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Mental Health and Psychosocial Support to Sustain Peace: Four Areas to Explore for Improving Practice

About the Authors

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After experimenting with months of lockdown and imposed social distancing measures in response to the COVID-19 pandemic, people everywhere now have a more immediate understanding of how prolonged crisis can create challenges for both individuals' mental health as well as maintaining the social fabric of communities.

Social fragmentation and mental distress created by adverse environments are not new, nor are they limited to COVID-19.[1] Gross social injustices or armed conflicts have provoked widespread mental suffering, broken down social norms, and undermined social cohesion since time immemorial. Generations grow up in the midst of violence, normalizing it, or losing capacity to trust others or their institutions. Neglecting the psychosocial impacts of social injustices and violence on the individual and society undermines other efforts to build peaceful societies. Nevertheless, the use of mental health and psychosocial support (MHPSS) approaches to build peace or prevent violent conflict remains anecdotal and ad hoc. This document summarizes the existing arguments for why MHPSS should be more systematically used to sustain peace, and it offers some ideas for discussion on how to do this concretely through the UN system.

## Interlinkages: a quick review of the evidence

Adverse environments can lead to negative psychosocial impacts, contributing to a higher level of conflict in society, and ultimately to violence. Social injustices[2] including inequality, discrimination, lack of access to services have been shown to increase the risk of mental disorders, such as depression, anxiety, and even post-traumatic stress disorder (PTSD), as well as the risk of social disorganization and anomie. Exposure to violence ranging from domestic violence against children[3] to being trapped in an armed conflict have similar impacts. Conflict takes a toll on mental health and social relationships that is directly relevant to the capacity to build peace: loss of life, torture, family separation, physical insecurity, loss of livelihoods, disrupted social networks, and low trust and resources are important stressors on peace.

Adverse environments negatively affect both individuals' mental well-being and their propensity for violence, as well as broader societal conditions that lead to more conflictive societies. While most individuals with mental health diseases and traumas are not violent, research shows that some particular mental issues can increase the risk of aggression. For instance, individuals who have have been victims of discrimination,[4] experience PTSD,[5] or have a history of violent victimization[6] are at a greater risk of engaging in violence themselves. Neglect, abuse, and violence against children can also push young people to join armed group, initially to seek protection.[7] Exposure to violence can also lead children to normalize violence, and to reproduce it. In addition, social injustices and violent conflict do not only impact individual psyche, they can also decrease social cohesion and lead to anomie. Armed conflicts, for instance, undermine the individual sense of belonging,[8] and it harms norms, values, and principles.[9] There is also long-standing evidence of the intergenerational effects of trauma on families and communities (Holocaust survivors, survivors of residential schools for first nations peoples in Canada[10]), and related hypotheses that trauma can contribute to cycles of retribution and violence. Hence, the psychosocial impacts of social injustices and violence should not be overlooked.

MHPSS is an important approach to support individuals and communities affected by adverse environments and to reduce the risk of violence associated to them. This approach encompasses a whole range of interventions (see Figure 1), ranging from psychosocial to focused psychological or psychiatric interventions. Psychosocial interventions focus on the community as a whole—they do not require the implementer to be a psychologist or a psychiatrist, but only to have some understanding of conditions necessary for psychosocial well-being. They "rebuild and support societal, institutional and community structures, and increase societal interaction and belonging."[11] They include activities to increase community's resilience, such as community dialogue, child-friendly spaces, reconciliation initiatives,[12] story-telling, and efforts to tackle discrimination. These interventions will build on communities' existing resources and be culturally sensitive. To complement these efforts, targeted psychological interventions such as cognitive-based therapy to reduce aggressive behaviors,[13] or therapy to address PTSD[14] are implemented by experts in psychology and help address individual needs. Different approaches can—and most often should—be implemented in parallel.
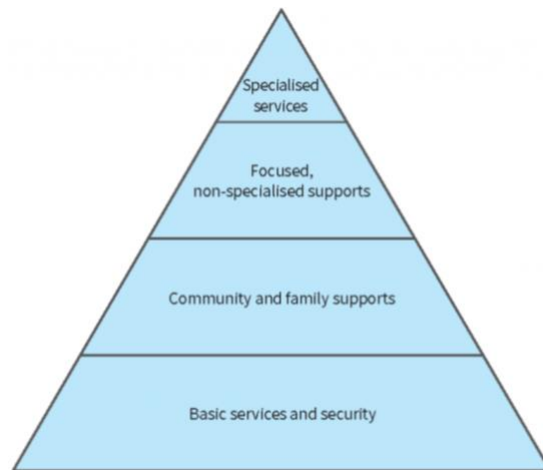
Source: Inter-Agency Standing Committee (ISAC), Guidelines on Mental Health and Psychosocial Support in Emergency Settings (Geneva ISAC, 2007)

