



# IFRC Reference Centre for Psychosocial Support

## 2017 Annual Report



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Strategy 2020 voices the collective determination of the IFRC to move forward in tackling the major challenges that confront humanity in the next decade. Informed by the needs and vulnerabilities of the diverse communities with whom we work, as well as the basic rights and freedoms to which all are entitled, this strategy seeks to benefit all who look to Red Cross Red Crescent to help to build a more humane, dignified, and peaceful world.

Over the next ten years, the collective focus of the IFRC will be on achieving the following strategic aims:

1. Save lives, protect livelihoods, and strengthen recovery from disasters and crises
  2. Enable healthy and safe living
  3. Promote social inclusion and a culture of non-violence and peace
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## Reflections from the PS Centre

In many ways, 2017 was a special year seen through the lenses of mental health and psychosocial support in the IFRC. International attention has never been so strongly focused on psychosocial support at field level, in research and at policy level.

In severe crises, such as the crises in Syria and Yemen, the Rakhine crisis and the protracted crisis in Libya, mental health and psychosocial support is repeatedly mentioned as being key elements in the overall response.

Several reports were published about migrant children and youth during the year. The Save the Children report “Invisible Wounds: The impact of six years of war on the mental health of Syria’s Children” made a lasting impression with its unbearable description of the plight of these children: traumatized, unhappy and with a very uncertain future to look forward to.

For the PS Centre, it became possible to focus on and be involved in several research and development projects with the aim of scaling up mental health interventions to vulnerable groups and populations through the task-shifting agenda with the so-called scalable psychological interventions.

Never, have I experienced so many high-level representatives declare in large fora that psychosocial support is important and should be in the frontline of humanitarian response.

The highlight of recognition was at the Council of Delegates in Turkey. IFRC Secretary General, Elhadj As Sy and ICRC Director-General Yves Daccord stood side by side and declared the importance of mental health and psychosocial support for affected populations, volunteers and staff. A resolution proposed jointly by the ICRC, the IFRC, the PS Centre, Danish Red Cross and Swedish Red Cross was adopted to create greater global attention on the mental health and psychosocial needs of populations affected by armed conflict, natural disaster and other emergencies and to emphasize the importance of tackling the stigma surrounding this urgent issue. Additionally, a formulation of a Movement Policy on Addressing Mental Health and Psychosocial Needs building on common approaches and contributing to the harmonization of different Movement responses will be developed before 2019 for the 33rd International Conference. This adoption of the resolution underpins the words of Yves Daccord that psychosocial support is not only a necessity. It is in fact, a lifesaving intervention.

*Nana Wiedemann*

Nana Wiedemann, Head of the IFRC Reference Centre for Psychosocial Support

# Introduction

“Nights are the worst. You lie awake thinking about the life you had in Rakhine state in Myanmar, and the violence and fear that sent you running. Living under plastic and bamboo in Bangladesh, you worry about food, water, shelter, rain, dry, hot, cold, wind, the future. When you finally get to sleep, the nightmares come”.

Hamid Hussein, head mazhi, in Hakimpara camp in Cox’s Bazar

Hamid Hussein is one of hundreds of thousands of people crossing the Myanmar-Bangladesh border in 2017, fleeing violence in northern areas of Rakhine state. This is one of the largest, most complex crises in the region in decades. Many have experienced horrific violence, loss of loved ones and homes. Life in the camps is very hard – many people live in shelters unsuitable to the climate, and preventing disease outbreaks due to poor sanitary conditions is a constant battle. Majority of the displaced people are women and children, and they are particularly vulnerable to gender-based violence and exploitation.

The Rakhine Crisis was one of the most talked about emergencies in 2017 and psychosocial needs of those affected are very high. But around the world, other emergencies and conflicts linger.

2017 was a year of extreme weather. According to the World Meteorological Organization, more than 41 million people were affected by floods in South Asia; around 30% of the world’s population face

extreme heatwaves; in Somalia, nearly 900.000 people were internally displaced by drought, while exceptionally heavy rains triggered deadly landslides in Colombia and Sierra Leone, and the hurricane season was the costliest on record.

Forced migration remained a global concern in 2017, and around the world many efforts are being made finding better, more efficient ways of supporting the mental health and psychosocial needs of those affected by forced migration.

Yemen, South Sudan and Libya are countries embroiled in long conflicts made worse by food insecurity, outbreaks of serious infectious diseases, high rates of poverty, migration and very fragile states. The mental health and psychosocial support needs are very high, but infrastructure and health care systems are under immense pressure and there is very little provision of mental health services apart from what humanitarian organizations can provide. For many people in these countries safety is a major concern, as many live under constant threat of violence, disease and even starvation. There are clear needs for humanitarian aid, including mental health and psychosocial support in contexts like these, but accessing the people of concern is a major challenge. In Libya and Yemen, for instance there are strict restrictions on travel to and inside the countries. The local National Societies have been active in the countries continuously, but further

Photo: Corrie Butler, IFRC



assistance from international humanitarian agencies have been severely hampered by lack of access. It is an ongoing concern finding ways to provide mental health and psychosocial support services in complex emergencies and fragile states.

Lack of access to mental health services remains a problem around the world. The World Health Organization estimates that mental health disorders account for 14% of the global burden of disease. At the same time, the vast majority of people with mental health, neurological and substance abuse problems have no or inadequate access to mental health treatment. The problem is more pronounced in low-income countries and countries affected by conflicts and crises.

There is a growing awareness of the mental health gap in the humanitarian community, and the need to provide not only psychosocial support, but also quality mental health services. National Societies are uniquely positioned to identify and work toward mental health priorities together with global, regional and national partners, because of their knowledge and presence in local communities, their work to address community needs, their dedicated volunteers and as an auxiliary to governments.

