Letter to the Editors

***Integrating psychosocial issues in humanitarian and development assistance: a response to Williamson and Robinson* (A reaction to their article in *Intervention* Volume 4, Number 1, March 2006)**

The article of Williamson and Robinson entitled "Psychosocial interventions, or integrated programming for well-being?" in *Intervention*, Volume 4, Number 1 of March 2006, was in itself clear and raised some important aspects on how to approach psychosocial programming in disaster stricken areas. Furthermore, the call by the authors for an integrated approach to the improvement of wellbeing of people in such areas is valid. It is, however, not new. For anyone working in the psychosocial field it is, or at least, should be crystal clear that humanitarian programmes would be much more efficient and effective if they would be implemented in an integrated, cohesive manner. However, the problem is not that we don't know that this is the best approach. The problem is that it simply does not happen. Articles that call for an integrated approach, and/or describe guidelines or standards for such an approach, therefore, won't solve the problem.

The two reactions that were published in the same issue of *Intervention* illustrate this: all of the authors agreed with Williamson and Robinson, but at the same time they delve again into the discussion of what psychosocial means. I would suggest a different, and much simpler angle, that – if implemented – would solve most of the problems.

Firstly, forget about defining psychosocial, but agree (amongst all major NGO's and UN agencies) what we consider to be psychosocial *activities*. Organize a conference (one day should be sufficient), with all the big players, ask each one to list what they consider psychosocial activities, and then have a majority vote on the final list (each activity that does not get majority approval is taken off the list). All participating parties should agree beforehand that they will adhere to the outcome of the conference, and that afterwards they will call those of their activities psychosocial that were agreed during the conference. I bet that it would be much easier to come up with a workable definition on the basis of such a list, than the other way round. Furthermore it will solve much of the problems posed by Van Ommeren, et al. in the same issue of *Intervention*. From then on, when somebody would ask 'what is psychosocial?' you could simply name the activities on the list! I am sure that after that people would have no problem understanding what psychosocial means.

Secondly, how do we create an integrated approach? Again, I don't think that setting up standards, such as those created by the different IASC (Inter-Agency Standing Committee) Task forces, will take us much further. Primarily because there are no consequences for not adhering to them, and they are simply too long, so no one ever really reads them. What is needed is actually a deal that needs to be brokered (and who better suited to do that than the UN?) between all the major humanitarian

organizations (nongovernmental organizations and international organizations) on the establishment of a, let's call it, Humanitarian Relief Body. What this body should do is to decide in any given disaster situation which organization is going to do what, where, with whom. Sounds simple? Maybe, but we only will get a more integrated approach if somebody somewhere decides how it should be done. Let's be honest, if we leave it to the current existing coordinating bodies, for instance in the affected country, it is never going to work as it will remain too dependent on key people in those countries. It should be an authority that is agreed on, and accepted, by all players. Let me paint the picture: in country A there is a sudden outbreak of civil war. The HRB (Health Research Board) convenes. On the basis of the available information they divide the humanitarian effort around the country. MSF (Médecins Sans Frontières) will take care of the medical assistance in refugee camps X, Y, and Z. War Child Holland will take care of psychosocial support to children in camps X, Y and Z. Save the Children will set up temporary schools in camps X, Y and Z. Oxfam will deal with Watsan (water and sanitation) in camps X, Y and Z, etc. If one organization cannot do all of its part of the effort, the HRB will assign more organizations to the task. Of course, there will still be problems in communication and implementation, but much less, and at least the effort will be more coherent and better able to address the needs of the population.

Finally, it is nice and dandy that I have written this (delayed) reaction to the article by Williamson & Robinson. It's even better that I claim that my suggestions are going be beneficial in finding a solution. However, someone still needs to actually do it to make it happen. And the people who do things

and make things happen are usually too busy doing things and making things happen to be writing or reading articles in *Intervention*. We, the writers of articles, and letters like this one, can only hope that such a person, or persons, is/are already working on the suggestions above.

