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Addressing Mental Health and Psychosocial Needs of People Affected by Armed Conflicts, Natural Disasters and Other Emergencies

Background document

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)

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Executive summary

Armed conflicts, natural disasters and other emergencies take an immense toll on the mental health and psychosocial wellbeing of affected individuals, families and communities. Mental health and psychosocial needs increase extensively as a result of these situations, and people with pre-existing mental health concerns often face particular challenges. Limited access to quality services, limited human resources for mental health and psychosocial support and the lack of protection of affected people, in combination with the pervasive stigma around mental health, contribute to the growing gap between need and response. This has reverberations across sectors and will have long-term and far-reaching human, societal and economic impacts.

The International Red Cross and Red Crescent Movement (Movement) sees an urgent need to scale up collective response to the mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies. The Movement is well positioned to support joint and cohesive efforts with States and other stakeholders to address critical gaps in mental health and psychosocial support services. The ICRC and the IFRC therefore find it timely to call for action and bring this issue before the 33rd International Conference in the form of a resolution. The proposed resolution calls upon States and the components of the Movement to:
  I. Ensure early access to mental health and psychosocial support and strengthen local and community-based response
 II. Ensure comprehensive and integrated care and support for people with mental health and psychosocial needs
III. Prevent mental health harm by ensuring the protection and dignity of people affected by armed conflicts, natural disasters and emergencies
IV. Build the capacity of the mental health and psychosocial workforce
 V. Protect the mental health and psychosocial wellbeing of those responding to humanitarian needs

1) <u>**Introduction**</u>

Mental health and psychosocial needs[1] increase dramatically as a result of armed conflicts, natural disasters and other emergencies as people are exposed to extremely distressing experiences, such as separation from or loss of loved ones, loss of homes, property and livelihoods and severe violations of human dignity, including sexual and gender-based violence, torture and other forms of ill-treatment. These experiences often take place repeatedly over many years, as emergencies grow in complexity and duration. As a result, pre-existing mental health conditions may resurface or be exacerbated, and other mental health conditions can arise as a direct consequence of these experiences. Social and community support systems erode, and material resources that affected people need for coping and recovery are damaged or destroyed. Many people are forced to leave their homes, which is often accompanied by the disruption of social connections, a lack of information, uncertainty about immigration status

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[1] **"Mental health"** is defined by the World Health Organization (WHO) as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community. **"Health"**, according to WHO, is "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity".

"Psychosocial" is, here, 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*). ICRC Guidelines on Mental Health and Psychosocial Support* (2018)

"Mental health and psychosocial support" is a term that 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.

and policies, hostility and undignified and protracted detention, all of which add additional stress.

According to the World Health Organization, rates of mental health conditions more than double in emergency-affected populations. More than one in five people will have a mental health condition after a conflict. In low- and middle-income countries, where many armed conflicts, natural disasters and other emergencies occur, more than three-quarters of people with severe mental health conditions do not receive any treatment. Research has indicated differences in the prevalence of mental health conditions in specific contexts, but the global estimates presented are more than sufficient – we know enough to act.

This is not just an issue to be addressed in the acute phases of humanitarian response. People, and particularly children, affected by these emergencies carry the legacy of traumatic events, such as violence, loss and separation, into their recovery and future. Unmet mental health and psychosocial needs may lead to an increase in substance use and suicide, impact cognitive functionality and livelihood and educational opportunities and negatively influence the physical health, quality of life and life expectancy of affected populations. Insufficient investment in the prevention of, and response to, mental health and psychosocial needs, limited access to quality services, limited human resources for mental health and psychosocial support and the lack of protection of affected people, in combination with the pervasive stigma around mental health, contribute to the growing gap between need and response. The impact of unmet needs extends beyond direct psychological suffering among individuals and families; the human, social and economic consequences are long-term and far-reaching for entire communities and societies.

