BULGARIA
MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT
TECHNICAL WORKING GROUP (MHPSS TWG)
TERMS OF REFERENCE

INTRODUCTION & BACKGROUND

Since the escalation of hostilities in February 2022, nearly one-third of the population has been forced from their homes in Ukraine, making it one of the largest human displacement crises in the world today.

Across Europe, 8,075,440 refugees from Ukraine have been recorded, as of 15 February 2023. Meanwhile, more than 977,000 refugees have crossed into Bulgaria as of end-December 2022[1].

Among them, some 152,515 have requested and received temporary protection which grants access to a number of rights and national social protection networks and public services.

As of 15 February, 50,373 Ukrainian refugees remained in Bulgaria[2]. The 86% of this population is composed of women (50%) and children (36%)[3].

The national accommodation policy, which currently benefits some 10,000 refugees from Ukraine, is ongoing, with the majority of people accommodated in the coastal areas of Burgas and Varna (nearly 55%).[4]

According to the World Health Organization, the prevalence of mental health conditions conflict-affected populations (depression, anxiety, post-traumatic stress disorder, bipolar disorder, and schizophrenia) is 22.1% at any point in time.[5] Additionally, most refugees will experience distress (e.g. feelings of anxiety and sadness, hopelessness, difficult sleeping, fatigue, irritability or anger and/or aches and pains)[6].

Thus, more than 11,000 Ukrainian refugees currently recorded in Bulgaria might experience a mental health condition, and the majority will be under significant social and psychological stress.

Additionally, a total of 20,407 asylum applications were filed in Bulgaria in 2022, with the majority of applicants from Syria, Afghanistan, Morocco and Iraq (62% children, accompanied and unaccompanied).[7]

With the overall goal of reducing suffering and improving the mental health and psychosocial wellbeing of asylum seekers and refugees in Bulgaria, a single cross-sectoral MHPSS Technical Working Group (MHPSS TWG) was established on December 2022, in line with the IASC guidelines for MHPSS in emergency settings and the global MHPSS Minimum Service Package.

Mental Health and Psychosocial Support is also included in the Bulgarian chapter of the 2023 Ukraine Situation Regional Refugee Response Plan (RRRP) as Country Cross-Cutting Response Priority.

[1] Bulgaria State Agency of Refugees and Chief Directorate of Border Police
[2] https://data.unhcr.org/en/situations/ukraine
[3] https://reporting.unhcr.org/ukraine-regional-refugee-response-plan
[4] Ibid.
[5] 2019 - New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis
[6] https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies
[7] 2022, MoH, WHO at al. - Refugee Health: Assessment of the Health System's Needs within the context of the crisis in Ukraine in Bulgaria

DEFINITIONS OF MHPSS

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community (WHO).[8]

The term *Psychosocial* pertains to the influence of social factors on an individual's mind and behaviour, and to the interrelation of behavioural and social factors, and more widely to the interrelation between the mind and society (OED, 1997).[9]

The composite term *Mental Health* and *Psychosocial Support* describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorders.

It serves to unite as broad a group of actors as possible and underscores the need for diverse, complementary approaches in providing appropriate supports (IASC).[10]

GUIDING PRINCIPLES

- Human rights, equity and non-discrimination
- Participation and community engagement
- Do no harm
- Building on available resources and capacities
- Integrated support systems
- Multi-layered support
- Accountability to Affected Populations
- Person-centred approach

MAIN OBJECTIVES

1. Provide and promote a predictable, accessible, transparent and inclusive space for all agencies and various stakeholders implementing or interested in emergency MHPSS to network, share data and information and have technical discussions around activities, common issues, gaps and needs, based on self-identified priorities

2. Identify, promote and strengthen safe ethical high quality MHPSS interventions that are IASC compliant, accessible and tailored to the specific needs of all asylum seekers, refugees and migrants in Bulgaria, particularly to those at heightened risk, irrespective of legal status, age, gender, sexual orientation, faith and ethnicity

3. Pursue and encourage the engagement, participation and leadership of Government Line Ministries and local NGOs in order to foster and strengthen local ownership and continuity of the platform

[8] https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
[9] https://www.iom.int/sites/g/files/tmzbdl486/files/jahia/webdav/shared/shared/mainsite/activities/health/mental-health/Mental-Health-and-Psychosocial-Response.pdf
[10] 2007 - IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings

4. Promote sustainability of emergency MHPSS interventions in Bulgaria through advocacy, monitoring and sharing fund opportunities, and protection of workforce well-being

