Research for Health in Humanitarian Crises (R2HC)

Mental Health and Psychosocial Support (MHPSS) in Humanitarian Settings:

Review of MHPSS research since 2010 to assess whether this has informed programming in humanitarian settings and advanced the MHPSS research agenda

Terms of Reference

January 2020

Overview

We are Elrha. A global charity that finds solutions to complex humanitarian problems through research and innovation. We are an established actor in the humanitarian community, working in partnership with humanitarian organisations, researchers, innovators, and the private sector to tackle some of the most difficult challenges facing people all over the world.

We equip humanitarian responders with knowledge of what works, so that people affected by crises get the right help when they need it most. We have supported more than 200 world-class research studies and innovation projects, championing new ideas and different approaches to evidence what works in humanitarian response.

Our Programmes

Elrha has two successful humanitarian programmes; Research for Health in Humanitarian Crises (R2HC) and the Humanitarian Innovation Fund (HIF).

R2HC

The R2HC programme aims to improve health outcomes for people affected by humanitarian crises by strengthening the evidence base for public health interventions.

This globally recognised research programme focuses on maximising the potential for public health research to bring about positive change in humanitarian response and helps inform decision making in humanitarian response.

Since it was established in 2013, it has funded more than 50 research studies across a range of public health fields, bringing together researchers and humanitarian practitioners to undertake vital research.

HIF

The HIF programme improves outcomes for people affected by humanitarian crises by identifying, nurturing and sharing more effective, scalable solutions.

The HIF is a globally recognised programme leading on the development and testing of innovation in the humanitarian system. Established in 2011, it was the first of its kind: an independent, grant-making programme open to the entire humanitarian community. It now leads the way in funding, supporting, and managing innovation at every stage of the process.

The HIF's portfolio of funded projects has informed a more detailed understanding of what successful innovation looks like, and what it can achieve for the humanitarian community. This work is leading the global conversation on innovation in humanitarian response.

BACKGROUND

The UN OCHA anticipates that in 2020, nearly 168 million people will need humanitarian assistance and protection. This represents 1 in about 45 people worldwide and is the highest figure in decades[1]. At the start of 2019, some 70.8 million people were forcibly displaced and the number of refugees reached a new high of 25.9 million. Being a refugee, displaced person, or someone affected by conflict or a natural disaster impacts negatively on mental health and psychosocial well-being, with evidence of increased psychological distress, social problems and both common and severe mental disorders.

Following a systematic review and meta-analysis, in June 2019 WHO updated its 2005 estimates for the prevalence of mental disorders in conflict-affected low-income and middle-income settings[2]. Focusing on depression, anxiety disorder, post-traumatic stress disorder, bipolar disorder, and schizophrenia in settings that had experienced conflict in the preceding 10 years, the review estimated that more than one in five people (22·1%) in post-conflict settings now have depression, anxiety disorder, post-traumatic stress disorder, bipolar disorder, or schizophrenia, and that almost one in ten people (9·1%) in post-conflict settings have a moderate or severe mental disorder at any point in time. Amongst other things, the report authors noted the need for increased investment in the building and strengthening of evidence and research for mental health.

Historically, mental health research focusing on those affected by humanitarian crises has largely concentrated on identifying rates of post-traumatic stress disorder (PTSD) and other common mental disorders. However, although acute responses to trauma occur everywhere, few humanitarian crises lead to post-traumatic psychopathology in the majority of people exposed. Mental health problems such as severe mental disorders, non-specific forms of psychological distress, and psychosocial problems have been less researched.

A 2011 review[3] highlighted the disconnect between research and practice. A key finding was that the focus of most research and evidence relates to interventions that are *infrequently* implemented in MHPSS programmes. The need for studies that evaluate MHPSS interventions to address the broad mental health and psychosocial support needs of those affected by conflict, displacement and refugee status – rather than epidemiological studies focusing on the post-traumatic stress symptom response of the survivor as an individual – was identified. The review also noted that the effectiveness of commonly used approaches such as psychoeducation, structured social activities and counselling had not been rigorously evaluated in humanitarian settings. To reduce the gap between research and practice, particularly around interventions aimed at preventing mental disorders and promoting and protecting psychosocial wellbeing, the authors recommended that more research should be conducted to look at such approaches.

