ensure the well-being of MHPSS staff and volunteers?

6. **Special topics:** This set included eight questions that seek to address specific topics not covered within previous themes. The two main sub-themes are: **(6A) Covid-19/Pandemic/Epidemics**, and **(6B) Digital Technology**. Some questions included are: RQ#55: What are the short-term and long-term impacts of COVID-19 and other pandemics on individuals, families, and communities?; RQ#61: What are the effectiveness and best practices of remote/digital MHPSS interventions?

PHASE 3A: SELECT TOP 20 RESEARCH QUESTIONS

Figure 3A presents the results from the Qualtrics survey asking participants to select the 20 most critical questions from the consolidated list (for more detailed results, see **Appendix 3R**). A total of N=231 complete survey responses were received. From these responses, the top 20 questions were selected based on consensus. Selection frequency of the top 20 ranged from 84 to 123. The top five questions were all selected by at least 50% of the survey respondents. All questions received selections. Note that the 21st and 22nd most selected questions were each selected 83 times, only one point outside of our 20-question cut off.

Of the previously generated themes, the most questions were selected from Theme 1 (Problem assessment/analysis) and Theme 2 (Benefits of intervention), with six of nine questions from Theme 1 and eight of 16 questions from Theme 2 selected in the top 20. The top three questions are all from Theme 2. From the other four themes, three of six questions from Theme 3 (Research and information management) were selected, two of 15 from Theme 5 (Implementation and organization of MHPSS interventions), and one of eight from Theme 6 (Special topics), which related to digital technology. Notably, none of the questions from Theme 4 (Context) are represented in the top 20 list generated in this priority research agenda.

For stratified results (ordered from most to least) according to panel stakeholder groups, see **Appendix 3R-S**. Among implementers (N=121), one of their top 20 research questions RQ#28 (What are the appropriate methods to measure the quality of MHPSS interventions and approaches?) was ultimately not included in the final top 20 questions. Among researchers (N=80), four of their top 20 questions (RQ# 14, 17, 21, 31) were not ultimately included in the final top 20 questions. For policy makers (N=15), eight of their top 20 questions (RQ# 23, 56, 28, 52, 57, 58, 21) did not feature in the total sample top 20 questions.

PHASE 3B: SCORING THE TOP 20 RESEARCH QUESTIONS

A total of 230 Panel participants completed the third and final survey to rate whether (Yes/No) each of the selected top 20 research questions according to three criteria (Answerability, Applicability, Significance; see **Box 1**). The top graph in **Figure 3B** includes the frequency (%) distributions of the three scoring criteria (Answerability, Applicability, Significance) and the average criteria score, in addition to the top 20 selection frequency (from Phase 3A). The bottom three graphs in **Figure 3B** include the ordered frequencies of the top 20 research questions according to each of the scoring criteria. Numerical results for this scoring phase are included in **Table 4**.

Notable patterns and differences between Phase 3A selection and Phase 3B scoring:

- Four questions among the top ten selected questions in Phase 3A also retained high score ratings in Phase 3B: RQ#10 (What is the impact of [MHPSS interventions] in humanitarian settings?), RQ#27 (What are the appropriate methods to assess the outcomes and impact [short-term and long-term benefits] of [MHPSS interventions] and approaches?), RQ#4 (How do mental health and psychosocial concerns influence social and economic functioning [eg, economic outcomes, family functioning, social relations]?), RQ#61 (What are the effectiveness and best practices of remote/digital MHPSS interventions?).
- RQ#47 (How can we strengthen the MHPSS workforce in humanitarian settings?) placed 15th in Phase 3A but received the top scoring in all three of the criteria in Phase 3B.
- Similarly, four questions not among the top ten research questions in Phase 3A were included among the top scored questions in Phase 3B: RQ#30 (How can we effectively develop MHPSS monitoring, evaluation and research systems in humanitarian settings?), RQ#29 (How can we develop and adapt tools that are culturally and cross-culturally valid?), RQ#24 (What is the added value of integrating/mainstreaming MHPSS services into other sectors in humanitarian settings?), RQ#45 (How can we better develop supervision models and strategies to address MHPSS needs in humanitarian settings?)
- RQ#20 (What is the relationship between MHPSS programs and peacebuilding, and how can peacebuilding be effectively promoted in MHPSS programmes?) placed 18th in Phase 3A and placed 20th in each of the three criteria scoring in Phase 3B.

Figure 3A. Results of selection of Top 20' research questions from consolidated list

** Indicates questions with optional drop-down target groups, setting, condition or intervention*

Figure 3B. Results of Phase 2 and Phase 3: Selection and scoring of 'Top 20' research questions

