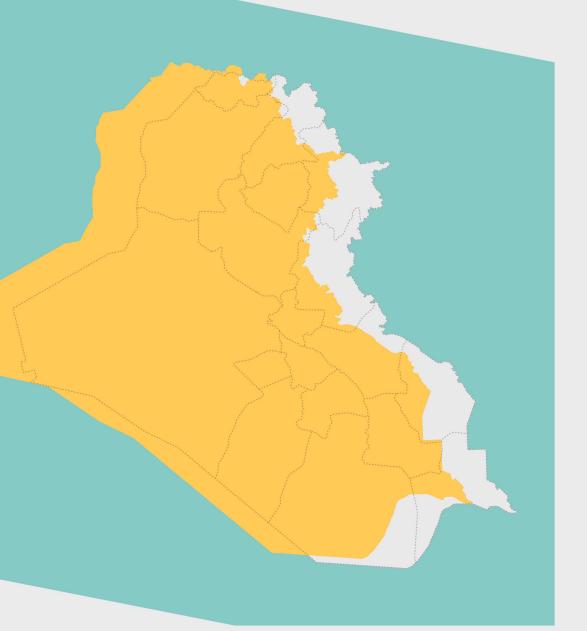
NATIONAL MHPSS TECHNICAL WORKING GROUP
Capacity Building and Human Resources Committee

National Guidelines on MHPSS Human Resources Profiles and Capacity Building



The guidelines were produced through the collective effort of the members of the Capacity Building and Human Resources Management Committee of the National MHPSS Technical Working Group.













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mhGAP-IG Mental Health Gap Action Programme Intervention Guide

LIST OF ABBREVIATIONS

ВА	Bachelor of Arts (degree)	MHPSS	Mental Health and Psychosocial Support
СВТ	Cognitive Behavioural Therapy	МоН	Ministry of Health
DSM	Diagnostic and Statistical Manual of Mental Disorders	NGO	Non-Governmental Organization
GBV	Gender-Based Violence	PFA	Psychological First Aid
HR	Human Resources	PHC	Primary Health Care
IASC	Inter-Agency Standing Committee	PM+	Problem Management Plus
ICD	International Classification of Diseases	PSS	Psychosocial Support
IDP	Internally Displaced People	SGBV	Sexual and Gender-Based Violence
IHAO	Iraq Health Access Organization	TWG	Taskforce Working Group
IOM	International Organization for Migration	UNFPA	United Nations Population Fund
IPT	Interpersonal Psychotherapy	UNHCR	United Nations High Commissioner for Refugees
ISIL	Islamic State of Iraq and the Levant	UPP	Un Ponte Per
MA	Master of Arts (degree)	WHO	World Health Organization

INTRODUCTION

MENTAL HEALTH AND PSYCHOSOCIAL STATUS IN IRAQ

Decades of volatile conditions have affected millions of Iraqis. Conflict and violence have taken their

toll on the Iraqi people at the social, economic, physical and psychological levels.¹

During armed conflicts and other emergencies, people are exposed to significant psycho social stress in ways that interfere with daily life and jeopardize the sense of normalcy. Experiencing and responding to loss, grief, violence, trauma, disruption of family and community structures, among others, can have an immense impact on individuals' mental health and psychosocial wellbeing. While reactions to hardships may be overcome with time, enhancing people's resilience, the development of and/ or exacerbation of mental health disorders can also occur. The disruption of social cohesion through loss of community stability, separation from or loss of family members, loss of livelihoods, hardship and limited access to basic needs all add to the detrimental effects that humanitarian crises have on the psychosocial wellbeing of those affected at the individual, family and community levels.²

Reports show that although the number of people who need humanitarian assistance has decreased since the peak of the crisis during the Islamic State of Iraq and the Levant (ISIL) occupation, around 4 million people, including those who have returned to their homes and those who remain displaced, still require some form of psychosocial intervention.³

The following numbers have been extracted from Iraq's first national mental health survey, conducted in 2007 in collaboration with the World Health organization (WHO): over 35 per cent of respondents who filled a family health self-report survey (n= 9000) were considered to be in "significant psychological distress." Additionally, the lifetime prevalence

of mental disorders for both men and women was found to be 1 in 7 and 1 in 5 respectively. While about 70 per cent of the respondents with a known mental health disorder reported suicidal tendencies, fewer than 10 per cent of them received any form of psychosocial intervention (Frontieres, M. S. Healing Iraqis. The challenges of providing mental health care in Iraq: Medecins Sans Frontieres; 2013), Iraq mental health survey.⁴

These figures point to the tremendous impact emergency situations can have on the mental health and psychosocial wellbeing of war-affected populations.

