

Power of humanity

33rd International Conference
of the Red Cross and Red Crescent
9-12 December 2019, Geneva



**33rd INTERNATIONAL CONFERENCE
OF THE RED CROSS AND RED CRESCENT**

Geneva, Switzerland
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**Addressing mental health and psychosocial needs of people
affected by armed conflicts, natural disasters and other
emergencies**

DRAFT ELEMENTS OF RESOLUTION

March 2019

Background

The draft elements of the proposed resolution on *Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies* seek to provide an outline of the possible substance of individual paragraphs, without providing a definitive text for the proposed resolution.

Each paragraph is followed by a rationale explaining why it would be useful to include such a paragraph in the resolution.

This document is being shared for consultation with the members of the International Conference of the Red Cross and Red Crescent in order to gather a first round of comments and feedback, and to gain an initial understanding of whether the proposed approach on the substance would be acceptable and garner consensus.

When providing comments and feedback on this document, please consider the following questions:

- Do you agree with the proposed elements for the preambular and operative paragraphs of the resolution?
- Are there any elements that are missing or should be included in the resolution?

Detailed comments on the wording of the draft elements of this resolution are not expected at this stage. There will be an opportunity to comment on specific wording at a later stage, once the draft zero of the resolution is available.

Introduction

The International Red Cross Red and Crescent Movement sees extensive mental health and psychosocial needs arising as a direct or indirect consequence of armed conflicts, natural disasters and other emergencies. These needs remain unmet for different reasons, including the strong stigma around mental health, the lack of protection of affected people, limited access to services, lack of capacity of the professional workforce and insufficient resources for, and prioritization of, mental health and psychosocial needs. This is exacerbated in emergencies, and the impact of these unmet needs are long-term and far-reaching, affecting individuals and families directly as well as entire communities and societies.

The lack of a preventive approach, including strategies to ensure protection, safety, dignity and the right to health for affected people, can further undermine the ability of people, communities and States to appropriately address mental health and psychosocial needs. Respect for international legal frameworks, including international humanitarian law and international human rights law, may significantly contribute to addressing some of the challenges in preventing and meeting the mental health and psychosocial needs of affected people and communities.

Promoting and protecting the mental health and psychosocial wellbeing of humanitarian volunteers and staff is also key for sustainable humanitarian action. Humanitarian workers are often part of the affected populations, and they work to meet humanitarian needs in extremely volatile situations.

This issue was identified as a priority for action by the International Red Cross and Red Crescent Movement at the 2017 Council of Delegates. Following that, in 2018, there was an increased global awareness and political commitment to tackling mental health and psychosocial needs. The Movement is well positioned to support a joint and cohesive effort

with States and other stakeholders to address critical gaps in mental health and psychosocial services. Addressing mental health and psychosocial needs is a central part of the Movement's broader objectives to prevent and alleviate human suffering, to protect life, health and dignity and to promote health and social welfare among individuals and communities. To ensure protection and assistance for persons affected by armed conflicts, natural disasters and other emergencies around the world, the components of the Movement rely on their privileged access to affected persons or people at risk as well as their specific roles and mandates, including the unique role of National Societies as auxiliaries to their public authorities in the humanitarian field.

Preambular paragraphs (PP)

PP1

The introductory preambular paragraph could express deep concern about the mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies and acknowledge the social and economic impact of failing to address these needs, whilst recognizing the urgent demand to increase efforts to respond to them.

Rationale

Mental health and psychosocial needs increase during armed conflicts, natural disasters and emergencies as violence, chaos and uncertainty create fear, deplete or destroy community resources and undermine personal coping strategies and social connections. The human and societal impact of the unmet mental health and psychosocial needs of affected people is dramatic and often long-lasting. WHO estimates that after an acute onset major emergency, around 10–15 % of the population will develop mild or moderate mental health conditions, with variations depending on the context. During armed conflict and other situations of violence, these figures rise to rates as high as 17% and 15% for depression and post-traumatic stress disorder. In low- and middle-income countries, where the majority of conflicts and emergencies occur, between 76% and 85% of people with severe mental health conditions do not receive any treatment. When not addressed, these extensive mental health and psychosocial needs have far-reaching and long-term impacts on individuals, families, communities, populations and entire societies.

