

GUIDANCE NOTE

Integrating Mental Health and Psychosocial Support into Peacebuilding



GUIDANCE NOTE

Integrating Mental Health and Psychosocial Support into Peacebuilding



Copyright @ UNDP 2022. All rights reserved.

This publication or parts of it may not be reproduced, stored by means of any system or transmitted, in any form by any medium, whether electronic, mechanical, photocopied, recorded or of any other type, without the prior permission of the United Nations Development Programme. The views expressed in this publication are those of the author(s) and do not necessarily represent those of the United Nations, including UNDP, or the UN Member States.

UNDP

One United Nations Plaza
New York, NY 10017, USA

UNDP is the leading United Nations organization fighting to end the injustice of poverty, inequality, and climate change. Working with our broad network of experts and partners in 170 countries, we help nations to build integrated, lasting solutions for people and planet.

Learn more at undp.org or follow at [@UNDP](https://twitter.com/undp).

Table of contents

Acronyms and abbreviations	2
Acknowledgements	3
Introduction	4
Theory of change	8
Operational definitions for this Guidance Note	9
Making the case	12
Principles	18
Helpful resources	38
Endnotes	39

Acronyms and abbreviations

CAAFAG	Children Associated with Armed Forces and Armed Groups
CBO	Community-based organization
CSO	Civil society organization
FBO	Faith-based organization
IDP	Internally displaced person
LGBTIQ+	Lesbian, Gay, Bisexual, Trans, Intersex and Queer
MEL	Monitoring, evaluation and learning
MHPSS	Mental health and psychosocial support
PFA	Psychological first aid
PTSD	Post-traumatic stress disorder
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
WHO	World Health Organization

Acknowledgements

This Guidance Note was prepared in a process led by the Conflict Prevention, Peacebuilding and Responsive Institutions Team (CPPRI) / Prevention of Violent Extremism (PVE) Team at UNDP's Crisis Bureau. Under the editorial direction of Nika Saeedi, and the guidance of Samuel Rizk (Head, CPPRI), this Guidance Note was produced by authors Friederike Bubenzer, Marian Tankink and Yvonne Slep. The coordination of the development of the guidance note was supported by Gitte Nordentoft, Isabella Caravaggio, and Rita Angelini.

We would like to extend our sincere appreciation to the many people around the world who generously contributed to the drafting of this Guidance Note. We acknowledge that by participating in the data collection, consultation and review process, they volunteered not only their time but also their personal and professional experiences and insights of working in incredibly difficult contexts.

Invaluable support was offered by the following individuals throughout the review phase:

Anou Borrey (UNDP), Abiosseh Davis (Interpeace), Alexandros Lordos (Interpeace), Amanda Ackbarali-Ramdial (UNDP Trinidad and Tobago), Andreas Loepsinger (IOM), Andres Martinez (USIP), Anna Azaryeva Valente (UNICEF), Annemiek Richters (Community Based Socioterapy), Bary Hart (Centre for Justice and Peacebuilding), Carlos Fayard (LLUH), Cecile Mazzacurati (UNFPA), Chavia Ali (UNDP RBAS), Cloe Clayton (Canadian Red Cross, Independent Consultant), Doruk Ergun (UNDP), Dumie Ngwenya (Grace to Heal), Elias Sadkni (House of Peace), Fahmy Hanna (WHO), Guglielmo Schinina (IOM), Heide Rieder (IOM), Isabella Caravaggio (UNDP), Immaculee Mukankubito (ICGLR/GIZ Peace Education Project), Juncal Fernandez-Garayzabal (ICRD), Kathy Angie (Act Church of Sweden), Katrien Hertog (IAHV), Laura Miller-Graff (University of Notre Dame), Lauren Phillips (UNV), Leticia Biira (TPO Uganda), Lottie Kissick Jones (Institute for Justice and Reconciliation), Lucy Turner (UNDP), Megan Smith (ARQ International), Melissa Nozell (USIP), Michael Niconchuk (Beyond Conflict), Michelle Girard (Third i Paradigm), Michiko Fukase (UNICEF), Mike Abrahams (R Cubed), Millicent Oloo (GIZ Civil Peace Service), Miryam Rebeca Rivera Holguín (PUCP), Mukasa Moses Bwesige (Lutheran World Federation), Nadja Wünsche (UNDP), Nassim Assefi (Independent Consultant), Neil Arya (PEGASUS Institute), Patrick Onyango Mangan (REPSI), Peter Ventevogel (UNHCR), Raquel Leandro (UNDP), Riina Isotalo and Maria Riihelä and Katja Vauhkonen (FELM), Sonya Armaghanyan (IOM), Stacey Schamber (ICAN), Susan Risal (Nagarik Aawaz), Ufra Mir (International Center for Peace Psychology), Viktoria von Knobloch (UN PBSO), Vivian Khedari (Beyond Conflict), Zeinab Hijazi (UNICEF).

We are grateful to the members of the IASC MHPSS and peacebuilding working group and consultants Professor Mike Wessells and Raksha Sule for their collegiality and support while working on complementary assignments.

Introduction

Violent conflict and structural violence negatively impact individuals and societies around the world. Having lost family members and friends, homes, livelihoods, hope for a better future and a sense of personal safety, many people feel bereaved and disenfranchised and risk losing their sense of meaning and purpose.

Even after a conflict has ended, societal tensions can continue to exist in the form of direct and indirect violence. Relationships amongst citizens and between citizens and the state may have been compromised. Peacebuilding processes aim to rebuild these relationships, reduce the risk of lapsing or relapsing into conflict by strengthening national capacities for conflict management, and lay the foundations for sustainable peace and development.

For most people, experiencing disruptive events does not automatically lead to experiences of trauma or to mental health problems. For most people, psychological distress is a normal reaction to an abnormal situation and adverse mental health problems are a temporary response to very difficult circumstances. However, for a small group the symptoms can become chronic if they are not addressed. The intense suffering caused by violent conflict can negatively impact mental health and psychosocial well-being. The World Health Organization (WHO) estimates that 22.1 percent of people living in conflict-affected areas show some level of depression, anxiety, post-traumatic stress disorder (PTSD) or bipolar disorder.¹ The effect of violent conflict on social cohesion depends on the nature, duration and type of conflict. While adversity in its many forms can build unity and strengthen social bonds when groups unite against a common threat, violent conflict tends to have a harmful and destabilizing effect on society. Psychologists and the medical field have long noted symptoms related to mental health problems that are common amongst people who lived and/or live in a violent environment. These can include feelings of grief, loss and sadness, as well as flashbacks, intrusive thoughts, somatic (bodily) symptoms, avoidance, and emotion regulation difficulties and substance abuse. If unaddressed, these symptoms can have longer-term effects on individual and collective well-being. This can create obstacles to positive social engagement, social cohesion and social justice, thus increasing the risk of anti-social behaviour and ongoing stressors. These stressors can create barriers to sustainable peace and development. To protect or promote psychosocial well-being and/or prevent or treat mental disorders, local or outside supports are put in place. The composite term 'mental health

The intense suffering caused by violent conflict can negatively impact mental health and psychosocial well-being

and psychosocial support' (MHPSS) is used to refer to these different but complementary approaches.

Conflicts are not clear cut, one-off events. They are part of a continuum, constantly shifting in nature and intensity and requiring people to adapt to changing circumstances and different levels, drivers and dynamics of violence, even after peace agreements have been signed. Violence can be both direct, such as physical harm, and structural – the harm caused as a result of injustice in society, such as the systematic ways in which some groups are hindered from accessing opportunities, goods and (health) services that enable the fulfilment of their basic human needs.

MHPSS is not only essential for treating and supporting individuals and families who have experienced disruptive events and different forms of violence; it is also an ongoing requirement to help people and communities cope effectively with the vast psychosocial challenges occurring directly and structurally along the conflict continuum. Recognizing the opportunity presented by the Sustainable Development Goals to broaden the mental health agenda, the Lancet Commission on global mental health and sustainable development suggests four key pillars to reduce the contribution of mental disorders to the global burden of disease. “First, mental health is a global public good and is relevant to sustainable development in all countries, regardless of their socioeconomic status, because all countries are developing in the context of mental health. Second, mental health problems exist along a continuum from mild, time-limited distress to chronic, progressive, and severely disabling conditions. The binary approach to diagnosing mental disorders, although useful for clinical practice, does not accurately reflect the diversity and complexity of mental health needs of individuals or populations. Third, the mental health of each individual is the unique product of social and environmental influences, in particular during the early life course, interacting with genetic, neurodevelopmental, and psychological processes and affecting biological pathways in the brain. Fourth, mental health is a fundamental human right for all people that requires a rights-based approach to protect the welfare of people with mental disorders and those who face vulnerabilities or risk factors associated with poor mental health, and to enable an environment that promotes mental health for all.”²

MHPSS and peacebuilding are mutually reinforcing processes: building positive peace enhances the conditions for providing mental health and psychosocial support and services as well as wider social well-being. Over time, social well-being affects the extent to which individuals and communities can contribute to peace, thereby interrupting cycles of violence. Bidirectionally integrating MHPSS and peacebuilding in one programme from the outset allows for a more comprehensive and systematic approach to transformational change – one that aims to address all levels of relationships in society across the conflict continuum. While this Guidance Note is aimed at peacebuilders around the world who are seeking to integrate MHPSS into their work,

Mental health is a global public good and is relevant to sustainable development in all countries, regardless of their socioeconomic status

MHPSS and peacebuilding are mutually reinforcing processes: building positive peace enhances the conditions for providing mental health and psychosocial support and services as well as wider social well-being

bidirectionality implies recognition of the importance of peacebuilding work for the sustainability of MHPSS interventions.