MENTAL HEALTH POLICY, SERVICES AND RESOURCES IN IRAQ

The mental health system in Iraq needs further support and capacity building to better meet the psychosocial needs of Iraqis. The Iraq Ministry of health considered mental health as one of the core priorities of its 2009\(\text{D}\)2011strategy. (Ministry of Health: Annual Report. Ministry of Health ed. Iraq 2008. Sadik, S., Bradley, M., Al-Hasoon, S., & Jenkins, R. (2010). Public perception of mental health in Iraq. International journal of mental health systems, 4(1), 26.

Furthermore, the national health policy of Iraq (2014©2023) included the following mandate on mental health; to "Enhance and promote mental health-care services in an integrated approach so that is incorporated in primary, secondary and tertiary health-care services packages. It is also important to promote community participation and support to mental healthcare." ⁵

- 1 https://iraq.iom.int/mental-health-and-psychosocial-support-programme-report-january-june-2018.
- 2 https://reliefweb.int/sites/reliefweb.int/files/resources/4311_002_Technical_standards_MHPSS_web.pdf, https://emergency.unhcr.org
- www.nolostgeneration.org/sites/default/files/webform/contribute a resource to nlg/19856/nlg-mhpss desk-review final-draft.pdf
- 4 https://applications.emro.who.int/dsaf/EMRPUB_2009_EN_1367.pdf
- 5 https://extranet.who.int/countryplanningcycles/sites/default/files/planning_cycle_repository/iraq/iraqs_national_health_policy_2014-2023.pdf

However, the availability of human resources in the mental health workforce of Iraq remains scarce. According to WHO, the number of mental health professionals per 100,000 population is as follows: 0.4 psychiatrists, 0.1 other medical doctors trained in mental health, 1.5 nurses trained in mental health, 0.1 psychologists, and 0.2%social workers (WHO, 2014). Mental Health Atlas Country Profile: Iraq.⁶

One of the identified key challenges to providing an adequate mental health response in Iraq is the limited number of adequately trained personnel available to provide support at focused and non-focused levels of mental health care, as well as the scarcity of non-professional personnel qualified enough to provide basic psychosocial support and counselling at community level.⁷

The treatment gap for the management of mental disorders is estimated at 94 per cent, compounding the situation (WHO, 2014). Conflict and Humanitarian Crisis in Iraq: Public Health Risk Assessment and Interventions.⁸

Providing widespread effective Mental Health and Psychosocial Support (MHPSS) services acceptable to service users who do not have access to specialized services is needed, while including other staff (community-based workers, trained non specialized professionals, etc.) at different levels of MHPSS services (Bolton, P. (2013). Mental health in Iraq: issues and challenges. The Lancet, 381(9870), 879-881).

IMPORTANCE OF OPTIMAL MIX OF MENTAL HEALTH SERVICES

Inclusion of Non-Professionals, Trained Non-Specialized and Community Workers (Informal Community Care)

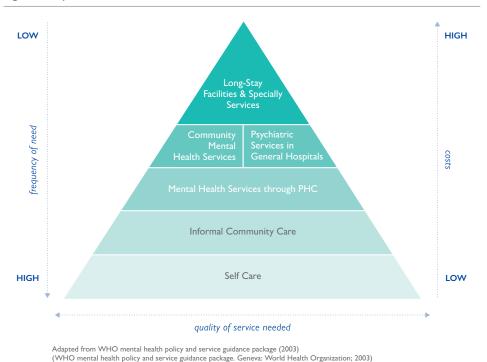
Human resources are among the most valuable assets of mental health services (Thornicroft & Tansella, 1999); in line with the concept of service sustainability, the Ministry of health (MoH) included scaling up voluntary work and community participation in health care in its national health policy (National Health Policy for all Iraqi Citizens, 2014 \square 2023).

Community-based workers, non-specialist professionals, other local staff and volunteers

may be well acquainted with local cultures and traditions. Including them in mental health services would further support the Inter-Agency Standing Committee (IASC)'s MHPSS core principles on promoting integrated support systems. Mental health activities and services integrated into existing community support mechanisms tend to reach more people, carry less stigma and ensure sustainability (Inter- Agency Standing Committee. (2010)).

In addition, most psychosocial support emergency and post emergency contexts can be managed through self-care and informal community mental health services (Fig. 1). The pyramid represents certain aspects of mental health services in terms of frequency of need, quantity of the services needed and the respective costs across various levels of services.