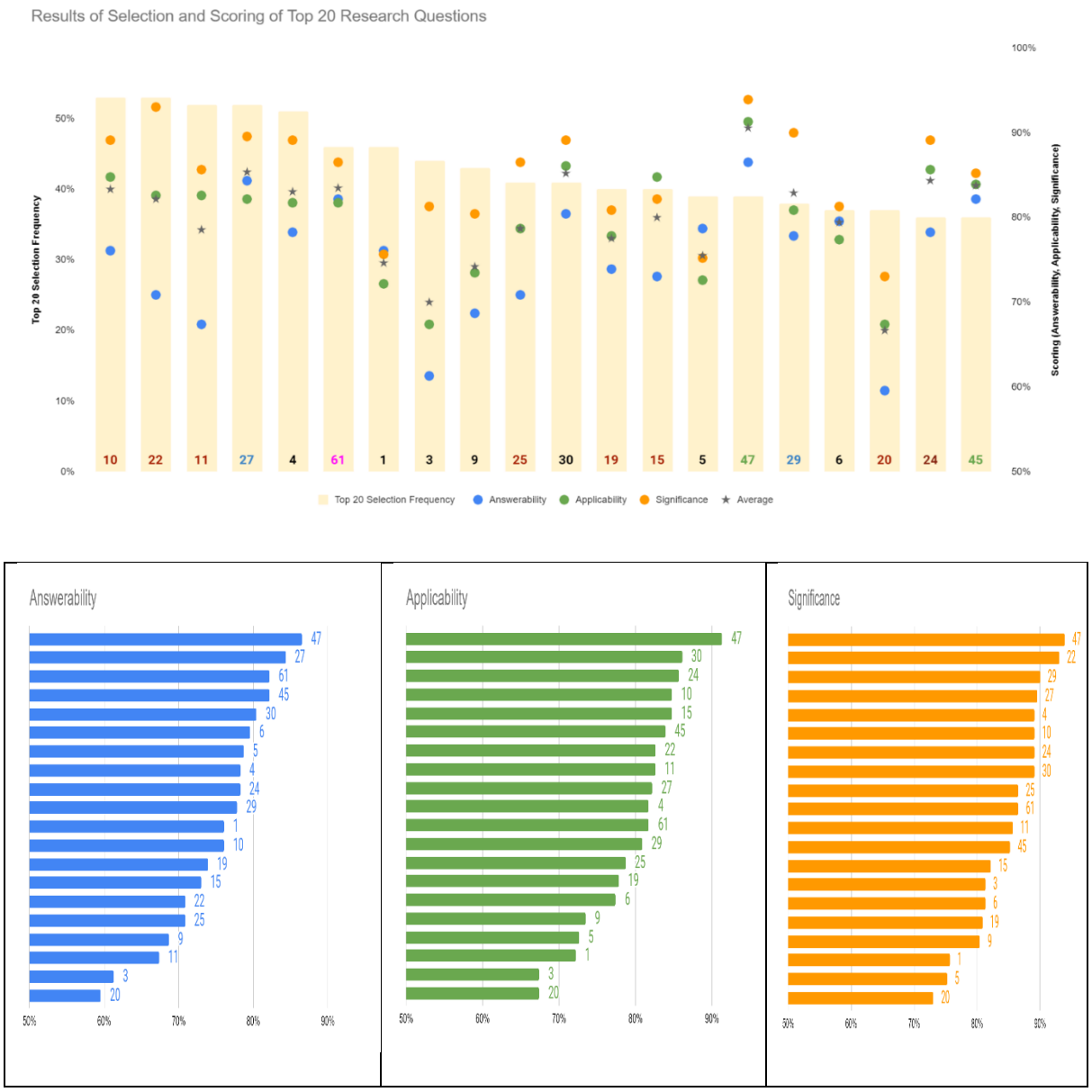


Table 4 presents the list of the top 20 questions for the proposed MHPSS research agenda for 2021–2030, ranked according to the average criteria scores. The research question "How can we strengthen the MHPSS workforce?" ranked #1. The top five questions are in Theme 5 (Implementation), Theme 3 (Research and Information management), and Theme 2 (Benefits of interventions), with both of the questions from Theme 5 (which both belonged to sub-theme 5b. [Capacity Building]) ranked among the top five. The single Theme 6 question, "What are the effective and best practices of remote/digital MHPSS interventions?" was ranked #6. All three of the Theme 3 questions ranked in the top ten.

Table 4. Top 20 Research Questions from the MHPSS-SET2 Initiative: Setting a consensus-based research agenda for MHPSS in humanitarian settings for 2021-2030.

	Research Question {}	Theme (Subtheme)*						Significance	Answerability	Applicability	Average
		1	2	3	4	5	6	Score	Score	Score	Score
1	How can we strengthen the MHPSS workforce in humanitarian settings? {47}					(b)		94%	87%	91%	91%
2	What are the appropriate methods to assess the outcomes and impact (short-term and long-term benefits) of [MHPSS interventions] and approaches? {27}			(a)				90%	84%	82%	85%
3	How can we effectively develop MHPSS monitoring, evaluation, and research systems in humanitarian settings?* {30}			(b)				89%	80%	86%	85%
4	What is the added value of integrating/mainstreaming MHPSS services into other sectors (eg, education, WASH, social protection) in humanitarian settings? {24}		(e)					89%	78%	86%	84%
5	How can we better develop supervision models and strategies to address MHPSS needs in humanitarian settings? {45}					(b)		85%	82%	84%	84%
6	What are the effectiveness and best practices of remote/digital MHPSS interventions? {61}						(b)	87%	82%	82%	83%
7	What is the impact of [MHPSS interventions] in humanitarian settings?* {10}		(a)					89%	76%	85%	83%
8	How do mental health and psychosocial concerns influence social and economic functioning (eg, economic outcomes, family functioning, social relations)? {4}	(a)						89%	78%	82%	83%
9	How can we develop and adapt tools that are culturally and cross-culturally valid? {29}			(a)				90%	78%	81%	83%
10	How can we ensure the sustainability of MHPSS		(d)					93%	71%	83%	82%