MHPSS approaches also have an important justice dimension, as ongoing injustices—especially severe deprivations that target groups—have both individual and social effects. From the MHPSS perspective, it is important to take a **people-centered approach to justice**, for instance, through[15] more equal access to services, better child protection against violence, generating better economic options, etc., to address the root causes that led to the creation of adverse psychosocial environments, prevent repetition, and avoid future victimization. An example of such a link is the use of transitional justice to address mental health and improve psychosocial conditions—and, through this, to promote reconciliation to prevent violence.

UN efforts to use MHPSS interventions to foster peace

In some areas of its work, the UN has already started using MHPSS initiatives to sustain peace. **Humanitarian actors**, in particular, have acknowledged the toll of violence on mental health and social cohesion and developed interventions to mitigate these. They have adopted policies to integrate MHPSS in emergency settings,[16] including through humanitarian psychosocial initiatives such as strengthening community self-help and social support, deploying psychological first aid, psychological interventions, and the establishment of links and referral mechanisms between mental health specialists, general health-care providers, community-based support and other services.[17] The Inter-Agency Standing Committee (IASC)—which coordinates humanitarian actors inside and outside of the UN—as MHPSS technical working groups in 53 countries. While these efforts are not directly linked to

sustaining peace, peacebuilding actors can draw expertise from the humanitarian actors that have been developing and using these interventions.

MHPSS approaches have also figured in sustaining peace initiatives, particularly in **transitional justice.** Because of the evident links between conflict and grievances,[18] transitional justice has integrated measures to address psychosocial harms[19] such as human needs for recognition, reparation, and dignity as part of the process of rebuilding the social contract after conflict. Truth commissions offer an opportunity to carry out a diagnosis of deep-seated grievances, which often include psychosocial aspects such as intergenerational fractures, dehumanization of another group, and strong feelings of injustices, which are all risk factors for relapse into conflict. OHCHR has pioneered the development of tools in this regard, and work on transitional justice is now a normal feature of the UN's work in post-conflict settings.[20] Intersections between the non-repetition approach of transitional justice and the prevention to relapse into conflict should be highlighted more systematically.

Another example of the use of MHPSS for sustaining peace is the **reintegration of former combatants.** For instance, the Office of the Special Representative of the Secretary-General for Children and Armed Conflict has looked into the psychosocial rehabilitation and reintegration of children affected by armed conflicts.[21] The Integrated Disarmament, Demobilization, and Reintegration (DDR) Standards[22] also recognizes the importance of MHPSS to reintegrate former combatants.

The examples above highlight how MHPSS can be used during an armed conflict and in post-conflict settings. But MHPSS interventions should also be considered in order to **prevent violence before it starts**. While MHPSS is still rarely used in the prevention of armed conflict, the fields of crime prevention and prevention of violent extremism already both rely on this approach. Researchers and organisations such as WHO and UNODC have identified how psychosocial factors at individual, family, and community levels can influence an individual's propensity for violence,[23] and the efficacy of cognitive-based therapy to reduce violence is acknowledged.[24] In addition, crime prevention theories recognize the links between social disorganization and crime. In the same vein, in the prevention of violent extremism, when dealing with traumatized children who might be at risk of radicalization, trauma-informed care can focus on the individual, the family, or the wider group.[25] Hence, in both crime prevention and the prevention of violent extremism, psychological and psychosocial interventions are already used at individual, familial, and societal levels to prevent violence.

