Humanitarian issues beyond the technical tools
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Humanitarian issues beyond the technical tools: the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*

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The humanitarian organization Médecins sans Frontières (MSF) supports the content of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. The guidelines promote a systemic, comprehensive approach to psychosocial and mental health problems, and bring unity to a field that was much needed. However, these guidelines operate within the context of major reforms of the humanitarian aid sector. The potential implications of these reforms on independent humanitarian action are discussed.

Keywords: Inter-Agency Standing Committee (IASC), guidelines, mental health, psychosocial support, UN cluster system, humanitarian aid

Médecins sans Frontières (MSF), a humanitarian organisation specializes in medical emergency support to populations in crisis. They have implemented mental health and psychosocial support (MHPSS) interventions since 1990. These are now an integral component of the MSF overall response (de Jong, 2005). Most of our current mental health interventions address the consequences of acute or chronic violence. However, mental health activities have also been implemented, alongside medical interventions, following major natural disasters such as earthquakes (El Salvador, 2001), the Asian tsunami (2004), Pakistan (2005) and Cyclone Nargis in Myanmar (2008). The Dutch section of MSF implemented mental health interventions in 28 projects, in 18 countries, just in 2007.

This article offers our perspective on the *Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings*. The IASC is the primary mechanism for inter-agency coordination of humanitarian assistance involving key UN and non UN humanitarian partners.[1] Our reflections are not limited to the technical content, but also relate to the political context in which IASC and humanitarian actors are operating.

What unites us

During the past decade, the number of psychosocial interventions in humanitarian crises has grown substantially. Yet, negative images have also arisen - with unrealistic claims, lack of clarity about the methods used by field practitioners, and at times, doubtful practices. The development of the guidelines provides clarity of the psychosocial approach and quality criteria that were badly needed.

The content of the guidelines is field driven; practitioners (nongovernmental organizations or NGOs) led the process, with extensive consultation and support from academics and specialists. The basis in field reality will likely lead to high acceptance

and applicability, although some may argue the lack of an evidence base in some areas will have an impact. We support the field driven priority setting as it reinforces the ambition to improve practices and programme implementation.

The guidelines promote a systemic, comprehensive approach to humanitarian aid, and mental health problems, specifically. Individual approaches focussing on either the individual or the context have limited impact. In accordance with the MSF mental health intervention model (de Jong, 2005), the guidelines include a '*psycho*' component, typically focused on those needing extra support that is given through locally trained and supervised counsellors. When required, psychiatric medication is prescribed. The individualised support is embedded in the '*socio*' elements that address the context through mobilisation of the preexisting community caring capacity, the provision of information and psycho education, and the support to deal with practical problems.

The comprehensiveness of the guidelines is also demonstrated by the inclusion of psychiatric support in the community and institutions. Mental health programming in the field should not be limited to psychosocial problems. MSF also manages patients suffering from severe mental health conditions, and we aim to make psychotropic drugs available at primary health care level through (often) non specialised medical doctors.

A corner stone of the guidelines is the integration of MHPSS into existing activities. We endorse this concept, given our field experience in integrating mental health interventions in TB and HIV programs, as well as in basic health care and nutrition programs. Staff care is another area of the guidelines that is critically important and fully supported by us.

The guidelines enable the definition of a future research agenda that can assist in supporting, or disproving, the basis for some current practices. However, it should be realised that a sole focus on developing an evidence base, using epidemiological evaluation models advocated by Western psychiatry, may be insufficient to prove the effectiveness of humanitarian actions. For example, evidence based psychology and medicine use effectiveness or impact as justification for interventions, but epidemiological data does not tell us anything about the fundamental motives for humanitarianism; compassion, empathy and a sense of justice (Robertson et al., 2002).