Figure 1. Optimal mix of mental health services



⁶ http://www.who.int/mental_health/evidence/atlas/profiles-2014/irg.pdf

⁷ www.mhinnovation.net/sites/default/files/downloads/resource/IMC%202016%20Iraq.pdf

⁸ http://who.int/hac/crises/irg/irag_phra_24october2014.pdf

According to the United Nations High Commissioner for Refugees (UNHCR) MHPSS situation analysis (2015), an existing pool of frontline workers, primary health care (PHC) staff, non-governmental organization (NGO) staff, and volunteers from the displaced community, who have already been trained in MHPSS interventions such as psychological first aid (PFA), is available. Such personnel could be recruited to offer services and carry out non-specialized focused support.⁹

However, since inadequately trained personnel can unintentionally harm affected populations, 10 and in line with the "do no harm" and "building on available resources and capacities" principles of the IASC guidelines (IASC, 2010), this document aims to propose a set of specifications on qualifications and requirements for staff to be competent enough to provide adequate mental health and psychosocial services to target populations.

TRAINING AND SUPERVISION

According to IOM's manual on community-based MHPSS in emergency and displacement, induction training prior to working with an MHPSS team must cover basic MHPSS topics, including an introduction to the IASC Guidelines, community-based MHPSS, PFA, communication skills, ethical considerations, self-care and other relevant topics. Periodic booster training sessions that address more specialized topics based on emerging needs identified in the field such as case management, counselling, work with children, art-based activities, work with people with disabilities, social cohesion, conflict mediation, sexual and gender-based violence (SGBV), peer support and others are also needed. Supervision assists the MHPSS staff to learn from their experiences, advance their skills and enhance the quality of their service provision.

This encompasses both skill development and ethical accountability. This way of providing technical supervision is linked to individual staff well-being and can help ensure better client outcomes.

The MHPSSS Taskforce Working Group (TWG) delegated the task of creating guidelines on the MHPSS Human Resources (HR) management and capacity to the working committee on HR and capacity building. The members of the committee are: representatives of MoH in Baghdad and Erbil, Un Ponte Per (UPP), Iraq Health Access Organization (IHAO), WHO, Viyan, DARY and UNFPA, the committee is chaired by IOM. The guidelines aim to provide a local standard reference for the recruitment of staff in MHPSS programme activities at different intervention levels, with an emphasis on roles, job description, qualifications, experience, competencies and recommended trainings of staff, to ensure that affected populations are provided with high-quality multidisciplinary services and in full abidance with the do no harm principle.

The minimum standards framework includes the following items:

- Title of the MHPSS staff member.
- **Job description:** List of functions and responsibilities expected to be fulfilled by the corresponding staff member.
- Qualifications: Minimum required educational qualifications.
- Years of experience: If the role requires previous working experience in the designated field.
- **Skills and competencies:** Competencies reflect knowledge, understanding, skills (cognitive, technical and interpersonal), and personal attributes and attitudes.
- Recommended trainings: Training that the service provider has followed or should follow at some point of their service for capacity building. Training has to be closely linked to service levels, their functions and the competencies required to deliver a given service.

⁹ www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/who and unhor mhpss situation analysis krg march 10 2015 2 1.pdf

