Ensuring access to mental health and psychosocial support in conflict, post-conflict and humanitarian settings

Submission by Afghanistan Landmine Survivor Organization (ALSO), Latin American Network of Mine/ERW Survivors and Persons with Disabilities (RED-LAT), and Human Security Network in Latin America and the Caribbean (SEHLAC)

We congratulate the Mission of Mexico for convening a Formula Arria meeting on this important topic and for the invitation for civil society to share our perspectives and experience.

Political, economic, environmental and social risks negatively affect our mental health. Yet many countries, including those in conflict, post-conflict and humanitarian settings do not effectively implement policies to ensure the availability and accessibility of mental health and psychosocial support services (MHPSS); and those implemented by civil society, including survivors of conflict and persons with disabilities themselves, are far from receiving enough technical and financial support. MHPSS is a human right[1] and therefore it should be given greater attention and adequate resources by Member States, as duty bearers, and by the UN system.

Our organizations would like to bring the following messages to the attention of this meeting:

1. How can the UN system integrate age-sensitive and gender-transformative MHPSS services in interagency coordination response mechanisms?

i. The UN system must give greater emphasis to MHPSS as a cross-cutting area of work in situations of conflict, post-conflict and humanitarian settings, within the UN system itself and with its partners. In the experience of our organizations, MHPSS is often implemented without clear links with policies and programs in other sectors, including when implementing assistance to victims of mines/ERW and the rights of persons with disabilities.

ii. All programs must consider how conflict and humanitarian emergencies impact different groups depending on the roles that are expected from them, such caregiving or being responsible for income generation. This includes examining how these roles are affected by conflict and humanitarian situations, the psychological consequences of such impact, and specific types of violence that these groups may face, such gender-based violence and withdrawal of assistive devices for persons with disabilities. The COVID-19 pandemic aggravated these problems according to first-hand experience by organizations of mine/ERW survivors and persons with disabilities,[2] and reports by the UN agencies.[3]

iii. All MHPSS initiatives must consider the different needs and priorities of groups including age and gender, and also disability and other factors of diversity, and those living in rural and remote areas.[4] Consultations with representative organizations are key to ensure this. Disability, in particular, should be included as another factor along with age and gender considerations, since persons with disabilities are at greatest risk in situations of

[1] United Nations Office of the High Commissioner for Human Rights (2018, May 24). *Mental health is a human right*. Retrieved May 24, 2022, from https://www.ohchr.org/en/stories/2018/05/mental-health-human-right

[2] See for instance: Afghan Landmine Survivor Organization (2020). *Impact of COVID-19 in persons with disabilities in Afghanistan*. Retrieved May 23, 2022 from http://afghanlandminesurvivors.org/en/2020/10/15/press-conference-on-the-impact-of-the-covid-19-on-persons-with-disabilities-in-afghanistan/ and IDA, RIADIS, CBM. *Seminario web: Covid-19 y discapacidad en América Latina*. Retrieved on May 25 2022 fromo https://www.internationaldisabilityalliance.org/seminario-covid-america-latina

[3] United Nations Office of the High Commissioner for Human Rights. *COVID-19 and persons with disabilities*. Retrieved May 24, 2022 from https://www.ohchr.org/en/covid-19-and-persons-disabilities

[4] Specifically on children, see for instance: a) United Nations Children's Fund (UNICEF). (2014, November). *Assistance to Victims of Landmines and Explosive Remnants of War: Guidance on Child-focused Victim Assistance*. Section 5.4. Retrieved May 24, 2022, from https://www.unicef.org/media/73581/file/Assistance-to-Victims-Landmines-2014.pdf.pdf b) *How to develop integrated peer support assistance to landmine survivors?* (n.d.). Retrieved May 24, 2022, from https://www.makingitwork-crpd.org/sites/default/files/2017-11/Bosnia%20and%20Herzegovina%20-%20How%20to%20develop%20integrated%20peer%20support%20assistance%20to%20landmine%20survivors.pdf

conflict and humanitarian emergencies, and face more barriers to access MHPSS and humanitarian aid more generally.[5]

iv. A gender-transformative approach will only be possible following a twin track approach that includes: a) Strengthening women's organizations and organizations of marginalized groups, such as those of survivors and persons with disabilities, to contribute to their empowerment and knowledge of their rights; b) Strengthening MHPSS service providers and policy-makers to ensure MHPSS is mainstreamed across sectors and designed and delivered with methodologies that challenge gender and other stereotypes, instead of reinforcing them.