## The IFRC Reference Centre for Psychosocial Support

The IFRC Reference Centre for Psychosocial Support

The IFRC Reference Centre for Psychosocial Support (PS Centre) carries out the IFRC Psychosocial Support Programme (the PS Programme), with the overall objective to assist the Red Cross Red Crescent Movement to

- create awareness about psychosocial reactions

at times of disaster or long-term social disruption,

- set up and improve preparedness and response mechanisms at global, regional and local levels,
- facilitate psychosocial support before, during and after disasters,
- restore community networks and coping mechanisms,
- promote the resilience and thereby the rehabilitation of individuals and communities, and
- enhance emotional assistance to staff and volunteers .

The aim is to enable National Societies to understand, respond and utilise evidence based practice, when meeting the psychosocial needs of vulnerable groups. Technical support, including assessment, training, monitoring and evaluation is key to integrating psychosocial care in a) disaster preparedness and response b) complex emergencies and refugee situations and c) areas of community health, social welfare and youth.

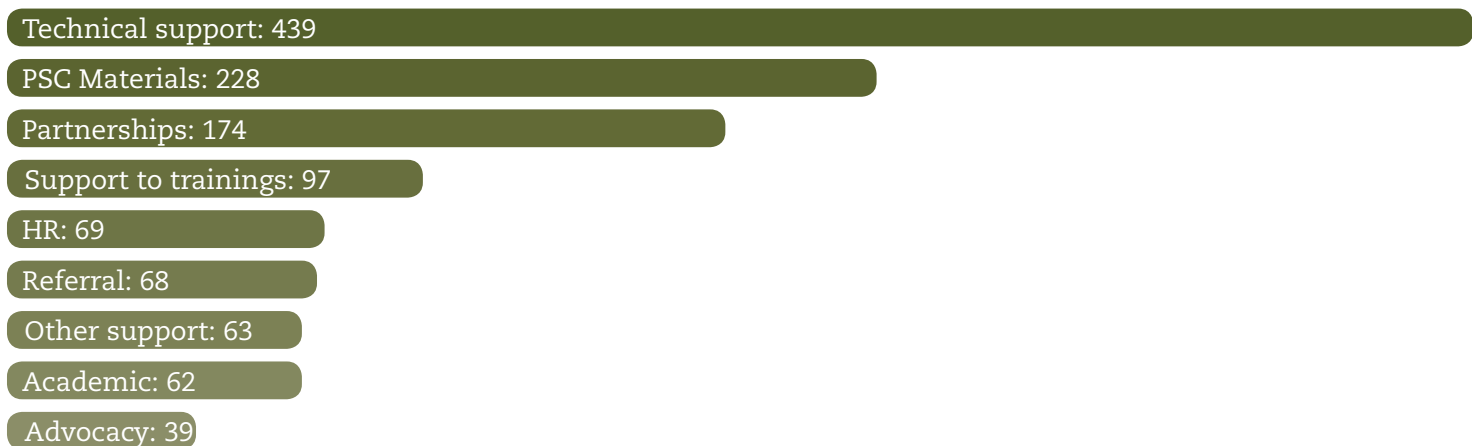
The IFRC PS Programme is global, but the challenges are met locally. There are large variations in the need for psychosocial support across the world, as well as major differences in the capacity of the National Societies to provide psychosocial support from region to region and country to country. Close cooperation with the IFRC Secretariat, its five regions and the country delegations of the IFRC, is the cornerstone in the PS Centre's ability to follow the needs and capacity of the National Societies. This makes it possible to be both proactive in supporting capacity building where needed, reactive in providing technical support in emergencies and to ensure the sustainability of the PSS interventions beyond the involvement of the PS Centre.

## Membership services to National Societies:

- Advise and guide National Societies to sources of information on community-based psychosocial support
- Support National Societies in developing their capacity to provide community-based psychosocial support to vulnerable groups and volunteers through assessment and training
- Access external research and make it accessible to National Societies
- Cooperate with other humanitarian organisations dealing with psychosocial support (e.g. IASC, WHO, Save the Children) in order to exchange materials and experience, and to avoid duplication
- Develop, translate and share models, tools and case studies that reflect best practice in community-based psychosocial support within and outside the Movement
- Further develop and maintain a database of external consultancy expertise ("the roster"), to be deployed for assessment and training with National Societies.



## Types of request to the PS Centre



The PS Centre received requests from 93 countries in 2017





*“I am myself with many humanitarian workers on the ground both exhausted and fed up with the blind justification of gross violations against civilians. [...] The suffering is exacerbated by a situation, in which humanitarian workers are not allowed to do their jobs. Aid is not a political football and must not be part of the political process.”* Peter Maurer, President ICRC

Photo: Volunteers of Syrian Arab Red Crescent protecting medical evacuees in Aleppo.

## Psychosocial Support in Emergencies

Emergencies are most often characterized by increasing psychosocial needs in the affected populations. It is a core function of the PS Centre to support National Societies and the IFRC in providing psychosocial support in emergencies. The PS Centre has surge capacity to support during the response phase and in the longer-term, but also focuses on preparation and building capacity before disaster strikes – both in the ERU system and in National Societies.

### Rakhine crisis

On 25 August 2017 clashes in Myanmar’s Rakhine State triggered the exodus of 688.000 people from Myanmar, most of whom have sought refuge in Cox’s Bazaar in Bangladesh. IFRC Secretary General Elhadj As Sy said, “Life is incredibly tough for everyone, but children and adolescents are especially vulnerable. Children lack support to cope with violence they have experienced or witnessed. They face malnutrition and disease,

lack of opportunity for education and training, trafficking and exploitation, and a looming monsoon and cyclone season. UNHCR estimates that 7,600 children are trying to cope on their own, separated from their families. No child should bear the brunt of such a crisis created by adults.”

Mental health and psychosocial needs are very high among the affected population, and several National Societies are assisting Bangladesh Red Crescent Society in providing psychosocial support and protection services such as child-friendly spaces, support to mothers, widows, men, provision of dignity kits, psychological first aid in outreach activities and caring for volunteers. The PS Centre is following the situation closely, continuously providing technical assistance to psychosocial delegates and others involved in the response. Support and evaluation visits are planned for early 2018.