	services in various settings and sectors? {22}						
11	What should be the minimum/essential set of MHPSS services in humanitarian settings? {15}	(b)		82%	73%	85%	80%
12	What are the major risk and protective factors of MHPSS issues in humanitarian settings?* {6}	(b)		81%	80%	77%	79%
13	How can we develop effective multisectoral, multilayered interventions in humanitarian settings? {25}	(e)		87%	71%	79%	79%
14	What are the comparatively most optimal (eg, effective, efficient, cost-effective, safe) MHPSS interventions/ responses to address [issues] in humanitarian settings?* {11}	(a)		86%	67%	83%	79%
15	How can we ensure effective participation of [key stakeholders] in MHPSS programs?* {19}	(c)		81%	74%	78%	78%
16	What is the current understanding and gaps in knowledge about MHPSS issues in humanitarian settings? {5}	(a)		75%	79%	73%	76%
17	What are the most important MHPSS problems in humanitarian settings?* {1}	(a)		76%	76%	72%	75%
18	What are the correlates of resilience in humanitarian settings? {9}	(b)		80%	69%	73%	74%
19	How are the consequences of traumatic experiences and adversity, including childhood adversity, transmitted across generations? {3}	(a)		81%	61%	67%	70%
20	What is the relationship between MHPSS programs and peacebuilding, and how can peacebuilding be effectively promoted in MHPSS programs? {20}	(c)		73%	60%	67%	67%

{} Indicates the research question based on the numbering system used in the consolidated list of 61 questions

See **Boxes 2A and 2B for the list and descriptions of themes and subthemes*

CONCLUSIONS

Employing rigorous methodologies and key principles for research priority setting exercises, the present MHPSS-SET 2 project endeavored to build consensus for a renewed research agenda for MHPSS in humanitarian settings for 2021-2030. The project engaged a wide range of stakeholders, including significantly more engagement with implementers than the previous priority setting exercise. The addition of the DIY consultations and the linked social media campaign further extended engagement opportunities to many implementers who are closer to the field, and who are typically rarely reached in research priority setting exercises.

There are some similarities between the current proposed research agenda (2021-2030) with the prior exercise (2011-2020), such as the presence of many 'problem analysis' questions in both agendas. However, some of the 'problem analysis' questions selected in the current research agenda offer more specificity, such as the focus on resilience and intergenerational transmission of trauma. There are some notable differences, including a more practice-based research agenda, with a focus on implementation research, for the next decade, compared to a more epidemiological-focused agenda previously. These similarities and differences will be examined in further detail in consultation with the FPC and the SPAB, to inform future efforts to engage stakeholders in advancing the proposed research agenda and to identify specific strategies to reduce the gap between knowledge development and research uptake for the field of MHPSS in humanitarian settings.

ACKNOWLEDGEMENTS

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APPENDIX 1A

MHPSS-SET 2 Funding and Policy Council Members		
Ager, Alastair *Co-Chair*	As part of the study: Deputy Chief Scientific Adviser, DFID Now: National Institute for Health Research, Queen Margaret University & Columbia University	UK, USA
van Ommeren, Mark *Co-Chair*	Head, Mental Health Unit, MSD, World Health Organization	Switzerland
Anand, Nalini	Director, Center for Global Health Studies, Fogarty International Center, U.S. National Institutes of Health	USA
Bardikoff, Nicole	Program Officer, Grand Challenges Canada	Canada
Baessler, Judith	Head of Regional PSS programme for GIZ	Germany
El Chammay, Rabbih	Director of Mental Health, Ministry of Population Health, Lebanon	Lebanon
Harmer, Anne	Head of R2HC Programme at Elrha	UK
Jones, Cecilia Vaca	Executive Director, Bernard van Leer Foundation,	Ecuador
Kemmer, Danielle	Executive Director, International Alliance of Mental Health Research Funders	Canada

