Mental Health Matters:

Mapping of Mental Health and Psychosocial Support Activities within the International Red Cross and Red Crescent Movement

December 2019

Executive summary

The International Red Cross and Red Crescent Movement Project on Addressing Mental Health and Psychosocial Consequences of Armed Conflicts, Natural Disasters and other Emergencies (MOMENT) has conducted a survey to establish a dataset and baseline for mental health and psychosocial support (MHPSS) activities carried out by the Movement. A total of 162 National Societies (NS), the International Federation of the Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) participated. This report contains the results of the survey.

96% of respondents (156 NS, the IFRC and ICRC) provide mental health (MH) and/or psychosocial support (PSS) activities. In the past year psychological first aid (PFA) (74%: 121 NS, the IFRC) and restoring family links (73%: 117 NS, the IFRC, the ICRC) were PSS activities carried out by most respondents while training of community actors in basic psychological support (45%: 72 NS, the IFRC and the ICRC) and counselling (38%: 61 NS, the IFRC and the ICRC) were MH activities carried out by most. Further, most of the NS respondents, the IFRC and the ICRC carry out activities addressing the psychosocial wellbeing of staff and volunteers. Referral to more specialized mental health services are offered by more than two thirds (109 NS, the IFRC and the ICRC). During emergency situations 90% (146 NS, the IFRC and the ICRC) provide MHPSS activities.

74% (120 NS, the IFRC and the ICRC) have one or more focal points for MH and/or PSS in their organization. Collectively, within the 162 NS respondents, IFRC and ICRC, nearly 27.000 staff and volunteers are reported to be trained in basic community-based psychosocial support, and more than 42.000 staff and volunteers are trained in PFA within the 162 NS and IFRC. Further, 77% (125 NS, the IFRC and the ICRC) have some sort of system in place to monitor the MH and/or PSS activities of their organization.

34% of respondents (55 NS) have no budget dedicated for MHPSS activities, and 83% (135 NS and the IFRC report that lack of or limited funds is an obstacle for delivering MH and/or PSS activities. Further, challenges within the organizations 49% (79 NS) and lack of or limited technical expertise 46% (75 NS, the IFRC and ICRC) are defined by most respondents as gaps to address the needs. However, looking at the future, 60% (97 NS and the IFRC) plan to expand their MHPSS activities, 55% (90 NS and the IFRC) want to integrate or mainstream, 28% (45 NS and the ICRC) plan to maintain while only one NS expect to reduce its activities.

Introduction

Across the world, more than 80% of people with mental health conditions are without any form of quality, affordable mental health care according to the World Health Organization (WHO). Every day, the International Red Cross and Red Crescent Movement (the Movement) witnesses the extensive unmet mental health and psychosocial support needs around the world. Needs that increase dramatically during armed conflicts, natural disasters and other emergencies.

In the Movement, mental health and psychosocial support (MHPSS) have never been higher on the agenda. The different components of Movement - the 191 National Societies (NS), the International Federation of Red Cross and Red Crescent Societies (IFRC) and the International Committee of the Red Cross (ICRC) - respond to mental health and psychosocial needs through a variety of activities. These activities cover the spectrum from basic psychosocial support, focused psychosocial support, psychological support through to specialized mental health care.

This survey has been conducted by the International Red Cross Red Crescent Movement Project on Addressing Mental Health and Psychosocial Consequences of Armed Conflicts, Natural Disasters and other Emergencies (MOMENT)[1] to establish a dataset and a baseline on the MHPSS activities carried out by NS, the IFRC and the ICRC. It aims to provide a foundation to measure and support the progress and development of the Movement's activities addressing mental health and psychosocial needs, including the implementation of the Movement policy on *Addressing mental health and psychosocial needs* and the 33rd International Conference resolution *Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies*.

This report contains an overview of the results from the survey. It presents what the Movement is doing in the field of MHPSS and points out the challenges in delivering MHPSS activities.

Key terminology

Mental health activities: e.g. counselling, group therapy, psychiatric or psychological assessments and treatments, often delivered by persons with professional training in mental health or psychology, or highly skilled, trained and supervised volunteers.

Psychosocial support activities: e.g. psychological first aid, psychoeducation, awareness-raising, community-based activities and other activities usually delivered by trained volunteers but often supervised by someone with a more advanced background in psychology/social work/health.

1) The MOMENT project, which was initiated by the ICRC, the IFRC, the Danish Red Cross and the Swedish Red Cross to support the implementation of resolution 7 of the 2017 Council of Delegates, "Addressing Mental Health and Psychosocial Needs", has three main objectives: 1) to develop a Movement policy on Addressing mental health and psychosocial needs; 2) to prepare the topic Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies for debate and decision at the 33rd International Conference of the Red Cross and the Red Crescent, December 2019, and 3) to help focus greater global attention on these unmet needs.

Methods: How was the survey conducted?

The survey was offered in Arabic, English, French and Spanish and disseminated to all 191 NS, the IFRC and the ICRC in June 2019. Follow up on submissions took place between August and November 2019.

The survey requested each component of the Movement to provide information on their mental health (MH) and/or psychosocial support (PSS) activities related to both national and international work. Only one response was accepted per NS. In cases where more than one answer was submitted from the same NS, the respondents were given the opportunity either to consolidate their response and resubmit a joint answer or choose which of the already submitted responses should be considered. Regarding the IFRC, a response was received from each of the five IFRC Regions - Africa, Americas, Asia Pacific, Europe and Central Asia, and Middle East and North Africa (MENA) - together with a response from the IFRC Reference Centre for Psychosocial Support (PS Centre).

These separate responses were merged into one response covering all the work undertaken by the IFRC. One response was received on behalf of the ICRC, providing information of all its MHPSS activities worldwide.

The survey included organization specific questions and contact information in addition to 27 questions related to MH and/or PSS activities. These questions were divided into two sections: Existing MH and/or PSS activities, and MH and/or PSS activities moving forward.