### Syria

The crisis in Syria has already lasted for over six years, and humanitarian needs have continued to grow. With an estimated 13.5 million people in need, Syria has become the defining humanitarian emergency of recent times. In early 2018 ICRC’s



president Peter Maurer visited Syria: "...The situation has further degraded. What hope is there for children who have seen families destroyed and atrocities committed? What hope for the young boy I met in the displacement camp who hasn't attended school for years?"

Syria is a conflict characterized by regular breaches of international humanitarian law: the way sieges are conducted, disproportionate attacks in urban areas, and the targeting of civilians and civilian services like ambulances, water stations and markets.

These are tactics not only in Syria but across the region: a geo-political game played with human lives. [...] The people I have met are exhausted -- exhausted from bombs and rockets dropping on civilian neighborhoods. Exhausted from not knowing any details about missing or detained family members.

I am myself with many humanitarian workers on the ground both exhausted and fed up with the blind justification of gross violations against civilians. Human lives have the same value: the same in Ghouta as in Damascus, in Aleppo as in Mosul, in Syria as in Yemen. The suffering is exacerbated by a situation, in which humanitarian workers are not allowed to do their jobs. Aid is not

a political football and must not be part of the political process."

Syrian Arab Red Crescent psychosocial support teams in community centres and mobile units provide a wide range of psychosocial support activities for women, men and children as well as health promotion.

## Yemen

Yemen is facing an unprecedented political, humanitarian and development crisis with more than half the population already below the poverty line. The full-blown civil war that erupted in March 2015 has resulted in an estimated 18.8 million people in need of humanitarian assistance.

Due to their social and economic status within the Yemeni society, vulnerable groups have less access to opportunities and are more strongly affected by adversity. The displaced population faces additional constraints in terms of access to shelter, food, health services, education and opportunities to earn a living. The conflict is currently affecting 22 out of Yemen's 23 Governorates. The impact on infrastructures has damaged or destroyed health facilities, schools, factories, micro, small and medium enterprises, local authorities' office



*"When I returned home after hurricane Maria, all I saw was the whole place in a mess. The TV, appliances, all the loose things got damaged and we had to throw them away. And I have no hard feelings about that. It's not about us who got a little damage, it's about the people who lost their lives. What is losing a television, when you think of that? Let's rebuild, let's try to start to live again. We have life and strength. We have to come together, let's bring our country back."*

Dominican fisherman George Grell, 49, is proud that his village managed to salvage their boats and have already been able to go out fishing.



## Supporting men

“Nights are the worst. You lie awake thinking about the life you had in Rakhine state in Myanmar, and the violence and fear that sent you running. Living under plastic and bamboo in Bangladesh, you worry about food, water, shelter, rain, dry, hot, cold, wind, the future. When you finally get to sleep, the nightmares come”.

Men face particular stress, says Hamid Hussein, the top community leader or head mazhi, in Hakimpura camp in Cox’s Bazar, just across the border from Myanmar.

“There are a lot of difficulties with life here,” he said. “Back home, I lived in a solid house that was beautifully decorated, but I left all my property behind. Men can’t sleep because of the situation here. There’s not enough space to live. We have to live in the dark without solar lamps. We’re afraid.”

Yet men are often overlooked in this crisis, in which 646,000 people fled to Bangladesh between 25 August and early December 2017.

Psychosocial delegate Rosaria Domenella runs a men’s group in a simple open-plan bamboo and tarpaulin structure. Men in the group say they are troubled, because they couldn’t protect their families from violence at home or as they fled, and they can’t support them in

Bangladesh, where they are not allowed to work.

“For the men, continuing their traditional roles is more difficult than for children and women because they can’t do their usual jobs. One man told me, ‘I’m a carpenter but now I have no tools. What can I do with my hands? I can’t provide for my family’. Their roles have been taken from them and they’re suffering.

The men’s group was started with the help of Sheik Ahmed, a Bangladesh Red Crescent Society community volunteer, who himself was a secondary school teacher in Rakhine only a few months earlier. Twenty men came to their first session; 42 to the second; 65 to the third. All were recruited by word of mouth.

Mohammed Jamil, mazhi for block three of the settlement, said that the men are keen to take practical action.

“Before they came here the men were happy because they had jobs, they were free. I feel very bad for them because here they have nothing to do. They’re looking for work but they don’t have any opportunity,” he says.

This is an abbreviated version of a story written by Rosemarie North for [www.ifrc.org](http://www.ifrc.org)

buildings and houses.

Supported by the European Commission, Yemen Red Crescent, Danish Red Cross, the PS Centre and the UNDP Social Fund for Development launched the programme “Community Services in Health and Action for Resilience” in 2017. The overall objective of the programme is to strengthen the resilience capacity of poor and vulnerable communities and households through improved access to public services and social safety nets, with added focus on the inclusion of women, young people and marginalized minorities. The programme is implemented in a collaboration between Yemen Red Crescent Society, the PS Centre and Danish Red Cross.

## North Sinai attacks

A deadly attack on a mosque in North Sinai, Egypt, on 24 November killed more than 300 people and injured many more.

In one village, almost all the men were killed, leaving their families in a precarious situation. The community already faced many economic challenges, and medium and long-term support will be needed to help the families restore their livelihoods and build their resilience.

When the attack happened, the Egyptian Red Crescent Society (ERC), immediately deployed emergency response, medical and psychosocial support teams from Areesh, Ismaileya and Cairo to provide first aid and support medical teams in nearby hospitals. ERC has a strong component of

psychosocial support in their emergency response system. In addition to dedicated psychosocial support teams, all volunteers are trained in psychological first aid.

The ERC psychosocial team provided psychological first aid to address basic needs and reduce distress in the aftermath of the attack and set up lay counseling services and group activities for children, youth and women.