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Four opportunities

Given the above-mentioned examples, the benefits of adopting an MHPSS approach as part of a strategy to foster sustaining peace is clear and has been acknowledged by the secretary-general in his last report on peacebuilding and sustaining peace.[26] While these connections are still rare at the UN, we identified four areas of opportunity.

Opportunity One: Support national capacities

Some countries may face limited capacity to implement MHPSS interventions, particularly when psychosocial impacts affect so many individuals. For instance, a recent report by Human Rights Watch notes that "more than half of the Afghan population struggle with depression, anxiety, and post-traumatic stress, but fewer than 10 percent receive adequate psychosocial support from the state."[27] Particular challenges include: much of the country is still in conflict, a weak health system, a lack of professional health and social workers, stigma and social barriers (especially for women and girls), and the fact that a large proportion of the affected population lives outside of urban areas where services may be available.

In these cases, the UN can support member states in their efforts to deliver MHPSS interventions by building on the country's resources and playing a capacity-building role.[28] For instance, in El Salvador, UNHCR, UNDP, and IOM strengthened eleven local offices at the municipality level to support victims of violence to address their psychosocial and legal needs. As a result of their success, the government is now establishing additional offices.[29] There are many good examples to draw on, with the challenge being to make the approaches more structural and systematic, as well as ensuring that they are responsive to key national needs. More generally, the UN can help governments understand and map existing national and local capacities on MHPSS—moving beyond line ministries health, education, child protection, disaster management etc[30]—to include ministries responsible for social cohesion and peace. Lastly, they can also support local and national actors' capacities, and help them develop sustaining peace strategies that include an MHPSS component.

Opportunity Two: Integrate MHPSS as a normal part of sustaining peace strategies

The same way that inequalities,[31] lack of trust between citizens and the state,[32] and exclusion[33] can be root causes for violent conflict—the legacy of violence and trauma also is.[34] Hence, MHPSS should be seen as one of the essential components for sustaining peace. Psychosocial needs could be analyzed in the context of prevention and peacebuilding, for instance in the UN Common Country Analysis and risk assessments such as conflict and development analysis. Prevention and peacebuilding plans could then identify how to address

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these needs, and also be considered in cooperation frameworks with governments. The Peacebuilding Commission could raise this issue during its meetings on certain country or regional situations. Empowered resident coordinators could have a strengthened understanding of MHPSS to enable them to identify in which context such an intervention can be relevant, and where they can obtain technical resources.

Opportunity Three: Increase expertise on MHPSS as part of sustaining peace

Expertise on MHPSS and on sustaining peace remains in siloes; there is still little intersection between these fields. The UN should strengthen expertise on the use of MHPSS to build peaceful societies.

For instance, expertise can be drawn from the transitional justice and the humanitarian fields and be used more generally in sustaining peace efforts. The IASC working group has also undertaken a mapping[35] of the links between MHPSS and peacebuilding, which can be more broadly disseminated in the UN system. In addition, collaboration between MHPSS and sustaining peace experts can be strengthened, both at the headquarters level as well as in the field. Opportunities should also be offered to MHPSS experts to educate peacebuilding and prevention actors on their field. Peace and development advisors and the UN Peacebuilding Fund secretariats at country level could be trained. They, as well as other peacebuilding actors should participate in IASC MHPSS technical working groups, where these exist at country level, and MHPSS experts could join more systematically in sustaining peace discussions. More research could also be undertaken to strengthen the understanding of the contribution of MHPSS to sustaining peace. Discussions between sustaining peace and MHPSS communities could also be organized as side events during the high-level week of the UN General Assembly[36] to encourage these actors to develop a common vocabulary.

