



Conference Special
7 & 8 October 2019

SHOWCASED MHPSS
INTERVENTIONS

Live board games,
VR experiences and
digital therapy

mind the mind now

AWENG CHUOL
INTERNATIONAL TOP MODEL:

‘Make mental
health as
personal as
you can’



Tweets of the day

#mindthemindnow

Unni Krishnan @unnikru #mindthemindnow conference starts in Amsterdam #mhpss @DutchMFA @sigridkaag says "Pain you can't see or touch is the most difficult to heal". True!

Sue Baker OBE @suebakerTTC 1/2 Powerful opening address from Sigrid Kaag, Netherlands Minister for Foreign Trade & Development saying we no longer should "just build the bridges and provide 1st aid but we need to acknowledge the soul"

Chris Hoffman @CMHDRM #mindthemindnow. Close to 30% of #humanitarians suffer from #PTSD, more than double that of military staff serving in war zones.

Clare Dalton @cdaltonICRC People in crises can't wait any longer says @PMaurerICRC. A growing body of evidence shows that #mentalhealth support is a necessity in conflict, and the right help at the right time can make a difference. #mindthemindnow

joemaalouf @joemaalouftv Jeyatheepa punniyamoothy who is still searching for her husband who was abducted in 2009, she went to more than 100 places asking for him and still prepares dinner every night hoping he would come back!

Melissa Pitotti @MelissaPitotti Bravo to you @HochschildF for telling your story of #resilience. We need more #leaders like you to share their stories. #mindthemindnow #FightTheStigma #TrueCourage #BeWellServeWell

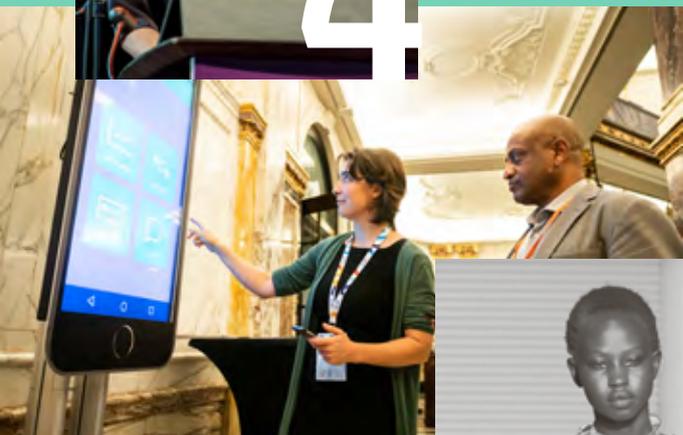
Sadaf Kaykha @Sadaf_Kaykha Sylvia a #survivor of #sexual #violence as weapon of war, a member of @SEMA_Network from #Uganda is telling us about the importance of #Mentalhealthcare for #women like her who face #trauma #stigma and #exclusion from their communities. #mindthemindnow #mhpss @MukwegeFound



**mind
the
mind
now**

International Conference on
Mental Health & Psychosocial Support
in Crisis Situations
Amsterdam, 7 & 8 October 2019





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A turning point



The conference was urgently needed. There have never been so many displaced people in the world. More than 70 million people have been forced to leave their homes and livelihoods. They are people whose souls have been broken, ripping away the very foundation on which their lives rest. Tensions, bottled-up emotions and worries destroy the social networks that people need in order to face problems together, rebuild communities and give life new purpose.

‘The fact that you attended the conference or are reading this magazine is proof that the tide is turning’

The first International Conference on Mental Health and Psychosocial Support in Crisis Situations held in the Netherlands marked a turning point. Experts, policymakers, representatives of international organisations and people with lived experience came together to highlight the need to make mental health and psychosocial support (MHPSS) a standard component of humanitarian aid. MHPSS is just as important in the healing and rebuilding process as food, water and shelter.

During the conference, humanitarian organisations discussed how they are already doing everything they can in this regard. And interactive activities gave conference attendees an opportunity to find out more about various MHPSS interventions. You will find examples in this magazine.

But despite these efforts, there is a global shortage of relevant healthcare professionals and experts. For too long, the international community has ignored the importance of mental health in humanitarian aid and development cooperation. Only 0.14 per cent of the total global development budget is allocated to psychosocial support. We desperately need to improve the quality and increase the capacity of local health professionals. In this magazine, Peter Maurer, President of the International Committee of the Red Cross, writes that the only way to make the invisible visible is by improving access to appropriate care. I wholeheartedly agree.



‘You can help spread the word so that everyone worldwide will recognise mental health and psychosocial support as a basic need’

Things need to change. And this magazine is a way of reinforcing that message. The fact that you attended the conference or are reading this magazine is proof that the tide is turning. I hope it helps promote a shared sense of hope, commitment and duty. It is a tribute to those who have suffered in silence for too long. Now, their voices can finally be heard.

In recognition of this, musician Aeham Ahmad performed a selection of his songs at the conference. Songs that he based on stories of people from the Yarmouk neighbourhood of Damascus. These people approached him at the height of the devastating Syrian conflict and asked him to write a song, often for the loved ones they had lost. Through his music, Aeham pleads for understanding and empathy for those caught up in conflict. You can also read Aeham’s own story in this magazine.

Please take time to browse through this magazine and when you’re done, leave it in a place where you think others could benefit from reading it. That way, you can help spread the word so that everyone worldwide will recognise mental health and psychosocial support as a basic need. Psychosocial support is not a luxury, but a necessity.

Sigrid Kaag

Minister for Foreign Trade and Development Cooperation

Did you know?