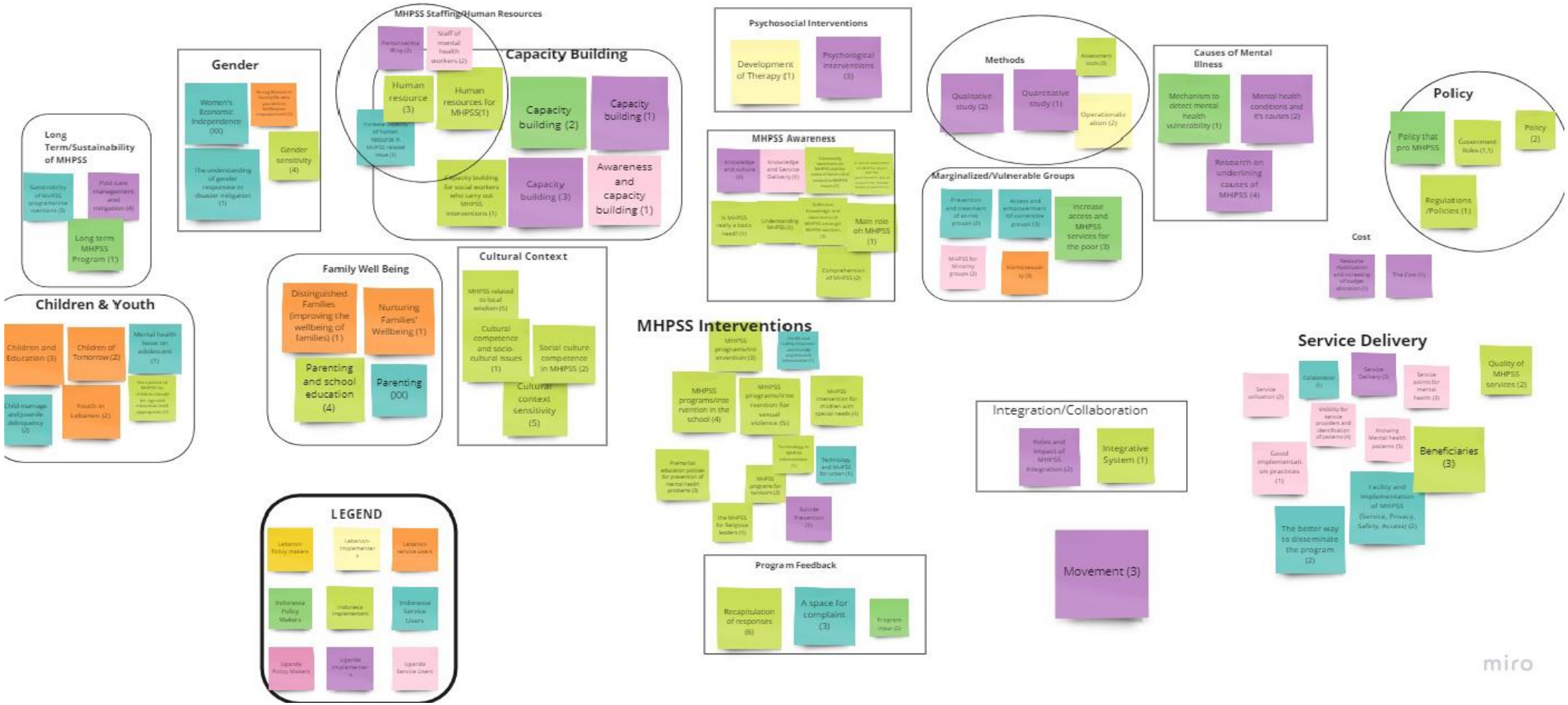
Lukwata, Hafisa	Focal point mental health, Ministry of Health, Uganda	Uganda
Sridhar, Priti	Mariwala Health Initiative	India
Staglin, Garen	Founder and Board Chairman, OneMind	USA
Souza, Renato	Chief, Mental Health and Substance Abuse, PAHO	Brazil
Van der Waals, Renet	Coordinator at Ministry of Foreign Affairs, The Netherlands	Netherlands
Wolpert, Miranda	Head of Mental Health Programme, Wellcome Trust	UK

APPENDIX 1B

MHPSS-SET 2 Scientific and Practice Advisory Board		
Tol, Wietse A. *Co-Chair*	University of Copenhagen & HealthRight International	Denmark
Harrison, Sarah *Co-Chair*	IASC Reference Group on MHPSS IFRC PS Center	Denmark
Annan, Jeanie	International Rescue Committeee	USA
Betancourt, Theresa	Boston College	USA
Bizouerne, Cécile	Action Contre La Faim	France
Bolton, Paul	Johns Hopkins University/ USAID	USA
de Castro, Elizabeth	University of Philippines	Philippines
Eaton, Julian	London School of Health and Tropical Hygiene & CBM	UK
Engels, Michelle	IFRC PS Center	Denmark
Hijazi, Zeinab	UNICEF	USA
Horn, Rebecca	Church of Sweden; Queen Margaret University	UK
Kiyanda, Eugene	MRC Uganda	Uganda
Kohrt, Brandon	George Washington University	USA

Koiyet, Phiona	World Vision	Kenya
Onyango, Patrick	REPSSI	Uganda/S. Africa
Panter-Brick, Catherine	Yale University	USA
Pluess, Michael	Queen Mary University	UK
Rahman, Atif	University of Liverpool	Pakistan
Silove, Derrick	University of New South Wales	Australia
Tomlinson, Mark	University of Stellenbosch	South Africa
Uribe, Jose Miguel	Pontificia Universidad Javeriana	Colombia
Ventevogel, Peter	UNHCR	Switzerland
Weissbecker, Inka	WHO	Switzerland
Wessels, Michael	Columbia University	USA

APPENDIX 2 – PRELIMINARY THEMES OF QUALITATIVE STUDY RESEARCH QUESTIONS



APPENDIX 3 – MHPSS-SET2 PRIORITY RESEARCH AGENDA[2]

Theme 1: Problem assessment/analysis

1a. MHPSS needs and consequences

1* What are the most important MHPSS problems in humanitarian settings?
- … arising from violence, armed conflict, and displacement
- … arising from climate change
- … for survivors of gender-based violence
- … for children and adolescents
- … for people living with disabilities or special needs
- … for parents

2 What is the impact of humanitarian crises on addiction and substance use?

3 How are the consequences of traumatic experiences and adversity, including childhood adversity, transmitted across generations?

4 How do mental health and psychosocial concerns influence social and economic functioning (eg, economic outcomes, family functioning, social relations)?

5 What is the current understanding and gaps in knowledge about mental health and psychosocial support issues in humanitarian settings?

