The World Bank's work on mental and psychosocial health in the context of conflict affected countries: *the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*

Pia Rockhold & Laura McDonald

This paper provides a brief overview of selected aspects of the World Bank's support in the area of mental and psychosocial health, with a focus on conflict affected countries, and reference to selected points in the Inter-Agency Standing Committee[1] Guidelines on Mental Health and Psychosocial Support in Emergency Settings (Inter-Agency Standing Committee, 2007). Mental health and psychosocial wellbeing is at the very core of sustainable social and economic development, alleviation of poverty and peace. The guidelines represent an important step forward, enabling us to coordinate and strengthen our efforts, especially during emergencies in conflict and disaster affected countries.

Keywords: Inter-Agency Standing Committee (IASC), guidelines, mental health, psychosocial support, World Bank, emergency, reconstruction, sustainable development

Conflict prevention, management and post conflict reconstruction are critical to the World Bank's mission of reducing poverty. Since 1945, conflicts worldwide have resulted in 18–25 million deaths, with nearly three times as many people injured, and a much larger number of people being displaced (Huth & Valentino, 2008; Loughry & Ager, 2001). Over the past 15 years, 80 percent of the world's 20 poorest countries have experienced a major armed conflict (World Bank, 2006a). Many of these countries are locked in a vicious cycle where poverty causes conflict, which further exacerbates poverty. Conflict is a major obstacle to both development and poverty reduction. On average, countries coming out of conflict face a 44% chance of relapsing in the first five years of peace (Collier & Hoeffler, 2004). Even with rapid progress after peace, it can take a generation or more to return to pre war living standards. To help countries escape this 'conflict trap', emergency aid and development communities need to strengthen coordination and adjust assistance strategies based on lessons learned and the latest conflict related research. Each situation and country is unique and all emergency and long term assistance need to be based on country specific analyses. While this article is written with a specific focus on conflict affected countries, it is also important to bear in mind that emergency situations have also resulted from the rise, in recent years, of the number and severity of natural disasters around the

world (Natural Disasters Data Book, 2003). Often these disasters, like conflicts, result in substantial destruction, mass population displacement and significant loss of life and livelihoods. The guidelines are applicable to both disaster and conflict related emergencies.

An overview: the effects of conflicts and disasters on societies

Countries destroyed by conflict and/or disaster have a unique opportunity to restructure their society during the emergency and long term recovery phases. However, emergency and development aid actors often rush to reconstruct, thereby losing an important opportunity for the development of a more sovereign society less prone to conflict and better protected against disaster. As outlined in the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, all actors need to pursue a more coordinated, innovative, holistic and informed view during the emergency and early reconstruction phases, to ensure a renewed and joint vision for both short and long term development.

Conflicts and disasters can destroy societies slowly or in one short moment. One major difference between conflicts and disasters is that conflict affected countries are characterized by inherent violence and lack of good governance, while countries affected by natural disasters often have been less affected by previous violence and have a functioning government. Naturally the two exist and coexist in various situations. However, assisting a country affected by conflict is often more complex. The mental and psychosocial wounds from prolonged conflict and violence are deeply rooted, not only within selected individuals, but also often within the entire society.

How best to assist countries emerging from conflict and facilitate the development of a new, more stable and less fragile sovereign state is a fiery question. Conflicts have major social and economic impact. They not only affect the people directly involved, but also entire nations, regions and, at times, even the world. Being one of the few actors in global development that is involved not only in humanitarian emergency relief, but also in more long term reconstruction and development, the World Bank is working with national, regional and global partners (including the UN and international non-governmental organisations (NGOs)) to offer more responsive, flexible and comprehensive solutions in these difficult environments.

Moving from reconstruction towards sustainable development is further complicated by fluctuation in, and lack of predictability of, funding during the transition from conflict to sustainable development. This fact makes some countries affected by conflict *'fragile'* states. Often the immediate spike in official and humanitarian aid to post conflict countries is followed by a rapid decline. This occurs usually about five years after the conflict ends, as international attention wanes. For example, in Guinea-Bissau, official development assistance (counting humanitarian aid but not debt relief), following the 1998 war, increased from $46 per capita in 1999 to $79 per capita in 2000, but rapidly declined to $53 per capita in 2001. In Sierra Leone aid, as defined above, increased from $21 per capita at the end of the civil war in 1999, to $97 per capita by 2001, only to decline again to $58 per capita in 2003 (World Bank, 2007). Predictable and somewhat stable levels of sufficient financing and other resources (e.g., human) are preconditions for sustainable growth.