Opportunity Four: Creative partnerships to support an integrated approach

Integrating MHPSS approaches in sustaining peace strategies is a complex process, and the UN cannot do it alone. First and foremost, since sustaining peace[37] ought to be nationally led and nationally owned, the UN should partner with and support national and local mental health and psychosocial resources. Secondly, the UN could assess possibilities to partner with regional organizations. For instance, the African Union has developed MHPSS guidance for COVID-19.[38] The UN could also consider creative partnerships to overcome the existing siloes between MHPSS and sustaining peace, since there is no dedicated funding stream for MHPSS issues in international development assistance. In addition, where funding does exist, particularly in emergency or crisis situations, that funding may evaporate quickly once the "emergency" phase of an intervention ends.[39] The Peacebuilding Fund could play a role to enable experimental approaches at country levels and encourage structural

integration of MHPSS issues. In addition, to garner more resources, options can be explored to use the new Humanitarian-Development-Peacebuilding Partnership facility, whose aim is to support joint analysis and planning between the UN and the World Bank. The UN could also more generally better leverage relationships with the IFIs, particularly the World Bank: on MHPSS, the UN is already cooperating with the World Bank on providing psychosocial support in Bangladesh, Iraq, and South Sudan.[40] Yet, most of the health and education cooperation with the Bank—even in conflict settings—may bear only a distant relationship to peacebuilding or prevention concerns. MHPSS should be connected to both and offer a "bridge" to peacebuilding.

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Endnotes

[1] For a summary of the potential effects of public health emergencies on mental health and psychosocial issues, see Mind the Mind Now, Background document to the International Conference on Mental Health & Psychosocial Support in Crisis Situations, Netherlands Ministry of Foreign Affairs, the Hague (October, 2019), p. 71. These include: "Fear of the virus is associated with the experience of intense distress," and "Social problems may emerge after a population is exposed to the virus and the disease control response: for example, breakdown of community support systems, social stigma and discrimination associated with the disease."

[2] Fundação Calouste Gulbenkian and WHO, Social Determinants of Mental Health, 2014, http://apps.who.int/iris/bitstream/10665/112828/1/9789241506809_eng.pdf?ua=1.

[3] Mirko Manchia et al., "Serotonin Dysfunction, Aggressive Behavior, and Mental Illness: Exploring the Link Using a Dimensional Approach," *ACS Chemical Neuroscience* 8, no. 5 (May 17, 2017): 961–72, https://doi.org/10.1021/acschemneuro.6b00427.

[4] European Union Agency for Fundamental Rights, "Experience of Discrimination, Social Marginalisation and Violence: A Comparative Study of Muslim and Non-Muslim Youth in Three EU Member States" (Wien: European Union Agency for Fundamental Rights, October 27, 2010).

[5] Casey T Taft, Suzannah K Creech, and Christopher M Murphy, "Anger and Aggression in PTSD," *Current Opinion in Psychology* 14 (April 2017): 67–71, https://doi.org/10.1016/j.copsyc.2016.11.008. and Dwain C. Fehon, Carlos M. Grilo, and Deborah S. Lipschitz, "A Comparison of Adolescent Inpatients With and Without a History of Violence Perpetration: Impulsivity, PTSD, and Violence Risk," *The Journal of Nervous and Mental Disease* 193, no. 6 (June 2005): 405–11, https://doi.org/10.1097/01.nmd.0000165294.41091.fc.

[6] Centers for Diseases Control and Prevention, "Risk and Protective Factors," Centers for Diseases Control and Prevention, March 11, 2020, https://www.cdc.gov/violenceprevention/youthviolence/riskprotectivefactors.html. and Sylvie Mrug, Anjana Madan, and Michael Windle, "Emotional Desensitization to Violence Contributes to Adolescents' Violent Behavior," *Journal of Abnormal Child Psychology* 44, no. 1 (January 2016): 75–86, https://doi.org/10.1007/s10802-015-9986-x.

[7] The Viennese Network in UNODC, "Handbook on Children Recruited and Exploited by Terrorist and Violent Extremist Groups: The Role of the Justice System" (, Publishing and Library Section, United Nations Office at Vienna, 2017), https://www.unodc.org/documents/justice-and-prison-reform/Child-Victims/Handbook_on_Children_Recruited_and_Exploited_by_Terrorist_and_Violent_Extremist_Groups_the_Role_of_the_Justice_System.E.pdf.