1b. Determinants (risk and protective factors)

6* What are the major risk and protective factors of MHPSS issues in humanitarian settings?
- … at the individual-level level (eg, coping, nutrition, income)
- … at the community-level (eg, community-level stressors, social cohesion)
- … at the social level (eg, economic empowerment of women, cultural barriers)
- … for depression, including postpartum depression
- … for suicide

7 What is the impact of gender issues (eg, gender identity, inequality, masculinity) on the wellbeing of individuals, families, and societies in humanitarian settings?

8 What is the relative impact of past (potentially traumatic) events and stressors compared to that from chronic, ongoing (potentially traumatic) stressors?

9 What are the correlates of resilience in humanitarian settings?

Theme 2: Benefits of interventions

2a. Effectiveness

10* What is the impact of [MHPSS interventions] in humanitarian settings?
- … psychotropic interventions
- … psychotherapeutic interventions (eg, cognitive-, behavioral-, trauma-focused therapy)
- … basic psychosocial support interventions
- … psychological first aid (PFA) activities
- … psychoeducation (individual and family) interventions
- … family-focused (including marital and parenting) interventions
- … community-based interventions
- … school-based or education-based interventions
- … peer-to-peer and self-help support interventions
- … delivered by individuals without formal MHPSS professional training (eg, lay persons, community workers, paraprofessionals)
- … child friendly places
- … participatory, locally-adapted, and locally-designed interventions

2a. Effectiveness (*continued*)

11* What are the comparatively most optimal (eg, effective, efficient, cost-effective, safe) MHPSS interventions/responses to address [issues] in humanitarian settings?
- … violence, armed conflict, or displacement
- … sexual and gender-based violence
- … mental health conditions (eg, depression, suicide, severe mental disorders)
- … resilience (strengthening)
- … mental health stigma
- … prevention of MHPSS problems
- … reintegration/rehabilitation, especially for victims of traumatic events
- … the MHPSS impact of climate change

12* What are the comparatively most optimal MHPSS interventions/responses for [populations] in humanitarian settings?
- … survivors of traumatic events, including refugees and asylum seekers

[2] MHPSS: Mental Health and Psychosocial Support; IASC: Inter-Agency Standing Committee. All questions refer to the associated issues in humanitarian settings.

… women and girls
… men and boys
… children and adolescents
… people living with disabilities
… caregivers

13 What is the impact of individual characteristics (eg, age, gender, literacy) and contextual factors (eg, poverty, income disparity, gender norms) on MHPSS interventions?

14 What are the key working ingredients and mechanisms of change of MHPSS interventions?

2b. MHPSS systems

15 What should be the minimum/essential set of MHPSS services in humanitarian settings?

16 Can the IASC RG MHPSS pyramid* be used to plan MHPSS programming in humanitarian settings, eg in terms of sequencing and combining different types of interventions?

2c Broader MHPSS strategies and approaches

17 How can we effectively design and/or implement trauma-informed care?

18 How can we ensure equity and human rights in MHPSS programs?

19* How can we ensure effective participation of [key stakeholders] in MHPSS programs?
… the local community
… traditional healers and religious/faith leaders
… service users or other people with lived experience of MHPSS problems

20 What is the relationship between MHPSS programs and peacebuilding, and how can peacebuilding be effectively promoted in MHPSS programs?

2d Scalability and ustainability

21 How can we scale up effective MHPSS interventions in humanitarian settings?

22 How can we ensure the sustainability of MHPSS services in various settings and sectors?

2e Integration

23 What is the added value of, and how can we effectively integrate MHPSS services into primary health care in humanitarian settings?

24 What is the added value of integrating/mainstreaming MHPSS services into other sectors (eg, education, WASH, social protection) in humanitarian settings?

25 How can we develop effective multisectoral, multilayered interventions in humanitarian settings?

Theme 3: Research and Information Management

3a. Methods and indicators

26 What are the appropriate methods to assess the MHPSS needs of populations in humanitarian settings?

27* What are the appropriate methods to assess the the outcomes and impact (short-term and long-term benefits) of [MHPSS interventions] and approaches?
… community-based interventions
… integrated approaches

28 What are the appropriate methods to measure the quality of MHPSS interventions and approaches?

29 How can we develop and adapt tools that are culturally and cross-culturally valid?

3b. Research and uptake strategies

30* How can we effectively develop MHPSS monitoring, evaluation, and research systems in humanitarian settings?
… to develop standardized research protocols
… to encourage greater innovation within MHPSS research
… to expand evidence based MHPSS practices

31 How can we effectively translate research into practice and policy?

Theme 4: Context

4a. Understanding local context

32 What are the existing local knowledge and practices regarding MHPSS issues, such as idioms of distress, cultural coping mechanisms in humanitarian settings?

33 What are the existing local resources and services, and how can they be used to develop MHPSS strategy and services?

34 How does the local and cultural context impact MHPSS service accessibility, provision and outcomes in humanitarian settings?

35 What is the role of spirituality and faith-based organizations in understanding and addressing MHPSS in the local context?

4b. Adapting to local context

36 To what extent do current MHPSS services/activities address locally perceived needs?

37 What methods/practices/models can be used to adapt MHPSS interventions to different local contexts?

38 How can MHPSS be strengthened to ensure culturally appropriate care?

Theme 5: Implementation and organization of MHPSS interventions

5a. Implementation

39 What is the availability and utilization of MHPSS services/activities in humanitarian settings?

40 What are the barriers and facilitators of implementing MHPSS interventions?

41 What are the factors that affect the availability and accessibility of MHPSS programs, and how can we address them?
42 How can MHPSS responses be designed to ensure appropriate referral & continuity of care in humanitarian settings?

