

## **TERMS OF REFERENCE**

for national consultancy to support the review and mapping of mental health and psychosocial support policies, programmes and services for children, adolescents and their families and to document promising practices

Start date: 01 July 2021  
End date: 15 Sep 2021 (TBC with the chosen consultant)  
Reporting to: Dani Koleva, Child Protection Specialist

### **I. Introduction**

Mental health is defined by the World Health Organizations as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stress of life, can work productively and fruitfully, and is able to make a contribution to her or his community”<sup>1</sup>.

Mental health is a global issue and affects all aspects of our life. Yet, it remains stigmatized and one of the most neglected and underfunded area of public health. Mental health is important at every stage of life, from childhood and adolescence through to adulthood. Poor mental health in childhood and adolescence prevents children from fulfilling their rights and reaching their true potential.

All children and adolescents, and their parents and caregivers, are at risk of poor mental health outcomes. However, risks are particularly acute for the most vulnerable, for example, those who live in humanitarian emergencies or are migrating, those facing violence, neglect, and abuse in the home, and those living with disabilities. Socio-economic factors such as poverty, trauma, neglect, abuse, and life stress events have the greatest effects on mental health and psychosocial wellbeing during the developmentally sensitive phases of early life and adolescence. Such life stressors have traditionally included poor living conditions, substance use, gender-based violence, and bullying. These threats are further compounded by contemporary risks such as poor social support from parents, peers, or teachers, social media use, and cyberbullying.

Migration is also a well-known risk factor that negatively affects children’s mental health and psychosocial wellbeing. While refugee and migrant children often experience traumatising events before reaching their destination, they also face an additional psychological burden due to worries about their and their families’ situation - either left behind in the home country or as they settle in countries of destination. Children’s mental health is further affected by poor living conditions, loss of supportive social networks, lack of social integration opportunities and experiences of discrimination and hostility in host communities.

Furthermore, COVID-19 has significantly disrupted children’s and adolescents’ daily lives and put the mental health and well-being of an entire generation at risk with the potential for long-term poor mental health consequences. Globally, the ongoing pandemic crisis has generated increased demands for information, psychosocial support and mental health services and has raised questions about the provision of mental health services, shortage of human resources, severe lack of preventive and promotive services, lagging policy changes and insufficient investments.

Worldwide, diagnosable mental health conditions affect about 16 percent, of children and adolescents aged 10-19. Half of all mental health conditions starts by 14 years of age but most cases, while treatable go undetected and untreated; suicide is the third leading cause of death among young people aged 15-19; and between 15-23 percent of children live with a parent with a mental health condition<sup>ii</sup>.

In Bulgaria, data on prevalence of mental health conditions and psychosocial needs is scarce. Existing evidence on mental health and psychological wellbeing shows that Bulgarian students (aged 11, 13 and 15) felt the least supported from their families and friends according to the “Health behaviour in School-aged Children Survey – HBSC”, conducted in 2017/2018 in 45 countries. A third of all 11-year boys and girls reported feeling nervous more than once a week and every second boy or girl at the age of 15 felt nervous more than once a week.<sup>1</sup> 34% of 15-year old-students in Bulgaria reported being bullied at least a few times a month, compared to 23% on average across the other participating countries and only 43% of students reported that their schoolmates cooperate with each other (OECD PISA survey, 2018). Tobacco, alcohol, and substance use continue to be a major public health concern for adolescents in Bulgaria, contributing to rises in mental health conditions and non-communicable diseases. Adolescent malnutrition is a pressing health issue and is one of the causes for increasing obesity rates among children along with the low rates of physical activity among teenagers. Risk sexual behaviour among adolescents is a persistent concern and despite the progress over the years, Bulgaria had some of the highest teenage birth rates in the EU in 2019- 38.9% (live births per 1 000 young women aged 15-19 years) well above the EU average of 9.0. Violence against children and adolescents remains a major concern. Almost one in three children and young people reported experiencing physical violence as a child, emotional violence was reported by 45.9% of children and young people, and sexual violence - by 15.6% of children and young people (UNICEF, 2020). Emerging evidence on the impact of the crisis, including a KAP survey, conducted by UNICEF in 2020, indicated for increased anxiety, irritation, and loneliness among adolescents. Moreover, evidence also suggests that the exposure to abuse at home has risen through the pandemic, deteriorating mental health and well-being of children and adolescents, and the crisis has also challenged the family relationships which can additionally contributes to increased loneliness and lack of trusted relationships.

