

**MENTAL HEALTH AND PSYCHOSOCIAL PROTECTION AND SUPPORT FOR ADULTS
AND CHILDREN AFFECTED BY THE MIDDLE EAST CRISIS:
INTER-AGENCY TECHNICAL ADVICE FOR THE CURRENT EMERGENCY**

This statement represents the views of the following agencies: the World Health Organisation (WHO), the United Nations Children's Fund (UNICEF), CARE International, Terres des Hommes Foundation, Medicos del Mundo (Mdm), International Organisation for Migration (IOM), International Rescue Committee (IRC), ActionAid International, United Nations Population Fund (UNFPA), the Office of the United Nations High Commissioner for Refugees (UNHCR), International Medical Corps. Organizations working on psychosocial and mental health issues are strongly encouraged to endorse these principles.

Impact of the current situation on psychosocial wellbeing and mental health of the population

The recent escalation of the conflict in the Middle East poses serious threats to the mental health and psychological and social wellbeing of adults and children in Lebanon, the occupied Palestinian territory, Syria and Israel. Death and injuries to civilians, destruction of homes, schools and communities, lack of access to essential humanitarian assistance, and widespread displacement characterize this conflict. Those who are unable to escape, such as the population in Gaza or many of the elderly, young or wounded in South Lebanon, are particularly at risk of exposure to life-threatening, terrifying events. Other effects of the current escalation also risk undermining mental health and psychosocial wellbeing such as increased poverty, disruption of community structures and livelihood activities, separation of children from their usual caregivers and weakening of social, education and health services and infrastructure. The loss of family members is not only devastating, but can threaten the future prospects of surviving family members (for instance, widows, dependent elderly persons, and orphans). Persons not directly exposed to the violence are also affected, through living under fear of attack, viewing the conflict through the media, hosting displaced families in their area or concern for family members. Women, youth and children as well as marginalised groups such as migrant workers, are under particular stressors – for instance, women are struggling to care for their families and such groups may be at increased risk of domestic violence and exploitation.

These events can lead to intense psychological distress, involving fear, a sense of hopelessness and helplessness, great anger and frustration. Behavioural and emotional difficulties, such as sleep problems, are a common and normal reaction to such circumstances. Nonetheless, in such circumstances people often exhibit great resiliency, demonstrating personal strength and resourcefulness, and increased solidarity, social support and generosity. Despite great distress, with the right support people and communities often are able to overcome the mental health and psychosocial risks of living in extremely difficult circumstances.

In a very small percentage of the population, a survivor's is so severe distress - for instance, severe forms of depression and anxiety - that it limits basic functioning. According to a 2003 research study in Lebanon, severe mental disorders were found in 4.6% of the population, with only 0.5% of the population having a disabling level of posttraumatic stress disorder (PTSD)¹. The chance of developing any mental disorder was much higher among people exposed to war, suggesting that the current war is also likely to increase the long-term mental health needs of the affected populations.

¹ Only 2% of the population was found to have PTSD. Karam E et al, *Lancet*, 2006.

The longer the conflict continues, the greater the risks to the populations' mental health and psychosocial wellbeing. Longer term impacts may include greater distrust and alienation among different populations - vivid memories of attack and victimization may increase collective fear and hate and stir desire for continued fighting. Internal divisions within society may also be increasingly strained over time – between different ethnic, political or socio-economic groups, as well as between generations. There is a risk of increased use of violence within communities and acceptance of violence as a means of resolving conflicts. The continuing uncertainty about the future is likely to increase people's sense of insecurity. A lack of accountability for civilian deaths and injuries and the destruction of civilian infrastructure risks undermining people's belief in a just and fair world.

Promoting a safe and supportive environment

One of the foundations of mental health and psychosocial wellbeing is the sense of security that comes from living in both a *safe* and *supportive* environment².

Safety and security through the protection of the population from violence or the threat of violence is one of the cornerstones of mental health and psychosocial wellbeing. Under International Humanitarian Law (IHL) parties to the conflict are obliged to protect civilians³. Implementing the U.N. Secretary General's call for an immediate cessation of hostilities will be the most effective way to protect the affected populations from further distress, and provide an opportunity for their healing and recovery.

Psychosocial wellbeing and mental health requires access to other rights, such as health, education, clean water and sanitation, shelter and livelihood. Access to humanitarian assistance for the affected population is thus crucial. As noted by the Secretary General and the UN Emergency Relief Coordinator, under International Humanitarian Law and Human Rights Law all parties to the conflict are obliged to provide civilians with the care and aid they require⁴. Schools, health facilities, civilian property (such as houses) and 'objects indispensable to the civilian population' (such as power-plants and roads) are granted special protections⁵.