A total of 162 NS, the IFRC, and the ICRC participated in this survey. This accounts for a total response rate of 85%. The response rate of NS on a regional level was 82% in Africa, 86% in Americas, 90% in Asia Pacific, 89% in Europe and Central Asia and 68% in MENA.

Results

Mental health and/or psychosocial support activities

The different components of the Movement recognize mental health and psychosocial needs in every community and society around the world and do important work to address and meet these needs. 96% (156 NS, the IFRC and the ICRC) indicate that their organization provides MH and/or PSS activities shown on the map below. 73% of respondents (118 NS, the IFRC and the ICRC) have a MH and/or PSS focus in their organization strategy.

Provision of psychosocial support activities

When looking solely at psychosocial support activities carried out during the past year a total of 97% (159 NS, the IFRC and the ICRC) state that they have carried out at least one activity defined as psychosocial support[2].

The different psychosocial support activities are shown in figure 1. 74% of respondents (121 NS and the IFRC) report that they have carried out psychological first aid (PFA), 73% (117 NS, the IFRC and the ICRC) have carried out activities linked to restoring family links and 64% (104 NS and the IFRC) have held community events. Most respondents have focused on supporting adolescents (74%: 120 NS, the IFRC and the ICRC), children (65%: 105 NS, the IFRC and the ICRC) and migrants (56%: 96 NS, the IFRC and the ICRC).

Provision of mental health activities

Turning towards mental health activities carried out in the past year, 78% of respondents (126 NS, the IFRC and the ICRC) report that they have provided at least one activity defined as a mental health activity.

The different mental health activities are shown in figure 2. Most respondents, namely 45% (72 NS, the IFRC and the ICRC) train community actors in basic psychological support. Other activities that most respondents have offered are counselling (38%: 61 NS, the IFRC and the ICRC) and psychological support home visits (35%: 55 NS, the IFRC and the ICRC). Adolescents (51%: 82 NS, the IFRC and the ICRC), older persons (42%: 68 NS and the IFRC) and children (39%: 62 NS, the IFRC and the ICRC) were targeted by most in relation to mental health activities in the past year.

More than two thirds (109 NS, the IFRC and the ICRC) state that they offer referral to more specialized mental health services such as psychiatrists and psychologist. This number includes 16 NS which themselves have not carried out any mental health activities in the past year.

2) There is a discrepancy in the reporting from NS, as 159 NS have reported that they have provided psychosocial support activities in the past year while only 156 NS have indicated that they provide MH and/or PSS activities. A possible reason for this might be that these NS have provided PSS activities in the past year as part of a certain program or project which by the time of participating in the survey have ended and the NS do not provide these activities anymore.

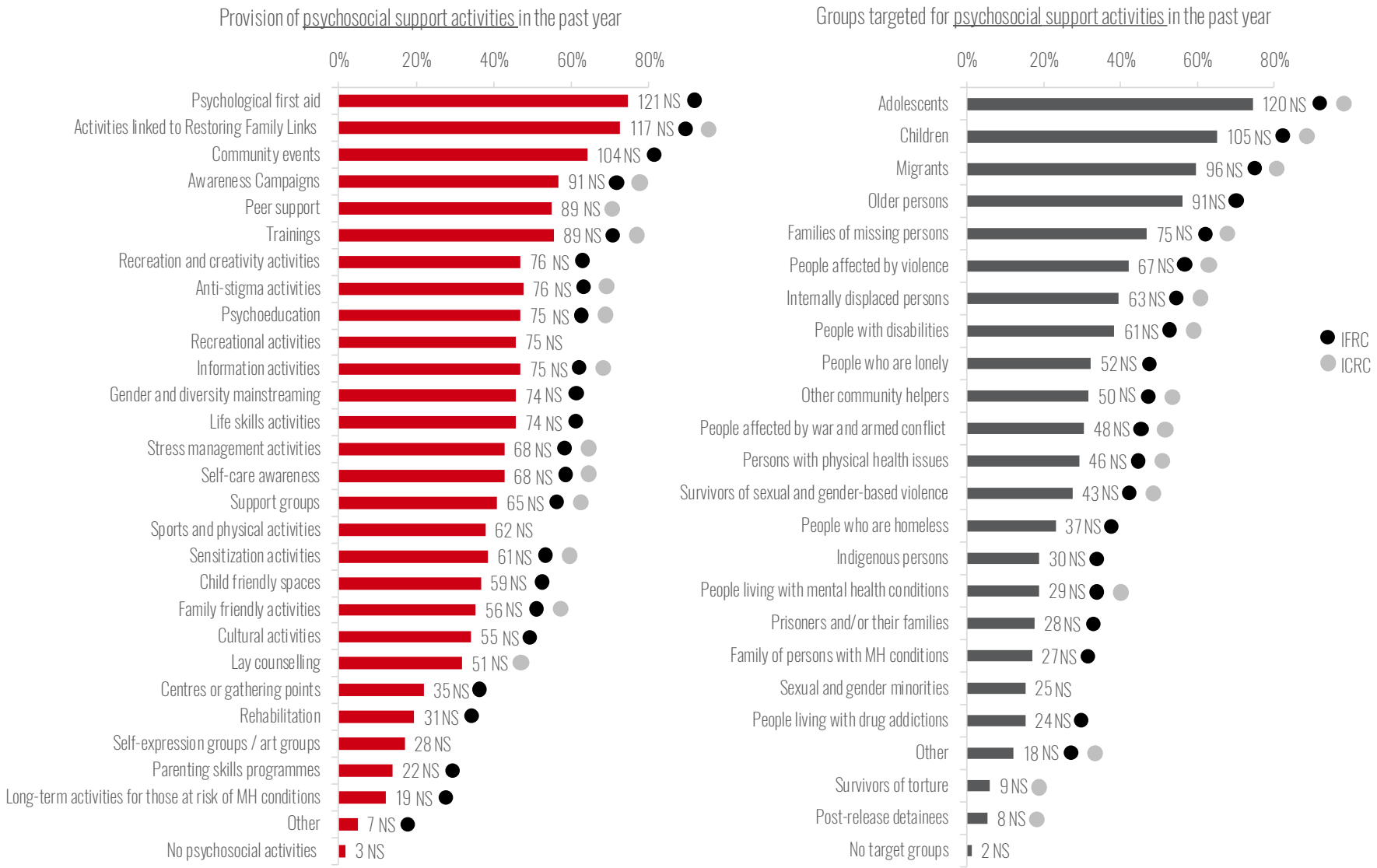


Figure 1: Percentages of respondents and number of NS, the ● IFRC and the ● ICRC by psychosocial support activities and by groups targeted for psychosocial support activities in the past year.