The guidelines and the United Nations humanitarian reforms

While supporting the content of the guidelines, it is important to be aware of the context in which these have been developed. The guidelines are being used in the environment of UN reforms and are intended to become a tool in the coordination of NGOs in the cluster mechanism. The UN humanitarian reforms aim to improve the overall humanitarian response, especially related to quality and coordination of response.

The coordination reforms include three interrelated developments. First, the position of the *Humanitarian Coordinator* (HC) is strengthened as a key decision maker. Secondly, the Central Emergency Fund (CERF) is the financial instrument providing the finances for funding rapid responses, under-funded emergencies and setting priorities. The Humanitarian Coordinator leads this process in the country with support from the Emergency Relief Coordinator, and United Nations Office of the Coordination of Humanitarian Affairs (OCHA) at global (headquarter) level. Thirdly, eleven thematic '*clusters*' coordinate the activities in

the field, and at headquarters. A cluster is usually headed by a UN agency, accountable to the Humanitarian Coordinator. Many clusters go beyond the primary function of information sharing, and include joint planning, budgeting of activities, and external positioning, often realised through joint cluster proposals.

What concerns MSF

The UN reforms represent a positive attempt to respond to gaps in assistance and increase effectiveness. However, the reforms follow the logic of integration and '*coherence*', in which political, military and/or development agendas are coupled with humanitarian responses (Derderian et al., 2007). In integrated UN missions, humanitarian priorities may become subordinate to the political agendas of peacekeeping, state building, or development. The impartial assessment and response to needs, like risks coming second to political agendas, and at the expense of those most vulnerable.

The Humanitarian Coordinator often wears multiple '*hats*', including those of '*Resident Coordinator*' - in charge of development operations (United Nations Development Programme) - and/or the position of '*Deputy Special Representative to the Secretary General*' (managing the political and/or military branches of the UN, at country level). This is an illustration of a potential worrying trend for political and military agendas to be prioritised over the imperative of humanitarian action.

The '*cluster*' mechanism represents an attempt to improve coordination, combining NGO sectoral working groups with the UN and government structures. As a medical actor, MSF is particularly concerned about the functioning of the health cluster. WHO is mandated as '*provider of last resort*' in emergencies, but has rarely been operational in the field. Additionally, WHO may be compromised, especially in countries in conflict or led by repressive regimes, by its proximity and dependence on relationships with Ministry of Health and other government agencies.

The guidelines are multi sectorial and allow diversity in approach to mental health that is vital for humanitarian response but it remains unclear in which cluster the MHPSS interventions should be coordinated. This lack of clarity risks MHPSS becoming divided between two clusters ('*health*' and '*protection*') or becoming a '*sub-cluster*', without the acknowledgement and status required within the cluster system. Shared responsibility may, in this case, become abdicated responsibility.

Finally, MSF is interested in evaluation of the outcomes of the UN reforms, which must address questions such as whether coordination indeed is more efficient, and whether the reforms result in improved support to beneficiaries.

Position of MSF

MSF agrees with the technical content of the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*, but is concerned that independent, neutral humanitarian action is increasingly threatened, especially when external or foreign military actors become involved in relief. The provision of '*humanitarian*' aid by US marines to the Republic of Georgia is a recent example of unacceptable meshing of military and humanitarian agendas. In attempting to integrate political, military and/or development agendas with humanitarian responses under one single authority, UN reforms may undermine the very basis of neutral humanitarian relief. Independent humanitarian action aims to reach all those in need, regardless of which side of the conflict they find themselves. Because of

this approach, *without* seeking to address the bigger political issues like peace negotiations, security or state building, independent humanitarian organizations are able to cross political lines and reach victims in need. MSF highlights the necessity of its independence. The organisation will continue to engage critically with the UN and other political or military actors in the field. We wish to promote reflection about the impact of '*coherence*' policies on vulnerable populations, and, above all, promote an active engagement to preserve humanitarian space, with the aim of serving those most in need.

References

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[1] See: http://www.humanitarianinfo.org/iasc.

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