The Guidance Note and the principles outlined below have been compiled on the basis of a summary report containing data collected from four sources: a literature review, a stakeholder survey of MHPSS and peacebuilding organizations around the world, five online regional consultations with over 100 practitioners, and the cumulative knowledge and experience gained by the authors in both fieldwork and related research. The Inter-Agency Standing Committee Guidelines on MHPSS in Emergency Settings³ should be considered a foundational framework for those reading and working with this Guidance Note.

Objectives of this Guidance Note

There is no one-size-fits-all, step-by-step approach to the integration of MHPSS into peacebuilding. The process of integration, which should take place at the planning, implementation, monitoring, evaluation and learning (MEL) phases of a programme, will be different for each context and organization. The pace and level of integration will be determined by the available resources, the willingness of all concerned to expand their knowledge and networks, and the readiness of the wider social and political context to access and enable MHPSS services.

The principles listed can be universally applied by peacebuilding practitioners seeking to integrate MHPSS into their work. The principles are not linear but are closely interlinked. When implemented together, they can contribute to developing an integrated approach.

This Guidance Note is not intended to be prescriptive or directive. It does not in any way intend to stifle the varied, complex, creative and often organically unfolding work of those in the fields of peacebuilding and MHPSS. And, given the relative newness of guidance tools in this work, this document is likely to expand and adapt to new developments over time. The United Nations Development Programme (UNDP) is committed to ensuring that this is a living document; feedback, questions and suggestions are welcome.

The Guidance Note has been structured and developed in such a way that it can be used by peacebuilding practitioners from a wide spectrum of entry points. These include but are not limited to: the broad fields of reconciliation; transitional justice; preventing violent extremism; disarmament, demobilization and reintegration (DDR) of ex-combatants; peacebuilding work with youth, women, men, older people, migrants, the LGBTIQ+ (Lesbian, Gay, Bisexual, Trans, Intersex and Queer) community; volunteer groups; governmental, traditional and religious leaders and actors; people with disabilities; and (mental) health care.

It is hoped that these principles will serve as a starting point for a foundation that can inform and learn from ongoing innovative and new applications from around the world.

1. **Co-create an integrated approach** 
2. **Take a holistic, multisectoral and multilevel approach** 
3. **Relationship building, coordination and networking** 
4. **Joint context analysis and assessment** 
5. **Strategically balance short- and long-term goals** 
6. **Develop a joint monitoring, evaluation and learning framework** 
7. **Adapt local integrated interventions into national contexts and frameworks** 
8. **Do no harm** 
9. **Acknowledge and address mental health related stigma** 
10. **Acknowledge, manage and support personnel well-being** 

Theory of change

These guidelines are based on the experience of field practitioners and academics working in or at the intersection of both fields along the conflict continuum, as well as existing research documented in the report that accompanies this document.

The general assumption underlying these guidelines is that integrating MHPSS into peacebuilding leads to improved well-being, which in turn enables people to resist violence and build agency, ultimately leading to sustainable peace. Expressed differently, if MHPSS is integrated into peacebuilding processes to improve the well-being of individuals, communities and society at large, then the formation of peaceful societies is enhanced, contributing to structural transformation where resilience is built, and no one is left behind.

Operational definitions for this Guidance Note

Mental health and psychosocial support

MHPSS is defined in the 2007 Inter-Agency Standing Committee Guidelines for MHPSS in Emergency Settings as “any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder.”⁴ The term ‘psychosocial’ emphasizes the relationship between the psychological aspects of our experience and behaviour, and our relationships within a specific context influenced by social, political, economic and environmental factors. As such, mental health does not exist in a vacuum but is significantly influenced by the context in which an individual exists and the relationships within that context. MHPSS emphasizes that interventions should both treat mental health conditions and address the spectrum of people’s psychosocial needs, including daily stressors and conflict-related challenges. Not every intervention needs to address all the layers of the intervention pyramid, as these are typically developed in an inter-agency manner, collectively ensuring that all levels are taken care of.

Peacebuilding

The UN General Assembly understands peacebuilding and sustaining peace as “a goal and a process to build a common vision of a society, ensuring that the needs of all segments of the population are taken into account, which encompasses activities aimed at preventing the outbreak, escalation, continuation and recurrence of conflict, addressing root causes, assisting parties to conflict to end hostilities, ensuring national reconciliation, and moving towards recovery, reconstruction and development.”⁵

Peacebuilding consists of a broad range of interrelated processes, actions and tools to promote social cohesion and just and sustainable social, economic and political structures and relationships at all levels of society. It is concerned with short-term responses to complex and violent conflicts, as well as the long-term interventions and responses necessary to build the capacity of societies and conditions that contribute to preventing new or further cycles of violence. Peacebuilding priorities include supporting basic safety and security, political processes (including conflict management and reconciliation), core government functions, justice and the rule of law, provision of basic services (including health), economic revitalization and management of natural resources.⁶

Mental health does not exist in a vacuum but is significantly influenced by the context in which an individual exists and the relationships within that context

Economically, politically and socially stable societies are the foundation for justice and human flourishing

Economically, politically and socially stable societies are the foundation for justice and human flourishing, and are built by addressing the intangible and tangible, psychological, relational and structural factors which shape individuals and society. Peacebuilding is both a goal and a process and includes fields such as conflict prevention, climate-related conflict, prevention of violent extremism, the rehabilitation and reintegration of ex-combatants and women and youth formerly associated with violent extremism, addressing sexual and gender-based violence, advocacy related to social justice issues, mediation, transitional justice, the promotion of social cohesion, and reconciliation.

Mediation

UNDP has defined mediation as a process whereby a third party assists two or more parties, with their consent, to prevent, manage or resolve a conflict by helping them to develop mutually acceptable agreements. The premise of mediation is that in the right environment, conflict parties can improve their relationships and move towards cooperation. Mediation outcomes can be limited in scope, dealing with a specific issue in order to contain or manage a conflict, or can tackle a broad range of issues in a comprehensive peace agreement.⁷

Transitional justice

Transitional justice refers to “the full range of processes and mechanisms associated with a society’s attempt to come to terms with a legacy of large-scale past abuses, in order to ensure accountability, serve justice and achieve reconciliation.”⁸ It understands that societies which adequately face their history of collective violence will be better equipped to avoid its repetition in the future. Transitional justice is grounded in the fundamental rights of the victims of human rights violations, namely the right to an effective remedy, the right to know what occurred during conflict or repressive periods (the right to truth), the right to reparation and the right to protection from the recurrence of future violations. Transitional justice adopts a longer-term approach that looks toward shaping a more peaceful, just and inclusive future.

Social cohesion

The definition of social cohesion is dependent on context, identity, culture and the social and political dynamics in question. UNDP defines it as the state of a society’s convergence, or the ‘common bonds’ that unify different people and groups that share space or territory.⁹ Social cohesion can be further conceptualized through two dimensions: vertical social cohesion, which concerns the relationships between citizens and their governments, and horizontal social cohesion, which concerns relationships and interactions between citizens and within and between groups of society.

Transitional justice is grounded in the fundamental rights of the victims of human rights violations

Violence – direct, structural and cultural

Violence is defined by WHO as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”¹⁰ Peacebuilding scholar Johan Galtung¹¹ distinguishes three forms of violence: direct – the physical harming of other humans with intention; structural – the harm caused as a result of injustice within society; and cultural – those aspects of violence that are exemplified by religion and ideology, language and art, science and other symbols that can be used to justify or legitimize direct or structural violence.

Positive and negative peace

Peace is a multifaceted concept that can be understood through the lenses of negative and positive peace. Negative peace is defined as the absence of direct violence. This definition does not recognize ongoing structural forms of violence. Positive peace offers a more holistic approach and recognizes characteristics such as the restoration of relationships, better economic outcomes, measures of well-being, levels of inclusiveness and environmental performance. These factors are considered important for sustaining peace and creating transformative change within societies.

Integration

In the context of this Guidance Note, integration is defined as the intentional bringing together of components of MHPSS and peacebuilding practice, from the outset to the conclusion of the programmatic intervention. This prevents an insular approach to both fields, and makes MHPSS an integral and cross-cutting component rather than a last-minute or one-off add-on. This does not mean that peacebuilding practitioners become professional MHPSS practitioners, or vice versa. Rather, a broad understanding of what MHPSS entails is gained so that informed partnerships can facilitate a comprehensive and bidirectional approach, leading to holistic implementation at the individual, community and societal levels. For instance, clinical interventions to prevent and address suicide may also intentionally incorporate culturally relevant practices that promote understanding and empathy and as such contribute to reconciliation. Practices that address issues of moral injury and facilitate forgiveness may both address the mental and psychosocial impacts of violence and contribute to peacebuilding. Given that violent conflict affects all sectors of society (micro, meso and macro), an integrated approach requires that all sectors of society be included.