Research demonstrates that violent conflicts and disasters result not only in loss of life,

assets and livelihood, but also affect the population's overall physical and mental health, wellbeing and productivity. This translates into reduced involvement in, and less benefits from, emergency, reconstruction and more long term development activities (Bolton et al., 2002). Children of traumatized and depressed mothers have poorer nutrition, development and educational outcomes (Baingana et al., 2004; Rahman et al., 2002). Conflicts and disasters undermine social and economic development, both directly and indirectly, in the short and long term. Yet, economic and social stability, as well as human security, are pre conditions for sustainable development and poverty reduction.

Young people are among the most vulnerable and are often deeply affected by conflicts. Over 300 million young people under the age of 25 live in countries affected by armed conflict, representing nearly one fifth of the world's total youth (UN, 2006). Youth, who often play a primary role in their society's recovery, are in special need of education, job opportunities, psychosocial care and guidance in the transition to adulthood. Following long term exposure to, and involvement in, violence children and youths are susceptible to serious psychological trauma and increased distrust of others (Amone-P'Olak, 2004). These psychosocial effects can be significant and represent intangible barriers to post conflict reconstruction and reintegration into society (World Bank, 2006).

Conflicts, insecurity and poverty adversely impact the psychosocial and mental health of the population, as is often evidenced by an increase in the immediate, as well as long term, incidence and prevalence of depression and posttraumatic stress disorder (PTSD).

It is difficult, if not impossible, to assess the exact extent of the mental health burden on any given population. Recent research shows that mental disorders are widespread in most conflict affected societies, and represent a major obstacle to economic and social development through decreased human resource development, lost productivity, and increased cost of care. Large scale epidemiological surveys have found that depression and PTSD in traumatized populations can be up to seven to ten times the baseline level in non traumatized populations (World Bank, 2005). In analyzing the burden of mental health, it is essential to make a distinction between those who are clinically ill (often only a small percentage of the affected individuals) and those who suffer from '*milder forms*' of psychological distress.

The observed prevalence of population based mental health problems varies substantially between, and within, countries and is often severely underestimated in population based household surveys, even when they include disability specific questionnaires (Elwan, 1999). The methodologies and tools used for identifying and defining various mental health conditions, data collection, management and analysis is limited and lacks global standards for local adaptation. Often they fail to capture conditions such as PTSD or attention deficit disorder. As mentioned in the guidelines, in depth epidemiological studies are often difficult, if not impossible, to conduct in conflict affected situations. Disabilities due to mental health issues are thus most likely to be severely underestimated in conflict and disaster affected countries (Scott & Massagli, 2004; Mollica & Lavelle, 2007).

The World Bank's work: dealing with mental and psychosocial issues in fragile states

The World Bank works to enhance the awareness and understanding of mental and

psychosocial health as a development concern. It also ensures mental and psychosocial health are incorporated into operation within the development of more long term policies, strategies, plans and resources to ensure sustainability. In l997, the World Bank and its partners established the Post-Conflict Fund (PCF) to enhance the Bank's ability to support countries in transition from conflict to sustainable peace and economic growth. In 2004, the Low-Income Countries Under Stress (LICUS) Trust Fund was established to strengthen institutions, support early efforts at policy reform and build capacity for social service delivery in fragile states, many of which are conflict affected countries (World Bank, 2006a).

The World Bank has supported various activities to promote psychosocial mental health and wellbeing in conflict affected countries. The Bank supported Burundi Social Action Project included an early childhood development component, which, in cooperation with UNICEF and the Government, assisted mothers in caring for the psychosocial needs of their children (World Bank, 2006b; Baingana et al., 2005a). The Bank supported Health Program in Sierra Leone included training of mental health workers, and identification and provision of psychiatric support to vulnerable groups including *'ex combatants, traumatized women and children, amputees, communities and demobilized populations'* (World Bank, 2004). The Bank has also worked closely with Government of Uganda and other partners in undertaking a participatory needs assessment to strengthen the mental health response in northern Uganda (Baingana et al., 2005a). In 2004, the Bank supported the training of primary care physicians from Bosnia and Herzegovina in diagnosis and management of mental health problems (Carballo, 2003).

