

Promoting

Mental Health

Awareness

on the Global Agenda



THE NGO COMMITTEE ON MENTAL HEALTH

Conference of Non-Governmental Organizations in Consultative
Relationship with the United Nations (CONGO)

STATEMENT

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Statement submitted by the NGO Committee on Mental Health, on behalf of the, American Psychological Association, International Association of Applied Psychology, International Association of Schools of Social Work, International Council of Psychologists, International Psychoanalytical Association, International Union of Psychological Science, MindFreedom Support Coalition International, Soroptimist International, World Association for Psychosocial Rehabilitation, World Council for Psychotherapy, World Federation for Mental Health, non-governmental organizations in consultative status with the Economic and Social Council of the United Nations.

We, the international non-governmental organizations in consultative status with the Economic and Social Council and members of the NGO Committee on Mental Health, working under the auspices of the Conference of Non-Governmental Organizations (CONGO), are committed to the promotion of mental health and personal and societal well-being through prevention, treatment and delivery of quality mental health services by means of advocacy and education at the United Nations.

Historically, the importance of including mental health and psychosocial aspects within the context of disaster risk reduction has been largely overlooked at the UN. The prevalence of disasters is increasing worldwide, with particularly devastating effects on developing countries. Growing scientific evidence shows that disaster affects mental health and psychosocial well-being, which can impact quality of life, economic recovery, and social development as well as all aspects of family and community functioning for years to come. There is an increasing awareness that mental health and psychosocial factors should be incorporated as an essential component of all aspects of disaster planning, including risk reduction, preparedness, response and recovery. This requires a globalization of the mental health agenda pertaining to disaster, coupled with essential research, education, training, and the provision of resources.

For example, mental health services should be available to the entire population, especially those traditionally underserved and those with pre-existing vulnerabilities such as prior mental health conditions. School systems should prepare students, staff and parents for stress associated with any potential emergency and have a plan in place in case of an event. By joining forces with a health plan for medical services, the mental health and social development fields can provide full service to community members. By fostering an inter-agency dialogue among UN agencies, NGOs, governments, universities and others that addresses psychosocial and mental health issues in disaster risk reduction, we can reduce suffering and protect the well-being of communities worldwide.

Integrating mental health into overall disaster risk reduction is entirely possible given that frameworks already exist. For example, the Hyogo Framework for Action acknowledges the "terrible suffering" caused by natural hazards, and presents five priorities which apply to health systems wherein mental health can be consolidated. This is especially valid with regard to priority 3, which calls for building resilience in a community, since resilience requires psychological strength in order to build a "culture of prevention." In addition, guidelines have recently been released by the Inter-Agency Standing Committee (IASC) on "Mental Health and Psychosocial Support in Emergency Settings," presenting a coordinated multi-sectoral and inter-agency effort to address psychosocial and mental health factors in the context of disasters. A multi-stakeholder model including psychosocial issues is already being explored in some developing countries involving government and community agencies. In order to achieve the goals of the Hyogo Framework for Action to reduce the economic and social impact of disaster and to build resilience of nations and communities, mental health and psychosocial factors should be taken into account. This requires coordinated effort and commitment of multi-level stakeholders.

Recommended Action Priorities

1) Ensure that disaster risk reduction is a national and a local priority with a strong institutional basis for implementation.

- Support the development of coordinated inter-agency and multi-sectoral efforts to address psychosocial and mental health factors in the context of disaster risk reduction;

- Consider mental health and psychosocial well-being as a priority when planning disaster risk reduction programs;
- Integrate mental health language into the plans and statements regarding disaster risk reduction and recovery;
- Integrate mental health and psychosocial well-being programs within a general plan for public health;
- Include psychosocial and mental health experts and agencies in national and international disaster reduction committees;
- Promote dialogue and networks between mental health professionals and other scientific and technical experts;
- Consider mental health and psychosocial well-being at the individual, community and national levels;
- Consider psychosocial and mental health factors in all aspects of disaster planning including coordination, assessment, monitoring, evaluation, human resources, human rights, community mobilization, health services, education, nutrition, shelter planning, water and sanitation, as outlined in the IASC guidelines.

2) Identify, assess and monitor disaster risks and enhance early warning.

- Incorporate mental health and psychosocial indicators and outcomes into all aspects of assessment and monitoring related to disaster;
- Map indicators of vulnerabilities and attend specifically to populations at risk for the psychological effects of disaster (e.g. children, the elderly, those with less access to resources or pre-existing mental health or substance use problems) and to the psychological sequelae of poverty, migration and trafficking;
- Assess resources of the population as well as the availability of community support services and staff trained in mental health and psychosocial issues;
- Incorporate mental health and psychosocial measures into initial and detailed assessments of population outcomes in the context of health and social development;
- Share conceptualization of psychosocial services, assessment tools, data analysis, and experience by both mental health and social development fields in order to achieve a better quality of life and productivity for all people, inherent in our mutual purposes.

3) Use knowledge, innovation and education to build a culture of safety and resilience at all levels.

- Promote psychosocial issues in the media within campaigns about disaster resilience and community programs about public education;
- Advocate against media use of harmful images and for the broadcasting of accurate information and stories of resilience;
- Make educational materials available to the general population, response teams and other community groups that cover methods of coping with disaster such as positive vs. negative (e.g. substance use) coping methods and resources for help if needed (e.g. community support, counselors).

4) Reduce the underlying risk factors.

- Ensure that capacity-building is a fundamental principle of all UN, education, and civil society-related endeavors associated with both mental health and psychosocial development, whether focusing on the individual, the family or the community;
- Include the delivery of quality mental health and psychosocial services in all aspects of social development work;
- Make mental health and psychosocial services available to all sectors of the community, including in post-disaster recovery efforts.

5) Strengthen disaster preparedness for effective response at all levels.

- Educate agencies and groups such as teachers, shelter workers, healthcare personnel, volunteers and community workers about mental health and psychosocial issues related to disaster including their roles and mechanisms for referral to specialized services;
- Governments, the UN system and NGOs should invest in building capacities and in addressing vulnerabilities with respect to psychosocial well-being, as well as ensure access to resources for those with mental distress as a result of disasters, in the form of employment, legal protections, policies and services;
- Include the promotion of mental health and the prevention of mental distress as a fundamental element of economic and social development in all UN, governments and civil society efforts;
- Governments and the UN system should be open to the informed suggestions of NGOs, as reflected in this statement.

¹ Inter-Agency Standing Committee (IASC) (Feb. 2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, Geneva: IASC. Available at: <http://www.humanitarianinfo.org/iasc/content/products/>