Given that violent conflict affects all sectors of society, an integrated approach requires that all sectors of society be included

Making the case

How violent conflict impacts individual MHPSS

The extent to which individuals are vulnerable and/or resilient to violence and crises differs. Each individual experiencing a difficult event will perceive it in their own way. Their perception and response are influenced by various factors, including intensity and duration of the experience, their personality, pre-existing mental health, genetic makeup, social support, the way close relatives and friends are affected and how (un)able they feel to influence the situation.

Social determinants such as the wider cultural, social and economic context in which an individual exists play an important role in shaping people's responses to difficult events. These include cultural, spiritual and religious norms; social position in the family and community; existing social support; and structural social and economic factors, such as poverty, income inequality or occupying a refugee or migrant position. Social determinants influence people's understanding of and coping mechanisms in response to adverse life events like humanitarian emergencies or interpersonal violence, even when they themselves are not physically present but relatives and friends are.

Given the frequency of such disruptive events during violent conflict and their perceived life-threatening experiences, people may experience temporary mental health challenges. These can result in changes in the way affected people think, feel and behave, and can affect their ability to maintain positive relationships with others. People might assume negative views of themselves, others or the world; they might struggle to feel positive emotions, and develop negative emotions such as fear, anger, sadness and behaviour that is harmful for themselves or others. It can include flashbacks, intrusive thoughts, somatic (bodily) symptoms, avoidance and/or emotion regulation difficulties. These changes in brain, body, psychology and behaviour are often temporary. Stress, distress, grief and traumatic stress are all normal reactions in a context of violent conflict, and to be expected. Most people are resilient and recover, although they might still need psychosocial support, especially in an ongoing conflict.

Social determinants play an important role in shaping people's responses to difficult events

Trauma is one possible response to events or a life situation that threatens, or is perceived to threaten, an individual's survival or basic sense of security, accompanied by an experience of extreme helplessness. As noted, whether individuals are traumatized by their exposure to adverse situations or events

depends on various factors, as well as the meaning they ascribe to the situation. This can become more complicated if their meaning does not accord with social norms and expectations – for example in the case of sexual violence, if social opinion tends to accuse the attacked person.

It is important to note that the IASC MHPSS Advocacy Package¹² recommends to avoid using the word ‘trauma’ when referring to the emotional and mental health impact of traumatic events, as this refers to specific clinical terminology. Instead, the use of terms such as ‘very stressful events, potentially traumatic events, adversity and distress’ is encouraged. Similarly, the advocacy toolkit recommends to refer to people being distressed rather than traumatized. Also, people providing MHPSS should be referred to as mental health and psychosocial support experts, rather than trauma experts.

Grief is one of the most common and normal emotional states in response to the loss of loved ones, possessions, future, hopes and dreams. If grief, psychological distress and traumatic stress do not improve over time, these changes can develop into mental health problems, including PTSD, depression, anxiety disorder and substance abuse. In addition, pre-existing mental health problems can reappear or become worse. These have serious longer-term effects on people’s emotional state, cognition and sense of identity and may manifest in unsocial behaviour. The effect on the direct social environment such as partners, children and other family members can create interpersonal problems that may lead to violence, thereby worsening mental health problems. At the same time, it can also create barriers to social engagement, social cohesion and social justice. Negative social norms, harmful narratives and injustice in turn contribute to social instability, which maintains those environments where stress and conflict can negatively impact the well-being and mental health of people.

It is important to acknowledge that the majority of people will recover. Traumatic experiences can lead to positive outcomes: new coping skills, increased social unity, increased purpose and meaning, and even greater functioning in various domains. This is often referred to as post-traumatic growth, and such growth can exist alongside negative or unwanted adaptations.

How violent conflict impacts interpersonal relationships and the psychosocial well-being of communities

Given that effective peacebuilding depends on the nature and quality of relationships, damaged relationships are likely to undermine peacebuilding. Personal well-being and social cohesion facilitate the effective functioning of structures, systems, institutions and processes necessary for building sustainable peace.

Violent conflict and social instability, like those that occur in war situations, not only adversely affect interpersonal relationships in families and communities;

Stress, distress, grief and traumatic stress are all normal reactions in a context of violent conflict

Social instability maintains those environments where stress and conflict can negatively impact the well-being and mental health of people

they also disrupt the norms, values and principles that govern relationships between citizens and the state. This can result in collective trauma where not only individuals and families but entire communities or regions are affected. There is no concise definition of collective trauma, but societies can be impacted by violence in a way that influences social cohesion, the interactions within them and the interactions between people within the community. The fact that many individuals have experienced difficult events and grievances is not *per se* considered a collective trauma. When large-scale violence happens, it impacts collective narratives, beliefs, scapegoating and prejudices, which can create distrust and fear, damage social cohesion, rupture social bonds, undermine communality, destroy existing sources of support and resilience, and even affect those members of a community, society or group who were absent when the conflict took place. Where safety nets have been destroyed, interventions need to be targeted at and include whole communities.

Families and communities that have not recovered from the impacts of stress and violent conflict or oppression, and whose challenging living conditions and MHPSS needs have not been addressed, are more vulnerable to political, economic, cultural and social instability and pressures, which can lead to further cycles of violence.

Poor mental health at an individual level can negatively impact intercommunal and interpersonal relationships and hamper constructive efforts to engage in conflict resolution and peacebuilding – such as when people withdraw because they do not trust others or are too depressed to engage socially. Unaddressed legacies and painful memories of the past and related negative emotions can thus be triggered and revitalized, impacting individual and group behaviour and fuelling direct and indirect violence in the present.

The concept of intergenerational trauma posits that when parents are deeply psychologically affected by their own experiences of war and violence, this can affect their child-rearing styles, attachment to their offspring, social relations and outlook on the world. Intergenerational trauma can be both individual and collective (such as memories) and transferred from one generation to the next. When one generation is unable to reconcile or recover from the experiences of a difficult past, or to transform negative narratives, future generations can inherit their feelings of anger, pain and resentment.

A growing body of research¹³ suggests that offspring can be affected by parental exposure to harmful difficult experiences that occurred before they were born or even before they were conceived. In the absence of adequate support and integrated interventions to deal with the past, intergenerational violence and/or trauma may evolve into hardened or even radicalized sentiments or mental health problems.

Given their increasing dependence on social media for connection and information, youth are vulnerable to threats and mis- and disinformation, which can cause feelings of fear and anxiety. At the same time, social media enhance

**MENTAL HEALTH SYMPTOMS
CAN RESULT IN CHANGES IN
THE WAY AFFECTED PEOPLE
THINK, FEEL AND BEHAVE,
AND CAN AFFECT THEIR
ABILITY TO MAINTAIN
POSITIVE RELATIONSHIPS
WITH OTHERS**

Children can be affected by parental exposure to harmful difficult experiences that occurred before they were born

the risks of bullying, harassment, radicalization and political opportunism. This can cause isolation or stigmatization but can also contribute to social and political polarization. The ability of individuals, families, communities and societies to deal with the ongoing effects of these complex conditions can exceed their coping mechanisms. This is aggravated by the lack of adequate support systems in contexts where these have been impacted or even damaged. It is difficult to constructively resolve conflict and transform to living in peaceful coexistence if the systems to help people cope with difficult past experiences and daily stressors in the present need to be rebuilt and strengthened. Coming to terms with the impact of violent and extremely painful experiences, experiencing anger, fear, grievances and loss, being able to feel empathy again and then reconnecting with others and the society, is significantly linked to people's willingness and capacity to engage in peacebuilding processes. The appropriate timing and sequencing of MHPSS activities carried out across the conflict continuum must be carefully considered; feeling safe, being able to trust and support others, and well-being are closely interlinked.

Why MHPSS should be integrated into peacebuilding

The psychosocial well-being of individuals and the effective functioning of communities and societies are affected by individual and collective responses to experiences such as violent conflict, sexual and gender-based violence as well as physical, political, socioeconomic and other stressors like climate change and environmental degradation and their impact on displacement. Accumulated individual, interpersonal and historical trauma can influence the reasoning, behaviour and attitudes people bring with them into the peacebuilding process and disrupt peaceful coexistence. People whose mental health is negatively affected by (past) violence tend to withdraw, blame themselves or struggle to interact with others. Vengeful behaviour is more likely when people feel unacknowledged and that they have not had access to justice. The consequences, such as severe mental health problems or broken relationships, need to be repaired in order to support the effective design and functioning of structures and institutions that are established as part of peacebuilding activities.

Peacebuilding theory suggests that there is a need for intrapersonal and interpersonal transformation to support political, economic and social transformation. Using conflict transformation tools can turn animosity, hatred and domination into collaboration, creativity and community. Similarly, recovery from violent and disruptive events requires recreating both relational connections and a physically, socially and psychologically safe environment.











Integrated MHPSS and peacebuilding interventions can support individuals to recover and relate better to themselves and others. As such it is important that institutions, structures, systems and processes are repaired and rebuilt in a way that facilitates the equitable distribution of resources and services or reduces the risk of exacerbating root causes of conflict and social determinants

Integrated MHPSS and peacebuilding interventions can support individuals to recover and relate better to themselves and others

of poor mental health. Efforts to build and sustain peace are necessary not only once conflict has broken out, but long before through preventing conflict and crises and addressing its root causes. MHPSS should be integrated into all these efforts and can play a critical role in the peacebuilding process by facilitating the recovery of peace of mind, the repair of relationships and creating the conditions for gender equality and social stability, thereby enabling effective participation throughout the process of social transformation.