TITLE OF MHPSS STAFF AND DEFINITION	JOB DESCRIPTION	QUALIFICATIONS	SKILLS AND COMPETENCIES	RECOMMENDED TRAINING
Medical doctor with formal specialty training in the clinical management of psychiatric and substance use disorders including pharmacological and non-pharmacological methods, in both outpatient and inpatient mental health-care settings.	 Perform detailed psychiatric assessment of patients, with attention to the cultural context, by evaluating mental and psychosocial conditions and developing a personalized treatment plan. Provide treatment to those with psychiatric disorders including through both psychotherapy and prescription of psychotropic medications (when needed), and regular follow-up. Accept referral of the most complex cases that cannot be supported at less specialized levels of care. Maintain interdisciplinary approach by reviewing treatment plans and progress, consulting and collaborating with other MHPSS team members (such as psychologists, social workers/ case managers, psychosocial support workers and others.). Adhere to professional best practice clinical guidelines and procedures developed by the organization. Provide services regardless of ethnicity, gender or religion and abide by basic human rights principles. Ensure patients' confidentiality and respect their decisions May develop and implement clinical research programmes. Encourage and contribute to a safe and collaborative working environment where selfcare as well as care of colleagues is prioritized. Supervise non-specialist health-care providers and Community health workers (CHWs). Support trainings provided to service providers at focused non-specialized and community-level MHPSS activities. 	Required Completed medical school (medical degree required). Completed residency in psychiatry. Completed specialization in psychiatry in one of the following programmes: Iraq board of training in psychiatry Arab board of Psychiatry Master's degree in Psychiatry Licensed psychiatrist; registered with the Ministry of Health and the Physicians Syndicate to practice the profession. Additional Degree or training in psychotherapeutic approaches to clinical management. Minimum Years of Experience 3 years.	 Essential Skills Mastery of the psychiatric assessment and usage of International Classification of Diseases (ICD) 10 and ICD 11 terminology/ DSM-5. Mastery of psychopharmacology and willingness to base prescriptions on the recommended MOPH list of psychotropic and neurological medications. Ability to design a treatment plan and refer patients to other professionals when needed or in case of incidents of medications adverse reactions. Ability to conceptualize cases from an integrative perspective. Experience in providing psychiatric services to vulnerable individuals, including women, minority groups and children. Additional Skills Experience in providing clinical supervision or leading trainings. Previous experience with international or local NGOs. Experience in providing psychiatric services to survivors of torture and/or war violence. Experience working on an interdisciplinary team. Knowledge and understanding of Monitoring and Evaluation concepts. Personal Competencies A demonstrated commitment to human rights, high professional ethical standards and humanitarian values. Strong interpersonal and intercultural skills. Collaborative spirit and ability to work independently as well as in a team. Commitment to knowledge sharing. Positive attitude and ability to see through challenges to find solutions. Ability to clearly communicate, including complex concepts into plain, non-technical language. Ability to adapt consultations to remote working modalities. Languages Arabic or Kurdish (native) are mandatory. Knowledge of English is a strong advantage. Computer Skills Microsoft Office (Word, PowerPoint, Excel). Online platforms for remote support (such as Zoom and Skype). 	 Data protection and management mhGAP Training of Trainers and Supervisors training Psychotherapeutic modalities Communication skills, active listening and empathy

TITLE OF MHPSS STAFF AND DEFINITION	JOB DESCRIPTION	QUALIFICATIONS	SKILLS AND COMPETENCIES	RECOMMENDED TRAINING
Mental health professional with specialized clinical training in the diagnosis and psychological treatment of mental, behavioural and emotional illnesses.	 Offer private and confidential sessions that respect local context and are safely accessible to individuals, especially women and children. Assess the patient's needs and develop a care plan with the patient based on those needs, including referrals to other services. Provide age-appropriate, culturally relevant individual and/or group psychological counselling for at-risk groups, including but not limited to survivors of gender based violence (GBV), IDPs, refugees, asylum seekers and unaccompanied minors. Support the client's coping process and mobilize their internal and external resources for processing extreme adversity. Support adherence to referral protocols and guiding principles for GBV. Maintain an effective working relationship and regular communication with other team members and other programme members working on the same project. Complete daily case reports and data collection according to guidance provided by supervising MHPSS staff. Refer clients to other professionals whenever necessary. 	Bachelor's degree in clinical psychology (clinical psychology programme) A completed clinical training/practicum in a university centre consisting of at least 1000 hours of training under supervision or Bachelor's degree in Psychology with a completed Master's degree in Clinical Psychology. Minimum Years of Experience 3 years.	 Esperience in providing psychotherapeutic interventions; Cognitive Behavioural Therapy (CBT), Interpersonal Therapy (IPT), behavioural and relaxation therapies and stress management. Knowledge of different culturally relevant therapeutic techniques. Experience in conducting assessments, using screening tools and creating individual care plans for patients seeking mental health services. Experience in working with children and adolescents (youth). Demonstrated understanding of and ability to maintain confidentiality and respect for beneficiaries. Positive and professional attitude, including ability to work well in a team setting. Additional Skills Experience in providing psychological interventions to migrant, IDP and refugee populations including but not limited to survivors of torture. Knowledge of the Inter-Agency Standing Committee (IASC) MHPSS in emergencies guidelines. Ability to conduct counselling sessions via interpreters/ cultural mediators, whenever necessary. Ability to adapt consultations to remote working modalities. Personal Competencies Works well in and promotes teamwork. Comfortable in a multi-cultural environment. Flexible and able to handle pressure well. Languages Arabic or Kurdish (native) are mandatory. Knowledge of English is a strong advantage. Computer Skills Microsoft Office (Word, PowerPoint, Excel). Online platforms used for remote support (such as Zoom and Skype). 	 IASC GL Psychological first aid (PFA) Problem Management plus (PM+) Values and ethics Interviewing Techniques and skills Counseling skills Documentation Referral pathways Intervention plan Data protection and data management

