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COUNCIL OF DELEGATES
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Addressing Mental Health and Psychosocial Needs

BACKGROUND REPORT

Document jointly prepared by
the Swedish Red Cross, the International Committee of the Red Cross,
the Reference Centre for Psychosocial Support and
the International Federation of Red Cross and Red Crescent Societies
in close consultation/cooperation with
the Danish Red Cross, the Netherlands Red Cross and the Swiss Red Cross

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EXECUTIVE SUMMARY

The purpose of this background report is to provide key contextual information to the Council of Delegates in order to support the adoption of the Resolution on Addressing Mental Health and Psychosocial Needs.

Armed conflicts, natural disasters and other emergencies, including those arising as a result of migration, give rise to great mental health and psychosocial needs among millions of men, women, boys and girls around the world. Even though people generally show great resilience in such situations, some groups face particular vulnerabilities or are at high risk of violence, exclusion or injury, which means that they may need mental health and psychosocial support (MHPSS). The humanitarian impact of unmet mental health and psychosocial needs is extensive, affecting not only individuals but also whole communities, populations and societies. While needs are currently increasing, mental health and psychosocial support is still not a high priority in the humanitarian field. To improve humanitarian responses to mental health and psychosocial needs in contexts of armed conflicts, natural disasters and other emergencies, including those arising as a result of migration, greater commitment is needed in order to respond to the situation and ensure coherence and collaboration within the Movement.

An important step in this direction is the adoption of this Resolution, which calls for the following action:

- address the mental health and psychosocial needs of affected populations that arise as a consequence of armed conflicts, natural disasters and other emergencies, including those arising as a result of migration;
- address the mental health and psychosocial needs of staff and volunteers;
- draw greater global attention to the mental health and psychosocial needs of affected populations that arise as a consequence of armed conflicts, natural disasters and other emergencies;
- develop a Movement policy harmonizing responses in this field for the 2019 Council of Delegates;
- explore other ways of putting this on the agenda of the 33rd International Conference.

1) Introduction

One in four people are affected by mental disorders at some point in their lives, according to the World Health Organization. While recognizing the mental health and psychosocial needs in every community and society across the world and the important work that the different components of the Movement do to address those needs, mental health and psychosocial needs in situations of armed conflict, natural disasters and other emergencies, including situations of migration, are of particular concern to the Movement. These situations exacerbate existing vulnerabilities and give rise to specific protection concerns that are likely to increase the mental health and psychosocial needs in a given context. According to the United Nations, more than 141 million people are currently in need of humanitarian assistance, and the gap between needs and available resources continues to grow. One key factor is the duration of many complex emergencies, including protracted armed conflicts, where widespread disrespect of international humanitarian law by States and non-State armed groups results in death, physical and psychological harm and displacement. In

addition to those affected by armed conflicts, millions of people are in need of assistance and protection as a result of natural disasters and other emergencies, including those arising as a result of migration and displacement. Displacement has reached unprecedented levels during the past few years; according to the United Nations, 65.6 million people are forcibly displaced across the world.

Behind these numbers are millions of men, women, boys and girls around the world facing great mental health and psychosocial needs. Populations affected by armed conflicts, natural disasters and other emergencies are often exposed to extremely distressing experiences, such as the loss of loved ones, home and property, livelihoods and dignity, sexual and gender-based violence, war atrocities and torture. People generally face particular vulnerabilities or will be at high risk of violence, exclusion, or injury. This means that they may need mental health and psychosocial support (MHPSS), which aims to assist existing individual and community systems and coping mechanisms. While needs are currently increasing at the global level, MHPSS is still not high enough on the humanitarian agenda.

States have the primary responsibility to address the assistance and protection needs of people. There is, however, often very limited access to integrated MHPSS services in armed conflicts, natural disasters and other emergencies, and the components of the Movement therefore play an important complementary role. Alongside health-care professionals, there are important community actors who can make a difference for people in vulnerable situations: frontline responders, volunteers and members of the affected population are key actors in mitigating psychosocial effects after severe events and strengthening the resilience of individuals in their community. Every day around the globe, Red Cross and Red Crescent volunteers support populations and individuals affected by armed conflicts, natural disasters and other emergencies by providing basic psychological and psychosocial support, promoting existing individual and community coping mechanisms, building resilience and referring people to mental health services when needed. However, mental health and psychosocial needs greatly exceed response capacity in armed conflicts, natural disasters and other emergencies. Even when mental health services are in place, they tend to be limited in scope. Skilled practitioners able to provide comprehensive and effective mental health services are few and far between.