Simultaneously, the team trained volunteers and staff in the local branch to provide psychosocial support for both emergency situations and for long-term recovery. The aim is a gradual withdrawal of the ERC psychosocial team, leaving the local branches capable of carrying out long term support to the affected communities. The long-term psychosocial recovery plan focuses on activities for children, youth and people suffering physical disabilities as a result of the attack.

## Atlantic hurricane season

Hurricanes wreak havoc in the Caribbean and on the east coast of the Americas every year. In 2017, however, the hurricanes were particularly destructive. Hurricane Harvey was one of the costliest natural disasters in United States' history causing more than 100 deaths, primarily in the United States. Hurricane Irma impacted several eastern Caribbean countries including Antigua, Barbuda, Anguilla, Montserrat, Saint Kitts and Nevis with Barbuda and Anguilla most heavily affected. Hurricane Maria swept through the Caribbean in late September 2017, causing catastrophic damage being the strongest hurricane to make landfall in more than 80 years. In Dominica Hurricane Maria caused destruction on 90% of all buildings.

Hurricanes are destructive, deadly and can devastate large areas in a very short time causing great psychosocial distress. In a rapid assessment conducted by International Medical Corps in Dominica, community members reported a number of factors contributing to psychological and emotional distress, including lack of food, security, shelter, water and possessions, disruption of normal activities, loss of livelihood, anxiety and hopelessness, disillusionment and resentment, feelings of loss, bereavement and guilt and a need for greater emotional support.

In most countries affected by the Atlantic hurricane season, the local National Societies in collaboration with other National Societies and the IFRC have provided a wide range of psychosocial support services.

## Capacity building

As the global Centre of Excellence on psychosocial support within the Red Cross Red Crescent Movement, one of the strategic approaches of the PS Centre is supporting National Societies in building their capacity. Training is an essential part of capacity building because the quality of psychosocial interventions depends on, among other factors, the competency of staff and volunteers in assessing the psychosocial needs of the affected populations and designing, implementing, monitoring and evaluating appropriate psychosocial interventions.

The "PS Academy" is the umbrella term used for the psychosocial trainings, workshops and seminars focusing on cost effective global and regional trainings, e-learning and distance learning provided by the PS Centre. The PS Academy portfolio comprises a foundation training based on the community-based psychosocial support training kit as well as more specialized, shorter trainings based on the different training tools in the PS toolbox. The various trainings are being offered at different levels (basic training and training of trainers) and the PS toolbox is continuously being updated and expanded in order to meet emerging needs and trends.

The recent years have seen an expansion of the trainings offered under the PS Academy: In 2015, 252 staff and volunteers took part in 16 workshops and trainings. In 2016, this figure had risen to 552 staff and volunteers taking part in 26 workshops and trainings. In 2017, we trained 613 people in 30 trainings.

The trainings are facilitated by the PS Centre technical advisors and members of the PS Centre's roster – often someone with a relevant linguistic or cultural background or with special knowledge on the topic of the training.

## Caring for volunteers

When stressors from working conditions and organizational issues are not addressed in a systematic way by organizations, staff and volunteers are at risk of negative effects on their physical and psychological well-being and at the risk of developing cumulative stress, burn-out, or even PTSD after responding to critical events.

Caring for volunteers remains an important focus area for the PS Centre and a growing number of National Societies. The PS Centre offers the Caring for Volunteers toolkit, conducts trainings, participates in advocacy and capacity building and is currently developing a tool to provide psychological first aid to groups of volunteers.



**Caring for Volunteers training in Copenhagen, August 2017.**

*Participants are asked to line up according to the number of years they have been part of the Red Cross Red Crescent Movement. The facilitator then used the exercise as an entry point to talking about monitoring and evaluation.*

*Photo: PS Centre*

One example is the Psychosocial Care for Volunteers project, which aims to improve care for volunteers working in complex emergencies in Afghanistan, Mali and Sudan by strengthening the systems of the National Societies, their structures and skills to support staff and volunteers as well as increasing the capacity for self-care for staff and volunteers. The project is coordinated by the PS Centre and carried out in close collaboration with the National Societies involved.

The National Societies are supported in creating operational systems, such as standard operating procedures and guidelines, awareness raising and capacity building workshops, identification of stressors, self-care and stress management. All this enables staff and volunteers to take better care of themselves and each other before, during and after crisis.

During the project period, each National Society participating in the project will work closely with a PS Centre technical advisor on developing long-term procedures and structures for support of volunteers as well as building the capacity of volunteer managers.

## **The PS tool box**

The development of more specialized manuals and training materials enables the PS Centre to provide more in-depth support not only to emergency response or disaster preparedness programmes,

but also to development and social support programmes. The tools are developed in cooperation with, and upon the request of National Societies, to enable them to provide quality and timely response to the psychosocial needs of people affected by emergencies and crises.

The tool box comprises handbooks, manuals, training guides and guidance notes. In previous years a number of handbooks and manuals have been developed. Part of the roll-out of any new material is facilitating the practical implementation via trainings and inclusion in programming.

## Influencing the global agenda

The PS Centre continues to contribute to relevant new IFRC policies and sub-strategies to ensure that psychosocial aspects are addressed and in line with the IFRC approach and international standards. Outside the Red Cross Red Crescent Movement, the PS Centre speaks on behalf of IFRC in matters of psychosocial support and promotes the psychosocial support programme and policy in relevant international networks.



Since the outbreak of conflict in Ukraine in 2014, the Ukraine Red Cross Society has increased their caring for volunteers activities substantially. Anna Didenko, coordinator of the psychosocial unit in Ukraine Red Cross Society explains: “We have scaled up and now we have a technical advisor, who travels to different regions to promote caring for volunteers, supervise, and run support groups for volunteers. One of our tools for this is a printed diary, where volunteers plan their selfcare activities on a monthly basis. The diary also has useful tips for self-care. We encourage branches to care for the needs of the volunteers by running informal and formal meetings and also to arrange for social activities such as picnics.”