5b. Capacity building

43 43 What are the basic knowledge and skills training that MHPSS workers should receive?
44* What is the value and effectiveness of community-based MHPSS training frameworks (eg, Psychological First Aid, IASC referral support guidelines)?
⋯ on staff wellbeing
⋯ for community leaders
45 How can we better develop supervision models and strategies to address MHPSS needs in humanitarian settings?
46* How can we strengthen the capacity to provide MHPSS in humanitarian settings?
⋯ of local communities
⋯ at the university level
47 How can we strengthen the MHPSS workforce (including community health and psychosocial workers, teachers, social workers, psychologists) in humanitarian settings?

5c Funding, olicy and governance

48 How are MHPSS funding decisions made?
49 What is the value and impact of prioritizing MHPSS programs and funding?
50* What is the impact of policies, including national mental health policies, on MHPSS programs and outcomes?
⋯ specify international policy:
⋯ specify national policy:
51 How can we strengthen advocacy and communication efforts to increase awareness of MHPSS and make it a priority?
52 How can we create infrastructure, governance, and network systems to promote effective MHPSS policies and responses?
53* What are the risk and protective factors affecting the mental well-being of MHPSS workers, and how can we ensure the well-being of MHPSS staff and volunteers?
⋯ to promote self-care among MHPSS staff and volunteers

Theme 6: Special topics

6a. COVID-19/pandemic/epidemics

54 What are the main risk and protective factors for mental health and psychosocial wellbeing during Covid-19 and other pandemics in humanitarian settings?
55* What are the short-term and long-term impacts of Covid-19 and other pandemics on individuals, families, and communities in humanitarian settings?
… of social isolation
… on suicide
56 What type of MHPSS is needed—and can be made available—during and following the Covid-19 pandemic or other disease outbreaks in humanitarian settings?
57 How can MHPSS interventions be adapted to address the Covid-19 pandemic?

6b Digital technology

58 What is the impact of digital technology, including social media, on individuals mental health and psychosocial wellbeing?
59 How can digital technology be used to understand and address MHPSSS needs?
60 How can digital technology be used in the training and delivery of MHPSS interventions?
61 What are the effectiveness and best practices of remote/digital MHPSS interventions?

APPENDIX 3R

MHPSS-SET2 'Top 20' Selection Results (N=233 Participants)

**indicates the research question is among the top 20 selected*	Frequency	%
1. Problem assessment/analysis		
1a. MHPSS needs and consequences		
* 1 What are the most important MHPSS problems in humanitarian settings?*	108	46%
arising from violence, armed conflict, and displacement	*45*	
arising from climate change	*10*	
for survivors of gender-based violence	*8*	
for children and adolescents	*19*	
for people living with disabilities or special needs	*5*	
for parents	*2*	
Other (specify):	*5*	
2 What is the impact of humanitarian crises on addiction and substance use?	51	22%
* 3 How are the consequences of traumatic experiences and adversity, including childhood adversity, transmitted across generations?	102	44%
* 4 How do mental health and psychosocial concerns influence social and economic functioning (eg, economic outcomes, family functioning, social relations)?	119	51%
* 5 What is the current understanding and gaps in knowledge about mental health and psychosocial support issues in humanitarian settings?	90	39%
1b. Determinants (risk and protective factors)		
* 6 What are the major risk and protective factors of MHPSS issues in humanitarian settings?*	86	37%
at the individual level (eg, coping, nutrition, income)	*13*	
at the community level (eg, community-level stressors, social cohesion)	*41*	
at the social level (eg, economic empowerment of women, cultural barriers)	*10*	
for depression, including postpartum depression	*3*	
for suicide	*5*	
Other (specify):	*1*	
7 What is the impact of gender issues (eg, gender identity, inequality, masculinity) on the wellbeing of individuals, families, and societies in humanitarian settings?	65	28%

8	What is the relative impact of past (potentially traumatic) events and stressors compared to that from chronic, ongoing (potentially traumatic) stressors?	66	28%
* 9	What are the correlates of resilience in humanitarian settings?	101	43%

2. Benefits of interventions

2a. Effectiveness

* 10	What is the impact of [MHPSS interventions] in humanitarian settings?*	123	53%
	psychotropic interventions	*0*	
	psychotherapeutic interventions (eg, cognitive-, behavioral-, trauma-focused therapy)	*13*	
	basic psychosocial support interventions	*13*	
	psychological first aid (PFA) activities	*12*	
	psychoeducation (individual and family) interventions	*5*	
	family-focused (including marital and parenting) interventions	*5*	
	community-based interventions	*26*	
	school-based or education-based interventions	*1*	
	peer-to-peer and self-help support interventions	*0*	
	delivered by individuals without formal training (eg, lay persons, community workers, para-professionals)	*20*	
	child friendly places	*0*	
	participatory, locally adapted, and locally designed interventions	*9*	
	Other (specify):	*6*	
* 11	What are the comparatively most optimal (eg, effective, efficient, cost-effective, safe) MHPSS interventions/responses to address [issues] in humanitarian settings?*	122	52%
	violence, armed conflict, or displacement	*27*	
	sexual and gender-based violence	*9*	
	mental health conditions (eg, depression, suicide, severe mental disorders)	*27*	
	resilience (strengthening)	*17*	
	mental health stigma	*2*	
	prevention of MHPSS problems	*12*	
	reintegration/rehabilitation, especially for victims of traumatic events	*7*	
	the MHPSS impact of climate change	*2*	
	Other (specify):	*2*	