Bringing MHPSS practitioners into the negotiation, dialogue and mediation process to offer a different perspective to those participating in and supporting the process, can support individuals and groups in need of specialized care, and assist in addressing and mitigating harmful psychological dynamics and obstacles that arise, which may otherwise jeopardize the process.

Focus areas and key principles for peacebuilders

Peacebuilding initiatives by peacebuilders (at individual and systems level)	Key integration principles	Mental health and psychosocial support by peacebuilders (at individual and systems level)
<ul style="list-style-type: none"> • Effective cooperation • Constructive conflict resolution • Social justice • Power and equality • Human needs and emotions • Complexities of peace • Creative problem solving • Complex thinking • Persuasion and dialogue • Reconciliation and forgiveness • Education • Norms for policy • Practising sustained peace 	<ul style="list-style-type: none">  Co-create an integrated approach  Take a holistic, multisectoral and multilevel approach  Relationship building, coordination and networking  Joint context analysis and assessment  Strategically balance short- and long-term goals  Develop a joint monitoring, evaluation and learning framework  Adapt local integrated interventions into national contexts and frameworks  Do no harm  Acknowledge and address stigma, including that related to MHPSS issues  Acknowledge, manage and support personnel well-being 	<ul style="list-style-type: none"> • Identify mental distress in individuals • Provide psychological first aid • Refer individuals and families to formal psychological services as needed • Refer individuals and families to social and welfare services or other relevant sectors • Foster resilience • Assist in meaning making and sense of coherence • Supportive environments for both social and mental health needs

Principles

1 | Co-create an integrated approach

Why?

Co-creation is the collaborative development of a process that brings together practitioners from the MHPSS field (clinical, social and community psychologists, psychiatrists, psychiatric nurses, community health workers, social workers, anthropologists, artists, educators, and religious and traditional healers) and the peacebuilding field (people working in transitional justice, conflict transformation, peace education, mediation, reconciliation, peace committee representatives, civil society, community and religious [dialogue] leaders). The aim is to collaboratively innovate a new way of working based on the cumulative knowledge and skills of each field.

By gaining a more detailed understanding of each field's components, theoretical frameworks, knowledge and tools, commonalities can be identified on the basis of which integration can grow. This enables clear differentiation of what part of an intervention should be implemented by whom, why and when. This differentiation is particularly important for peacebuilding practitioners, as they need to be trained in psychological first aid (PFA), know what type of support and treatment the MHPSS practitioners can offer, and be fully aware of available referral systems so that complex cases can be referred.

Co-creation is particularly relevant in contexts where individuals from different professional and experiential backgrounds, such as community leaders and government officials, come together with the aim of jointly producing a shared outcome. Co-creation is a fluid process allowing for and encouraging a wide variety of stakeholders to actively contribute towards shaping a common process.



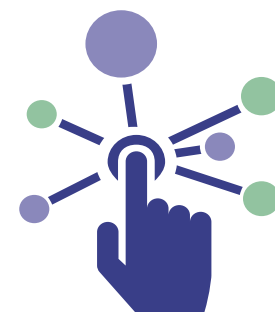
How?

- Create opportunities for practitioners from both fields to come together and learn from one another in reflective workshops. Peacebuilding practitioners should be trained in the basic skills and knowledge to use tools like PFA, identify people with mental health problems for referral purposes, and understand how violent conflict and its rupturing effects impact psychological health and social relations. In the process of integrating MHPSS into peacebuilding, peacebuilders are not expected to become MHPSS experts.
- Any MHPSS training should be holistic; attuned to a society's broader social, economic and transitional justice needs; and use a co-creative approach that integrates and benefits from the knowledge and experiences of participants. These efforts should include mechanisms to facilitate meaningful participation and representation from local peacebuilders that are historically excluded from decision-making processes, such as women, youth, people with disabilities and returnees. Attention should also be paid to local idioms of distress, well-being, healing and cultural rites and rituals.
- Train MHPSS practitioners in the introductory knowledge and tools involved in peacebuilding to be better able to support these efforts, while ensuring that MHPSS interventions are conflict-sensitive, gender-sensitive and peace-responsive.
- Work with (local) academic institutions to develop and fine-tune cutting-edge MHPSS methodologies in peacebuilding and development interventions. Academic institutions can also act as centres of excellence or knowledge repositories for collecting and disseminating information about mental health and peacebuilding for further research and practice. Academic institutions can assist in assessing the results of programmes and, where possible, should be involved at the onset of interventions.
- Be aware of the power relations and social dynamics in a given context and how these impact on integrating MHPSS into the peacebuilding field. To avoid the imposition of foreign methods and dependency on outside agencies, create spaces for affected communities to lead decision-making processes. Actively track and respond to mis- and disinformation.

2 | Take a holistic, multisectoral and multilevel approach

Why?

A gender-sensitive, multisectoral and multilayered approach to integrating MHPSS into peacebuilding acknowledges the many ways in which crises affect people and society in a given context. To better achieve a shared outcome, multisectoral approaches include intentional collaboration between various stakeholder groups (e.g. civil society organizations [CSOs], government, community and religious leaders) and sectors (e.g. health, environment and economy). By involving different sectors, peacebuilding practitioners can share and leverage the collective knowledge, expertise, reach and resources, so benefiting from the combined and varied strengths. Using a multisectoral



approach, especially in contexts where resources are limited, can assist in preventing the duplication of efforts, optimize resource usage and ensure that no one is left behind. Applying this emerging knowledge from different sectors at the micro, meso and macro levels of society gives rise to a multilevel approach.

How?

- Examine if and how other fields – economic development and livelihoods, education, prevention of sexual and gender-based violence, trafficking, forced migration and displacement, climate security, protection, security, legal and governmental systems – impact MHPSS and peacebuilding needs and outcomes. Where relevant, involve these disciplines in the development of integrated programming efforts.
- Reach out to local organizations such as state and private mental health providers, schools, universities, clubs, cultural centres, CSOs, faith-based organizations (FBOs), women, youth, and men’s associations, organizations that support persons with disabilities, LGBTIQ+ organizations, refugees, returnees, ex-combatants (including CAAFAG), host communities and other relevant bodies to explore synergies and possibilities for collaboration.
- Include community leaders, civil society actors and faith-based leaders and actors (including women and youth of faith) in all aspects of a multilayered and multisectoral approach. Leaders play an important role in influencing the attitudes, beliefs and behaviours of their constituencies. They can thus model and elicit positive change through their own behaviour. Be aware that leaders might need extra support as a result of their own exposure to potentially traumatic experiences or mental health problems.
- Set up or link up with an existing inter-agency and interorganizational referral system to ensure all stakeholders know where to refer individuals who need specialized mental health support.
- Lobby and support relevant government bodies at the national and local levels, as well as international institutions, to develop emergency strategies, operational plans and policies and guide the integration of MHPSS into peacebuilding efforts.
- Be attentive to the positive and negative (e.g. fake news) roles of the (social) media in all phases, and utilize the media to benefit the intervention through joint advocacy campaigns and by challenging fake news.
- Equip peacebuilders with the basic skills and knowledge to identify people in need, as well as to access service providers that are able to provide adequate care. This could be done through a two-level approach: first, all peacebuilders should be trained to be aware of the manifestation of MHPSS problems and the importance of referral; second, some peacebuilders should be equipped in more technical referral skills. This (smaller) group makes the actual referrals. This mitigates the complexity involved in distinguishing between normal reactions to difficult experiences and the type of stress that requires specialized care.
- Conduct advocacy and awareness raising to ensure that donors understand the importance of supporting the integration of MHPSS into peacebuilding as a necessary intervention for sustaining peace and preventing further violence

3 | Relationship building, coordination and networking

Why?

Strong relationships are a foundational component of all stages of the work conducted by peacebuilding and MHPSS practitioners. Intentional and continuous relationship building between practitioners from both fields is thus necessary. Sustained integration is more likely once strong, trust-based relationships have been built. This can be done through formal and informal networks. Networks typically share a common purpose or vision derived from a shared perceived need for action. By creating opportunities for practitioners from both fields to learn about each other's objectives, tools and indicators, the likelihood of a shared way of working together is enhanced, thereby preventing ad hoc or piecemeal integration. Cross-cutting dialogue and reflection that cultivates mutual understanding and enables joint problem solving should be a regular feature of healthy, dynamic networks. Attention needs to be given to building trust, developing mutual respect, and establishing a commitment to a future shared integrated outcome.

Forming strong relationships between MHPSS and peacebuilding practitioners takes time and effort, especially when professionals from different backgrounds are meeting for the first time. This can be facilitated by jointly identifying commonalities, having a shared vision and acknowledging that through collaboration, sharing and coordination, stronger results are generated: the sum is stronger than the individual parts.

