COUNCIL OF DELEGATES

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

DRAFT ZERO RESOLUTION

**Document prepared by
the Working Group of the International Red Cross and Red Crescent Movement
Project on Addressing Mental Health and Psychosocial Consequences of Armed
Conflicts, Natural Disasters and other Emergencies (MOMENT)**

Geneva, July 2019

DRAFT ZERO RESOLUTION

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

The Council of Delegates,

(PP1) recalling and *reiterating* the deep concern expressed by the 2017 Council of Delegates about mental health and psychosocial needs that arise as a consequence of armed conflicts, 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, and *recalling* the continued and urgent need to increase efforts to address concerns in this area and the important complementary work that the Movement is doing to respond to these needs,

(PP2) recalling that the mental health of the Movement's volunteers and staff is often affected in the course of their work, and *reiterating* the request of the 2017 Council of Delegates resolution for National Societies, the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) to address the mental health and psychosocial needs of volunteers and staff,

(PP3) recalling 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, and *recognizing* that this policy will contribute to strengthening the Movement's collective capacity and capability to address mental health and psychosocial needs,

1. *adopts* the proposed Movement policy on addressing mental health and psychosocial needs and *requests* 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;

2. *reiterates* 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;

3. *requests* the ICRC and the IFRC to monitor the implementation of this policy, document progress, including learnings and challenges, and report to the Council of Delegates on the progress made in 2021.

International Red Cross and Red Crescent Movement Policy on Addressing Mental Health and Psychosocial Needs

A. INTRODUCTION

Mental health conditions are among the leading causes of ill-health and disability worldwide. Yet, nearly two-thirds of people with a known mental health condition never seek help, due to a lack of access to care and treatment and the stigma and discrimination surrounding it. Every year, 800,000 people die due to suicide, the leading cause of death among young people. Depression and anxiety disorders cost the global economy US$ 1 trillion per year. More than 80% of people with mental health conditions are without any form of quality, affordable mental health care. In populations affected by armed conflicts, natural disasters and other emergencies, rates of mental health conditions more than double as people are exposed to extremely distressing experiences. Emergencies also erode or destroy community resources and undermine personal coping strategies and social connections which would normally support people.

The impact of poor mental health extends beyond direct psychological suffering among individuals and families. The human, social and economic consequences are long-term and far-reaching and affect entire communities and societies. Responding to mental health and psychosocial needs is critical for the survival and daily functioning of people and for their enjoyment of human rights and access to protection and assistance, and it is key to achieving universal health coverage and the Sustainable Development Goals.

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. Early and appropriate mental health and psychosocial support helps prevent distress from developing into more severe conditions. Children face particular risks if their mental health and psychosocial needs are not addressed early. The stigma and the hidden nature of mental health and psychosocial needs are key challenges that need to be addressed at the individual, family, community and societal level, involving people with lived experience.

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. States have the primary responsibility to respond to the mental health and psychosocial needs of people in their territory, and the components of the Movement have important complementary and supportive roles, including the auxiliary role of National Societies. The Movement components have expertise in providing different and complementary services, ranging from basic and focused psychosocial support through to psychological support and more specialized mental health care. Moreover, they conduct a range of other humanitarian activities that contribute to the prevention, promotion and mitigation of mental health and psychosocial needs. In addition, the components of the Movement engage in humanitarian diplomacy to ensure that States and other actors address mental health and psychosocial needs.

Purpose and scope

The policy states the minimum principles and commitments framing our approach to addressing mental health and psychosocial needs. Building on the complementary capacities and mandates of different Movement components, the policy aims to support the

components of the Movement in addressing mental health and psychosocial needs in a harmonized, integrated, contextually appropriate and holistic manner.

The policy applies to all components of the Movement – National Societies, the IFRC and the ICRC – when they address mental health and psychosocial needs and recognizes the variety of activities carried out by them in different contexts.

This policy replaces the IFRC policy on psychological support (2003) and will need to be reviewed by the Council of Delegates in 2027.

'Mental health' is defined as a state of wellbeing in which every individual is able to realize his or her potential, to function productively within their families and communities and is equipped with effective coping strategies.[1]

'Psychosocial' is a term used to describe the interconnection between the individual (i.e. a person's internal, emotional and thought processes, feelings and reactions) and their environment, interpersonal relationships, community and/or culture (i.e. their social context).