The Resolution on Addressing Mental Health and Psychosocial Needs therefore calls for a strengthened commitment to meeting the mental health and psychosocial needs of affected populations that arise as a consequence of armed conflicts, natural disasters and other emergencies. Furthermore, the Resolution calls for a joint Movement policy on this issue, which will provide clarity on current gaps and harmonize existing Movement approaches and tools for addressing the mental health and psychosocial needs of affected populations. This will strengthen coherence and collaboration within the Movement and, in turn, lead to a stronger Red Cross and Red Crescent Movement with an improved position to influence global policy-making in this area. This will ultimately lead to improved prevention, assistance and protection work for affected populations worldwide and enhanced care for staff and volunteers.

This Resolution is aligned with International Federation of Red Cross and Red Crescent Societies (IFRC) Strategy 2020 and International Committee of the Red Cross (ICRC) Strategy 2015–2018 and complements other institutionalized strategies. In addition, the Movement has expressed its commitment to respond to the mental health and psychosocial needs of affected populations on several occasions, as described in further detail below. The IFRC “Psychological Support Policy” dates back to 2003 but has only been adopted by the Governing Board. It does not therefore apply to the entire Red Cross and Red Crescent Movement, including the ICRC, and there is no corresponding ICRC policy on this matter. MHPSS is, however, reflected in the ICRC’s 2014–2018 Health Strategy. At present, there are no harmonized frameworks that recognize the mental health and psychosocial impact of

armed conflicts, natural disasters or other emergencies and provide guidance on how to provide care, support and address stigma within the Movement. There is a need for a contemporary framework for the entire Movement, addressing the extent of the problem, harmonizing approaches and providing common direction.

This Resolution is also linked to important initiatives external to the Movement, including the Sustainable Development Goals (SDGs). More specifically, the Resolution is linked to SDG Goal 3, target 4: “Reduce by 1/3 premature mortality from non-communicable diseases through prevention and treatment and the promotion of mental health and well-being.” SDG Goal 3, target 8, is also relevant to this Resolution: “Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all”, as mental health is included in universal health coverage for all.

2) Background

Addressing mental health and psychosocial needs is not new to the Movement. In 1957, at the 19th International Conference, the mental health services of National Societies were recognized in a resolution. The 25th International Conference in 1986 urged National Societies to give medical, psychological and social assistance to victims of torture. In 1991, the General Assembly decided to specifically address psychological support to victims of disasters and stressful life events. In this decision, it was recognized that the assistance of the Movement had focused mainly on physical and material needs, but that most Red Cross and Red Crescent volunteers had always provided moral support and comfort to the people they assist. It was also recognized that equal attention should be given to mental and physical aspects of human suffering. National Societies were thus recommended to assess unmet needs and identify priorities in psychological support activities. They were also urged to recognize the need for the integration of comprehensive psychological support programmes. All components of the Movement were urged to consider including psychological support in appeals for relief and development.

Mental health and psychosocial support have been addressed in subsequent decisions and appeals, but there is no comprehensive Movement-wide approach and strategy. In June 2015, a Movement Consultation on the Psychological Effects of Armed Conflicts and Violence was organized jointly by the Swedish Red Cross, the IFRC and the ICRC with the aim of exploring how these challenges had been addressed by the Movement and how the response could be improved in the future. With a view to increasing awareness about these challenges within the Movement and among States, the Swedish Red Cross and the Danish Red Cross, together with the IFRC, organized a side event at the 32nd International Conference. There was a strong consensus that the Movement’s engagement on this issue must be increased.