v. MHPSS that responds to the needs and priorities of groups of different ages, gender, abilities, and other backgrounds and identities must start by identifying and locating such groups in their communities. Persons with disabilities including survivors of mine/ERW and conflict continue being overlooked, specific actions are required to ensure their inclusion.

2. What are some of the best practices regarding the implementation of programmes that ensure access to MHPSS services in humanitarian response plans?

i. The methodology of "peer support"[6] is recognized as one of the best practices to deliver MHPSS particularly in conflict and post-conflict settings and in rural and remote areas. It is based on the lived experience and recovery of survivors of traumatic events, and as such, is empowering in itself and can be replicated and applied to different sectors and contexts. In this regard, it is concerning that a) local organizations face enormous challenges to access funding to implement and upscale it, and b) public health service providers do not yet incorporate and promote this methodology in their work as an effective complement to other types of MHPSS services.

ii. Peer support is particularly important in situations of conflict, post-conflict and humanitarian settings where public health service providers are strained, and often counted with few or no psychologists or other mental health specialists in the first place. Peer support, ideally linked to other types of MHPSS services when required, makes a real change in the quality of life of persons in complex situations. Furthermore, peer support builds on localized knowledge and lived experience of local communities and contributes to making these visible and valuable the contributions of marginalized groups.

iii. Peer support must incorporate rights-based, gender-transformative and diversity approaches to promote the knowledge of rights of persons with diverse characteristics and identities that have been historically marginalized, and for them to learn their rights, and how to demand and how to access them.

iv. Additionally, peer support methodologies can also be applied in specific sectors, facilitating, with the adequate methodologies, access to employment, education and to carry out awareness raising on sexual and reproductive rights and responded to gender-based violence.[7]

v. Examples of peer support implemented successfully by local organizations include:

a) *The Afghanistan Landmine Survivor Organization (ALSO)* implemented peer support to increase the self-confidence and meaningful inclusion of persons with disabilities. It provided peer support for mine/ERW survivors at surgical hospitals during first weeks of hospitalization, as well to persons with disabilities who

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[5] Handicap International (2017). *Disability in humanitarian contexts: views from affected people and field organisations*. Retrieved May 25, 2022 from https://www.un.org/disabilities/documents/WHS/Disability-in-humanitarian-contexts-HI.pdf

[6] Rutherford, K. (2010). Peer-to-Peer Support Vital to Survivors. *The Journal of ERW and Mine Action*. Retrieved May 24, 2022, from https://commons.lib.jmu.edu/cgi/viewcontent.cgi?article=1401&context=cisr-journal

Unidad de Apoyo en la Implementación de la Convención sobre la Prohibición de Minas Antipersonal. (2008). *Una guía para la comprensión de la Asistencia a las Víctimas en el contexto de la Convención sobre la Prohibición de Mina AP*. p. 9. Retrieved May 24, 2022, from https://www.apminebanconvention.org/fileadmin/pdf/other_languages/spanish/Victim_Assistance/VA-GuidetoUnderstanding-Nov2008-sp.pdf

ISU-APMBC (2008, October). Updated on September 17, 2019. *A Guide to understanding victim assistance in the context of the AP Mine Ban Convention. Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on Their Destruction*, p. 9. Retrieved May 24, 2022, from https://www.gichd.org/en/resources/publications/detail/publication/a-guide-to-understanding-victim-assistance-in-the-context-of-the-ap-mine-ban-convention/