Partnerships and networks between MHPSS and peacebuilding practitioners have extensive benefits, especially in resource-constrained contexts. These include:

- The possibility of improved access to information;
- Cross-pollinating and sharing different skills, knowledge and financial resources;
- Increased efficiency;
- A compounding effect, which increases the reach and impact available to partner organizations;
- Solidarity and support, including trusted resources in the other sector who can advise on difficult issues; and
- Increased visibility of issues, best practices, gaps in service provision and underrepresented groups.

Other important perceived benefits are risk mitigation, reduced isolation and increased credibility, particularly for CSOs. Strong vertical relationships (between humanitarian and development actors, national and local government,



and local organizations) are as important as horizontal relationships (between local CSOs and volunteer groups in a specific area). These relationships must be developed to ensure that community needs are more directly integrated into decision- and policymaking and that communication feedback loops operate effectively.

Innovation is more likely when networks enable diverse professionals, experiences and knowledge to come together in a gender-sensitive way. Strong networks and effective coordination can also prevent organizations that work in the same communities from competing for limited financial resources, duplicating efforts, and causing confusion and frustration. While official or formal networks can be formed to address a specific priority such as the integration of MHPSS into peacebuilding, formal and informal networking happens all the time between individuals and organizations.

How?

- Conduct individual trust- and relationship-building exercises while also engaging one another's organizational vision, mission, skills, knowledge and limitations. Relationships and networks of peacebuilding and MHPSS organizations should also be built between, for instance, UN organizations, government, civil society (including organizations or specific groups) and academic institutions. Local relationships between groups such as youth, women, men, older people, persons with disabilities, ex-combatants, returnees, LGBTIQ+ people, community and religious leaders/actors, CSOs and volunteer groups also need to be fostered. In refugee and internally displaced person (IDP) settings, relationship building between refugees/IDPs and the host communities is important. To create and sustain the formation of this way of working, the following should be kept in mind:
 - Network members need to work on building trust between themselves and the populations they serve.
 - Network members should commit to openly sharing information and, if possible, resources.
 - The networks can be applied to build trust and break down stigma, and can play an advocacy role in making MHPSS visible. An example is working towards decriminalization of suicide.
 - Use formal and informal networks to stimulate interest in peacebuilding and MHPSS, as well as the integration of the two fields. Encourage innovative ideas to mobilize social support.
 - Create space and time for marginalized voices to be heard, as well as for a diversity of insights, experiences and cultural vantage points to surface. For instance, ensure women, youth, religious and ethnic representation at meetings. Draw on existing local knowledge that originates from a diversity of formal and informal sources.
 - Form an interdisciplinary and multisectoral coordination team to implement an integrated approach. The members of this team should represent skills and knowledge from at least both fields – as well as the communities involved – to strengthen coordination, cooperation and participation and integrate services and support in the long run.
 - Strengthen the capacity of all stakeholders, including MHPSS practitioners and peacebuilders, through joint training and workshops.
 - Reflect on, speak about and regularly address the many challenges to effective coordination, such as funding competition.

- Map and make visible the skills, information and resources that can be accessed through a network. Participation will be higher if members can see a benefit and feel they can make a contribution. Identify possible advocates from the local community who have credibility and knowledge about the resources, people and organizations that participate in the network.
- Search for synergies and opportunities for integrating services with local organizations, including state and private mental health providers, schools, universities, clubs, cultural centres, faith communities, volunteer networks, community-based organizations (CBOs) and FBOs, women, youth, and men's associations, organizations that support persons with disabilities, LGBTIQ+ people, migrant organizations, refugees, IDPs and returnees and, where possible, the in-country IASC MHPSS technical working group.
- Bring donors on board that can fund networks and proposals for projects that integrate MHPSS into peacebuilding. Dedicated coordination personnel can help ensure efficiency, transparency and effectiveness.
- Conduct interviews with community leaders, CSOs and other relevant stakeholders (see Principle 4) to better understand the nature of relationships in a given context.
- Engage a gender expert where possible to ensure a gender-sensitive approach throughout all phases of the process.

4 | Joint context analysis and assessment

Why?

Peacebuilding and MHPSS practitioners typically start interventions with a multidimensional assessment and analysis of the context in which they will be working. This includes identifying the root causes of the conflict and their implications; establishing local needs, skills, resources and services; and mapping relevant stakeholders and sources of resilience such as youth and women's groups, saving schemes and communal spaces for worship and prayer.

A mapping and assessment that is jointly conducted by MHPSS and peacebuilding practitioners with local stakeholders, and that evaluates a particular context through the analytical lenses of both fields, is an important starting point for joint learning and for developing an integrated programme in a specific context.

To ensure a holistic approach, cultural and traditional structures need to be included from the beginning, such as traditional and spiritual leaders and healers, and less formal structures and processes like local rituals and ceremonies. This can play an important role in strengthening resilience and providing social and psychological comfort to those living in conflict-affected communities.



How?

- Conduct a desk review to compile existing information (mapping studies, local resources, academic and grey literature) in order to prevent duplication, build on existing knowledge, and collect available case studies and best practices.
- Map the presence or absence of MHPSS and peacebuilding organizations and their services to provide an integrated overview of what resources – financial, social and cultural – are available. Identify relevant local, regional and international actors and stakeholders in both fields (and others if necessary), and use the 4Ws method to assess **who** is doing **what**, **where**, **when** and how in a given context.
- To evaluate how affected populations are coping with their situation; what their needs, skills and practices are; or how they prioritize their needs, assess the following:
 - The mental health and protection needs of individuals, families and communities, to identify who is in need of MHPSS and at what level;
 - Existing understandings of mental health, mental disorder and recovery;
 - Existing resources, structures and interventions to address mental health needs, including coping strategies, skills and practices to address these needs (professional supports, spirituality, family support, traditional healers or community groups).
- Conduct a conflict analysis to understand the root causes and drivers of conflict and the stakeholders within a given context. This should be done in a conflict-sensitive way and include building an understanding of the drivers of peace and the available sources of resilience, such as skills, capacities and practices.
- Build on what is available by involving a wide range of national stakeholders from the start. This makes it possible to understand the role of localized mechanisms in advancing or hindering MHPSS and peacebuilding efforts, and then working within those findings to develop and build on contextually appropriate interventions based on local needs.
- Ensure a thorough understanding is gained of existing traditional peacebuilding processes and structures and that those driving such processes and structures are consulted and, if required, included in the joint assessment.
- Involve communities as active participants and change agents throughout the joint assessment. Consider the following:
 - Community members have an intimate understanding of their context. As such, their involvement is critical in developing relevant topics/questions, as well as designing the assessment objectives, methods, priorities and tools to ensure they can give meaning to the findings.
 - Establish a community consultation mechanism to actively engage a broad spectrum of local stakeholders rather than just community elites, from the outset, and leverage existing volunteer networks to support the establishment of truly inclusive and representative and sustainable committees.
 - Ensure that findings are jointly interpreted and analysed using local community knowledge and, if needed, local language. This will prevent misunderstandings and help to identify local resources that can be mobilized during the implementation.
 - Where necessary and relevant, inform local authorities about planned interventions, the purpose, and possible implications of the joint assessment.
 - Pay attention to cultural sensitivity, gender dynamics and the inclusivity of marginalized groups.

- Discuss and verify assessment findings with the relevant stakeholders. This will help to align the correct needs and priorities and can prevent cultural biases. Other stakeholders should be invited to join as and when the context requires.
- Consider language and culture. Expressions of distress and other emotional states must not be understood and interpreted only through a western medical lens.

5 | Balance short- and long-term goals

Why?

An integrated approach should include short-term aims and actions that are accompanied by longer-term strategic plans and goals. Short-term, ad hoc interventions on their own are unlikely to lead to sustainable peace and well-being and should be positioned within a long-term strategic plan and vision. Short-term goals can create momentum and improve morale by making activities more visible. Local strategic plans need to fit into national peacebuilding frameworks and processes and, where possible, health and education system infrastructure.

Long-term goals can consist of several short-term interventions, which need to be carefully planned, monitored, evaluated and coordinated.

Over time, the planned short-term interventions, interdependent with long-term goals, should be revised and adapted as necessary to changes in the context – for instance, moving from an emergency to a post-emergency context.

Sustainability has to be included from the beginning to avoid dependency. Programmes should be in line with local needs and priorities and able to be maintained by available systems, especially vis-à-vis long-term MHPSS for people coming to terms with the effects of stressful experiences. Building on existing structures and resources is an important first step. It is also important to recognize that local MHPSS systems will need financial, technical and professional support. In the short term, peacebuilders can be given skills and knowledge on the foundations of MHPSS, such as do no harm, PFA and early identification and referral. In the long term, the goal must be to integrate MHPSS into peacebuilding while acknowledging that each field still has its own specialization that will form part of the referral pathways.

Ultimately, the joint actions of both short- and long-term interventions must lead to efficient mechanisms that will better achieve peacebuilding goals, including basic safety and security and economic revitalization, as part of social cohesion efforts.

Short-term goals can create momentum and improve morale by making activities more visible



How?