PP2

A preambular paragraph could recognize that mental health and psychosocial wellbeing are critical to the survival and daily functioning of people affected by armed conflicts, natural disasters and other emergencies and to their enjoyment of fundamental rights and access to protection and assistance.

Rationale

Mental health and psychosocial wellbeing have extensive effects on people's lives, their vulnerabilities, opportunities and agency. People's survival and functioning in humanitarian settings requires attention to their basic needs, such as safety, dignity, and health. Ensuring the enhanced mental health and psychosocial wellbeing of affected people and communities has positive effects across other vital sectors. Experience from humanitarian settings demonstrates that mental health and psychosocial interventions contribute to saving lives, regaining health, rebuilding trust and restoring dignity.

PP3

A preambular paragraph could acknowledge the important work that is currently carried out by the components of the Movement to address mental health and psychosocial needs. In

particular, it could note the Movement's new policy on addressing mental health and psychosocial needs.

Rationale

A variety of activities are already being carried out by National Societies, the ICRC and the IFRC to address mental health and psychosocial wellbeing, including basic psychosocial support, psychological first aid and specialized treatment services for people with mental health conditions. It is anticipated that the Movement will demonstrate its commitment to furthering this important area of work with the adoption of a new policy on addressing mental health and psychosocial needs at the 2019 Council of Delegates, which States could acknowledge.

PP4

A preambular paragraph could recognize that addressing mental health and psychosocial needs is critical to achieving universal health coverage and sustainable development.

Rationale

Given the many millions of people who are affected by armed conflicts, natural disasters and other emergencies, it is evident that a failure to address their physical and mental health needs will undermine sustainable global progress on universal health coverage and sustainable development.

PP5

A preambular paragraph could recognize the stigma and invisible nature of mental health and psychosocial needs as key challenges that need to be addressed at individual, family, community and societal levels.

Rationale

Persons with mental health and psychosocial needs often face rejection, discrimination and stigma, making it difficult for them to obtain assistance and access services. This leaves them more vulnerable to further ill-treatment and harm. Mental health and psychosocial needs are often invisible, particularly in humanitarian settings. Stigma related to other aspects of a humanitarian crisis (e.g. survivors of sexual and gender-based violence, participation in an armed group, displaced status) can create or exacerbate distress. These factors may significantly impede the provision of support and the willingness of affected people to access it.

PP6

A preambular paragraph could reaffirm that States have the primary responsibility to take action to protect people affected by armed conflicts, natural disasters and other emergencies, to provide them with humanitarian assistance and to promote their recovery and that the components of the Movement have important complementary and supportive roles, including the auxiliary role of National Societies, in addressing humanitarian needs.

Rationale

This paragraph reaffirms the general principle that each State has the responsibility first and foremost to address the humanitarian needs of people affected by natural disasters and other emergencies occurring on its territory (ref. UN GA 1991 A/RES/46/182). It also recognizes and reaffirms the complementary and supplementary roles of the components of the Movement, in accordance with the Fundamental Principles and the Statutes of the Movement, that are the basis for the privileged partnership between the Movement and States.

PP7

A preambular paragraph could acknowledge existing normative frameworks protecting mental

health and psychosocial wellbeing, including international humanitarian law and international human rights law, and recognize that respect for those frameworks may significantly contribute to addressing some of the challenges in preventing and meeting mental health and psychosocial needs.