5. Advocate for and contribute to structural reforms in the field of MHPSS in Bulgaria

SCOPE OF ACTIVITIES

1. **General Coordination**

a. Ensure that the TWG meet on regular basis, with relevant agenda; meeting minutes and presentations are timely circulated and members are kept engaged in the process

b. Develop and update ToRs, workplans, preparedness and capacity building plans, service mappings, referral pathways, SoPs, according to operational priorities and based on consensus

c. Assign roles and responsibilities to TWG members, according to specific expertise, time availability and commitment

d. Encourage and promote informal networks and coordination at province level, in order to maximize access to services for beneficiaries and avoid duplications or omissions in service provision

e. Ensure communication and engagement with other relevant RRP sectors, particularly Health, Protection and its sub-sectors (CP, GBV) and Education; participate in sectorial discussions and invite focal points to attend and engage with the TWG as appropriate

f. Build and maintain relationships with relevant Line Ministries focal points and encourage regular participation and engagement with the TWG

g. Activate ad-hoc or permanent technical task-forces, based on needs and consensus

h. Ensure periodic connection and communication with the global IASC MHPSS Reference Group

i. Facilitate identification of thematic and geographic priorities and foster focused discussions and troubleshooting

2. **Analysis, Assessments and Information Management**

a. Conduct and support situational and context analysis to promote an evidence-based mechanism to identify thematic and geographical priorities

b. Promote sharing of relevant assessments results; provide technical support for the development of assessment tools and coordinate joint assessments as appropriate

c. Identify needs and gaps in data and information availability on MHPSS and promote systems and processes that support improving access and dissemination among TWG members and beyond

d. Encourage members to report on their MHPSS activities, achievements and challenges, and ensure information is uploaded and shared on UNHCR activity info portal, analysed and timely disseminated

e. Give visibility to MHPSS activities, data and information using different media i.e. situation reports, newsletters, global and local agency websites and social media as appropriate

f. Create and update an accessible, user-friendly online platform to share and disseminate MHPSS tools, documents, materials and lessons learned developed by TWG members; encourage members to join reliable global MHPSS platforms

g. Keep subscriptions to the TWG and member contact lists updated

3. Technical Support and Capacity Building

a. Facilitate identification of capacity building and training priorities (thematic and geographical) for the TWG and develop a capacity building plan accordingly

b. Identify available resources (technical and financial), internal and external to the TWG, to implement priority capacity building activities (in class or online workshops, seminars, conferences, training sessions, ToTs) that are in line with best practices and internationally recognized MHPSS guidelines

c. Create opportunities for exchange of lessons learned and good practices between members

d. Disseminate MHPSS guidelines in Ukrainian and Russian languages and translate key ones in Bulgarian

e. Promote supervision of MHPSS staff from senior qualified Mental Health professionals

f. Strengthen MEAL capacities of TWG members

g. Keep members updated on available capacity building opportunities, in class or online

h. Promote mainstreaming of MHPSS into other sectors capacity building activities

4. Advocacy and Policy Making

a. Ensure and engage stakeholders to keep MHPSS narratives high in the humanitarian agenda in Bulgaria

b. Produce advocacy notes to the humanitarian community, government and media when refugees and migrants' rights are severely at risk or challenged, with consequent impact on their well-being, particularly of the most vulnerable groups

c. Advocate and create bridges between TWG members and international donors so to promote partnership opportunities for MHPSS relevant interventions

d. Align the TWG objectives with national policies and strategies for MHPSS; advocate for and contribute to structural reforms in the field of MHPSS in Bulgaria

ROLES & RESPONSIBILITES

1. Co-chairmanship

The co-chairmanship of the MHPSS TWG should be shared between one hosting UN agency and one local stakeholder (Line Ministry or NGO), at very minimum.

At the time of the present first version of the ToRs, the World Health Organization is the hosting UN agency and the slot allotted to the local stakeholder is vacant.

The co-chairs must be committed to the implementation of the ToRs, ensure the continuity and protect the cross-sectorial nature and inclusiveness of the platform at all times, and its selection are consensus-based.

The co-chairs can be rotated on a periodic basis, with replacements to be selected from the TWG.

As all members of the TWG are equal, the co-chairs would not have any supervisory role.

2. Membership

The membership to the MHPSS TWG is opened and inclusive. Examples of suitable members:

- Government stakeholders involved in policy making or direct implementation of MHPSS activities
- All humanitarian stakeholders with already built capacity in MHPSS and that already implement MHPSS programs
- All humanitarian stakeholders willing to mainstream or include MHPSS interventions into their existing programs and willing to strengthen their knowledge and capacities
- All stakeholders from other sectors interested in MHPSS activities

MEETINGS

The MHPSS TWG meetings are based in Sofia, held in person and online with bi-weekly frequency. The frequency of the meetings can be modified based on consensus and operational requirements. Ad-hoc meetings can be scheduled as necessary.

The language of the meetings shall be English.

The venue of the meetings shall be agreed by members, based on availability. In the first quarter of 2023, the meetings are held at the UNHCR conference room.

This ToRs shall be revised twice a year.