The World Bank also supports policy development and knowledge sharing along with management. In 2004, it provided support to *'Project 1 Billion'*, which developed a global action plan for mental health based on cooperation and buy in from health officials from more than 30 conflict affected countries throughout the world (Harvard Program in Refugee Trauma, 2004; World Bank, 2007a). The Bank has held numerous workshops and trainings with focus on mental and psychosocial health in conflict affected settings, and worked to enhance the awareness of the links between mental health and development through publications such as; *HIV/ AIDS and Mental Health, Mental Health and Conflicts: Conceptual Framework and Approaches* (Baingana et al., 2005, 2005a) and the upcoming trilogy on disability in conflict affected countries in Sub-Saharan Africa (McDonald & Rockhold, 2008; Rockhold & McDonald, 2008). Recently, the World Bank created a network for psychosocial and mental health and wellbeing open for everybody to join as a global virtual network[2]. This newly established network would greatly benefit by links with the network created in the production of the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* and others around the globe.

Despite the obvious importance of recovery, reconstruction and development in post conflict settings, the difficulty of achieving this is widely acknowledged. *'The easy part of any Bank operation is reconstructing the bricks and mortar; the hard - but more essential - part is restoring the institutional base, human capital, and societal bases of a post conflict society'* (Kreimer et al., 1998). To address this problem, the World Bank, based on extensive research, emphasizes the importance of *social capital building*, especially as part of social funds and

community driven development. The building of social capital[3], which is strongly linked to mental health and psychosocial wellbeing, includes: the strengthening of (1) groups and networks; (2) trust and solidarity; (3) collective action and cooperation; (4) social cohesion and inclusion; and (5) information and communication (World Bank, 2008). The link between social capital and mental health (McKenzie, Whitley & Weich, 2002) was the focus of a World Bank workshop and discussion paper in 2000 (Cullen & Whiteford, 2000). Finally the Bank and its partners provides special support through the multi-donor '*Multi-Country Demobilization & Reintegration Program*' (MDRP) to the physical, mental and social rehabilitation and reintegration of ex combatants in the region of the great lakes in Africa, as this population group might be more likely to be adversely affected by conflict or adversely affect reconstruction and development, if left unattended (MDRP, 2008).

Guidelines: toward a more effective response

The *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* aim to enable us as *'humanitarian actors and communities to plan, establish and coordinate a set of minimum multisectoral responses to protect and improve people's mental health and psychosocial wellbeing in the midst of an emergency'*. The focus of the guidelines is on the implementation of a minimum, essential, high priority response during the emergency phase. Most emergencies are, by their very nature however, often messy, unpredictable and uncoordinated. The efforts to establish a coordinated inter sectoral response and have extensive collaboration in formulating these very comprehensive guidelines have been momentous. They provide a synthesis of both common needs and effective actions for ensuring support for mental and psychosocial recovery and wellbeing for survivors of mass violence or disaster. More than 100 international and national partners have collaborated on the development of the guidelines, including a large range of UN and other international agencies, NGOs, universities, associations, agencies and the Ministries of Health from some selected countries recently affected by an emergency. This outstanding achievement, which is spearheaded by the IASC, contributes to the legacy of this committee's capacity to deliver.

The emphasis in the guidelines on key actions and selected core sectors, such as education, health, water and sanitation, also enhances the practical usability of this extensive set of guiding principles. However, as clearly stated within the guidelines, they do not provide standards, but for this refer to the Sphere Project (2004), with which the guidelines are consistent. The Action Sheets for minimum response provide simple overviews and guidance as to steps and considerations in action, which will positively influence psychosocial and mental health recovery amongst individuals within various countries receiving emergency relief. Furthermore, they also emphasize and provide ways to strengthen and support social capital building that is critical in promoting psychosocial health and recovery.

The guidelines' action focused approach and clear delineation of recommended steps will be useful to individuals working within various emergency contexts. The list of recommended supplementary texts is an important resource for acquiring additional knowledge within a specific area. Additionally, they address other key issues, such as minimizing harm related to substance use, an area that is not often afforded adequate attention in emergency and other settings.