[7] For examples, see: Muñoz, W. (2019). *Buenas prácticas de asistencia a víctimas implementadas por Asociaciones de Sobrevivientes de Minas/REG y otras Personas con Discapacidad en América Latina*. Humanity & Inclusion. Pp. 99-104. Retrieved May 24, 2022, from https://humanityandinclusioncolombia.com/wp-content/uploads/2019/12/informe-Buenas-practicas-es.pdf

had lost confidence and hope, in their own communities. ALSO hired male and female peer supporters to avoid cultural sensitivities from hindering counselling at homes, communities and hospitals; and to ensure its effectiveness.[8]

b) An experienced mine survivor from **El Salvador** trained survivors and their "caregivers"/support persons to provide peer support in conflict-affected areas in **Colombia**. Mine/ERW survivors from Colombia went to El Salvador to learn more about this methodology and have been replicating it in their communities since then. Such practices should be upscaled, as they build in local knowledge, are empowering and sustainable, and can be delivered even in the most complex contexts.[9]

c) *Fundación Red de Sobrevivientes y Personas con Discapacidad* in **El Salvador** has successfully provided peer support to persons with disabilities including mine/ERW survivors throughout the country, and has started applying to methodology to respond to gender-based violence and provide information on sexual and reproductive health to women with disabilities.[10]

vi. A best practice recognized by the Spotlight Initiative was implemented by the *Latin American Network of Organizations of Persons with Disabilities and their families* (RIADIS) in Ecuador to respond to the mental health crisis due to the COVID-19 pandemic. In this case, a group of psychologists with disabilities themselves developed a methodology to support people with disabilities during lockdowns via phone, social networks and neighbors who had been trained as first respondents in case of emergency, notably in situations of violence.[11]

vii. In communities struggling with collapsing economies, it is fundamental that MHPSS services are implemented alongside that provide social and economic assistance.

What may be the consequences of not addressing MHPSS issues?

i. Not addressing MHPSS, and not addressing MHPSS with a gender and diversity approach, will lead to lack of sustainable peace, individual well-being and social harmony. This gap contributes to perpetuating different types of violence, including armed violence, discrimination of marginalized groups, and gender-based violence. The following are examples from our organizations' experience:

- A person who does not access MHPSS after a traumatic event has higher probabilities of not being able to have a good quality of life. Trauma, compounded with the different barriers faced —particularly if the person has a disability— may result in not being able to take care of themselves in aspects such as health, education and employment, leading to increased poverty, becoming dependent on family members for survival, and even becoming homeless.
- In some cases, survivors of conflict perpetrate gender-based violence after having received no access to MHPSS. Not addressing MHPSS damages the person, her immediate family —particularly women and children— and social relations more largely.
- Some survivors of conflict develop different types of addictions for lack of other mechanisms to deal with trauma.
- Lack of access to MHPSS also leads to perpetuating violence, as those who lived through conflict may not be able, on their own, to learn of other ways to relate to each other than through conflict, violence and threat of violence.
- In addition, women face specific challenges because they may not able to continue carrying out the roles socially expected from them after a traumatic incident. This often results in them being isolated or

[8] Afghan Landmine Survivors' Organization. (n.d.). Retrieved May 24, 2022, from http://afghanlandminesurvivors.org/en/peer-support/

[9] Project implemented with support of Humanity & Inclusion Colombia. For more information on the work of HI on psychosocial support, see: Handicap International (2017). *Sistematización. Modelo de Acompañamiento Psicosocial a Víctimas Civiles de Minas Antipersonal y Restos Explosivos de Guerra*. Retrieved on 25 May 2022 from: https://humanityandinclusioncolombia.com/sistematizacion-modelo-de-atencion-psicosocial/

[10] Muñoz, W. (2019). Op. Cit. Pp. 99-104.

