

The integration of livelihood support and mental health and psychosocial wellbeing for populations who have been subject to severe stressors

Guglielmo Schininá, Elisabeth Babcock, Rachel Nadelman, James Sonam Walsh, Ann Willhoite & Alys Willman

This article aims to promote the integration of mental health and psychosocial support into livelihood programmes, presenting existing research within behavioural economics, humanitarian and economic fields that support the need and effectiveness of such integration. It presents examples of mental health and psychosocial support integration into livelihood programmes put in place by a grass roots organisation in the USA and the largest development institution in the world, the World Bank Group, respectively. While these initiatives took place within organisational, socio-economic and political environments that significantly differ from those where most humanitarian programmes take place, a series of best practices, processes and approaches that could be considered within humanitarian settings are highlighted in the conclusions.

Keywords: development, executive functioning, fragile states, integration, livelihoods, mental health and psychosocial support, toxic stress

Introduction

Adversity provokes distress, and distress affects emotions, thoughts and memories of individuals (Mullainathan & Shafir, 2013). This, in turn, has consequences for daily functioning, behaviour and interactions among families and in communities (Carlock, 2011). People struggling with distress may find it hard to take full advantage of the opportunities that development interventions offer (World Bank, 2015).

Key implications for practice

- Provides evidence validating the need to integrate MHPSS into livelihoods programmes for those who have experienced high levels of distress
- Presents best practice insights on mainstreaming psychosocial considerations into livelihood programming in a cost effective manner
- Suggests processes that can be activated by donors and large organisations mainstreaming MHPSS into development activities

The World Health Organization's (WHO) definition for mental health includes reference to an individual's ability '(...) to work productively and fruitfully and to make a contribution to his or her community?' (WHO, 2015). This aspect of mental health necessarily links good mental health with engagement and productivity, and highlights by default the relation between good mental health and livelihoods. Moreover, the *Inter-Agency Standing Committee's (IASC) Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings* recommends integrating MHPSS into livelihoods programmes, and further notes that livelihoods can act as key basic and community psychosocial support for everyone and, in particular, for

individuals with mental health and psychosocial needs (IASC, 2007).

However, projects that combine economic support with support for psychosocial wellbeing remain rare. MHPSS is often considered outside the purview of development projects (Tejada, 2015). Conversely, many of the organisations offering MHPSS in disadvantaged communities and in post disaster or post conflict situations lack integration of livelihood opportunities that could solidify the transition to better psychosocial wellbeing (Tejada, 2015).

Many development practitioners and MHPSS experts have identified the need for further exploration and integration of these two disciplines, yet the literature on this subject remains thin (Lund, 2011). The main argument of this article is that combining psychosocial support with livelihood support can contribute to a virtuous cycle whereby economic, mental health and psychosocial wellbeing become mutually reinforcing.

The sections that follow include first, a discussion of the relationship between economic agency, mental health and psychosocial wellbeing. Next, the article features a case study of a programme delivered in a resource poor, urban area of the USA, which integrates attention to psychosocial needs of its beneficiaries in project design and procedures. Finally, the article turns to the experience of increasing integration of mental health and psychosocial support into development projects in one of the world's largest development institutions, the World Bank Group. The work described in this article has increased possibilities for individuals who have experienced high degrees of distress to engage more fully in livelihoods efforts and build a more sustainable life. Differences in context and environment mean that it will not always be possible for the presented practices to be applied within fragile environments and other humanitarian settings. Yet, there are possibilities to reproduce and

adapt such strategies, which are summarised in the conclusions.

Livelihoods, mental health and personal agency

Inability to engage in livelihood activities can be a source of considerable distress throughout the world (See, for example, Solow, 1995; Goldsmith, Veum, & Darity, 1996). The wellbeing that livelihoods programmes provide is particularly important for groups who have been subjected to prolonged distress. This is often the case in post conflict, post crisis, and post disaster environments. In rapid psychosocial needs assessments, populations as varied as people displaced by the Boko Haram insurgency in north east Nigeria (Giardinelli, Kios, Abubakar, Schininá & Hammen, 2015), individuals living in camps in South Sudan (Schininá & West, 2014) and Haiti soon after the earthquake of 2010 (Ataya, Duigan, Louis & Schininá, 2010), as well as with Iraqis refugees in urban settings in Lebanon in 2007 (Schininá, Bartoloni & Nuri, 2008) consistently identified their lack of means to support themselves and their families (as they had previously been able to do) as a central cause of distress and other negative feelings.

