

Integrating psychosocial issues in humanitarian and development assistance: a response to Williamson and Robinson

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We greatly welcome Williamson and Robinson's paper (*Intervention*, this issue) on two counts. Given the specific goal of the Psychosocial Working Group (PWG) to promote debate leading towards practice development, we are delighted that one of our papers on conceptual and field implementation issues (Strang & Ager, 2003) is credited as a prompt to this thoughtful article. More importantly, we support the core contentions of their paper even if not, as discussed below, all details of their prescription for action.

In terms of core contentions, we can see that Williamson and Robinson make four major points: the term 'psychosocial' is confusing and ambiguous; interventions need to be planned with active and meaningful participation of the intended beneficiaries; psychological and social issues should be considered to be integrally interconnected with other areas of need (such as material, cultural); and psychosocial issues are most appropriately addressed within integrated programmes of action.

In our experience, the term 'psychosocial' tends to be used in at least three distinct ways. Firstly, it is still frequently used as synonym for 'mental health'. This is presumably in the belief that it is a less stigmatic term and is required to emphasise the influence of social circumstances on psychological well-being¹.

Secondly, it is often used to describe a wide and diverse range of programmes involving recreational, cultural, informal and sometimes formal, educational activities that in previous decades would have fallen under a child or community development banner. Thirdly, the term can be used to describe the goal of enhancing the capacity of a community or individual to engage with their circumstances, and more effectively identify and mobilise resources. It is this third, more technical, usage that has been adopted by the PWG (2003).

This usage is sufficiently broad so that it can encompass a wide range of different programme approaches that serve a single goal. More importantly, this goal of fostering agency and engagement (identifying available resources and making use of them) is of general relevance to humanitarian and development assistance.

We want to suggest that it is this insight – that psychosocial work is about enabling and equipping – that is at the heart of the call to integrate psychosocial work within wider programming. Of course such a technical definition is entirely unsuitable to use as a language for implementation in the field. We also support Williamson and Robinson's proposal that, as a term, its use be primarily confined to professionals 'as shorthand to refer to a complex set of inter-related issues'.

With this definition in mind, it is clear that interventions need not only to be planned with the active and meaningful participation of intended beneficiaries, but that 'improving the capacity of the affected population to meet its own needs' is the fundamental purpose of any intervention seeking to address psychosocial issues. Such enhanced capacity may be measured in many ways (increased knowledge, improved confidence, greater sense of control, wider social networks to recruit support, deeper awareness of human rights, etc.) but shares the common mark of increasing agency: the power to change things.

The conceptual framework developed by the PWG (2003) seeks to also reflect Williamson and Robinson's contention that psychological and social aspects of experience are intricately linked to wider concerns. They propose seven domains to convey this interdependence (while acknowledging that this division is arbitrary and the coverage not comprehensive). On the basis that it emphasised key dimensions for assessment and intervention to promote psychosocial well-being, we went for a model of three domains (human capacity, social ecology and culture & values) set within a context of material resources. However, any categories we use to *describe* this interdependence are clearly much less important than *working through its consequences*.

In these circumstances, clearly the ideal we seek is integrated assessment and programming. We write this response at the same time the first author is in the field in Darfur, and is concerned that a number of interventions addressing psychosocial issues have been too 'stand alone'. This means they address the emotional and social consequences of the conflict, but pay little attention to strengthening economic livelihoods, improving legal protection or reconnecting with

cultural traditions. The integration of such concerns in a comprehensive assessment and response makes as much obvious sense as, for example, nutritional concerns have increasingly become integrated within emergency assessment and response. The recently formed IASC Task Force on Mental Health and Psychosocial Support in Emergency Settings, which represents the thinking of many United Nations agencies, non-governmental organisations, and practitioners worldwide, has adopted this approach of integrating psychosocial support into multiple sectors of humanitarian assistance.

The PWG has, accordingly, developed a strategy paper to consider requirements for the integration of psychosocial concerns within humanitarian programming (PWG, 2004). The vision expressed there, however, is rather different from that described by Williamson and Robinson (*Intervention*, this issue) where their proposal is for a tool for analysis and planning that seeks to address all needs within a single framework, focusing on the core concept of 'well-being'. Given the nature of humanitarian crises and modes of intervention, including the comprehensive guidance offered by the Sphere guidelines on humanitarian intervention, it seems unlikely that the proposed model will displace established forms of assessment and negotiation with communities for the implementation of food distribution, water and sanitation, emergency health care, etc. However, given the importance of enhancing this sense of agency from the earliest stages of humanitarian crises, seeking means of integrating psychosocial concerns within such interventions (for example, ensuring 'distribution with dignity' for food supplies) is crucial and should be pursued.

In some circumstances psychosocial considerations may become a 'cross-cutting issue', meaning one developed across all

projects and programmes, with efforts made to develop capacity, confidence, and agency in the affected population whatever the core nature of the intervention. Nevertheless, it seems unlikely that such psychosocial concerns will always comprehensively and effectively be met by such means.

Gender mainstreaming, or seeking for all interventions to consider their impact on gender inequality, has not eliminated the case for focused programmes addressing discrimination and empowerment. So we wait for the 'psychosocial' programmes here in Darfur to call themselves play programmes, or cultural awareness interventions, or mental health education, according to their purpose. We look to them to more effectively integrate their analysis regarding livelihoods, culture and protection. However, for now, we do not argue that they should abandon their advocacy for space within the humanitarian response for direct consideration of issues such as agency and communities' engagement towards a Darfur at peace.

References

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¹ In our view a misguided assumption given those socio-economic factors such as social isolation, discrimination, poverty and poor housing have been recognised as key determinants of mental health for decades.

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