Mental Health and Psychosocial Support, Peacebuilding and Transitional Justice

A Comprehensive Approach to Recovery After Conflict

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Paper presented at the Symposium "Why does it make sense to offer psychosocial support during armed conflict?". Hosted by Conflict Analysis and Prevention Center (CAPC), The German Association of Psychosocial Centres for Refugees and Victims of Torture (BAfF e.V.), Evangelische Akademie zu Berlin, and the Sigmund Freud University (Germany). Berlin, Germany, 14 October 2024

The Pervasive Impact of Armed Conflict

Psychosocial needs are pervasive after armed conflict, including individual psychological impacts caused by the loss of loved ones, torture or disappearances, among others. Psychological harm also extends beyond direct personal impacts and includes social destruction, such as the destruction of community and political infrastructure and undermining the sense of belonging and community life. This destruction is multifaceted, for example, but not limited to:

- Dismantling of public institutions (Beristain 2006)
- Harm to social norms, values, and principles (Lykes 2000)
- Destruction of ways of life (Bracken and Petty 1995)

The impact of armed conflict is intensified by a range of social problems often created or exacerbated by war, including, among others:

- Poverty and unemployment
- Social exclusion
- Poor education
- Inadequate housing
- Lack of basic infrastructure, such as water
- Increased crime rates
- Environmental degradation
- Corruption
- Gender-based violence
- Physical health needs and the lack of medication
- Lack of personal and human security

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These factors collectively contribute to a comprehensive erosion of the societal fabric and individual well-being, highlighting the critical need for a holistic approach to recovery.

In this context, we need to consider the psychological and social needs of populations and understand that addressing both holistically and in an integrated way is critical for sustainable peace. Mental Health and Psychosocial Support (MHPSS) is key to this process.

MHPSS is defined by the Inter-Agency Standing Committee Reference Group on MHPSS in Emergency Settings as a composite term used "to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental health conditions" (IASC, 2007). The key to defining an activity or practice as an MHPSS intervention is that it encompasses addressing needs at the individual level, promoting well-being, and/or restoring family, communal and societal relationships, and addressing the wider social and political issues facing communities that impact mental health and well-being.

Historical Context and Policy Developments

Despite the pervasive nature of mental health needs in conflict situations, their integration into peacebuilding and transitional justice has been surprisingly limited. Historically, top-level peacebuilding has often focused on institutional aspects, such as restoring infrastructure and facilitating political participation among different groups. Transitional justice has frequently championed the legal aspects of dealing with the past such as truth commissions and trials. Although being victim-centered is a stated aim of transitional justice, this is seldom the case (Hamber & Lundy, 2020). However, despite these limitations, there has been a growing focus on MHPSS in recent years in the field of peacebuilding and transitional justice.

Key Events and Developments

Some key events and developments that have placed mental health and psychosocial support more squarely on the international agenda:

1990s: Massive human rights violations in Rwanda and Former Yugoslavia, especially violence against women.

2000: The adoption of Security Council Resolution 1325 by the Security Council and subsequent resolutions specifically focusing on addressing sexual violence.

2004: Indian Ocean earthquake and tsunami and their extensive community and mental health impact.

2007: The Inter-Agency Standing Committee Reference Group for Mental Health and Psychosocial Support in Emergency Settings (IASC) drafted several critical reports providing conceptual frameworks and guidelines for MHPSS work in emergency settings (IASC, 2007, 2010, 2012).

2019: The Government of the Netherlands initiated a task force to enhance the integration of MHPSS in peacebuilding, feeding into the 2020 UN Peace Building Architecture Review.

2020-2022: The COVID-19 pandemic focused policymakers' attention more directly on mental health, possibly due to widespread personal experiences of how context impacts mental health.

2020: The UN Secretary-General's Report on building and sustaining peace acknowledges the need to integrate MHPSS into peacebuilding (UN, 2020a).