According to Anna, the greatest challenges in establishing something new in the National Society has been the fact that some parts of the country are affected by conflict. Volunteers are exhausted and a lot of them have symptoms of psychological and emotional distress. “We need to teach them how to deal with the stress. And as each branch is different, we need to tailor the components to the local needs”, Anna explains. She perceives that Ukraine Red Cross Society is now much more open to and understands the need for caring for volunteers compared to a few years back. She says that witnessing convincing results made many realize that psychosocial support is vital. “We worked with groups of severely distraught demobilized service men to support their family and community re-integration. In camps for the families we also ran family groups, team building and other activities, that made families reunite in a positive way.

*Photo: Ukraine Red Cross Society first aid volunteers provided first aid treatment to more than 600 protesters and members of security forces during protests in Kiev in February 2013. Photo by Ukraine Red Cross Society*

## Addressing mental health and psychological needs

An important milestone for the entire Red Cross Red Crescent Movement was achieved in 2017: The Council of Delegates adopted a Resolution on “Addressing the mental health and psychosocial needs”. This resolution calls for greater global attention on the mental health and psychosocial needs of populations affected by armed conflict, natural disasters and other emergencies, including those arising as a result of migration. Furthermore, the resolution highlights the mental health needs of volunteers and staff of the Movement, who often work under difficult conditions helping others and it emphasizes the importance of tackling the

stigma surrounding this issue.

The resolution is not only an important recognition of mental health and psychosocial support that can be used as a tool for advocacy and as a means of mobilizing attention and resources to addressing mental health and psychosocial needs. The resolution is the culmination of years of hard work by several actors, including Danish Red Cross, Swedish Red Cross, the IFRC, the ICRC and the IFRC PS Centre. At the same time, it marks the beginning of the next chapter because the resolution commits the Movement to develop a Movement-wide policy on this issue. This is the first time that many different parts of the Movement, including National Societies, IFRC and

ICRC, will come together to formulate a policy in this field, building on common approaches and contributing to the harmonization of different Movement responses. This is a clear indication of the increasingly central role that mental health and psychosocial support plays in the Movement, and the resolution will therefore act as an important tool for the Psychosocial Programme in the coming years.

## Mental Health – Guiding principles and approaches

Finalized in 2017, the Mental Health Guiding Principles and Approaches identifies the Red Cross and Red Crescent approach to mental health. It is intended to broadly outline mental health conditions found among populations, serve as an orienting tool for National Societies to assess mental health and psychosocial needs in their contexts and establish guidance for the Secretariat's and National Societies' future work in mental health. The Guiding Principles and Approaches are intended to highlight the interrelatedness of mental health to other health and non-health programmes, projects, interventions and actions of National Societies' and the Secretariat. Mental Health Guiding Principles and Approaches also complements the 2003 IFRC Policy on Psychological Support, and is a background document for further RC Movement wide discussions and policies on Mental Health and Psychosocial Support.

## Co-chair of the IASC Reference Group for MHPSS in emergency situations

The Inter-Agency Standing Committee Reference Group for Mental Health and Psychosocial Support in Emergency Settings (MHPSS RG) supports country-level mental health and psychosocial support coordination groups in various humanitarian contexts (including refugee settings and protracted crisis). The IASC MHPSS Reference Group was established in December 2007. Its main task is to support and advocate for the implementation of the Guidelines on Mental Health and Psychosocial Support (MHPSS) in Emergency Settings (The Guidelines), which were developed through an inclusive process, with input from UN agencies, NGOs and Universities. The Guidelines help to plan, establish and coordinate a set of minimum multi-sectoral responses to protect, support and improve people's mental health and psychosocial wellbeing during an emergency. The Reference Group consists of more than 30 members, and

fosters a unique collaboration between NGOs, UN and International Agencies and academics, promoting best practices in MHPSS.

The coordination and day-to-day management of the group is maintained by two member organisations; co-chairs. In 2016, the IFRC PS Centre became a co-chair IASC MHPSS RG, along with UNICEF. In 2017 UNICEF's term came to an end and the World Health Organization took over. At the same time, the PS Centre's term was extended for another two years.

Support missions to emergencies and participation in strengthening coordination, knowledge exchange and policy development are important parts of the work of the full-time coordinator. In 2017 this included support missions to Iraq and Ukraine, participation in consultations



