

**MENTAL HEALTH  
DETERMINANTS AND  
POPULATIONS**

**MENTAL HEALTH  
AND PSYCHOSOCIAL CARE  
IN CONFLICT AND POST-  
CONFLICT SITUATIONS**

*From Crisis Through  
Reconstruction  
Concept Paper  
For The*

**INTERNATIONAL  
CONSULTATION ON MENTAL  
HEALTH OF REFUGEES  
AND DISPLACED  
POPULATIONS IN CONFLICT  
AND POST-CONFLICT  
SITUATIONS**



Department of Mental Health and Substance Dependence  
World Health Organization

The World Health Organization was established in 1948 as a specialised agency of the United Nations serving as the directing and coordinating authority for international health matters and public health. One of WHO's constitutional functions is to provide objective and reliable information and advice in the field of human health, a responsibility that it fulfils in part through its extensive program of publications

The Organization seeks through its publications to support national health strategies and address the most pressing public health concerns of populations around the world. To respond to the needs of Member States at all levels of development, WHO publishes practical manuals, handbooks, and training material for specific categories of health workers; internationally applicable guidelines and standards; reviews and analyses of health policies, programs and research; and state-of-the-art consensus reports that offer technical advice and recommendations for decision-makers. These books are closely tied to the Organization's priority activities, encompassing disease prevention, and control, the development of equitable health systems based on primary health care, and health promotion for individuals and communities. Progress towards better health for all also demands the global dissemination and exchange of information that draws on the knowledge and experience of all whose Member countries and the collaboration of world leaders in public health and the biomedical sciences.

To ensure the widest possible availability of authoritative information and guidance on health matters, WHO secures the broad international distribution of its publications and encourages their translation and adaptation. By helping to promote and protect health and prevent and control disease throughout the world, WHO's books contribute to achieving the Organization's principal objective – the attainment by all people of the highest possible level of health.

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## INTERNATIONAL CONSULTATION

### ON MENTAL HEALTH OF REFUGEES AND DISPLACED POPULATIONS IN CONFLICT AND POST-CONFLICT SITUATIONS

*From Crisis Through Reconstruction*

Geneva, 23-25 October 2000

Mental health in general and mental health of refugees in particular are priorities in the work of the World Health Organization. Mental health of refugees, internally displaced persons and other war-affected populations is designated for priority and intensified action of WHO with a view to responding to the urgent mental health and psychosocial needs of one of the most vulnerable groups of today's world subjected to increased vulnerability as a consequence of conflict and gross human rights violations.

The number of refugees has grown enormously over the last decades. In 1960, the estimate was 1.4 million, and by 1979 there were a total of 13 million refugees world-wide. To date, the global number of refugees and displaced populations is 50 million, of which only 23 million receive humanitarian protection and assistance. Lack of international legal consensus prevents the others from receiving support. Many refugees are destitute people from poor countries who are forced to flee within, or to other impoverished countries. The number of refugees, and of the displaced is increasing because the number of people seeking refuge is growing faster than that of those whose plight is resolved through repatriation or resettlement.

As stated by M. Kofi Annan, Secretary General of the United Nations, "...*the lives of millions of people around the globe continue to be blighted by violence. In some parts of the world, states have collapsed as a result of internal and communal conflicts, depriving their citizens of any protection. Elsewhere, human security has been jeopardised by governments which refuse to act in the common interest, which persecute their opponents and punish innocent members of minority groups*".

War is the worst form of human-made violence. Since World War II, there have been 127 wars, most of which took place in low-income countries. The militarisation of these countries, with its combination of low intensity warfare and high-intensity lethal weaponry, is the first major cause of displacement, especially of women and children. Another cause of increased refugee influxes is the choice of a dominant socio-economic development model, leading to marginalisation of large groups of people and civil strife. A third reason of forced displacement is linked to the consequences of decolonization and search for democracy of ex-communist countries. These phenomena are often accompanied by political, religious and ethnic conflicts generating insecurity, persecution, oppression, dehumanisation and torture.

All these reasons contribute to an enormous psychological and socio-economic burden at the cost of the individual, the family, and the community.

## **Trauma and its psychosocial and mental health consequences**

In addition to humanitarian arguments to relieve the burden of those who suffer most from conflicts, there are professional arguments to address the mental and psychosocial needs of refugees, internally displaced persons and indigenous populations. The general effects of traumatic stress are varied and can be described by some combination of the following: feelings of extreme vulnerability, helplessness or despair, intense panic-level arousal and negative emotion, as well as a sense of being stunned and numb. Epidemiological studies have established that, in general, post-traumatic conditions among victims of wars and persecution vary between 15 and 50 per cent. This includes those who suffer from psychiatric disorders such as substance abuse, panic disorder, generalized anxiety, phobia, antisocial and other personality disorders, psychosis, childhood developmental problems, organic brain syndrome, and associated medical and social problems including increased suicide risk. Refugees and IDPs are highly traumatized people faced with extreme circumstances created by war and combat experiences, witnessing killings, torture including sexual violence and starvation.