- Depending on the joint assessment, decisions will be made on what goals to prioritize and who will do the implementation. Short- and long-term goals will overlap but should be differentiated using a strategic, well-coordinated and results-focused approach that builds on existing capacity and meets local needs.
- It is important to understand the different phases of programme design and implementation for both short- and long-term goals, and refocus priorities accordingly. Initial scoping and networking, developing locally appropriate guidance, piloting, optimizing, scaling and integrating within sustainable national infrastructures and policies are just some of the phases that are typically required in most programmes. They might require several years for their sequential fulfilment.
- Leverage the strengths and capacities of, and coordinate efforts with, other sectors that can act as an entry point for or are already implementing integrated interventions (e.g. education, social welfare, health, child protection).
- Prioritize peer learning by facilitating exchange visits to similar programmes in different geographic areas. This can serve as a short-term deliverable that can influence long-term vision and goals.
- Plan even quick, short-term actions. These are likely to be more operational than strategic, and focused on solving particular problems that will give visibility and credibility to partners.
- Ensure capacity strengthening and training in basic MHPSS skills for peacebuilders and other relevant actors (e.g. women's organizations, youth networks, religious leaders and actors) in the communities that connect MHPSS with the wider social, economic, political and environmental context. Technical assistance and training are important and are frequently used as instruments for short-term deliverables. These interventions need sustained support to achieve the overall goals of well-being and sustainable peace.
- Develop indicators of change for both short- and long-term goals.
- Adhere to international norms and standards pertaining to MHPSS and peacebuilding, while simultaneously adapting support to the context.
- Ensure wide distribution of and easy access to emerging lessons and insights on the integration of MHPSS into peacebuilding.
- Advocate to build interest and investment so that international and government funders understand the importance of financing the integration of MHPSS into peacebuilding.

**A JOINT MEL FRAMEWORK
SHOULD BE DEVELOPED
AT THE START OF AN
INTERVENTION TO ENSURE
THAT INTEGRATION GENERATES
ENHANCED OUTCOMES FOR
BOTH THE MHPSS AND
PEACEBUILDING FIELDS**

6 | Develop a joint monitoring, evaluation and learning framework

Why?

A joint MEL framework should be developed at the start of an intervention to ensure that integration generates enhanced outcomes for both the MHPSS and peacebuilding fields. Such a framework can assist in identifying whether or not the (integrated) programme is succeeding in achieving its intended outcomes and what changes it has contributed to. It can also help to determine whether the programme strategy and theory of change are producing the intended results or should be adjusted. To ensure a variety of perspectives, this needs to be done in an inclusive and participatory way, driven by a joint programme implementation team that includes representatives from the affected community. By recognizing and boosting agency, ownership, relevance and a sense of responsibility will be increased. Participatory design is crucial when integrating the approaches of two professional fields. This requires understanding MEL practices in both fields as well as continually reviewing the integration process itself, preferably within a well-designed research framework.

Given that the evidence base is limited for an integrated MHPSS and peacebuilding approach, it is even more important to have a rigorous MEL framework based on a well-documented theory of change. This will contribute significantly to assessing whether or not an integrated programme, project or intervention is achieving its desired results and reaching targets. MEL tools can provide information to demonstrate positive or negative and direct or indirect changes.

Definitions of peace vary from context to context. As such, there are multiple definitions of what peacebuilding is, who its actors are, what the sector tries to achieve and how this should be measured. Results frameworks for peacebuilding interventions thus need to be developed in an inclusive, context-specific way for each programme to be able to measure the outputs, outcomes and impacts of interventions.

In contrast, definitions relating to MHPSS are globally recognized and a widely accepted monitoring and evaluation framework¹⁴ for humanitarian settings has been developed. Although a common set of MHPSS definitions is generally used and accepted around the world, this does not discount the centrality of context-specific experiences, terminologies and local idioms and signs of distress. These local concepts will need their own indicators *vis-à-vis* their contribution to an integrated approach.

The wide variety of interventions that form part of a programme, deriving from the joint assessment but with their own specific goals, can lead to many outcomes and indicators.



Rigorous MEL has the potential to contribute to the formation of an evidence base on the advantages of an integrated approach that provides important insights and lessons for further integrated work.

How?

- Develop a joint MEL framework that is attuned to community needs and priorities. Define explicitly what is meant by key words or concepts used by the integrated programme, as different practitioners may understand words differently. For example, if the programme will “integrate psychosocial support to help x community recover from past trauma and reconcile,” together define what is understood by psychosocial support, recovery, trauma and reconciliation.
- Use a participatory process to develop a theory of change explaining how the intervention (project, programme, policy, strategy) is understood, in order to contribute to a chain of results that produces the intended or actual impacts. Ensure that a committed group of individuals has been assembled to drive the MEL process.
- Include a variety of practitioners and representatives from both disciplines, as well as local stakeholders who are familiar with the cultural and social dynamics in the relevant context. These stakeholders must be included from the joint assessment/conflict analysis to start the process of developing a joint monitoring and evaluation framework.
- Ensure consistency and agreement on MEL methodology and relevant terminology. Agreeing on a shared language as the basis for a joint methodology is important to ensure alignment and consistency and prevent duplication.
- Define indicators in a way that exactly describes how their success is measured and assessed. Given that professionals from different disciplines and with different MEL lenses will be involved, this ensures consistency and comparability once different kinds of data have been collected.
- Establish a baseline against which achievable and realistic targets and milestones are set. Targets should be flexible to accommodate new and unexpected learnings.
- Ensure that MEL responsibilities (accountability, collection and reporting of data) are shared and reflect the analytical lenses and insights of both peacebuilding and MHPSS fields as well as the integration process.
- Create ongoing opportunities for sharing and reflection so that practitioners from both fields deepen their understanding of the other field on a continuing basis.
- Use context- and intervention-appropriate MEL methods, as approaches that work in one country or context may not be effective or appropriate in another. As such, programme teams should jointly define and agree on what constitutes ‘evidence’ in a given context.
- Monitor integrated programmes or interventions that use new tools and approaches by continuously questioning and documenting the responses to considerations such as, “Does this project or intervention have unintended effects on (unintended) different groups?” Data collected as part of the MEL approach should always be disaggregated by gender, age and other relevant identity factors.

- Considering that integrated MHPSS and peacebuilding programmes typically cut across levels of analysis, ensure that the MEL framework includes indicators at all the levels and systems that will be affected. For instance, some change indicators might be at the level of the individual, others at the level of the family, community or service-providing institution. Different measurement methodologies might be appropriate at each level. For instance, individual-level change might be captured through rating scales in surveys, but community-level change can be captured better through community scorecards that are filled in by a community focus group.
- It is critical that MEL processes also consider qualitative methods that are able to capture the subtle, nuanced and often invisible changes (such as behaviour or attitude) that occur as a result of integrated methodologies and which cannot be adequately captured by quantitative data alone.

7 | Adapt local interventions into national contexts and frameworks

Why?

Each context that MHPSS and peacebuilding practitioners work in is unique and constituted of very particular social, political, economic and cultural nuances with respect to the country's position along the conflict spectrum.

Within each context there are also local, national, regional and global dynamics that need to be considered. In addition, historical legacies and the extent to which they have been acknowledged and redressed play a critical role in determining the ways in which the past impacts the present and creates MHPSS problems. Contemporary challenges need to be understood and integrated, such as the impact of climate change, as well as violence and hate that is instigated and propelled in online spaces.

Understanding the wider political, economic, cultural, social and historical context is critical to understanding the extent to which MHPSS and peacebuilding practitioners can be reasonably expected to achieve their goals.

Understanding and integrating local, gendered expressions and definitions of well-being, recovery, illness, trauma and peace are essential in addressing the unique needs of a particular context. In many countries, there are insufficient mental health care services or they are inaccessible to all but the privileged. This is particularly the case in remote areas affected by violent conflict, where mental health disorders that are defined using western diagnostics, and treatment and explanations perceived as western, may seem foreign and thus meaningless, thereby being ineffectual. The MHPSS support will in some cases be done using community methods. Even in contexts where western diagnostics are widely used by MHPSS professionals,

Understanding and integrating local expressions and definitions of well-being, recovery, illness, grief, trauma and peace are essential in addressing the unique needs of a particular context



the population might find such approaches intimidating or stigmatizing, and refrain from using these services.

Changes in behaviour, thoughts or feelings (common indicators of psychological problems) are given meaning by people according to cultural, religious and social understandings of health and illness. Understanding how people think about mental health and what explanatory models they use for making sense of these issues, is essential in planning meaningful MHPSS interventions within a peacebuilding context. This is not to say that science-based conceptualizations of mental health are irrelevant. Very often, clinical diagnostic concepts – such as PTSD, generalized anxiety, major depression – are locally understood through different cultural idioms, referring, for instance, to the problem of ‘broken heart’ or ‘desolation’. It can be valuable to understand how these local concepts match against diagnostic concepts, since such insight can be used to design potentially effective programmes by drawing upon relevant frameworks.

These explanatory models of MHPSS problems, as well as the cultural and religious concepts used to express them, are important to develop sustainable support programmes that align with local explanatory frameworks.

In many societies, identity is strongly rooted in religion and in social ties and relationships within the family and community, making individual health a family and communal issue. Therefore, interventions developed for global use must always go through an adaptation phase to become context-specific and appropriate. To ensure the kind of transformation necessary for sustained integration, dialogue spaces should be created where local beliefs and practices are discussed *vis-à-vis* their positionality to effective adaptation.

