

WORLD MENTAL HEALTH DAY

THE SILENT TSUNAMI OF MENTAL HEALTH NEEDS IN CONFLICT ZONES

When disaster strikes or a conflict breaks out, the first instinct is to save one's life. As the dust slowly settles and life gets patched together, bit by bit, there comes a realization that many things have changed.

The trauma of having lived through war and violence can leave many as pale shadows of their former selves, sometimes barely surviving and carrying on. People may also find strengths they were not aware of before and realize they are able to face great adversities. Whatever their natural response may be, the strain of conflict and violence on mental health is so intense that supporting people's psychological needs in the times of war can even save their lives.

The International Committee of the Red Cross (ICRC) works to ensure that people affected by conflict and other violence have access to mental health and psychosocial support



In many contexts, mental health and psychosocial needs are not well understood and as a result people can face rejection, discrimination and stigmatization. Violence can also be used by armed groups with the intention of spreading fear, leading to chaos and breaking down community cohesion.

A TUMULTUOUS LANDSCAPE

1 in 5 people in conflict-affected areas live with some form of mental health condition. This is three times more than the general population worldwide (1 in 14)¹

76%–85% people with severe mental health conditions in low and middle-income countries do not receive any treatment, as compared to 35%–50% in high-income countries²

100,000 people in low-income countries have only 0.05 psychiatrists to take care of their mental health needs. The rate is 120 times greater in high-income countries³

500,000 people have been reached in the year 2020 via 230 MHPSS projects being run by the ICRC worldwide

THE BUILDING BLOCKS

- **Include mental health support** in the first wave of aid during humanitarian emergencies
- States and humanitarian agencies must strive to **support health systems** to respond to the mental health and psychosocial needs without delay
- Offer mental health support services that are **adapted to the cultural context**
- **Address stigma, exclusion and discrimination** against people with mental health needs
- Invest in **quality professional workforce**

Although we've come a long way in recognizing the need for mental health support, we still have miles to go when it comes to meeting those needs. At the ICRC, we aim to build local capacities. Instead of "train and run", we do close clinical supervision of counsellors and MHPSS practitioners and monitor the results.

¹ The Lancet & WHO (July 2019), report available at: <https://www.thelancet.com/action/showPdf?pii=S0140-6736%2819%2930934-1>

² World Health Organization (2017). *Depression and Other Common Mental Disorders. Global Health Estimates*. [online] Available at: <http://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf?sequence=1>

³ Mental Health Atlas 2017. Geneva: World Health Organization; 2018. <https://apps.who.int/iris/bitstream/handle/10665/272735/9789241514019-eng.pdf?ua=1>

“WALK THE TALK”

When **Milena Osorio** joined the ICRC in early 2008, the organization was running eight programmes that focused on MHPSS worldwide. Almost 13 years later, the number now stands at 240 – an expansion that Milena, the **coordinator of the MHPSS programme** and the charismatic leader of this 130-member strong team, is extremely proud of.

With World Mental Health Day just around the corner, we caught up with Milena over an imaginary cup of chamomile tea for some real conversation on how we need to “walk the talk” when it comes to integrating mental health into our overall operational response.

BACK TO WHERE IT ALL BEGAN

Growing up in Colombia, Milena discovered the humanitarian in her early on. “I got the opportunity to study clinical psychology, and in 1997, joined MSF as a psychologist and worked there for 12 years, mostly in the world’s deadliest conflict zones.”

Drawn by the ICRC’s mandate of ensuring humanitarian protection for victims of armed conflict and other violence, Milena started her journey with the Red Cross as an MHPSS delegate in Georgia (Tbilisi). There, she set up one of the first programmes to support families of missing people, soon taking the work to Armenia and Azerbaijan.

In 2013, Milena moved to the headquarters in Geneva, coaching and guiding the now-expanding MHPSS teams in the field, eventually becoming the programme coordinator in 2016.

WE’RE BUT A MICROCOSM OF SOCIETY

Often shrouded in secrecy and carrying the weight of stigma, mental health has moved to the top of the “let’s talk ladder” over the past decade. A reflection of that has also been witnessed within the ICRC. “MHPSS is no longer seen in silos, but as a component that reinforces our work in the field. In fact, basis the impact that we’ve measured scientifically, we can safely say that providing mental health and psychosocial support can save lives.”

The flexibility of the team to adapt and maintain cultural relevance has helped them build precious trust with the communities, thus integrating the programmes into the local fabric.