Rationale

Protection of health, including mental health, is a key feature in international humanitarian law (IHL), which is applicable only in armed conflict. It is embodied in the core principle of humanity and is expressed in terms of the obligations of parties to conflicts to ensure impartial care for the wounded and the sick and to respect and ensure respect for the medical mission – patients, personnel, equipment and facilities. IHL also entails principles and specific prohibitions and restrictions which seek to limit human suffering, including negative mental health effects. The provision and protection of mental health forms an integral part of the right to the highest attainable standard of health enshrined in various international human rights law (IHRL) instruments, such as the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights (ICESCR). The right to health is a fundamental human right indispensable for the exercise of other human rights and should be ensured at all times. Furthermore, mental health is an element, both under IHL and IHRL, in determining the humane treatment of individuals, for instance in relation to detention conditions and prohibited inhumane acts, such as torture and other cruel, inhuman or degrading treatment.

PP8

A preambular paragraph could recall the recommendations following Resolution 5 of the 31st International Conference and Resolution 4 of the 32nd International Conference on ensuring protection of the delivery of health care in armed conflicts and other emergencies and recognize their relevance for the protection of mental health and psychosocial support services during armed conflicts, natural disasters and other emergencies, including for staff, volunteers, facilities and the persons receiving support or treatment.

Rationale

Violence against health care during armed conflict and other emergencies has been addressed in previous resolutions of the International Conference, including Resolution 4 “Continuing to protect the delivery of health care together” of the 32nd International Conference. The rationale and recommendations that have been developed as a result of these resolutions and the Movement’s Health Care in Danger initiative are relevant for ensuring the protection of mental health and psychosocial services in such emergencies.

PP9

A preambular paragraph could recognize that the mental health and psychosocial wellbeing of humanitarian volunteers and staff are often affected in the course of their work as they are exposed to traumatic events, loss and devastation, injury and death while responding to the needs of people affected by armed conflicts, natural disasters and other emergencies.

Rationale

Humanitarian volunteers and staff face a double burden in responding to the needs of populations affected by armed conflicts, natural disasters and other emergencies, as they themselves are also part of the affected populations. Volunteers and staff who are responding to needs in humanitarian settings often have the same need for basic assistance and support as others within their community. Greater attention must be paid to volunteers and staff not only because their own mental health and psychosocial needs can become magnified, but also because they are vital to efforts to provide mental health and psychosocial support services to their communities.

PP10

A preambular paragraph could recognize that early and appropriate mental health and psychosocial support interventions are important to prevent distress from developing into more severe conditions. It could further acknowledge that most people show resilience and are able to manage their distress, providing they can activate their personal coping strategies and have access to basic services and external resources such as the support of their families, friends and community.

Rationale

Investing in family and community mental health promotion and prevention interventions in emergency settings, including interventions aimed at childhood, is the most efficient way to prevent further distress, suffering and negative coping strategies, thus meeting the needs of the majority of affected people and significantly reducing the number of people who may need psychological or specialized mental health care. A small percentage of the affected population will, however, experience long-term mental health problems and need access to specialized services provided by trained professionals. People with pre-existing mental health conditions may also need further mental health and psychosocial support.

PP11

A preambular paragraph could recognize that factors such as age, gender, disability, state of health, social class, legal status, deprivation of liberty, displacement and exposure to violence can further increase risk and impact needs and vulnerability. It could further recognize that diversity factors must be considered in order to ensure effective access to mental health and psychosocial support services for all people affected, without discrimination, and effectively address different mental health and psychosocial needs.

Rationale

An individual's gender identity and other diversity factors, societal gender-based norms, inequalities and stereotyping shape the extent to which people are vulnerable to, affected by, respond to and recover from emergencies. These differences are also strengths, which must be recognized and incorporated into all preparedness, prevention, response and recovery efforts, including in the treatment of persons with mental health and psychosocial support needs.

PP12

A preambular paragraph could briefly recognize and reiterate previous relevant resolutions of the International Conference as well as non-Movement commitments relating to mental health and psychosocial wellbeing.

Rationale

The purpose of this preambular paragraph would be to illustrate the Movement's long-standing engagement in addressing mental health and psychosocial needs and to ensure continuity in policy and action. It could also recall current commitments made by States in other relevant international fora such as the WHO Comprehensive mental health action plan 2013–2020.