TITLE OF MHPSS STAFF AND DEFINITION	JOB DESCRIPTION	QUALIFICATIONS	SKILLS AND COMPETENCIES	RECOMMENDED TRAINING
Professional who provides specialized psychological interventions and consultations, assisting clients in integrating their experiences.	 Implements specialized mental health and psychosocial services activities to different groups. Provides individual, family and group psychological and psychosocial support. Adhere to internationally recognized best practices for evidence-based psychological interventions and the management of clients with mental health concerns. Ensure the confidentiality of clients and respects their decisions. Support training to other MHPSS staff. Attend clinical supervision sessions with mental health specialist (psychiatrist or other experienced clinical psychologist) to follow up cases. 	Required Bachelor's degree in psychology from an accredited university is mandatory (educational and psychological sciences). Additional Master's degree in psychology, counseling, or related mental health disciplines. Minimum Years of Experience 2–3 years.	 Essential Skills Experience in providing psychological interventions to individuals. Experience in providing psychological interventions to IDP and refugee populations. Knowledge of different culturally relevant therapeutic techniques. Experience in conducting assessments, using screening tools and creating individual care plans for clients seeking mental health services. Understanding and ability to maintain confidentiality and respect for beneficiaries. Positive and professional attitude, including ability to work well in a team setting. Additional Skills Knowledge of the Inter-Agency Standing Committee (IASC) MHPSS in emergencies guidelines. Ability to conduct counselling sessions via interpreters/ cultural mediators, whenever necessary. Ability to conduct sessions remotely. Personal Competencies Working well in, and promoting teamwork. Comfortable in a multi-cultural environment. Flexible and able to handle pressure well Ability to clearly communicate, including complex concepts into plain, non-technical language. Languages Arabic or Kurdish (native) are mandatory. Knowledge of English is a strong advantage. Computer Skills Microsoft Office (Word, PowerPoint, Excel). Online platforms for remote support (such as Zoom and Skype). 	 IASC GL Psychological first aid (PFA) Problem Management plus (PM+) Values and ethics Interviewing Techniques and skills Counselling skills Documentation Referral pathways Intervention plan Data protection and data management

TITLE OF MHPSS STAFF AND DEFINITION	JOB DESCRIPTION	QUALIFICATIONS	SKILLS AND COMPETENCIES	RECOMMENDED TRAINING
Professional who provides psychotherapy and/or counselling.	 Establish a safe space to conduct private and confidential sessions that respect local context and is safely accessible to individuals, especially women and children. Assess the client's needs and presenting complaints and develop a care plan with the client based on those needs, including referrals to other services. Provide age-appropriate culturally relevant individual and/or group psychological counselling for at-risk population including but not limited to survivors of GBV, IDPs, refugees, asylum seekers and unaccompanied minors. Support the client's coping process and mobilize their internal and external resources for processing extreme adversity. Maintain an effective working relationship and regular communication with other team members and other programmes members working on the same project. Develop case reports and case studies for the purpose of monitoring, evaluation and teaching experience Refer clients to other health professionals whenever necessary. Provide psychoeducation sessions to the family members of clients when needed. Organize and provide self-care and peer support activities to staff. Adhere to internationally recognized best practices for evidence-based psychological interventions and the management of clients with mental health concerns. Ensure the confidentiality of clients and respect their decisions. 	Bachelor's degree in clinical psychology/ psychology with a completed Master's degree in psychotherapy, clinical psychology, counselling. A completed clinical training/practicum in a university centre consisting of at least 1000 hours of training under supervision. Minimum Years of Experience 3 years.	Essential Skills and Knowledge Experience in different modalities of psychotherapeutic interventions, such as CBT, IPT and group therapy. Experience in providing psychological interventions to migrant and refugee populations including but not limited to survivors of torture. Knowledge of different culturally relevant therapeutic techniques. Experience in conducting assessments, using screening tools and creating individual care plans for clients seeking mental health services. Understanding of and ability to maintain confidentiality and respect for beneficiaries. Positive and professional attitude, including ability to work well in a team setting. Additional Skills and Knowledge Knowledge of the Inter-Agency Standing Committee (IASC) MHPSS in emergencies guidelines. Ability to conduct counselling sessions via interpreters/ cultural mediators, whenever necessary. Previous NGO experience. Experience in conducting sessions remotely. Personal Qualities Works well in and promotes teamwork. Comfortable in a multicultural environment. Flexible and able to handle pressure well. Languages Arabic or Kurdish (native) are mandatory. Knowledge of English is a strong advantage. Computer Skills Microsoft Office (Word, PowerPoint, Excel). Online platforms for remote support (such as Zoom andSkype.)	Psychotherapeutic modalities PFA PM+ Values and ethics Interviewing techniques and skills Counselling skills Documentation Referral pathways Intervention plan Data protection and data management Communication skills and active listening