IT TAKES A VILLAGE

While the focus of MHPSS programmes is always on the people we’re trying to help, the touchpoints of support can change from one context to the

other. “Capacity-building is our main *modus operandi*. We don’t do substitutions; rather we aim to train various members and groups of the community, including community leaders, traditional healers, schoolteachers, health-care professionals and other first responders.”

When working with families of the missing, the families themselves have proven to build the strongest support networks. “Besides the excruciating pain of not knowing the fate of their missing loved ones and constantly swinging between hope and despair, these families also face numerous legal, financial and administrative challenges to get the required aid. We try to build an ecosystem where they can connect and work together.”

OVERCOMING GREAT ODDS

Talking about people’s resilience to cope with many adversities, Milena calls it the most striking part of her work. “I’m amazed by how much people can push through and emerge on the other side.”

In the middle of acute conflict in Darfur, Milena saw this magical quality at play in every person she worked with. “Due to the constant displacement from their homes, people were struggling to survive. Every morning, mothers and fathers would wake up with the single objective of fetching water and wood. At the end of long difficult days, they would return to ravaged structures they called home. There was no real hope of a better future. But they continued to smile and fetch that pail of water for their children, and in the evening gather around a small bonfire they had worked so hard all day to build.”

SELF-HELP, OVER EVERYTHING ELSE

The COVID-19 pandemic has again illustrated the importance of providing necessary support to medical staff and mental health practitioners to deal with the extreme stress associated with their jobs. Since their work can get emotionally draining, the MHPSS team members too are encouraged to stay well and healthy.



#SPEAK
YOUR
MIND

PASSION, LOVE AND HOPE

In an informal tête-à-tête, **Novee**, who is an **MHPSS field officer in the Philippines**, talks about her ICRC journey, which began at the Davao subdelegation in 2018.

What made you choose mental health care as your career path?

I fell in love with my profession when I started working with high school children as a guidance counsellor. The turning point came when one of the students, who was facing a tough time at home, wanted to quit school. I wanted to help her so we started doing some sessions. The student is now flourishing and we are still in touch. I knew then that I wanted to work in this field.

Did you always want to work in the humanitarian space?

I became acquainted with humanitarian work while in college and participated in activities that focused on raising awareness of human trafficking and sexual violence. I always envisioned myself working in the humanitarian field so I guess I can say it was my dream to be here.

What makes this job challenging?

Hearing a victim of sexual violence narrate the ordeal they have gone through can sometimes shake one's own values and emotions.

There have been instances where my colleague, who is an MHPSS delegate, sat down with me and explained the difference between being sympathetic and being empathetic, the latter is what we need to exercise and develop a lot more in our work in the ICRC. He has trained me to be more accepting and to move on, instead of getting dragged down by my emotions.

How do you manage the stress that can come with your job in mental health care?

My first tough experience with the ICRC was when I had just joined. I came from a non-MHPSS background so it was definitely a bit of a transition. Within a week or so of joining, I was asked to support victims of the conflict in Marawi, the Philippines. After the sessions, I found myself crying alone in the hotel.

My supervisor told me something that has helped me adapt and cope better. He said I should understand that this is going to be tough work sometimes, but that healing takes time too. He told me I needed to accept that I was not here to "fix"

these people, but to support them and walk with them through their healing process. I'm not a hero here; I'm just walking with them.

What makes this job gratifying?

As an MHPSS field officer, I can really feel the change I make in people's lives through my sessions with them. People who have been isolated till then begin to socialize, get proper sleep and eat balanced meals – these things might seem so normal to us, but they're milestones for some of the people I work with.

The other thing I would like to mention is that when heads of government structures come to us and ask for support to set up mental health structures and programmes, it really shows us that our work has a positive impact. It feels great when they approach us because they see the value in what we do.

What is "resilience" and how does the ICRC help develop it in the people we work with?

I believe each person is born with resilience that helps them bounce back and recover. But it's like a muscle that takes time to build, develop and grow to help survive traumatic experiences. It needs an appropriate environment to develop – health, food, safety and water. The ICRC has plenty of assistance programmes to create this environment for those who need it the most.

What are three things you'd associate with someone who works with the ICRC?

Passion, love and hope.





In Sri Lanka, the ICRC trains accompaniers to provide families of missing people with emotional support through home visits and peer support group sessions. These sessions enable families to share memories of their missing loved ones with the group through poems, art and crafts or songs.

WHAT IS RESULTS-BASED MANAGEMENT APPROACH?