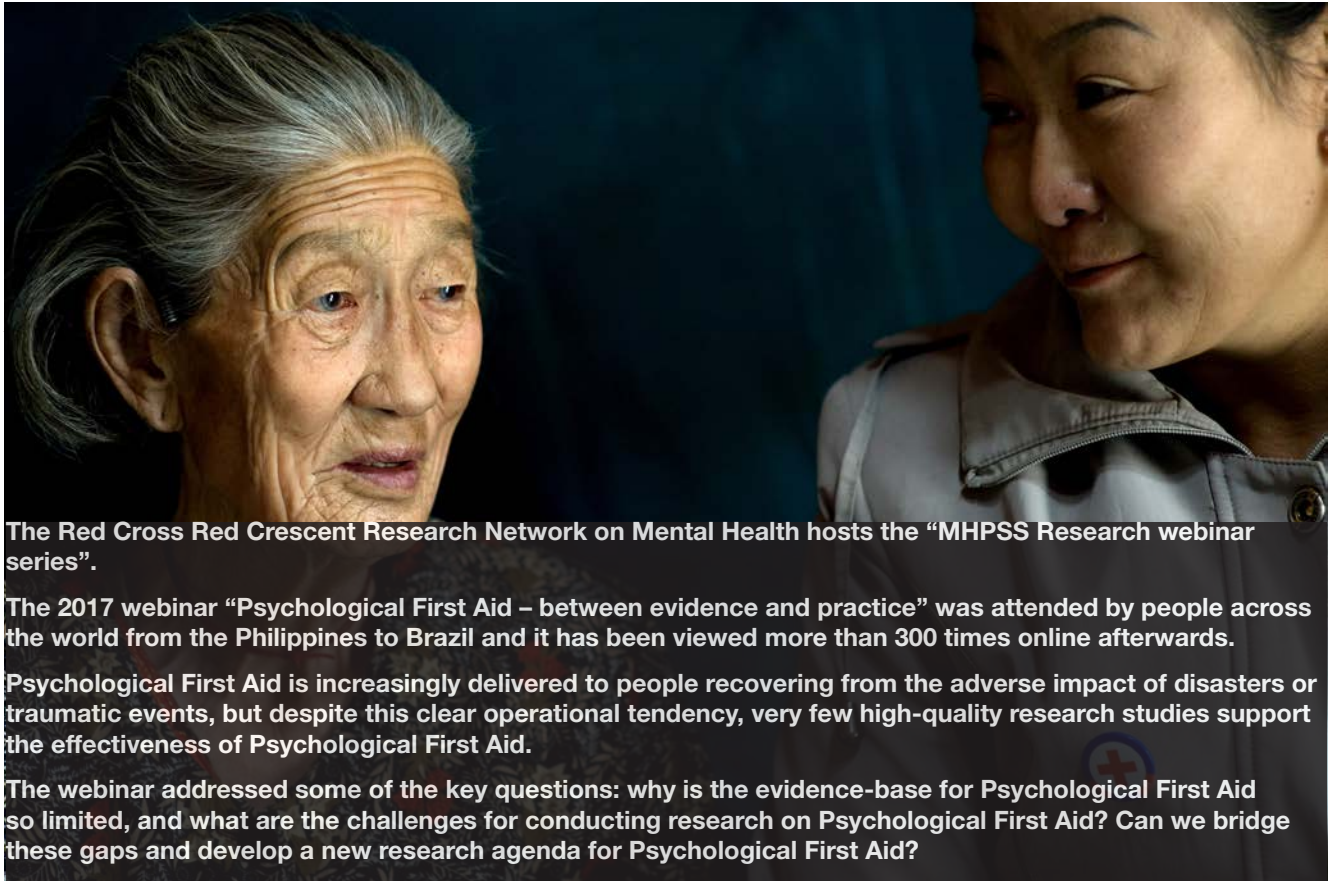
Relevant outcomes for the entire Movement are best produced from research conducted in the space between academia and practice. The PS Centre constantly tries to engage in research in this collaborative space in partnership with academic institutions, National Societies and other stakeholders to investigate questions of both scientific relevance and operational importance to the Red Cross Red Crescent Movement.

In 2017, two new research projects started continuing into 2018 and 2019. Using a mixed-methods approach, the first research project will investigate the feasibility of delivering scalable psychological interventions in the Red Cross Red Crescent Movement for forcibly displaced migrants in Columbia.

The second research project focuses on stress and well-being of volunteers in the Red Cross Red Crescent Movement. Using a realist review and case studies, this research project will investigate managerial practices to ensure the wellbeing of humanitarian volunteers in Sudan.

The two research projects are conducted in partnership with Trinity College Dublin, University of Southern Denmark and the IFRC Reference Centre for Psychosocial Support and are part of the larger CONTEXT research programme, which hosts 12 doctoral researchers on psychotraumatology.

The programme is a Marie Skłodowska-Curie ITN supported by the European Commission under grant agreement 722523



The Red Cross Red Crescent Research Network on Mental Health hosts the “MHPSS Research webinar series”.

The 2017 webinar “Psychological First Aid – between evidence and practice” was attended by people across the world from the Philippines to Brazil and it has been viewed more than 300 times online afterwards.

Psychological First Aid is increasingly delivered to people recovering from the adverse impact of disasters or traumatic events, but despite this clear operational tendency, very few high-quality research studies support the effectiveness of Psychological First Aid.

The webinar addressed some of the key questions: why is the evidence-base for Psychological First Aid so limited, and what are the challenges for conducting research on Psychological First Aid? Can we bridge these gaps and develop a new research agenda for Psychological First Aid?

## Building evidence for psychosocial support

Throughout the Red Cross Red Crescent Movement and the wider humanitarian community there is an increasing recognition of the need for building evidence to support mental health and psychosocial support (MHPSS) interventions. This recognition is also reflected in the 2017 Council of Delegates Resolution, which included a request to scale up research on MHPSS to better understand the needs and challenges.

To this end, the PS Centre is constantly encouraging, commissioning, producing and disseminating research, including exploring the potential for future research partnerships on MHPSS topics. Partnerships with academic institutions have increased rapidly over the past years, and in 2017 the PS Centre collaborated with a total of 42 academic institutions across the world. These collaborations range from interviews or workshop or conference participations to more long-term strategic partnerships and collaboration in high-quality research projects. The PS Centre will continue building and maintaining academic partnerships in the future and focus on expanding and deepening its partnerships with academic institutions in the Global South as well as National Societies interested in and willing to engage in research partnerships on mental health and

the Red Cross Red Crescent Movement for MHPSS for beneficiaries, volunteers and staff.

Membership is open to individuals engaged in research on MHPSS topics and associated to the Red Cross Red Crescent Movement and affiliated membership is open to individuals with experience in MHPSS research in humanitarian settings. The 2017 Bi-annual Meeting of the Red Cross Red Crescent Research Network on Mental Health and Psychosocial Support brought together 32 people from 16 countries to share their research experience on two themes: mental health of refugees, migrants and asylum seekers and caring for staff and volunteers. The meeting included a combination of key note speakers, abstract presenters and workshops on these topics.

## Scalable psychological interventions

In most parts of the world, there is a gap between the mental health needs and the availability of high-quality services. Even in high income countries, austerity, disasters or large influx of refugees can put otherwise well-functioning mental health systems under pressure.

