EXECUTIVE COMMITTEE OF THE
HIGH COMMISSIONER'S PROGRAMME
STANDING COMMITTEE
84th MEETING
28-30 June 2022

NGO statement on the oral update on the Executive Committee Conclusions

Dear Chair,

This statement was prepared in close consultation with a wide range of NGOs and reflects their diverse views.

Mental Health and Psychosocial Support (MHPSS)

NGOs that have MHPSS as part of their mandate appreciate the opportunity to share our analysis with the Executive Committee (ExCom) Rapporteur, Executive Committee Members and UNHCR on the main aspects of the Conclusion on mental health and psychosocial support.
Therefore, we reiterate the critical role ExCom Conclusions play in reinforcing efforts to ensure the rights to health, protection and well-being of refugees, internally displaced and stateless persons with mental health and psychosocial support needs and hope to assist in suggesting durable solutions. Importantly, in order to successfully meet the mental health and psychosocial needs of populations living in fragile and conflict-affected States, ExCom members must do more to ensure the integration of MHPSS into the Humanitarian Response Plans with dedicated funding.
In view of evident ongoing severe needs, and despite the important efforts and progress to provide mental health and psychosocial support, there are a few elements which should be especially considered in a coming ExCom Conclusion. These are some suggested elements for special consideration:

Resources, quality interventions and funding to fill the critical MHPSS gaps

- According to The World Bank Group and WHO, 1 in 5 people, including children and young people in fragile and conflict-affected contexts, suffer from mild to severe mental health conditions[1].

Unfortunately, the number is estimated to be much higher for children as a result of the COVID-19 pandemic, where almost a third of refugee children and half of all respondents felt increasingly stressed and expressed a need for psychosocial support[2]. Filippo Grandi, the UN High Commissioner for Refugees, warns that COVID-19 is "not just a physical health crisis" but it is "triggering a mental health crisis[3]", especially amongst displaced populations. Filippo Grandi urges that national pandemic responses must prioritise MHPSS[4].

- Children living in conflict settings, dealing with abuse, violence and economic hardship are at risk of toxic stress, impacting their cognitive and emotional development, leading to potential long-term mental health problems, and facing additional barriers to reach developmental milestones. Early intervention and ensuring healthy and caring environments are necessary to secure not only children's mental health, but also their development, and learning abilities.

According to a recent study, 95% of the women from the so-called "Widow Camps" inside Northwest Syria have negative feelings, endure depression and hopelessness[5]. The importance of socio-economic challenges and

[1] New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis - The Lancet, Volume 394, July 20, 2019
[2] The Silent Pandemic: The Impact of the COVID-19 Pandemic on the Mental Health and Psychosocial Wellbeing of Children in Conflict Affected Countries, War Child & World Vision International, April 28, 2021 see also Stressed: A special report on the psychological impact of COVID-19 on refugee and displaced children in the Middle East, Report, 2020, Norwegian Refugee Council
[3] UNHCR Urges Prioritization of Mental Health Support in Coronavirus Response, UNHCR, May 14, 2020, UNHCR, May 14, 2020
[4] *Ibid*
[5] Women and Children of Syria's Widows Camps: Hardest to Reach, Most at Risk, World Vision International, April 11, 2022

stress factors in fragile contexts under high-risk groups (women, especially widows, single parents and divorced as well as boys and girls) are exacerbated by limited freedom of movement, stigma and discrimination.

- Despite the magnitude of the problem, there are serious concerns about the available capacity and its funding.

Especially in low-income countries, there is an acute shortage of health care providers who can provide mental health and psychosocial support: there is only 1 psychiatrist per 2,000,000 people, and 1 nurse per 240,000 people[6]. This ratio is 170 times higher for psychiatrists and 70 times higher for nurses than in high-income countries[7]. The recently published WHO Mental Health Atlas shows that more than 50% of people with mental health conditions do not receive the care they need[8]. In low-income countries, this is estimated to be as much as 90%. In fragile states, and during disasters and conflicts, that percentage is even higher. The MHPSS lack of professionals but also non-specialist community-based providers needs to be addressed.