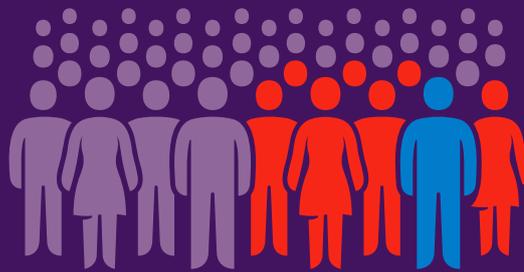


70+ million

people have been forcibly displaced worldwide

20%

of people affected by a humanitarian crisis need psychological care



but only

2%

have access

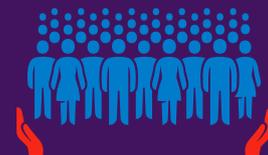
high-income countries have
70 mental health workers
per 100,000 people



low-income countries have
2 mental health workers
per 100,000 people



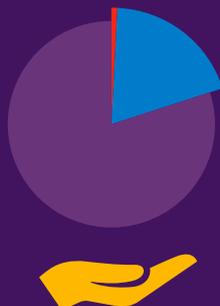
in crisis situations
more care is needed
but there is less provision



in crisis
situations

20%

of healthcare burden
concerns mental or
psychosocial health



but mhps
receives less than

1%

of humanitarian
health budgets

in crisis situations mental health and
psychosocial support is not a luxury



\$ 4

return on every
dollar invested



‘Only now am I processing my childhood experiences’

Of South-Sudanese origin, Aweng Chuol was born in a Kenyan refugee camp. As a child, she never imagined that she would one day walk the catwalks at international fashion shows.

‘The first seven years of my life were filled with movement, anxiety and the smell of death. Sometimes, the war would come from Sudan and we’d have to flee. To me, home wasn’t home. I wasn’t born in Sudan, I was born in Kenya. So when I went to Australia and was told, this is your home now, I wasn’t so sure. Adjusting was really shocking. Australia is so different – there are no huts, and you can’t just kill a chicken. Being a refugee has pushed me to study psychology besides law. Only now, I am processing my childhood experiences.

‘In December 2017, I was working at McDonalds’ where a lady gave me a phone number for a modelling agency. Two months later, I flew to Paris for a big show for Vetements. Since then, I’ve travelled to 65 countries.

‘I volunteer for War Child and Children in Conflict. I owe it to my dad to work with people who would have helped him if he were here. He was a child soldier and I hardly knew him. Also, I have about 115 dreams. I want to be the centre of major change, whether it’s politics or modelling, activism or mental health. I’ve dreamed of becoming the first female president of South Sudan.’

‘To the people attending the MHPSS conference I’d like to say: Look at refugees as the persons you love most in the world. Make mental health as personal as you can, thinking of your own child, mother or father. What would you do for them?’ 🌱

Amsterdam Conference Declaration

On 8 October 2019, Ministers and high-level representatives from countries and international organizations convened in Amsterdam to address the importance of addressing the mental health and psychosocial support needs of people affected by emergency situations and protracted crises.

High-level participants recall, amongst others, the right to the highest attainable standard of health as part of the *Universal Declaration of Human Rights* of 1948; the *Convention on the Rights of Persons with Disabilities (CRPD)*, which was opened for signature in 2007, and the World Health Organization's *Mental Health Action Plan 2013-2030*, and the inclusion of mental health and well-being in the *Sustainable Development Goals*.

They further recall the Global Ministerial Mental Health Summit of 9 and 10 October 2018 in London and the *Global Declaration on Achieving Equality for Mental Health in the 21st Century*, that was adopted during that Summit. The Declaration underlined the right for everyone to enjoy the highest standard of physical and mental health. The Declaration also marked the commencement of a series of annual Global Ministerial Summits on mental health of which the Amsterdam Conference was the second.

Participants in the Amsterdam Conference stress that armed conflicts, natural disasters and other emergencies take an immense toll on people's mental health and psychosocial wellbeing. It is impossible to quantify the full range of emotional, behavioral and psychosocial impacts of such situations on girls, boys, women and men, across the life course. Nevertheless, best estimates suggest that these experiences more than double the prevalence of depression, anxiety, and other mental health conditions that impair daily functioning.

People with pre-existing mental health conditions and psychosocial disabilities are disproportionately affected in situations of risk and humanitarian emergencies, often experiencing exclusion, human rights violations and facing immense barriers in accessing protection, appropriate care and life-saving interventions. These barriers include physical, attitudinal, cultural, social, structural and financial barriers. They might also be at higher risk for separation from caregivers or family members, as well as targeted violence, exploitation and abuse, including sexual and gender-based violence.

Participants express their strong concern that the vast majority of people in need of adequate mental health and psychosocial support affected by humanitarian crises do not have access to evidence based, quality and human rights based services. Participants note that mental health and psychosocial needs have thus far had low priority on humanitarian agendas at national and international levels and recognized the urgency of addressing these needs in humanitarian action.

Mental health and psychosocial support is essential to restore people's day-to-day functioning on all levels, to help those affected access life-saving services, to support resilience after an emergency and to rebuild peaceful societies. Participants stress that mental health and psychosocial support needs to be given adequate attention in all sectors of humanitarian response with the aim of individual and collective recovery. Affected persons and communities should be enabled to participate in the development and delivery of services for their benefit.



A coalition of countries and organisations have committed to address the need of mental health and psychosocial support in crisis situations

Participants recognize the importance of focusing on wellbeing and reducing stress in order to support peoples' own coping mechanism and resilience. Given the protracted nature of many crises, participants also recognize the need for longer-term MHPSS-approaches, and the importance of development cooperation in this context. The Inter-Agency Standing Committee *Guidelines on Mental Health and Psychosocial Support in Emergency Situations* (2007) as well as the WHO Mental Health Gap Action Plan give guidance on what kind of supports should be made available. Special attention should be paid to people who are vulnerable to violations of their basic human rights in crisis situations.

Participants agree to integrate and scale up mental health and psychosocial support in humanitarian responses and recognize the need for evidence and innovation to accelerate responses at all levels of support.

Participants welcome the important work by the Technical Working Groups, consisting of humanitarians, policy makers in international organizations, researchers and scholars, mental health and psychosocial support experts, including people with lived experience. They welcome the recommendations prepared in these documents, as summarized in Annex 1. Participants agree to collectively assess progress on the recommendations by the Technical Working Groups at the next conference.

Participants agree to continue to look for opportunities to draw attention to the mental health and psychosocial needs of people affected by emergencies and, wherever feasible, add these needs to the humanitarian agenda at the national and international level. 🌱



Children, Adolescents and Their Families

Discussing the gaps in MHPSS for children on the move, children affected by armed conflict, and children & adolescents in a digital age; with opportunities to engage with youth advocates from affected countries.