2021-2024: three important reports emerge:

1. "**Transitional Justice, Mental Health and Psychosocial Support**" (Hamber, 2021 made public in 2023) was published to feed into the UN system-wide project on "Renewing the UN approach to Transitional Justice" led by the Executive Office of the Secretary-General (EOSG) in collaboration with the Office of the High Commissioner for Human Rights (OHCHR) and supported by Professor Pablo de Greiff. The report outlines how MHPSS and transitional justice can be integrated.
2. The **UNDP Guidance Note on Integrating MHPSS into Peacebuilding**, published in 2022, identifies ten key principles for a structured approach to support international, national, and local practitioners in integrating MHPSS into their peacebuilding efforts (UNDP, 2022).
3. In 2024, the **IASC Reference Group on Mental Health and Psychosocial Support in Emergency Settings** produces a report explicitly focusing on integrating MHPSS and peacebuilding. The report complements the UNDP guidance on integrating MHPSS into peacebuilding. It provides guidance to enable the integration of MHPSS and peacebuilding in humanitarian, post-conflict, and development settings (IASC, 2024).

The Intersection of MHPSS and Peacebuilding

Below are some key arguments that emerge from the reports above, as well as the author's engagement with the integration of MHPSS, peacebuilding and transitional justice over recent years.

The Nexus between MHPSS, Peacebuilding & Transitional Justice

1. In the complex landscape of post-conflict societies, the traditional concept of "post-conflict" and "peacebuilding" often **falls short of capturing the enduring structural problems and emerging issues that persist long after formal hostilities** have ended. Conflicts and the intensity of political violence can ebb and flow. New problems arise, such as xenophobia, as we have seen in post-agreement South Africa and Northern Ireland. To address this, there is a growing recognition of the need to view extensive armed conflict not as a discrete event but as a social process of destruction or deterioration over time (Dress, 2005). Recovery, likewise, is not linear, and there is no standard approach to addressing MHPSS.

2. **MHPSS and peacebuilding are increasingly recognised as complementary processes to sustain peace** and promote the well-being of entire populations. However, in practice, these **fields often operate in isolation**, with peacebuilders focusing on institutional change and group dynamics. Community peacebuilders often focus on diverse goals such as development or community cohesion without much consideration for psychological factors. At the same time, mental health workers typically maintain an individual focus or work on isolated community projects aimed at community well-being.

3. Despite this disconnect, **interest in MHPSS is growing internationally**, with an increasing focus on how communities recover from the impacts of armed conflict. However, **funding and policy development in this area still require ongoing work** and development.

4. There is **a growing consensus that there can only be lasting peace by addressing individual and community psychosocial needs**. Proper attention to mental health and psychosocial well-being can **help break cycles of violence**, enhance community engagement, **build trust**, and **improve intercommunity relations**. MHPSS programming can also address **differences in historical narratives** in conflict contexts. Likewise, **addressing violent masculinities** can improve overall peacebuilding efforts. MHPSS can offer specific interventions linked to disarmament, demobilisation and **reintegration and rehabilitation of former combatants**. Leaders who embody MHPSS principles can be crucial in fostering **healing and reconciliation**. In this way, MHPSS has **a vital role to play in the non-recurrence of violence**.

5. MHPSS is also **critical to ensuring participation in peacebuilding and transitional justice processes**. Issues such as stigma can limit the participation of survivors of sexual violence in society and broader peacebuilding and transitional justice activities. More positively, informal support through victim groups, inter-generational dialogue – along with fighting for truth and justice – and other community interventions can increase feelings of positivity, personal efficacy and self-esteem, improving transitional justice and peacebuilding processes overall, and the mental health of those involved. Put another way: unaddressed psychosocial harm limits survivors' ability to access and exercise their rights.

The last two points are where the nexus between MHPSS and peacebuilding lies in practical terms. MHPSS interventions are therefore essential not only from an individual mental health perspective but also have a bearing on the sustainability of peacebuilding, transitional justice efforts and long-term violence prevention.

Framing an Integrated Approach to MHPSS

1. **MHPSS is not a term that is used in every context**. Some refer to it as people-to-people peacebuilding work; in other contexts, it is associated more with direct mental health support and counselling. Community development or social cohesion work can also have psychosocial components. A broad approach to MHPSS is needed regardless of formal labels.

2. **MHPSS should not be limited to narrow trauma-focused interventions or individual treatment.** Instead, it should encompass a multifaceted approach to rebuilding lives, involving global, structural, institutional, social, political, and population-wide psychosocial interventions. The quest for truth and justice can be part of changing the context that negatively impacts individual mental health and group attitudes.
3. While there are urgent short-term needs in post-conflict settings, addressing **MHPSS issues requires a long-term, cumulative approach** and significant investment over time.
4. **MHPSS should be contextual and culturally appropriate**, building on existing resources and recognising the agency and resilience of affected communities.
5. There is a tension between relying on external interventions and integrating indigenous and local practices and knowledge. **Localised community-based initiatives are more effective, sustainable and desired** than external interventions, especially those aimed at individual therapeutic interventions led by so-called external (often Western) experts.

