

**Power of humanity**

Council of Delegates of the International  
Red Cross and Red Crescent Movement

8 December 2019, Geneva



**COUNCIL OF DELEGATES  
OF THE INTERNATIONAL RED CROSS  
AND RED CRESCENT MOVEMENT**

Geneva, Switzerland  
8 December 2019

**International Red Cross and Red Crescent Movement policy on  
addressing mental health and psychosocial needs**

**DRAFT ELEMENTS OF RESOLUTION**

March 2019

## Background

The draft elements of the proposed resolution *Movement policy on addressing mental health and psychosocial needs* provides the outline for the formal adoption of the Movement policy on addressing mental health and psychosocial needs that was requested by the 2017 Council of Delegates (Resolution 7) and for its implementation. The draft elements of a Movement policy are annexed to the elements of the resolution and contain the substance of individual paragraphs, without providing a definitive text for the proposed resolution and policy.

This document is being shared for consultation with the members of the Council of Delegates 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?
- Do you agree with the proposed elements of the Movement policy?
- Are there any elements that are missing or should anything be excluded?
- Do these draft elements of the policy provide sufficient guidance for your and the Movement's work aimed at addressing mental health and psychosocial needs?

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 2017 Council of Delegates adopted Resolution 7 on Addressing Mental Health and Psychosocial Needs. This was the first Movement-wide decision devoted exclusively to mental health and psychosocial needs. In this resolution, the Council of Delegates expresses deep concern about 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, and it recognizes the urgent need to increase efforts to address them. While there is a clear focus on the mental health and psychosocial needs of people affected by armed conflicts and other emergencies, the wide variety of mental health and psychosocial support (MHPSS) services and programmes already provided by National Societies are also recognized in Resolution 7, including those addressing needs resulting from other situations, such as marginalization, isolation and extreme poverty. National Societies, the IFRC and the ICRC were requested to specifically address the mental health and psychosocial needs of volunteers and staff. To contribute to the harmonization of different Movement responses, the Movement was requested to formulate a policy on addressing mental health and psychosocial needs that builds on common approaches, developed through a collaborative process which actively engages National Societies, the IFRC and the ICRC. This proposed Movement policy, the draft elements of which are annexed to this document, will be submitted for adoption by the 2019 Council of Delegates.

### **Preambular paragraphs (PP)**

**PP:** A preambular paragraph of this resolution could recall and reiterate the deep concern expressed by the 2017 Council of Delegates about 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 or as a result of other situations, such as marginalization, isolation and extreme poverty. It could also recall the continued and urgent need to increase efforts to address concerns in this area and the important work that the Movement is doing to respond to these needs.

**Rationale:** The humanitarian needs referred to in 2017 Council of Delegates Resolution 7 are ongoing, and the Movement must continue its efforts to increase global action to address them. The majority of the components of the Movement are already carrying out efforts to address the mental health and psychosocial needs of people affected by emergencies as well as of those affected outside of emergencies.

**PP:** A preambular paragraph could recall that the mental health of the Movement's volunteers and staff is often affected in the course of their work and reiterate the request of the 2017 Council of Delegates Resolution for National Societies, the IFRC and the ICRC to address the mental health and psychosocial needs of volunteers and staff.

**Rationale:** The health and wellbeing of our humanitarian volunteers and staff are critical for the sustainability of the Movement's humanitarian efforts. It is the responsibility of all components to protect and promote the health and wellbeing of their human resources.

**PP:** A preambular paragraph could recall the request by the 2017 Council of Delegates to formulate a Movement policy on addressing mental health and psychosocial needs that builds on common approaches and contributes to the harmonization of different Movement responses. It could also recognize that such a policy will contribute to strengthening the Movement's collective capacity and capability to address mental health and psychosocial needs.

**Rationale:** This paragraph would recall the formal basis and the request for the formulation of a Movement policy and recognize that a policy would contribute to strengthening the Movement's collective capacity and capability to address mental health and psychosocial needs.

### **Operative paragraphs (OP)**

**OP:** In the first operative paragraph, the Movement adopts the proposed Movement policy on addressing mental health and psychosocial needs. It could also request all the components of the Movement to implement this policy and apply it in their work aimed at addressing mental health and psychosocial needs or when supporting other components of the Movement in doing so.