Mathijs Euwema

Editor's response: better governance in the disordered world of psychosocial interventions

The frustrations expressed by Mathijs Euwema are commonly found among practitioners within the psychosocial field, and also among other humanitarian personnel struggling to make sense of the diversity of approaches and interventions within the sector. At times, the focus of critical exchange and debate within the relatively new arena of psychosocial intervention in conflict situations seems to be on questioning or debunking current approaches rather than about putting forward concrete guidance on what should be done. Many practitioners, managers and policy makers simply want pragmatic solutions and guidance – a framework that they can work with easily. Mathijs Euwema puts forward two provocative proposals: 1) a definitive list of *activities* that can be considered psychosocial and, presumably, a moratorium on debate; and 2) an authoritative mechanism for assigning *who does what interventions and where*. There is bound to be debate about whether these proposals are politically and practically workable on a global (or even local) scale, or indeed whether they are advisable at all. There is no doubt, however, that many practitioners are deeply uncomfortable with working within

what might be perceived to be a *laissez faire* psychosocial sector. Underlying Euwema's contribution to the exchange provoked by Williamson & Robinson's (2006) article seems to be a profound distress about the state of *governance* within the psychosocial field. However, Euwema's proposal that 'common denominator' agreements and authority structures involving the 'big players', 'major humanitarian organizations' and the UN might be an adequate platform for governing the field might similarly upset stakeholders who fall outside this select group, or those who hold minority perspectives.

The editors of *Intervention* note that issues of governance (that is, pertaining to legitimacy, accountability, decision making, authority and rights of representation/participation) within the psychosocial sector have not been adequately addressed within the literature on the field. While these issues often underpin serious difficulties and tensions around implementing services in situations of conflict, there has been an inadequate acknowledgement of the implications of these important aspects of practice. While donors, policy makers, managers, practitioners and service users have to negotiate these issues in their daily work, this crucial dimension of the work is often excluded from professional and academic discussions about psychosocial intervention, and remains in the realm of personal knowledge or collegiate gossip.

> *Who should decide who works in this camp? Who should decide what is appropriate in this case? Why is it so difficult to stop bad practice? Why have donors now changed their minds about what approach is favoured? Why do the ministry officials listen to the international partners but not local professionals? What are the long-term effects of setting up a large exter-*

nal project alongside a weak local initiative? Do service users have a say in the design of the project? Is it possible to avoid being drawn into existing political conflicts within the site of intervention?

Questions like these are commonly posed, debated, negotiated and answered within the broad development and humanitarian practice forums (for example, see the Humanitarian Practice Network at www. odihpn.org), but unfortunately do not feature prominently within the psychosocial field. Occasionally, the exception is, in the context of more particular debates about 'cultural relevance' or 'the relevance of external interventions'. Greater explicit engagement with matters of governance within the psychosocial literature could aid and equip practitioners to better negotiate these in the course of their work.

While recently there have been a few provocative essays dealing with the field's relationship to macro-level global governance trends (Pupavac, 2001a; 2001b; 2001c; 2006), there is a real dearth of accounts that closely examine the processes, practices and politics that produce the sorts of dissonance and difficulties that so many practitioners encounter within the psychosocial sector. **For this reason, the editors of *Intervention* would like to invite articles, letters and field reports that describe and analyse challenges related to governance within the psychosocial sector, as well as (successful) efforts to find solutions to these.**

The recently published *Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (IASC, 2007) represents a landmark attempt to establish the grounds for consensus, regulation and coordination within the

field of psychosocial and mental health inter-
ventions. The impact of these guidelines
remain to be seen, but are potentially far
reaching. In light of this, contributors of
articles on governance within the psychosocial
field are also encouraged to reflect on the
relevance of the new IASC Guidelines to the
specific issues of governance under discussion.

Ananda Galappatti

References

Inter-Agency Standing Committee (IASC)
(2007). *IASC Guidelines on Mental Health
and Psychosocial Support in Emergency Settings*.
Geneva: IASC. http://www.humanitarianinfo.
org/iasc/content/products/docs/IASC%20
MHPSS%20guidelines%20Feb%2025%
202007.pdf.

Pupavac, V. (2001a). *The End of Politics? Therapy
Against Politics*, Paper For The 51st Political Stu-
dies Association Conference, 10–12 April 2001,
Manchester, United Kingdom.

Pupavac, V. (2001b). Therapeutic Governance:
Psycho-social Intervention and Trauma Risk
Management, *Disasters* 25 (4), 358-372.

Pupavac, V. (2001c). Misanthropy Sans Borders:
The International Child Rights Regime,
Disasters 25, 95-112.

Pupavac, V. (2006). Humanitarian Politics and the
Rise of International Disaster Psychology, in:
The Handbook of International Disaster Psychology.
Volume 1. Praeger: Westport, CT.

Williamson, J. & Robinson, M. (2006). Psycho-
social interventions or integrated program-
ming for wellbeing? *Intervention* 4 (1).