When these vulnerable populations were asked about which coping strategies they found most helpful to help overcome negative feelings, livelihood activities usually ranked at the top, just below religion and peer and family support. Social exclusion, poverty, exposure to extreme stressors, vulnerability, and stigma¹ are also areas where livelihoods can provide an especially important role in enhancing psychological wellbeing. In Bangladesh, a study conducted with women from ultra poor households included in a poverty alleviation programme analysed whether the impacts of the programme went beyond the economic to affect two psychosocial aspects: distress and subjective wellbeing. The researchers found

a highly significant, direct correlation with subjective wellbeing and a negative correlation with distress. The study was able to establish that 30% of the reduction in distress was a direct effect of the intervention, while the remaining 70% was an indirect effect via the alleviation of stressors like food insecurity and family violence (Jalal, Frongillo & Warren, 2015).

These studies confirm that livelihood programmes can have a dual psychosocial support function. They act on one of the main causes of distress – livelihood insecurity – and they are also, in themselves, a way to cope with negative feelings.

Distress induced by the lack of resources can weaken the psychological capabilities necessary for engaging in livelihood activities. These capabilities include, non cognitive skills, self-esteem and other mental functioning, as well as the so called Executive Functioning skills, such as: *working memory* that governs our ability to retain and manipulate distinct pieces of information over short periods of time; *mental flexibility* which helps us to sustain or shift attention in response to different demands or to apply different rules in different settings; and *self-control* that enables us to set priorities and resist impulsive actions or responses (Center on the Developing Child at Harvard University, 2016a; Center on the Developing Child at Harvard University, 2016).

Mani, Mullainathan, Sharif & Zhao (2013), for instance, investigated the effects of scarcity on sugar cane farmers in Tamil Nadu, India. They gave the farmers a series of cognitive tests before and after harvest to assess executive function skills. Before the harvest, farmers borrowed money and pawned their belongings. After the harvest, when resources were more plentiful, almost none of the farmers had loans and few pawned their possessions. The farmers performed significantly worse on cognitive tests immediately before harvest, when economic insecurity was higher, than they did immediately after the harvest.

Mental health is an important psychological capability that enables individuals to thrive in their livelihoods (World Bank, 2015). Successful livelihood activities require a variety of social, cognitive and emotional capabilities. Such capabilities are a source of agency, just like financial capital or access to markets, but these are psychologically based and acquired through socialisation (see, for example, Algan, Beasley, Vitaro & Tremblay, 2013; Heller et al., 2015). Thus, mental health is a basic foundation of successful livelihoods programming.

These studies show that livelihoods and mental health programming can be mutually reinforcing. Therefore, including a livelihoods component to mental health programming can have psychological benefits for participants, and similarly, including a mental health component to livelihoods programming can improve the livelihoods outcomes for participants.

Psychosocially informed livelihood programming

Psychosocially informed livelihood programmes can be understood as falling into two categories. In the first category, programmes with a specific mental health and psychosocial support focus are added to a livelihood focused intervention. This add-on does not necessarily change the livelihood initiative, but does provide a complementary component to support psychosocial needs not necessarily, explicitly considered in the design of the livelihoods component itself. There are few rigorously evaluated examples of this programme category, but the amount of research in this area is increasing.

Reginer (2007) evaluated several micro-finance programmes in post tsunami, coast of India that focused on reviving the fishing industry. His study demonstrated that those livelihoods programmes which included psychosocial support activities, such as community groups and cultural events, achieved

better economic outcomes than those that did not.