[11] Documented in: Muñoz, W, Salas, D. (2021). *Prácticas prometedoras de acceso a servicios de prevención y atención a la violencia contra niñas y mujeres con discapacidad en América Latina y el Caribe hispano. 2021*. Iniciativa Spotlight, Humanity & Inclusion. pp. 78-82. Retrieved May 24, 2022, from https://serviciosesencialesviolencia.org/wp-content/uploads/2021/08/DISC-Informe-central_OPTIMIZADO.pdf Executive summary of the publication in English: https://serviciosesencialesviolencia.org/wp-content/uploads/2021/08/DISC-Resumen-Ejecutivo-ENG.pdf

abandoned to deal with the children on their own, adding stress and economic hardship. Also, women with disabilities and mental health issues are at greater risk of gender-based violence.[12]

- Girls, boys and adolescents face specific challenges as lack of access to MHPSS contributes to hinder access to education and social activities that impacts the rest of their lives.

ii. Lack of access MHPSS may also lead to suicide and lack of adequate response by governments with no MHPSS services. For instance, according to the government of South Sudan, landmine survivors and others in rural areas exposed to stressful events are taken to prison for protection as a response when they threaten to commit suicide. At the prisons, they have no access to drugs and psychological support.[13] A number or suicides or landmine survivors have been reported.

iii. Persons may not express the need for MHPSS because of lack of familiarity with these services and being overwhelmed by extreme poverty, anxiety or hopelessness. This should be addressed, and peer support is a way to facilitate understanding and acceptability of these processes.

3. How can Member States support efforts to coordinate existing activities and programmes to ensure that the provision of MHPSS is accessible to all, in conflict, post-conflict and humanitarian settings?

i. MHPSS is a human right. As such, Member States should fulfill their obligations to ensure access to MHPSS services in all contexts, in accordance with the UN Convention on the Rights of Persons with Disabilities (CRPD) and other frameworks. National legislation and public policies and programs should ensure it is implemented with a rights-based approach and considering gender, age, disability, and other factors of diversity. Still today many legislations on mental health are not in accordance with the CRPD.

ii. Work alongside local organizations, including of survivors of mines/ERW and other persons with disabilities, and build on existing local knowledge and practices such as peer support. Fund, train and ensure the inclusion of women and other marginalized groups throughout the whole cycle to enact legislation, adopt public policy and develop MHPSS services.

iii. Coordination is fundamental to ensure that MHPSS is not limited to urban areas and reach to rural and remote areas, in particular with local organizations. Diversity also includes considering includes geographical diversity, as well as ethnic origin, abilities, migrant status, sexual orientation and gender identities and other factors. Materials and methodologies should be accessible to persons with disabilities. Those responsible for legislating, planning, programming, budgeting and implementation must be trained to know in practice how to incorporate the rights of persons with disabilities[14] into MHPSS and to implement intersectional approaches. There is also a need to deal with prejudices that MHPSS may carry in some contexts.

iv. Coordination mechanisms must look at national and emergency budgets allocated for this purpose, which should include budget lines both for MHPSS, and specifically to include marginalized groups. Budgetary analysis should be included when planning, implementing, monitoring and evaluating MHPSS services.

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[12]UNFPA, Management Sciences for Health. (2016). *Decidimos. Jóvenes con discapacidad por la igualdad de derechos y una vida sin violencia*. Retrieved on 25 May 2022 from: https:/www.msh.org/sites/msh. org/files/we_decide_infographic_es.pdf

[13] Republic of South Sudan, Mine Action Authority. *Updated information provided in accordance with article 7, paragraph 2 of the convention on the prohibition of the use, stockpiling, production and transfer of anti-personnel mines and on their destruction*, 30 April 2020. Retrieved on 25 May 2022 from: https://geneva-s3.unoda.org/artvii-database-dump/South%20Sudan/2020.pdf

