The Nexus between Peacebuilding and Mental Health and Psychosocial Support

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Thank you for allowing me to address you today on how we can further integrate Mental Health and Psychosocial Support (MHPSS) and peacebuilding.

Armed conflict has profound physical and psychological consequences.[3] But armed conflict also destroys community and political infrastructure. This results in the undermining of community and individual sense of belonging (Hamber 2009); the harming of norms, values, and principles (Lykes 2000); and the dismantling of public institutions (Beristain 2006). To quote Bracken and Petty (1995): "modern warfare is concerned not only to destroy life, but also ways of life" (p. 3).

Any situation of armed conflict – as with the current Covid pandemic – is intensified by the social problems linked to and often created by war, such as poverty, unemployment, environmental degradation, corruption, gender violence, and many more. These unaddressed social issues fuel resentment creating conflict, institutional distrust, and political instability, leading to ongoing cycles of violence.

All making, despite our best efforts, sustainable peace more difficult.

There are many processes needed to address these problems. MHPSS is arguably an often-ignored approach that can help with some of these needs. But this requires centralizing MHPSS more squarely in peacebuilding efforts and appreciating what it can offer.

A medicalized or narrow healthcare approach to the impacts of armed conflict does not capture the role of wider social issues, cultural differences, resiliences and fragilities in the well-being of populations in conflict settings. For this reason, many psychologists, myself included, see the need to address both the psychological and social impacts of conflict when building peace. The so-called psycho (or internal world) and the social (or external and material world) are not separate but deeply connected, hence the idea of addressing psychosocial needs rather than simply talking of mental health.

The term Mental Health and Psychosocial Support – MHPSS – has become commonly used to convey such an approach.

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[2] Virtual meeting hosted by the Chair of the UN Peacebuilding Commission (PBC), H.E. Mr. Osama Abdelkhalek (Egypt).

[3] See Murthy & Lakshminarayana (2006) for a cross-country review of the mental health consequences of war. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1472271

MHPSS interventions encompass addressing needs at the individual level and restoring relationships at the family, communal and societal level, and addressing the wider social issues facing communities that impact mental health and well-being.

MHPSS is defined by the Inter-Agency Standing Committee (IASC, 2007) Reference Group on MHPSS in Emergency Settings is 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".

MHPSS interventions are essential not only from an individual mental health perspective, but such interventions have a bearing on the sustainability of peacebuilding and long-term violence prevention. The UN Secretary-General made this point in his 2020 Report on building and sustaining peace, where he called for the further integration of MHPSS into peacebuilding.

This is important because psychosocial harm has many impacts that directly affect peacebuilding.

For example, for survivors of sexual violence, we need to address direct harms, but issues such as stigma can limit the participation of survivors in society and wider peacebuilding activities. Put another way; unaddressed psychosocial harm limits survivors' ability to access and exercise their rights. Likewise, unaddressed violent masculinities can permeate political systems undermining peacebuilding efforts. Furthermore, failing to address specific constituencies' psychological and physical harm exacerbates grievances and deepens the fault lines between groups in conflict. Such grievances are risk factors for future violence (World Bank, 2018). There is ample evidence that unaddressed harms contribute to cycles of retribution and violence (Arthur & Monnier, 2020; Bubenzer & Tankink, 2017).

In addition to the moral imperative to assist those harmed by conflict, MHPSS has several important offerings to address such issues. For example, MHPSS can:

- decrease infirmity and the allied social and health burden on individuals and society, freeing resources for peacebuilding, economic development and the like;
- increase social and community cohesion and productivity, enhancing sustainable peace and economic development;
- increase the ability of some to exercise their rights and access institutions across society, and actively participate in peacebuilding;
- enhance participation in direct peacebuilding processes such as transitional justice mechanisms, governance structures and community engagement processes, arguably improving their outcomes; and
- reduce harm and grievance, thus contributing to non-recurrence and sustainable peace.

Given this, we need to tackle the psychological impact of conflict from the individual perspective addressing personal impacts such as fear, grief, psychological harm, and stigmatization. We also need to address broader impacts such as intergroup distrust,

persistent cultures and cycles of violence entrenched attitudes. This is where the nexus between MHPSS and peacebuilding lies.

Addressing such a broad set of needs is not easy. I will conclude with two points to consider in this regard.

The first point concerns “entry points”. The second focuses on an integrated and localized capacity building and partnership approach.

Psychosocial support is not merely an add-on to peacebuilding processes involving counselling or trauma support. Many of these narrow interventions can be culturally inappropriate in some contexts and pathologize survivors of violence. Rather psychosocial support has many entry points beyond direct mental health provision. For example, UN Women in Kosovo used livelihood as a psychosocial entry point. They established a micro-grant psychosocial project to assist survivors in starting or upscaling their small businesses. An evaluation of the programme shows economic benefits and positive physical and mental health impacts for the women, but this also generalized to helping their families engage more readily with the effects of the conflict (Hobbs, 2016, 2019). The program boosted self-confidence among survivors in accessing and exercising their rights to reparations and assuaged fears of stigma and backlash – making the women more active citizens in peace.

Psychosocial entry points are multiple, including among others, in addition to livelihood projects, inter and intra-group work, family and parenting interventions, communal and traditional healing practices, peace education, arts and cultural activities, youth development activities, oral history and narrative work, engaging on the sports field, religious supports, and creating safe spaces for marginalized groups to convene, share, act and offer one another support. Entry points can also include more technical endeavours such as skills development, social enterprise, infrastructure development and delivering health services.

All these can be sites for enhancing psychosocial well-being and are critical to underpinning sustainable peace.

Second, psychosocial support of this breadth is something that the UN and other agencies cannot offer on their own and requires an integrated approach.

If we accept that individual well-being is tied into wider social, economic and political processes, holistic and complementary activity is needed, including between development, peacebuilding, violence prevention and transitional justice processes, among others. As the UN notes, we must think holistically with a whole-of-society perspective (United Nations, 2020a) and not in a compartmentalized way. We must reject a “one size fits all” approach (IASC, 2007). MHPSS is dependent on a shared vision, partnerships and collaboration.

Key partnerships with local support providers (broadly defined) and civil society will be necessary to utilize existing capacities and resources within communities. Overreliance on external interventions or approaches can undermine existing resources and resiliencies within communities. The community-driven approach to MHPSS stresses concepts such as

self-help, resilience, dialogue, reconciliation, among many others, all of which can have a therapeutic and socially reconstructive effect (Saul 2013).

Communities and localized supports are the backbone of MHPSS. This is critical to sustaining peace, enhancing resilience, and ensuring contextual and culturally relevant approaches (Hamber & Gallagher, 2015). In short, supporting civil society and local capacity to deliver psychosocial interventions is a critical complementary component of peacebuilding in the short and long term.

As the recent *UN Policy Brief on COVID-19 and Mental Health* (United Nations, 2020b) notes:

> "…the experience is that all communities have helpful, embedded resources that need to be supported. Governments can make funds available for helpful community initiatives…to activate and strengthen local support, especially for marginalized people".

In conclusion, to integrate MHPSS and peacebuilding, we must improve our mental health and healthcare approaches and services, but transformative recovery in fragile contexts means moving beyond this. We must recognize that addressing mental health needs is linked to the wider societal context but depends on effective localized interventions using multiple entry points, social connectedness, local resources and enhancing existing resilience.

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