There is an increasing global recognition of mental health as an integral part of health and of the importance of addressing mental health and psychosocial needs in armed conflicts, natural disasters and other emergencies. This recognition is supported by an increasing body of evidence of effective preventive and protective strategies to respond to these needs. Nevertheless, needs have continued to grow as people face multiple and overlapping vulnerabilities stemming from violence, displacement and climate change, among other things. Responding to mental health and psychosocial needs is critical to the survival and daily functioning of people, their enjoyment of human rights and their access to protection and assistance.

2) <u>Background</u>

Addressing the mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies 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. In the Movement's ongoing humanitarian response, volunteers and staff support individuals, families and communities by providing services ranging from basic psychological and psychosocial support, such as supporting existing individual and community coping mechanisms and building resilience, to more specialized mental health care. The role of volunteers as key community actors in this response should be recognized.

The mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies was identified as a priority for action by the Movement at the 2017 Council of Delegates. Through Resolution 7 "Addressing mental health and psychosocial needs", the Movement committed to increasing its efforts in this regard. The Movement is well positioned to support joint and cohesive efforts with States and other stakeholders to address critical gaps in mental health and psychosocial services in armed conflicts, natural disasters and other emergencies. A policy which will guide all Movement action in this field is proposed for adoption at the 2019 Council of Delegates. The Movement is committed to drawing greater

global attention to this issue and to addressing stigma and discrimination around mental health. This resolution further develops the commitments in Resolution 3 "Sexual and gender-based violence: Joint action on prevention and response", 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. It builds on the work accomplished by the World Health Organization, through the implementation of the Mental Health Action Plan 2013–2020, the World Bank, civil society organizations, the 2018 Global Ministerial Mental Health Summit and other initiatives. It is aligned with the Sustainable Development Goals as it focuses on scaling up mental health care for people affected by armed conflict, natural disasters and other emergencies as part of the commitment to universal health coverage and the "leaving no one behind" agenda.

3) <u>Analysis</u>

The proposed operative paragraphs point out priorities and concrete measures to ensure relevant mental health and psychosocial support for people affected by these emergencies as well as measures that contribute to long-term enhanced prevention, protection and mitigation of mental health and psychosocial needs.

I. Ensure early access to mental health and psychosocial support and strengthen local and community-based response

The majority of people will experience psychological distress in situations of armed conflict, natural disasters and other emergencies, and they may face feelings of despair, anxiety, shame, hopelessness or loss of control. Most people will not develop serious mental health conditions as people generally show resilience in these situations, and many will recover provided they can activate their personal coping strategies and they have access to basic services and security and the support of their families, friends and community. Nevertheless, others need more focused mental health and psychosocial support services in addition to access to basic services and security. Access to appropriate mental health and psychosocial support services is, however, extremely limited. At the same time, it is well established that early detection, intervention and care can promote mental health and psychosocial wellbeing in a cost-effective manner and prevent distress from developing into more severe conditions. This is of particular importance for infants and children.

The proposed operative paragraphs therefore suggest that States, National Societies, the IFRC and the ICRC should focus on early mental health and psychosocial support that builds on a community-based response and promotes resilience. Such efforts should focus primarily on activating and strengthening existing local structures, coping strategies and community support systems to respond to immediate basic needs and to prevent distress from developing into more severe conditions. These efforts should be linked to long-term investments in national health and emergency response systems. The Movement, with its local presence, access and 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, in coordination and complementarity with other actors. As auxiliaries to their public authorities in the humanitarian field, National Societies are relevant partners for States in advancing this local response.

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

Mental health conditions exist along a continuum from positive mental health through mild distress and progressive, sometimes even chronic, mental health conditions up to severe impairment of personal functioning. To ensure that people's needs are met in a holistic manner, mental health and psychosocial support must be part of a continuum of care that supports people over time through a comprehensive and multi-layered system of support. This requires attention to mental health and psychosocial needs to be integrated into the responses to other

basic needs, such as physical health, shelter, food, livelihoods and education. Moreover, mental health and psychosocial support must be multi-layered, ranging from social care, the promotion of psychosocial wellbeing and the prevention of psychological distress and mental health conditions to professional treatment for mental health conditions. This multi-layered approach relies on adequate capacity at the different levels and strong internal referral networks between the layers. This requires investment at different levels and in complementary services, including in local health and social welfare systems.