Unaccompanied children, the majority of whom are adolescents, are reported to experience higher levels of anxiety, depression and symptoms of post-traumatic stress disorder (PTSD) compared to other refugee and migrant groups.<sup>1</sup> Testimonies from unaccompanied boys and girls on the move, especially through the Central Mediterranean route, recall arbitrary detention, extortion, exploitation and violence, including gender-based violence (GBV). Evidence shows that these risks are exacerbated when combined with lower levels of education, longer journeys and limited resources.<sup>1</sup> Arduous journeys reduce resilience and undermine physical health, while the uncertainty and hardship of prolonged transit takes a psychological toll. In such circumstances, suicide attempts among young refugees and migrants in Europe appear to be more common compared to native-born youth. Moreover, children on the move, especially when unaccompanied, are often reluctant to disclose worrying symptoms and seek support, thus delaying care and potentially leading to long-term effects on their mental health.

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<sup>1</sup> WHO Regional Office for Europe, Spotlight on adolescent health and well-being, Findings from the 2017/2018 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada, Volume 2. Key data

## II. Rationale and purpose of the assignment

Mental health and psychosocial support (MHPSS) is a priority for UNICEF. Globally, UNICEF's work to improve mental health of children, adolescents, families, and communities includes:

- the promotion of mental health and psychosocial wellbeing,
- the prevention of mental health conditions,
- the protection of human rights and the care and treatment of children, adolescents and caregivers affected by mental health conditions.<sup>2</sup>

Securing quality investment and action to support and protect the mental health of all children and young people and bringing an end to neglect, abuse and childhood adversities that drive poor life outcomes is also one of the advocacy priorities for UNICEF for the period 2021 – 2025.

In Bulgaria, UNICEF is in the fourth year of implementation of the Country Programme for the period 2018-2022. The overall goal of the country partnership is to support Bulgaria in its efforts to enable all children and adolescents in the country, including the most disadvantaged, to enjoy their rights and develop to their full potential in an inclusive and protective society. Improving mental health and psychosocial wellbeing of children, adolescents and their families and caregivers is an important area of work building upon existing programming in child protection, early childhood development, adolescent development and participation, and education.

In relation to the above and with a view to informing CO's advocacy and new country programme document, UNICEF Bulgaria is looking for a consultant to provide a mapping of mental health and psychosocial support interventions targeting children and adolescents aged between 0-18 and to document promising and good practices. The mapping comes as a first step to strengthen UNICEF and partners' understanding of the mental health context and availability of services aiming to promote and support mental health of children, adolescents and families in the country. In addition, the mapping of mental health services will provide specific recommendations on the accessibility and suitability of existing health and psychological services for the most disadvantaged children (incl. refugee and migrant children, GBV survivors and people at risk).

**The specific objectives** of the mapping are to:

- Provide base-line data of the situation in country with regards to mental health policy, programmes and services for children, adolescents, and their families.
- Identify gaps in policy frameworks, programmes and service provision and formulate recommendations for overcoming the challenges.
- Identify and document promising practices to promote an exchange of knowledge on initiatives for children and adolescent mental health and psychosocial wellbeing.