In addition, preserving family and community unity and avoiding displacement and family separation are crucial. All assistance should be conducted in a way that enhances rather than disrupts psychosocial wellbeing – in this respect, ensuring the dignity and participation of the affected population in any assistance provided is essential.

Psychosocial and mental health programming

We strongly recommended that psychosocial and mental health programming be based on the latest draft of the Inter-Agency Standing Committee (IASC) Guidance on Mental Health and Psychosocial Support in Emergency Settings⁶ and the key interventions of the Sphere Handbook (2004) Standard for Mental and Social Aspects of Health⁷. These IASC guidelines represent the

² See draft psychosocial/mental health pyramid being developed as part of the Inter-Agency Standing Committee (IASC) Guidance on Mental Health and Psychosocial Support in Emergency Settings.

³ See AP I, Article 57.

⁴ For instance, access to medical services. Geneva Convention (GC) IV, Articles 23, 24 (para.1) and 77 (para.1); and AP II, Article 4 (parra.3)

⁵ For instance, it is illegal to attack civilian property. Relevant articles: GC IV, Articles 14, 15, 18, 53 and Annex I; AP I, Articles 12, 48, 52-54, 56, 59, 60; AP II, Article 11 (para.1), 15, 16.

⁶ See http://www.humanitarianinfo.org/iasc/content/subsidi/tf_mhps/default.asp?bodyID=5&publish=0

⁷ pp. 291-293; <http://www.sphereproject.org/content/view/129/84/lang.English/>

emerging consensus in the international aid community of the minimum response in emergencies to protect and promote mental health and psychosocial wellbeing.

Some key programming principles relevant to the current situation include:

- **Human Rights.** Psychosocial and mental health is based on and contributes to basic human rights, including the right to protection and care⁸. It should promote key rights including gender equity, non-discrimination and access of all groups such as children, older persons, migrant workers, persons with disabilities etc. to appropriate assistance.
- **Participation.** Maximize participation of the affected population in the programme planning and implementation is essential as a basic right and principle for quality, equitable, humanitarian programming. It is also particularly important to the healing process since it promotes their **sense of competence and control over their life**. For instance, ensuring that children, youth and families are involved in the assessment, design and implementation of activities gives them a sense of accomplishment that has a healing affect.
- **Resiliency.** Most people will demonstrate some signs of distress but will recover with appropriate support. Programmes should focus on people's ability to overcome difficult events, and not assume vulnerability. Only a small percentage of the population will require more specialized clinical psychological and psychiatric services.
- **Normalise daily life.** Programmes should attempt to bring in some 'normality' in daily life by reestablishing family and community connections and routines, strengthening predictability in daily life, and providing opportunities for affected populations to rebuild their lives. For example, schooling for all children should be re-established at the earliest stage.
- **Community-based.** Programmes should focus on strengthening the ability of communities and their members to support one another. During the acute emergency phase, individual care through specialized mental health services should target those experiencing severe mental disorders.
- **Capacity building and integrated support.** Psychosocial and mental health support should be integrated into and build the capacity of civil society and governmental organisations. Programmes should focus on training and support to community members, religious structures, educational, health and social services to provide assistance. Provision of direct support to community members by those not deeply familiar with the context and stand-alone services or activities that deal with only one specific issues (such as post-traumatic stress disorder) should be avoided.
- **Do No Harm.** Staff must be cognizant of risks of doing harm and seek to minimize any unintended negative impacts of the programming. For instance, culturally inappropriate methodologies can undermine prevailing coping mechanisms, and inappropriate exploration of distressing events can leave people more vulnerable.

Relevant activities:

The latest draft of the IASC guidance and Sphere minimum standards documents suggest that during the acute emergency phase, the emphasis should be on protective, social activities and supports; basic psychological support to people in acute distress; and continuation of care of people with pre-existing mental disorders. Once these interventions are available and accessible to most conflict-affected people, a much wider range of supports should be considered.

Effective coordination is essential to ensure quality, accessible and equitable psychosocial and mental health programming. Organisations need to dedicate resources to this, and an inter-agency assessment would be beneficial.