Mental health conditions often coexist with other health conditions, such as non-communicable diseases and HIV/AIDS, and may particularly affect people exposed to violence and injuries, including sexual and gender-based violence. There is a link between substance use, mental health and psychosocial wellbeing, and measures to address substance use disorders along with mental health and psychosocial needs should be considered. The intersectionality of risk factors, such as age, gender, disabilities, socioeconomic factors, health and minority status, must be recognized and incorporated into all preparedness, prevention, response and recovery efforts to ensure that the most marginalized and vulnerable individuals have an equal chance to lead healthy lives.

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 affected people may be more efficiently addressed by ensuring that mental health and psychosocial support are systematically integrated into national legislation, disaster laws, preparedness plans, emergency response, recovery and coordination mechanisms. Since 2003, the International Conference of the Red Cross and Red Crescent (International Conference) has mandated National Societies, with assistance from the IFRC, to provide support and advice on disaster laws, and many have provided extensive technical assistance to their authorities over the ensuing years. The ICRC and National Societies also have a mandate and lengthy track record in supporting domestic law and policy compliance with international humanitarian law.

III. Prevent mental health harm by ensuring the protection and dignity of people affected by armed conflicts, natural disasters and emergencies

Failure to ensure people's safety, dignity and rights causes great mental health and psychosocial concerns and amplifies existing vulnerabilities. Furthermore, violence against health care, including mental health and psychosocial support services, during armed conflicts and other emergencies, leads to the disruption of vital services that should be respected and protected. Protection of health, including mental health, and ensuring impartial access to health care is a key feature of international humanitarian law, which is applicable only in armed conflict. The provision and protection of mental health also forms an integral part of the right to the highest attainable standard of health enshrined in various international human rights law instruments. The United Nations Convention on the Rights of Persons with Disabilities contains important provisions for the protection and promotion of mental health and psychosocial wellbeing. Implementing and ensuring full respect for these international legal frameworks, as applicable, is important to help prevent, reduce and respond to the mental health and psychosocial needs of affected people and communities. Domestic legislation on mental health may further help ensure effective and impartial access to appropriate services and protection.

Some individuals face particular vulnerabilities or are at high risk of violence, exclusion or injury, and their need for protection and mental health and psychosocial support should be given high priority. This encompasses people with pre-existing or severe mental health conditions, children, including unaccompanied minors and separated children, and pregnant and breastfeeding women. The Movement has specific expertise with regard to children and families who have been separated, ensuring their protection and providing them with support adapted to their specific needs.

Persons with mental health and psychosocial needs often face rejection, stigma and discrimination, including violence and even deprivation of liberty, based on a mental health condition. This causes further harm and exclusion from society and may prevent such people from seeking and accessing help. Action to challenge stigma, exclusion and discrimination associated with mental health and psychosocial needs is crucial. Such initiatives should take cultural factors into consideration and give voice to people affected by mental health and psychosocial needs without forcing anyone to disclose information they do not wish to share. The focus should be on the positive elements of mental health and psychosocial wellbeing rather than taking an "illness approach" that portrays mental conditions as a deficiency, which can perpetuate stigma.

Since mental health and psychosocial support services deal with highly sensitive issues, they have the potential to cause harm if not carried out in a sensitive manner. To reduce such risks and to ensure dignity and quality in the services delivered, States, National Societies, the IFRC and the ICRC should promote adherence to applicable standards of care, ethical and professional guidelines, including the "do no harm" principle, the Sphere Standards, Inter-Agency Standing Committee (IASC) guidelines and relevant national-level standards and guidelines.[2] Full, equal and meaningful involvement of people with mental health conditions should be promoted to help them lead future change in mental health policies and service provision. Participation strengthens accountability to affected populations, mitigates the risks of doing harm and ensures that support is provided in a culturally appropriate manner.

States and the components of the Movement should invest in research and innovation to improve the quality of data collection on mental health and psychosocial needs, document the effectiveness of interventions and explore new ways of working, including through digital technology across the continuum of care.