Delivering MHPSS in Public Health Emergencies: Specific Needs & Requirements

Developing core MHPSS strategies and guidelines informed by survivors of public health emergencies like Ebola Virus Disease and persons experienced in MHPSS delivery, policymaking and financing in public health emergencies.



'Communities are key to ensuring MHPSS'

Ananda Galappatti, co-founder of MHPSS.net, and Margriet Blaauw, Senior Advisor Mental Health and Psychosocial Support (MHPSS) at the Netherlands Ministry of Foreign Affairs, both have decades of experience with MHPSS. We asked them how MHPSS has developed over the years, and what countries can do today.





‘People can learn effective psychosocial interventions to support fellow community members’

How can you involve affected communities in MHPSS?

Ananda: ‘Community members are already taking on much of the support and healing. We must help restore and bolster these capacities to the widest extent possible. Suffering in crises can sometimes overwhelm communities’ ability to cope, and here our role in providing supplementary support to meet the MHPSS needs is vital.’

Margriet: ‘From each community we should learn how they support one another, how they cope and what they identify as their main needs. When many people are affected, with few or no mental health professionals available, communities are key. People can learn effective psychosocial interventions to support fellow community members.’

How can countries attending this conference improve MHPSS responses in emergencies?

Margriet: ‘A commitment by participants to jointly work on policies and budgets facilitating the systematic integration of MHPSS in emergency preparedness and response could make a huge difference.’

Ananda: ‘These countries can provide some of the political impetus to ensure that MHPSS has a place within the humanitarian architecture and systems. This can also encourage other governments to start taking MHPSS more seriously.’ 🌱

Is the need for MHPSS sufficiently covered?

Ananda: ‘As yet, MHPSS is not always seen as an essential part of the humanitarian response and is often given less priority than other services in terms of resources and urgency. Many donors, policy-makers and humanitarian managers don’t understand that addressing MHPSS also requires humanitarian interventions to actively address social and material factors that can protect or improve the wellbeing of affected people.’

Margriet: ‘There is still too much focus on merely counting the numbers of people reached, risking that MHPSS interventions are not always in line with evidence or agreed best practices. We need to monitor and learn what works best and how we can improve our actions.’

What is the main lesson regarding MHPSS you’ve learned?

Ananda: ‘We need to work with what resources and potentials exist in the communities we support, and with the limitations that humanitarians have. MHPSS requires combined efforts of helpers from outside and from within the affected population – for example, family members working to support each other, people facilitating non-specialised activities that assist the social and psychological recovery for particular groups of affected people, and skilled professionals treating people with severe or complex problems.’

Margriet: ‘One of the most important lessons I learned during my visit to Zimbabwe after violence broke out was the importance of social support. People helped one another restore dignity with simple gestures, such as a shave, providing soap or clean clothing.’



The Netherlands Red Cross, Light for the World and KIT Royal Tropical Institute, with the support of the IFRC PS Centre, have developed a live board game and support games to teach psychological first aid (PFA). Participants could test and practice a few basic PFA skills in a friendly and safe manner and take home key lessons on PFA.

‘In this role playing game of psychological first aid, we helped a woman who was not looking at us and made sure to look, listen and link. It was both a touching and useful experience. You never know when you meet someone you can help this way.’

– Chiara Giusto, European Commission’s Civil Protection and Humanitarian Aid Operations

In the immersive virtual reality experience, **The Right Choice**, participants were placed next to a Syrian family trapped inside their home during relentless urban warfare. They were forced to make split-second decisions in a life-or-death situation: should you run, hide or stay put? Afterwards, they were debriefed by one of the ICRC team members present.

‘I had no idea what to expect, but it’s truly amazing, like standing in the middle of the room. You can feel what the people in Syria must experience. I had the idea I could actually walk out of the building, which was also a bit disorienting.’

– Marina Antunovic, Senior program manager Middle East – Mercy Corps



‘Children are self-harming and falling silent’

Two women in white medic vests push an Afghan man onto a chair. His friend speaks to him in Dari, trying to calm him down. ‘Try to relax,’ says one of the doctors. The man calms down for a moment and his eyes flicker from the concerned faces around him in the cramped room to the grey walls, the harsh fluorescent lighting and the shelves in the medicine cupboard. Then he raises his left arm. He shakes his head and says, despairingly, ‘I was alone, I’m still all alone. I’ve been here 13 months. I’m going to pieces. I’m going mad. Next time, I’ll kill myself.’

Overcrowded

The ‘here’ he’s referring to is Camp Moria, on the Greek island of Lesbos. In Camp Moria people from countries including Afghanistan, Syria, Iraq, the Palestinian Territories and Congo wait to begin a new future. Since 2015 this is where asylum seekers have been identified and registered.

In the overcrowded camp stand huge portacabins, cut off from the outside world by wire fences and checkpoints. Each of them houses 20 to 30 people, who can usually be found sitting close together in rows, cigarettes in hand. Often, they sleep on nothing more than a grey blanket on the floor. There is a single, cold shower for hundreds of people. And at night, fights regularly break out.

Children with psychological problems

Boats full of new migrants keep arriving. In light of the increasing overcrowding, violence and volatility in the camp, the situation is getting worse by the day. And, say Doctors without Borders (MSF), this is reflected by the number of children with psychological problems. The NGO has been providing medical assistance on the Greek islands since 2015.

In July and August 2019 alone, doctors saw 73 children who required urgent medical assistance. Of these, three had attempted suicide, while 17 had self-harmed. ‘Ten children were under the age of six, while the youngest was just two years old,’ says Apostolos Veizis, Director of the Medical Operational Support Unit at MSF Greece. ‘A lot of children stop playing, have nightmares, are scared to go outside and slowly withdraw into themselves. Some stop talking altogether.’

Music project

As a temporary solution NGOs try to make sure people have something to do during the day. The organisation Connect by Music provides music lessons in the camp. ‘One day, a father and daughter came to sign up for our music lessons,’ says Annita, one of the music teachers. ‘According to her medical notes, the daughter had tried to commit suicide. She had stopped talking and the father made it very clear that she was not to be left alone. Once she started music lessons, she gradually came out of her shell. We saw her stand up for herself and tell the group what she wanted to play on her guitar.’