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<sup>2</sup> More information about UNICEF's approach to MHPSS and references to operational guidelines and standards could be found in the UNICEF Mental health and Psychosocial Technical note available at <https://www.unicef.org/documents/mental-health-and-psychosocial-technical-note>

### III. Scope and Methodology

#### A. Scope of the assignment and key deliverables

The contracted consultant will carry out the following activities in consultation with UNICEF Bulgaria:

**1. Desk review on the country's mental health and psychosocial context** with a focus on children and adolescents which includes overview of the situation – e.g. prevalence of mental health problems among children and adolescents using the latest available data, major factors affecting mental health and psychosocial wellbeing of children and adolescents, and taking stock of policies, legislation, standards, programmes relating to mental health and well-being of children, adolescents and their families in the country, including key stakeholders and their role.

**Deliverable 1.1** A brief overview/snapshot of the situation of mental health and needs of children, adolescents and their families, capturing and synthesizing the main findings from the desk review of the country's context.

**Deliverable 1.2** Mapping of key stakeholders at national and local level and their role, including relevant policy and decision-making structures and relevant partnerships and national/subnational networks.

**2. Conduct mapping of available services and identify promising practices on existing interventions** targeting children and adolescent mental health and psychosocial wellbeing and their families. A special focus should be given on the use of technology innovations in improving mental health and psychosocial wellbeing of children, adolescents, and their parents/caregivers (e.g. mental health related apps, digital tolls and platforms including for self-guided wellbeing and resilience):

- Collect primary data through carrying out interviews, surveys and other appropriate sources.
- Analyze and triangulate the data collected.
- Identify and document promising practices.
- Provide recommendations on accessibility and suitability of existing services for disadvantaged children and adolescents.

**Deliverable 2.1** Mapping of mental health and psychosocial services and initiatives delivered by public service providers, non-governmental actors, private sector and other stakeholders including young people themselves.

**Deliverable 2.2** Documented promising practices and provided recommendations.

For the purpose of the assignment, the following MHPSS interventions, services and actions targeting children and adolescents should be considered:

- Promotive and preventive interventions that are based on universal approaches for improving or maintaining positive mental health and are aiming to prevent behavioral or emotional difficulties or promoting resilience of children, adolescents, and their parents/caregivers.

- Preventive interventions targeting selected populations of children and adolescents and their parents/caregivers, e.g. children and adolescents exposed to trauma, children with disabilities, children and adolescents in contact with the law, adolescent parents, children on the move or other marginalized groups.
- Targeted/Indicated preventive interventions for high risk individuals having detectable symptoms of a mental, emotional or behavior disorder, but not meeting criteria for a diagnosis e.g. programs for developing social skills, coping mechanisms for adolescents referred to social services due to behavioral challenges or substance abuse.
- Specialized care and interventions for individuals with a diagnosable condition that are intended to cure or reduce the symptoms or effects of the condition.

Mapping should include all types of interventions/services regardless of the theoretical background, and may be implemented at various domains (health, education, social care and protection, child protection, humanitarian, etc.), and at different levels:

- Individual/family-based interventions
- School based interventions
- Community based interventions
- Digital platforms and tools.

Interventions and services may include initiatives and actions of public and private service providers, non-governmental organizations, international organizations, business and other including young people themselves.

The following disaggregation should be taken into account in the mapping of services:

- age: findings should distinguish the needs and services specific to children 0-6, primary school aged children 7-10, younger adolescents 11-14, and adolescents aged 15-18;
- gender: findings and analysis should report separately for boys and girls when appropriate – interventions services targeting specifically girls or boys if this is the case and
- the type of the vulnerability: children with disabilities, refugee and migrant children including unaccompanied children, children victims of violence or at risk of violence, etc.

### **3. Identify the main gaps of the system of MHPSS for children, adolescents and their families and formulate recommendations**

**Deliverable 3.1** Identified key gaps, opportunities and potential strategies for strengthening policy, referral mechanism and pathways for children in need of support, programmes and services (including public financing) for children, adolescents and their families in the delivery of mental health and psychosocial support across relevant sectors.

**Deliverable 3.2.** Provided recommendations for strengthening cross-sectoral and sectoral policy, programmes and services provision, funding and impact on children and families.

For reference the following documents can be reviewed and used:

- UNICEF Mental health and psychosocial technical note can be used as reference document.