**Rationale:** This paragraph contains the formal decision of the Movement to adopt the policy and emphasizes the obligation to implement and apply the Movement policy by the components of the Movement whether they are directly involved in activities covered by the policy or whether they are supporting other components in doing so.

**OP:** An operative paragraph could reiterate the 2017 Council of Delegates call to increase the resources allocated to addressing this humanitarian issue, with a view to strengthening the Movement's collective capacity and capability to address mental health and psychosocial needs.

**Rationale:** In order to be able to meet the mental health and psychosocial needs identified by the Movement, more resources would need to be allocated by the Movement, States and other actors. It is necessary for the Movement to increase resources to strengthen its capacity and capability to address these needs.

**OP:** An operative paragraph could request the ICRC and the IFRC to monitor the implementation of this policy and report to the Council of Delegates on the progress made in 2021.

**Rationale:** In this paragraph, the ICRC and the IFRC would be requested to follow up on the implementation of the policy and help ensure its universal application.

## Annex

### **Proposed elements for a Movement policy on addressing mental health and psychosocial needs**

#### **FOREWORD**

*The foreword will include:*

- a problem statement; a description of the nature of the needs to be addressed and current global trends [the urgency of the issue, particular needs arising as a result of armed conflicts, natural disasters and other emergencies, the social and economic impact of unmet needs, linkage to substance use, suicide, data, etc.];
- the different responses required;
- the unique role and added value of the Movement and its individual components;
- the importance of the Fundamental Principles and principled humanitarian action in addressing mental health and psychosocial needs;
- the ambitions of the Movement to scale up and contribute to more harmonized mental health and psychosocial support globally.

This policy supports the Movement in its mission to *prevent and alleviate human suffering wherever it may be found, to protect life and health and ensure respect for the human being, in particular in times of armed conflict and other emergencies, to work for the prevention of disease and for the promotion of health and social welfare, working at all times in accordance with the Fundamental Principles.*

***Is there anything else that should be included in the foreword?***

#### **A) INTRODUCTION**

##### **Framing**

*This section frames the policy by stating positions that are central to the Movement's understanding of mental health and psychosocial needs. These could include that the Movement:*

- Reaffirms the right to health:<sup>1</sup> Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health.
- Reaffirms the primary responsibility of States to respond to humanitarian needs, including mental health and psychosocial needs, and the complementary and supportive roles and mandates of the components of the Movement (including the auxiliary role of National Societies). Recognizes that **mental health** is not just the absence of mental disorders but is defined as a state of psychological wellbeing in which every individual is able to realize their potential and function productively within their families and communities and is equipped with effective coping strategies. Positive mental health and the range of mental health conditions,

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<sup>1</sup> Health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity (WHO 1948) and an inalienable right of all people without any regard to race, religion, colour, nationality, sex or origin. In the absence of health, the full potential and capabilities of individuals as active, productive and responsible members of society cannot be realized.

including psychological distress, impact on functioning, illness and disability, are fundamental to a comprehensive concept.<sup>2</sup>

- Recognizes that **psychosocial support** is used to describe the interconnection between the individual (i.e. a person's 'psyche', including internal, emotional and thought processes, feelings and reactions) and their environment, interpersonal relationships, community and/or culture (i.e. their social context). Psychosocial support is essential for maintaining good physical and mental health and provides an important coping mechanism for people during difficult times.<sup>3</sup>
- Acknowledges that although the terms 'mental health' and 'psychosocial support' are closely related and overlap, for many humanitarian workers they reflect different, yet complementary, approaches. Exact definitions of these terms vary between and within the Movement components, professional disciplines and countries. The composite term '**mental health and psychosocial support**' (**MHPSS**) serves to unite as broad a group of actors as possible and underscores the need for diverse, complementary approaches in providing a holistic continuum of care.<sup>4</sup>
- Recognizes that mental health and psychosocial wellbeing are significant contributing factors to people's enjoyment of their fundamental rights and their access to protection and assistance. Mental health and psychosocial wellbeing are critical to daily functioning and survival.
- Recognizes that addressing mental health and psychosocial needs is critical to achieving universal health coverage and sustainable development.
- Recognizes the importance of investing in mental health promotion, prevention, and treatment.
- Recognizes that most people show resilience and are able to manage their distress provided that 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.
- Recognizes the stigma and the invisible nature of mental health and psychosocial needs as key challenges that need to be addressed at individual, family, community and societal levels.
- Recognizes the importance of ensuring the protection of staff, volunteers and facilities providing mental health and psychosocial support services at all times, including during times of armed conflicts, natural disasters and other emergencies.
- Recognizes the link between substance use, mental health and psychosocial wellbeing, and the need to consider measures to address substance use disorders along with mental health and psychosocial needs.

