Faith-sensitive MHPSS for humanitarian practitioners

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Faith and spirituality are part of many people's identities and everyday lives, and faith sensitivity is integral to providing holistic, people-centred MHPSS in humanitarian situations.

Effective mental health and psychosocial support (MHPSS) in response to humanitarian emergencies connects with the worldviews, healing practices and language of the people it aims to assist. Faith is a factor in many individuals' and communities' capacity to cope with psychosocial challenges; for many people, for example, burying their loved ones according to the rituals of their faith is important in order to be able to grieve. This is why the Inter-Agency Standing Committee's *Guidelines on Mental Health and Psychosocial Support in Emergency Settings* call upon humanitarian actors to engage with local religious and spiritual resources, groups and leaders in their regular programming.[1] It is also why the integration of religious leaders and religious practices into standard operating procedures during the 2014–15 Ebola response in West Africa, for example, was so effective.[2]

Developing faith-sensitive humanitarian response starts with recognising that religious practices, such as praying, can be an element of psychosocial support which should be complemented, rather than replaced, by other forms of MHPSS. Humanitarian practitioners can adopt a faith-sensitive approach regardless of their own or their organisation's identification or non-identification with a faith tradition. Faith sensitivity is about the faith of the people you assist.[3]

Despite major policy commitments[4] many humanitarian and development organisations hesitate to take faith-related aspects sufficiently into account when designing their programmes or to consider

local faith actors as potential partners to collaborate with on MHPSS. Practitioners tend to avoid dealing with faith-related questions out of concern that this might interfere with the humanitarian principles of neutrality and impartiality. Indeed, applying faith sensitivity in practice is not always straightforward. So, how should we approach the bringing together of faith and MHPSS in planning and implementing faith-sensitive psychosocial responses that do not go against the humanitarian principles?

Faith sensitivity in practice

To help MHPSS practitioners overcome some of the barriers and hesitations, an online training tool on faith-sensitive humanitarian response with a focus on MHPSS has been developed to outline opportunities, challenges, and practical steps to take.[5] The training – launched in June 2020 – is a product of collaboration between the ACT Alliance, Islamic Relief Worldwide, the Joint Learning Initiative on Faith and Local Communities, the Lutheran World Federation and the DanChurchAid Learning Lab. The full training only takes approximately two hours to complete.

Adopting a faith-sensitive approach to MHPSS means learning how to understand people's spiritual and religious needs and resources, and the roles of faith communities in responses to humanitarian emergencies. This also involves reflecting on your own and your organisation's positions, understandings and biases regarding faith. Here are five key recommendations for practitioners (in particular for those in international organisations) wishing to make MHPSS more faith-sensitive:

Include faith in assessments: Consider information on religious beliefs, practices, activities of faith groups, and places of worship that are relevant to the mental health and psychosocial well-being of the affected community. How do they see the crisis, how do they explain distress, and in what terms do they speak about coping? What are the spiritual influences on their well-being? What religious concepts are

helpful for them in responding to challenges they face? Resources developed by UNHCR on socio-cultural context, concepts and healing practices concerning mental health and psychosocial well-being of specific refugee communities show how such information can be documented.[6] Conduct such assessments in participatory ways that also include perspectives from local faith communities. Discuss mental health issues with representatives of different faith traditions to understand how theological concepts influence how individuals make sense of and cope with related challenges.

Connect programmes to people's beliefs and practices: When designing MHPSS programmes, build upon local beliefs, practices, rituals and activities that are part of effective coping strategies already in existence in the respective community. This can include prayer, reading scriptures and mourning rituals, including group activity. In Gaza, counsellors from Islamic Relief Palestine use references to the faith of the people participating in psychosocial group sessions as entry points to the topic discussed, if appropriate in light of the participants' relationship with faith. For example, they point out similar effects of meditation and the practice of praying when introducing meditation as a technique to manage stress. Connecting a topic with familiar ideas makes it more relatable.

Collaborate with local faith actors: When engaging with local faith actors, include female and youth leaders (who often have informal roles), and base partnerships on meaningful participation, joint decision-making, and mutual learning and capacity sharing. MHPSS specialists can offer training on key psychosocial principles to local faith leaders, discuss cases where counselling may be helpful on top of spiritual support, or provide information on MHPSS services for referrals. Establishing two-way referral mechanisms can facilitate access to spiritual and religious care through imams, pastors and religious or traditional healers alongside access to psychological

and social care. For example, the American Red Cross runs a Disaster Spiritual Care programme in collaboration with local faith leaders trained in psychological first aid.[7]

Address potentially harmful practices linked to faith: Certain theological understandings can be a basis for ineffective and inappropriate coping or be used to legitimise harmful practices. Examples are confinement as a treatment for mental illness when such illness is seen as a spiritual instead of a health problem, or inappropriately associating disasters with sin or karma. Responding to negative coping mechanisms does not mean separating faith and mental health or trying to convince people to abandon their faith. Rather, actors should involve both leaders and vulnerable people of different genders and ages in assessing the impact of religious beliefs on mental health and in identifying potentially harmful practices. Then, they should promote dialogue between faith leaders, well-informed local religious thinkers and the local community around social norms and interpretations on which they are based, and provide appropriate training and resources to support a process of reflection and change.

Engage with faith in a way that respects humanitarian principles: Faith sensitivity may be viewed as being in conflict with the humanitarian principles of impartiality and neutrality, with neutrality urging against affiliation with faith as it is connected to the politics of conflicts, and impartiality asserting the need to avoid bias, discrimination and proselytisation based on faith affiliation. Yet in neither case does this mean ignorance and avoidance of faith. While asserting the need to remain neutral and impartial, it is possible to sensitively support someone's own beliefs and practices. Support religious practices if a person you assist requests this, such as joining them in prayer (if that is appropriate for you), but do not coerce a religious practice if not requested. Allow space for such requests without forcing the issue.

Towards localised response

A faith-sensitive approach puts people and communities affected by conflict and disaster – and their rights, needs and dignity – at the centre of MHPSS response, as it helps adapt assistance to their specific social and cultural context, of which faith is a part. In addition, collaborating with faith actors and communities can contribute to strengthening the roles of local actors in the humanitarian system, facilitating community-led support and embedding assistance in existing structures. Faith-sensitive programming and partnerships are therefore important aspects of the localisation of aid, and thus of a wider reform process of the humanitarian system too.

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1. IASC (2007) *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* bit.ly/IASC-MHPSS-guidelines

2. Winiger F (2020) '"More than an intensive care phenomenon": Religious communities and the WHO Guidelines for Ebola and Covid-19', *Spiritual Care* 9(3)
https://doi.org/10.1515/spircare-2020-0066

3. See also FMR issue 48 on Faith and responses to displacement www.fmreview.org/faith

4. Such as UNHCR's 2014 *Partnership Note on Faith-based Organizations, Local Faith Communities and Faith Leaders* bit.ly/UNHCR-faith-partnership-note-2014 and the 2018 Global Compact on Refugees www.unhcr.org/gcr/GCR_English.pdf

5. The training can be freely accessed at www.fabo.org/act/fshr. The training builds on: Lutheran World Federation and Islamic Relief Worldwide (2018) *A faith-sensitive approach in humanitarian response: Guidance on mental health and psychosocial programming* bit.ly/IRW-LWF-faith-sensitive-MHPSS-2018

6. Tay A K, Islam R, Riley A, Welton-Mitchell C, Duchesne B, Waters V, Varner A, Silove D and Ventevogel P (2018) *Culture, Context and Mental Health of Rohingya Refugees: A review for staff in mental health and psychosocial support programmes for Rohingya refugees*, UNHCR
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