'Psychosocial support' refers to the actions that address both the social and psychological needs of individuals, families and communities.[2]

The composite term **'mental health and psychosocial support'** is used in this document to describe any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder.[3]

B. POLICY STATEMENTS AND GUIDANCE

Each component of the Movement has the responsibility to address mental health and psychosocial needs in accordance with its mandate and role, the needs and gaps identified in a specific context and its resources, capacities and expertise. To be able to do that, the components of the Movement must ensure a basic level of mental health and psychosocial support capability and capacity. The following policy statements will guide the Movement's work in addressing mental health and psychosocial support.

1. **Ensure impartial access to mental health and psychosocial support, according to people's different needs, and prioritize prevention and early response**

   The Movement always responds to mental health and psychosocial needs in accordance with the Fundamental Principles, prioritizing the most urgent needs and actions that will have the greatest impact.

   We will therefore:

   - Ensure that all activities and decisions of the Movement on addressing mental health and psychosocial needs are driven by needs, vulnerability to specific impacts, risk factors or barriers to assistance, reflecting the principles of humanity and impartiality, including non-discrimination.

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[1] World Health Organization

[2] IFRC PS Centre "Strengthening Resilience: A global selection of psychosocial interventions", Copenhagen, Denmark (2014); ICRC "Guidelines on Mental Health and Psychosocial Support" Geneva, Switzerland (2018)

[3] Inter-Agency Standing Committee (IASC) "IASC guidelines on mental health and psychosocial support in emergency settings" Geneva, Switzerland (2006)

- Ensure early access to mental health and psychosocial support, in particular for people affected by emergencies, to prevent further distress and a deterioration in the functioning and coping capacities of individuals, families and communities.

- Establish ways to identify and ensure access to people with mental health and psychosocial needs.

- Promote the recognition of mental health as equally important as physical health.

2. Ensure comprehensive and integrated support and care for people with mental health and psychosocial needs

Mental health and psychosocial needs are often multi-faceted and varying and should therefore be addressed through a comprehensive and multi-layered approach, involving basic psychosocial support, focused psychosocial support, psychological support and specialized mental health care as well as other measures to promote mental health and psychosocial wellbeing (see Annex 1 for a detailed description).

We will therefore:

- Ensure that people in need of different types of mental health and psychosocial support are properly assisted, informed and/or referred to available services.

- Advocate for the establishment of appropriate mental health and psychosocial support services by public authorities or other relevant actors and for effective access to existing services for people with mental health and psychosocial support needs.

- Assess needs for different mental health and psychosocial support (from basic psychosocial support through to specialized mental health care) and map available services. Integrate mental health and psychosocial needs, capacities and priorities into all assessments of humanitarian needs.

- Integrate mental health and psychosocial support into all humanitarian services and ongoing programmes and/or provide stand-alone mental health and psychosocial support services, as relevant to the mandate and role of the respective component of the Movement.

- Consider people's other humanitarian needs alongside their mental health and psychosocial needs, including physical health, shelter, food, livelihood, education and protection, and recognize their importance for the promotion of mental health and psychosocial wellbeing.

- Acknowledge the link between substance use, mental health and psychosocial wellbeing and consider measures to address substance use disorders along with mental health and psychosocial needs.

3. **Recognize the resilience, participation and diversity of people in all mental health and psychosocial activities**
   Participation of the affected population in humanitarian response strengthens community engagement and accountability, mitigates the risk of doing harm and ensures that support is provided in a relevant and culturally appropriate manner.

   We will therefore:

   - Ensure the full, equal and meaningful involvement of individuals with mental health and psychosocial needs, their families/caregivers and members of the community in decision-making processes and respect people's self-determined priorities in relation to their mental health and psychosocial wellbeing, focusing especially on those most vulnerable to discrimination, exclusion and violence.

   - Consider how multiple individual factors together may compound vulnerability, increase risk and impact functioning and ensure that these are analysed and systematically incorporated to contribute to protective and inclusive mental health and psychosocial support. These factors include age, gender, ethnicity, sexual orientation, religious beliefs, socioeconomic factors, state of health, legal status, minority status, deprivation of liberty, detainment and exposure to violence, including sexual and gender-based violence.[4]

   - Ensure that all mental health and psychosocial support takes into account the culture, language, religious or spiritual beliefs, established habits, attitudes and behaviour of affected individuals, families and communities and that staff and volunteers responding to humanitarian needs have the knowledge and skills required to fully consider these aspects.

