



The MSP and the MHPSS intervention pyramid

In emergencies, people are affected in different ways and require different kinds of services and supports. The concept of a layered intervention pyramid has frequently been used to illustrate the range of complementary supports that are required (see Figure 1). The most commonly referenced MHPSS pyramid is the IASC (2007) Intervention Pyramid for Mental Health and Psychosocial Support in Emergencies, although several versions have been published. The different versions of the IASC pyramid and other pyramid models of organizing MHPSS **vary in how the layers have been labelled and activities categorized.**¹

Notwithstanding these complexities, the various interpretations of the pyramid communicate a **common set of underlying principles:**

- ▶ A key to organizing mental health and psychosocial support is to develop a **layered system of complementary supports** that meet different needs.
- ▶ All layers of the pyramid are important and should be **made available concurrently.**
- ▶ There is a **wide spectrum** of MHPSS services and supports, with fewer people needing services at the higher layers of the pyramid, and a greater number of people needing services at the lower layers.
- ▶ Typically, delivering activities at **higher layers** of the pyramid requires more formal or specialized qualifications (education, health, social services etc.). This often corresponds to more training, supervision and mentoring being required for the staff involved.
- ▶ The provision of MHPSS services and activities **involves different actors**; it is unlikely that any single actor can do this alone.
- ▶ The MHPSS response not only involves MHPSS providers; rather, a wide range of **humanitarian actors across sectors** play an important part (e.g. by ensuring that humanitarian aid is provided in a way that minimized psychological distress and promotes well-being, dignity and agency).

The pyramid model, in its various forms, can:

- ▶ Serve as a **common framework** for an integrated and holistic response to inform the programmatic and operational work of various humanitarian actors;
- ▶ Be a **helpful visual aid when communicating** the multi-layered nature of MHPSS with various actors from different sectors/areas of work and when **advocating to fill gaps** in service provision;
- ▶ Help different actors to understand **where their activities fit** in the MHPSS response, and inform their current and future programming.

Illustrative examples of MSP activities in different layers

Table 1 illustrates how **MSP activities might be associated with different layers of the pyramid**, and how this might vary depending on how the services are delivered. It provides a **specific illustrative example of how MSP activities may be mapped onto the pyramid** (using the IASC 2011 pyramid as a base).²