In Sierra Leone, Betancourt et al., (2014) evaluated a *Youth Readiness Intervention* (YRI) that delivered a suite of psychosocial support methods, including cognitive behavioural therapy, to war affected youths who would receive an education subsidy. The psychosocial support programme included modules to build group cohesion, emotional regulation and coping skills, problem solving skills, and ways to address negative self-image. It also aimed to help the youth develop skills to regulate their emotions and engage with others, and to reduce functional impairment. While all participants received the education subsidy, they were randomly selected to either receive YRI immediately, before accessing the subsidy or wait listed to receive it after they completed the education subsidy. The evaluation showed that those students who had received the YRI before the subsidy were more likely to stay in school and perform better than the control group.

In Liberia, Blattman, Jamison, and Sheridan (2015) evaluated a programme targeting men engaged in criminal behaviour. The men were randomly selected to receive eight weeks of group based, cognitive behavioural therapy and \$200 (USD) cash grants. Those who received the cash alone, as well as those who had received just therapy, reduced their involvement in criminal activities, but the effects diminished over the year following the intervention. Men who received therapy followed by a cash grant, however, reduced their involvement in criminal activity by 50% and the impact was sustained for the year following the intervention.

The second category of psychosocially informed livelihood programmes are those projects that are designed, from the outset, to include strategies that limit psychological triggers and stressors and work to restore the specific decision making processes that distress compromises. This means that the psychosocial component is not an add-on

meant to complement a separate livelihood intervention, but rather psychosocial considerations are integral to the livelihood program's design. In the next section this article features a best practice example of this second type of intervention.

MHPSS in livelihood programmes, an NGO example from the USA

An example of where a psychosocially informed design has been used to great success in livelihoods programmes is provided by the work of the US national nongovernmental organisation (NGO), EMPATH (Economic Mobility Pathways), and its network of partner organisations. Previously known as the Crittenton Women's Union (CWU), EMPATH is a Boston, Massachusetts based organisation that has provided housing to homeless families, job training, adult basic education and family support services for more than 200 years. In addition, it has conducted research on obstacles to economic mobility and how service delivery programmes and government policies can be improved to support the poor to get into jobs that will sustain their families.

In the early years of the new millennium, emerging research coming from the behavioural, cognitive and biological sciences started describing the significant ways in which stressors created by poverty, possibly traumatising experiences and oppression impact human behaviour and decision making (National Scientific Council on the Developing Child, 2005; Carlock, 2011). This literature described the phenomenon of so-called '*toxic stress*', in which the human fear response (more popularly known as the '*fight or flight*' response) becomes activated to a toxic level that inhibits optimal executive functioning (EF) (National Scientific Council on the Developing Child, 2005).

The research suggested that distress affects all people, regardless of their socio economic or cultural status, in ways that can compromise decision making in the moment.

However, severe or chronic exposure, especially during key childhood developmental periods, create even greater negative impacts (Mullainathan & Shafir, 2013; Center on the Developing Child at Harvard University, 2011). Evidence suggested that people with significant exposure to possibly traumatising experiences, oppression, or severe shortages of resources necessary for basic living could be expected to experience significant EF challenges, including problems with: auditory learning and following verbal directions; maintaining focus and attention; memory retention, including following multi-step tasks; organisation of time and belongings; problem solving; future orientation and goals attainment; managing change; persistence and resilience; self-calming after stressful events; maintaining equanimity in the face of authority; and understanding and working with others (Carlock, 2011; Babcock, 2014). These findings were relevant because direct observation and staff reports indicated the challenges predicted by exposure to stress were endemic within the EMPATH participant population. Also, EMPATH participants had very high documented rates of exposure to possible stressors, including: homelessness; mental disorders; special needs within the family; personal history of abuse; experience of violence or possibly traumatising events; and poverty.