- We need to ensure that mental health and psychosocial support care providers, including staff, school counsellors, teachers and community members are available and have adequate skills, competencies and receive timely support and supervision required to provide effective and rights-based mental health and psychosocial support promotion and protection to forcibly displaced population.
- We should promote non-specialist facilitated interventions to grow the capacity of entire communities for increased capacity for self-help, improved mental health, prevention, resilience and better overall functioning, such as WHO scalable psychological interventions for people in communities affected by adversity.

The serious gaps that exist in mental health care are a result of historic prejudices under-investment in MHPSS across all settings[9]. Urgent investment is needed to increase the number of available health care providers and the availability and accessibility of these essential MHPSS services. Moreover, there is a shortage of trained teachers and school counsellors to provide basic psychosocial support at the school level and refer those in need of specialized services to health care providers.

Integration of MHPSS into protection and response strategies to address the rights and needs of high-risk groups like children, women, and people with disabilities

The recognition of the importance of fully integrating MHPSS into protection, education and response strategies to meet the needs of displaced and affected populations, facilitate respect for their rights and dignity and combat stigma which potentially aggravates[10] the mental health consequences of childhood trauma must be a priority. It is essential that MHPSS policies and activities consider how an individual's age and gender interact with their other characteristics and attributes. Responses must be designed with an understanding of individuals' experiences, identities, and characteristics that impact – and often hinder – their access to protective environments and meaningful participation. An Age, Gender and Diversity approach improves the effectiveness of responses by ensuring that no one is left behind.

- Governments should commit to realising the Convention on the Rights of Persons with Disabilities (CRPD) to achieve the rights of people living with mental health conditions. Alongside these efforts, children, adolescents, and caregivers need to be informed about their rights with regards to mental health and psychosocial support services. There should also be a recognition of the importance of fully integrated basic psychosocial support approaches into national school curricula and teacher training programmes. Learning is inextricably linked to emotional well-being. Ensuring adequate access to psychosocial support is vital in supporting the recovery and reintegration of children back into learning, especially in the post-pandemic phase.

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[6] Mental health action plan 2013 – 2020, WHO January 6, 2013
[7] 10 facts on Mental Health, WHO, October 2, 2019
[8] WHO report highlights global shortfall in investment in mental health, October 8, 2021
[9] Liese, B., Gribble, R., Wickremsinhe, M., International funding for mental health: a review of the last decade. *International Health*. Vol. 11, Issue 5,. pp. 361-369, September 2019
[10] Schomerus, G., Schindler, S., Rechenberg, T., Gfesser, T., Hans, JG., Liebergesell, M., Sander, S., Ulke, C., Speerforck, S., Stigma as a barrier to addressing childhood trauma in conversation with trauma survivors: A study in the general population, National Librairy of Medecine, October 18, 2021

- Children and women endure human rights violations when receiving mental health services and thereby face discrimination and coercive practices such as institutionalization, forced treatment or hospitalization, restraint, and other harmful practices (like excessive use of psychotropic medications) which could have a lasting negative impact[11]. Child and women rights must be respected, and clear commitments are needed that reflect supported decision-making, which must be underpinned by long-term strategies to, for example, provide adequate community-based mobile/ambulant, low level/stage crisis-response services and extensive workforce development across sectors as well as entry points for mental health care and psychosocial support.
- Gender-based violence (GBV) increases in times of conflict and fragility, which in turn has an impact on the mental health and psychosocial support needs of women and girls. Adolescent girls face a unique set of violent related risks, including sexual violence, harmful practices and human trafficking[12] which disproportionately affects them[13]. MHPSS services can and are provided through non-discriminatory GBV prevention and response efforts and must be supported. The 2022 MHPSS Guidance Note for working with Children Associated with Armed Forces and Armed Groups also elaborates on the unique vulnerabilities of boys related to GBV and exposure to violence[14].