Lack of prospects

‘These miserable conditions are worsening people’s mental health,’ says Nikos Gionakis, clinical psychologist and director of Babel, a mental health clinic in Athens for migrants and refugees. ‘Most people here come from countries where they’ve already experienced horrible things, such as violence and conflict. And they’ve also gone through a lot just to get here. Once in Greece, they find themselves in a situation that’s even more stressful: they have no idea what’s going to happen next. The harsh circumstances, the lack of prospects: it all has a serious impact on people’s mental state.’

Referrals

In camps like Moria, humanitarian organisations do what they can, but it’s far from enough. Only in the most extreme cases are people referred to specialists, but as one organisation puts it, ‘Who do you refer if everyone is an extreme case?’ A chance to rebuild their lives, that’s what people in Camp Moria want. The volunteers, the doctors and, above all, the migrants and refugees themselves.

Aid organisations are doing all they can, but more is needed to achieve a long-term solution.

The situation in Lesbos shows that mental health and psychosocial support must be part of the basic assistance provided in crisis situations, so that people are able to care for themselves and for others. Psychosocial support is not a luxury, but a necessity. 🌱



‘Mental health and psychosocial support (MHPSS) is a cross-cutting issue and should be addressed by all response providers in emergencies’

– Sir Mark Lowcock, United Nations Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator



‘Do not ask whether you can afford MHPSS; ask whether you can afford not to’

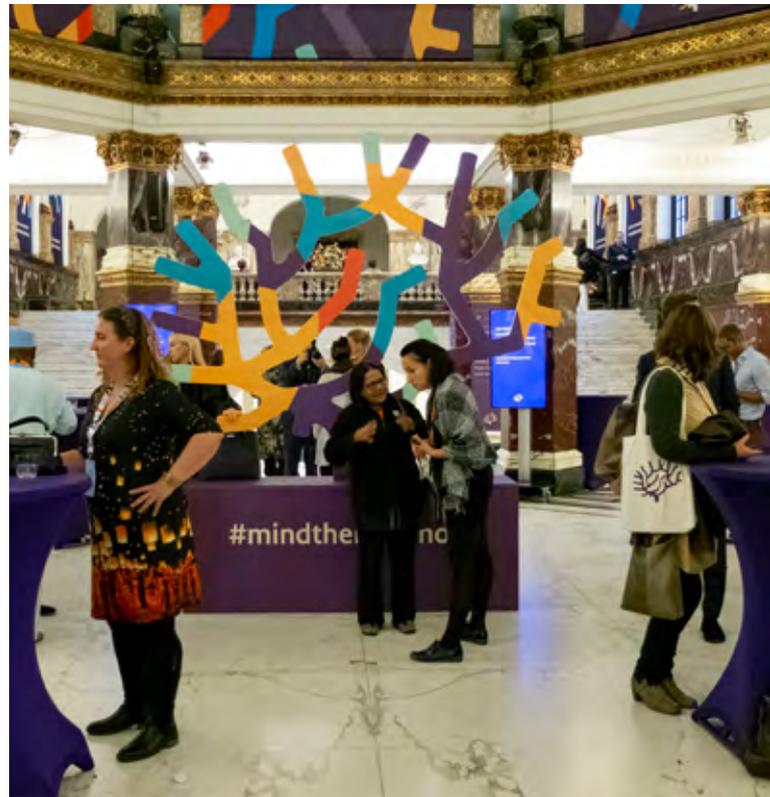
– Shekhar Saxena, Director of the Department of Mental Health and Substance Abuse WHO





‘The priority for responders should be on overcoming stigmas and boosting preventive approaches to build coping mechanisms and resilience’

– Fabrizio Hochschild, Special Adviser on the Preparations for the Commemoration of the United Nations’ 75th Anniversary



‘Some of the best ways to improve the mental health of refugees are social: enabling refugees to rebuild their lives and support each other’

– Peter Ventevogel,
Senior Mental Health Officer UNHCR





A Just and Inclusive Society: Supporting Societal Shifts, Addressing Stigma and Discrimination

Discussing justice and inclusion during and after humanitarian emergencies in practice, using personal stories and case studies.

Investment in Mental Health and Psychosocial Support: How to Increase Funding for Immediate and Longer-Term Needs?

Setting out arguments on why, what, how, and how not to invest in MHPSS, bridging humanitarian and development agendas; with topics including the need to make an economic case at country level and tools to help programming.



MHPSS through the lens of two journalists

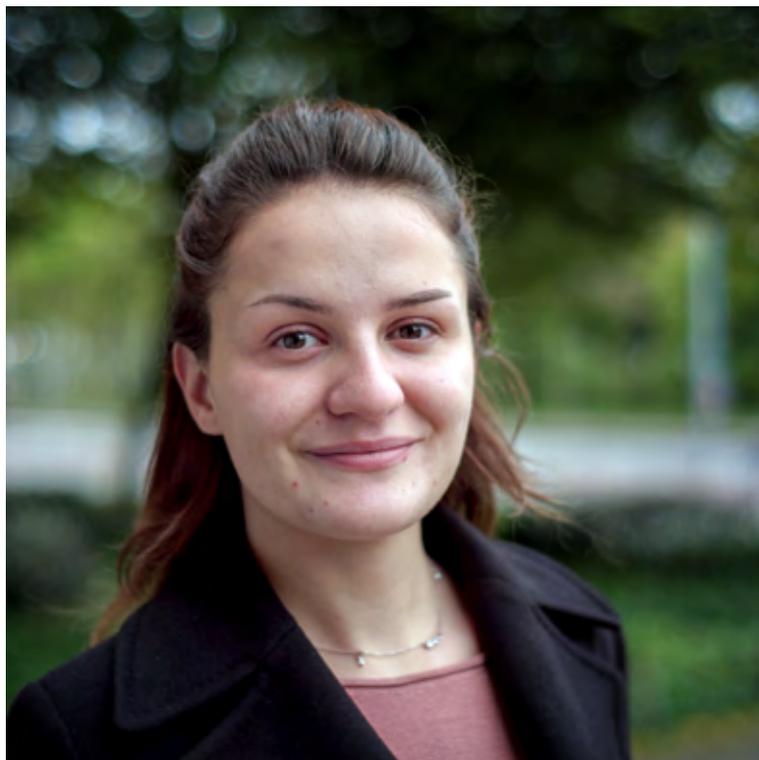
How can you best report the atrocities that shook Sudan last summer? For IT expert and journalist Tagwa Warrag, working at independent Sudanese magazine Andariya, data journalism is the way forward.