Participants, when asked to describe how the pile-up of stressors in their lives made them feel, would say they felt *'paralysed'* as if their *'heads were frozen'* and they *'couldn't possibly think about one more thing'* (Ames, 2015). Staff spoke about having problems engaging participants in programmes, getting them to follow through, and often found participant behaviours unpredictable, erratic, and not in the participants' best interest. Staff felt that these characteristics consistently led to poor programme completion and outcomes. Therefore, in 2007, EMPATH staff began designing a new economic mobility programme model, intentionally incorporating

evidence based elements predicted to mitigate the impacts of distress and improve participants' EF. The new programme was opened in 2009 with 20 extremely low income, female, single parent heads of household, living in publicly subsidised housing, who were offered a new psychosocially informed coaching approach that EMPATH had designed, called Mobility Mentoring. The goal of the programme was that at the end of five years, participants would have attained a family sustaining job and saved at least one month's living expenses.

Psychosocially informed elements designed into the Mobility Mentoring coaching system include:

- a goals assessment, setting, and tracking framework known as the Bridge to Self-Sufficiency which makes routine processes of personal reflection, problem solving, goal setting and goals attainment in a way that mitigates participants EF related challenges;
- staff coaching approaches designed to reduce stress; increase agency and self-efficacy; build problem solving, self-regulation, resilience and planning skills;
- incentive systems designed to balance participants' time reward value equation and reinforce behaviour change;
- outcomes measurement systems designed to reinforce goal-setting processes, capture participants' progress and reinforce behaviour change (Babcock, 2012; Luzuriaga, 2015)

At the end of five years, with an average multi-year programme retention rates of over 85%, the initial cohort of families had income gains of 71%; 83% had new college degrees; average earnings were 70% of median US earnings and a cost benefit analysis conducted by Brandeis University found that the intervention showed positive outcomes (Prottas, 2016). Perhaps more importantly, families themselves reported high degrees of satisfaction with the

intervention and referred many other families to the programme, which soon developed a long waiting list.

Because of the outcomes EMPATH was achieving in the Mobility Mentoring pilot, in 2011 the organisation began to expand the Mobility Mentoring coaching system to all its other programmes. The impact on organisational outcomes was significant. Between 2009 and 2014 (N=1,400 participants each year), organisation wide rates of developing and maintaining a balanced family budget went from 20% to 70%; education and training enrolment rates went from 1% to 45%; and employment rates went from 29% to 56%. It must also be noted that almost half of the programme participants were homeless and living in shelter while attaining these outcomes.

The example of EMPATH shows the marked improvement in outcomes when a livelihoods programme is designed to include psychosocial considerations from the start. Similarly, while the programme was developed to target livelihoods, data also showed an improvement in psychosocial wellbeing. The population targeted by EMPATH was in the USA, and therefore the socio-economic and socio-cultural environment in which the EMPATH model was devised significantly differs from those where most humanitarian interventions take place. However, participants reported high levels of toxic stress due to ongoing violence and homelessness, and outcomes showed improvement in livelihoods and psychosocial wellbeing; therefore, there is the potential that this approach could be effectively generalised to an emergency context based on the factors in this example. Further work to adapt the parameters, tools and models to local contexts and socio-economic realities is recommended. Overall, this example highlights the importance and the effectiveness of integrating psychosocial support into livelihood programmes, and serves as a basis that can be adapted to different realities with people who have experienced distress.

The World Bank's MHPSS and livelihood programming

Momentum for mainstreaming mental health and psychosocial support (MHPSS) into development interventions has been growing at the World Bank Group (WBG) and other development institutions, with the broader recognition of mental health as a development issue. Since 2009, staff within the WBG have tried to raise the profile of psychosocial health in WBG operations and analytics. Early efforts produced toolkits, working groups and a series of analytical papers (Baingana & Bannon, 2004; Rockhold & McDonald, 2008). Over the years, a core group of individual practitioners from different sectors have been integrating MHPSS into their work, sometimes in innovative ways. For example, some cash transfer projects now include parenting support, and a number of projects targeting youth employment, reintegration of ex-combatants, and support to survivors of gender based violence all feature variations of cognitive behavioural therapy as complements to the livelihood support. Yet, these efforts have largely taken place in isolation from one another.

