MHPSS at the 2026 Council of Delegates

Briefing note

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1. Background

As outlined in the *Red Cross Red Crescent Movement MHPSS Hub strategy 2026-2030* we are facing a humanitarian reality of sustained polycrisis with multiple emergencies occurring simultaneously reinforcing one another – climate shocks, armed conflict, economic collapse, increasing inequality, societal polarisation, health emergencies, displacement. This has severe mental health implications for exposed communities and the millions of Red Cross Red Crescent staff and volunteers both living in and serving them. As the world's largest and most localised humanitarian network, the Red Cross Red Crescent Movement has a unique responsibility in addressing the growing mental health needs and the position, infrastructure, experience and expertise to do so.

The collective commitments anchored in the 2019 *MHPSS resolution* and *Movement policy* provides a joint platform informing our collective MHPSS work across the globe. Our Movement peers delivering MHPSS services in the five regions represent real operational capacity in every corner of the globe. Movement components including IFRC, ICRC and National Societies have harvested significant MHPSS experience and know-how but the challenge of utilizing it collectively remains.

The question in 2026 is one of coordination and leadership: how can local presence and complementary Movement capacities deliver timely, appropriate support in a context of increasing needs and funding constraints? The preconditions for success include National Society leadership, supported by technical expertise and sustained through resource investment before emergencies and clarity of responsibilities between partners. The planned side event brings these choices into a practical leadership dialogue.

2. Movement MHPSS Implementation

The Global State of MHPSS in the Red Cross Red Crescent Movement: 2025 Findings published by the Red Cross Red Crescent Movement MHPSS Hub (MHPSS Hub) confirms that MHPSS is now firmly established as a core pillar of the Movement's humanitarian action. An overwhelming 95% of the responding 118 National Societies, IFRC and ICRC, report delivering MHPSS activities, supported by a workforce of an estimated 110,000 to 125,000 staff and

volunteers. More than 254,000 personnel have been trained in basic psychosocial support and Psychological First Aid (PFA), and 92% of organisations have designated MHPSS focal points; 64% of respondents aim to integrate or mainstream MHPSS across sectors such as health, disaster management, social services, migration. Activities cover the entire range of possible services, from basic psychosocial support (93%), to focused psychosocial support (72%), Psychological support (55%) and specialised mental health care (24%)

3. Key Messages on MHPSS for the CoD

- Continue to deliver on the collective commitments anchored in the 2019 MHPSS resolution and Movement policy
- Integrate MHPSS in preparedness, response and recovery plans
- Ensure a designated budget line for MHPSS in DREFs and Emergency Appeals
- Continue to build capacity on MHPSS as an integral part of NSD
- Protect the mental health and wellbeing of staff and volunteers and anchor supports in your staff and volunteer health systems

4. Key Ask for MHPSS at the CoD

The collective commitments of the Red Cross Red Crescent Movement, anchored in the 2019 Resolution and Policy on MHPSS, paved the way for a quantum leap in MHPSS. It placed the Movement at the cutting edge of protecting mental health and well-being across the globe.

Commit resources to the MHPSS Hub's appeal, and establish collaboration agreements with the MHPSS Hub, to ensure that the expertise and experience harvested across the IFRC, ICRC and 191 National Societies is developed, maintained and utilised.

With support from partners the MHPSS Hub can deliver sustained and coordinated technical advisory support, humanitarian diplomacy, research, strategic communications, organisational systems and monitoring, evaluation, accountability, and learning (MEAL).

