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MESSAGE BRIEF: TIPS TO GENERATE REFLECTION AND DIALOGUE FOR MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

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UNICEF
Division of Communication
3 United Nations Plaza
New York 10017, USA
nyhqdoc.permit@unicef.org

Cover photo:

Coordinators from Manas Foundation engaged with adolescents through activities and games on emotional awareness through a UNICEF-supported programme on mental health and psychosocial support, in Dantewada, Chhattisgarh, India. © UNICEF/UN0517425/Panjwani

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From Rain Barrel Communications, Tomas Jensen served as the Project Director. Dr. Priyanka Rajendram contributed as Co-team Leader and MHPSS Specialist, Dr. Amy Henderson Riley as Co-team Leader and SBC and Behavioral Insights Specialist, Dr. David Mould as a Senior-level SBC Technical Expert, Marie Angeline Aquino-Tiongco as a Project Coordinator, Cori Park as Graphic Designer, and Andrea Brandt as Project Executive.

From UNICEF, key contributors included Ken Limwame, Jennifer Groves, Ukasha Ramli, and Floriza Gennari. The project received strategic guidance and direction from Luwei Pearson, Associate Director of Health; Vincent Petit, Global Lead for SBC; and Zeinab Hijazi, Global Lead for MHPSS. Additional contributors and reviewers from UNICEF were Alysha Tagert, Andres Esteban Ochoa Toasa, Anna Koehorst, Ann Willhoite, Caoimhe Nic A Bhaird, Christine Kolbe-Stuart, Deepa Risal Pokharel, Diana Rayes, Floriza Gennari, Joanna Lai, Line Baago-Rasmussen, Luwei Pearson, Marcia Brophy, Massimiliano Sani, Naureen Naqvi, Patricia Landinez, Qihui Ma, Rachel Binder Hathaway, Rania Elessawi, Raoul Kamadjeu, Rowena Katherine Merritt, Tania Dhakhwa, and Tedbabe Degeffie Hailegebriel.



Why key messages for mental health and psychosocial support?

Key messages for mental health and psychosocial support (MHPSS) are concise and evidence-informed statements designed to convey essential information about mental health, wellbeing and available support services. They serve as conversation starters for dialogues with users of MHPSS-related information and services.

Key messages are crucial for several reasons. Firstly, they distil complex information into easily understandable and relatable points, ensuring that it reaches as many people as possible. Secondly, key messages can help to address stigma and misinformation surrounding mental health, fostering a more informed and empathetic society. Moreover, key messages serve as the basis for tailored Social and Behaviour Change (SBC) Communication approaches, allowing for specific messaging that addresses MHPSS needs.

Crafting key messages involves not only contextualization and evidence-based content but also demands clarity, brevity, and practicality to ensure easy comprehension and prompt action. These messages should be consistently communicated through diverse channels to maximize their reach and impact.

Who should use this document?

This chapter of the SBC for MHPSS package is tailored to a global and diverse set of change-makers committed to improving MHPSS, including but not limited to MHPSS practitioners, humanitarian aid workers, public health professionals, educators and policymakers. It serves as a valuable resource for those seeking to develop key messages for SBC outcomes, such as increasing demand for services or boosting self-efficacy in MHPSS.

How should this document be used?

This message brief focuses on how to effectively co-create and test key messages for MHPSS across different cultural and social settings. It is designed to

be accessible and practical. Readers are encouraged to make use of the guidance, case studies and resources provided that are relevant to their specific needs.

How was this document developed?

The chapter's framing and development began with expert stakeholder consultations and a post-workshop survey, together with insights from a desk review on SBC programmatic approaches for MHPSS. The collaborative effort involved a diverse review team in the fields of MHPSS and SBC providing written and oral feedback, ensuring a comprehensive and thorough approach to creating the chapter. Drawing from a diverse array of experiences, best practices and evidence-based approaches, it incorporates real-world insights and lessons learned.



UNICEF volunteers examining the physical, mental and social developmental parameters of a 7-year-old Ansh Rakesh at Zilla Parishad Upper primary school in Illur village, Gadchiroli district of Maharashtra, India. © UNICEF/UN0685056/Magray



What are key messages? How are they developed and tested?

Key messages form the foundation for interventions by providing clear guidance for SBC communication approaches, in particular. SBC may consist of different programmatic approaches, such as community engagement, social movements or a combination of approaches, and the use of co-created, tested and evidence-based messages on MHPSS is key to steering the change process in the right direction. Key messages provide input for dialogue with different participants in an SBC process that seeks to raise their awareness and learning about mental health, including reducing the stigmatization and exclusion of people affected by mental health issues. Additionally, key messages are invaluable in mobilizing communities to support individuals facing mental health challenges.