⁸ For instance, as articulated in the Convention on the Rights of the Child, the Universal Declaration of Human Rights

Relevant social and protective activities during the current phase include:

- Advocacy to decision makers to protect civilians and civilian infrastructure, and to ensure the population has access to basic needs and humanitarian assistance
- Coordination with other sectors to ensure that humanitarian assistance enhances rather than disrupts psychosocial wellbeing (such as facilitating participation of adults, children and groups with special needs in planning and implementing programming; the strengthening of community cohesion and dignity are central in all assistance)
- Support and mobilize the community in reestablishing daily life and conducting meaningful, concrete activities (such as building, cooking etc.). This includes support to (re)establish community activities and rituals, including mourning rituals, as appropriate
- Mobilise the community and service providers to conduct recreational, sporting, artistic, cultural activities.
- Train and support community members and service providers to be able to better provide psychosocial support, including effective coping mechanisms and discouraging harmful practices
- Provide opportunities for the population to share experiences and learn from each other effective coping mechanisms, such as through group discussions and support groups. Opportunities for expression of experiences and feelings are best done as part of ongoing supportive relationships under particular conditions⁹.
- Make available opportunities for youth and adults to strengthen their life skills or options for livelihood. For instance, involving youth in conducting activities for younger children or peer-to-peer activities and/or supporting populations to recommence livelihood activities.
- Provide information to the population on the situation, assistance and effective coping mechanisms
- Reduce exposure of children to graphic depictions of violence through the media, conversations and during psychosocial support activities.
- Promote and support interventions which promote family unity and discourage actions which risk separating children from their families¹⁰. For instance, during movements or evacuations children should be accompanied by their family. If separation has occurred help people find out what happened to those who are missing and reunite families.
- Make available psychosocial care for humanitarian workers
- Widespread ‘trauma’ counseling tends not to be appropriate response in early stages of a disaster and/or as a stand-alone activity. Organizing counseling requires a long-term commitment by skilled helpers to ensure appropriate follow-up support.
- Referral of people in severe distress or with known mental disorder to mental health services (see below). This includes people who are: unable to undertake their daily activities such as to care for themselves or others; are dangerous to themselves or others or; become unresponsive (e.g. mute, extremely passive).

Relevant psychological care for people in acute distress and with pre-existing mental disorders:

- The key psychological intervention for acute distress in the midst of emergencies is psychological first aid. This entails basic, non-intrusive care with a focus on: listening but not forcing talk; assessing needs and ensuring that basic needs are met; encouraging but

⁹ Conditions include: minimizes the risk of increasing distress; helps people to make meaning from their experience; no pressure is placed on the participants to express difficult experiences or events. See Interagency Guiding Principles on “Psychosocial Care and Protection of Tsunami affected Children”, 2005

¹⁰ Ibid

not forcing company from significant others; and protecting from further harm. Health providers should provide psychotropic therapy to people in acute distress in exceptional cases only and to provide such therapy always in the combination of non-medical (psychosocial) forms of support. Benzodiazepines - which may quickly lead to dependence in survivors - are rarely needed and often over-prescribed.

- The agencies recommend against programming that focuses solely on one single diagnosis (e.g. PTSD). Rather, when organizing any psychiatric assistance, the entire group of urgent neuro-psychiatric problems should be considered (e.g., psychosis, epilepsy, acute mania, severe depression, and, occasionally, extremely disabling forms of trauma induced disorder).
- During any medical assessment, health actors should enquire about the need for maintenance of anticonvulsant treatment for people with epilepsy or of antipsychotic and other psychotropic medication for those who were previously receiving such medication. Essential psychotropic medicines should be continuously available at mental health services.¹¹

Terminology

When communicating with non-specialists, terminology should be used that: is understandable to non-specialists; normalises common reactions to difficult situations; reflects and reinforces the ability of people to deal with and overcome difficult situations; acknowledges and strengthens existing social support mechanisms within families and communities; reflects the collective and structural nature of causes and response to distress. Care must be taken to avoid terminology that could lead to disempowerment and stigmatization of people in distress.

Examples of recommended terms (can be used in place of terms to the right)	Examples of terms that are not recommended to be used outside clinical settings
Distress or stress Psychological and social effects of emergencies	Trauma
Reactions to difficult situations Signs of distress	Symptoms
Distressed children (children with normal reactions to the emergency) Severely distressed children (children with extreme/severe reactions to the emergency)	Traumatized children
Psychosocial wellbeing or mental health	
Structured activities	Therapy
Terrifying events	Traumatic events

¹¹ For a list of WHO recommended medicines for Lebanon, please see http://www.who.int/hac/crises/lbn/sitreps/Lebanon_essential_medicine.pdf.