

Council of Delegates 2017

REPORT ON THE WORKSHOP

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

Chair: Margareta Wahlström, President, Swedish Red Cross

Rapporteur: Tanya Abu Ghosh, Head of International Relations, Palestine Red Crescent Society

(A) EXECUTIVE SUMMARY

The workshop brought together a large number of participants whose engagement manifests the importance of the issue of mental health and psychosocial needs arising as a result of armed conflicts, natural disasters and other emergencies. Key issues were discussed, such as lack of awareness/knowledge, the growing gap between needs and capacity to provide support, the need to scale up Mental Health and Psychosocial Support (MHPSS) services and the importance of global leadership. Participants expressed their commitment to the Council of Delegates resolution and to contribute to the work that lies ahead: 1) to increase the Movement's engagement and collective capacity in MHPSS; 2) to develop a Movement policy on MHPSS to be adopted at the 2019 Council of Delegates; and 3) to explore ways of addressing mental health and psychosocial needs arising as a result of armed conflicts, natural disasters and other emergencies at the 33rd International Conference.

(B) GENERAL OBSERVATIONS AND KEY HIGHLIGHTS

General observations

There is strong engagement from National Societies, the IFRC and the ICRC on the issue, with representations from all geographical regions.

The workshop offered the opportunity for the Movement components to share experiences and case studies on MHPSS, ranging from quality assurance to operational MHPSS activities and from PSS services to specialized mental health services.

Key highlights

- There is a clear need to assist people in conflict, emergencies and disasters with MHPSS as a life-saving activity.
- There is a significant and growing gap between needs and capacities in the field of MHPSS in the International Red Cross and Red Crescent Movement as well as in national health systems in general.
- The Movement must scale up its capacity in this field and also the methodologies and types of support offered. Movement components need to consider the mid and long-term aspects of trauma as well as acting in emergency situations when starting MHPSS programmes.
- Leadership and advocacy to strengthen focus on the urgency of addressing MHPSS needs will be an essential and integral part of our way forward.
- Advocacy must be an integral part of the work of the Movement components in the field of MHPSS.
- Thirty-three National Societies signed up after the workshop to contribute to continuing the work up to 2019 and beyond.

(C) KEY POINTS RAISED ON GUIDING QUESTIONS

Guiding question 1: What are the current gaps and overlaps in existing Movement approaches for addressing MHPSS needs of affected populations and the safety and well-being of staff and volunteers?

- Workshop participants identified more gaps than overlaps in their activities.
- The mapping of needs, resources and partners is needed.
- It can prove quite difficult to recruit specialized volunteers, and Movement components also encounter a shortage of MHPSS staff. The lack of training on MHPSS for staff and volunteers affects this field of work as well.
- The Movement components experience a lack of funding for MHPSS programmes.
- Tailored MHPSS activities for youth as well as for migrants and refugees are highly necessary. Support to staff and volunteers is also crucial.
- There is a great need to scale up activities to address the unmet MHPSS needs of the vulnerable people the Movement is working with;
- There is a need to raise advocacy, sensitization and awareness on MHPSS, targeting governments. Their support needs to be strengthened, as they have the main responsibility, and the Movement components need to engage in dialogue with them.
- There is a need for governments to adopt MHPSS policies.

Guiding question 2: What are the recommendations to address the current gaps and overlaps in existing Movement approaches?

- The Movement needs to fully understand the level of engagement of National Societies and ICRC and IFRC in order to be able to develop the Movement policy.
- The policy will need to define the basic level of support that will be provided by the Movement components (what do we do when we cannot provide the required services?).
- Workshop participants assessed the need to scale up activities to address unmet needs. The Movement needs to explore different ways of scaling up, for example through task-shifting, mobile and tech solutions and increase of educated and trained staff and volunteers.
- The Movement will also develop impact measurements, such as indicators to assess the impact of MHPSS activities for quality assurance.
- The Movement will explore the possibility of developing a MHPSS model to be applied by the whole Movement (provide support on the whole spectrum from basic PSS to specialized services).

Guiding question 3: Which National Societies would like to participate as leading National Societies in consultations going forward with a Movement-wide policy on MHPSS, and to work to explore the opportunities to address mental health and psychosocial needs arising as a result of armed conflicts, natural disasters and other emergencies, at the 33rd International Conference in 2019?

Thirty-three National Societies immediately signed up to actively participate in the process ahead: Kenya Red Cross Society, South Sudan Red Cross, Salvadorian Red Cross Society, Costa Rican Red Cross, Malaysian Red Crescent Society, French Red Cross, Venezuelan Red Cross, Belize Red Cross Society, British Red Cross, Bulgarian Red Cross, Red Cross Society of Côte d'Ivoire, Red Cross Society of China, Slovak Red Cross, Icelandic Red Cross, Jamaica Red Cross, Gambia Red Cross Society, Swedish Red Cross, Qatar Red Crescent Society, Maldivian Red Crescent, Ethiopian Red Cross Society, American Red Cross, Timor-

Leste Red Cross Society, Colombian Red Cross Society, Palestine Red Crescent Society, Danish Red Cross, Belgian Red Cross, Luxembourg Red Cross, Guatemalan Red Cross, Syrian Arab Red Crescent, Honduran Red Cross, Spanish Red Cross, Guyana Red Cross Society and Lebanese Red Cross.

(D) CONCLUSIONS AND RECOMMENDATIONS

- The MHPSS resolution seeks to generate a 1) common understanding, 2) common vision, and 3) common plan of action.
- MHPSS should be regarded as an integral part of life-saving operations.
- MHPSS services need to be integrated into other services.
- It is not easy to deal with stigma and the “invisible nature” of mental health problems, so we are dealing not only with gaps but also with highly complex issues.
- The gap between needs and capacity to provide support is big and growing.
- The Movement must scale up its capacities and also the type of support offered, taking into account the long-term aspects of trauma when starting programmes.
- Leadership is necessary; advocacy is therefore an integral part of our way forward (lack of awareness/knowledge of MHPSS is a major issue). We need to raise awareness on MHPSS amongst leaders and governments. MHPSS needs to be a top priority, and we have to equip the Movement to address it.