The process of message co-creation in any field begins with a thorough understanding of the Theory of Change. UNICEF's MHPSS Theory of Change in the [global multisectoral operational framework for practitioners](#) is a useful starting point. By incorporating SBC insights, carefully aligned with the levels outlined in the socio-ecological model, practitioners can set forth clear SBC outcomes and goals for what they hope participants will learn, feel and do.

For instance, if SBC insights reveal that improved knowledge is pivotal to enhancing help-seeking behaviours for MHPSS, draft messages must succinctly convey the availability of MHPSS services. Messages should highlight how utilizing these services significantly improves the wellbeing of people and communities and why it is important to seek help early. Whether it is to disseminate knowledge, shift attitudes or foster behavioural and normative changes related to seeking help and treatment, key messages must be finely tuned to drive the desired impact.

Identifying and working with SBC participants is a crucial step in the message co-creation process. While primary participants represent the main users of MHPSS messages, it is important not to overlook secondary participants (those who directly influence the primary participants, such as parents, family

members, neighbours, friends, peers, community or religious leaders, teachers and health workers) who often wield influence over their attitudes and behaviours. Caregivers, for example, play a pivotal role in making health decisions for children. Therefore, they are often considered primary participants, even though the ultimate beneficiaries of the conveyed information and support are children and adolescents. Crafting and testing messages using a co-creative methodology with both primary and secondary participants is a strategic approach to ensuring a comprehensive and effective SBC process.

Table 1. Communication channels for MHPSS messages

Channels	Examples
Mass media	Print, television, radio, film
Interpersonal or group media	Counselling and outreach, community sessions, peer-to-peer communication, public forums
Folk or local media	Emphasizing the potential of small contextual changes to drive substantial behaviour shifts
Digital media or interactive technologies	Mobile phones, social media, internet, including the Internet of Good Things and U-Report

Choosing the appropriate channel or platform, or a combination thereof, for communicating messages hinges on accessibility and the preferences of the identified participants. Each channel boasts unique advantages and considerations. Print media, for instance, provide a cost-effective option but necessitate literacy. Digital media, on the other hand, enable rapid dissemination but require vigilant monitoring for misinformation. Embracing a blended approach, whenever feasible, amplifies the reach and impact of MHPSS programmes. This might involve integrating print materials with interactive digital components, or utilizing radio campaigns alongside interactive platforms like WhatsApp for community engagement.

Box 1**The evolution of communication theory**

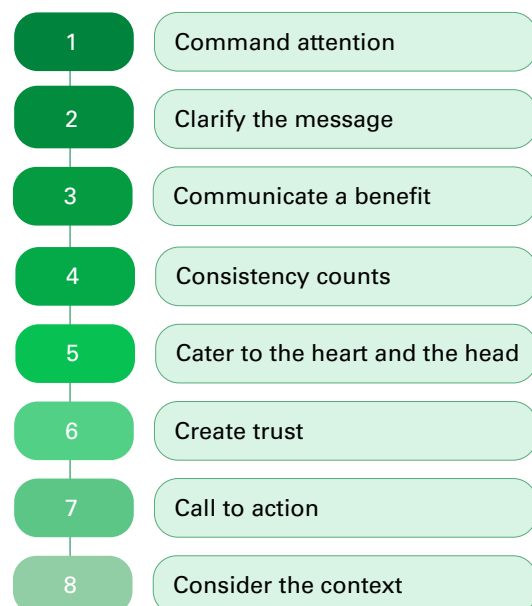
Communication theory has evolved significantly over the past half century or so. Early models suggested that a message flowed in a linear fashion from the sender through a channel to a receiver, and that all those at the receiving end would, with some limitations, act on it in a similar and predictable way. Later models recognized that communication is a much more complex process in which the existing knowledge and beliefs of participants, their social systems, religion, culture and other factors, affect how they act – or fail to react – to messages. Contemporary communication is viewed as a two-way or dialogic process in which participants construct their own meaning.