Since 2013, there has been wide acceptance within the WBG that psychosocial challenges can constrain economic achievement. Yet, something was preventing MHPSS mainstreaming from within WBG operations. Two reasons were identified, both stemming in part from the WBG's operating structure. As a bank serving national government clients in developing countries, the WBG operates differently than many other development institutions. The average employee's daily interactions are mostly either with other WBG colleagues or with national government clients. Because project implementation is taken on by national or subnational government entities, WBG practitioners find themselves in supervisory roles only, with little interaction in the day-to-day functioning of projects.

Furthermore, many WBG investments are large scale, national level projects, which creates strong incentives to keep projects simple. MHPSS inevitably complicates a project, because it often requires specialised staff and closer supervision than more typical endeavours such as a transport or water project. Project managers – short on time and under intense pressure to deliver results – had little time to learn about best practice from organisations with experience in the field. They needed to know: what can an MHPSS component look like? Who can design and deliver it? How is impact measured? Additionally, how is the intervention scaled up?

The project '*Trauma-Sensitive Livelihoods Programming*' was launched in late 2013 to connect development practitioners at the WBG and elsewhere with the knowledge they needed to enhance project impact by incorporating MHPSS. The project developed a theory of change that the combination of psychosocial support with economic empowerment interventions can lead to enhanced development outcomes by improving the *functionality* of individuals, i.e. their ability to engage productively in economic and social life. Toward this end, the project focused on two objectives: building the capacity of WBG staff and other development practitioners to incorporate MHPSS into livelihood support interventions, and to improve the evidence base of interventions.

Building relationships to build capacity

Many WBG staff are economists, or engineers, and few are familiar with MHPSS interventions or concepts. The few studies and toolkits developed by previous attempts at mainstreaming MHPSS provided a useful starting point, but were in need of updating given the rapid advances in neuroscience, behavioural economics and a growing evidence base for programming.

As a first step, the team worked to build and strengthen relationships with experts who could serve as advisors to the project. The team identified experts from neuroscience, psychology and development and convened a Practitioners' Dialogue, '*Invisible Wounds*,' in May 2014. The team wanted to have an impact beyond a dialogue. Team members spent many hours connecting with WBG colleagues to understand their interests and current projects, and ensure incentives were aligned so that efforts made an impact beyond the dialogue. In the end, nearly 200 participants attended the opening conference. On the following day, a closed-door workshop convened a dozen WBG project managers who had indicated interest and had the capacity to take up MHPSS in at least one project with external experts, who could advise them on how to do it.

The relationship building element made an impact. At least five projects have subsequently included a component of MHPSS, and more are being planned. Some of these projects have drawn on the relationships with the external experts from the Practitioners' Dialogue, who have advised directly on project design. In addition, the Practitioners' Dialogue and subsequent, smaller, learning events led to the revitalisation of an internal working group on MHPSS, which meets every two months to share information across WBG teams.

Building the evidence base

The Practitioners' Dialogue helped gauge the appetite for mainstreaming MHPSS into development interventions, and generate interest in MHPSS efforts. Yet, efforts were largely reaching only those with a pre-existing interest, and operational questions remained. Empirical evidence had to be generated, not only to demonstrate that these approaches are worthwhile, but also to provide instruction on how they can be done

As one step toward this, the WBG team collaborated with Harvard's T.H. Chan School of Public Health, and CARITAS to develop a process evaluation of a pilot intervention combining MHPSS and employment support for youth in Freetown, Sierra Leone. The pilot built upon a previous intervention, combining a cognitive behavioural therapy based intervention, the YRI referred to above, with educational support, also in Sierra Leone. The goals were: (1) to see if YRI worked as well when coupled with employment support, in this case an unconditional cash transfer, as it had with education support (Betancourt et al., 2014) and (2) learn how the project addressed the complex implementation barriers and constraints within a fragile and conflict affected environment. A process evaluation of YRI, coupled with an education intervention, found that YRI participants were six times more likely to persist in school eight months after the intervention than a control group, and were judged by teachers (in blind assessments) to be performing better both socially and academically. In addition to the process evaluation, the Harvard team is undertaking a randomised controlled trial to evaluate impact.

