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Council of Delegates of the International
Red Cross and Red Crescent Movement

8 December 2019, Geneva

COUNCIL OF DELEGATES

OF THE INTERNATIONAL RED CROSS
AND RED CRESCENT MOVEMENT

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

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, December 2019

RESOLUTION

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

The Council of Delegates,

recalling and *reiterating* the deep concern expressed by the 2017 Council of Delegates on the mental health and psychosocial needs that arise as a consequence of armed conflicts, natural disasters and other emergencies, including those arising in the context 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 International Red Cross and Red Crescent Movement (Movement) is doing to respond to these needs,

recalling that the mental health and psychosocial wellbeing 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,

recognizing the link between substance use and addictive behaviours with mental health and psychosocial wellbeing and *recalling* the commitments by the Movement to address the harmful use of substances and addictive behaviours, including Resolution 29 "The fight against drug abuse" of the 25th International Conference of the Red Cross,

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, and *calls* on all National Societies, the IFRC and the ICRC to guarantee the 'basic level' of psychosocial support response as contained within the Movement's mental health and psychosocial support framework; develop their capacity to provide services at other levels of the framework; and assess, refer and advocate in relation to the full spectrum of mental health and psychosocial support within the framework;

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

The International Red Cross and Red Crescent Movement policy on addressing mental health and psychosocial needs refers to work conducted in all contexts by the components of the Movement. It presents eight policy statements to frame and address the mental health and psychosocial needs of affected populations, including staff and volunteers.

At the Council of Delegates in 2017, the Movement adopted a resolution – *Addressing Mental Health and Psychosocial Needs* – which recognized the urgency to strengthen the Movement's collective response to mental health and psychosocial needs, and requested the formulation of a "Movement Policy on Addressing Mental Health and Psychosocial Needs".

This policy applies to all three components of the Movement – National Societies, the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) – in their mental health and psychosocial support activities. It recognizes the variety of complementary activities carried out by them in all contexts in accordance with their different mandates. It seeks to provide a policy framework supporting all three components of the Movement in ensuring the quality of mental health and psychosocial support responses.

This policy includes:

- an overview of mental health and psychosocial needs

- the Movement's mental health and psychosocial response and approach, and

- eight policy statements with supporting guidance.

This policy aligns with and builds upon relevant Movement commitments, policies and resolutions. It is informed by professional standards, guidelines and relevant global frameworks.[1]

This policy replaces the IFRC policy on psychological support (2003). The Council of Delegates will review it in 2027.

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[1] These include: Inter-Agency Standing Committee (2007) *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, IASC: Geneva; International Committee of the Red Cross (2018) *Mental Health and Psychosocial Support Guidelines*, ICRC: Geneva; World Health Organization (2013) *Mental Health Action Plan 2013–2030*, WHO: Geneva; Resolution 29 "The fight against drug abuse" of the 25th International Conference of the Red Cross, Geneva, 1986,

Understanding mental health and psychosocial needs

Mental health and psychosocial needs exist along a continuum ranging from positive mental health, through mild and temporary forms of distress, to chronic and more severely disabling mental health conditions. Responding to mental health and psychosocial needs is critical for people's survival and daily functioning and for their enjoyment of human rights and access to protection and assistance. It is key to achieving universal health coverage and the Sustainable Development Goals. Mental health and psychosocial support is a global public good that contributes to healthy societies in all countries, irrespective of socio-economic status.

Although mental health and psychosocial needs are not always visible, they are nevertheless real, urgent and, in some cases, life-threatening. Mental health conditions are among the leading causes of ill-health and disability worldwide. Yet nearly two-thirds of people with known mental health and psychosocial needs never seek help, due to a lack of access to care and treatment, and the stigma surrounding this issue. In 2019 WHO estimated that more than 80% of people with mental health conditions are without any form of quality, affordable mental health care. At the same time, 800,000 people die due to suicide every year, and it is the second leading cause of death among young people.

Armed conflicts, natural disasters and other emergencies have an immense long-term impact on mental health and psychosocial wellbeing. Rates of mental health conditions increase extensively after emergencies and especially in situations of armed conflict. Psychosocial difficulties increase too when, for instance, people are separated from or lose members of their family or friends, living conditions become very difficult and people are exposed to violence and cannot access assistance. Emergencies affect or destroy community and family resources and undermine personal coping strategies and social connections, which would normally support people. Human, social and economic consequences are long-term and far-reaching and affect entire communities and societies.

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. People with severe and/or chronic mental health conditions may find their condition gets worse in certain contexts and they need additional help. However, local mental health and psychosocial support services are under great strain in all contexts or may not exist at all. Even where services and support are available, access may be extremely difficult because of their location, the financial cost, security issues, poor awareness and the stigma associated with mental health.