<https://www.unicef.org/media/73726/file/UNICEF-MH-and-PS-Technical-Note-2019.pdf.pdf>

as well as

- Guidelines on mental health promotive and preventive interventions for adolescents <https://apps.who.int/iris/bitstream/handle/10665/336864/9789240011854-eng.pdf>
- Other relevant documents (internal and external project analysis and documentation).

## **B. Methodology**

The Consultant will be required to propose detailed methodology and proposal including exact timeframes for the delivery of the assignment. However, it is envisaged that the main stages and data sources would be as follows:

### 1. Inception phase:

- Initial desk review to assess availability of data/information on MHPSS policies, programmes, and services.
- Development of a precise methodology with criteria for assessment of good/promising practices.
- Preparation and agreement with UNICEF of an inception report, including finalized methodology, proposed timeline and proposed structure of final report.

### 2. Data collection and analysis

- Data collection and in-depth desk-review of existing data/reports/evaluations and other information related to MHPSS and identification of best/promising practices.
- Interviews with key informants as per the proposed and agreed with UNICEF methodology and secondary analysis of available data/information.
- Based on the mapping and analysis of the situation in Bulgaria, identify key gaps, opportunities and recommendations for strengthening policy, programmes and services for MHPSS for children, adolescents and their families.

### 3. Reporting and key deliverables

- Development of a draft report (up to 25 pages) for discussion and validation by UNICEF
- Development of a final report, including a succinct summary document (up to 5 pages).
- Development of a power point presentation, using appropriate visualisations.

All inputs and comments provided by UNICEF should be addressed in the process preparing the final documents. All materials submitted to UNICEF should be delivered in English, except if otherwise agreed. All submissions should be electronic.

The detailed methodology should be designed by the consultant and agreed with UNICEF Bulgaria. Relevant other partners and/ or consultants of UNICEF may be involved in the process. Concerning information collection, mixed methods should be considered and employed. Sources of primary and secondary data collection may include but not necessarily limited to:

- A literature review of available secondary data sources on the country's context.
- Online research on existing initiatives or available documentation: reports, evaluation of services and interventions, studies, and assessments.
- Key informants survey and interviews.

- Analysis and recommendations.

#### **IV. Indicative timeframe**

The timeframe for the implementation of the assignment is envisaged to be maximum three months starting from 1<sup>st</sup> July 2021 but exact dates are to be agreed with the selected consultant.

#### **V. Requirements and criteria for the selection of the consultant**

All candidates for the consultancy would be invited to submit information on their experience, provide examples of successful similar work with a proposed price offer. The proposed price offer must include all costs to be borne by the consultant for undertaking the assignment.

The selection would be done on the basis of relevant experience and examples of successful similar work, proposed budget/cost for the consultancy and the proposed timeframe for the implementation and provision of deliveries which should be in line with the indicative one outlined above.

The successful candidate is expected to have the following qualifications and competences:

- Relevant university degree in social sciences, psychology, anthropology, human rights, or others related fields.
- At least five years of relevant professional experience into research in academia or research institute or similar.
- Experience in data collection and analysis, and of designing surveys and interviews.
- Relevant experience in childhood studies and mental health. Good understanding of the Bulgarian context with a focus on children and adolescent mental health and psychosocial wellbeing.
- Excellent analytical and written skills.
- Good planning and organizational skills.
- Respect for cultural diversity and human rights.
- Proficient command of English.
- Knowledge of the UN system and UNICEF mandate is an advantage.

#### **VI. Remuneration and incurred costs**

The Consultant should present a detailed financial proposal in accordance with the Terms of Reference which should include all costs to be borne by the applicant for undertaking the assignment.

Two payments are envisaged as follows:

- 40% will be paid upon submission and approval of the Inception report;
- 60% will be paid upon submission and approval of the final report.