Delving deeper into message creation

The [eight Cs of communication \(Williams, 1992\)](#) serve as a useful framework in the crafting and development of effective messages:

- **Command attention:** Employ vibrant elements such as striking colours, engaging graphics and innovative channels and platforms to ensure your message captivates and stands out amidst the noise.
- **Clarify the message:** Maintain simplicity and directness, focusing on relaying the essential ‘need-to-know’ information while eliminating superfluous details.
- **Communicate a benefit:** Articulate the rewards or advantages that participants can anticipate from taking the recommended action, emphasizing the positive outcomes of their engagement. Often, this is best elucidated through an ‘if-then’ statement, illustrating that if a participant embraces the desired action, they stand to reap specific, tangible benefits. For example, empowering children and adolescents with the tools to differentiate between constructive and detrimental stress, while equipping them to manage negative emotions positively, not only fosters self-esteem but also cultivates meaningful relationships and, in the long run, propels active community engagement.
- **Consistency counts:** Uphold uniformity across various messages within a campaign to establish a unified and recognizable brand, fostering a sense of cohesion and reliability.
- **Cater to the heart and the head:** Blend emotional and cognitive appeals in messaging to resonate with a broader spectrum of participants, recognizing that decisions often hinge on both emotional inclinations and factual considerations.
- **Create trust:** Ensure that the information originates from a credible and trustworthy source, one that participants hold in high regard and find reliable.
- **Call to action:** Clearly articulate the specific action that the campaign aims to support, ensuring that it is both realistic and achievable for participants, thereby empowering them to take meaningful steps towards change.
- **Consider the context:** Exercise sensitivity to the social and cultural environment in which the communication unfolds. Failing to do so can lead to unintended consequences or unforeseen reactions to the message, potentially causing psychological discomfort or other unexpected outcomes. For instance, in tightly knit communities with multigenerational households, messaging that underscores shared benefits may resonate more profoundly than messages focusing on individual gains.

Figure 1. The eight Cs of communication



CASE STUDY

A good example of the process of co-creating clear key messages can be found in the ‘The Roof is in Your Hands’ campaign developed by UNICEF Poland to address the mental health needs of refugee mothers from Ukraine.

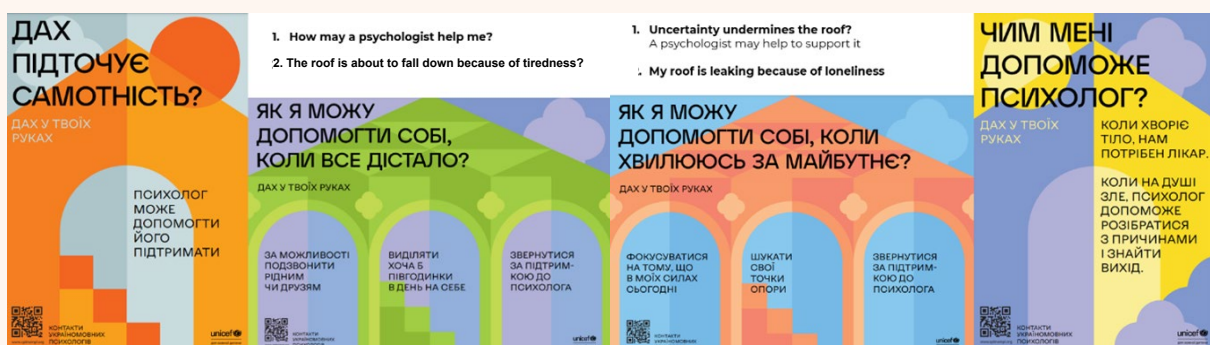
Surveys conducted with mothers indicated that the following information should be provided:

- How access to **emotional/psychological support** should be the priority for the intervention.
- How to communicate with women who have **different mental states**. Messages should include options for care as well as barriers and alternatives to care.
- Practical and **realistic ways of accessing mental health care**, especially for those with little time/money and who have childcare responsibilities.
- Different kinds of mental health support (e.g., face-to-face, remote, group) provided by **people who speak Ukrainian**. Interventions could highlight **Ukrainian-fronted services**.

Based on these insights, two types of key messages were developed for the campaign.

Figure 2. Two types of key messages in the ‘Roof is in your Hands’ campaign

Type 1	Type 2
<p>In our first set of messages we will focus on professional psychological help and inform the audience about available psychological services (link or QR code).</p> <p>The taglines will be created on our metaphor “your mind = your roof”</p> <p>Examples</p> <ul style="list-style-type: none"> • Anxiety unhinged the roof? A psychologist may help to reinforce it (QR link) • The roof is about to burst because of tiredness? A psychologist may help to calm it down (QR link) • Uncertainty undermines the roof? A psychologist may help to support it (QR link) 	<p>In our second set of messages we will suggest different copng strategies based on mental health expert recommendations. Professional psychological help will be one of these strategies. So our target audience will be able to choose the most suitable coping strategy to hold themselves up.</p> <p>Examples</p> <ul style="list-style-type: none"> • How can I help myself when I feel anxious? <ul style="list-style-type: none"> - Do meditation or breathe deeply - Walk around the park to refresh my thoughts - Seek support from a Ukrainian psychologist <p>Link (QR) The roof is in your hands</p>



Source: Adapted from ‘The Roof is in Your Hands’ campaign, UNICEF Poland.