The Movement's response and approach

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, families and communities, including staff and volunteers working in all contexts. The Movement engages in humanitarian diplomacy to ensure that States and other actors address mental health and psychosocial needs, and it is involved in the development of international standards and practices to ensure quality of care in very challenging circumstances.

States have the primary responsibility to respond to the mental health and psychosocial needs of people in their territory. The components of the Movement have important complementary and supportive roles, including the auxiliary role of National Societies.

Key terms and their definitions

The following terms are defined in relation to their use in this policy and across the Movement more broadly.

What is 'mental health and psychosocial support'?
Mental health and psychosocial support describes any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or treat mental health conditions.[2]

What is 'mental health'?
Mental health is defined by the World Health Organization as a state of well-being 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.

What does 'psychosocial' mean?
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 her or his environment, interpersonal relationships, community and/or culture (i.e. her or his social context).

What is 'psychosocial support'?
Psychosocial support refers to actions relating to the social and psychological needs of individuals, families and communities.

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[2] Adapted from the Inter-Agency Standing Committee (2007) *Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, IASC: Geneva, p. 1.

The Movement's mental health and psychosocial support framework

Each component of the Movement responds to mental health and psychosocial needs in accordance with its role and mandate. The pyramid model below represents the framework of mental health and psychosocial support services that are required to address the needs of individuals, families and communities in all contexts. A key to organizing mental health and psychosocial support is to develop a layered system of complementary support that meets the needs of different groups. This 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 model, from basic psychosocial support through to specialized mental health care.

Specialized mental health care – the top layer of the pyramid – includes specialized clinical care and treatment for individuals with chronic mental health conditions and for persons suffering such severe distress and over such a period of time that they have difficulty coping in their daily lives. Examples of activities include treatment centres for survivors of torture and alternative approaches to drug therapy. Services are provided within State health-care and social welfare systems and in detention facilities.

Psychological support – the third layer of the pyramid – includes prevention and treatment activities for individuals and families who present with more complicated psychological distress and for people at risk of developing mental health conditions. Examples of activities include basic psychological interventions, such as counselling or psychotherapy, which are usually provided in health-care facilities with accompanying outreach work or in community facilities, where this is culturally acceptable.

Focused psychosocial support – the second layer – includes promotion of positive mental health and psychosocial wellbeing and prevention activities, with a specific focus on groups, families and individuals at risk. Examples of activities include peer support and group work. Focused psychosocial support can be provided by trained and supervised Red Cross and Red Crescent staff and volunteers and/or trained community members.

Basic psychosocial support – the first layer of the pyramid – promotes positive mental health and psychosocial wellbeing, resilience, social interaction and social cohesion activities within communities. Activities in this layer are often integrated into health, protection and education sectors and should be accessible to 100% of the affected population, where possible. Examples of activities include psychological first aid (PFA) and recreational activities. Basic psychosocial support can be provided by trained Red Cross and Red Crescent staff and volunteers and/or trained community members.

B. POLICY STATEMENTS AND GUIDANCE

There are eight policy statements which guide the Movement's work in providing mental health and psychosocial support.

National Societies, the IFRC and the ICRC each have responsibilities to address mental health and psychosocial needs in accordance with:

- their mandate and role
- the needs and gaps identified in the specific contexts in which they are working
- their resources, capacities and expertise.

1. Ensure impartial access to mental health and psychosocial support and prioritize prevention and early response

The Movement always responds to mental health and psychosocial needs on the basis of and in accordance with the Fundamental Principles.

We will therefore:

- Ensure that all activities and decisions of the Movement on addressing mental health and psychosocial needs are based on assessments of people's different needs, vulnerability to specific impacts, risk factors and barriers to assistance, are context-specific and culturally sensitive and reflect the principles of humanity and impartiality, including non-discrimination.

- Ensure early access to mental health and psychosocial support, in particular for people affected by emergencies. We will seek to prevent individuals, families and communities from experiencing further distress and difficulties with functioning and coping.

- Acknowledge and emphasize early detection and prevention of mental health and psychosocial needs occurring in childhood. We will tailor promotion, prevention and treatment approaches from pregnancy to infancy and through to adolescence.

- Consider factors such as age, gender, ethnicity, sexual orientation, religious beliefs, socio-economic factors, state of health, legal status and minority status as well as people's individual experience of deprivation of liberty, family separation, detainment and exposure to violence, including sexual and gender-based violence. Multiple individual factors such as these may combine to increase vulnerability to poor mental health and impact daily life. We will ensure that an assessment of these factors is incorporated into programming.

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

- Establish ways to identify and ensure access to people with mental health and psychosocial needs. We will advocate for effective access to appropriate services for people with mental health and psychosocial support 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 vary greatly and have many different factors associated with them. A comprehensive, multi-layered approach is therefore recommended in promoting mental health and psychosocial wellbeing. This includes basic psychosocial support, focused psychosocial support, psychological support and specialized mental health care.