   - Give a voice and platform to people with mental health and psychosocial needs and to their families/caregivers in a dignified way. Privileged attention should be given to the voices and perspectives of individuals with mental health and psychosocial concerns and their families/caregivers, including people with severe mental health conditions.

4. **Ensure protection of safety, dignity and rights**

   Failure to ensure people's safety, dignity and rights may cause great mental health and psychosocial concerns and amplify existing vulnerabilities. Through protection activities, the components of the Movement can contribute to preventing, mitigating and ensuring response to mental health and psychosocial needs.

   We will therefore:

   - Promote implementation of and respect for international and national legal frameworks which are relevant to helping prevent, reduce and respond to mental health and psychosocial needs, including international human rights law, refugee law and international humanitarian law.

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[4] National Societies and the IFRC should apply the IFRC Minimum Standards for Protection, Gender and Inclusion in Emergencies, IFRC, Geneva, 2018: https://media.ifrc.org/ifrc/wp-content/uploads/sites/5/2018/11/Minimum-standards-for-protection-gender-and-inclusion-in-emergencies-LR.pdf.

- Ensure that mental health and psychosocial needs arising as a result of violations of international and national legal frameworks are identified and addressed and that the specific risks and threats faced by people with existing mental health and psychosocial needs are identified and addressed.

- Take action to prevent and reduce the risk and extent of mental health harm by seeking to minimize threats and vulnerability to such threats, as relevant to the mandate and role of the components of the Movement.

5. Address stigma, exclusion and discrimination around mental health

People with mental health and psychosocial needs often face stigma and discrimination, which can sometimes have severe consequences for their safety, health and dignity, exclude them from society and prevent them from seeking and accessing assistance and protection. By addressing this additional stigma and marginalization, we help to prevent further harm and promote dignity, inclusion and non-discrimination.

We will therefore:

- Commit to focusing on the positive elements of mental health and wellbeing for individuals, families and communities through mental health promotion and prevention activities, rather than taking a deficit and illness approach to our work.

- Identify existing mechanisms of support that individuals, families and communities recognize, trust and can access.

- Integrate mental health and psychosocial support into other relevant programming areas and structures (for example, in nutrition, education, health and protection programmes) to destigmatize access to services.

- Ensure timely, accurate and relevant communication, including social media, to reach more people and reduce stigma. The suitability of a range of communication methods will depend on context and audience, and the risks of further isolation and harm should be carefully evaluated.

6. Implement and contribute to evidence-informed mental health and psychosocial support approaches and interventions

Mental health and psychosocial support often involves highly sensitive issues and therefore has the potential to cause harm. By applying and contributing to evidence-informed mental health and psychosocial support and ensuring that all staff and volunteers responding to mental health and psychosocial support needs are properly trained and equipped, we reduce the risks of doing harm and ensure dignity and quality in the services delivered.

We will therefore:

- Apply evidence-informed mental health and psychosocial practices and conduct monitoring activities and evaluations.

- Contribute, where possible, to research and data on mental health and psychosocial needs and practices.

- Ensure that all people involved in preparing for, responding to and supporting mental health and psychosocial needs adhere to agreed standards of care, ethical and professional guidelines, and codes of conduct, recognizing the limits to their skills and knowledge and when to seek further help.

- Provide ongoing training, supervision and follow-up for all staff and volunteers to ensure that harmful practices do not occur when addressing mental health and psychosocial support needs in humanitarian contexts.

7. Protect the mental health and psychosocial wellbeing of staff and volunteers responding to humanitarian needs

The mental health and psychosocial wellbeing of staff and volunteers responding to humanitarian needs is often affected as they work in difficult and stressful environments and are exposed to highly distressing experiences. By exercising our duty of care and promoting and protecting their mental health and psychosocial wellbeing, we not only promote safety, health and wellbeing, but also ensure the quality of services and sustainable humanitarian action.

We will therefore:

- Ensure that staff and volunteers responding to humanitarian needs have the required knowledge and psychological support skills to cope with stressful situations, look after themselves effectively and seek support when needed.

- Equip and support managers and other leaders to reduce work-related stressors for staff and volunteers.

- Ensure that staff and volunteers responding to humanitarian needs are equipped with the required skills to support affected people and integrate relevant psychological and psychosocial aspects into core training.