5. Integration of MHPSS across the CoD Agenda

a. General Agenda

II. Items for discussion and decision in plenary

Ensure MHPSS is reflected in relevant spotlight sessions resolutions (various options), The following resolutions under review could be reviewed from an MHPSS lens. Some examples are added:

- Principled and accountable use of information and communication technologies in humanitarian action
    - Language could include the psychological harm, alongside other noted harms, of ICT misuse, and inclusion of MHPSS in multidisciplinary working groups
- Strengthening the resilience of urban communities: Principles of Action
    - Multiple entry points, as the challenges highlighted are all social determinants of health and mental health
    - MHPSS mentioned already in NS duty to apply multi-hazard analysis and approaches that encompass health and MHPSS (p.7)
- Building the Movement's strategic and operational preparedness to address harmful information in humanitarian settings
    - MHPSS integrated under the recognition of existing frameworks

- Multiple entry points, from impact/harm to solutions and duty of care
- E.g., IFRCs World Disaster Report 2026 includes a piece by the MHPSS Hub on online racism and mental health after disaster

- Reinforcing the mandate and capacities of National Societies through strengthening their legal base
- Restoring humanity: Our collective efforts to uphold international humanitarian law
    - Very relevant and can build MHPSS language from upcoming policy brief from the MHPSS Hub on MHPSS and caring for staff and volunteers (including protection of humanitarians). This includes messages on IHL and duty of care, impact of IHL violations in mental health and wellbeing, and connection with protection of humanitarians: not only attacks on humanitarians but the impact for the entire sector when operating under permanent threats and feeling targeted.

b. Spotlight Sessions

- ***Spotlight session 1: "Humanity first: Achieving collective impact"***

Placing humanity first means placing mental health at the centre of our humanitarian operations. Psychological and social needs are a reality in every crisis, affect every population, and persist long after other services have scaled down. MHPSS is therefore not a sectoral add-on but a direct expression of the Principle of Humanity, and a test for our collective impact delivering for the whole person.

MHPSS is proof that complementarity already works**.** The MHPSS Hub is itself a Movement-wide collaboration demonstrating the Seville Agreement 2.0 principles in practice: shared tools, shared standards, and services delivered closest to communities. The Movement's 18 million volunteers, most living in the communities they serve, are the largest MHPSS workforce in the world; collective impact starts by recognising and equipping them.

- ***Spotlight session 2: "Treaty on the protection of persons in the event of disasters: Once in-a-lifetime opportunity for the Movement"***

Psychosocial needs are among the earliest and longest-lasting consequences of disasters, and the treaty is a chance to anchor our joint MHPSS responsibilities in law, not just practice. Implementation of the treaty should embed MHPSS across the full cycle: disaster risk reduction, preparedness, response and recovery.

(Spoken example: the MHPSS Hub's newly launched Weathering Change: *facilitator guide for youth climate action and disaster preparedness* shows what this looks like in practice.)

National Societies, as auxiliaries to public authorities, are the natural vehicle for integrating MHPSS into national disaster frameworks. Including psychosocial support in domestic disaster laws, plans and training is one of the most practical and cost-effective ways to leverage the treaty, and it builds the trust and acceptance that make all other disaster response more effective. The MHPSS Hub stands ready to support National Societies in that engagement.

- **Spotlight session 3: "Challenges and levers for the protection of humanitarian personnel in a context of conflict"**

The psychological well-being of staff and volunteers is part of their protection, and adequate, accessible support must be a standard protection measure. Harmful information, intimidation, detention and direct targeting all leave psychological marks, and psychological support is in itself a protection outcome that must be fully integrated. Peer support, psychological first aid and care pathways belong alongside security protocols; a volunteer who is psychologically supported is also a safer, more effective volunteer.

The *Declaration for the Protection of Humanitarian Personnel*, now supported by more than 130 States, commits governments at the highest political level to protect humanitarian personnel. But protection can't leave behind the

psychological integrity of staff and volunteers. The Movement is uniquely positioned to institute the practical steps that are essential for the implementation of the Declaration.

With the IFRC hosting the secretariat of the Groups of Friends in Geneva and New York, the Movement is uniquely placed to shape how the Declaration's commitments are interpreted and implemented, and to ensure MHPSS is adequately integrated throughout. Concretely: protection of the mental health and well-being of staff and well-being, psychological safety and staff-care provisions should appear in national implementation plans. The MHPSS Hub must produce a Movement Framework for this purpose, and it can offer its guidance and tools for implementation.