3) Analysis / Progress

Armed conflicts, natural disasters and other emergencies give rise to great mental health and psychosocial needs. Most people will experience psychological distress following such events, and they may experience feelings of anxiety, hopelessness, lack of support or loss of control, among others. The majority will recover using their own resources, but a smaller, although still significant, group of people will develop mild to moderate mental disorders in these situations, which often means that they become extremely vulnerable. The World Health Organization estimates that after an acute onset major emergency, around 10–15% of the population will develop mild to moderate mental disorders, including mood and anxiety disorders, and 3–4% will develop severe mental disorders. This may, of course, vary

depending on the particular context. A study conducted in Afghanistan in 2003 documented that 38% of adults showed symptoms of depression, 52% showed anxiety symptoms and 20% showed PTSD symptoms. A recent Swedish Red Cross study in 2016 documented that one in three newly settled refugees from Syria and 32–53% of asylum seekers from Syria, Eritrea and Somalia showed symptoms of depression and/or PTSD. These figures alone call for increased attention to MHPSS services.

In addition to causing direct psychological suffering, armed conflicts, natural disasters and other emergencies often also damage or destroy the social and community support systems and material resources that affected people need in order to cope, recover and exercise their resilience. It is therefore of great importance to strengthen coping mechanisms and individual resilience as well as community resilience and to ensure access to integrated MHPSS services for affected people. This is important in order to preserve and restore the resilience and well-being of the affected population, but also with a view to facilitating their active involvement in recovery processes.

While the majority of persons suffering distress after an emergency will recover using their own resources, others require focused psychosocial support and/or mental health services. There has been a shortage of high-quality scientific studies on the effectiveness of these interventions in emergencies, owing partly to the challenges of conducting research in such contexts. In the last few years, however, a rapidly growing body of evidence has shown the effectiveness of mental health and psychosocial interventions after armed conflicts, natural disasters and other emergencies. It is important that these findings are translated into practice in the Movement, and a joint policy on this matter will be instrumental in facilitating the process.

In the context of armed conflicts, natural disasters and other emergencies, Red Cross and Red Crescent staff and volunteers are exposed to trauma, loss and devastation, injury and even death. They may find themselves comforting survivors in the initial phases of shock and grief and providing survivors of violence with their first encounter with someone who can understand and give a human perspective to inhumane actions. Staff and volunteers may work long hours in challenging emergency environments, often putting aside their own needs. Additionally, as members of affected communities, volunteers often work close to home and may experience the same losses and grief in their families and communities as the people they are supporting. Even though they often possess incredible resilience, volunteers tend to experience higher levels of psychological distress than professional workers, and research has shown that their distress levels are similar to those observed among direct survivors. It is therefore of great importance that this Resolution cover the mental health and psychosocial needs of staff and volunteers as they are themselves part of the affected population.

At the 2015 Movement Consultation on the Psychological Effects of Armed Conflicts and Violence in Stockholm and the side event at the 32nd International Conference, it was concluded that there is a need to harmonize the Movement's policies and operational work in this field and that the Movement has an important role to play in mobilizing global attention. This can be done by engaging in and supporting activities aimed at better understanding and documenting the psychological consequences and needs of those affected and supporting and further developing activities and methods to address psychological effects. Furthermore, these events resulted in several recommendations:

- it is important to have evidence and research-based facts to mobilize and advocate for change;
- there is a need to map knowledge, tools and programmes that are already implemented and share experience in the Movement and beyond;
- there is a need to harmonize approaches in the Movement;

- it is important to support staff and volunteers and to build better and safer systems to support them.

4) Conclusion and recommendations (way forward)

In view of the needs highlighted above, it is recommended that the Council of Delegates adopt the Resolution on Addressing Mental Health and Psychosocial Needs.

The Resolution calls for the following action:

- address the mental health and psychosocial needs that arise as a consequence of armed conflict, natural disasters and other emergencies, including those arising as a result of migration;
- address the mental health and psychosocial needs of staff and volunteers;
- draw greater global attention to the mental health and psychosocial needs of affected populations that arise as a consequence of armed conflict, natural disasters and other emergencies;
- develop a Movement policy harmonizing responses in this field for the 2019 Council of Delegates;
- explore other ways of putting this on the agenda of the 33rd International Conference.

This Resolution calls for the Movement to strengthen its commitment to respond to the mental health and psychosocial needs of affected populations that arise as a consequence of armed conflict, natural disasters and other emergencies. In doing so, the Movement will not only improve prevention, assistance and protection work for individuals and communities in need, it will also strengthen its internal collaboration and coherence and thereby reinforce its position as one of the leading agencies worldwide in this field.