Pre-testing for efficacy

Pre-testing is a critical step to ensure that MHPSS messages are effective, well received and easily understood by participants. In MHPSS, due to the cultural nuances associated with emotional and mental health terminology, pre-testing, validation and translation should be interconnected processes that contribute to crafting culturally sensitive and impactful messages. Pre-testing is important to make sure that messages are socially acceptable, have the best chance of leading to desired actions (and not backlash), are not offensive or unacceptable to the context and have the potential to spark meaningful change.

Pre-testing can be done at any time before full implementation. Methods for pre-testing messages and activities are largely qualitative, involving focus group discussions and interviews with participants. A practical approach is to present draft messages and have participants choose between different alternatives or versions, assessing for comprehension, attractiveness, relevancy, usefulness, credibility and persuasiveness.

Table 2. Questions answered by pre-testing

Questions answered	
Comprehension	What is the main idea this message or material is trying to get across? What will you get if you do what the message or material is asking you to do ?
Attractiveness	What first caught your eye? What can be done to make the message or material more interesting?
Relevancy	What kinds of people is this message or material meant for? How are these people similar or different from you?
Usefulness	What did you already know? What new information did you learn?
Credibility	Who created this message? How trustworthy is this source?
Persuasiveness	What does this message or these materials want you to do? How likely are you to take the recommended action?

Source: Sood, Suruchi and Amy Henderson Riley, 'Health Communication Fundamentals: Planning, implementation, and evaluation in public health', 2023.



Anjali, a 12-year-old, from Kantivaas village in Banaskantha, Gujarat, India, shows her creative work on hand washing at a meeting with UNICEF coordinators with other adolescents under the Alternative care and mental health and psychosocial support engagement. © UNICEF/UN0377872/Panjwani



Guidance on MHPSS key messages for four participant groups

As examples of co-creating MHPSS key messages, we have integrated the perspectives and needs of four participant groups: adolescents, mothers/pregnant women, family members/caregivers, and frontline workers, including for health. While these groups hold central importance within the MHPSS framework, they represent a starting point rather than an exhaustive list that would also include the social welfare and the child protection workforce. Each group is rarely made up of a homogenous group of individuals. It is important to review and adjust the key messages with reference to the expected SBC results and ideally co-create and test these with different representatives from the groups.

Most of the key messages in this section have been adapted from UNICEF's [key message bank for MHPSS](#). Using the bank will help to prevent the creation of inaccurate messaging, especially regarding post-traumatic stress disorder and trauma. These messages have been selected in accordance with UNICEF's comprehensive mental health advocacy strategy, which draws from the latest research and consolidates efforts addressing mental health, violence prevention and early childhood development.

In addition, we have adapted findings from extensive research on available evidence and stakeholder consultations that elicited key insights on important themes to be addressed across the example participant groups:

1. Normalizing discussions around mental health and fostering a culture of help-seeking behaviours;
2. Elevating the importance of self-care as an integral component of overall wellbeing;
3. Acknowledging the significant role that faith and spirituality can play in nurturing mental health.

You may also wish to use this [guidance on a faith-sensitive approach in humanitarian response for MHPSS programming](#) (LWF and IRW, 2018) to help craft key messages on faith and spirituality, such as through extracts from sacred texts that can be discussed in community dialogues.

While the key messages in this document address behaviours for MHPSS as suggested by expert SBC and MHPSS stakeholders and practitioners, depending on your context, you may also wish to better understand some of the barriers, and in some cases enablers, faced by your target participant group in their MHPSS journey that would tailor your key messages, e.g., parents lack knowledge on MHPSS to be able to speak to their child. You may reference the '[Journey to Health](#)' framework (UNICEF, Human Centred Design for Health) to help you with this.

Some suggested behaviours to address under each theme have been included in the examples below, although these are by no means exhaustive.



On 3 March 2022, Hayfa (in red shirt), 12-year-old, and her brother Charis, 22-year-old, talk to peer facilitators and members of the Tulungagung Children's Forum at home in Ketanon Village, Tulungagung District, Indonesia. © UNICEF/UN0608472/ljazah






Lalit Bighane, a 20-year-old, middle year B.Com student from Rahul Nagar in Bhopal, India, works with boys and girls in the neighbourhood as a barefoot counsellor, providing MHPSS services. © UNICEF/UNI435171/Kolari

Adolescents

In co-creating MHPSS key messages with and for adolescents, it is imperative to initially craft messages that resonate with them across diverse geographic, educational and other settings. The messages should be inclusive and accessible to all adolescents, regardless of their unique circumstances across multiple contexts. These key messages can be used to support communication and engagement [efforts with adolescents](#) in multiple contexts (UNICEF, 2022).

