Mental health and psychosocial support in UNFPA
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Mental health and psychosocial support in UNFPA: toward implementation of the *IASC Guidelines on mental health and psychosocial support in emergency settings*

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The purpose of this paper is to clarify the United Nations Population Fund's (UNFPA's) role and areas of work concerning mental health and psychosocial support in emergency settings for better inter-agency/sectoral coordination and collaboration. This paper will also discuss the implications of the guidelines for current operations and future ones.

Keywords: guidelines, Inter-Agency Standing Committee (IASC), mental health, psychosocial support, coordination, emergencies, United Nations Population Fund (UNFPA)

UNFPA focus areas

The United Nations Population Fund (UNFPA) has been actively involved in the development of the *IASC Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings*. Furthermore, it has adopted the guidelines as part of its institutional policy document and disseminated them to all humanitarian focal points in the regions.

UNFPA's focus areas are: 1) reproductive health and rights, such as maternal health, family planning, HIV prevention, etc.; 2) gender equality, including addressing gender based violence and female genital mutilation/cutting; and 3) population and development. To address these focus areas, UNFPA puts special attention into cross cutting issues such as: 1) mainstreaming young people's concerns; 2) special attention to marginalized and excluded populations (such as the poorest of the poor, especially disadvantaged adolescents and youth, women survivors/victims of violence and abuse, out of school youth, women living with HIV/AIDS, women engaged in sex work, minorities and indigenous people, women living with disabilities, refugees and internally displaced persons, women living under occupation, and ageing populations); and 3) emergencies and humanitarian assistance.

UNFPA programme on mental health and psychosocial support

As a strong advocate on integration of MHPSS in the United Nations, UNFPA has integrated MHPSS as part of its organizational priority. Its *Strategic Plan 2008–2011* (UNFPA, 2007) identifies MHPSS as an integral aspect of endeavours to achieve the Millennium Development Goals (MDGs), particularly Goal 5 on reducing maternal health issues (United Nations, 2000), and

the International Conference on Population and Development (ICPD) Programme of Action (PoA) (UNFPA, 1994).

Among other key issues, UNFPA places emphasis on addressing perinatal depression, one of the most common and severe complications relating to maternal morbidity and mortality. One in three to one in five women in developing countries have a significant mental health problem, such as depression, in many cases without any access to mental health services. Poor mental health among pregnant women or mothers is associated with physical morbidity and mortality through increased risk of obstetric complications and preterm labour. Women with poor mental health are less likely to seek and receive antenatal or postnatal care. (WHO & UNFPA, 2008) In addition, suicide is a leading cause of pregnancy related death (UNFPA, 2008). Mental health problems in mothers is also linked to child survival and child development, for example, through lower infant birth weight, higher rates of malnutrition and stunting, infection illness, reduced completion of immunization, and compromised cognitive, emotional and behavioural development (WHO & UNFPA, 2008). The importance of maternal mental health requires the integration of MHPSS into the primary health care system, but also in the global development priorities (particularly in the actions around MDG4 on reducing child mortality and MDG5 on improving maternal health). In addition, nearly one in three survivors of gender based violence develops depression and anxiety disorders (UNFPA, 2008). Many people living with HIV and AIDS and their partners and families need mental health and psychosocial support. Suicide is also a leading cause of mortality among young people (UNFPA, 2008). UNFPA prioritizes these issues in its work.

UNFPA's MHPSS in emergency settings

In emergency settings such as armed conflicts and natural disasters, people are affected by substantial psychological and social suffering in addition to the above mentioned challenging conditions. UNFPA works with governments, local partners and other UN agencies to provide MHPSS in emergency settings – to help men, women and young people cope with the devastating loss of loved ones, homes and livelihoods, and to gather the strength they need to rebuild. UNFPA has supported the establishment of community groups and other comprehensive services to provide MHPSS for affected populations as quickly as possible, and has also developed programmes for longer term support.

This includes the activities related to natural disasters such as the tsunami in Indonesia, Sri Lanka, the Maldives, and Thailand (2004), earthquakes in Pakistan (2005), Iran (2006) and China (2008), and the cyclone in Myanmar (2008), as well as activities related to conflicts in Afghanistan, the Democratic Republic of the Congo, Ethiopia, Kenya, Liberia, Occupied Palestinian Territory, and Somalia. UNFPA develops the capacity of health workers in MHPSS, in line with the guidelines, and integrates MHPSS into the protection system for survivors of sexual and gender based violence in addition to other basic MHPSS provision.

The guidelines: implications and way forward

The inter-agency consensus as reflected in the guidelines gives a base for effective development of policies, coordination of programmes and advocacy, and capacity development of stakeholders such as government, local health workers and humanitarian workers. It provides a framework for quality control, especially prevention of

harmful interventions. Different people need different support, and the guidelines enable us to respond to the different needs of people, from: 1) those who will cope and recover well through access to basic services and reestablished security; 2) those who will benefit from community and family support such as family tracing and reunification, communal healing ceremonies, formal and non formal education, livelihood activities, and the activation of social networks; 3) those who need access to focused, non clinical supports, such as access to psychological first aid; to 4) those who experience intolerable suffering and face significant difficulties in daily functioning, thereby needing clinical psychological or psychiatric specialized supports.

Now is the time to implement the guidelines. In order to implement them on the ground, there are several issues that need attention. First, it is critical to increase awareness on the guidelines and its core messages. Orientation and training of the guidelines are critically important. It is important to develop an orientation and training module in easily accessible forms.

Secondly, it is necessary to mobilize actors who do not usually work in the area of MHPSS and motivate them to take concrete and effective actions. To implement the guidelines they need in depth information *'how to'* in terms of programming and implementation.

Furthermore, in the midst of an emergency it can be difficult to get attention for mental health and psychosocial issues, due to the demanding nature of crisis. Therefore, it is essential to develop preparedness among existing development agencies on the ground. In emergency settings, many of these development agencies play key roles as the first responders, because they are already on the ground. Institutionalizing MHPSS in emergency preparations will help bridge the gap between emergency relief and development operations. It will also ensure long term sustainability of MHPSS and promotes *'ownership'* among development actors, such as government, communities and national counterparts. The essence of guidelines is not only in humanitarian settings but also within development activities.

In addition, the cluster system as part of the humanitarian reform is rapidly evolving. Mental health and psychosocial aspects are crossing over between several clusters. One should explore how to link clusters together (health and protection clusters but also other clusters such as education, water, sanitation and hygiene, shelter and site development, nutrition) to make sure gaps are being addressed and marginalized people have access. It is important to develop work plans with non MHPSS organisations such as agriculture and camp coordination/ management clusters.

Finally, emerging humanitarian issues such as climate change and food crisis are affecting more and more people. Its impacts on mental health and psychosocial aspects need to be also addressed for our future.

All partners involved in humanitarian assistance and broader development (governments, United Nations agencies, NGOs, affected population) should utilize the *IASC Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings* to alleviate human suffering and promote mental health and protect psychosocial wellbeing in emergency settings.

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