Operative paragraphs (OP)

Overall rationale

The operative paragraphs propose priorities and concrete actions to ensure mental health and psychosocial support is recognized as fundamental to saving lives and preserving dignity in humanitarian response. They should focus on actions that will help to ensure the delivery of

integrated, holistic and appropriate services to affected people as well as contributing to an environment conducive to protection, prevention, mitigation and treatment.

Ensuring access to relevant mental health and psychosocial support services for affected people

OP1

An operative paragraph could call on States to increase efforts to protect and promote the mental health and psychosocial wellbeing of people affected by armed conflicts, natural disasters and other emergencies and ensure their access to mental health and psychosocial support services.

Rationale

When not addressed, these extensive mental health and psychosocial needs have far-reaching and long-term impacts on individuals, families, communities, populations and entire societies. The International Red Cross and Red Crescent Movement recognizes an urgent need to increase efforts to address these mental health and psychosocial needs emerging as a result of armed conflicts, natural disasters and other emergencies (ref. 2017 Council of Delegates Resolution 7).

OP2

An operative paragraph could call on States, National Societies, the IFRC and the ICRC, as appropriate to their mandates and areas of operation, to invest in early and long-term prevention, preparedness and community-based response and resilience activities, including mental health and psychosocial support, building on the local presence of the Movement components and their often unique humanitarian access to those in need. States and National Societies could further be encouraged to build partnerships in this respect.

Rationale

This paragraph suggests that States and the components of the Movement, each according to their mandates, should invest in local humanitarian response to address mental health and psychosocial needs, including strengthening resilience and community-based action. The majority of affected persons show resilience and do recover if provided with access to timely and relevant basic services, security and external resources, such as their families, friends and communities. The Movement, with its local presence, access and a strong base of volunteers and community members, is well placed to respond to the immediate mental health and psychosocial needs of individuals, families and communities. As auxiliaries to their public authorities in the humanitarian field, National Societies are relevant partners for States in advancing such a local response.

OP3

An operative paragraph could encourage States to work to strengthen the quality and capacity of the professional mental health and psychosocial workforce to work in the most critical contexts, as relevant, in close cooperation with the components of the Movement.

Rationale

In order for mental health and psychosocial services to be appropriate and available, they must be part of a continuum of care that is multi-layered and connected to local and long-term health and social welfare systems. Well-trained, culturally-sensitive and competent health and social welfare staff are essential if these services are to meet these standards and reach people in need in situations of armed conflict, natural disasters and other emergencies.

OP4

An operative paragraph could request States and the components of the Movement to take

measures to promote the mental health and psychosocial wellbeing of humanitarian volunteers and staff and respond to their specific mental health and psychosocial needs (further advancing commitments included in Resolution 5 of the 32nd International Conference “The safety and security of humanitarian volunteers”).

Rationale

The mental health and psychosocial wellbeing of humanitarian volunteers and staff is often affected in the course of their work as they are exposed to traumatic events while responding to the needs of affected people. They often work long hours under stressful conditions. During armed conflict, other situations of violence and emergencies, it is increasingly commonplace for humanitarian volunteers and staff, as members of the affected communities, to be the only ones who have access to people affected by such situations. Investing in the mental health and psychosocial wellbeing of these humanitarian workers is a precondition for efficient and sustainable humanitarian action.

OP5

An operative paragraph could call on States and the components of the Movement to take further measures to ensure the protection and continuity of mental health and psychosocial support services during armed conflicts, natural disasters and other emergencies, including the staff, volunteers, facilities and persons receiving support or treatment (furthering the commitments in Resolution 5 “Health care in danger: Respecting and protecting health care” of the 31st International Conference and Resolution 4 “Continuing to protect the delivery of health care together” of the 32nd International Conference).