While the pilot is still in process, lessons are already emerging and being applied to other contexts. The initial results are promising enough that YRI is being taken up in the design of a national employment project in Sierra Leone, scheduled to launch in 2018. A separate project in Liberia is adapting YRI to a national youth employment project there. In both countries, the PSS component focuses on challenges related to the experiences of the civil wars and, more recently, the Ebola virus disease outbreak.

Bringing it together: skill building

Through the many conversations and knowledge events, as well as the experience of the pilot in Sierra Leone, it became clear that there was a real need for a

comprehensive training course that could enable development practitioners to take up MHPSS in their programmes. A team from the Fragility, Conflict and Violence Unit took this on in partnership with United States Institute of Peace (USIP) Academy for International Conflict Management and Peacebuilding in fall 2015 with plans to launch the course *Designing Psychosocially Responsive International Development and Humanitarian Programs* in the fall of 2016.

The course content has been developed by a group of recognised experts in MHPSS and international development, including many from the initial group convened at the 2014 Practitioners' Dialogue. In April 2015, an expert workshop was convened, which included practitioners (from development institutions including the WBG and International Organization of Migration, as well as NGOs), academics and clinicians. In this workshop, the experts set out a blue print for course design and continued to provide input throughout its development.

The course does not make mental health experts out of development practitioners. Rather, it equips them with the tools they need to incorporate MHPSS into development projects. It is meant to provide real-life examples of how this has been done, and answer the hard technical questions about staffing and supervision, conducting assessments, monitoring impact and, above all, ensuring that interventions do no harm.

As a result of three years of these efforts, a growing number of WBG projects now incorporate MHPSS into a variety of sectors (Tejada, 2015). The working group has catalysed interest and information exchange across project managers. The issue is also garnering high level attention within the World Bank. At the 2016 Spring Meetings, a two-day event organised by the WBG and WHO focusing on MHPSS brought global experts together with Finance Ministers to discuss how WBG and its client governments can invest more, and more effectively, in this critical area.

The process of integrating MHPSS into livelihoods interventions at the WBG has been an effort requiring a time intensive, multi-level strategy. Key aspects of this broader effort have included: ensuring that these types of interventions are suited to the needs of the World Bank staff; confirming that MHPSS fits in with the larger goals of the World Bank in general; and continuing to enlarge the evidence base to make the case for the mutually reinforcing aspects of livelihoods and MHPSS.

Conclusion

The evidence presented suggests that integrating mental health and psychosocial support into livelihoods programming has the potential to mutually increase positive outcomes for individuals in fragile and post conflict settings in both disciplines. However, despite guidelines, recommendations and evidence pointing in this direction, few major institutions have taken on this effort, and while many smaller projects around the world have attempted to integrate mental health and livelihoods, the evidence base and practical programming guidance remains scarce. The examples of EMPATH and the WBG provide the field with successful examples of integrating mental health into livelihoods efforts in an NGO and in a large institution, and can provide a launching point for other organisations and programmes to engage in similar efforts.

Structurally, these examples offer several practical applications for other organisations aiming to integrate MHPSS and livelihoods programming. While the World Bank is one of the largest development institutions in the world, and there are few comparable institutions with which to generalise the results, some of the structural lessons of integrating MHPSS and livelihoods can be applied to organisations of other sizes and in other contexts. Donor organisations and large NGOs, for example, might find that a multi-layer approach that

includes both technical skill building of employees, as well as structurally building opportunities to implement MHPSS programming into the regular framework of its operations, is essential to sustainable integration of MHPSS into the broader organisational agenda. The effort that went into building relationships and tailoring the approach to the need of the WBG are lessons that can be applicable within all organisations. While a one-size-fits-all approach might be preferable for ease of implementation in other contexts, the results from this endeavour also showed the importance of tailoring the MHPSS conversation to the overall goals of the World Bank and to projects that individuals were already implementing. Including high level technical staff from the outside also helped both the credibility and the quality of integrating MHPSS into livelihoods work, which may likely be the case for other large institutions, donors and NGOs.

