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

DRAFT ZERO RESOLUTION

Document prepared by
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Geneva, June 2019
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The International Conference of the Red Cross and Red Crescent,

(PP1) expressing deep concern about the unmet mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies, including the needs of displaced people, stressing that mental health and psychosocial needs increase extensively as a result of these situations and underscoring the urgent demand to increase efforts to respond to them,

(PP2) recognizing 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, to their enjoyment of human rights and fundamental freedoms and to their access to protection and assistance,

(PP3) recognizing that early and appropriate mental health and psychosocial support is important to prevent distress from developing into more severe conditions and that children face particular risks if their mental health and psychosocial needs are not addressed early and acknowledging that most people show resilience provided there is access to community-level resources and basic services,

(PP4) recognizing that unmet mental health and psychosocial needs have far-reaching and long-term negative human, social and economic impacts, which affect individuals, communities and society as a whole, and that meeting these needs, in particular in armed conflicts, natural disasters and other emergencies, is critical to achieving universal health coverage and the Sustainable Development Goals,

(PP5) recognizing that the mental health and psychosocial wellbeing of volunteers and staff responding to humanitarian needs is often affected in the course of their work as they are exposed to risks and traumatic events and work under stressful conditions and that the safety, security, health and wellbeing of staff and volunteers are vital to the provision of sustainable quality services and recalling the relevant recommendations and commitments in Resolution 4 “Continuing to protect the delivery of health care together” and Resolution 5 “The safety and security of humanitarian volunteers” of the 32nd International Conference,

(PP6) recognizing that factors such as pre-existing mental health concerns, 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 and that diversity factors must be considered in order to ensure effective access to (and the culturally sensitive provision of) mental health and psychosocial support services for all people affected, without discrimination,

(PP7) reaffirming the fundamental premise and commitment to “do no harm” by promoting applicable standards of care, ethical and professional guidelines and evidence-informed and participatory approaches that protect and promote mental health and psychosocial wellbeing,
(PP8) recognizing that the stigma and often hidden nature of mental health and psychosocial needs are key challenges that need to be addressed, as appropriate to the context, at individual, family, community and societal levels,

(PP9) affirming that the existing international normative frameworks, including international humanitarian law and international human rights law, protect mental health and psychosocial wellbeing and recognizing that respect for those frameworks, as applicable, may significantly contribute to addressing the challenges in preventing and meeting mental health and psychosocial needs,

(PP10) reaffirming that States have the primary responsibility to ensure the protection of 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 and recognizing that the components of the International Red Cross and Red Crescent Movement have important complementary and supportive roles in addressing the mental health and psychosocial needs of affected people, including the role of National Societies as auxiliaries to the public authorities in the humanitarian field,

(PP11) acknowledging the important and diverse work carried out by the components of the Movement to address mental health and psychosocial needs, welcoming the Movement’s efforts to strengthen its response to these needs and taking note of the Movement’s new policy on addressing mental health and psychosocial needs to be adopted by the 2019 Council of Delegates,

(PP12) recalling all relevant resolutions adopted by the International Conference and the United Nations (UN) and other commitments addressing mental health and psychosocial needs, expressing appreciation of existing relevant work and initiatives by the UN, regional organizations, States, humanitarian organizations and other actors aimed at addressing mental health and psychosocial needs and underlining the complementary character of the work of the Movement and the International Conference in relation to such work and initiatives,

1. calls upon States, National Red Cross and Red Crescent Societies (National Societies), the IFRC and the ICRC to increase efforts to ensure early and sustained access to mental health and psychosocial support services by people affected by armed conflicts, natural disasters and other emergencies;

2. calls upon States, National Societies, the IFRC and the ICRC to invest in local and community-based action, embedded in local and national services and benefitting from longer-term investments, to prevent, prepare for and respond to mental health and psychosocial needs, including by strengthening community resilience and the capacities of volunteers, and encourages States and National Societies to enhance their cooperation to address these needs, as appropriate, building on the National Societies’ often unique humanitarian access to affected people and auxiliary role to the public authorities in the humanitarian field;

3. calls upon States and the components of the Movement to ensure that mental health and psychosocial support responses are comprehensive, that they consider complementary activities, including social, psychosocial, psychological and psychiatric interventions, and that they are integrated, where possible, into all humanitarian response and health activities, including prevention and protection, and mutually reinforcing responses addressing other basic needs, such as health, shelter, food, livelihoods and education;

4. calls upon States to ensure that mental health and psychosocial support is an integral component in domestic and international emergency response systems, including disaster
laws, preparedness plans and emergency response coordination mechanisms, and calls upon the components of the Movement to support this effort in accordance with their respective mandates;

5. calls upon States and the components of the Movement to take action to address stigma, exclusion and discrimination related to mental health and psychosocial needs through approaches that reinforce the dignity and participation of affected people in a context-specific and culturally sensitive way;

6. encourages States to work to strengthen the quality and capacity of the workforce (mental health, health and social welfare staff and community health workers, including trained volunteers) responding to the mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies in close cooperation with the components of the Movement;

7. calls upon States and the components of the Movement to take measures to protect and promote the mental health and psychosocial wellbeing of staff and volunteers who are responding to humanitarian needs across all sectors, equipping them with the necessary skills to cope with stressful situations and responding to their specific mental health and psychosocial needs.