To close this gap, the World Health Organization recommends a range of psychological and pharmacological interventions by non-specialized

care providers. It recommends, for example very basic and easy to learn interventions derived from or based on professional and psychological methodologies for depression and other mental health problems. These are referred to as scalable interventions, meaning that they can be taken to scale and reach many people. This means that tasks can be shifted from professionals to lay people. In most countries, there are mental health professionals, who are expected to offer these psychological interventions. However, these professionals are scarce and too often not sufficiently trained. There is a need to develop a number of psychological interventions in simplified forms, so that they can be quickly learned not only by professionals but also by people, who are not mental health professionals. Scalable interventions are often referred to as “low-intensity psychological interventions”, in that their delivery requires a less intense level of specialist human resource use. It means that the intervention has been modified to use fewer resources compared with conventional psychological interventions. People with and without previous training in mental health care can effectively deliver low-intensity interventions as long as they are trained and supervised. Also, people experiencing severe levels of depression can benefit from low-intensity interventions.

Many National Societies see a need to offer more structured mental health interventions. The interventions are showing very promising results so far, and the fact that they can be delivered by trained volunteers makes them interesting for the Red Cross Red Crescent Movement. At the same time, successful implementation of the interventions requires stable organizational structures with resources to provide ongoing training and supervision of the facilitators.

The PS Centre is following the development of further interventions and the research in existing interventions closely aiming to assess the feasibility of implementing the interventions in the Red Cross Red Crescent Movement. The PS Centre is engaged in several research projects and other collaborations with universities, the WHO, and both large international NGOs and smaller local NGOs, in which the interventions are developed, adapted and field tested.

## Looking ahead

Political instability and protracted crises such as the ones in Syria, Yemen, and South Sudan, forced migration and other types of population movement and the challenges posed by climate change will



A resolution to create greater global attention on the mental health and psychosocial needs of populations affected by armed conflict, natural disaster and other emergencies and to emphasize the importance of tackling the stigma surrounding this urgent issue was passed at the Council of Delegates in Turkey. Additionally, a formulation of a Movement Policy on Addressing Mental Health and Psychosocial Needs that builds on common approaches and contributes to the harmonization of different Movement responses will be developed before 2019 for the 33rd International Conference. This adoption of the resolution underpins the words of Yve Daccord that psychosocial support is not only a necessity. It is in fact, a lifesaving intervention. *Photo: PS Centre*

continue to shape the world we live in and give rise to great mental health and psychosocial needs among millions of men, women, boys and girls.

Even though people generally show great resiliency in such situations, some groups are particular vulnerable and at high risk of facing violence, exclusion, or injury resulting in an acute need for mental health and psychosocial support interventions. The humanitarian impact of unmet mental health and psychosocial needs is extensive; not only affecting the individuals directly but also whole communities, populations and societies.

The Psychosocial Programme will continue to try and meet the needs of people affected by emergencies and other situations of adversity.

Psychological First Aid (PFA) is a much-used intervention after distressing events. There is a growing tendency to provide PFA training to staff and volunteers working in other areas than psychosocial support, because working in emergency situations often means working with people in distress regardless of whether your primary work is distribution, shelter, first aid or restoring family links. In 2017 the PS Centre began



Photo: Joe Cropp,  
IFRC



the work of developing a comprehensive package for psychological first aid specifically tailored to the Red Cross Red Crescent Movement. It builds on the World Health Organization's well-established "Look, listen, link" model. The package will be published in 2018 and consists of a general introduction to psychological first aid, a one-day basic training, a more advanced three-day training and a whole new model for providing group psychological first aid for groups of volunteers, who have experienced a distressing event in the course of their work.

Another popular psychosocial intervention is the establishment of child-friendly spaces. In most emergency responses child-friendly spaces will be established to provide support and protection to children. However, recent reviews and research have shown that too often such child-friendly spaces do not reach their full potential. They tend to offer primarily recreational activities without incorporating psychosocial support in the activities. In 2017 collaborating with WorldVision International, the PS Centre began developing a set of materials for setting up child friendly spaces. The materials comprise a guidance note and a training curriculum for managers and an activity catalogue for facilitators. The aim of the new material is to have a comprehensive approach to establishing and running child-friendly spaces with a strong focus on providing psychosocial support and protection. The materials are expected to be ready for publication in 2018.

In terms of capacity building of Red Cross Red Crescent staff and volunteers, there is an increasing demand for the trainings offered through the PS Academy from within and outside the Movement.

This increased demand is linked to a tendency in the wider humanitarian field: mental health and psychosocial support is increasingly recognized as a central part of the frontline response in humanitarian settings. But there are limited opportunities for formal education in MHPSS in emergencies, which means that it can be challenging for organizations to find the right level of competencies in this field. To this end, the PS Centre is developing the PS Academy further to be able to respond to the increasing training and capacity building needs. This includes the creation of formal education opportunities in partnership with selected universities.

At the policy level, the PS Centre will work actively to implement the recommendations from the 2017 resolution on Addressing Mental Health and Psychosocial Needs, including working in collaboration with key partners to develop a Movement Policy that builds on common approaches and contributes to the harmonization of different Movement responses, developed through a collaborative process, actively engaging National Societies, the IFRC and the ICRC.

# Financial Statement

The level of activities in the PS Centre depends on financial resources available.

Throughout 2017 the PS Centre has maintained strong partnerships with its current donors, including the National Societies of Denmark, Canada France, Iceland, Japan, Hong Kong and Norway.

In addition, World Health Organization, UNICEF and Danish Red Cross have contributed to the position as coordinator for the function as Co-chair for the IASC MHPSS Reference Group.