[8] (Hamber 2009). In Brandon Hamber, "What Is Known and Done Already on MHPSS in (COVID-) Crisis Response and in Efforts to Build and Sustain Peace?" (UN General Assembly High-level Week event on "COVID-19 and the role of Mental Health and Psychosocial Support in building resilience and sustaining social cohesion and peace" hosted by the Kingdom of the Netherlands in cooperation with the Center on International Cooperation and the g7+, Online, 2020).

[9] (Lykes 2000) in Hamber.

[10] See relevant reviews, e.g., Patricia Dashorst et al., "Intergenerational Consequences of the Holocaust on Offspring Mental Health: A Systematic Review of Associated Factors and Mechanisms," *European Journal of Psychotraumatology* 10(1), August 2019, doi: 10.1080/20008198.2019.1654065; and Amy Bombay et al., "The intergenerational effects of Indian Residential Schools: Implications for the concept of historical trauma," *Transcultural Psychiatry* 51(3), June 2014, doi: 10.1177/1363461513503380. And Thomas Feucht, "Does Cognitive Behavioral Therapy Work in Criminal Justice? A New Analysis From CrimeSolutions.Gov," National Institute of Justice, May 26, 2016, https://nij.ojp.gov/topics/articles/does-cognitive-behavioral-therapy-work-criminal-justice-new-analysis.

[11] Hamber, "What Is Known and Done Already on MHPSS in (COVID-) Crisis Response and in Efforts to Build and Sustain Peace?," 2.

[12] Hamber, "What Is Known and Done Already on MHPSS in (COVID-) Crisis Response and in Efforts to Build and Sustain Peace?"

[13] Feucht, "Does Cognitive Behavioral Therapy Work in Criminal Justice?"

[14] Ida Andersen et al., "Integrating Mental Health and Psychosocial Support Into Health Facilities in Conflict Settings: A Retrospective Review From Six African Countries," Frontiers in Public Health 8 (2020), https://doi.org/10.3389/fpubh.2020.591369.

[15] Valerie A. Canady, "Mental Health Groups Unite on Addressing Social Injustice, Civil Unrest," *Mental Health Weekly* 30, no. 23 (June 8, 2020): 1–3, https://doi.org/10.1002/mhw.32394.

[16] WHO guidance on "Mental Health in Emergencies"; "UNHCR's Mental Health and Psychosocial Support for Persons of Concern"; UNICEF "Psychosocial Support and Well-Being,"; IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings; Resolution adopted by the 33rd International Conference of the Red Cross Red Crescent in December 2019, on "Adressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies" (33IC/19/R2).

[17] WHO, "Mental Health in Emergencies," June 11, 2019, https://www.who.int/news-room/fact-sheets/detail/mental-health-in-emergencies.

[18] For a synthesis of current evidence on grievance and conflict, see World Bank and United Nations, *Pathways for Peace: Inclusive Approaches to Preventing Violent Conflict* (The World Bank, 2018).

[19] For a comprehensive overview, see Marian Tankirk et al., "Achieving Sustainable Peace through an Integrated Approach to Peacebuilding and Mental Health and Psychosocial Support: A Review of Current Theory and Practice" (Institute for Justice and Reconciliation and the War Trauma Foundation, 2017).

[20] OHCHR, "Rule of Law - Transitional Justice," United Nations Human Rights Office of the High Commissioner, accessed March 27, 2020, https://www.ohchr.org/EN/Issues/RuleOfLaw/Pages/TransitionalJustice.aspx.