Since many people in Kosovo suffer from PTSD or trauma, one would say local politicians and big media have an interesting topic on their hands. So why does journalist Eurisa Rukovci write for alternative media?

↓ Tagwa Warrag

Creating a better understanding of survivors' problems in Sudan

'Last summer, between 400 and 500 people were killed in Khartoum and El Obeid and many survivors were traumatised,' Tagwa tells us. 'So far stories about survivors have been based on opinions and feelings. At Andariya, we realised we need to use data journalism to write about the survivors and make in-depth analyses. By providing context and meaning to data, you can write in-depth investigative articles. To determine what data is relevant, however, you need knowledge of the relevant disciplines, psychology, for instance. 'Andariya is growing and we are already applying data journalism to local and international Sudanese protests' datasets. Thus, we can help customise solutions to help people, or at least create a better understanding of their problems. Also, people in small towns tend to remain under the radar. They can attract the attention of Sudanese media by learning to write about their predicaments themselves.'



↑ Eurisa Rukovci

'I try to raise awareness for mental health issues'

'The mental health consequences of the Kosovo War on the population have not been thoroughly researched,' Eurisa tells us, 'but an estimated one in four suffers from PTSD. The younger generation suffers from trauma, as parents were raped or killed, or relatives are missing. Add the current economic uncertainties and isolation from Europe, and I'd say their mental health is undoubtedly at risk. Still, many people don't seek help for fear of being stigmatised or judged.'

'During the national elections on 6 October last year, no political party mentioned mental health as a priority, and thus, it is not a priority for the big Kosovar media either. But the collective trauma affects future cooperation between the youth of the multiple communities living in Kosovo. That's why I try to raise awareness for mental health issues in various alternative media. Going by the number of people who read my articles, I can tell they are curious.' 🌱





Workforce Development

Discussing the need to develop a competent workforce, learning from Liberia, Jordan and Haiti – particularly training and working with helpers who are not mental health specialists, supporting the workforce remotely and sustaining capacity for future emergencies and long-term recovery.

Scaling-Up of Mental Health and Psychosocial Support during and after Emergencies: Lessons Learned across the World

Identifying and discussing positive factors and common barriers in scaling up services as well as lessons learned for future emergencies, using case studies from Bangladesh, Columbia and Niger.





‘No one chooses to be a refugee’

Curiosity drove clinical psychiatrist Mohamed Elshazly to work for relief agency Médecins Sans Frontières. He wanted to look at mental health from a community-based psychosocial perspective rather than from the biological viewpoint.

When Mohamed switched to the Psychosocial Training Institute in Cairo (PSTIC), a local NGO looking after refugees in Egypt, he found what he was looking for. Mohamed: ‘PSTIC showed more consideration for the social factors and healing powers within affected communities. I feel these resources should always be considered and used in relief efforts.’

Currently, he is the Mental Health and Psychosocial Support (MHPSS) officer with UNHCR, the UN refugee agency, in Cox’s Bazar, Bangladesh. He and his team are mainstreaming mental health interventions within the humanitarian response, taking into account the Rohingya’s cultural background. ‘They’ve rarely had access to mental health services before,’ Mohamed explains. ‘Their cultural backgrounds may – sometimes – impose stigma on mental illness and help seeking behaviour. No one chooses to be a refugee. The hostile language against refugees, especially in protracted emergencies, must stop. Refugees are not responsible for what happened to them, and we must protect and help them.’

‘At this conference, I hope to see mental health being considered at the core of the humanitarian response, with both human and financial resources dedicated to mental health services for affected populations. And last but not least, to ensure that mental health can be better addressed through integrated approaches.’ 🌱

MHPSS toolkit to be developed

The Netherlands and the World Health Organisation (WHO) join efforts to develop a set of proven effective mental health and psychosocial support services and tools. This minimum service package will be implemented initially in five countries. Other organisations should then be able to use it in various contexts at a reasonable cost. This will make MHPSS in crisis situations more predictable and consistent. The Dutch Ministry of Foreign Affairs will contribute 5.7 mio euro to this project until 2022.

On Tuesday, 8 October, Minister Sigrid Kaag and Dr. Tedros Adhanom Ghebreyesus, Director-General of WHO signed an agreement to this effect during the international MHPSS conference in Amsterdam. 🌱