Additionally, a consensus-based research agenda aimed at supporting the prevention and treatment of mental disorders and the protection and promotion of psychosocial well-being in humanitarian settings was set in 2010[4] through inputs from an interdisciplinary group of academics, policy makers, and practitioners representing regions where humanitarian crises occur. Recognising the importance

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[1] Global Humanitarian Overview 2020, UN OCHA 2019

[2] New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis, Fiona Charlson, Mark van Ommeren, Abraham Flaxman, Joseph Cornett, Harvey Whiteford, Shekhar Saxena in Lancet 2019; 394: 240–48 Published Online June 11, 2019

[3] Mental health and psychosocial support in humanitarian settings: linking practice and research Wietse A Tol, Corrado Barbui, Ananda Galappatti, Derrick Silove, Theresa S Betancourt, Renato Souza, Anne Golaz, and Mark van Ommeren, Lancet 2011

[4] Research Priorities for Mental Health and Psychosocial Support in Humanitarian Settings, Wietse A. Tol, Vikram Patel, Mark Tomlinson, Florence Baingana, Ananda Galappatti, Catherine Panter-Brick, Derrick Silove, Egbert Sondorp, Michael Wessells, Mark van Ommeren in Plos Medicine, September 20, 2011

of identifying research priorities that could help inform the effectiveness and implementation of MHPSS programming, priority areas identified were problem analysis, mental health and psychosocial support interventions, research and information management, and mental health and psychosocial support context.

Covering a 10-year period, 2010–2020, the identified research agenda emphasized the importance of generating practical knowledge that could translate to immediate tangible benefits for programming in humanitarian settings, rather than addressing the key debates that had previously dominated the academic literature. It recognised that addressing this new research agenda required a better alignment between researchers and practitioners, attention to perspectives of populations affected by humanitarian crises, and sensitivity to sociocultural context.

Recent systematic reviews[5, 6] suggest that since the 2010 research priority setting exercise was conducted, there has been an increase in MHPSS research addressing the identified priorities and focusing on generating information that can be used to inform humanitarian programming. Contributing to this improved evidence base, since 2014 Elrha's R2HC programme has funded more than 48 studies through its annual calls for proposals. Fourteen (29%) of these have focused on MHPSS. The R2HC unique requirement for research teams to include academics and humanitarian practitioners – and more recently also researchers from institutions in crisis-affected countries – addresses the previously identified need for a closer relationship between research and practice.

In addition to funding MHPSS research, we are keen to foster closer collaboration with the MHPSS research and practitioner communities to support the uptake of new evidence to inform MHPSS humanitarian policy and programming. To this end we convened a meeting with WHO in 2017 for the MHPSS community of practice and anticipate supporting similar dialogue between MHPSS researchers and practitioners once this review has been completed. In parallel, we are commissioning an update of the 2010 MHPSS research priority setting, to cover the next 10 years.

PURPOSE

The purpose of this review is to assess the extent to which MHPSS research funded since 2010 has contributed to informing MHPSS programming in humanitarian settings, and to identify potential new directions for the MHPSS research agenda.