### ***Should we include additional positions or change or delete any of those suggested?***

#### **Purpose**

*This section defines the purpose of the policy.*

- The policy provides overall guidance to the components of the Movement on how to build a more harmonized, integrated, contextually appropriate and holistic

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<sup>2</sup> ICRC MHPSS Guidelines, WHO Mental Health Atlas and IFRC Mental Health Guiding Principles document

<sup>3</sup> IFRC PS Centre *Strengthening Resilience* manual; ICRC Guidelines on Mental Health and Psychosocial Support

<sup>4</sup> IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

Movement response to mental health and psychosocial needs, whilst being cognisant of the respective capacities and mandates of different Movement components. It states the minimum standards and obligations framing our approach to addressing mental health and psychosocial needs.

### **Scope**

*This section defines the scope of the policy, who the policy applies to and what it draws on.*

- The policy applies to all components of the Movement – National Societies, the IFRC and the ICRC – in addressing mental health and psychosocial needs and recognizes the variety of activities carried out by them in response to the mental health and psychosocial needs of affected populations and humanitarian staff and volunteers.
- ‘Addressing mental health and psychosocial needs’ encompasses mental health and psychosocial support services and the strengthening of local MHPSS services as well as advocacy and actions aimed at protection, promotion, prevention and treatment.
- The policy aligns with, and builds upon, relevant Movement commitments, policies and resolutions.
- The policy is also informed by applicable professional standards, guidelines and relevant global frameworks (*reference to Annex 1: to be added*).

## **B) GUIDING PRINCIPLES**

*This section sets, as the basis for the Movement in this field, the Fundamental Principles and other overarching principles that guide our MHPSS work. These include:*

- **The Fundamental Principles**  
All Movement activities and decisions are guided by the Fundamental Principles.  
  
Choices and priorities for our humanitarian action are driven by needs and reflect the principles of **humanity and impartiality**, including the aspect of **non-discrimination**. Humanitarian facilities, goods and services are accessible to all people, including persons belonging to marginalized groups, without discrimination. Everyone with needs should have equal and equitable access to humanitarian services; priority is given to the most urgent cases.
- **Gender and diversity**  
An individual’s gender identity and other diversity factors, such as age, disability, sexual orientation, health status, social status, immigration and/or legal status, ethnicity, faith, nationality (or lack thereof), societal gender-based norms, inequalities and stereotyping, shape the extent to which people are vulnerable to, affected by and able to respond to and recover from emergencies, natural disasters and crises. These factors – which are also strengths – must be recognized, analysed and incorporated into all preparedness, prevention, response and recovery efforts, including when addressing mental health and psychosocial needs. Such efforts should further recognize and build on the self-determined priorities, coping mechanisms, capacities and resilience of individuals with dignity and respect for diversity and without discrimination.

- **‘Do no harm’**

All humanitarian activities must respect people’s rights and dignity. Mental health and psychosocial support work has the potential to cause harm because it deals with highly sensitive issues. The lack of extensive scientific evidence to underpin this work, which is available for other activities and disciplines, is also a risk factor. Knowledge about existing evidence-informed practices may also be limited. We can reduce the risk of harm by keeping updated on the evidence base regarding effective practices, designing interventions based on timely information, undertaking to conduct evaluations and developing cultural sensitivity and competence.
- **Medical, health care and social work ethics – professional competencies**

All persons involved in preparing for, responding to and supporting mental health and psychosocial needs must adhere to agreed standards of care, ethical and professional guidelines, and codes of conduct. This includes those offering training and supervision to responders. They must be competent to provide the assessments and interventions indicated at the level required (noting the continuum of care and need for multi-layered support) and seek appropriate levels of supervision. They should all demonstrate cultural sensitivity, context awareness and emotional stability and be aware of the limits of their knowledge and when to seek further help. In addition, professionals should be appropriately trained and supervised.
- **Continuum of care and multi-layered support**