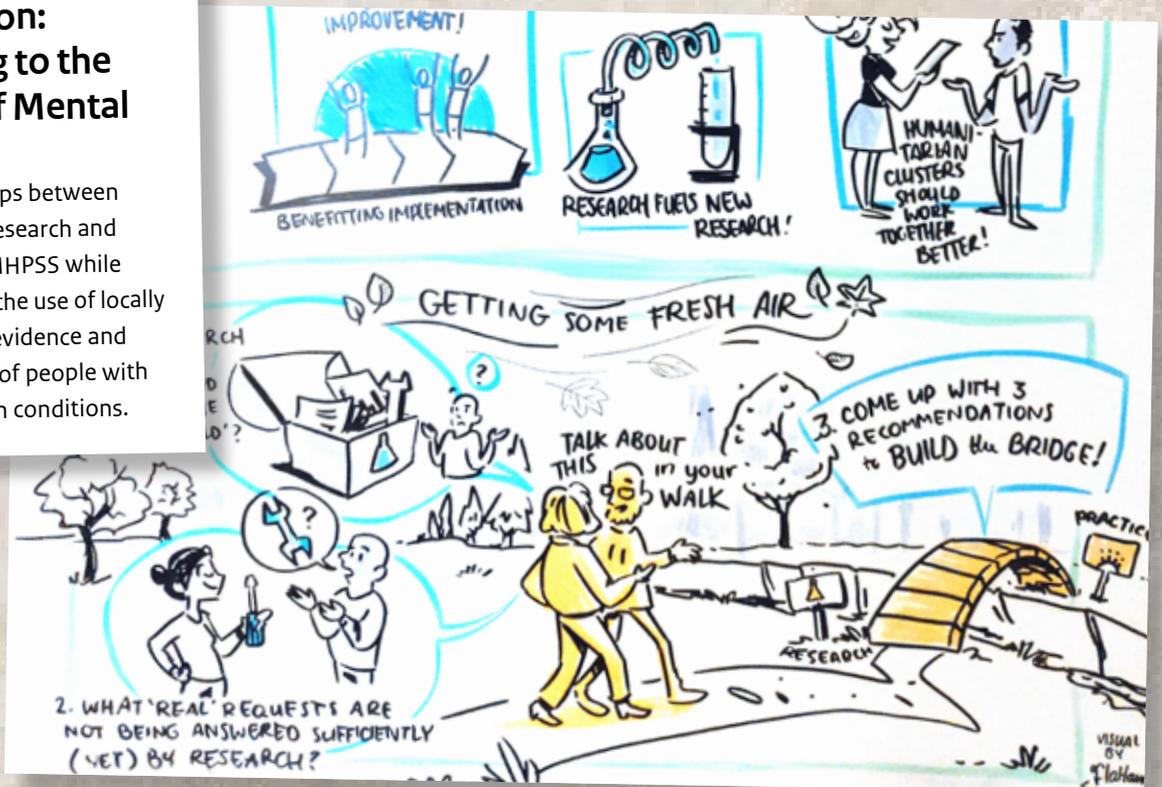


Mobilising and Supporting Displaced and Host Populations within Communities

Focusing on the need for comprehensive, sustainable and community-driven approaches that meet the mental health and psychosocial needs of both displaced and host populations.

Research and Innovation: Adapting to the Future of Mental Health

Discussing gaps between innovation, research and practice for MHPSS while emphasising the use of locally appropriate evidence and involvement of people with mental health conditions.



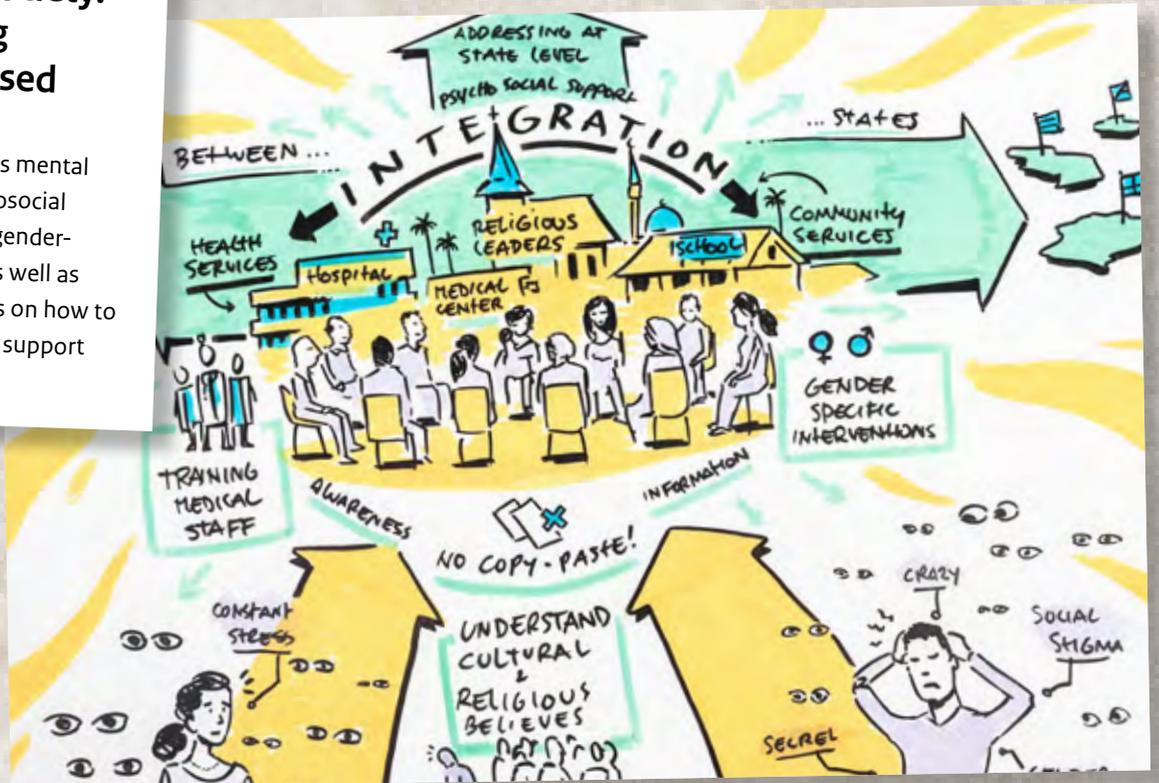


Protection and Promotion of Mental Health and Wellbeing of Staff and Volunteers in the Face of Trauma, Hostile Environments and Chronic Stress

Discussing field experience of supporting the wellbeing of staff and volunteers in complicated working situations; exploring multi-layered approaches that consider both context and organisational challenges and seek an integrated approach to enhance support and care in organisations.

A Just and Inclusive Society: Addressing Gender-Based Violence

Discussing various mental health and psychosocial needs related to gender-based violence, as well as recommendations on how to increase access to support for survivors.



‘There is hope in the staggering resilience of those we serve’

Mental health services have for too long been an after-thought in conflict settings. When traumas are invisible, they can be easily overlooked or deprioritized. Yet war, violence, loss and displacement... these complex situations have a devastating impact on the mental health and psychosocial wellbeing of millions, destroying communities and causing great suffering and pain.

Around the world nearly 132 million people need humanitarian assistance and protection. More than one person

in five in a conflict-affected area lives with some form of mental health condition, from mild depression and anxiety, to post-traumatic stress disorder. That is three times more than the general population worldwide suffering from these conditions.