### **Objectives of the consultation**

The rapid changes in today's world require constant adaptations of policies and priorities of UN-agencies, governments and non-governmental organisations. International leadership is needed, to reach a consensus in policy, strategies and programmes. The prevailing confusion in theoretical models and practices hinders efficiency, cost-effectiveness, often leads to damaging interventions and to dangerous epidemiological and anthropological research. Psychosocial rehabilitation is a long-term process; bridging humanitarian relief to development action must be pursued by: funding partners, host governments, international and local agencies to increase the impact of operations. Competition and other considerations prevent economy of scarce human and financial resources; lack of linkages between field-workers and researchers hampers capacity building.

The Consultation is meant to formulate the state of the art and the main priorities for the psychosocial and mental health care of victims of human rights violations in a variety of socio-political contexts and cultures. The consultation will focus on refugees, displaced people and other war affected populations. It will pay attention to both adults and children in times of distress. It is good to bear in mind that in many (post-) conflict situations both refugees, internally displaced persons and local host, indigenous populations may be affected by the violence and the human rights abuses. The Consultation aims at bringing international experts together with WHO staff, observers and with representatives of UN-agencies such as UNHCR, UNICEF, UNHCHR, UNDP, OCHA, UNFPA, NGOs and other organisations.

### **Rationale to organise the consultation**

Organizations and practitioners realize that providing services for refugees and IDPs requires special abilities which go beyond usual models for service delivery. To give a few examples.

1. The size of a refugee population may suddenly increase, or alternatively a whole population may repatriate unexpectedly. Therefore, a high level of flexibility is required from service providers. Managing a large influx of people requires a capacity to do rapid appraisals, to screen populations and to do *triage* of groups, which are at risk mentally. An obvious need arises for standards to be used in service delivery and for a tool to monitor the quality of projects and interventions.
2. In normal situations WHO promotes the introduction of mental health through the primary health care system. However, in (post-) conflict situations populations often reside in areas with limited institutional infrastructure. Communication between urban and remote areas is often problematic. People have limited access to PHC and no access to secondary and tertiary referral levels. In these cases WHO recommends to care providers to develop genuine, decentralized, community-based mental health care. This model can inspire other professionals in developing countries to develop culturally appropriate services for the peripheral underserved populations.
3. Western models that deal with massive trauma and human rights violations have limited practical value in countries with a minimal number or no mental health professionals. Therefore, often the only solution is training of medical staff, (para-) professionals, teachers, community leaders and women's organizations, which is another challenge for the public mental health field. This, however, needs specification of minimal requirements of both local and expatriate mental health workers, in order to provide efficient and ethically sound services.
4. Western psychological models focus on individuals whereas in conflict situations whole communities are affected and in need of support. This monitoring ought to be applied, not only to survivors of traumatic stress, but to the community as a whole.
5. Culture-specific idioms of distress require cultural sensitivity in the implementation of psychosocial and mental interventions.
6. Secondary traumatisation including multiple forms of violence requires measurements regarding secondary and tertiary prevention on different levels of the society.
7. Poverty requires creative solutions regarding funding and sustainability of projects for marginalised populations which themselves have limited or no sources of income.
8. Vicarious traumatisation of professionals dealing with massive man-made trauma results in high burnout levels of local personnel and international agencies personnel.

## **Outline of the program of the consultation**

Internationally adopted policy, strategies for cooperation and practical, simple, evidence-based guidelines do not exist. Tools for mental health needs assessments, practical indicators for monitoring and evaluation of programmes destined to mental health and non-mental health professionals are also not available. These technical materials will help build our evidence base of useful and effective interventions which will contribute to efficient standardisation and replication. Thus, the cost, delays and risk of damaging interventions will be decreased. The WHO Department of Mental Health and Substance Dependence, in collaboration with experienced partners intensified efforts in filling the gap.

This consultation will bring together a multidisciplinary group of professionals from the field of refugee mental health care and of human rights. A public mental health approach in conflict and complex emergency situations needs to focus both on psychosocial and mental problems on the level of communities, families and individuals.

The two and half days discussions will focus on short presentations and plenary group discussions of the following three topics, with the final aim of adopting the corresponding three documents which are:

- 1. The “Declaration of Cooperation in Mental Health of Refugees, Displaced and Other Populations Affected by Conflict and Post-Conflict Situations”.**
- 2. The tool for the “Rapid Assessment of Mental Health Needs of Refugees, Displaced and Other Populations Affected by Conflict and Post-Conflict Situations and Resources Available”.**
- 3. The tool for the “Monitoring and Quality Assessment of Mental Health Projects in Conflict and Post-Conflict Situations, and Standards for Professionals”.**

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