We will therefore:

- Ensure that people in need of different types of mental health and psychosocial support are assisted in a dignified and appropriate way. We will provide relevant information and make referrals to available services where needed.

- Advocate to public authorities or other relevant actors for appropriate mental health and psychosocial support and for effective access to existing services for people with mental health and psychosocial support needs. Advocate for the provision of interpreting by qualified interpreters in contexts where people with mental health and psychosocial needs do not speak the local language.

- Assess needs for different types of mental health and psychosocial support (from basic psychosocial support through to specialized mental health care) and map available services and expertise, including those provided by Movement components. We will integrate mental health and psychosocial needs, capacities and priorities into all needs assessments.

- Integrate mental health and psychosocial support into all services and ongoing programmes, including protection, physical health, nutrition, shelter, water and sanitation, food, livelihoods, education, dissemination of information and support to separated families and families of the missing, as relevant to the mandate and role of the respective components of the Movement.

3. Recognize the resilience, participation and diversity of people in all mental health and psychosocial activities

The participation of people with mental health and psychosocial needs in response activities strengthens community engagement and accountability, mitigates the risk of doing harm and ensures that support is provided in a context-specific and culturally sensitive 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. We will respect people's own priorities in relation to their mental health and psychosocial wellbeing, focusing especially on those most vulnerable to discrimination, exclusion and violence.

- 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. We will ensure that staff and volunteers 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. It is crucial to listen to the voices and perspectives of individuals with mental health and psychosocial needs and their families/caregivers, including people with severe and/or chronic mental health conditions. People with lived experience should inform mental health and psychosocial support interventions.

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 increase existing vulnerabilities. Through protection activities, the components of the Movement can contribute to preventing or limiting exposure to risk and ensure that services do no harm.

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 humanitarian law, international human rights law and refugee law. It is crucial that the specific risks and threats faced by people with severe and/or chronic mental health and psychosocial needs are identified and addressed.

- Take action to prevent and reduce the risk and extent of mental health harm and psychosocial distress 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

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 accessing assistance and protection. By addressing 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 psychosocial wellbeing for individuals, families and communities through mental health promotion and prevention activities, rather than taking a deficit and illness approach to our work.

- Work through 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 to reduce stigma linked with accessing mental health and psychosocial support.

- Provide timely, accurate and relevant information about mental health and psychosocial wellbeing tailored to specific target groups. Suitable communication methods (including social media) will be selected, depending on context and audience. Messages about mental health and psychosocial wellbeing should aim to positively influence attitudes and behaviours towards people with mental health and psychosocial needs and not place them at risk of further isolation and stigmatization.

6. **Implement and contribute to the development of interventions based on mental health and psychosocial support standards and practices that are internationally recognized and informed by evidence**

As mental health and psychosocial support often involves highly sensitive issues, well-intentioned but ill-informed action 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 regularly trained, supervised and equipped, we reduce the risks of doing harm and ensure dignity and quality in the services delivered.

We will therefore:

- Ensure that all people involved in, preparing for, responding to and supporting mental health and psychosocial needs follow standards of care, ethical and professional guidelines and codes of conduct. Staff and volunteers will recognize 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. Training and relevant curricula should equip staff and volunteers with the skills and knowledge needed for their roles.

- Implement interventions based on mental health and psychosocial standards and practices which are internationally recognized and informed by evidence. We will regularly monitor and evaluate programmes to ensure quality of care.

- Contribute, where possible, to data collection, research and innovation on mental health and psychosocial needs and practices in accordance with ethical guidelines.

7. **Protect the mental health and psychosocial wellbeing of staff and volunteers**

The mental health and psychosocial wellbeing of staff and volunteers is often affected as they work in difficult and stressful environments and are exposed to highly distressing experiences owing to the nature of mental health and psychosocial support work. The Movement exercises its duty of care and, in doing so, we not only promote the safety, health and wellbeing of staff and volunteers, but also ensure the quality of the services we provide.

We will therefore:

- Ensure that staff and volunteers 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 are equipped with the required skills to support people with mental health and psychosocial needs. We will integrate relevant mental health and psychosocial aspects into core training.

- Ensure that staff, volunteers and facilities providing mental health and psychosocial support services are protected at all times, including during armed conflicts, natural disasters and other emergencies.

- 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.

8. Develop mental health and psychosocial support capacity

Human resources are the most valuable asset of mental health and psychosocial support services. These services rely on the capacity, competence and motivation of staff and volunteers. The Movement will contribute to building sustainable mental health and psychosocial support systems by strengthening its mental health and psychosocial support capacity and partnering with public authorities and other stakeholders.

We will therefore:

- Ensure the ongoing training, mentoring, monitoring and supervision of staff and volunteers providing mental health and psychosocial support and 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).