Maryam is one of those people. In Nigeria, the ICRC runs a number of MHPSS programs to support people affected by war and violence. Maryam was abducted in 2014 alongside her sister and mother. She told me that when she came back from captivity,

she was stigmatized in her community – people called her “the wife of Boko Haram.” She felt angry, frustrated and hopeless. After eight mental health counselling sessions, Maryam was able to manage her anger and cope better with other symptoms. She found a job in the community and has raised some money to start a business knitting caps. This is not the end of Maryam’s journey of recovery, but it shows the power of mental health care even in time-limited amounts.

People such as Maryam may feel emotionally and socially isolated, being moreover victims of rejection and stigma, precisely because of their struggles. However, there is hope in the staggering personal resilience of those we serve. We see people rebuilding their lives and helping their communities to thrive again. We stand with them and must help them with support that is tailored to their vastly different needs and their culture.

Throughout my time as President of the ICRC, I am often struck by people’s extraordinary capacity to deal with extremely difficult situations when and if provided with the appropriate support.

Sometimes this means supporting the search for missing loved ones, other times it means rehabilitating water sources. These and other kinds of humanitarian support can have exponential benefits when provided together with MHPSS. MHPSS is lifesaving, and should be prioritized accordingly in early stages of emergencies and integrated into all humanitarian responses.



Peter Maurer, ICRC President



‘Still reliving the horrors of the ISIS massacre’

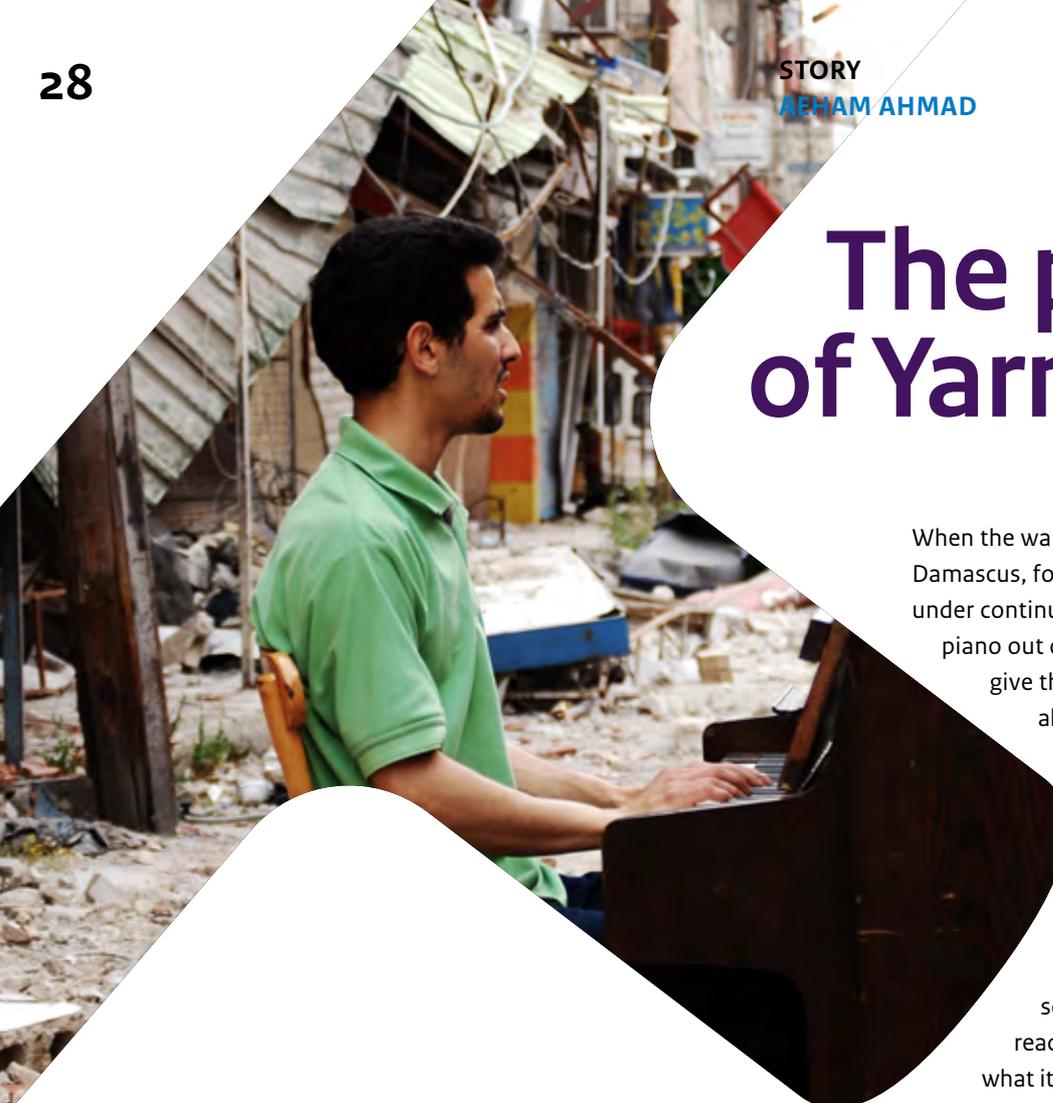
Jamila Haji, 41 years old, was abducted by ISIS when they invaded Sinjar in August 2014 and has become traumatised. She is visiting the facility of the AAF aid agency in the Sinjar General Hospital to take part in the MHPSS programme.

‘ISIS held me and my child, a three-year-old son, for ten days. He was ill at the time, and he fainted when he saw how I was hit on my back and shoulders with a rifle. As a result three vertebrae were fractured. They tried to take him from me, but I held on to his hand and wouldn’t let go. He is my only child.

‘We suffered hunger and thirst, but that was nothing compared to what we witnessed. A man and his son I knew in Sinjar were killed right before my eyes. We have seen how hundreds of people were abused. When I saw how those godless beasts dragged pretty girls away from their families by their hair, I felt destroyed inside. That image is awful, unbearable. It leaves deep emotional scars. You don’t have to be a victim yourself to feel that pain. When we saw they killed men and took women that way, we knew what would happen. They would rape the women in order to tarnish the Yezidi honour, but that will not work, inshallah.