Rationale

Health care, including mental health and psychosocial support services, are disrupted or damaged during armed conflicts, natural disasters and other emergencies. These services should be respected and protected. The rationale and recommendations that have been developed as a result of these previous resolutions and the Movement’s Health Care in Danger initiative are relevant for mental health and psychosocial services. Measures to enhance the protection of mental health and psychosocial support services during armed conflicts, natural disasters and other emergencies will help increase access to those services by affected people.

Ensuring that mental health and psychosocial support is embedded in a continuum of care that is multi-layered, local and long-term in approach

OP6

An operative paragraph could call on States to ensure that mental health and psychosocial support is an integral component of domestic and international emergency response systems and plans, including disaster laws, preparedness plans and emergency response coordination mechanisms, and request the components of the Movement to support this effort, as appropriate to their mandates.

Rationale

Robust domestic and international emergency preparedness and response systems and plans are vital to meet humanitarian needs comprehensively during emergencies. The mental health and psychosocial needs of the affected people may be more efficiently addressed by ensuring that mental health and psychosocial support is systematically integrated into disaster laws, preparedness plans, emergency response and coordination mechanisms. Since 2003, the International Conference has mandated National Societies to provide support and advice on disaster laws, with help from the IFRC, and many have provided extensive technical assistance to their authorities over the ensuing years. The ICRC and National Societies also have a

mandate and a lengthy track record in supporting domestic law and policy compliant with international humanitarian law.

OP7

An operative paragraph could call on States and the components of the Movement to ensure that mental health and psychosocial support responses are comprehensive and contribute to addressing other basic needs, such as health, shelter, food, livelihoods and education, where possible, and that they consider multi-layered activities, including social, psychosocial, psychological and psychiatric interventions.

Rationale

People's survival and functioning in humanitarian settings requires attention to their basic needs, such as safety, dignity and health. A holistic response to the needs of people in armed conflicts, natural disasters and other emergencies requires prioritization and programming for mental and physical health that is linked to other forms of vital support, such as food, clean water, shelter and protection. It also requires services that address the range of mental health and psychosocial needs a person may have, which may change over time. This "multi-layered" approach relies on strong referral networks and investment at different levels and in complementary services.

Ensuring the dignity and participation of people affected by armed conflicts, natural disasters and emergencies

OP8

An operative paragraph could call on the components of the Movement and States to promote and adhere to agreed standards of care, ethical and professional guidelines and evidence-based and participatory approaches.

Rationale

In order to "do no harm", all those involved in the provision of mental health services and psychosocial support must promote and adhere to existing evidence-based practice and standards of health and care, ensuring the full, equal and meaningful involvement of affected people.

OP9

An operative paragraph could call on the components of the Movement and States to act to address stigma, exclusion and discrimination.

Rationale

Stigma and discrimination experienced by people with mental health and psychosocial needs cause harm and exclusion from society and may further hinder the provision of support, preventing such persons from seeking and accessing help. Mental health and psychosocial needs are often invisible, particularly in humanitarian settings. Further, stigma related to other aspects of a humanitarian crisis (e.g. survivors of sexual and gender-based violence, participation in an armed group, displaced status) can create or exacerbate mental and psychosocial distress. These factors may significantly impede the provision of support and the willingness of affected people to access it. Therefore, action to reduce stigma, exclusion and discrimination associated with mental health and psychosocial needs is required if efforts to improve health outcomes in humanitarian settings are to be effective in the long term.

OP11

An operative paragraph could urge full respect for existing international legal frameworks, including international humanitarian law and international human rights law, as applicable and relevant to addressing mental health and psychosocial needs.

Rationale

Violations of the fundamental rules of international humanitarian law and international human rights law often have devastating effects on mental health and psychosocial wellbeing. Respect for these international legal frameworks may significantly contribute to addressing some of the challenges in preventing and meeting the mental health and psychosocial needs of affected people and communities.

*Do you agree with the proposed elements for the preambular and operative paragraphs?
Are there any aspects missing that you think should be included in the resolution?*

Detailed comments on the wording of these elements are not expected at this stage. There will be ample opportunity to comment on specific wording once a first draft of the resolution is available.