

Foreword: No health without mental health

Sigrid Kaag

Mental health and psychosocial support (MHPSS) is vital for our individual and collective well-being, especially now.

“There is no health without mental health.” UN Secretary-General António Guterres reaffirmed this simple but powerful message in May 2020.¹ In a timely effort to sound the alarm, he cautioned that a global upsurge in the prevalence and severity of mental health problems as a result of COVID-19 was very likely, and that action and funding were needed urgently to tackle the devastating impact of the pandemic on access to mental health services.

A WHO survey² in October 2020 indicated that COVID-19 had partially disrupted mental health services in 93% of countries worldwide at a time when demand for mental health support is rising. Mental health and psychosocial support (MHPSS) is vital for our individual and collective well-being, especially now. MHPSS is even more crucial for the most vulnerable already living on the margins of society: people who have been hit by conflict or disaster, and who have been forcibly displaced or are on the move. Many of them have already lost their homes, communities, loved ones and livelihoods. The pandemic adds further to their distress and precarious circumstances.

The Netherlands strongly advocates recognising the importance of MHPSS for people and communities affected by crisis, and is committed to ensuring an MHPSS-inclusive approach in all humanitarian efforts, as well as in conflict prevention and peacebuilding programming.³ Together with like-minded countries and humanitarian agencies, we are making progress. In the past few years MHPSS has finally been designated a priority on the international agenda. Indeed, important agreements on including MHPSS as part of any humanitarian response were reached in 2019, with the Mind the Mind Now Conference and its Amsterdam Conference Declaration⁴ whereby a coalition of 28

countries and 10 organisations pledged to address the mental health and psychosocial needs of people affected by emergencies.

Integral to this is the need to:

- promote the integration of MHPSS into all crisis response from the outset
- integrate basic psychosocial skills into the training of every humanitarian worker
- attend to the psychosocial well-being of humanitarian staff, first responders and volunteers.

These principles are high on the agenda of the IASC’s MHPSS Reference Group,⁵ and are also reflected in the December 2019 resolution⁶ by the International Red Cross and Red Crescent Movement, which calls for the integration of MHPSS into all aspects of its emergency response.

However, although important steps have been taken, given the increasing levels of poor mental health we urgently need to scale up our investments – in funding as well as in political and policy efforts and in human resources development. In December 2020, at a high-level meeting⁷ during the Humanitarian Week, several UN humanitarian agencies issued a joint call for action, urging parties to honour earlier commitments to provide cross-sectoral MHPSS to meet the needs of people affected by emergencies.⁸ In January 2021, the Executive Board of the World Health Organization adopted a decision on mental health preparedness and response for public health emergencies.⁹ It calls on the World Health Assembly 2021 to endorse the updated mental health action plan, on Member States to allocate adequate funding, and on WHO to strengthen its capacity in the area of mental health.

MHPSS is not a luxury, an afterthought, or an additional burden. It is an effective tool because it helps individuals, families

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and communities to release their potential to recover, maintain or regain their resilience and perspective, to rebuild social cohesion, to resume their livelihoods, and to foster reconciliation. Unlocking this potential through MHPSS is essential to alleviating the effects of conflict, natural disasters, displacement and pandemics. And it can be done – provided that we work in close partnership with affected populations, grassroots organisations and civil society groups, making use of and building on existing experience, expertise and tools.

I very much welcome this issue of Forced Migration Review dedicated to MHPSS, relevant for practitioners, policymakers and researchers alike. It is an excellent gateway to a rich body of knowledge and expertise that need to be disseminated. And I call on all governments and actors to work collaboratively and with strengthened commitment to address the mental health needs of displaced people around the

world and to make full use of the potential of MHPSS. Because MHPSS helps to keep both our minds and our societies at peace.

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1. bit.ly/Guterres-mental-health-covid-video
2. WHO (2020) *The impact of COVID-19 on mental, neurological and substance use services: results of a rapid assessment*
www.who.int/publications/i/item/978924012455
3. See 'Enhanced Integration of MHPSS & Peacebuilding', October 2020 bit.ly/MHPSS-peacebuilding-video-Oct2020
4. International Conference on Mental Health and Psychosocial Support in Crisis Situations – Amsterdam, 7-8 October 2019
bit.ly/Netherlands-MHPSSconference-Oct2019
Amsterdam Declaration bit.ly/Amsterdam-Declaration-Oct2019
5. bit.ly/IASC-MHPSS
6. bit.ly/RCRC-MHPSS-Resolution-Dec2020
7. See bit.ly/high-level-MHPSS-crises-Dec2020-video
8. bit.ly/IASC-MHPSS-CallForAction-Dec2020
9. WHO (2021) *Promoting mental health preparedness and response for public health emergencies*
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