[21] Fabienne Vinet, "Rehabilitation and Reintegration of Children Affected by Armed Conflict: 'Sharing Best Practices on Psychosocial Rehabilitation and Social Reintegration in the Field,'" *United Nations Office of the Special Representative of the Secretary-General for Children and Armed Conflict | To Promote and Protect the Rights of All Children Affected by Armed Conflict* (blog), July 13, 2016, https://childrenandarmedconflict.un.org/2016/07/rehabilitation-and-reintegration-of-children-affected-by-armed-conflict-sharing-best-practices-on-psychosocial-rehabilitation-and-social-reintegration-in-the-field/.

[22] United Nations, "Integrated Disarmament, Demobilization and Reintegration Standards," Save the children, 2006, https://resourcecentre.savethechildren.net/node/10983/pdf/UN-2006-IDDRS.pdf.

[23] Amanda Atkinson et al., "Interpersonal Violence and Illicit Drugs" (Centre for Public Health Liverpool John Moores University WHO Collaborating Centre for Violence Prevention, June 2009), https://www.who.int/violenceprevention/interpersonal_violence_and_illicit_drug_use.pdf. See also Johannes De Haan, "UNODC:

Crime Prevention & Sustainable Development Target 16.1" (Brown bag lunch series on SDG 16, Vienna, May 2, 2019), www.unodc.org/documents/commissions/CCPCJ/CCPCJ_Sessions/CCPCJ_28/Brown-bag-lunches/Brown_Bag_Lunch_Johannes_De_Haan.pdf.

[24] Feucht, "Does Cognitive Behavioral Therapy Work in Criminal Justice?"

[25] Valerie De Marinis, "A Mental Health Approach to Understanding Violent Extremism" (Radicalization Awareness Network, June 3, 2019), https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/about-ran/ran-h-and-sc/docs/ran_hsc_prac_mental_health_03062019_en.pdf.

[26] UN secretary-general, "Peacebuilding and Sustaining Peace: Report of the Secretary-General" (New York: United Nations, July 30, 2020), https://www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/documents/sg_report_on_peacebuilding_and_sustaining_peace.a.74.976-s.2020.773.200904.e_4.pdf.

[27] "Afghanistan: Little Help for Conflict-Linked Trauma," Human Rights Watch, October 7, 2019, https://www.hrw.org/news/2019/10/07/afghanistan-little-help-conflict-linked-trauma.

[28] WHO, "WHO Thematic Paper on Health and Peace" (unpublished input to the UN peacebuilding architecture review, January 2020) p. 7

[29] UNHCR, "Sustaining Peace and Forced Displacement" (unpublished input to the UN peacebuilding architecture review, January 2020), p. 2.

[30] *Mind the Mind Now*, p. 18.

[31] World Bank and United Nations, eds., *Pathways for Peace: Inclusive Approaches to Preventing Violent Conflict* (Washington, DC, USA: World Bank Group, 2018).

[32] World Bank, ed., *Conflict, Security and Development*, World Development Report, 33.2011 (Washington, DC: World Bank, 2011).

[33] World Bank and United Nations, *Pathways for Peace*.

[34] World Bank, *Conflict, Security and Development*.

[35] Sarah Harrison and Fahmy Hanna, "Progress Report April-October 2019: IASC Associated Entity -Mental Health and Psychosocial Support in Emergencies Reference Group" (IASC, October 25, 2019), https://interagencystandingcommittee.org/system/files/mhpss_progress_report_apr-oct_2019.pdf.

[36] High Level Event on COVID-19 and the role of Mental Health and Psychosocial Support in building resilience and sustaining social cohesion and peace.

[37] General Assembly, "A/RES/70/262 - Review of the United Nations Peacebuilding Architecture," April 27, 2016, 70, https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_70_262.pdf.

[38] Africa Centers for Disease Control and Prevention, "Guidance for Mental Health and Psychosocial Support for COVID-19," May 29, 2020, https://africacdc.org/download/guidance-for-mental-health-and-psychosocial-support-for-covid-19/.

[39] *Mind the Mind Now*, p. 66.

[40] World Bank and United Nations, *2019 UN-World Bank Partnership Monitoring Report: United Nations–World Bank Partnership Framework for Crisis-Affected Situations* (The World Bank, 2019), pp. 24, 50, 74.