Some suggested behaviours to address include:

<p>Normalizing discussions around mental health and fostering a culture of help-seeking behaviour</p>		<p>Encourage open discussion about stress-inducing thoughts; promote help-seeking and emphasize the availability of solutions; normalize the recognition and acceptance of emotions; acknowledge and reinforce existing coping mechanisms and strengths; advocate for challenging harmful stereotypes.</p>
<p>Elevating the importance of self-care as an integral component of overall wellbeing</p>		<p>Empower individuals to recognize their life skills as tools for identifying and addressing challenges, emphasizing that solutions lie within their capabilities; encourage open communication with a trusted adult about one's feelings and emotions; promote the identification of role models and elevate them as 'heroes of mental health' for inspiration and guidance.</p>
<p>Acknowledging the significant role that faith and spirituality can play in nurturing mental health</p>		<p>Include ways to incorporate mental health into an adolescent's faith and spiritual practices, including through religious youth groups.</p>

Question: How can we normalize discussions about mental health among adolescents?

Key message guidance: Encourage open conversations, share relatable stories and emphasize that everyone experiences mental health challenges at some point in their lives.

Example: “Remember, it is normal to feel intense emotions as a teenager.”

Question: How can adolescents cope with stress and difficult thoughts?

Key message guidance: Encourage adolescents to talk about the thoughts and feelings that are causing them stress. Seeking help and support is a healthy way to navigate through these challenges, as solutions can be found for every situation.

Example: “It is okay to talk about your thoughts and feelings.”

Question: Who should adolescents talk to if they need help or support?

Key message guidance: Adolescents should confide in an adult they trust and feel comfortable with. Opening up and sharing their feelings with someone they trust is an important step towards seeking help.

Example: “Talk to an adult you trust – let someone know how you are feeling. Sometimes just connecting with someone else can make you feel better and less alone.”

Question: How can adolescents utilize their life skills to overcome challenges?

Key message guidance: Adolescents possess valuable life skills that empower them to identify and solve challenges. Reinforcing the notion that they have the capacities within themselves to come up with solutions encourages self-confidence.

Example: “You can do this. We are here to help.”

Question: How can we incorporate faith and spirituality into MHPSS messaging for adolescents?

Key message guidance: Include messages that validate the importance of faith and spirituality in mental wellbeing. Emphasize that seeking spiritual support is a valid part of one's mental health journey.

Example: Use locally relevant faith-based texts to encourage adolescents to not lose [hope](#).



Manas Foundation coordinators provide activities on MHPSS for adolescents in India, including games and activities on emotional awareness. © UNICEF/UN0517430/Panjwani






A group of mothers in a session on the importance of having a social support network in a collective shelter in Misyaf, Hama governorate, Syria. © UNICEF/UNI437344/Hazori

Mothers/pregnant women

The wellbeing of mothers and pregnant women extends beyond physical health to mental and emotional wellness. Key messages for this group should aim not only to normalize mental health discussions but also to promote early help-seeking behaviours, while advocating for a holistic approach to maternal wellbeing. Additionally, integrating local wisdom and practices and involving male partners in the messaging have been identified as being important in the journey towards better mental health.

Some suggested behaviours to address in key messages include:

<p>Normalizing discussions around mental health and fostering a culture of help-seeking behaviour</p>		<p>Emphasize the normalization of talking about mental health, viewing it on a spectrum rather than as something inherently good or bad; prioritize the understanding and respecting of local knowledge and practices in mental health; highlight the crucial role of male partners' active involvement in child-rearing for comprehensive support and protection.</p>
<p>Elevating the importance of self-care as an integral component of overall wellbeing</p>		<p>Encourage early help-seeking behaviour at all stages – before, during and after pregnancy; stress the significance of self-care, emphasizing the balance between physical and mental wellbeing; highlight the importance of recognizing signs of psychological distress and seeking help promptly.</p>
<p>Acknowledging the significant role that faith and spirituality can play in nurturing mental health</p>		<p>Promote mental health for mothers and pregnant women in faith and spiritual communities, such as women's groups and through trusted female faith leaders (including formal leaders, lay leaders and volunteers).</p>

Question: How can we normalize discussions about mental health for mothers and pregnant women?

Key message guidance: Emphasize that mental health is a natural part of wellbeing and exists on a spectrum without judgment of being 'good' or 'bad'.

Example: "It is okay to not feel okay when you are pregnant."

Question: How can mothers and pregnant women balance self-care for both their physical and mental wellbeing?

Key message guidance: Encourage a holistic approach to self-care that includes practices for the body and mind. Provide practical tips and resources for maintaining a balanced and healthy lifestyle.