Challenges and Considerations

Several challenges persist in integrating MHPSS into peacebuilding efforts:

1. **Stigma surrounding mental health remains a significant barrier**. This is observed worldwide, but there are also specific dynamics in some cases. For example, female and male victims of sexual violence. Children born in conflict or through forced marriage can also face a particular stigma, as can former child soldiers.
2. **MHPSS can only be delivered with communities and through community-based interventions**. MHPSS depends on partnering with relevant communities, civil society organisations and agencies to enhance and deliver MHPSS. The United Nations, or international NGOs, cannot provide all these services and should serve as a catalyst to support their development in communities. This requires direct engagement with community members such as local leaders, informal associations (e.g. market traders), cultural and religious organisations, youth structures (e.g. youth and sports groups) or other community-based structures that bring people together and provide legitimacy and ownership for community-based interventions.
3. Using communities to support psychosocial needs must move beyond a "delivery" paradigm. **Wider community mobilisation is the bedrock of community-based interventions and often a psychosocial intervention in itself**. In the IASC (2007) guidelines, community mobilisation refers to the effort to involve community members (groups of people, families, relatives, peers, neighbours or others with a common interest) in all discussions, decisions, and actions that affect them and their future. The UN already acknowledges civil society engagement as key to sustaining peace and has developed a set of guidelines in that regard (United Nations, 2020b). Wider community engagement builds resilience and sustains peace. Likewise, coordination and networking among various stakeholders, including the UN system, is vital.
4. **The "do no harm" principle must be at the forefront of all interventions**. However, we also need to recognise that what might be a success in psychosocial terms can create other dynamics; for example, an empowerment programme could lead to advocacy,

which could be met with repression or, in turn, lead to frustration for victims if their needs are not met (for instance, lack of justice for human rights violations).

5. **Psychosocial support and safety for MHPSS workers** themselves must be considered.

Moving Forward

To strengthen the integration of MHPSS in peacebuilding efforts, several steps are necessary:

1. To do practical MHPSS work, **a thorough conflict analysis in each context is needed**. This analysis should recognise that conflicts have a deep history (often colonialism and structural racism), so they need to balance contemporary issues with more complicated pasts.
2. **Provide training on MHPSS** for peacebuilders and other sectors, but likewise, mental health practitioners also need **training on advocacy and engaging in political and sensitive social contexts**.
3. Keep a focus on the "psycho" and the "social". **There is a risk that MHPSS is reduced to mental health interventions**. Once MHPSS is accepted more broadly, there is often a tendency for an imbalance to occur, with more emphasis being narrowly placed on mental health services (e.g. counselling) and specific individual psychological treatments. This is often done apolitically and in a depoliticising manner rather than focusing on the social and political aspects of the context that cause distress.
4. **Multiple entry points for MHPSS work need to be built upon**, including health, advocacy, livelihood, sport, art, dialogue, legal and memory work, among others.
5. If we want MHPSS to be more widely used, we must also **strengthen the evidence base** through improved indicators and evaluation methods, specifically of community-based interventions.

By adopting this comprehensive approach, we can better address the complex, long-term impacts of political conflict on individuals and communities, paving the way for more sustainable peace and recovery.

Conclusion

When the WHO talks about the right to mental health, it includes the right to available, accessible, acceptable, and good-quality care and the right to liberty, independence, and inclusion in the community. Furthermore, we need to understand that the aim of MHPSS must be to assist those who need individual psychology support, but also to address, in the words of the UN Special Rapporteur on the right to health, "the social, psychosocial, political, economic and physical environment that enables individuals and populations to live a life of dignity, with full enjoyment of their rights and in the equitable pursuit of their potential" (Human Rights Council, 2019). In conclusion, if we are serious about promoting well-being and a holistic approach to health, we must further all the dimensions outlined by WHO and the UN Special Rapporteur above. This is political and we cannot escape that. It also requires working with, bolstering and mobilising local communities as the heartbeat of MHPSS rather focusing on limited individual psychological treatment models.

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