The PS Centre has explored new venues such as new action research funding and project initiatives on scalable interventions for mental health, PSS community-based support in epidemic outbreaks and Child Friendly Spaces. The PS Centre will

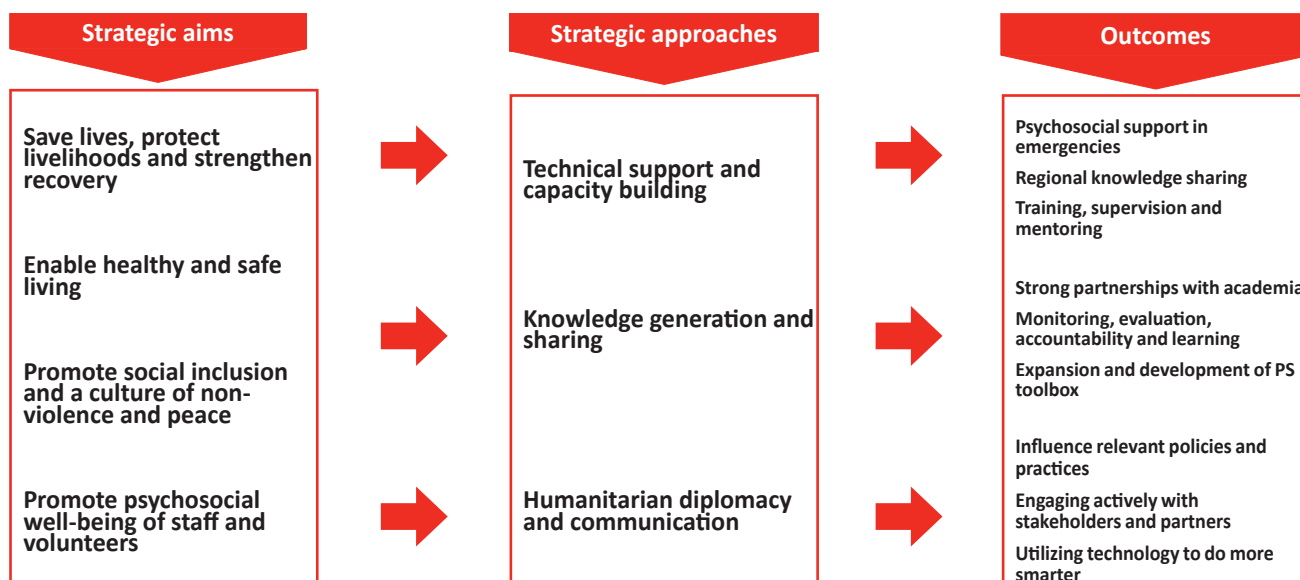
continue its work with WHO and university partners to assess the feasibility of scalable psychological interventions in the context of the Movement and develop training materials for volunteers to deliver these interventions. Project based funding, mainly from the European Commission, remains important in this regard. The PS Centre will maintain and expand on its strategic aim to diversify and enlarge funding streams to support the growing demands from the National Societies and the international community to advocate for the inclusion of MHPSS in programming.

The total expenditure of the PS Centre mounts to DKK 6,894,479 (CHF 1,075,194), which is a 5 % increase compared to 2016. The detailed financial report is included in the PS Centre Financial Statement, which can be requested from the PS Centre.

The IFRC Psychosocial Programme works towards meeting the global challenges within the context of the strategic aims set out in Strategy 2020 and the psychosocial policy framework of the IFRC.

By means of three strategic approaches the psychosocial support programme seeks to deliver on nine outcomes. The nine outcomes are illustrated in the figure below. On the next page is an overview of the main indicators for these outcomes and the results obtained in 2017.

**Gender and diversity • Urbanisation and demographic change • Global inequalities and economic crises  
 Disasters and epidemic outbreaks • Displaced persons and survivors of violence • Mental health problems**



## Overview of main indicators 2017

Strategic approach	Indicator	Result
<b>Technical and operational support and capacity building</b>	# of emergencies where PS Centre has provided support and type of support provided	PS Centre has provided support to emergencies in 19 countries, including 2 IASC missions, 2 PS Centre missions and support via email, skype and telephone.
	# of trainings conducted	30
	# of people trained	613 people trained (319 women, 294 men), of which most people were trained on Caring for volunteers (164), IASC and MHPSS coordination (85), Psychosocial Support in Emergencies (76), Psychosocial M&E Framework (63), and Sexual and Gender-based Violence and PSS (55)
	% of participants who rated the content of the training as good or excellent	97
	# of requests and type of request	1239 requests from 93 countries (compared to 997 requests from 95 countries in 2016).
	% of requests originating from within the Red Cross Red Crescent Movement	48 %
	% of requests pertaining to the IASC and to the PSC	28 % IASC 72 % PSC General
	# of times a Roster member is involved in PSC activities and/or missions and type of task	9 roster members involved in 17 different activities, including consultancies (1), presentations (5), review of material (6) and trainings (5).
<b>Knowledge generation and sharing</b>	# and type of collaborations with academic partners	Collaboration with 42 different universities on 24 different out-puts, including interviews (1), delivering lectures (2), developing MoUs (2), providing advise (4), collaborating on research projects (4), joint publications (5) and new proposals (6).
	# of people trained in the M&E Framework	48 people trained (34 women, 14 men)
	# of new tools (trainings, handbooks, guidelines) developed	11 new tools developed
	# of tools (trainings, handbooks, guidelines) translated	4 tools translated
	# of tools (trainings, handbooks, guidelines) provided input to	16 tools provided input to
	# of tools (trainings, handbooks, guidelines) adapted	3 tools adapted
<b>Humanitarian Diplomacy</b>	# of international fora that the PSC actively participates in and type of contribution to these fora.	The PS Centre participated in 34 international fora, of which 56 % were external to the Red Cross Red Crescent Movement. The type of contributions varied from host (3), facilitator (4), co-chair (2), presentations (13) or participant (12).
	# of PSC news letters	4
	# of people subscribed to PSC newsletter	2078
	# of interactions with the PSC social media pages	Facebook: Page likes: 3651 (increased by 691), unique page interactions: 10,512

# Publications from the IFRC Reference Centre for Psychosocial Support

[www.pscentre.org](http://www.pscentre.org)



# The Fundamental Principles of the International Red Cross and Red Crescent Movement

**Humanity** The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

**Impartiality** It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

**Neutrality** In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

**Independence** The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

**Voluntary service** It is a voluntary relief movement not prompted in any manner by desire for gain.

**Unity** There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

**Universality** The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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