Access to inclusive and quality MHPSS implementation, research, innovation, and best practices

- Improve the general access to national MHPSS services for minors and people in protracted situations as well as in low resourced states where capacity for and the recognition of the importance of MHPSS is low. There is a need to invest in preparedness particularly in countries at risk of crisis and/or disasters.
- Ensure inclusion perspective across all levels considering diversity issues such as gender, sexual orientation, ethnicity, disability, language, geographical coverage, and age.
- We call for the ExCom Conclusion to recognise the increased risks of violence against children and the reduced access to MHPSS services and registration, for forcibly displaced children and unaccompanied children, as those have become more visible during and after the COVID-19 pandemic.
- Further build on best practices and progress achieved thus far as a result of efforts by States, UNHCR and partners. This goes beyond providing medication, addressing socioeconomic factors like stigmatization, the impact of being stateless, experiencing violence or gender-related vulnerability as well as access to basic services.
- Address challenges and opportunities to strengthen MHPSS prevention and responses, e.g., in early onset, early in life, early after occurrence; easy to address structural recreative interventions, classroom based Better Learning Programs, Caregiver Support Interventions, keeping the dangers of online engagement and data protection in mind.

To scale up your services, there is as well a need to safeguard the quality of services, free from discrimination, recognizing the importance of reducing communications barriers (preferred language, sign-language, easy text, and audio) ensuring a:

  - rights-based,
  - community-based,
  - recovery-oriented and
  - evidence-informed approach is adopted, else scaling efforts might fail to achieve actual impact and desirable outcomes.

Adolescence is a critical time—compared to their male peers and to adults, adolescent girls are less likely to have live-saving information, skills, and capacities to navigate the upheaval that follows displacement. Within this Conclusion, particular attention must be given to the MHPSS needs of girls and facilitate self-reliance in the

[11] WHO QualityRights tool kit to assess and improve quality and human rights in mental health and social care facilities. Geneva, World Health Organization, 2012
[12] I'm Here: Adolescent Girls in Emergencies – Approach and Tools for Improved Response, Report, Women's Refugee Commission, October 2014
[13] DeRubeis, J., Siegle, G., Hollon, S., Cognitive Therapy versus Medication for Depression: Treatment Outcomes and Neural Mechanisms. *Nature Reviews Neuroscience.* Vol. 9 (10). pp. 788-796., 2008
[14] United Nations Children's Fund, Mental Health and Psychosocial Support in Children Associated with Armed Groups and Armed Forces Programmes: Operational Guidance, UNICEF, New York, January 2022

context of public health emergencies. The Conclusion should urgently find ways to mitigate these impacts now and in the future.
Consequently, there is a huge need for growing mental health and psychosocial support workforce across the national health systems, GBV prevention and response, religious and community leaders, child protection, education, and justice sectors – while simultaneously ensuring and maintaining the skills and competencies of this workforce and to enhance all related facilities. This would include dedicated training for female responders in the workforce who can provide services to women and girls in need as well as inclusive access to emergency distance learning, with psychosocial support and social-emotional learning component.

Cooperation and collaboration

- Increase impact through international cooperation and responsibility-sharing and partnerships also fostering localization.
- Strategically include MHPSS from the outset of a displacement situation to further increase the impact of durable solutions, thereby involving affected populations including host communities.
- Strengthen and provide greater opportunities for the meaningful engagement and participation of displaced and affected population in the design and implementation of MHPSS. Policymakers should support and invest in decreasing asymmetries of power between adults and young people (including children and young people, either female or male). It is recommended to explore peer-to-peer support, as a strategy to increase child and youth engagement in providing support, in turn increasing access to availability of support.
- Support national governments and local authorities' engagement in periodic/permanent monitoring and evaluation of the infrastructure of mental health and psychosocial support services, its quality as well as its accordance to and compliance with human rights standards.
- Collection, analyses and data use on access, service utilization and quality of care, disaggregated by age, disability, and sex, is needed to support quality improvement, learning and enforce accountability to children's protection and wellbeing.

Humanitarian exemptions in all restrictive measures to guarantee their application should be fully compliant with International Humanitarian Law and International Human Rights Law, and not in any way hamper the provision of MHPSS. Member States and donors should recognize the principle of non-screening of beneficiaries of aid, ensuring that marginalised groups can receive the needed MHPSS.

Finally, we reiterate our commitment as NGOs to contribute our expertise and experience to the Conclusions implementation/definitions process and look forward to the final version including the points we have raised here. Given the critical nature of this year's Conclusion, it can have a positive impact on the way in which States, UNHCR and WHO respond to forced displacement this mental health crisis of global dimension.

Thank you, Chair.