 

**Statement about the Importance of Psychosocial Resilience and Mental Health and Wellbeing**

*for: The Global Platform for Disaster Risk Reduction*

 *Resilience Dividend: Towards Sustainable and Inclusive Societies*

*Geneva, May 2019*

Statement submitted by the International Association of Applied Psychology and the Psychology Coalition of NGOs accredited at the UN and the World Council of Psychotherapy, non-governmental organizations in general consultative status with the United Nations Economic and Social Council.

We assert the importance of psychosocial resilience as key to disaster risk reduction and recovery. In an historic act, Target 3.4 in the UN Agenda 2030 for Sustainable Development urges governments to “promote mental health and wellbeing.” Also, para 33 (o) of the Sendai Framework indicates: “To enhance recovery schemes to provide psychosocial support and mental health services for all people in need.”

Now, there is urgency to take further action to implement this commitment. Thus, we submit the following action recommendations to governments and other stakeholders:

* Integrate psychosocial support and mental health services into all disaster risk reduction, prevention and recovery plans and policies, including coordination, assessment, monitoring and evaluation, human resources, community and health services, education, shelter planning, and water and sanitation, in coherence with the IASC guidelines and in a human rights framework
* Support programmes that promote and implement action to enhance recovery schemes to provide psychosocial support and mental health services for all people.
* Develop national strategies and policies for the prevention, support and treatment of psychosocial and mental health conditions related to disaster events
* Raise and allocate necessary funds to carry out these recommendations
* Partner with multi-stakeholders to achieve these recommendations, in the spirit of Goal 17 of the UN 2030 Agenda for Sustainable Development
* Explore the use of technology tools to provide psychosocial support to survivors of disaster, especially to those “at thee last mile” in keeping with the UN 2030 that refers to enhancing the use, access and transfer of technology throughout the preamble and in several Goals, including 1,2,4,5, 7, 9, 14 and 17.6, 17.7 and 17.8
* Acknowledge in all actions that, in keeping with the Sendai Framework current wording, where ‘resilience’ is mentioned, it must refer not only to infrastructural but also psychosocial resilience; that in the list of rights, "the right to the highest standard of physical and mental health and wellbeing" be included; and that throughout, ‘health’ is defined as ‘physical and mental health and wellbeing,’ which further includes psychosocial wellbeing and resilience; and that where various goals and targets are mentioned as cross-cutting, this includes mental health and well-being, which has strong inter-linkages to eradicating poverty eradication, ensuring quality education, empowering women and girls, economic growth, combatting climate change, and achieving peaceful and inclusive societies and others.
* Support the development of coordinated inter-agency and multi-sectoral efforts to address psychosocial and mental health factors in the context of disaster risk reduction;
* Integrate mental health language into the plans and statements regarding disaster risk reduction and recovery;
* Include psychosocial and mental health experts and agencies in national and international disaster reduction committees;
* Map indicators of vulnerabilities and attend specifically to populations at risk for the psychological effects of disaster (e.g. children, the elderly, those with less access to resources or pre-existing mental health or substance use problems) and to the psychological sequelae of poverty, migration and trafficking;
* Promote psychosocial issues through media and social media platforms within campaigns about disaster resilience and community programs that increase public education and awareness, and advocate against media use of harmful images and for the broadcasting of accurate information and stories of resilience;
* Make educational materials available to the general population, response teams and other community groups that cover methods of coping with disaster such as positive vs. negative (e.g. substance use) coping methods and resources for help if needed (e.g. community support, counselors);
* Ensure that capacity-building is a fundamental principle of all UN, education, and civil society-related endeavors associated with both mental health and psychosocial development, whether focusing on the individual, the family or the community;
* Make mental health and psychosocial services available to all sectors of the community, and strengthen post-disaster recovery efforts and follow-up;
* Educate agencies and groups such as teachers, shelter workers, healthcare personnel, volunteers and community workers about mental health and psychosocial issues related to disaster including their roles as well as mechanisms for referral to specialized services;
* Remain open to the informed suggestions of NGOs, as reflected in this statement.

**The rationale** for including these points includes:

* Research reveals the extensive immediate and long-term psychological and psychosocial sequelae of disasters on individuals, particularly persons at risk from poverty, age, disability, refugee status and other factors
* The costs to people, with 450 million people worldwide suffering; and, the cost to governments estimated to escalate from over $2T to $6T by 2030. \* The reciprocal relationship between physical and mental health
* The importance of mental health acknowledged by the United Nations Secretary-General António Gutteres, in his remarks on 18 October 2018 at the launch of UN System Workplace Mental Health and Well-Being Strategy: “A Healthy Workforce for a Better World,” noting mental health as a ”neglected area of global health” and an issue of ”paramount importance.”
* The second Global Ministerial Mental Health Summit will be held in Netherlands in the Fall, 2019 on the topic of mental health and humanitarian crises
* Numerous United Nations conventions and conference outcome documents and resources refer to mental health and wellbeing, including:

The WHO report, Mental Health and Development: Targeting People with Mental Health Conditions as a Vulnerable Group (2010) presents compelling evidence that poor mental health impedes an individual’s capacity to realize their potential and work productively, and make a contribution to their community.

The Global Compact for Safe, Orderly and Regular Migration (2018) refers to mental health and psychosocial support in several objectives, e.g., Objective 7: Address and reduce vulnerabilities in migration…which may include assistance, health care, psychological and other counselling services; and Objective 15: Incorporate the health needs of migrants in national and local health care policies and

plans, such as by strengthening capacities for service provision…in order to promote physical and mental

health of migrants and communities overall.

World Health Organization, Mental Health Action Plan 2013-2020 requests the Secretary General in [i). to “design and provision of mental health and psychosocial support systems that will enable community resilience and will help

people to cope during humanitarian emergencies”

<https://apps.who.int/iris/bitstream/handle/10665/89966/9789241506021_eng.pdf?sequence=1>

World Bank Group & World Health Organization, *Out of the Shadows, Making Mental Health a Global Development Priority*, p.12 instructs that “Part of the rebuilding efforts in post-conflict and post-disaster societies, therefore, should be on building out mental health services that are well integrated into primary care and public health efforts…[events have] provided evidence that mental health and psychosocial support can be effectively integrated as part of humanitarian response and disaster risk management.

<http://documents.worldbank.org/curated/en/270131468187759113/pdf/105052-WP-PUBLIC-wb-background-paper.pdf>

Given the above, we affirm that efforts to promote, maintain and improve mental health and psychosocial services and care for resilience pre-post-and during a disaster is essential to achieve the objectives of the Sendai Framework and the goal of the United Nations 2030 Agenda for Sustainable Development for “the world we want.”

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