The nature of the MHPSS technical content used to either integrate into livelihoods interventions or train livelihoods practitioners was not necessarily new. The principles and technical applications included in the trainings and in the example of the livelihoods interventions at EMPATH have been implemented in MHPSS programming and are underpinned by well established psychosocial concepts. What makes this significant, however, is pairing these psychosocial concepts with livelihoods implementation. While EMPATH is an NGO based in the USA, there are lessons that can be applied to an emergency context. Most livelihoods interventions that include a component of MHPSS have so far been in the form of add-on services. For example, someone who is receiving livelihood support and found to be in need of mental health or psychosocial services is referred out to a separate service provider. EMPATH's programme example, however, was designed from the outset to include strategies that limit psychological triggers and stressors and work to

restore the specific decision making processes that stress compromises. This sort of integration could be directly applicable to NGOs, community based organizations, and governments wishing to implement livelihoods programming in places where the population has experienced extreme distress. The levels of distress found in the population that is served by EMPATH were high, and one could imagine that this approach could be generalised to an emergency context. Further research is recommended, however, to examine if the same level of success be found in a less stable environment and across cultures.

Still, further work is needed. Additional application of these efforts into settings where participants have been subject to prolonged distress, such as post conflict, post crisis and post disaster environments could help practitioners understand the practical application within a variety of contexts and cultures. Further research into the relationship between MHPSS and livelihood programming could also help make the case for increased efforts and funding in this area. Finally, creating broad scale change and understanding within larger funding and implementing organisations could create a culture shift and a foundation for designing psychosocially informed livelihood projects that are more effective for participants.

References

Algan, Y. Beasley, E., Vitaro, F., & Tremblay, R. (2013). *The long-term impact of Social Skills Training at school entry: A randomized controlled trial*. Working paper. Paris: Science Po.

Ames, M.W. (2015). *Efforts toward economic independence: Implications for and of children*. Waltham, MA: Brandeis University Dissertation.

Ataya, A., Duigan, P., Louis, D., & Schininá, G. (2010). *Assessment on psychosocial needs of Haitians affected by the January 2010 earthquake*. Port Au Prince: IOM.

Babcock, E. D. (2012). *Mobility mentoring*. Boston, MA: Crittenton Women's Union.

Babcock, E. D. (2014). *Using Brain Science to create new pathways out of poverty*. Boston, MA: Crittenton Women's Union.

Baingana, F. & Bannon, I. (2004). *Integrating mental health and psychosocial interventions into World Bank lending for conflict-affected populations: A toolkit*. Washington, DC: World Bank.

Betancourt, T. S., McBain, R., Newnham, E. A., Akinsulure-Smith, A. M., Brennan, R. T., Weisz, J. R., & Hansen, N. B. (2014). A behavioral intervention for war affected youth in Sierra Leone: a randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(12), 1288-1297. doi: 10.1016/j.jaac.2014.09.011.

Blattman, C., Jamison, J. C., & Sheridan, M. (2015). Reducing crime and violence: Experimental evidence on adult non-cognitive investments in Liberia. *NBER Working Paper Series*, 21204. Cambridge, MA: National Bureau of Economic Research.

Carlock, R. (2011). *Executive Functions: A review of the literature to inform practice and policy*. Cambridge, MA: Center on the Developing Child at Harvard University.

Center on the Developing Child at Harvard University. (2011). *Building the brain's 'Air Traffic Control' system: How early experiences shape the development of Executive Functions* (Working Paper #11). Cambridge, MA: Harvard University.

Center on the Developing Child at Harvard University. (2016). *Executive Function and Self-Regulation*. Cambridge, MA: Harvard University. Retrieved from <http://developingchild.harvard.edu/science/keyconcepts/executive-function/> Accessed February 9, 2016.

Children's Home Society of Washington. (2016). *Summary of results of two generation early learning and family self-sufficiency project*. Seattle, WA: Children's Home Society of Washington.