TITLE OF MHPSS STAFF AND DEFINITION	JOB DESCRIPTION	QUALIFICATIONS	SKILLS AND COMPETENCIES	RECOMMENDED TRAINING
A professional who provides basic counselling services for individuals, groups or families, including to help clients express themselves and understand their emotions, and enhance clients' ability to solve problems, make decisions and effect desired changes in attitudes and behaviour.	 Ensure the promotion of mental health, psychosocial support and activity implementation at community level. Provide individual counselling and maintain confidentiality during service provision. Conduct comprehensive assessments. Provide basic counselling, structured psychological interventions (focused, non-specialized) and psychoeducation in facilities and communities. Assess clients' need for referral as per the referral pathways criteria. Identify major stressors for women and children in the community. 	Bachelor's degree in counselling (human sciences) or a Bachelor degree in the field of social science, education or humanities. Or any field with minimum 3 years of providing counselling under supervision of a specialist professional. Additional Master's degree in counselling. Minimum Years of Experience 3 years.	Essential Skills and Knowledge Experience in using different components of psychotherapeutic interventions; CBT, IPT and group therapy. Experience in providing psychological interventions to migrant, IDP and refugee populations. Knowledge of different culturally relevant therapeutic techniques. Experience in conducting assessments, using screening tools and creating individual care plans for clients seeking mental health services. Understanding of and ability to maintain confidentiality and respect for beneficiaries. Positive and professional attitude, including ability to work well in a team setting. Additional Skills and Knowledge Knowledge of the IASC MHPSS in emergencies guidelines. Ability to conduct counselling sessions via interpreters/ cultural mediators, whenever necessary. Previous NGO experience. Experience in conducting sessions remotely. Personal Qualities Works well in and promotes teamwork. Comfortable in a multi-cultural environment. Flexible and able to handle pressure well. Languages Arabic or Kurdish (native) are mandatory. Knowledge of English is a strong advantage. Computer Skills Microsoft Office (Word, PowerPoint, Excel). Online platforms for remote support (such as Zoom and Skype.)	IASC GL PFA Problem Management plus (PM+) Principles of basic counselling Documentation Human rights approach in MHPSS Community-based approach in MHPSS: IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement Referral pathways Data protection and data management

TITLE OF MHPSS STAFF AND DEFINITION JOB DESCRIPTION	RIPTION	QUALIFICATIONS	SKILLS AND COMPETENCIES	RECOMMENDED TRAINING
Social Worker Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment of people. A social worker may seek to reinforce the welfare of communities, individuals, families and groups, for example by undertaking case management by making assessments, referrals and follow ups. Perform proper and detailed PSS and/or case studies of target part in the development provide direct individual and/or groups conflict-affected populations and work as part of a multidisciplinant psychiatrists, psychologists and or Refer clients if needed to speciality institutions using the referral path in the provide direct individual and/or groups conflict-affected populations and work as part of a multidisciplinant psychiatrists, psychologists and or Refer clients if needed to speciality institutions using the referral path in the stability of the stabilish and facilitate peer supplement peers and interventions cannot be client needs and interventions cannot be client needs and interventions cannot be conducted as a stabilish and maintain a relations that is professional and confident in the provide direct individual and/or groups conflict-affected populations and work as part of a multidisciplinant psychiatrists, psychologists and or Refer clients if needed to speciality institutions using the referral path in the provide direct individual and/or groups conflict-affected populations and work as part of a multidisciplinant psychiatrists, psychologists and or Refer clients if needed to speciality institutions using the referral path in the provide direct individual and/or groups conflict-affected populations and work as part of a multidisciplinant psychiatrists, psychologists and or Refer clients if needed to speciality institutions using the referral path in the provide direct individual and/or groups conflict-affected populations and work as part of a multidisciplinant psychiatrists, psychologists and or Refer clients if needed to specialit	icipants. ent needs int plan. roup PSS interventions to their family members y team alongside ther MHPSS staff. sts or to other nways. ort groups umentation of rried out. beneficiaries. mental health es. bects of work with participants. ship with a client cial. I analysis of emergency es and IDPs. other relevant skills training. ased approaches	Bachelor's degree in social sciences or any human sciences fields with minimum 3 years of providing case management under supervision of a specialist professional. Bachelor's degree in educational psychology. Minimum Years of Experience 3–5 years.	 Essential Skills and Knowledge Capability to handle sensitive and confidential information. Demonstrated technical expertise in the assessment of and design and delivery of responses to pre-existing and emergency-induced MHPSS needs. Familiarity with needs-based participatory approach; experience with engagement with communities. Cultural, gender, religion, race, ethnicity, and age-sensitivity and adaptability. Additional Skills and Knowledge Knowledge of the IASC MHPSS in emergencies guidelines. Ability to conduct counselling sessions via interpreters/ cultural mediators, whenever necessary. Previous NGO experience. Experience in conducting sessions remotely. Personal Qualities Works well in and promotes teamwork. Comfortable in a multicultural environment. Flexible and able to handle pressure well. Languages Arabic or Kurdish (native) are mandatory. Knowledge of English is a strong advantage. Computer Skills Microsoft Office (Word, PowerPoint, Excel). Online platforms for remote support (such as Zoom and Skype.) 	IASC GL PFA Principles of basic counselling MHPSS needs assessment Care plan Case progress follow up and monitoring Human rights approach in MHPSS Community-based approach in MHPSS: IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement Referral pathways Data protection and data management Problem Management plus (PM+) WHO (2016) Group Interpersonal Therapy (IPT) for Depression