Implementation needs to be firmly rooted in the recipient country and specific community, and represent the interests of local citizens. Recognizing that community members themselves are the best source of knowledge and information regarding local history, needs and resources, is an important step in ensuring an inter-stakeholder dynamic that places local knowledge and ownership at the centre of any intervention.

Using inclusive and participatory MHPSS and peacebuilding processes, which from the outset also address gender differential issues and recognize the process of marginalization in communities, will promote local ownership throughout the project design and implementation. This will enhance sustainability and increase the likelihood that a programme builds on and is carefully attuned to local needs, knowledge systems and existing support.

Changes in behaviour, thoughts or feelings are given meaning by people according to cultural, religious and social understandings of health and illness

Interventions developed for global use must always go through an adaptation phase to become context-specific and appropriate

How?

- Interventions seeking to use an integrated approach must acknowledge that each community has local or emerging hybrid knowledge systems as well as religious and spiritual resources, explanatory models and treatments for MHPSS issues. These are mobilized for, amongst others, the promotion of social cohesion, violence prevention, conflict resolution and peacebuilding. Understand and address those systems and resources that discriminate against women and other marginalized groups. Work with local communities/stakeholders to identify, build on and complement existing MHPSS and peacebuilding structures, resources and approaches to prevent duplication or the imposition of external supports that are not aligned with the local context. If any external support is required, ensure that it is appropriately adapted to the context, is implemented by local volunteers or personnel, and operates in synergy with existing culturally embedded resources.
- Ensure that interventions acknowledge the way in which history has shaped each context beyond the contemporary manifestations of violence. Understanding legacies of slavery, colonialism, gender inequality, racism, stigma, and other forms of oppression and marginalization, and recognizing the transmission of historical trauma and memory over generations, is critical to developing relevant and contextually attuned interventions.
- Integrated programmes should be holistic and ensure that both tangible factors (infrastructure, service delivery, access to natural resources such as land, water, seeds, livestock) and intangible factors (feelings of stress, emotions, mental problems, fear) affecting the whole person (mind, body, spirit) within a given context are addressed in their interventions.
- Interventions should be equitable, inclusive and sensitive to age, caste, class, ethnicity, religion/spirituality, gender, race, sexual orientation, immigration status, ability, educational level and other relevant context-related determinants of peace and well-being. The way that different identities intersect impacts relative levels of oppression, discrimination and privilege. The multiple, intersectional effects of these factors on individuals or communities need to be considered in the design, implementation and evaluation of activities.
- Develop programmes in a way that acknowledges gender-transformative peacebuilding and MHPSS as a cross-cutting issue, particularly in planning and implementation processes. Integrated programmes must also include the assets, skills and wisdom of women and men, boys and girls, the LGBTIQ+ community, older people and persons with disabilities in a substantive way – that is, more than just counting the number of women and men addressed.
- Build agency, be inclusive and ensure that communication between and within different actors, sectors and participants is based on a common understanding of concepts in order to be as relevant as possible to the change process within a given context.
 - Avoid using professional jargon and language that is too technical, as it can be intimidating and exclusionary and create unintended power differentials between project stakeholders. If local expressions are available that explain the same concepts in a more accessible way, use those instead.
 - Use words and definitions with care and sensitivity to the local context. Using the same words but having different definitions of those words can complicate joint efforts. Examples are concepts such as mental health, depression and trauma. Not only do the peacebuilding and MHPSS fields define these words differently, their often western-based definitions might not align with context-specific experiences and expressions of mental health. Communities are often unfamiliar with this language, which can result in misunderstandings, mistrust, stigmatization and incorrect assumptions.

- When relevant to the goals of the integrated programme, use non-clinical language to discuss MHPSS issues and interventions – for example, speak about ‘distress’ rather than ‘trauma’. Programme outcomes and indicators can focus on enhancing well-being and resilience, rather than reducing illness. This is one way of implementing a strength-based, rather than a deficit-based, approach.
- Acknowledge and be sensitive to the origin and manifestation of power relations and how they impact on the care for people with mental health problems and disabilities, people with MHPSS needs, and on conflict transformation processes. Social power relations exist beyond governance arrangements and should be understood and acknowledged in the formal, informal, linguistic, symbolic, structural and governance ways in which they manifest. Maintaining an attitude of cultural humility and openness to learn from local stakeholders can play an important role in preventing problems related to power imbalances.
- Interventions in integrated programmes should consider and respond to all groups and cultures in a specific context, including those differing from the mainstream community, such as forcibly displaced persons. This can be done, for example, through adequate socio-relational and cultural, creative and arts-based rituals and celebrations, sports and play activities incorporating aspects of diverse cultures.
- To expand local ownership, maintain a broad, multilevel perspective in defining and including local stakeholders, such as relevant national authorities, local authorities, civil society, religious groups and professional associations.
- Ensure that the majority of individuals engaged in all stages of the intervention, including experts and consultants, are from the context in which the intervention is taking place.
- Listen to local stakeholders/community members to learn what is needed and feasible according to what is already available, and plan in relation to the emerging gaps.
- Leverage the knowledge, networks and contextual understandings of local volunteer groups and organizations when planning and implementing interventions.
- Understand local MHPSS support mechanisms (even if they are not labelled as such) and sources and include relevant actors whenever possible.

8 | Do no harm

Why?

‘Do no harm’ is a directive to organizations and personnel working in conflict-affected contexts to act in ways that do not generate (unintended) negative consequences. Organizations and their personnel should avoid causing harm unintentionally as a result of their presence and activity.

‘Do no harm’ is a cross-cutting, overarching guiding principle that should be considered during all stages of the integration of MHPSS into peacebuilding. This requires thorough analysis of the risks associated with ongoing, planned programmes and interventions, as a means to strategically define if and how actors should engage in specific contexts without compromising commitments to their core principles, including human rights-based approaches. Failure to



'Do no harm' is a cross-cutting, overarching guiding principle that should be considered during all stages of the integration of MHPSS into peacebuilding

do so often leads to unsustainable programmes using foreign methods that inadvertently cause harm by marginalizing or undermining existing and community support structures. In severe cases, individuals may be harmed as a result of insensitive programming and inadequate support, which may result in further disengagement.

Human dignity and protection of life and health must be safeguarded throughout the intervention process to prevent it from causing risks to affected individuals, communities and the larger society.

Self-awareness, self-care and cultural humility are required of personnel working for international and regional organizations. By working in close collaboration with local CSOs and community leaders, power imbalances, which are often related to access to financial resources and can create dependency patterns, cultural complexities and expectations of the local stakeholders, can be managed. Similarly, well-coordinated projects that build on community agency and strengths can contribute to rebuilding trust, thereby reducing stress and anxiety.

How?

- Ensure all personnel working with conflict-affected individuals, families and communities have been trained in basic safeguarding, conflict and trauma sensitivity and essential MHPSS skills, such as PFA. This should include the ability to identify individuals who might have a mental health problem and to refer them to others who can diagnose and make sure that appropriate care is provided.
- Continuously raise the question: "How does this process or policy affect different groups and have all risks been assessed and mitigated?" The human rights, dignity, equality and safety of all affected persons should be ensured, particularly those at heightened risk of human rights violations.
- Be conscious of personal and organizational limitations, and collaborate with other professionals and disciplines to fill knowledge and skills gaps. Each individual and organization brings a unique set of skills, knowledge and experiences to the table. By bringing practitioners from the MHPSS and peacebuilding fields together, the skills, knowledge and experiences are enhanced. However, each individual and organization also has its limitations. Given the newness of working in an integrated way for many organizations, it is important to be aware of the limitations of each field and to collaborate with other fields to fill knowledge and skills gaps. There should be ongoing reflection about whether some views are privileged over others and whether sufficient space has been created to bring forward local views.
- Review organizational and institutional policies and management structures that perpetuate harmful narratives and patterns. Identify how harmful narratives and patterns of the past inform management structures, policies, protocols and human resource systems, and perpetuate racism, sexism and exclusion at the micro, meso and macro levels of society.

9 | Acknowledge and address mental health related stigma

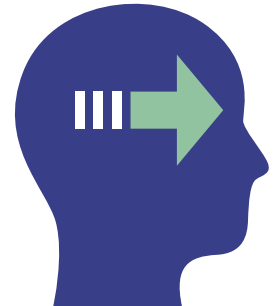
Why?

Stigma is the negative attitudes and discrimination that are acted out against people with a mental illness, a health condition or a disability. Mental health related stigma is common globally and is a major obstacle that prevents people from seeking social support and treatment for mental health problems. Stigma originates from a lack of understanding, and fear. This can be aggravated in contexts where culture and tradition assign harmful stereotypes and misconceptions to mental illness.

Understanding the nature and origins of mental health related stigma in a given context is an important step for peacebuilders as they integrate MHPSS into their work. This understanding will impact their work and should be used to raise further awareness, create safe spaces and propagate a culture of tolerance, inclusion and dignity. Practitioners need to understand that stigma can influence whether people report their mental health challenges or are prepared to be treated. Understanding that stigma can result in judgement, prejudice and active discrimination or exclusion from everyday events and activities highlights the importance of raising awareness about mental health and is as important as providing psychosocial support. For many survivors, stigma is the greatest source of felt stress, and for them, the biggest priority to address.

