What is known and done already on MHPSS in (COVID-) crisis response and in efforts to build and sustain peace?

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Covid-19 has presented a range of psychological and social challenges. I will not outline these here, as others are discussing these issues today. In addition, the UN has outlined a range of impacts and the potential for a major mental health crisis as a result of the Covid-19 crisis in a comprehensive policy brief (United Nations, 2020a). There is also a growing range of studies that demonstrate the social and psychological impact of Covid-19,[2] as well as the development of resources for offering psychosocial support during the Covid-19 context.[3] Instead, I am here today to make the point that we have experience of dealing with crises that have both individual and social consequences, albeit in different contexts, mainly those of political violence.

Under the UN Peace Building Architecture review, the Netherlands undertook an initiative to enhance the integration of Mental Health and Psychosocial Support (MHPSS) in Peace Building. A Task Force was formed of experts from the peacebuilding, MHPSS and transitional justice fields, as well as from the UN, NGOs, and academia. The group, of which I was part, held consultations and confronted some of the differences in terminology and understandings. Also, consultations took place with UN member states. The Task Force advised the Netherlands on recommendations for the UN Peace Building Architecture.

We welcome the UN Secretary General's (UNSG) inclusion in his 2020 Report on building and sustaining peace of the need to develop further the integration of Mental Health and Psychosocial Support (MHPSS) into peacebuilding. As is noted:

> "The further development of the integration of mental health and psychosocial support into peacebuilding is envisaged with a view to increasing the resilience and agency of people and communities" (United Nations, 2020b, p.11).

The recommendations developed by the Task Force and the Netherlands government provide concrete ideas to make such enhanced integration happen. Although the recommendations are primarily directed towards the UN, all of us can play a part, whether you work for the UN, an NGO, academia or a UN member state. This begins with, and drawing on the psychosocial approach, the acknowledgement that all crises, whether conflict or health-related, are deeply

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[2] See, for example, the wide range of open access Special Articles of *Psychiatry Research* on Mental Health and Covid-19 (last updated 23 September 2020), https://www.sciencedirect.com/journal/psychiatry-research/special-issue/10XG4HT9L33.

[3] See Inter-Agency Standing Committee "Mental Health and Psychosocial Support - Resources for COVID-19", available at https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-resources-covid-19

contextual. Dealing with such crises requires interventions that recognise the inevitable link between psychological and social well-being.

For example, violent and armed political conflict results in the loss of life, as well as physical and psychological injury.[4] Typically, the impacts of such conflicts on populations have demonstrated widescale individual impacts such as depression, anxiety and post-traumatic stress symptoms (Murthy 2007; Tol et al. 2013). Not to mention other broader psychological impacts such as "complicated bereavement reactions, substance use disorders, poor physical health, fear, anxiety, physiological arousal, somatisation, anger control, functional disability" and developmental issues in childhood (Murthy 2007, p. 183). However, armed conflict also destroys community and political infrastructure, and undermines the individual sense of belonging (Hamber 2009). Armed conflict dismantles public institutions (Beristain 2006), thus harming norms, values and principles (Lykes 2000). To quote Bracken and Petty (1995): "modern warfare is concerned not only to destroy life, but also ways of life" (p. 3); although not the authors' intentions, this is an accurate way to talk about the global impact of Covid-19.

The pandemic not only destroys lives but also ways of life.

Given this, as we do with armed conflict, we need to think about impact as a social process of destruction or deterioration rather than as an event (Dress, 2005). Any situation of armed conflict – as with the current pandemic emergency – is intensified by the social problems linked to and often created by war such as, and not limited to poverty, unemployment, social exclusion, poor education, inadequate housing, crime, environmental degradation, corruption, gender violence, and a general lack of personal and human security. As the UN Secretary-General, António Guterres, noted in his 75th address:

> "The pandemic has demonstrated the fragility of our world. It has laid bare risks ignored for decades: inadequate health systems; gaps in social protection; structural inequalities; environmental degradation; the climate crisis" (United Nations, 2020c, p.4).

These unaddressed social issues, whether pandemic or conflict-related, fuel resentment creating conflict, institutional distrust and political instability; leading to ongoing cycles of violence. The UN Secretary-General warned of the growing impact of Covid-19 on conflict-affected areas in April 2020.[5] On 9 September 2020, top peacekeeping and humanitarian affairs officials warned the Security Council of the wide-ranging implications of the Covid-19 pandemic, specifically

[4] A number of the core ideas about the relationship between psychosocial support and peacebuilding is based on and parts extracted from Hamber, B., Gallagher, E., Weine, S., Agger, I., Bava, S., Gaborit, Murthy, R.S, and Saul, J. (2015). Exploring how context matters in addressing the impact of armed conflict. In B. Hamber & E. Gallagher (Eds.), *Psychosocial Perspectives on Peacebuilding*. New York: Springer. Any use of this material about the psychosocial lens should be referenced to the above, or explored in this chapter. This book *Psychosocial Perspectives on Peacebuilding* was developed as part of a multi-year study supported by the International Development Research Centre (IDRC) and led by Professor Hamber in collaboration with the Inger Agger, Saliha Bava, Glynis Clacherty, Alison Crosby, Sumona DasGupta, Mauricio Gaborit, Elizabeth Gallagher , Igreja, M. Brinton Lykes, R. Srinivasa Murthy, Lorena Núñez, Duduzile Ndlovu, Ingrid Palmary, Gameela Samarasinghe, Jack Saul, Shobna Sonpar, Nadera Shalhoub-Kevorkian, Stevan M. Weine, and Mike Wessells.