For more than 150 years, the International Committee of the Red Cross (ICRC) has offered humanitarian protection and assistance to victims of armed conflict and other situations of violence. Mental health and psychosocial support (MHPSS) is one of the most recent additions to the wide-ranging assistance programmes of the ICRC⁴ and aims to address the specific MHPSS consequence of violence, including sexual violence.

Initially, the monitoring of ICRC MHPSS programmes was highly budget-oriented and limited to outputs such as “number of training sessions organized”. **In 2008, the ICRC introduced the results-based management approach⁵**, which shifted focus to the outcomes of each humanitarian project, such as “percentage of participants who improved their knowledge” following training.

Since 2018, the ICRC MHPSS team has adopted an electronic case management system with standardized monitoring tools, such as intake

forms and psychometric scales, that make it possible to track the symptoms of each direct beneficiary before, during and after MHPSS care. This has boosted the operational research of ICRC MHPSS with, so far, one study of MHPSS for families of missing persons in Sri Lanka⁶ and one study of MHPSS in health facilities in Africa⁷. This research pointed out areas to be improved, such as the need to increase the number of MHPSS sessions per patient and to address more systematically the financial needs resulting from exposure to violence. However, overall, the research documented significant correlations between MHPSS and reduction in psychological distress, thereby contributing to the evidence base for MHPSS interventions in humanitarian settings.

*– Contributed by Ida Andersen,
regional MHPSS specialist for Africa*

⁴ Discover the ICRC – Assistance [internet]. Geneva: International Committee of the Red Cross; 2021. Available from: <https://app.icrc.org/discover-icrc/5-assistance.html> [cited 2021 Jun 18]

⁵ Programme/project management: The results-based approach. Geneva: International Committee of the Red Cross; 2008. Available from: <https://www.icrc.org/en/doc/resources/documents/publication/p0951.htm> accessed on 22.05.2021 [cited 2021 Jun 18]

⁶ Andersen, I., Poudyal, B., Abeyapala, A., Uriarte, C., & Rossi, R. (2020). Mental health and psychosocial support for families of missing persons in Sri Lanka: A retrospective cohort study. *Conflict and health*, 14(1), 1–15. <https://conflictandhealth.biomedcentral.com/articles/10.1186/s13031-020-00266-0>

⁷ Andersen, I., Rossi, R., Yabutu, M. N. M., & Hubloue, I. (2020). Integrating Mental Health and Psychosocial Support Into Health Facilities in Conflict Settings: A Retrospective Review From Six African Countries. *Frontiers in public health*, 8, 892. <https://www.frontiersin.org/articles/10.3389/fpubh.2020.591369/full>



KNOW MORE ABOUT MHPSS

The ICRC's mental health and psychosocial support (MHPSS) projects respond to the needs of people affected by armed conflict and other violence, including those affected by emergencies, victims of violence, families of missing people and front-line workers, among others. Individuals across these groups experience various mental health and psychosocial consequences of violence such as trauma-related symptoms because of injuries or exposure to violence, or psychological distress such as depression and anxiety.

SIX DOMAINS THAT OUTLINE THE MHPSS FRAMEWORK

Families of missing people: Help people cope with the difficulties stemming from the disappearance of a relative and gradually recover their psychological and psychosocial well-being, which includes learning to live with uncertainty.

Victims of violence: Establish preventative measures, provide group and individual support to victims or survivors keeping their sociocultural context in mind, build the capacity of health staff and community resources and protect vulnerable people.

Helpers: Support emergency-care responders and community groups who channel their energy and efforts into meeting the needs of their communities in the most challenging circumstances.

Hospitalized wounded patients and people with physical disabilities: Help patients overcome the trauma of their experience, cope with changes in their physical disability and promote independence, social well-being and self-reliance.

People deprived of liberty and former detainees: Ensure that detainees with mental health issues receive appropriate care and facilitate comprehensive care for former detainees who are dealing with the consequences of prolonged incarceration, ill-treatment or torture.

People affected by emergencies: Ensure that people are safe and their basic needs are met, strengthen social networks, provide basic psychological support through health-care workers or community groups and provide access to specialized mental health services for those with severe mental health disorders.

FROM THE ASIA-PACIFIC

The ICRC has the following MHPSS programmes in the Asia-Pacific region. All the programmes build the capacity of local humanitarian organizations to contribute towards sustainability.



- Contributed by Bhava Poudyal, regional MHPSS adviser for Asia-Pacific



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