Example: "Listen to your breath. It can be helpful to listen to your breathing as the air goes in and out. You can put a hand on your stomach and feel it rise and fall with each breath. Listen to your breath for a while."

Question: What are the signs of psychological distress that mothers and pregnant women should be aware of in themselves and their children, and how can they seek help?

Key message guidance: Help mothers and pregnant women to recognize signs such as persistent feelings of sadness, anxiety or changes in behaviour. Encourage them to reach out to trusted individuals, healthcare providers or support organizations for assistance.

Example: "Recognize that you are not alone in what you are experiencing and feeling."

Question: How can we promote early help-seeking behaviour for mental health concerns before, during and after pregnancy?

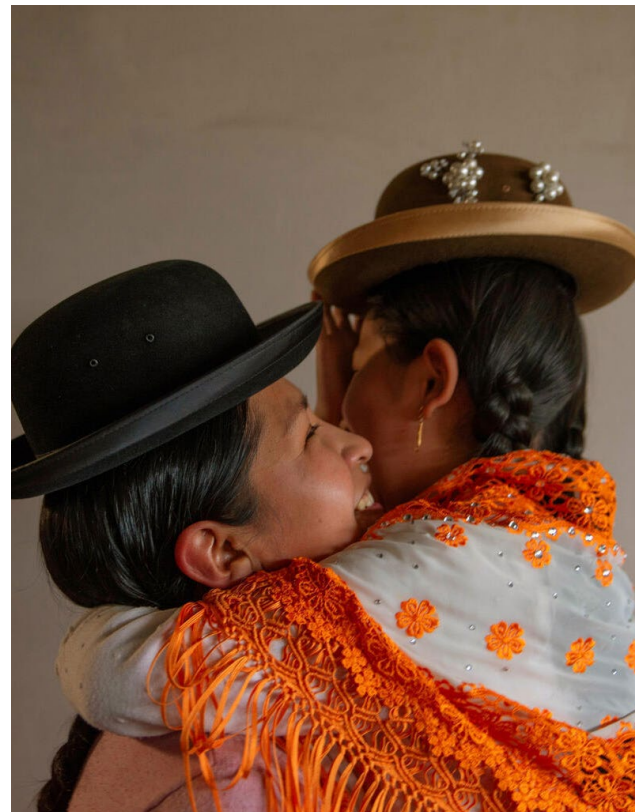
Key message guidance: Encourage mothers and pregnant women to seek support from trusted sources, emphasizing that seeking help early can lead to better outcomes for both themselves and their baby.

Example: "Taking care of your mental health is important for you and your family."

Question: How can faith and spirituality support the mental health of mothers and pregnant women?

Key message guidance: Include messages that validate the importance of faith and spirituality in mental well-being. Emphasize that seeking spiritual support is a valid part of one's mental health journey.

Example: For visual messages, include people in appropriate religious attire and imagery. For audio messages, include the voices of religious leaders and lay people.



Sandra, 32-year-old, hugs her daughter Nathaly, 7-year-old, in La Paz, Bolivia. In the northern outskirts of La Paz, Bolivia, many women face the challenge of raising children on their own in an environment marked by economic hardships and patriarchal traditions.
© UNICEF/UNI448893/Ticona






Community Health Worker and Mother's Support Group Facilitator, Mbalu Turay, meets with parents Kankay Sumah and Amara Turay in Masiaka Community, Kambia District, Sierra Leone, to provide basic MHPSS services as part of a Caring for the Caregivers programme.
© UNICEF/UN0475699/Duff

Family members/caregivers (other than mothers)

Family members and caregivers play a pivotal role in nurturing the wellbeing of children across their life course. They should be empowered with the knowledge and resources they need to support their loved ones, while also recognizing that there is no shame in seeking help for mental health. By fostering an environment of understanding, acceptance and strength within families, they can safely and effectively address the mental health needs of their children.

Some suggested behaviours to address in key messages include:

<p>Normalizing discussions around mental health and fostering a culture of help-seeking behaviour</p>		<p>Encourage open conversations with children about how to communicate and engage when facing mental health challenges, normalizing these discussions and promoting help-seeking behaviours across their lifespan; impress upon family members that having a mental health condition is not a source of shame; raise awareness amongst families, especially those with adolescents, about the various factors that can contribute to mental health issues, dispelling the assumption that substance use is the sole cause; shift perceptions so that seeking MHPSS support is seen as a sign of strength and not weakness.</p>
<p>Elevating the importance of self-care as an integral component of overall wellbeing</p>		<p>Emphasize the availability of help and support for caregivers, focusing on strength-based and gender-transformative approaches; encourage caregivers to prioritize their own health and wellbeing by taking proactive steps towards self-care.</p>
<p>Acknowledging the significant role that faith and spirituality can play in nurturing mental health</p>		<p>Encourage family members and caregivers to continue faith practices as a way to care for both themselves and their children.</p>

Question: How can we normalize discussions about mental health between family members and caregivers and their children?