The Declaration stresses that the vast majority of aid workers are local people serving their own communities. For the Movement's 18 million community-embedded volunteers, psychosocial support is both the service they deliver and the care they need.

Psychological support is a protection measure, and its absence is a protection gap. As the session explores how to improve domestic legal frameworks, awareness-raising and dialogue with authorities to strengthen the Safer Access Framework, each of these aspects should integrate MHPSS accordingly.

(Given the connection of protection of humanitarians with Harmful Information, see also the spotlight session on harmful information in the next section)

- ***Spotlight session 4: "Driving collective preparedness across the Movement"***

There is no all-hazards preparedness without psychosocial preparedness. Whether the hazard is conflict, climate, geohazard, epidemic or displacement, the psychosocial dimension is essential, as it constitutes the foundation of the readiness of the individuals and communities themselves.

(Spoken example: the IFRC Surge MHPSS Rapid Response pilot training taking place, with representation from National Societies, the ICRC and the IFRC) in Sweden on 6–11 December shows the Movement already moving from words to readiness)

Psychosocial preparedness is a readiness multiplier, not a cost. Communities with strong social cohesion, coping skills and trust networks respond faster and recover better to any hazard and, in the current information environment, are more difficult to manipulate by harmful narratives. Investing in community mental health preparedness strengthens every other pillar of the response.

- ***Spotlight session 5: "Strengthening our collective action: The Movement's roadmap for international humanitarian law"***

Increasing and systematic violations of IHL are having the greatest of impacts on the mental health and well-being of staff, volunteers, their relatives and the broader communities. More critically, the systematic violation of IHL generates an environment of helplessness and impunity. This severely impact staff or volunteers in the sense that the emblem that once protected them is now becoming a target in their backs. The fear and distress it generates will have a long-term impact, not only for the individuals, but potentially for the very existence of the humanitarian sector.

Psychological harm belongs in the Movement's understanding of the human cost of IHL violations. Beyond deaths and physical injury, armed conflict inflicts mental suffering on civilians, detainees and separated families, sometimes lasting generations.

The IHL roadmap must make the mental health dimension of armed conflict are visible in its analysis, advocacy and dissemination.

(Spoken example: the paper *Voices from the front line: Mental health and psychosocial experiences of Red Cross Red Crescent volunteers and staff working in armed conflict contexts* authored by staff from the MHPSS Hub technical team, and the joint ICRC–MHPSS Hub podcast series, on the International Review of the Red Cross edition on mental health and armed conflict shows the strong basis for this work) MHPSS is a bridge between IHL

dissemination and the people IHL exists to protect. Community-based psychosocial work creates the trusted spaces in which communities can engage with humanitarian law and values, turning IHL from an abstract legal framework into lived, local commitment. The two-year roadmap process should identify where these agendas reinforce each other.

- **Spotlight session 6: "Agility and interoperability in a united Movement fit for the future"**

See MHPSS session on Movement cooperation below

c. Side events

"One movement for MHPSS" Leading with Care: Mobilizing the Red Cross Red Crescent Movement for MHPSS in Emergencies

- Thursday, 3 December 2026
- Time: 2:45 – 13:45 CET
- Venue: Room 3, (CICG)
- Language: English

Description of the event

This side event will connect operational experience with leadership reflection. A short case from Venezuela will show how Movement components can work together in practice, followed by a moderated dialogue with National Society leaders representing the five IFRC regions. The discussion will focus on the leadership decisions, preparedness, institutional ownership, investment, and collaboration required to embed MHPSS in emergency planning and response.

The event also reflects the 2026 Council of Delegates' emphasis on collective impact and a united Movement. It will create space for additional National Society voices from the floor and for all participants to make a concrete personal commitment to strengthen Movement coordination on MHPSS. In this way, the session aims not only to discuss collaboration, but to make visible what each part of the Movement can contribute to sustaining it.