	12	What are the comparatively most optimal MHPSS interventions/responses for [populations] in humanitarian settings?*	76	33%
		survivors of traumatic events, including refugees and asylum seekers	*25*	
		women and girls	*5*	
		men and boys	*2*	
		children and adolescents	*14*	
		people living with disabilities	*4*	
		caregivers	*3*	
		Other (specify):	*11*	
	13	What is the impact of individual characteristics (eg, age, gender, literacy) and contextual factors (eg, poverty, income disparity, gender norms) on MHPSS interventions?	57	24%
	14	What are the key working ingredients and mechanisms of change of MHPSS interventions?	75	32%
2b. MHPSS systems				
*	15	What should be the minimum/essential set of MHPSS services in humanitarian settings?	93	40%
	16	Can the IASC RG MHPSS pyramid* be used to plan MHPSS programming in humanitarian settings, eg in terms of sequencing and combining different types of interventions?	27	12%
2c. Broader MHPSS strategies and approaches				
	17	How can we effectively design and/or implement trauma informed care?	76	33%
	18	How can we ensure equity and human rights in MHPSS programs?	57	24%
*	19	How can we ensure effective participation of [key stakeholders] in MHPSS programs?*	93	40%
		the local community	*41*	
		traditional healers and religious/faith leaders	*8*	
		service users or other people with lived experience of MHPSS problems	*26*	
		Other (specify):	*4*	
*	20	What is the relationship between MHPSS programs and peacebuilding, and how can peacebuilding be effectively promoted in MHPSS programs?	86	37%
2d. Scalability and sustainability				
	21	How can we scale up effective MHPSS interventions in humanitarian settings?	83	36%
*	22	How can we ensure the sustainability of MHPSS services in various settings and sectors?	123	53%

2e. Integration			
23	What is the added value of, and how can we effectively integrate MHPSS services into primary health care in humanitarian settings?	74	32%
* 24	What is the added value of integrating/mainstreaming MHPSS services into other sectors (eg, education, WASH, social protection) in humanitarian settings?	85	36%
* 25	How can we develop effective multisectoral, multilayered interventions in humanitarian settings?	96	41%
3. Research and information management			
3a. Methods and indicators			
26	What are the appropriate methods to assess the MHPSS needs of populations in humanitarian settings?	67	29%
* 27	What are the appropriate methods to assess the outcomes and impact (short-term and long-term benefits) of [MHPSS interventions] and approaches?*	120	52%
	community-based interventions	*49*	
	integrated approaches	*50*	
	Other (specify):	*0*	
28	What are the appropriate methods to measure the quality of MHPSS interventions and approaches?	83	36%
* 29	How can we develop and adapt tools that are culturally and cross-culturally valid?	88	38%
3b. Research and uptake strategies			
* 30	How can we effectively develop MHPSS monitoring, evaluation, and research systems in humanitarian settings?*	96	41%
	to develop standardized research protocols	*14*	
	to encourage greater innovation within MHPSS research	*18*	
	to expand evidence-based MHPSS practices	*48*	
	Other (specify):	*3*	
31	How can we effectively translate research into practice and policy?	71	30%
4. Context			
4a. Understanding local context			
32	What are the existing local knowledge and practices regarding MHPSS issues, such as idioms of distress, cultural coping mechanisms in humanitarian settings?	63	27%
33	What are the existing local resources and services, and how can they be used to develop MHPSS strategy and services?	59	25%

34	How does the local and cultural context impact MHPSS service accessibility, provision and outcomes in humanitarian settings?	68	29%
35	What are the roles of spirituality and faith-based organizations in understanding and addressing MHPSS in the local context?	64	27%
	4b. Adapting to local context		
36	To what extent do current MHPSS services/activities address locally perceived needs?	51	22%
37	What methods/practices/models can be used to adapt MHPSS interventions to different local contexts?	71	30%
38	How can MHPSS be strengthened to ensure culturally appropriate care?	66	28%
	5. Implementation and organization of MHPSS interventions		
	5a. Implementation		
39	What is the availability and utilization of MHPSS services/activities in humanitarian settings?	16	7%
40	What are the barriers and facilitators of implementing MHPSS interventions?	60	26%
41	What are the factors that affect the availability and accessibility of MHPSS programs, and how can we address them?	43	18%
42	How can MHPSS responses be designed to ensure appropriate referral & continuity of care in humanitarian settings?	63	27%
	5b. Capacity building		
43	What are the basic knowledge and skills training that MHPSS workers should receive?	67	29%
44	What is the value and effectiveness of community-based MHPSS training frameworks (eg, Psychological First Aid, IASC referral support guidelines)?*	57	24%
	on staff wellbeing	*14*	
	for community leaders	*24*	
	Other (specify):	*6*	
* 45	How can we better develop supervision models and strategies to address MHPSS needs in humanitarian settings?	84	36%
46	How can we strengthen the capacity to provide MHPSS in humanitarian settings?*	53	23%
	of local communities	*32*	
	at the university level	*7*	
	Other (specify):	*4*	
* 47	How can we strengthen the MHPSS workforce (including community health and psychosocial workers, teachers, social workers, psychologists) in humanitarian settings?	90	39%
	5c. Funding, policy and governance		