They are also ready for implementation, enabling us all to assess their actual operational applicability. Field level realities may complicate adherence, but the very fact that comprehensive, consistent and broadly agreed guidance now exists is likely to contribute to better practices, broader coordination and increased collaboration. This collaboration would be between not only the humanitarian partners, but also the reconstruction and more long term development actors. This will, therefore, ensure a smoother transition from the emergency phase, post conflict, towards sustainable development and long term peace. Within this broader participation, feedback and inputs will enable these guidelines to become a useful, interactive, and virtual document that will be updated with the continuous inclusion of the most current evidence based practices and lessons learned. In time, field level examples could be included to further clarify the practical applicability of the guidelines within various contexts.

The *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* demonstrate the growing acceptance and realization of the fact that mental health and psychosocial wellbeing are at the very core of development for all organizations operating, not only in conflict and disaster affected settings, but beyond. These guidelines provide evidence of that growing acceptance, as they are born out of a strong global inter-agency collaboration for improved mental health and psychosocial wellbeing.

Acknowledgements

References

Amone-P'Olak (2004). A study of the Psychological State of former abducted children at Gulu World Vision Trauma Centre. *Torture* 14(1): 24−33.

Baingana, F., Dabalen, A., Menye, E., Prywes, M. & Rosholm, M. (2004). *Mental Health and socio-economic outcomes in Burundi.* Health, Nutrition and Population Discuss Paper. Washington: The World Bank.

Baingana, F., Thomas, R. & Comblain, C. (2005). *HIV/AIDS and Mental Health.* Health, Nutrition and Population Discussion Paper. Washington: The World Bank.

Baingana, F., Bannon, I. & Thomas, R. (2005a). *Mental health and conflicts; Conceptual framework and approaches.* Health, Nutrition and Population Discussion Paper. Washington: The World Bank.

Bolton, P., Neugebauer, R. & Ndogoni, L. (2002). Prevalence of depression in rural Rwanda based on symptom and functional criteria. *Journal of Nervous & Mental Disease, 190*(9), 631-637.

Carballo, M. (2003). HPRT Project: Bosnia & Herzegovina. Evaluation http://siteresources. worldbank.org/INTLICUS/Resources/388758-1187275938350/4l0l054-1187277377932/Bosnia HPRT.pdf.

Collier, P. & Hoeffler, A. (2004). *Military Expenditure in Post-Conflict Societies.* Centre for the Study of African Economies, Department of Economics. Oxford: Oxford University.

http://www.wzb.eu/mp/conf/pastconfs/war04/papers/collier.pdf.

Cullen, M. & Whiteford, H. (2000). *The Interrelations of Social Capital with Health and Mental Health.* Discussion Paper. Washington: The World Bank.

Elwan, A. (1999). *Poverty and Disability: A Survey of the Literature.* Washington, DC: World Bank. Social Protection, Human Development Network.

Grootaert, C. (1998). Social Capital: the missing link? Social Capital Initiative Working Paper Series, No. 3. Report No. 22829. World Bank: Washington, DC.

Harvard Program in Refugee Trauma (2004). *Mental Health Action Plan. Project 1 Billion.* International Congress of Ministers of Health for Mental Health and Post Conflict Recovery. December 3–4, 2004. http://www.hno.harvard.edu/press/pressdoc/supplements/mentalhealth.pdf.

Huth, P. & Valentino, B. (2008). Mass Killings of Civilians in Times of War, 1945–2000. In Eds. Hewitt, J.J., Wilkenfeld, J., & Gurr, T.R. *Peace and Conflict.* Center for International Development and Conflict Management. University of Maryland.

Inter-Agency Standing Committee (2007). *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.*

Kreimer, A., Ericksson, J., Muscat, R., Arnold, M. & Scott, C. (1998). *The World Bank's Experience with Post-Conflict Reconstruction.* Washington. DC The World Bank.

Leitenberg, M. (2006). Deaths in Wars and Conflicts in the 20th Century. Cornell University Peace Studies Program. Occasional Paper #29. 3rd Edition.

Loughry, M. & Ager, A. (Eds.) (2001). *Refugee Experience-Psychosocial Training Module.* Oxford: Refugee Studies Centre.

McDonald, L. & Rockhold, P. (forthcoming). The Hidden Landscape of Disability; I. Prevalence of disability in conflict-affected countries in Sub-Saharan Africa. II. Injuries and violence as cause and consequence of disability in conflict-affected countries in Sub-Saharan Africa.