IV. Build the capacity of the mental health and psychosocial workforce

Human resources are the most valuable asset of mental health and psychosocial support services which rely on the capacity, competence and motivation of staff and volunteers to promote mental health and provide support for people with mental health and psychosocial needs. However, there is an enormous gap in human resources for mental health at a global level. On average, there are nine mental health workers (including psychiatrists, nurses, psychologists and social workers) per 100,000 people, but the figures vary enormously between countries: in low-income countries, there are less than two mental health workers per 100,000 people, while in high-income countries, this figure is 72 per 100,000. The ramifications of this gap are magnified in situations of armed conflict, natural disasters and other emergencies where needs intensify and health systems are often overwhelmed.[3] Strengthening human resources for mental health and psychosocial support is critical to attaining all the elements included in this resolution. Well-trained, properly supervised, culturally sensitive and competent mental health, health and social welfare staff, community health workers and staff and volunteers of National Societies and other humanitarian organizations are essential if services are to meet these standards. These people should be trained to identify and/or meet the needs of different groups, providing services ranging from basic psychosocial support to more specialized mental health care.

V. Protect the mental health and psychosocial wellbeing of those responding to humanitarian needs

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[2] Inter-Agency Standing Committee, *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, Geneva, Switzerland, 2006; Sphere Association, *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response*, fourth edition, Geneva, Switzerland, 2018. Available at www.spherestandards.org/handbook.

[3] World Health Organization, *Mental Health Atlas 2017*, Geneva, 2018. Available at https://apps.who.int/iris/bitstream/handle/10665/272735/9789241514019-eng.pdf?ua=1.

Staff and volunteers who respond to humanitarian needs work in difficult, complex and sometimes dangerous environments. They face a triple burden: (i) they are exposed to traumatic events as they provide life-saving assistance and emotional support to affected populations; (ii) they are often members of affected communities themselves and therefore may experience the same loss and grief as the people they are supporting; and (iii) they work long hours under extremely challenging conditions, often with inadequate resources or limited training. All these factors combined add to cumulative and chronic stress, and research documents high rates of psychological distress among staff and volunteers responding to humanitarian needs. Protecting and promoting the mental health and psychosocial wellbeing of these human resources across all sectors is a precondition for achieving an efficient and sustainable humanitarian impact. It will ensure the wellbeing of the workforce and is likely to yield higher-quality programmes, leading to better outcomes for affected populations. This resolution therefore asks States and the components of the Movement to take measures to promote the mental health and psychosocial wellbeing of those responding to humanitarian needs and address their specific mental health and psychosocial needs.

4) <u>Resource implications</u>

To respond to the critical gaps in mental health and psychosocial support services for people affected by armed conflicts, natural disasters and other emergencies, the Movement sees a need for increased investment in this area. More resources should be allocated to (i) early, local and community-based mental health and psychosocial support; (ii) human resources for mental health and psychosocial support; and (iii) research and innovation to enhance the efficiency and effectiveness of the response. However, while this resolution aims to increase critical investments in mental health and psychosocial wellbeing, it does not impose any financial commitments on States or the components of the Movement.

5) <u>Implementation and monitoring</u>

The proposed resolution concludes with operative paragraphs that highlight steps to be taken by States and the components of the Movement, in accordance with their respective mandates and institutional focuses. Such steps include conducting research and analysis, strengthening knowledge, skills and capacities and sharing experiences and good practices across the Movement. This requires support in strengthening the capacity of relevant national institutions and coordination and cooperation with all relevant stakeholders in order to create greater commitment.

6) <u>Conclusion and recommendations</u>

In light of the needs articulated above, it is recommended that the 33rd International Conference adopt the Resolution "Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies". The resolution calls for the following action:
i.   Ensure early access to mental health and psychosocial support and strengthen local and community-based response
ii. Ensure comprehensive and integrated care and support for people with mental health and psychosocial needs
iii. Prevent mental health harm by ensuring the protection and dignity of people affected by armed conflicts, natural disasters and emergencies
iv. Build the capacity of the mental health and psychosocial workforce
v.   Protect the mental health and psychosocial wellbeing of those responding to humanitarian needs