48	How are MHPSS funding decisions made?	34	15%
49	What is the value and impact of prioritizing MHPSS programs and funding?	35	15%
50	What is the impact of policies, including national mental health policies, on MHPSS programs and outcomes?*	39	17%
	international policy:	*3*	
	national policy:	*26*	
	Other (specify):	*4*	
51	How can we strengthen advocacy and communication efforts to increase awareness of MHPSS and make it a priority?	62	27%
52	How can we create infrastructure, governance, and network systems to promote effective MHPSS policies and responses?	66	28%
53	What are the risk and protective factors affecting the mental well-being of MHPSS workers, and how can we ensure the well-being of MHPSS staff and volunteers?*	75	32%
	to promote self-care among MHPSS staff and volunteers	*51*	
	Other (specify):	*8*	

6. Special Topics

6a. Covid-19/pandemic/epidemics

54	What are the main risk and protective factors for mental health and psychosocial wellbeing during Covid-19 and other pandemics in humanitarian settings?	36	15%
55	What are the short-term and long-term impacts of Covid-19 and other pandemics on individuals, families, and communities in humanitarian settings?*	55	24%
	of social isolation	*30*	
	on suicide	*9*	
	Other (specify):	*5*	
56	What type of MHPSS is needed—and can be made available—during and following the Covid-19 pandemic or other disease outbreaks in humanitarian settings?	37	16%
57	How can MHPSS interventions be adapted to address the Covid-19 pandemic?	44	19%

6b. Digital technology

58	What is the impact of digital technology, including social media, on individual's mental health and psychosocial wellbeing?	70	30%
59	How can digital technology be used to understand and address MHPSSS needs?	44	19%
60	How can digital technology be used in the training and delivery of MHPSS interventions?	60	26%
* 61	What are the effectiveness and best practices of remote/digital MHPSS interventions?	108	46%

APPENDIX 3R-S

Stratified Results of Phase 3A Across Implementers, Researchers, and Policymakers

Total Sample N=231	**Researchers** n=80	**Implementers** n=121	**Policy Makers** **N=15+**
10	27	22	61
11	11	10	5
22	10	11	11
27	4	4	15
4	29	27	20
1	1	15	23
61	3	1	47
3	30	61	56
9	17	9	4
25	31	20	9
30	61	25	22
19	22	19	27
15	9	45	28
5	25	3	30

29	19	47	52
47	21	6	57
6	14	28	58
20	5	5	21
24	6	30	24
45	24	29	25

1	What are the most important MHPSS problems in humanitarian settings?*
3	How are the consequences of traumatic experiences and adversity, including childhood adversity, transmitted across generations?
4	How do mental health and psychosocial concerns influence social and economic functioning (eg, economic outcomes, family functioning, social relations)?
5	What is the current understanding and gaps in knowledge about mental health and psychosocial support issues in humanitarian settings?
6	What are the major risk and protective factors of MHPSS issues in humanitarian settings?*
9	What are the correlates of resilience in humanitarian settings?
10	What is the impact of [MHPSS interventions] in humanitarian settings?*
11	What are the comparatively most optimal (eg, effective, efficient, cost-effective, safe) MHPSS interventions/responses to address [issues] in humanitarian settings?*
14	What are the key working ingredients and mechanisms of change of MHPSS interventions?
15	What should be the minimum/essential set of MHPSS services in humanitarian settings?
17	How can we effectively design and/or implement trauma informed care?

19	How can we ensure effective participation of [key stakeholders] in MHPSS programs?*
20	What is the relationship between MHPSS programs and peacebuilding, and how can peacebuilding be effectively promoted in MHPSS programs?
21	How can we scale up effective MHPSS interventions in humanitarian settings?
22	How can we ensure the sustainability of MHPSS services in various settings and sectors?
23	What is the added value of, and how can we effectively integrate MHPSS services into primary health care in humanitarian settings?
24	What is the added value of integrating/mainstreaming MHPSS services into other sectors (eg, education, wash, social protection) in humanitarian settings?
25	How can we develop effective multisectoral, multilayered interventions in humanitarian settings?
27	What are the appropriate methods to assess the outcomes and impact (short-term and long-term benefits) of [MHPSS interventions] and approaches?*
28	What are the appropriate methods to measure the quality of MHPSS interventions and approaches?
29	How can we develop and adapt tools that are culturally and cross-culturally valid?
30	How can we effectively develop MHPSS monitoring, evaluation, and research systems in humanitarian settings?*
31	How can we effectively translate research into practice and policy?
45	How can we better develop supervision models and strategies to address MHPSS needs in humanitarian settings?
47	How can we strengthen the MHPSS workforce (including community health and psychosocial workers, teachers, social workers, psychologists) in humanitarian settings?
52	How can we create infrastructure, governance, and network systems to promote effective MHPSS policies and responses?
56	What type of MHPSS is needed—and can be made available—during and following the Covid-19 pandemic or other disease outbreaks in humanitarian settings?

57	How can MHPSS interventions be adapted to address the Covid-19 pandemic?
58	What is the impact of digital technology, including social media, on individuals mental health and psychosocial wellbeing?
61	What are the effectiveness and best practices of remote/digital MHPSS interventions?