- Ensure that specific and additional mental health and psychosocial support is available to individuals and teams who are exposed to distressing events owing to the nature of their work.

- Ensure the protection of staff, volunteers and facilities by providing mental health and psychosocial support services at all times, including during armed conflicts, natural disasters and other emergencies.

## 8. Develop mental health and psychosocial support capacity

Human resources are the most valuable asset of mental health and psychosocial support services, which rely on the capacity, competence and motivation of the staff and volunteers responding to humanitarian needs. By strengthening its mental health and psychosocial support capacity, the Movement will contribute to building sustainable mental health and psychosocial support systems.

We will therefore:

- Ensure the ongoing training, mentoring, monitoring and supervision of volunteers providing mental health and psychosocial support and ensure that they are supported and supervised by a mental health and psychosocial support professional.

- Advocate for the creation and expansion of professional development pathways and educational opportunities for mental health and psychosocial support staff and volunteers in contexts where mental health and psychosocial support is limited or not available (for example, in resource-poor settings).

Annex 1: Mental Health and Psychosocial Support Model – the Pyramid

The multi-layered approach does not imply that all Movement components must provide services in all layers. However, Movement components are expected to assess, refer and advocate in relation to the full spectrum of mental health and psychosocial support presented in the graphic below, from basic psychosocial support through to specialized mental health care.
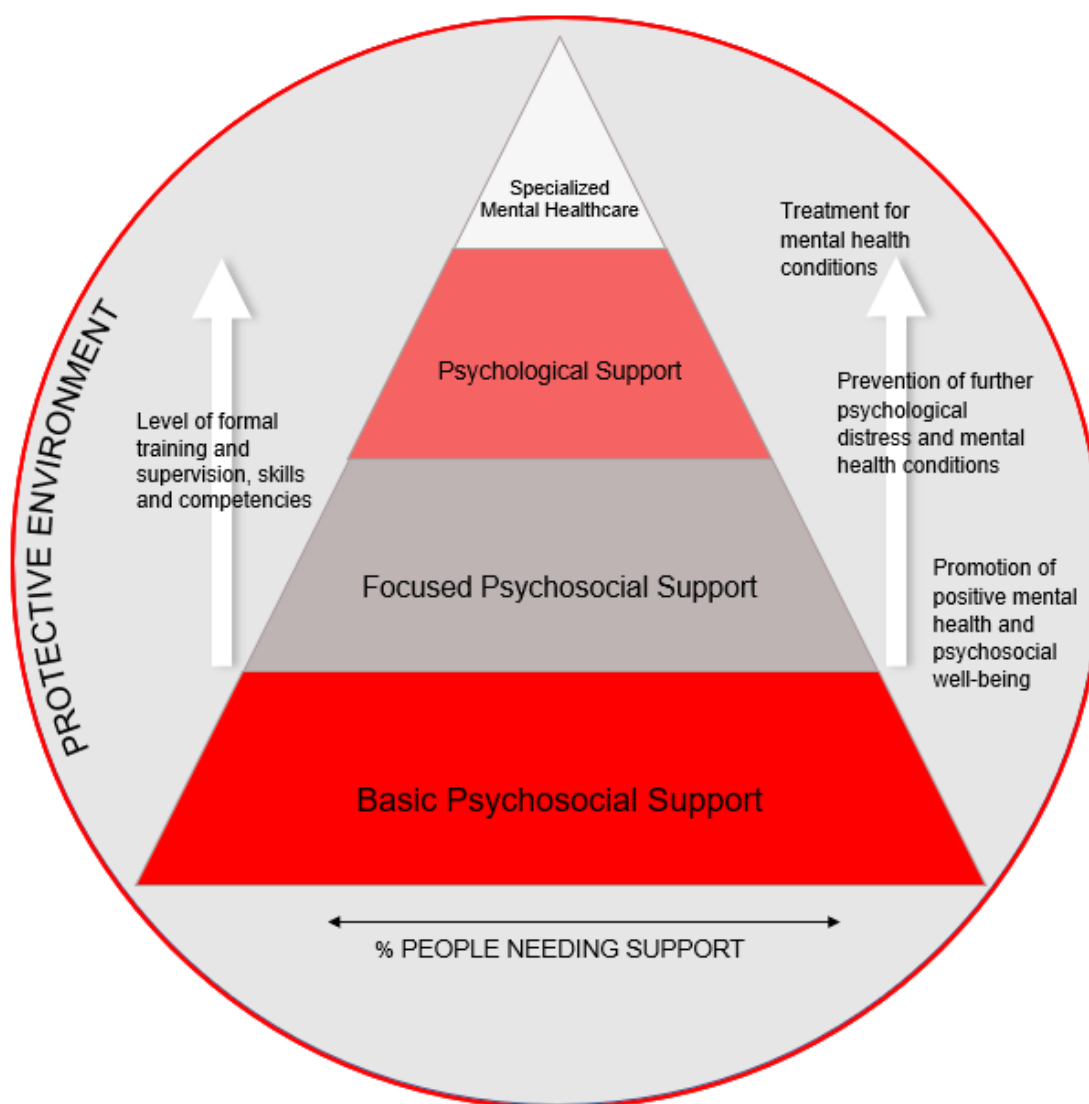
1) Starting at the base, the first layer of the pyramid is referred to as *basic psychosocial support*, which is provided by trained Red Cross and Red Crescent staff and volunteers and/or trained community members. *Basic psychosocial support* includes the provision of psychological first aid offered in emergencies, natural disasters and other emergencies as well as in the daily work of trained staff, volunteers and/or community members. Other activities at this level include *mental health promotion* or positive mental health, overall *promotion* and activities to promote resilience and social cohesion within communities. The identification and referral of people with more severe mental health and psychosocial needs occurs in this layer. *Basic psychosocial support* encompasses population-level interventions that should be accessible to 100% of the *affected* population, where possible.