TITLE OF MHPSS STAFF AND DEFINITION	JOB DESCRIPTION	QUALIFICATIONS	SKILLS AND COMPETENCIES	RECOMMENDED TRAINING
Case Manager (Non-MHPSS Position) A professional who provides case management services to clients including a holistic range of mental health, physical health, shelter, legal and protection, economic empowerment and livelihoods, and social networks services. Provides basic psychosocial support throughout the process. This position can be offered to individuals from different protection backgrounds such as GBV, Legal and MHPSS.	 Complete all case management forms in line with the case management steps. Conduct comprehensive assessments. Prepare a support plan with the individual, in consultation with various care providers. Monitor and support adherence to the support plan. Provide basic counselling, psychological interventions and psychoeducation in facilities and communities in coordination with MHPSS staff members. Maintain accurate records, cases/beneficiaries' files on a weekly basis. Work closely with the members of the MHPSS case management team (clinical psychologist and psychiatrist) to develop and follow up the intervention plans. Conduct mapping of services in the area of operations (where the MHPSS Case Manager is allocated). The Case Manager is an essential resource to provide accurate referrals and ensure adequate follow up of all cases referred, including recommendation before referring patients to the nearest mental health facility when needed. 	Bachelor or Master's degree in social work, law, psychology, medicine, nursing or other human sciences degree with training in mental health. Minimum Years of Experience 3 years.	 Essential Skills and Knowledge Adheres to ethical considerations and principles in regards to working with vulnerable populations. Experience in working closely with community members throughout a programme cycle. Knowledge of, respect and empathy for the communities involved. Non-discriminatory attitude and readiness to involve men, women, girls and boys from diverse backgrounds, particularly from the most marginalized segments of the community. Additional Skills and Knowledge Strong Knowledge of IASC MHPSS in emergencies guidelines. Ability to conduct counselling sessions via interpreters/ cultural mediators, whenever necessary. Personal Qualities Very good listening and facilitation skills – capable of managing and facilitating group discussions with participants, local officials, partners and all levels of staff. Works well in and promotes teamwork. Comfortable in a multicultural environment. Flexibility and ability to handle pressure well. Languages Arabic or Kurdish (native) are mandatory. Knowledge of English is a strong advantage. Computer Skills Microsoft Office (Word, PowerPoint, Excel). Online platforms for remote support (such as Zoom and Skype) 	 IASC GL Mental Health Case Management (MHCM) Training PFA PM+ MHPSS needs assessment Principles and procedures of client-centred case management Follow up and monitoring Facilitation skills for groups sessions Human rights approach in MHPSS Community based approach in MHPSS: IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement Referral pathways Data protection and data management