- Crittenton Women's Union. (2015). *Economic Independence Exchange annual member report*. Boston, MA: Crittenton Women's Union.
- EMPath. (2016). Retrieved from <http://www.liveworkthrive.org/>
- Giardinelli, L., Kios, G., Abubakar, B., Schininá, G., & Hammen, C. (2015). *An assessment of psychosocial needs and resources in Yola IDP camps: North East Nigeria*. Abuja: IOM.
- Goldsmith, A. H., Veum, J. R., & Darity, W. (1996). The psychological impact of unemployment and joblessness. *The Journal of Socio-economics*, 25(3), 333-358 doi: 10.1016/S1053-5357(96)90009-8.
- Heller, S. B., Shah, A. K., Guryan, J., Ludwig, J., Mullainathan, S., & Pollack, H. A. (2015). *Thinking, fast and slow? Some field experiments to reduce crime and dropout in Chicago* (No. w21178). National Bureau of Economic Research.
- Inter-Agency Standing Committee (IASC). (2007). *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. Geneva: IASC.
- Jalal, C. S., Frongillo, E. & Warren, A. (2015). Food insecurity mediates the effect of a poverty alleviation program on psychosocial health among the ultra-poor in Bangladesh. *The Journal of Nutrition*, 145, 1934-1941. doi:10.3945/jn.115.210799.
- Lund, C. (2011). Poverty and mental disorders: breaking the cycle in low-income and middle-income countries. *The Lancet*, 378, 1502-1514. doi: 10.1016/S0140-6736(11)60754-X.
- Luzuriaga, N. R. (2015). *Coaching for economic mobility*. Boston, MA: Crittenton Women's Union.
- Mani, A., Mullainathan, S., Sharif, E. & Zhao, J. (2013). Poverty impedes cognitive function. *Science*, 341, 76-80.
- Mullainathan, S. & Shafir, E. (2013). *Scarcity: Why having too little means so much*. New York, NY: Times Books, Henry Holt and Company.
- National Scientific Council on the Developing Child. (2005). *Excess stress disrupts the architecture of the developing brain*. Cambridge, MA: Harvard University.
- Prottas, J. (2016). *Cost benefit of CFO*. Boston, MA: Brandeis University.
- Reginer, P. (2007). *From post-tsunami emergency assistance to livelihood recovery in south India. Exploring the contribution of microenterpreneurship initiatives in the gulf of Mannar, Tamil Nadu*. Geneva, Switzerland: International Federation of Terre des Hommes-Terres des Hommes Suisse.
- Rockhold, P. & McDonald, L. (2008). The World Bank's work on mental and psychosocial health in the context of conflict affected countries. *Intervention*, 6(3/4), 314-322.
- Schininá, G., Bartoloni, E., & Nuri, R. (2008). *Assessment on psychosocial needs of Iraqis displaced in Jordan and Lebanon*. Beirut: IOM.
- Schininá, G. & West, H. (2014). *A rapid assessment of psychosocial needs and resources in South Sudan following the outbreak of the 2013/2014 conflict*. Juba: IOM.
- Solow, R.M. (1995). Mass unemployment as a social problem. In K. Basu, P. Pattanaik & K. Suzumura (Eds.), *Choice, welfare, and development: A Festschrift in honour of Amartya K. Sen* (313–322). Oxford: Clarendon Press.
- Tejada, N. V. (2015). *Incorporating MHPSS in World Bank Group operations: Taking stock of World Bank experience (2010-15)*. Washington, DC: World Bank.
- World Bank. (2015). *World development report 2015: Mind, society, and behavior*. Washington, DC: World Bank.

¹ In addition to the extreme poor and those with stigmatised social identities, this may also include former combatants, unaccompanied youth, victims of trafficking and former detainees.

Guglielmo Schininá is Head of Mental Health, Psychosocial response and Intercultural Communication at International Organization for Migration.

email: gschinina@iom.int

Bet Babcock is the Director of EMPATH Rachel Nadelman is a consultant at the World Bank Group James Sonam Walsh is a consultant at the World Bank Group Ann Willhoite is international clinical supervisor at the Center for Victims of Torture Alys Willman is senior specialist at the World Bank Group.