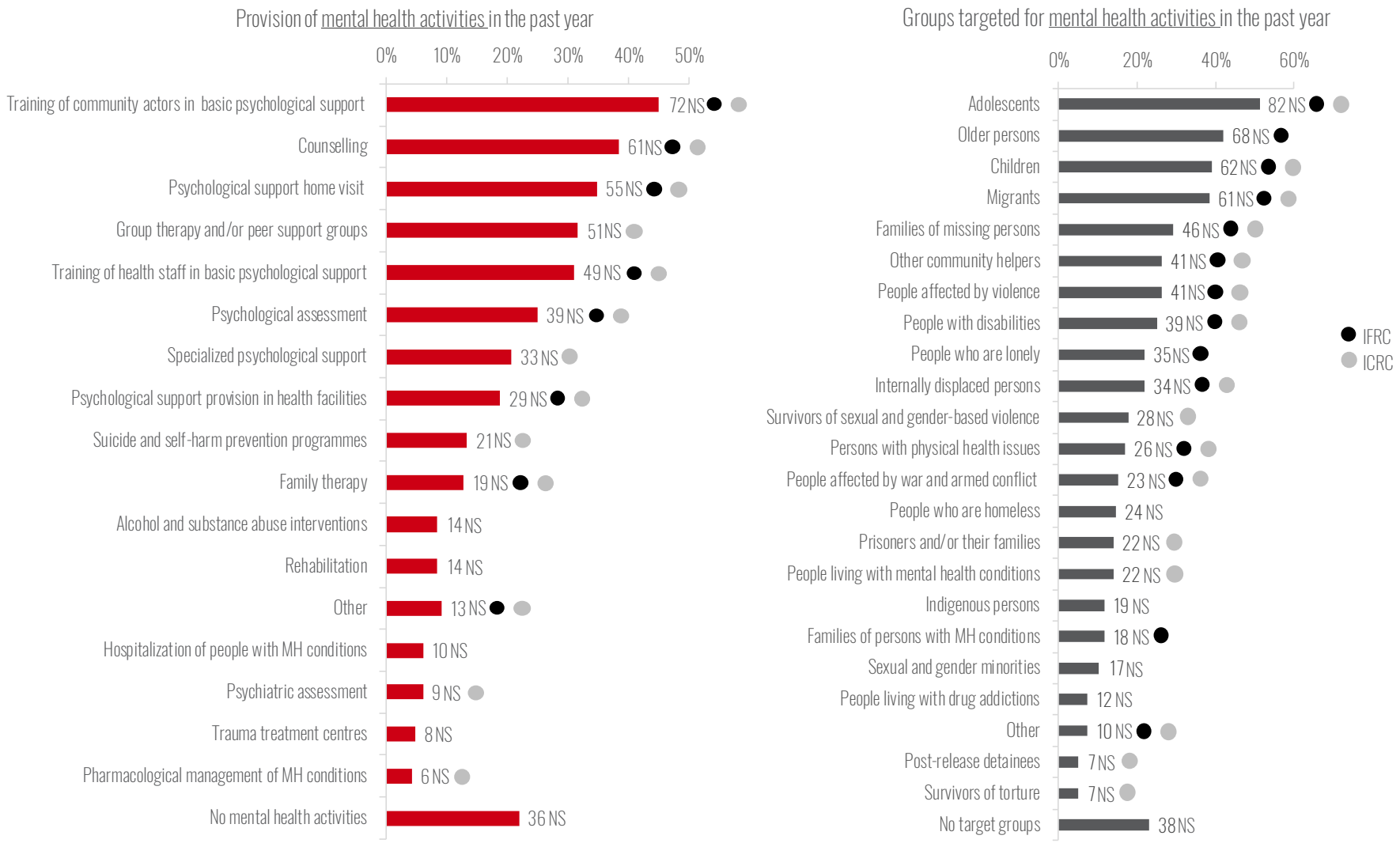


Figure 2: Percentages of respondents and number of NS, the ● IFRC and the ● ICRC by mental health activities and by groups targeted mental health activities in the past year.

Approach used when delivering MH and/or PSS services

The components of the Movement use different approaches when they deliver MH and/or PSS services: a stand-alone approach, an integrated or mainstreaming approach or a combination. Most respondents indicate that they use an integrated or mainstreaming approach when delivering MH and/or PSS activities. As seen in figure 3, 43% (70 NS and the ICRC) use this approach solely, 10% (16 NS) use a stand-alone approach exclusively, whilst 38% (62 NS and the IFRC) use both approaches.

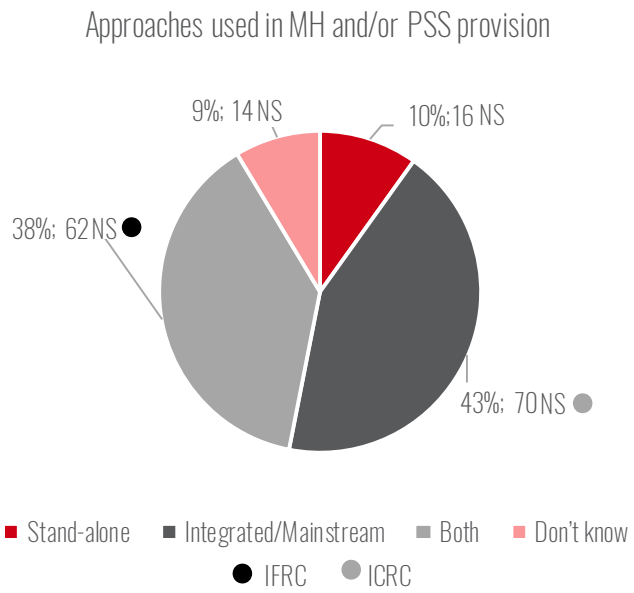


Figure 3: Distribution of percentages of respondents and number of NS, the ● IFRC and the ● ICRC by approach used when delivering MH and/ PSS activities

Systems in place to ensure quality

The Movement invests in ensuring that quality support is provided. 48% of respondents (77 NS, the IFRC and the ICRC) have supervision mechanisms in place to ensure the quality of the MHPSS activities they provide. Further, 77% (125 NS, the IFRC and the ICRC) state that they have some sort of system in place to monitor the MH and/or PSS activities of their organization. Figure 4 shows the different tools used in the Movement to monitor MH and/ or PSS activities.

