

INTER-AGENCY STANDING COMMITTEE
63RD WORKING GROUP MEETING

**IASC Task Force on Mental Health and
Psychosocial Support in Emergency Settings:
Guidance Note on Inter-linking the Work of
the Task Force and the Clusters**

21-22 November 2005

Hosted by ICVA, International Council of Voluntary Agencies
ECOGIA, Versoix (Geneva)

Circulated 11 November 2005

The pre-final matrix (of minimum actions) developed by the Task Force (see Progress Report) suggests that humanitarian action in the area of mental health and psychosocial support should be organized through a range of sectors, including the sectors covered by the following IASC Clusters:

- IASC Cluster on Camp Coordination and Management
- IASC Cluster on Early Recovery
- IASC Cluster on Emergency Shelter
- IASC Cluster on Health
- IASC Cluster on Nutrition
- IASC Cluster on Protection
- IASC Cluster on Water & Sanitation

In addition to the sectors that correspond to already existing IASC Clusters, it is noted that additional sectors, such as Community/Social Services and Education, also play an important role in the Task Force's framework for mental health and psychosocial support.

The Task Force recommends that minimum actions identified by the Task Force should be incorporated in the Terms of Reference of relevant clusters. For example, this means that the Health Cluster's ToR would include responsibilities towards implementing the actions that are listed under health services in the pre-final matrix (see above). The same would be true for all IASC Clusters.

In addition, an approach will be needed to overcome possible gaps that may be created if the humanitarian response were be coordinated solely through Clusters. Gaps may exist in three ways.

1. Many important interventions (in the domain of mental health and psychosocial support) occur in the sector Community/Social Services and in the sector Education, which are presently not covered in the Cluster Approach. Moreover, it is not uncommon for 'protection' actors or 'health' actors of some agencies to have responsibility within their agency for establishing community/social services. Consequently, there is a risk of lack of coordination in the planning of community/social services. To subsume community/social services under one single cluster (such as Health or Protection) gives the services a “home” but risks approaches that are narrower than the broad services that are needed.
2. Some of the suggested minimum psychosocial actions for different clusters may require specialized psychosocial expertise that may not be available within that cluster. This situation could lead to gaps in response.
3. Cross-cutting tasks (e.g., coordinating mental health and psychosocial support; assessments; human resource-related psychosocial support tasks) may not be initiated unless a specific inter-cluster mechanism is set-up to make this happen. This situation can lead to gaps, duplication and opportunities for harmful practices.

To address these gaps, the Task Force recommends that in each major emergency the IASC will establish or activate an inclusive (inter-sectoral, inter-cluster) mental health and psychosocial support coordination mechanism.

I Summary of recommendations to the IASC Working Group

1. **Normative recommendation.** Minimum actions (in the domain of mental health and psychosocial support) identified by the Task Force should be incorporated in the Terms of Reference of relevant IASC Clusters. This should occur systematically for all minimum actions related to those sectors for which the IASC has established a Cluster.
2. **Operational recommendation.** The IASC should establish or activate inclusive (inter-sectoral, inter-cluster) mental health and psychosocial support coordination mechanisms in major emergencies to reduce potential gaps and enhance inter-cluster collaboration in the area of mental health and psychosocial support.