‘At AAF, they tell us to go out, talk to each other, put a stop to negative thoughts. Do something with the children, or another fun thing. Turn a new leaf. I’m doing okay, now. As long as I take my medication, I’m at ease.’

‘My message to you is that I hope you will liberate the women and girls who are still being held by ISIS and that you will build a safe Sinjar.’ 🌱



The pianist of Yarmouk

When the war cut Yarmouk off from the rest of Damascus, food was scarce and the district was under continuous siege, Aeham would push his piano out of his shop to cheer people up and give them hope. He sang his own songs about his country, the refugees and the dead to vent his feelings and the children in the street sang along. A friend filmed his performances and posted the videos online, where they went viral. Aeham was upset about this, as he feared Assad's regime might hear his songs. Journalists across the world reached out to him, wanting to know what it was like to live under siege all the time. In consultation with his parents and his wife, Aeham decided to talk to them.

Maybe you recognised the pianist who played for you during the MHPSS conference. He is Aeham Ahmad. Pictures and videos of him playing the piano in the middle of the debris in Yarmouk, Syria, have gone viral.

Aeham grew up in Yarmouk, the Damascus district that developed out of a Palestinian refugee camp. His blind father, who raised him while his mother was working and to whom he feels very close, insisted that he would learn to play the piano. From the age of five he studied music next to regular school. During adolescence, his father had a hard job convincing him to keep practising. A classical pianist, he opened up a music store in Yarmouk.

Flight

Unfortunately, the videos and the interviews resulted in the video maker being locked up. He is still in prison today. Aeham thinks the media exposure may also have led to his brother's arrest. In 2015 disaster struck again: ISIS set his piano on fire and he fled with his wife and children. They were arrested in Homs, but miraculously let go. A German journalist paid for part of his journey, but his mother's savings helped him reach Germany, where his wife and children joined him later on. Now, Aeham travels all over Europe to play his songs about Syria. He misses his brother, his family and friends and is worried about their safety. Aeham co-wrote a book about his life and is trying to persuade friends to write their life stories as well. He feels it's important that refugees are looked upon as *people* rather than as a homogenous mass. 🌱



Participants could get a taste of various scalable psychological interventions that have been developed, adapted, tested and implemented worldwide by **STRENGTHS Consortium**, consisting of **WarTrauma Foundation, VU Amsterdam, IFRC** and **UNHCR** for populations affected by adversity in low- and middle-income countries. Thus, they could gain a better understanding of how these interventions complement and differ from each other.

‘Paying attention to mental health issues is not just relevant from a medical point of view, it is also essential to the success of peacebuilding. When you bring together a group for reconciliation talks, considering their cultural psychological sensitivities is key.’

– Daniel Hyslop, Director of Policy at the International Organization for Peacebuilding

Considerable mobile and smartphone availability among refugees has the potential to revolutionise healthcare in crisis settings, providing access to medical data and a world of digital treatment options and decision support for health workers.

Participants could stop by at the phone-charging booth of **Joep Lange Institute, Achieving Better Health, Stichting Vluchteling** to chat with their personal digital therapist.

‘90% of refugees has access to a mobile phone. Providing care through digital applications creates the opportunity for people to receive care while they are on the move.’

– Judith van Aniel – Joep Lange Instituut





Fighting the fear of stigmatisation in Colombia

What if a country has a national programme for mental health and psychosocial support (MHPSS), but cannot effectively implement it (yet)? Joyce Caballero explains how the Colombian Red Cross responds to this state of affairs.

‘Columbia has limited training facilities for response staff, and getting government institutions to provide adequate and continuous assistance to survivors is difficult,’ Joyce explains. ‘Our mental health team sets out to cushion this. That’s why we have various units to identify psychosocial needs and required actions, incorporate psychosocial support techniques in interventions and provide needs-based support. Emotional activation and deactivation strategy experts develop and apply strategies with relief agency personnel.

‘Likewise, in our Support for Support subprogramme, we focus on the psychological wellbeing of our response teams, providing needs-based follow-ups after emergency responses.’

Tips

‘What complicates our work is that mental health is interwoven with many myths. People avoid visiting mental health professionals for fear of being stigmatised and rejected by society.’ Joyce shares three tips to improve psychosocial support in times of crisis with the MHPSS conference participants:

- ‘Provide a comprehensive and structured response, protecting the mental health of the people involved.
- Be understanding about people’s needs, respect their dignity and provide support on the basis of principles.
- Respect people’s individuality, their culture and the perceived needs they seek a solution for.’ 🌱



Tweets of the day #mindthemindnow

Ananda Galappatti @agalappatti At session on “scaling up #MHPSS during and after emergencies”, Fahmy Hanna of @WHO describes the gaps in MH Workforce and also examples of success in improving coverage (such as #SriLanka after the 2004 tsunami). #mindthemindnow #MHPSSmatters

Yasmine Sherif @YasmineSherif Testimonies from remarkable advocates and survivors from Afghanistan, Sri Lanka and Uganda – reinforcing the centrality of #mindthemindnow in emergencies and crisis. #MHPSS priority for #EducationCannotWait #EducationInEmergencies

Sebastien Carliez @SCarliezICRC “In places affected by conflict, one in 5 people live with some form of mental health condition. That’s 3 times more than the general population worldwide.” @PMaurerICRC at the #mindthemindnow summit. More @AnitaDullard @ICRC

Sarah Castéran @sarahcasteran At the conference on #mentalhealth & psychosocial support in crisis situations today, showcasing @mercy-corps-uk & @UniofBradford project using #VR to take Syrian refugees back to their country’s cultural heritage sites. #mindthemindnow #mhpps

Mercy Corps – Europe @mercy-corps-uk Thank you Minister @SigridKaag for stopping by our stand and learning more about how our #Virtual Reality project supports the psychosocial wellbeing of Syrian refugees in Jordan. #mindthemindnow #MHPSS @uniofbradford @DutchMFA @MinBZ

Kriti Sharma @ks7s Women in #Afghanistan are particularly affected by the lack of mental health services. “Farzaneh”, 26, explained her husband began to have outbursts of anger after surviving 2 attacks. Now, she is struggling: “I feel like I am suffocating.” #mindthemindnow



International Conference on
Mental Health & Psychosocial Support
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