Key message guidance: Start open dialogues with children of all ages, emphasizing that it is normal to experience mental health challenges and there is no shame in this. Encourage them to seek help when needed, reinforcing the notion that seeking support is a sign of strength.

Example: “To start a conversation about mental health with your child, explain that mental health is a lot like physical health. Mentally healthy people sometimes feel emotional discomfort – such as feeling sad, angry or upset – just as physically healthy people don’t always feel well.”

Question: What types of support can family members and caregivers provide to children throughout their lives to nurture their mental health?

Key message guidance: Family members and caregivers can offer various forms of support, including active listening, creating safe spaces for expression, access to mental health resources and fostering a nurturing environment that prioritizes emotional wellbeing.

Example: “Children need extra attention and care after a difficult situation. You can help children by keeping them safe, listening to them, speaking kindly, reassuring them, playing with them and hugging them. Provide opportunities for children to share their concerns and hopes, play with their friends and participate in daily life such as helping with family tasks.”

Question: Why is it essential for caregivers to prioritize their own health and wellbeing?

Key message guidance: Caregivers serve as crucial pillars of support, and prioritizing their own wellbeing helps to ensure that they can provide the best care and support for their loved ones.

Example: “When we take care of ourselves, we can better take care of our children as well.”

Question: How can families reframe the notion that seeking help for mental health is a sign of strength, not weakness?

Key message guidance: Encourage families to view help-seeking for mental health as an act of strength, highlighting that acknowledging and addressing mental health needs demonstrates resilience and a commitment to overall wellbeing.

Example: “Remember, it is normal for children to have these reactions in stressful times. It does not necessarily mean they need to see a professional, or that they need medication. Most children will cope and recover well if they feel safe, if their basic needs are met and if they have care and attention from loved ones. If you are worried about how your child is coping, see the information on ‘When to look for extra help’.”

Question: How can we incorporate faith and spirituality into MHPSS messaging for family members/caregivers?

Key message guidance: Include messages that validate the importance of faith and spirituality in mental wellbeing. Emphasize that seeking spiritual support is a valid part of one’s mental health journey.

Example: “Try to maintain any spiritual, religious or cultural activities that bring you comfort.”






The Gámez family is welcomed by HIAS social workers at their office. The family, originally from Venezuela, has been living in Lago Agrio, Ecuador, for the past two years and is a beneficiary of the UNICEF-supported Comprehensive Protection Programme.
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Frontline workers (including health)

Frontline workers, including those in the health sector, teachers, social workers and others that make up the MHPSS workforce, play a pivotal role in the wellbeing of individuals seeking support. Key messages should aim to equip them with the knowledge, skills and empathy needed to provide holistic and compassionate care, while also stressing the importance of taking care of their own wellbeing.

Some suggested behaviours to address in key messages include:

<p>Normalizing discussions around mental health and fostering a culture of help-seeking behaviour</p>		<p>Promote a work environment that supports talking about mental health, including highlighting available supports for themselves and others.</p>
<p>Elevating the importance of self-care as an integral component of overall wellbeing</p>		<p>Prioritize the wellbeing of health workers, with a focus on promoting their mental health; engage health workers in conversations about how their own mental wellbeing influences their ability to provide compassionate care and maintain overall effectiveness in their roles.</p>
<p>Acknowledging the significant role that faith and spirituality can play in nurturing mental health</p>		<p>Acknowledge the importance of faith and spirituality in an individual's mental health and wellbeing, recognizing their impact on how mental health is understood and addressed; promote discussions on the significance of incorporating spiritual and religious beliefs into the consideration and treatment of mental health issues. Empower health (and other) workers to address faith and spirituality with the individuals they work with, where appropriate and relevant.</p>

Question: How do we normalize discussions about the mental health and wellbeing of frontline workers and how these impact their caregiving?

Key message guidance: Acknowledge the significant impact of their own mental health on their ability to provide compassionate care. Encourage self-reflection and self-care practices.

Example: “Taking care of others is hard. How are you taking care of yourself?”

Question: Why is it essential for frontline workers to prioritize their own mental health and wellbeing?

Key message guidance: Emphasize the importance of self-care and mental health promotion for health workers, highlighting how their own wellbeing is fundamental to providing effective and compassionate care to others.