McKenzie, K., Whitley, R. & Weich, S. (2002). Social capital and mental health. *British Journal of Psychiatry, 181,* 280-283.

MDRP (2008). MDRP Website. See: http://www.mdrp.org/.

Mollica, R.F. & Lavelle, J. (2007). Project 1 Billion. Presentation at World Bank Dissemination Meeting.

Natural Disasters Data Book (2003). Foreword. Nishikawa, S. Asian Disaster Reduction Center. Found at: http://web.adrc.or.jp/publications/databook/DB2002_e.html.

Rahman, A., Harrington, R. & Bunn, J. (2002). Can maternal depression increase infant risk of illness and growth impairment in developing countries? *Child Care Health Dev, 28*(1), 51-56.

Rockhold, P. & McDonald, L. (forthcoming). The Hidden Landscape of Disability; III. Diseases and Disability in conflict-affected countries in Sub-Saharan Africa, HDNSP, World Bank, 2008.

Scott, K. & Massagli, M. (2004). The Economic costs of Mental Health Ailments in Post-Conflict Bosnia and Herzegovina. Presentation at

Conference "Show-casing 5 Years of World Bank Activities on Mental Health.

Sphere Project (2004). *Humanitarian Charter and Minimum Standards in Disaster Response.* Geneva: Sphere Project. http://www.shhereproject.org/handbook/.

UN (2006). Security Council Reiterates Commitment to Address Impact of Armed Conflict on Children, Determination to Implement Landmark 2005 Resolution 1612. Security Council 5494th meeting. SC/8784. 24 July. http://www.un.org/News/Press/docs/2006/sc8784.doc.htm.

World Bank (2004). *Implementation Completion Report for Health Sector Investment Project.* February 27. Report No. 27387.

World Bank (2005) MNAVP. 2005. '*A note on disability issues in the Middle East and North Africa'.* Report. No. 37275.

World Bank (2006). *Youth Responsive Social Analysis: A Guidance Note.* Incorporating Social Dimensions Into Bank-Supported Projects. Report 38092. Social Analysis Sector Guidance Note Series. Social Development Department. November.

World Bank (2006a). GPP. *Post Conflict Fund and Licus Trust Fund.* Annual Report 2006. Report no. 37815. http://imagebank.worldbank.org/servlet/WDSContentServer/IW3P/IB/2006/10/25/000310607_20061025114544/Rendered/PDF/378150PCF0LICU1Report0FY0601PUBLIC1.pdf.

World Bank (2006b). *Second Social Action Project.* Information. http://web.worldbank.org/external/projects/main?Projectid=P064510&Type=Overview&theSitePK=343751&pagePK=64283627&menuPK=64282134&piPK=64290415.

World Bank (2007). *Countries Emerging from Conflict: New Research on What Sustains Peace.* http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,contentMDK:21327197~pagePK:64257043~piPK:437376~theSitePK:4607,00.html.

World Bank (2007a). *Psycho-social and Mental Health: Implications for Development and the Role of The World Bank.* http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALPROTECTION/EXTDISABILITY/0,contentMDK:21403242~menuPK:2644075~pagePK:64020865~piPK:51164185~theSitePK:282699,00.html].

World Bank (2008). *Overview: Social Capital.* http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTSOCIALDEVELOPMENT/EXTTSOCIALCAPITAL/0,contentMDK:20642703~menuPK:401023~pagePK:148956~piPK:216618~theSitePK:401015,00.html.

[1] The Inter-Agency Standing Committee (IACS) was established by the UN General Assemble, as an Interagency forum for coordination, policy development and decision making by the executive heads of key humanitarian UN agencies, Red Cross and Red Crescent societies and a consortia of non government humanitarian organizations.

[2] http://go.worldbank.org/SIP5GYWK00.

[3] Social capital refers '*to the norms and networks that enable collective action. It encompasses institutions, relationships, and customs that shape the quality and quantity of a society's social interactions*.' [http://www.gnudung.com/literature/definition.html] See Grootaert (1998) for further discussion.

Pia Rockhold, M.D., PhD, is Senior Public Health Consultant with the Disability and Development Team (Human Development Network at the World Bank (Washington D.C.).
email: prockhold@worldbank.org
Laura McDonald, MALD, is a Consultant with the Disability & Development Team (Human Development Network at the World Bank, Washington, DC).
email: lmcdonald@worldbank.org