People may have different and complex needs that require holistic responses. Mental health and psychosocial support responses should therefore be comprehensive and contribute to addressing other basic needs, such as health, food and education, where possible. Comprehensive responses also work to reduce stigma and discrimination as a means of prevention. Movement components should consider providing services through a multi-layered approach related to a continuum of care. This approach does not expect all MHPSS actors to respond across every layer; however, Movement components must map available services, especially for those needs that they cannot meet, with the aim of ensuring appropriate referral pathways and a continuum of care.
- **Participation**

Participation refers to the full, equal and meaningful involvement of all members of the community and the individuals concerned in decision-making processes and activities that affect their lives. Humanitarian action should maximize the participation of affected populations in the humanitarian response. Even in emergency situations, significant numbers of people, including persons with mental health conditions, exhibit sufficient resilience to participate in relief and reconstruction efforts. Participation in emergency work is an essential foundation of people’s right to life with dignity, affirmed in the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations in Disaster Relief. A participatory approach strengthens accountability to affected populations, mitigates the risk of doing harm and ensures that support is provided in a culturally appropriate manner.
- **Building on available resources and capacities**

All affected individuals, families and communities have assets or resources that support mental health and psychosocial wellbeing. A key principle in humanitarian



work is building on local capacities, supporting self-help and strengthening the resources already present. Externally driven and implemented programmes often lead to inappropriate mental health and psychosocial support and limited sustainability. Where possible, it is important to build both government and civil society capacities.

- **Cultural contextualization/cultural awareness**

Mental health and psychosocial services can potentially cause harm because they may address sensitive issues that are specific to the cultural context. Humanitarian volunteers and staff must have cultural sensitivity and awareness and be equipped with the knowledge and skills required to ensure that the services provided are adapted to the culture, language, religious and spiritual beliefs, established habits, attitudes and behaviour of affected individuals, families and communities.

- **Caring for staff and volunteers**

All those responding to humanitarian needs should receive a minimum amount of relevant training, preparation, support and follow-up. Responding to humanitarian needs can create stress, and delivering support to people who are highly distressed and at times react with anger and aggression can cause staff and volunteers harm. Since staff and volunteers are often a part of the communities affected by emergencies, organizational systems of support are required to promote safety and wellbeing, address the various stressors, promote self-care, offer a range of resources, including peer support, and provide supervision. Such policies and resources require regular monitoring and review to ensure that unhelpful practices do not occur and to promote accessibility and effectiveness.

***Should we add or change any guiding principles?***

### **C) MOVEMENT MHPSS APPROACH**

*This section explains and conceptualizes the Movement's approach to MHPSS needs. A model describing and guiding the Movement's MHPSS work on different layers is included.*