Purpose

To mobilize Movement leadership around practical actions that strengthen collective MHPSS preparedness and response, reinforce National Society leadership and translate existing Movement commitments into coordinated, sustainable action for people and communities affected by emergencies.

Objectives
Demonstrate how Movement complementarity can strengthen MHPSS action in emergencies through a concrete operational example from Venezuela.
Elevate National Society leadership perspectives from the five IFRC regions on preparedness, institutional ownership, integration, sustained investment and Movement coordination.
Identify practical leadership commitments and actions that can strengthen collective MHPSS action, while enabling additional National Society and audience participation without reducing the time available for meaningful dialogue.

Please find the **Concept Note** of the Event attached for a detailed description, and refer to the **Key Messages** and **Key Ask in Section 3** of this brief for participation in the side event.

From Risk to Readiness: Strengthening the Movement's Response to Harmful Information

- Date: 3 December
- Time: 7:45-8:45 CET
- Venue: Room 4 (CICG)
- Language: English

Description of the event

Harmful information increasingly threatens the safety, acceptance and effectiveness of the Movement and affected communities. In conflicts, disasters, health emergencies and other crises, it can deepen harm to people, undermine trust and restrict access. Harmful narratives are already contributing to harassment of staff and volunteers, funding challenges and diminished acceptance of humanitarian action. Digital connectivity, social media and AI are amplifying these threats at unprecedented speed, sophistication and scale.This side event presented by the Movement Hub on Harmful Information (MHHI) with the support of the Costa Rica Red Cross (CRC), Qatar Red Crescent (QRCS), Austian Red Cross (OeRK), the ICRC and the IFRC. Its objective is to help Movement actors move from awareness to concrete preparedness, coordination and response practices that can be adapted by Movement partners. Bringing together experts and practitioners, the event will explore five practical priorities:

1) impact on people: minimizing risks for staff, volunteers and affected populations with Sarah Harrison, director of the MHPSS Hub hosted by the Danish Red Cross.
2) preparedness: identifying the systems needed to anticipate risks and act early with Walter Fallas Bonilla, secretary General of the CRC
3) coordination: establishing mechanisms that enable fast and coherent reaction with Aiham Ismaiel Alsukhni, head of International Relations of the QRCS;
4) communities: ensuring affected people are included in analysis and response with Alexandra Sicotte-Levesque, head of the Community Engagement and Accountability unit of the IFRC.
5) tools: showcasing available approaches with Gerald Czech, director of communication of the OeRK.

Key MHPSS Messages on HI

- **Key message 1. Harmful information constitutes a psychosocial hazard.** Harmful information causes direct psychological harm to affected people, directly by fuelling distress, and indirectly by preventing communities from seeking or trusting help. Harmful information needs to be addressed with the same systematic risk lens it applies to other protection and safety threats.
- **Key message 2. Staff and volunteers are on the front line, and their psychological safety is our organisational responsibility**. Mis- and disinformation targeting the Movement leads to harassment of staff and volunteers and diminished acceptance. Any framework to address HI from risk to readiness, must include the protection of the mental health and well-being of staff and volunteers, and the provision of adequate, accessible and pertinent support.
- **Key message 3. Psychological readiness builds information resilience.** Resilient communities are more difficult to manipulate. Fear, distress and trauma reduce people's capacity to process information critically, making communities more susceptible to rumours and manipulative narratives. This is why MHPSS and harmful information response are mutually reinforcing: MHPSS pillars such as community trust, emotional regulation and social cohesion, are also the best defence against harmful narratives. Investing in MHPSS is therefore also investing in information integrity.
- **Key message 4. Affected communities must be equipped, not just protected**. Communities encountering harmful information need practical, accessible tools: community dialogue spaces to surface

and defuse rumours, digital approaches pairing fact-checking with coping support, and psychological safety standards in all Movement communications.