Example: “You can’t take care of others unless you take care of yourself first.”

Question: How can frontline workers be empowered to bridge the medical and psychosocial approaches to health in the context of MHPSS?

Key message guidance: Emphasize the interconnectedness of mental and physical wellbeing by highlighting the evidence that underscores the intricate relationship between mental and physical health. Encourage a holistic approach, emphasizing that addressing one aspect of health cannot be fully effective without considering the other.

Example: “How have you moved your body today? Taking a walk can help to clear your mind when you are feeling overwhelmed.”

Question: How can frontline workers understand their individual capacities and provide appropriate support to individuals seeking help?

Key message guidance: Provide comprehensive information on available resources and referral pathways, equipping health workers with the knowledge to connect individuals with the appropriate mental health services.

Example: Provide messages in various formats that are easily applicable, such as a combination of printed and digital materials.

Question: How can faith and spirituality be integrated into mental health considerations and MHPSS?

Key message guidance: Stress the significance of acknowledging and respecting an individual's spiritual and religious beliefs in the context of mental health. Encourage health workers to engage in discussions that incorporate these beliefs into their approach to care.

Example: Include language and phrasing in messages that are rooted in local culture and faith.



Female community health volunteer (FCHV) Dil Sara Bista Gharti with her child in Ramidanda in Jajarkot District, the epicenter of the 6.4 magnitude earthquake that shook western Nepal. Despite being affected by the earthquake, Dil Sara has been continuing to fulfill her duty as an FCHV, delivering essential health support to communities, especially focusing on maternal and child health. © UNICEF/UNI472081/Laxmi-Prasad-Ngakhusi

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2. Williams, J. R., 'Increasingly Artful. Applying commercial marketing communication techniques to family planning communication', *Integration*, vol. 33, 1992, pp. 70–72.
3. UNICEF, Human Centred Design for Health, 'Journey to Health and Immunization', https://drive.google.com/file/d/1vU2OBd9P6019Pi_auv3AO54kZAxde3S5/view.
4. UNICEF, *Young People's Participation and Mental Health: A protocol for practitioners*, 2022. <https://www.unicef.org/reports/young-peoples-participation-and-mental-health>.

i Resources for key messages for MHPSS

The following key resources provide more information on designing, developing and pre-testing messages:

1. [Caring for your Child in Crisis Situations](#)
2. [Communicating with Children about Death, and Helping Children Cope with Grief](#)
3. [Depression and Suicide: What you need to know and what you can do. Key messages](#)
4. [DIYouth Advocacy: A complete guide to mental health advocacy for young people](#)
5. [Doing What Matters in Times of Stress: An illustrated guide](#)
6. [Florence, WHO's Digital Health Worker](#)
7. [Global Internet of Good Things](#)
8. [Global Multisectoral Operational Framework for Mental Health and Psychosocial Support of Children, Adolescents and Caregivers Across Settings](#)
9. [Health Communication Fundamentals: Planning, implementation, and evaluation in public health](#)
10. [IASC Advocacy Package: IASC guidelines on MHPSS in emergency settings](#)
11. [IASC Guidance: Addressing suicide in humanitarian settings](#)
12. [IASC Guideline on MHPSS in emergency settings, Chapter 3, Action Sheet 8.2: Provide access to information about positive coping methods](#)
13. [IFRC Psychosocial support in emergencies brochures/handouts/posters](#)
14. [Increasingly artful. Applying commercial marketing communication techniques to family planning communication](#)
15. [Living with the Times, A Mental Health and Psychosocial Support Toolkit for Older Adults During the COVID-19 Pandemic](#)
16. [MHPSS Key Message Bank for Children and Families in Emergencies](#)
17. [U-Report: Empowering and connecting young people around the world to engage with and speak out on issues that matter to them](#)
18. [U-Report Mental Health Chatbot](#)
19. [UNICEF SBC Guidance, Selecting Results](#)
20. [UNICEF Young People's Participation and Mental Health](#)
21. [UNICEF Youth Advocacy Guide](#)
22. [World Mental Health Day Toolkit](#)



Key messages for MHPSS in action

Imagine you are asked to consider applying ABS to MHPSS where you work. How might you answer the following questions?

- *What theories, frameworks or approaches would you want to consider when developing your Theory of Change?*
- *What are the anticipated outcomes and results of the messages?*
- *Who is your primary group of participants?*
- *Who is your secondary group of participants?*
- *Which communication channel or combination of channels might you select for your MHPSS messages and why?*
- *Which of the eight Cs of communication might you use to design effective messages?*
- *What are the key benefits of the MHPSS messages?*
- *How might you pre-test messages and what special considerations should you consider for MHPSS messages where you are working?*

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