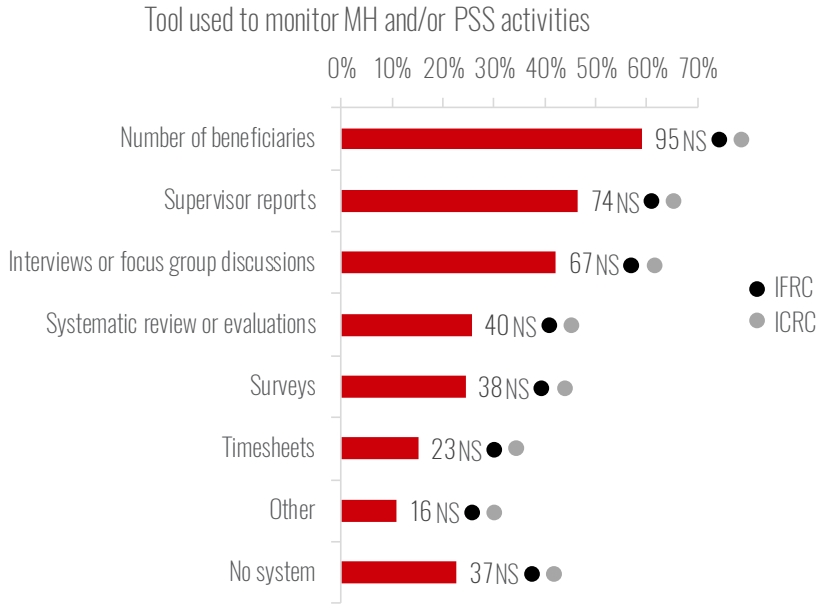


Figure 4: Percentages of respondents and number of NS, the ● IFRC and the ● ICRC by tools used to monitor MH and/or PSS activities.

Data protection and confidentiality

41% of respondents (66 NS, the IFRC and the ICRC) have an information system in place to ensure confidentiality and protection of personal data.

MHPSS in emergencies

During armed conflicts, natural disasters and other emergencies MHPSS needs increase dramatically. The Movement has a specific role and mandate to address the humanitarian needs of people affected by emergencies including armed conflicts, natural disasters and other emergencies.

MHPSS activities are provided during emergency response by 90% of the respondents (146 NS, the IFRC and the ICRC).

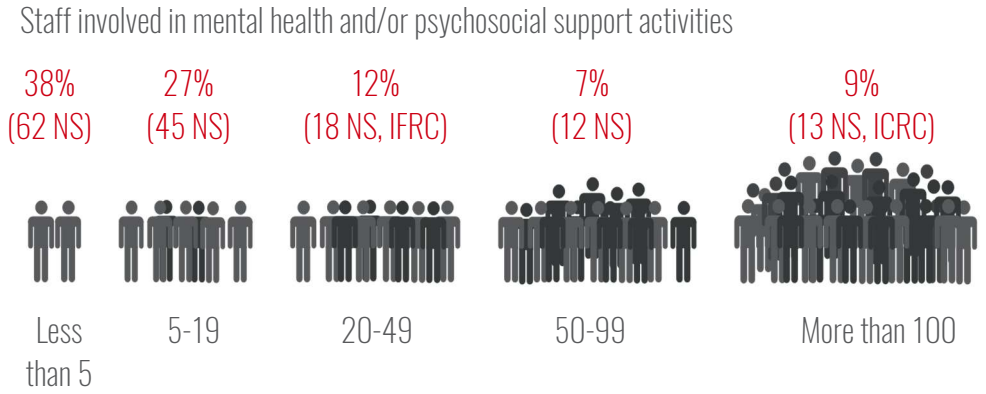
Mental health and psychosocial wellbeing of staff and volunteers

The mental health and wellbeing of staff and volunteers are of critical importance to the Movement. Therefore, staff and volunteers are of particular focus when it comes to MHPSS activities. Most NS, the IFRC and the ICRC carry out activities addressing the psychosocial wellbeing of staff and volunteers. Within the past year this accounts for 84% of the respondents (136 NS, the IFRC and the ICRC). Overall, 80% of respondents (129 NS, the IFRC, and the ICRC) provide psychosocial support activities for their volunteers, and 55% (90 NS and the IFRC) for their staff. When it comes to their mental health activities, 45% (72 NS, the IFRC and the ICRC) and 39% (63 NS and the IFRC) targeted volunteers and staff, respectively.

Human resources for MHPSS

The Movement has both staff and volunteers involved in MH and/or PSS activities. 74% (120 NS, the IFRC and the ICRC) report that they at least one focal points for MH and/or PSS in their organization.