#### **VII. Ethical considerations**

The Consultant is required to clearly identify any potential ethical issue, as well as the processes for ethical review and oversight of the research/data collection process in their proposal. UNICEF Procedure for Ethical Standards in Research, Evaluation, Data Collection and Analysis can be seen at:

[https://www.unicef.org/supply/files/ATTACHMENT\\_IVUNICEF Procedure for Ethical Standards .PDF](https://www.unicef.org/supply/files/ATTACHMENT_IVUNICEF_Procedure_for_Ethical_Standards_PDF) and should be consistently applied throughout the review process. The procedure contains the minimum standards and required procedures for research, evaluation and data collection and analysis undertaken or commissioned by UNICEF (including activities undertaken by individual and institutional contractors, and partners) involving human subjects or the analysis of sensitive secondary data.

### **VIII. Monitoring and evaluation**

The selected consultant will work under the direct supervision of the UNICEF Child protection specialist and in consultation with other key UNICEF experts as needed (C4SC Officer, ADAP Consultant, Local services officer, etc).

#### *Performance indicators*

The performance will be evaluated against the following criteria: timeliness, responsibility, initiative, and quality of the products delivered.

#### *UNICEF recourse in the case of unsatisfactory performance*

In case of unsatisfactory performance, the contract will be terminated by notification letter sent 10 days prior to termination.

### **IX. Additional considerations**

- The Consultant should act with integrity and respect for all stakeholders in line with UNICEF ethical guidelines regarding data collection and evidence generation.
- UNICEF Country Office in Bulgaria holds copyrights for all reports and materials developed under the Consultancy. The documents (including raw materials, etc.) may not be reproduced, distributed or published without the written permission from UNICEF.
- Any information from produced reports or materials proposed under the Consultancy cannot be shared with the media and any other third parties without the written approval of UNICEF Country Office in Bulgaria.
- UNICEF Country Office in Bulgaria will share with the Consultant all the relevant materials it has, facilitate communication with stakeholders where appropriate and provide required expertise.
- UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs is incomplete, not delivered or for failure to meet deadlines.

### **Annex 1: Key Definitions**

<b>Adolescents</b>	are individuals who are between 10-19 years of age
<b>Mental health</b>	is an essential component of health. It refers to the state of well-being in which the individual realizes his or her own abilities, can cope with the normal stress of life, can work productively and fruitfully, and is able to contribute to the society.
<b>Mental health and psychosocial support</b>	is used to describe any type of support that aims to protect or promote psycho-social wellbeing and/or prevent or treat

	mental health conditions. (interventions, services, actions that comprise the whole spectrum from health promotion and prevention work as well as early intervention and support and interventions for children and adolescents with existing or emerging mental health problems).
<b>Mental health condition</b>	Is used as an umbrella term to denote the full range of disorders that affect an individual's cognition, emotion and/or behaviour and interfere with the individual's ability to learn and function in the family, at work and in society. In many circumstances, many of these conditions can be successfully prevented and/or treated. They include mental and substance-use problems, severe psychological distress, intellectual disabilities and suicide risk.
<b>Psychosocial</b>	is a term denoting the inter-connection between psychological and social processes and the fact that each continually interacts with and influences the other
<b>Resilience</b>	is an aspect of our wellbeing that is about our capacity to manage and recover from difficulties in a way that strengthens our well-being in the longer term. Children's resilience relates not only to their innate strengths and coping capacities, but also to the pattern of risk and protective factors in their social and cultural environment.
<b>Well-being</b>	is a positive state of being when a person thrives. The five domains of adolescent well-being are: good health and optimum nutrition; connectedness, positive values and contribution to society; safety and a supportive environment; learning, competence, skills and employability; and agency and resilience
<b>Universal interventions</b>	interventions are those that are made available to all – population level rather than individual.

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[https://www.who.int/mental\\_health/who\\_urges\\_investment/en/#:~:text=Mental%20health%20is%20defined%20as,t%20her%20or%20his%20community.](https://www.who.int/mental_health/who_urges_investment/en/#:~:text=Mental%20health%20is%20defined%20as,t%20her%20or%20his%20community.)

ii <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>