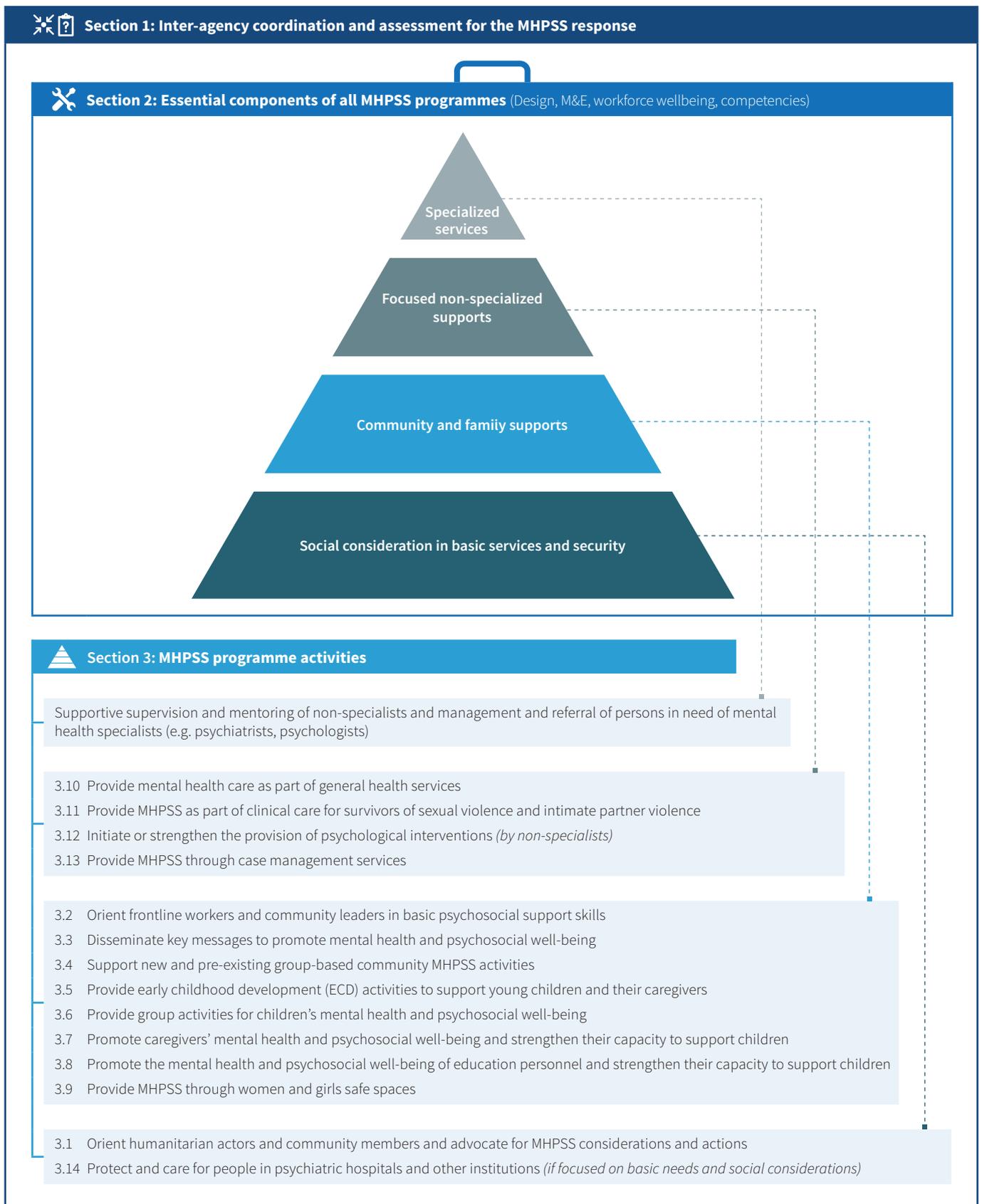
1 For example, the top layer has been labelled 'Specialized Services', 'Clinical Services' or 'Specialized Mental Health Care'. The third layer has been labelled 'Focused non-specialized supports', 'Psychological Support', 'Focused (person-to-person) non-specialized support', or 'Focused Care'. The pyramids also vary in terms of which activities they associate with each layer. For example, basic psychosocial support, including and psychological first aid, has been associated with different layers, including layer three and layer one.

2 IASC (2011). Advocacy Package. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Available [here](#).

Table 1. Comparing the MHPSS MSP activities and the levels of the IASC MHPSS intervention pyramid

MHPSS MSP activities	Level of IASC intervention pyramid
1.1 Coordinate MHPSS within and across sectors	Not applicable
1.2 Assess MHPSS needs and resources to guide programming	Not applicable
2.1 Design, plan and coordinate MHPSS programmes	Not applicable
2.2 Develop and implement an M&E system	Not applicable
2.3 Care for staff and volunteers providing MHPSS	Not applicable
2.4 Support MHPSS competencies of staff and volunteers	Not applicable
3.1 Orient humanitarian actors and community members on MHPSS	1 (usually), but this activity can also be part of several MSP activities
3.2 Orient frontline workers and community leaders in basic psychosocial support skills	Variable
3.3 Disseminate key messages to promote mental health and psychosocial well-being	3, if used as part of focused support 2, if used more broadly for affected communities or segments of communities
3.4 Support new and pre-existing group-based community MHPSS activities	2, if activity focuses on strengthening community and family supports
3.5 Provide early childhood development (ECD) activities to support young children and their caregivers	2
3.6 Provide group activities for children’s mental health and psychosocial well-being	2
3.7 Promote caregivers’ mental health and psychosocial well-being and strengthen their capacity to support children	2
3.8 Promote the mental health and psychosocial well-being of education personnel and strengthen their capacity to support children	2
3.9 Provide MHPSS through safe spaces for women and girls	2
3.10 Provide mental health care as part of general health services	3
3.11 Provide MHPSS as part of clinical care for survivors of sexual violence and intimate partner violence	3
3.12 Initiate or strengthen the provision of psychological interventions	3 4, if it involves psychotherapy by mental health specialists
3.13 Provide MHPSS through case management services	3
3.14 Protect and care for people in psychiatric hospitals and other institutions	1 (if focused on providing for basic needs and social considerations), and/or 4 (if focused on provision of specialized mental health care)

Figure 1. Illustrative figure of how MSP activities (section 3) can map on the IASC intervention pyramid for mental health and psychosocial support in emergencies (adapted with permission)



See MHPSS MSP: <https://mhpssmsp.org>