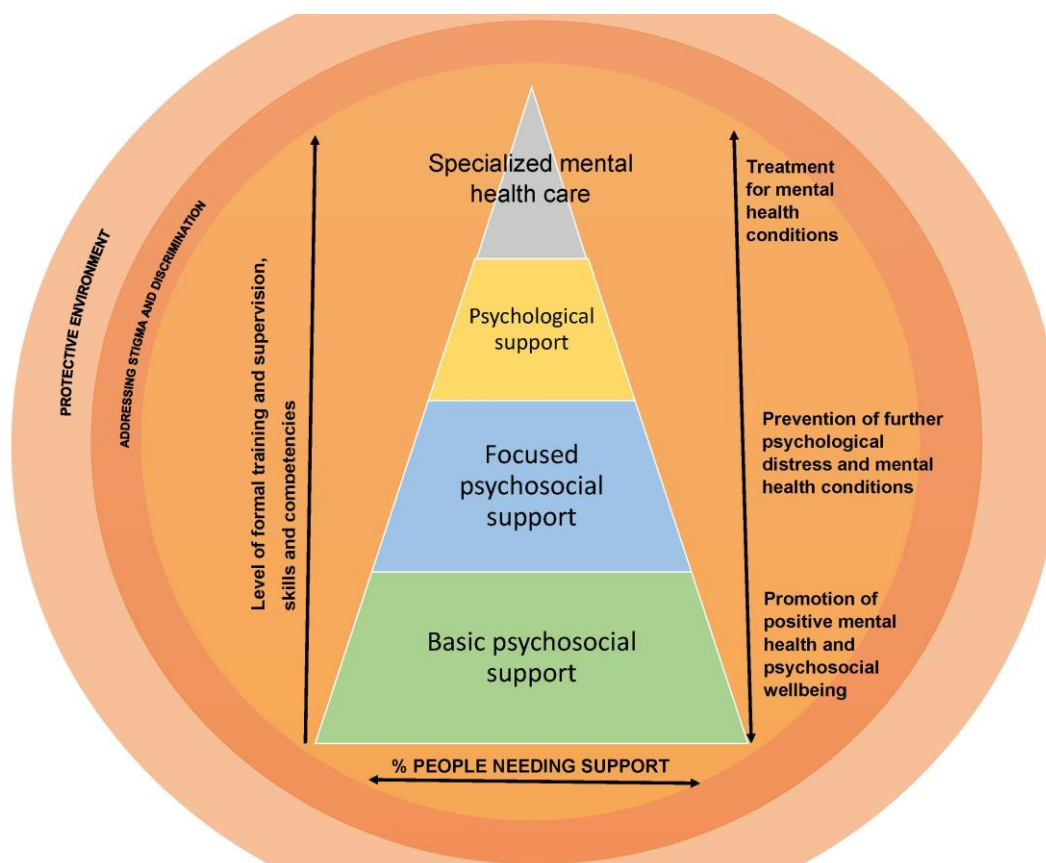
Addressing mental health and psychosocial needs is a central part of the Movement's broader objectives to prevent and alleviate human suffering, to protect life, health and dignity and to promote health and social welfare among individuals and communities. These objectives will be achieved by providing contextually appropriate assistance and support, engaging in activities to promote mental health and psychosocial wellbeing, ensuring protection and strengthening the normative, institutional and ethical environment necessary for protection, prevention, mitigation and treatment in addressing mental health and psychosocial needs.

- The components of the Movement should ensure basic mental health and psychosocial support (MHPSS), as relevant, in a stand-alone or integrated manner in all their humanitarian services and programmes.
- The components of the Movement should advocate for the adoption and implementation of robust local and national MHPSS policies and legislation and be a leader in the provision of mental health and psychosocial support, including using innovative self-help and trauma-informed approaches.
- The components of the Movement must have staff, volunteers and/or community members trained in psychological first aid and/or in other forms of MHPSS support,

depending on needs, gaps and resources. Psychological first aid should be included in all first aid training.

- Timely and early interventions, including interventions during childhood, are recommended to prevent further distress and a deterioration in functioning and coping capacities.

### MHPSS model: The pyramid



- 1) Starting at the base, the first layer of the pyramid is referred to as *basic psychosocial support*, which is provided by trained Red Cross and Red Crescent staff and volunteers and/or trained community members. *Basic psychosocial support* includes the provision of psychological first aid offered in emergency situations as well as in the daily work of trained staff, volunteers and/or community members. Other activities in this level include health promotion and activities to promote resilience and social cohesion within communities. *Basic psychosocial support* should be accessible to 100% of the affected population.
- 2) The second layer of the pyramid refers to *focused psychosocial support*, which is provided by trained Red Cross and Red Crescent staff and volunteers and/or trained community members. *Focused psychosocial support* includes ill-health prevention activities with a specific focus on groups, families and individuals at risk and requires a higher level of training and supervision than basic psychosocial support. Peer support is included in this layer.

- 3) The third layer is referred to as *psychological support*, which is provided by trained counsellors and other MHPSS professionals. Psychological support should be provided to all individuals and families who present with more serious psychological distress. It is provided within health facilities and/or community facilities depending on cultural appropriateness.
- 4) The fourth or top layer of the pyramid refers to *specialized mental health care*, which includes specialized clinical services (including psychiatric care) provided within health systems. Trauma-related treatment, including support provided by treatment centres to survivors of torture, is included in this layer. *Specialized mental health care* will be required by 4–5% of the affected population.