[5] See "Secretary-General Reiterates Appeal for Global Ceasefire, Warns 'Worst Is Yet to Come' as COVID-19 Threatens Conflict Zones", 3 April 2020, SG/SM/20032, available at https://www.un.org/press/en/2020/sgsm20032.doc.htm.

noting it could erode peace and have severe impacts for conflict-affected nations.[6] This message was reinforced by the UN Secretary-General on 22 September 2020 in the unprecedented 75th session of the UN General Assembly, noting:

> "Now is the time for a collective new push for peace and reconciliation…I appeal for a stepped-up international effort – led by the Security Council – to achieve a global ceasefire by the end of this year. We have 100 days. The clock is ticking".[7]

A medicalised or narrow healthcare approach does not capture the breadth of impact or role of wider social issues and fragilities when it comes to the well-being of populations. A narrow trauma-focus also risks pathologising local communities and shifting skills and resources to "outsiders" while drawing attention away from the structural conditions causing suffering in the first place (Lykes & Crosby, 2015). It is therefore vital, drawing on a key psychosocial principle, that communities and localised supports form the backbone of any support initiative; this is critical to sustaining peace, enhancing resilience and ensuring contextual and culturally relevant approaches (Hamber & Gallagher, 2015).

In our study of psychosocial work in peacebuilding contexts common interventions included (see Hamber & Gallagher, 2015), among others: group sharing of problems; community dialogue; traditional healing rituals; art and theatre projects; interpersonal skills development; training on issues such as human rights and mediation; reconciliation initiatives, and engagement in livelihood projects. Another extensive global review of the types of interventions in low-income and middle-income countries to assist survivors of humanitarian emergencies showed that the most commonly used interventions were counselling, providing and facilitating community-based social supports, structured social activities (including child-friendly spaces), provision of information, psycho-education and awareness-raising (Tol et al. 2011). These types of activities, among others, are often called psychosocial interventions.[8] Such interventions rebuild and support societal, institutional and community structures, and increase societal interaction and belonging, as much as they address individual and psychological needs.

During the Covid-19 pandemic, there were many examples of mental health and psychosocial support. The United Nations *Policy Brief: COVID-19 and the Need for Action on Mental Health* cite examples ranging from younger adults reaching out to isolated older adults, helping them address their basic needs and reducing their loneliness, to more specific cases such as:

> "A mental health non-governmental organisation in Pakistan had to close vocational training centres for economic empowerment, but people with mental health conditions who had been attending the training centres started sewing cloth face-masks for health responders to support their communities" (United Nations, 2020a, p.10).

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[6] See https://reliefweb.int/report/world/weakest-most-fragile-states-will-be-those-worst-affected-covid-19-medium-long-term.

[7] See https://news.un.org/en/story/2020/09/1072972/

[8] The debate about what constitutes a psychosocial intervention is complicated. Sri Lanka psychologist Galapatti (2003) talks about psychosocial as an "umbrella" category as the parameters of what exactly constitutes a psychosocial project is not always clear, and many initiatives can be grouped under the concept. Many of these interventions also overlap with what we might call people-to-people peacebuilding work. There are also debates about the efficacy of different approaches (Psychosocial Working Group 2003), which is beyond the present focus.

These brief examples highlight that psychosocial well-being is embedded in community cohesion and social connectedness. What we know about reconstructing society after armed conflict is that it is a multifaceted process that moves beyond addressing individual needs. The psychosocial lens reminds us that the emotional and psychological, the social and the material, cannot be separated in reality. Furthermore, the psychosocial lens beckons us to think holistically with a whole-of-society perspective (United Nations, 2020a) and not in a compartmentalised way. We must reject a "one size fits all" approach (IASC, 2007). This has implications for how we plan, conceptualise our interventions, communicate what we are doing, and understand the change we are trying to make.

As the *Policy Brief: COVID-19 and the Need for Action on Mental Health* stresses, addressing mental health needs is best built at a community-level and on top of existing resiliences:

> "…the experience is that all communities have helpful, embedded resources that need to be supported. Governments can make funds available for helpful community initiatives because it is important, now more than ever, to activate and strengthen local support, especially for marginalised people, and encourage a spirit of community self-help to protect and promote mental well-being" (United Nations, 2020a, p.10).

In conclusion, all this means when confronted with a global emergency, of course, we must improve our mental health or healthcare approaches and services, but transformative recovery in fragile contexts also means moving beyond this. We must recognise addressing mental health needs are linked to the wider societal context often rife with a range of conflict, political and societal-related problems, but is equally dependent upon effective interventions and strengthening social connectedness, as well as building upon existing resilience.

To quote from the Mental Health and Psychosocial Support (MHPSS) in Peace Building paper, produced by the Netherlands government to which we contributed in the Task Force, to achieve psychosocial well-being:

> "a community needs social recovery and people need (apart from economic, institutional and material certainties) interpersonal, social and historical connectedness in order to rebuild..."

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