[14] In Afghanistan, for instance, the Ministry of Public Health adopted a health strategy called the Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS). The objective was to provide health care for Afghans in provinces; including mental health. It was implemented with NGOs, UN agencies and EU donors. The Ministry of Public Health was supposed to provide MHPSS services for persons with and without disabilities through an inclusive approach. However, the Ministry of Public Health and its implementing partners were not able to effectively provide services for persons with disabilities, including because of lack of adequate training and methodologies. MHPSS services should be incorporated in all policies programs; to ensure their implementation this should include specific actions and budgets for training, developing the relevant methodologies, incorporate the needs and priorities of diverse groups, and reach rural and remote areas.

v. Support and exchange lessons learned, good practices and methodologies with other Member States, UN organizations and civil society. Collaboration creates more opportunity for learning and technical and financial support, including South-South cooperation.

vi. International cooperation and coordination also plays an important role and should continue and increase its commitment to inclusive MHPSS services in contexts of conflict, post-conflict and humanitarian settings. International cooperation stakeholders must also be trained to understand the importance of MHPSS instead of systematically prioritizing "tangible" outputs such as infrastructure. [15]

4. How can the Security Council ensure that access to MHPSS services becomes an essential component in all its mandated protection tasks?

We invite the Security Council to:

i. Recognize the fact that MHPSS is underfunded, frequently not developed with a rights-based approach, and that it rarely incorporates gender, age, disability and other diversity considerations, particularly in situations of conflict, post-conflict and humanitarian settings.

ii. Incorporate MHPSS in its protection tasks as a cross-cutting issue and working with local organizations, in particular those of marginalized groups such as mine/ERW survivors and persons with disabilities.

iii. Promote the development of capacities of MHPSS service providers to implement peer support methodologies in coordination with other approaches.

iv. Work more closely with agencies such as WHO, OCHA, UNDP, UNMAS, UNWOMEN and UNFPA to bring increased attention to MHPSS as a cross-cutting issue; and incorporate in MHPSS good practices developed by these organizations in other sectors that also contribute to mental health.[16] This coordination effort should be carried at international, regional and country levels.

v. Encourage national authorities, the UN system and international cooperation stakeholders to provide technical and financial support for local organizations to implement peer support, which are often the first respondents in situations of conflict, post-conflict and humanitarian settings and where no external support exists. Such local organizations are effective and know the context, and remain in their own communities, ensuring sustainability.

vi. Promote South-South cooperation and call on UN agencies and Member States committed to international cooperation to increase their own capacities to work with local organizations, build on methodologies developed locally, and effectively apply intersectional approaches in practice.

vii. Encourage documentation and sharing of good practices in UN-led interventions in collaboration of local organizations. Such documentation should be disseminated in local languages and accessible formats.

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Contacts:

- Afghan Landmine Survivors Organization: Mohammad Hussain Ahmadi info@afghanlandminesurvivors.org
- Red Latinoamericana de Sobrevivientes de Mina/REG y personas con discapacidad: Sergio Aranibar, Luis Beltrán, Cristian Melo, Miriam Santos. coordinacion@red-lat.org
- Human Security Network in Latin America and the Caribbean, SEHLAC: Wanda Muñoz. desarme@wandamunoz.com

[15] Muñoz, W. (2013, August). *How to implement victim assistance obligations under the Mine Ban Treaty or the Convention on Cluster Munitions*. Handicap International, pp. 8 & 9. Retrieved May 24, 2022, from https://www.globalprotectioncluster.org/_assets/files/aors/mine_action/hi-factsheet-victim-assistance.en.pdf

[16] Such as those documented in: Iniciativa Spotlight, Humanity & Inclusion. (2021). *Prácticas prometedoras en la respuesta a la violencia contra niñas y mujeres con discapacidad en América Latina y el Caribe hispano*. Resumen ejecutivo. 2021. Retrieved May 24, from https://serviciosesencialesviolencia.org/wp-content/uploads/2021/08/DISC-Resumen-Ejecutivo-ESP.pdf