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. *Focused psychosocial support* includes *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, along with group-level activities. The identification and referral of people with more severe mental health and psychosocial needs occurs in this layer.

3) The third layer is referred to as *psychological support*, which is provided by trained staff and volunteers and other mental health and psychosocial support professionals. A higher level of formal training, supervision, skills and competencies is required by mental health and psychosocial support staff and volunteers providing individual, family and group activities in this layer. Psychological support should be provided to all individuals and families who present with more complicated psychological distress and/or to people with pre-existing/exacerbated mental health conditions. Activities in this layer can include basic psychological interventions such as counselling, in addition to psychotherapy and the identification and referral of people with severe mental health conditions. Psychological support is provided within health care facilities (and focused outreach work) 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 appropriate psychological and psychiatric care) provided within health care systems, for which the Ministry of Health and the government are responsible. Specialized mental health care can also include training for local health and mental health service providers on approaches that are mindful of psychosocial and psychological considerations, alternative approaches to pharmacotherapy, the importance of community care facilities (including home care) and the adequate preparation of caregivers. In addition, advocacy for the dignity of people with severe mental health conditions and for improvements in their treatment is included in this layer. Specialized services are also provided in detention facilities, with the training of detention staff, including mental health professionals working with detainees. Specialized care addresses severe (including pre-existing and/or exacerbated) mental health conditions as well as trauma-related problems such as those presented by survivors of torture. This layer encompasses trauma-related *treatment*, including support provided by *treatment centres* to survivors of torture. Care and support are provided for severely affected individuals suffering distress of a severity, intensity, frequency or duration that impairs daily functioning. Movement components are active in this layer in accordance with their auxiliary role, mandate and agreements with government authorities. *Specialized mental health care* will be required by 4%–5% of the affected population.

Protective Environment
Without a protective external environment, it is impossible to address the mental health and psychosocial needs of affected individuals, families and communities. A protective environment should be created by providing principled and quality assistance to individuals, families and communities with mental health and psychosocial needs and by promoting and ensuring respect for the relevant normative frameworks and bodies of law – international human rights law and international humanitarian law. The systematic inclusion of mental health and psychosocial support in national preparedness and emergency response plans and budgets, national legislation and disaster laws is a cost-effective and efficient approach that contributes to a protective environment.

Physical safety is an obvious component of a protective environment – without it people with mental health conditions and psychosocial needs do not survive and others suffer from distress and other debilitating symptoms. Physical safety is particularly pertinent for individuals living with mental health conditions and for people exposed to severe violence, such as victims of sexual violence and victims of torture or ill-treatment. These individuals are often marginalized within their families and communities and may be deprived of their liberty (either by the authorities in institutions or by their families at home – for example, by being chained). Mental health and psychosocial needs should be identified in all protection assessments to facilitate identification of protection risks and access to protection that may otherwise be impaired.