OBJECTIVES

Building on recent systematic reviews, and including a specific focus on R2HC-funded MHPSS studies, the objective of this study is to examine the extent to which new evidence generated has addressed the identified need for research that provides tangible benefits for MHPSS programming in humanitarian settings. Reviewing MHPSS studies implemented since 2010 that focus on intervention outcomes (rather than individual mental health pathologies) the review will identify whether new evidence generated has:

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[5] Mental health and psychosocial support programmes for adults in humanitarian emergencies: a systematic review and meta-analysis in low and middle-income countries, Bangpan M, Felix L, Dickson K in *BMJ Global Health* 2019

[6] Psychological therapies for the treatment of mental disorders in low- and middle-income countries affected by humanitarian crises, Purgato M, Gastaldon C, Papola D, van Ommeren M, Barbui C, Tol WA. Cochrane Database of Systematic Reviews 2018

i. Advanced knowledge: by documenting robust evidence corresponding to 2010 identified research priorities.
ii. Achieved uptake: for example, by informing guidelines, influencing the policy debate and/or informing programmes at organisational level or through the MHPSS humanitarian coordination mechanisms. The review should also identify the factors that have facilitated or inhibited uptake.
iii. Advanced the MHPSS research agenda: by identifying new dimensions that existing work has opened up (e.g. on quality and fidelity) and on gaps that have yet to be addressed.

METHODS

Bidders will be expected to suggest the most appropriate combination of methods for the review and this information will be refined in the inception report. Foreseen approaches include:

Search and review the literature: whilst existing systematic reviews will be an important source for identifying studies, we would like the review to also include studies that may not meet the quality criteria for inclusion in a systematic review.

The review should include: peer reviewed articles published since 2010 that describe outcomes of testing or trialling of MHPSS interventions in humanitarian settings (MHPSS stand-alone interventions, as well as those integrated into other sector responses, but excluding those focusing on PTSD and individual mental health disorders); grey literature and research outputs such as reports and manuals; guidelines and policy briefs designed to inform key 'influencers'; INGO guidelines/ strategy on MHPSS programming; reports from R2HC projects where publications are not yet available.

The selected studies should be reviewed with consideration of their quality and of their contribution to knowledge. Because the review should include studies that have used different methods, the framework for assessing quality should be suitable for qualitative as well as quantitative studies. The review should also include an assessment of the extent to which studies have advanced knowledge in the field. Methods for making this assessment might include citation analysis and/or interviews with peer researchers.

Assess uptake: methods for assessing uptake of the studies reviewed should involve key informant interviews with: i) selected MHPSS researchers affiliated with MHPSS in emergencies networks and communities of practice, including researchers funded through the R2HC programme; ii) focal points within key humanitarian organisations that implement MHPSS programmes; and iii) other key stakeholders including WHO, host governments directly supporting MHPSS interventions for people affected by humanitarian crises, and funders of MHPSS research and humanitarian response. (R2HC will provide an initial list of suggestions but anticipate that the successful applicant will have their own contacts, and that we will jointly agree the number and identities of those most likely to provide substantive inputs to the review.) Other methods may involve electronic surveys and tracking citations in policy documents and guidelines.

Identify new directions: through the reviewed literature and key informant interviews.

DELIVERABLES REQUIRED

1. A report documenting the findings of the study and recommendations will include:
   - an introduction that frames the current status of MHPSS research with specific reference to the identified need for more research that focuses on intervention outcomes;
   - a description of evidence generated through MHPSS research focusing on intervention outcomes in humanitarian settings since 2010 and the quality of that evidence;

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- a description of the extent to which identified MHPSS research has increased the public health evidence base; ways in which research findings have been used to influence policy and practice at local, national or global levels; and the extent to which these approaches have been successful;
- a section or sub-section describing the specific contribution of R2HC-funded MHPSS studies to the above body of evidence; and where premature for this research to have had any impact, highlighting its potential or otherwise for future impact;
- a section highlighting potential future directions for MHPSS research, including new dimensions to inform and support humanitarian programmin, or new evidence gaps;
- a concluding section that highlights: the extent to which the 2010 call for more intervention-outcome MHPSS research has been achieved; successful approaches that have been adopted to ensure uptake and impact of research for learning within the wider humanitarian health research community; recommended ways forward to ensure that research informs MHPSS programming; and potential new horizons for MHPSS research.