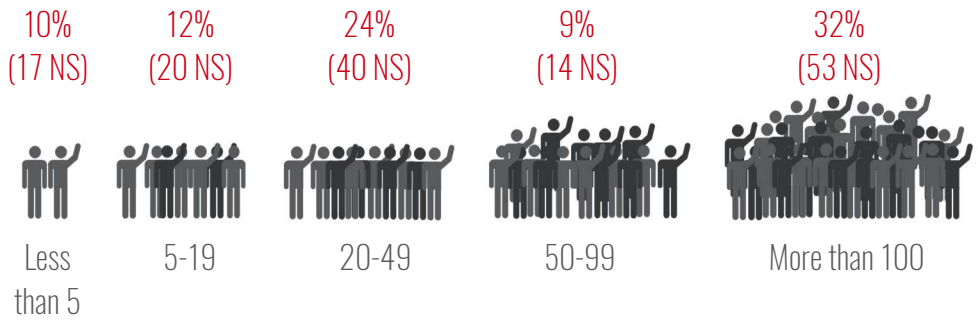
In regard to the Movement's staff, 38% of respondents (62 NS) have less than 5 staff involved in MH and/or PSS activities, while 27% (45 NS) have between 5-9, 12% (18 NS and the IFRC) have between 20-49 staff, 7% (12 NS) have between 50-99, and 9% (13 NS and the ICRC) have more than 100 staff involved in these activities. ICRC staff provide MHPSS specifically to conflict-affected populations.



When considering staff, the Movement has collectively more than 2.000 social workers, 1.000 psychologists, nearly 60 psychiatrists, and 4.500 community health workers working in this field.

In respect to volunteers, 10% (17 NS) have less than five volunteers involved in MH and/or PSS activities, while 12% (20 NS) have between 5-19, 24% (40 NS) have between 20-49, 9% (14 NS) have between 50-99, and 32% of respondents (53 NS) have more than 100 volunteers. The IFRC and ICRC work with many volunteers, however they are not specifically hired by neither of the organizations. Therefore, this is non-applicable for the IFRC and the ICRC.

Volunteers involved in mental health and/or psychosocial support activities



Within the 162 NS respondents nearly 4.000 social workers, more than 2.500 psychologists, and 100 psychiatrists and 60.000 community workers work as volunteers in this field.

Collectively, within the 162 NS respondents, the IFRC and the ICRC, almost 27.000 staff and volunteers are reported to be trained in basic community based psychosocial support. Furthermore, more than 42.000 staff and volunteers are trained in PFA within the 162 NS respondents and the IFRC.

It should be noted that all specific numbers regarding staff and volunteers are likely to be higher as respondents typed in zero in cases where the actual numbers were unknown.

Learning resources and needs for training staff and volunteers

The Movement has developed several learning resources such as manuals, courses, and lectures to use when training staff and volunteers. As seen in figure 5, 59% of respondents (95 NS and the IFRC) report that they use learning resources from the IFRC Reference Centre for Psychosocial Support, and 45% (73 NS and the IFRC) use materials adapted from the IFRC Reference Centre for Psychosocial Support. 30% (48 NS, the IFRC and the ICRC) indicate that they use Movement learning resources, and 41% (65 NS, the IFRC and the ICRC) use other learning resources in their trainings.

Other Movement learning resources are by respondents reported to be the ICRC MHPSS Guidelines, and online version of the IFRC's community-based health and first aid program (eCBHFA) while other learning resources include the IASC Guidelines for MHPSS in Emergency Settings and WHO guidelines.

However, it seems there is a strong need for more technical support regarding trainings and technical guidance. 76% (122 NS, the IFRC and the ICRC) express a need for this. Further, more than half of the respondents (89 NS, the IFRC and the ICRC) state that they see a need for designing new trainings or tools to tackle specific aspects of the MHPSS activities within their organizations.

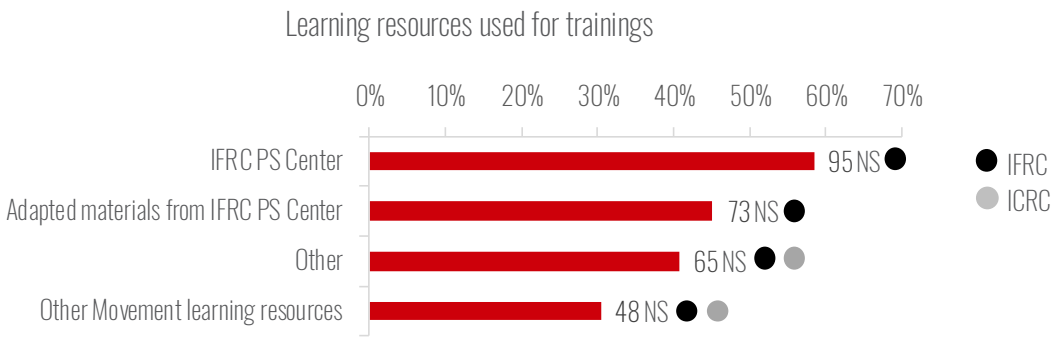
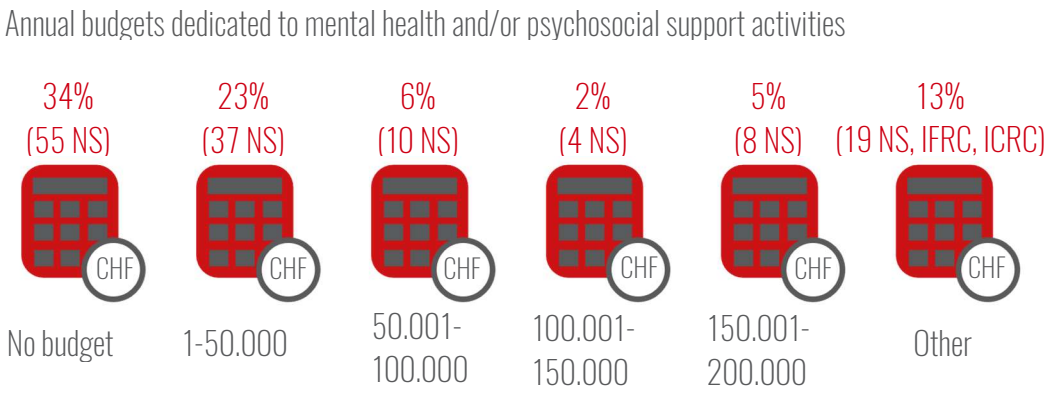


Figure 5: Percentages of respondents and number of NS, the ● IFRC and the ● ICRC by learning resources used to train staff and volunteers.