The impact of social stigma can also result in self-stigmatization where the individual feels they are not good enough and that the condition is a result of something they did wrong. This increases stress and anxiety. Stigma can radiate to other family members as well. Interventions to reduce stigma have to happen on a wider community level and not only with individuals or families. Stigma needs to be addressed as part of the process of integrating MHPSS into peacebuilding.

Stigma can be aggravated in contexts where culture and tradition assign harmful stereotypes and misconceptions to mental illness



How?

- Conduct research to understand the origin and manifestation of mental health related stigma in a given context and include the findings as part of the overall planning of activities that integrate MHPSS into peacebuilding. This is one way to mitigate the harmful effects of stigma on participation.
- Engage various media (mainstream, social, community) to communicate positive messaging about mental health, correct misinformation and contradict negative attitudes, beliefs and stereotypes about people with mental health problems. This should include developing public communication materials that raise awareness about the way in which violent conflict and other crises affect individuals and society.

- Include MHPSS awareness-raising efforts in peacebuilding activities to prevent stigma from negatively impacting activities. Stigma and discrimination can aggravate mental health problems. Awareness raising can change knowledge and attitudes and increase support from families and communities.
- Create safe spaces for open and honest conversations about mental health, stigma and how these may impact on the work of peacebuilders. Confidentiality, careful use of language and avoiding stereotyping and labelling should be taken seriously. Provide training in this regard as part of basic skills building.
- Pay extra attention to the reintegration of ex-combatants and others from the military sector, who may feel it is weak to show their struggles with mental health.
- Be aware that among CAAFAG, stigma is usually greater for girls than for boys, as girls may seem 'loose' and/or unmarriageable. Their children will likely suffer the dual stigma of being born out of wedlock and being labelled as a 'rebel child'.
- Review protocols, policies and laws on criminalizing or stigmatizing mental health and interpersonal problems. Governmental and organizational documents should be adapted to prevent stigmatization and exclusion that hinders people from living in sustainable coexistence. Governmental laws should also be a subject of discussion.

10 | Acknowledge, manage and support personnel well-being

Why?

In the process of working and living in contexts affected by violent conflict, professionals in the peacebuilding and MHPSS fields are exposed to direct violence and people's subjective narratives of pain, distress and human rights violations. Many professionals may consider this part of their job description. However, increasing research¹⁵ is highlighting high levels of secondary and vicarious trauma, compassion fatigue, burnout, depression, anxiety, over-involvement or over-identification, and self-blaming amongst practitioners. Everyday sources of distress can also result from work-related separation from family members, expanded work expectations beyond one's stated terms of reference, and the social pressure of being expected to provide financially for friends and family on the basis of having a job. This can result in reduced compassion and irritation towards self, colleagues, friends and relatives as well as towards local stakeholders. Personnel might also belong to the affected communities, or might have experienced violence themselves.

Such factors can negatively affect the functioning of teams, cause stigmatization and have an adverse impact on the overall health and resilience of personnel. High levels of stress, and secondary and vicarious trauma can result in reduced productivity, impaired decision-making and lower effectiveness of practitioners. Understanding, acknowledging and putting in place policies and processes aimed at the well-being of all personnel directly engaged in the difficult lived realities of conflict-affected



societies must be a key component of the integration of MHPSS into peacebuilding.

It is important to recognize that national and international personnel may have different MHPSS needs and priorities. National personnel are likely to be affected in a particular way by a crisis in their own country. Ensuring all personnel have equal access to the available resources must be ensured at all times.

MHPSS and well-being starts with practitioners themselves. As such, self-care and care for one another is fundamental to effective and sustainable peacebuilding work.

There are high levels of secondary and vicarious trauma, compassion fatigue, burnout, depression, anxiety, over-involvement or over-identification, and self-blaming amongst practitioners

How?

- Create a safe and positive workplace where people are able to be productive, feel acknowledged, and trust one another enough to openly discuss problematic attitudes and behaviours. This contributes to well-being and productivity. People should also know how and where to access confidential and professional support as and when needed.
- Adapt the organization's well-being policy and practice to the unique needs of personnel; the social, political and cultural contexts in which they work; and available cultural and financial resources. Consulting individuals on their specific needs and building on and strengthening their resilience, coping and well-being strategies will have a positive organization-wide impact.
- Design and implement organization-wide stress management policies and supportive practices to respond to the distinct needs of different types of personnel. This will assist individuals to better manage the psychological impact of their work. Ensure personnel are aware of the policies and that these are implemented and followed through.
- MHPSS and peacebuilding personnel should be equipped with stress management skills that can be used throughout the fieldwork cycle. These skills assist people to self-regulate in difficult, low-resource and pressurized situations, and to understand and recognize the impact such situations have on them psychologically and physically before, during and after deployment.
- Create safe spaces to discuss mental health stigma and challenge the frequently held view that mental health issues are a sign of weakness, in order to reduce the risk of burnout and compassion fatigue. When a sense of safety and trust is developed, people are more likely to be vulnerable and open to receiving assistance.
- Organizations with resource constraints should implement processes such as peer-to-peer learning and support to give employees time and space to support one another.
- Equip management personnel with the skills and knowledge to monitor, identify and support personnel displaying early signs of fatigue, burnout and other mental health problems caused by their work. Exhaustion should not be seen as 'a badge of honour'. Empathetically and proactively offering support and resources is a way to make personnel feel supported.

Helpful resources

Antares Foundation. 2012. Managing stress in humanitarian workers: Guidelines for good practice. https://www.antaresfoundation.org/filestore/si/1164337/1/1167964/managing_stress_in_humanitarian_aid_workers_guidelines_for_good_practice.pdf?etag=4a88e3afb4f73629c068ee24d9bd30d9

IASC. 2007. Mental health and psychosocial support in emergency settings. <https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Guidelines%20on%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings%20%28English%29.pdf>

IASC. 2012. Who is where, when, doing what (4Ws) in mental health and psychosocial support: Manual with activity codes. <https://www.mhinnovation.net/sites/default/files/downloads/resource/iasc%204ws%20manual.pdf>

IASC. 2021. IASC common monitoring and evaluation framework for mental health and psychosocial support in emergency settings: With means of verification (Version 2.0). <https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common-monitoring-and-evaluation-framework-mental-health-and-psychosocial-support-emergency>

IOM. 2021. Self-care in times of COVID-19. https://www.youtube.com/watch?v=uQchFdRc4kA&t=153s&ab_channel=UNVolunteers <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6657025/>

IOM. 2021. IOM manual on community-based mental health and psychosocial support in emergencies and displacement. Geneva: IOM. <https://www.iom.int/mhpsed>

MHN. 2012. IASC: 4Ws in MHPSS manual. <https://www.mhinnovation.net/resources/iasc-4ws-mhpss-manual>

WHO. 2013. Psychological first aid: Facilitator's manual for orienting field workers. <https://www.who.int/publications/i/item/psychological-first-aid>

WHO. 2016. Problem management plus (PM+): Individual psychological help for adults impaired by distress in communities exposed to adversity. <https://www.who.int/publications/i/item/WHO-MSD-MER-16.2>

WHO. 2020. Group problem management plus (GROUP PM+). <https://www.who.int/publications/i/item/978924000810>

Endnotes

- 1 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30934-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30934-1/fulltext)
- 2 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)31612-X/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31612-X/fulltext)
- 3 See <https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Guidelines%20on%20Mental%20Health%20and%20Psychosocial%20Support%20in%20Emergency%20Settings%20%28English%29.pdf>
- 4 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)30934-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)30934-1/fulltext)
- 5 https://www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/documents/a_res_75_201_e.pdf
- 6 https://www.un.org/ruleoflaw/files/pbf_090611_sg.pdf
- 7 http://repository.un.org/bitstream/handle/11176/400960/8%20November%202019%20%28Mediation%20and%20Negotiation%29%20GuidanceEffectiveMediation_UNDPA2012%28english%29.pdf?sequence=47
- 8 https://www.un.org/ruleoflaw/files/TJ_Guidance_Note_March_2010FINAL.pdf
- 9 https://www.academia.edu/35926800/Towards_a_Measurement_of_Social_Cohesion_for_Africa
- 10 <https://www.who.int/groups/violence-prevention-alliance/approach>
- 11 https://reliefweb.int/report/world/iasc-common-monitoring-and-evaluation-framework-mental-health-and-psychosocial-support?gclid=Cj0KCQjwxtSSBhDYARIsAEn0thQhgW3dJhSoLFyBaA59HYn-IrwZ5Zi-insrCz-iCdoJgKZbY_91HgaAluuEALw_wcB
- 12 <https://interagencystandingcommittee.org/system/files/1304936629-UNICEF-Advocacy-april29-English.pdf>
- 13 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6127768/> and <https://www.frontiersin.org/articles/10.3389/fpsy.2020.480690/full> and <https://www.tandfonline.com/doi/full/10.1080/20008198.2020.1790283>
- 14 <https://www.jstor.org/stable/422690>
- 15 <https://onlinelibrary.wiley.com/doi/abs/10.1002/jts.22796> and <https://link.springer.com/article/10.1007/s41542-021-00101-9> and <https://www.tandfonline.com/doi/abs/10.1080/13623699.2021.1950519>