2. At least one article drafted for submission to a peer reviewed academic journal.

3. Full data sets from the review including search terms for the literature review and list of published and grey literature reviewed; list of key informants and summaries of KII discussions (anonymised if necessary).

Elrha reserves the right to share and promote the findings of the report widely while referencing and attributing work to the respective authors.

TIMELINE

It is anticipated that the review will take 6 months and that the outputs will be delivered by 15th September 2020. A workplan will be developed as part of the inception report. During the contracted period there will be regular update calls. Below is an indicative time frame for the deliverables.

2020 Dates	Deliverable
5 February	Bids submitted
6 – 29 February	Bid reviews; contracting of successful applicant
27 March	Inception report
April, May, June, July, August (specific dates to be agreed)	Monthly progress calls
3 July 2020	Draft report submitted
10 July 2020	Elrha feedback provided
20 September 2020	Final report submitted

REPORTING LINES

The consultant or provider will report to Anne Harmer, Head of the R2HC.

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AVAILABLE BUDGET AND EXPECTED STRUCTURE OF FINANCIAL OFFER

A budget of up to £30,000 is available, subject to negotiation in exceptional circumstances. The budget submitted should be broken down by activity and with any allocations for individual team members shown clearly. The budget should include any travel costs and other expenses. The amount should be inclusive of VAT. Please indicate if you/your institutions are VAT registered and where.

QUALIFICATIONS AND EXPERIENCE REQUIRED

- Extensive knowledge of MHPSS in humanitarian settings and the status of the current research evidence base, demonstrated by relevant research publications
- Well connected with key stakeholders within the MHPSS in humanitarian settings community of practice, including academics and humanitarian practitioners, demonstrated by membership of existing networks and/or MHPSS humanitarian coordination mechanisms
- Familiarity with the range of MHPSS interventions implemented in humanitarian settings
- An understanding of how evidence is used to influence and inform MHPSS programming
- Ability to clearly communicate complex ideas and recommendations
- Evidence of peer-reviewed publications and/or high-quality written reports addressing MHPSS in humanitarian settings

PROPOSAL REQUIREMENTS

Applicants will be expected to outline their approach to identifying studies in their bid and should describe their proposed approach to assessing quality, contribution to the evidence base and uptake of the research reviewed.

Proposals should be in English and should include:

- A concise description of the consultant/team and demonstration of suitability and relevant experience as per the above qualifications and experience (maximum 3 pages);
- Proposed approach to achieve the required deliverables and overall aim;
- Proposed budget broken down by activity and including allocations for individual team members where necessary.

We are looking for proposals to demonstrate a concise and clear communication style. Proposals can be submitted as word documents, pdfs, power point presentations or any other written form.

PROPOSAL/CANDIDATE SELECTION

The application deadline is 23:59 GMT on 5th February 2020. We will not be able to consider incomplete applications or applications submitted after the deadline.

We would welcome applications from a researcher based in an academic institution, or a consultant well connected to the MHPSS research community. If a team is proposed, there should be a nominated single point of contact to liaise with the Elrha, and each member will need to have a clearly defined role related to their specific areas of expertise.

Applications must include the following:

- CV(s) and evidence of expertise in MHPSS research in humanitarian settings.
- Covering letter setting out interest in and suitability to undertake this assignment.
- Proposed methodology and approach.
- Examples of similar work previously undertaken, preferably in the humanitarian sector.
- Daily rate.

Submit applications to FAO Anne Harmer at r2hc@elrha.org

DUE DILIGENCE CHECKS AND CONTRACTING

We must ensure any potential supplier is evaluated for compliance to relevant statutory and quality requirements, and that appropriate due diligence checks are carried out, proportionate to the nature, value and risk of the contract.
Due Diligence is our process of reviewing your organisation's governance structure (including vetting key team members and/or board members). We carry out this process on all our suppliers before we can enter into an agreement.

We run our Contracting process in parallel to our Due Diligence. We have a standard agreement which all providers are expected to sign up to. If you have any questions about this, please include them in your submission.

Thank you.