Budget dedicated to MHPSS

Each component of the Movement is fully independent and responsible for its own budget plan. Therefore, the budget for MHPSS is very diverse. 34% of respondents (55 NS) have no budget dedicated to MHPSS activities. 23% (37 NS) have a budget between 1-50.000 CHF, 6% (10 NS) have a budget between 50.001-100.000 CHF, 2% (4 NS) have a budget between 100.001-150.000 CHF, and 5% (8 NS) state that they have the largest budget indicated, namely CHF 150.001-200.000. Moreover, 13% of respondents (19 NS, the IFRC and ICRC) have budgets different from the indicated intervals or have budgets which are included or based on other budgets. 18% (29 NS) reported that they do not have knowledge on this issue.



Support received for MH and/or PSS

The Movement receives support from various stakeholders and of different kind. However, some NS declare that they do not receive any support for their MH and/or PSS activities - included in "Others" in figure 6 where the various stakeholders providing support and the kind of support the Movement receives is shown. More than half of the respondents (86 NS and the IFRC) are supported by the IFRC, 37% (60 NS and the IFRC) by partner NS and more than one in five (36 NS) receive support from the ICRC. Less than 10% (15 NS) report that they receive support from the private sector. Most of the support that the Movement receive is technical support (68%: 110 NS and the IFRC), and funding (64%:104 NS and the IFRC).

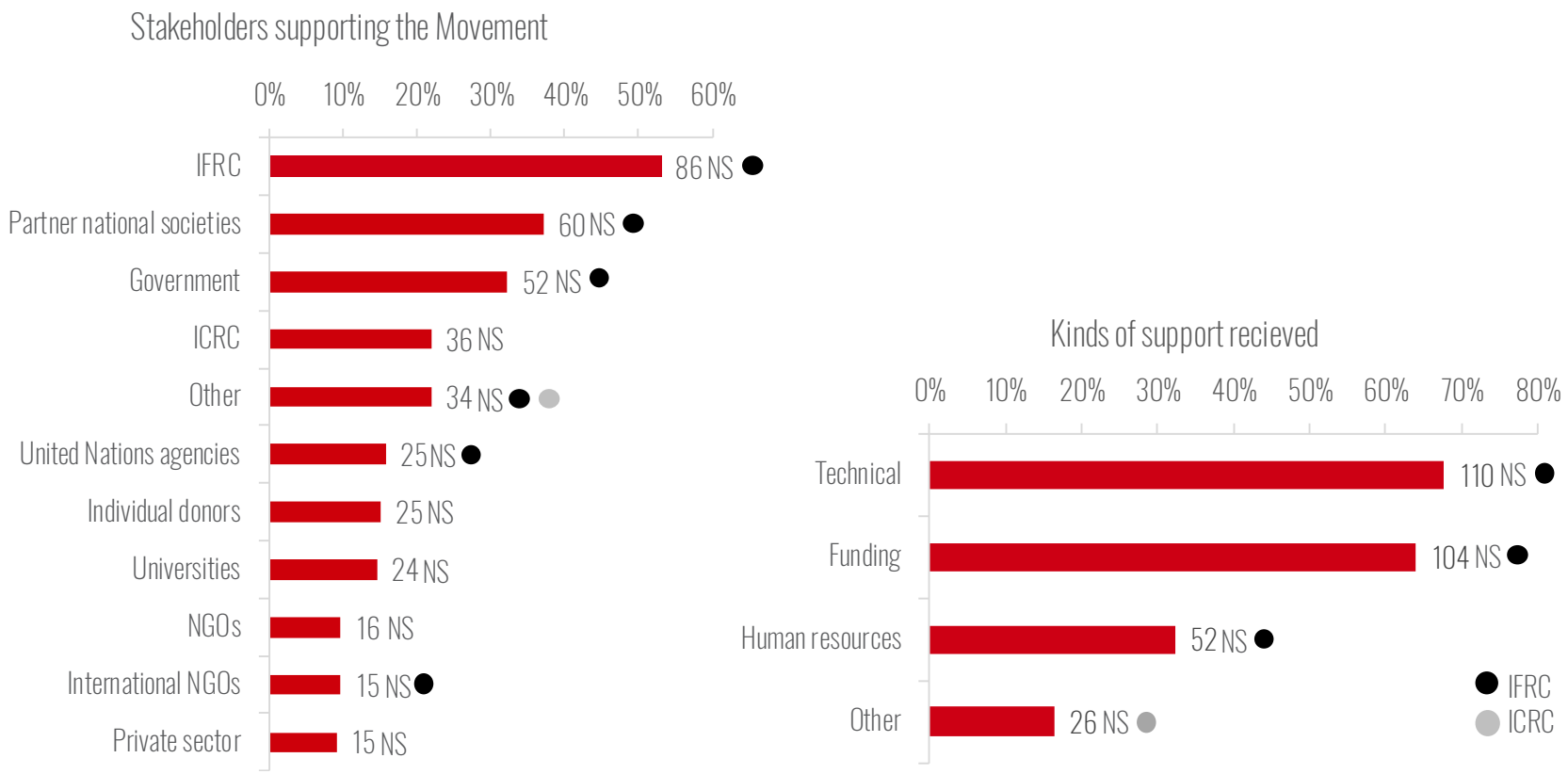


Figure 6: Percentages of respondents and number of NS, the ● IFRC and the ● ICRC by stakeholders they receive support from and by the kind of support they receive from the stakeholders.

Challenges in delivering MH and/or PSS services

Budget constraints or limited budget availability are major obstacles for delivering MH and/or PSS activities. 83% of respondents (135 NS and the IFRC) indicate a lack of or limited funds as part of their challenges, while 49% (79 NS) identify challenges within the organization as a hindrance. 46% (75 NS, the IFRC and the ICRC) report a lack of or limited technical expertise i.e. manuals, trainings, specialists as gaps in the delivery of MH and/or PSS activities. An overview of the different challenges can be seen in figure 7.