To ensure people in need of different types of mental health and psychosocial support are properly assisted, informed and/or referred, the components of the Movement should work to address mental health and psychosocial support needs across all layers. This requires all Movement components to conduct appropriate needs assessments, which includes a mapping of available service providers, to directly provide relevant MHPSS services and/or to refer people to other relevant qualified service providers. Where there are no appropriate services available (in any layer), the components of the Movement will advocate for better public or civil society services and professional development pathways and conduct mental health and psychosocial promotion and prevention activities.

#### **Explanation of auxiliary role and capacity building**

National Societies, as auxiliaries to their public authorities, can agree to support them in meeting their responsibilities in the humanitarian field as far as resources and capacities allow, providing that they can do so in full compliance with the Fundamental Principles and in keeping with the mission and Statutes of the Movement. It is important to build both government and National Society capacity to deliver evidence-informed mental health and psychosocial support.

#### **Links to protection and other forms of assistance and conducive environment**

Protection – to ensure that the rights of individuals are respected with a view to preserving their safety, physical integrity and dignity – is at the core of the Movement's humanitarian action and can contribute to preventing, mitigating, treating and alleviating mental health and psychosocial problems. Ensuring protection also involves action to reduce the risk and extent of physical and psychological harm by seeking to minimize threats and reduce vulnerability to such threats. Mental health and psychosocial concerns, if not properly addressed, can also give rise to protection risks that may impair access to protection, e.g. by hindering the expression or identification of the need for protection. Stigma, discrimination and prejudice towards persons affected by mental health and psychosocial concerns have been identified as key challenges for them in accessing MHPSS services as well as protection and other forms of assistance.

#### **Protecting and assisting people with special vulnerabilities**

The term 'special vulnerabilities' is used in reference to individuals or groups of individuals who are made vulnerable by the situations and environments that they are exposed to, as opposed to any inherent weakness or lack of capacity. Depending on their respective roles and programmes, the components of the Movement help people with different types of special vulnerabilities. While some components of the Movement may address the needs of the more socially vulnerable, others might be concerned with the needs of persons with mental health conditions or victims of torture.

***Should we add or change anything related to the Movement MHPSS approach or the proposed MHPSS model?***

**D) ENABLERS OF MOVEMENT RESPONSE**

*This section defines enablers, which should support and guide how the components of the Movement work to address MHPSS.*

- Based on the understanding that MHPSS needs are always present but often invisible, it is vital to ensure **assessments include consideration of the MHPSS needs, capacities and priorities** of the affected individuals, families and communities in the planning of domestic or international responses. Rates of mental health conditions are substantial in any crisis. Prevalence studies are not essential to initiate services. Use rapid participatory approaches and, where possible, integrate mental health and psychosocial support in other assessments. Do not limit assessments to one clinical issue.
- The Movement should work together to address stigma, discrimination and prejudice towards people with MHPSS needs and their families/caregivers.
- Adequate **human resources and capacity building** should be ensured. The process of transferring MHPSS knowledge and skills should consider contextual factors and involve the supervised application of the skills taught through regular follow-up. Effective training is an ongoing process that requires thorough practice and close mentoring, monitoring and supervision, provided by qualified MHPSS trainers. Volunteers, community health workers and MHPSS professionals should be confident, knowledgeable and skilled in order to fulfil their role in developing and implementing MHPSS programmes.
- The components of the Movement should conduct a **mapping of quality multi-layered MHPSS services** using participatory approaches to ensure people in need of different types of MHPSS support are properly assisted, informed and/or referred.
- The components of the Movement should ensure **monitoring and evaluation** of their MHPSS activities to enable them to promote, build, maintain or adapt their responses with an evidence-informed approach. MHPSS interventions should be guided by evidence-informed monitoring and evaluation to ensure quality of care. When applicable, culturally validated, standardized scales should be translated into local languages and administered.
- The components of the Movement remain committed to contributing to the overall body of **research** and evidence-based data on MHPSS through the collection and sharing (where possible) of evidence-informed data.
- The Movement recognizes the importance of using innovative social media and communication methods to reach more people and to address mental health and psychosocial needs. However, the Movement will carefully evaluate the risks of further isolation and harm that can also arise from the use of such platforms.