TITLE OF MHPSS STAFF AND DEFINITION	JOB DESCRIPTION	QUALIFICATIONS	SKILLS AND COMPETENCIES	RECOMMENDED TRAINING
Community-Based Worker (psychosocial worker, outreach volunteers, community mobilizers, community support workers) Local community members who are not mental health professionals or health-care professionals provide a variety of services. Examples of people working at this level of service provision include: lay (community- based) volunteers, community workers, staff in advocacy organizations, humanitarian aid workers and other professionals such as teachers and educators.	 Identify individual cases through regular presence in the community. Identify signs of distress and recognize common mental health symptoms, refer clients to the appropriate level of service provision. Assess and support persons in crisis. Provide group community awareness about mental health and psychosocial support. Contribute to raising awareness about mental wellbeing and to stigma reduction. Support programme management in developing culturally sensitive approaches to MHPSS programming. In cooperation with the case manager and PSS worker, provide and facilitate peer support groups at the local centres/sites. Conduct initial (rapid) assessments for identified cases and prioritize them according to risk level. Regularly monitor and support service participants and their families through home visits, guidance, advice and emotional support, community mediation and referrals. Regularly document cases using case notes and other agreed upon forms, update databases to ensure a comprehensive record of the case. Provide basic psychological interventions and/ or psychoeducation in the community. Follow-up support to cases in the community. 	Bachelor's degree in sociology or social work, or Any university degree with minimum 2 years of community work. Minimum Years of Experience 3 years.	 Essential Skills Experience in social work and counselling. Experience in working in the social sector, particularly with IDPs or refugees, or with programmes focused on war victims with basic counselling skills and techniques. A strong commitment to human rights, including gender equality and child safeguarding, and to implementation of international humanitarian principles. Personal Qualities Collaborative spirit and ability to work independently as well as in a team. Commitment to knowledge sharing and teamwork. Positive attitude and ability to see through challenges to find solutions. Strong interpersonal skills. Ability to clearly communicate, including complex concepts into plain, non-technical language. Languages Arabic or Kurdish (native) are mandatory. Knowledge of English is a strong advantage. Computer Skills Microsoft Office (Word, PowerPoint, Excel). Online platforms for remote support (such as Zoom and Skype.) 	PFA PM+ Facilitation skills Human rights approach in MHPSS Community-based approach in MHPSS: IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement Referral pathways Basic psychosocial competence training mhGAP Training Course for Community Workers WHO (2015) Thinking Healthy: A Manual for Psychosocial Management of Perinatal Depression

TITLE OF MHPSS STAFF AND DEFINITION	JOB DESCRIPTION	QUALIFICATIONS	skills and competencies	RECOMMENDED TRAINING
Trained Non-Specialist Healthcare Service Providers Local community members who are not mental health professionals or health care professionals provide a variety of services. Examples of people working at this level of service provision include: lay (community based) volunteers, community workers, staff in advocacy organizations, humanitarian aid workers and other professionals such as teachers and educators.	 Follow standard guidelines for assessing and managing priority conditions in non-specialized health settings (e.g. mhGAP-IG version 2.0). Consult specialists, and refer complex cases to mental health specialists. Identify mental disorders Provide basic medication and psychosocial interventions. Provide family and community psycho-education. Crisis intervention. Contribute to prevention of mental disorders and mental health promotion. 	Bachelor's degree in either medicine or nursing	Essential Skills Diagnosis and treatment of mental disorders: knowledge of the symptoms and course of major mental disorders. Knowledge of available psychotropic medicines (especially those that are available at the primary care level) and their potential side-effects. Evaluating and monitoring the mental state of individuals, evaluating and monitoring response to treatment. Evaluating safety (e.g. assessing suicide risk); and managing safety issues (e.g. managing potential or actual violence). Providing psycho-education to patients and their families. Knowledge and skills to tackle the problems of stigma and discrimination faced by people with mental disorders in the community. Have an understanding of the human rights and the legal entitlements of people with mental disorders in their country. Basic knowledge of the theoretical basis of different crisis intervention models. Ability to carry out any necessary therapeutic interventions, including counselling support, use of emergency medication and referral for admission to hospital if necessary. Equipped to identify common risk factors and protective factors in the communities. Deliver mental health interventions that have been shown to promote mental health or prevent disorders at the primary health-care level. Adhere to ethical considerations and principles in regards to working with vulnerable populations. Knowledge of, respect and empathy for the involved communities. Basic counselling skills. Assess and support persons in crisis. Personal Qualities Works well in and promotes teamwork. Comfortable in a multicultural environment. Flexible and able to handle pressure well. Languages Arabic or Kurdish (native) are mandatory. Knowledge of English is a strong advantage. Computer Skills Microsoft Office (Word, PowerPoint, Excel), Online platforms for remote support (Such as Zoom and Skype.)	IASC GL MhGAP-IG PFA) PM+ Values and ethics Interviewing techniques and skills Counselling skills Referral pathways

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