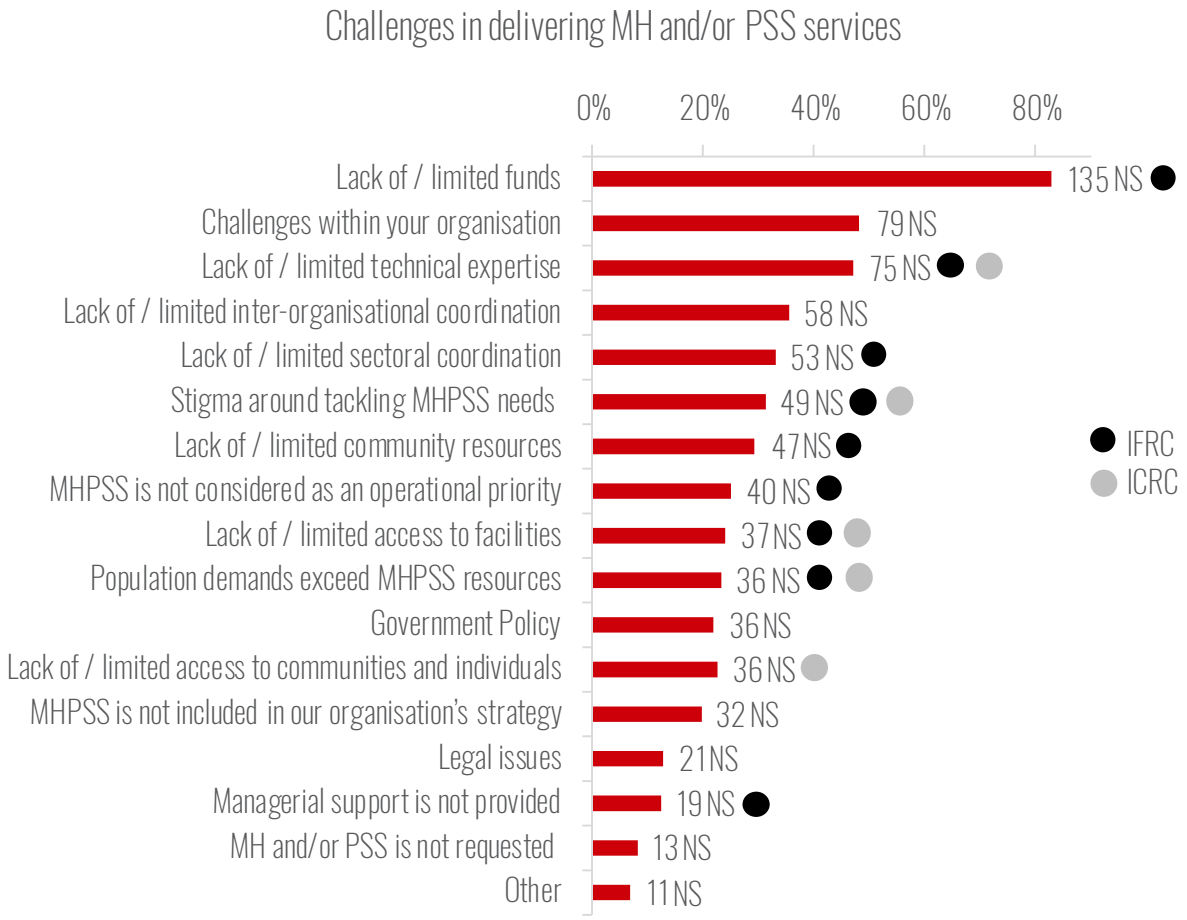


Figure 7: Percentages of respondents and number of NS, the ● IFRC and the ● ICRC by gaps in delivering of MH and/or PSS activities.

MHPSS research and advocacy

To get a better understanding of the MHPSS needs and improve knowledge about the subject, the Movement is involved in advocacy and research in different ways.

Almost two thirds of respondents (97 NS, the IFRC and the ICRC) work with MHPSS advocacy while one in five (31 NS, the IFRC and the ICRC) reported that they are involved or have previously been involved in MH and/or PSS research.

Future plans

Turning toward the future, activities in MHPSS seem to be on the rise. More than half of the respondents (97NS and the IFRC) plan to expand their activities within this area while only one NS is going to reduce its MHPSS activities. Further, 55% (90 NS and the IFRC) want to integrate or mainstream its activities, while 28% (45 NS and the ICRC) plan to maintain its activities in MHPSS.

Concluding marks

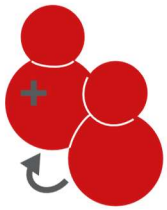
Despite the often limited resources and funds, the components of the Movement are delivering a wide range of MHPSS services and activities in accordance with their respective mandates and auxiliary roles.

The adoption of the policy on *Addressing mental health and psychosocial needs* and the 33rd International Conference resolution *Addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies* provide the Movement and States with the framework, technical direction and political will to address the unmet mental health and psychosocial needs. The data from this first Movement-wide MHPSS survey provides the critical baseline information from which we can measure and track our progress as we begin to operationalize and implement the policy and the resolution.

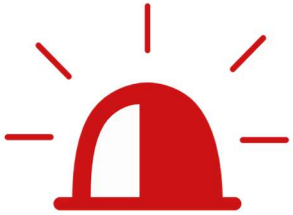
Collaboration within the Movement and partnerships with external actors are essential if we are to collectively improve our knowledge, capacity and capabilities to better meet the mental health and psychosocial support needs of individuals, families and communities.

With thanks to the following for their participation in the survey:

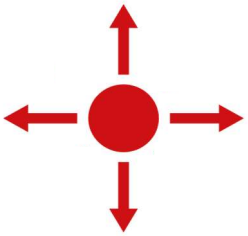
Afghan Red Crescent Society
Albanian Red Cross
American Red Cross
Andorran Red Cross
Argentine Red Cross
Armenian Red Cross Society
Australian Red Cross
Austrian Red Cross
Bahrain Red Crescent Society
Bangladesh Red Crescent Society
Baphalali Eswatini Red Cross Society
Belarus Red Cross
Belgian Red Cross
Belize Red Cross Society
Bolivian Red Cross
Botswana Red Cross Society
Brazilian Red Cross
British Red Cross
Brunei Darussalam Red Crescent Society
Bulgarian Red Cross
Burkinabe Red Cross Society
Burundi Red Cross
Cambodian Red Cross Society
Cameroon Red Cross Society
Central African Red Cross Society
Colombian Red Cross Society
Congolese Red Cross
Cook Islands Red Cross
Costa Rican Red Cross
Croatian Red Cross
Cuban Red Cross
Cyprus Red Cross Society
Czech Red Cross
Danish Red Cross
Dominica Red Cross Society
Dominican Red Cross
Ecuadorian Red Cross
Egyptian Red Crescent Society
Estonian Red Cross
Ethiopian Red Cross Society
Fiji Red Cross Society
Finnish Red Cross
French Red Cross
Gabonese Red Cross Society
Gambia Red Cross Society
Georgia Red Cross Society
German Red Cross
Ghana Red Cross Society
Grenada Red Cross Society
Guatemalan Red Cross
Honduran Red Cross
Icelandic Red Cross
Indian Red Cross Society
Indonesian Red Cross Society
Iraqi Red Crescent Society
Irish Red Cross Society
Italian Red Cross
Jamaica Red Cross
Japanese Red Cross Society
Jordan Red Crescent Society
Kazakh Red Crescent
Kenya Red Cross Society
Lao Red Cross
Latvian Red Cross
Lebanese Red Cross
Lesotho Red Cross Society
Liberian Red Cross Society
Libyan Red Crescent
Lithuanian Red Cross Society
Magen David Adom in Israel
Malawi Red Cross Society
Malaysian Red Crescent Society
Maldivian Red Crescent
Mali Red Cross
Malta Red Cross Society
Mexican Red Cross
Micronesia Red Cross
Mongolian Red Cross Society
Moroccan Red Crescent
Mozambique Red Cross Society
Myanmar Red Cross Society
Namibia Red Cross
Nepal Red Cross Society
New Zealand Red Cross
Nicaraguan Red Cross
Nigerian Red Cross Society
Norwegian Red Cross
Pakistan Red Crescent
Palau Red Cross Society
Palestine Red Crescent
Papua New Guinea Red Cross Society
Paraguayan Red Cross
Peruvian Red Cross
Philippine Red Cross
Polish Red Cross
Portuguese Red Cross
RC of the Democratic Republic of the Congo
RC of The Republic of North Macedonia
RCS Democratic People's Republic of Korea
RCS of Azerbaijan
RCS of Bosnia and Herzegovina
Red Crescent Society of Islamic Republic of Iran
Red Crescent Society of Kyrgyzstan
Red Crescent Society of Tajikistan
Red Crescent Society of Turkmenistan
Red Crescent Society of Uzbekistan
Red Cross of Benin
Red Cross of Chad
Red Cross of Equatorial Guinea
Red Cross of Monaco
Red Cross of Montenegro
Red Cross Society of China
Red Cross Society of Côte d'Ivoire
Red Cross Society of Guinea
Red Cross Society of Niger
Red Cross Society of Panama
Romanian Red Cross
Rwandan Red Cross
Saint Kitts and Nevis Red Cross Society
Saint Vincent and the Grenadines RC
Salvadorean Red Cross Society
Samoa Red Cross Society
Senegalese Red Cross Society
Seychelles Red Cross Society
Sierra Leone Red Cross Society
Singapore Red Cross Society
Slovak Red Cross
Slovenian Red Cross
Somali Red Crescent Society
South African Red Cross Society
South Sudan Red Cross
Spanish Red Cross
Suriname Red Cross
Swedish Red Cross
Swiss Red Cross
Syrian Arab Red Crescent
Tanzania Red Cross National Society
The Bahamas Red Cross Society
The Canadian Red Cross Society
The Comoros Red Crescent
The Guyana Red Cross Society
The Netherlands Red Cross
The Red Cross of Serbia
The Russian Red Cross Society
The Solomon Islands Red Cross
The Sri Lanka Red Cross Society
The Sudanese Red Crescent
The Thai Red Cross Society
Timor-Leste Red Cross Society
Togolese Red Cross
Trinidad and Tobago Red Cross Society
Turkish Red Crescent Society
Tuvalu Red Cross Society
Uganda Red Cross Society
Ukrainian Red Cross Society
Uruguayan Red Cross
Vanuatu Red Cross Society
Venezuelan Red Cross
Viet Nam Red Cross Society
Yemen Red Crescent Society
Zambia Red Cross Society
Zimbabwe Red Cross Society
The International Committee of the Red Cross (ICRC)
The International Federation of Red Cross and Red Crescent Societies (IFRC)



68% (108 NS, the IFRC and the ICRC) offer referral to more specialized mental health services

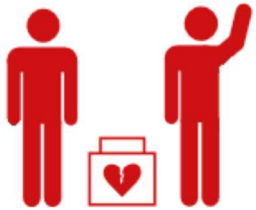


90% (146 NS, the IFRC and the ICRC) provide MH and/or PSS activities in emergencies



60% (97 NS and the IFRC) plan to expand their MHPSS activities

20% (31 NS, the IFRC and the ICRC) are involved in MH and/or PSS research



42.193

Volunteers and staff are trained in PFA

60% (97 NS, the IFRC and the ICRC) work with MHPSS advocacy

41% (66 NS, the IFRC and the ICRC) have a system in place to ensure confidentiality and protection of personal data

83% (135 NS and the IFRC) identify limited funds as a challenge

77% (125 NS, the IFRC and the ICRC) have a system in place to monitor MH and/or PSS activities

Break down of Movement staff


More than 2.000 social workers


More than 1.000 psychologists


Nearly 60 psychiatrists


Nearly 4.500 community health workers

Break down of Movement volunteers


Nearly 4.000 social workers


More than 2.500 psychologists


More than 100 psychiatrists


More than 60.000 community health workers