Interagency Statement on
Mental Health and Psychosocial Support in Gaza in 2009: Principles and Response

This statement reflects the views of the following agencies and is intended to highlight key issues related to Mental Health and Psychosocial Support in the response to the Gaza crisis. These guidelines are based on the IASC Mental Health and Psychosocial Support (MHPSS) guidelines and highlight those aspects of the guidelines that are particularly relevant for the current situation in Gaza. These organizations endorse the IASC MHPSS guidelines, together with the relevant national guidelines as the comprehensive policy and planning framework for the Gaza emergency response.

ACT International/ ACT Palestine Forum, Centro Regionale d'Intervento per la Cooperazione (CRIC), DSPR Gaza, Enfants du Monde- Droits de L'Homme (EMDH), French Red Cross, International Medical Corps (IMC), International Organisation for Migration (IOM), Mercy Corps, PYALARA, Save the Children Alliance, United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP), United Nations Children's fund (UNICEF), World Health Organisation (WHO), World Vision

Introduction and Justification:
In emergency situations, assistance often responds to the physical needs of the affected population, at the expense of psychosocial needs. It is also important that psychological and social needs are met by supporting psychosocial and mental health programming.

For the purpose of these National Guidelines, the composite term mental health and psychosocial support is used in to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder. The term "psychosocial" refers to the dynamic relationship that exists between psychological and social effects, each continually inter-acting with and influencing the other. "Psychological effects" are those that affect different levels of functioning including cognitive (perception and memory as a basis for thoughts and learning), affective (emotions), and behavioural. "Social effects" pertain to altered relationships, family and community networks, and economic status.

This **Statement on Mental Health and Psychosocial Support in Gaza in 2009: Principles and Response** represents the views of the above agencies working in the occupied Palestinian territory, including Gaza. It summarizes the basic principles of good programming for Mental Health and Psychosocial Support (MHPSS) for people in Gaza. The increasing number of organizations with interventions in the field of MHPSS risks duplication and fragmentation. This document is meant to help build consensus among the different actors in the field and provide a coherent framework to organizations wishing to develop activities in this field, and donors considering funding such initiatives. This advice is built on similar documents that have been produced in other crises (including Lebanon, the Iraqi refugee crisis and the Kenya civil unrest) and uses the Inter-Agency Standing Committee (IASC) guidelines for Mental Health and Psychosocial Support as a key policy document. The drafting of this Technical Advice was done through a review mechanism involving government and non-governmental organizations and UN agencies. Organizations wishing to work on psychosocial and mental health issues are strongly encouraged to endorse the principles contained herein.

The impact of the recent violence on the mental health and psychosocial wellbeing of the population

Ensuring a safe and supportive environment

One of the foundations of mental health and psychosocial wellbeing is access to basic needs together with a sense of security that comes from living in both a *safe supportive* environment. Safety and security through the protection for the population is one of the cornerstones of mental health and psychosocial wellbeing. Psychosocial wellbeing and mental health require access to the full range of basic needs: food, shelter, livelihood, and health care and education services. Access to humanitarian assistance for the affected population is thus urgently needed. Protection of civilians during hostilities is also crucial. All assistance should be conducted in a way that enhances rather than disrupts psychosocial wellbeing – in this respect, ensuring the dignity and participation of the affected population in any assistance provided is essential.

Moreover, it will not be possible for the population in Gaza to fully realize their mental health and psychosocial wellbeing without an end to the violence and assurance of their basic human rights (including political, civil, cultural, social and economic rights) such as freedom of movement and economic development. Thus while an immediate priority must be the provision of psychosocial support and mental health as part of the humanitarian relief and early recovery, it is essential that all actors intensify their efforts to ensure basic human rights and achieve a sustainable peace.

The following principles and guidelines for psychosocial interventions are based on past experience and emerging consensus, and are in conformity with the IASC guidelines and Sphere standards[1]

Immediate reactions among the affected population

- The recent violence and ongoing blockade in Gaza poses serious threats to the mental health and psychological and social wellbeing of adults and children. The destruction and suffering caused by more than three weeks of heavy bombardment, shelling and street fighting has followed on top of months and years of occupation, conflict and economic deprivation. Death and injuries to civilians, destruction of homes, schools and other civilian facilities, lack of access to essential humanitarian assistance, and widespread displacement have risen to new levels. With each round of violence and loss, the number of people with mental health and

[1] "Inter-Agency Standing Committee (IASC) Guidelines on mental health and Psychosocial Support in Emergency Settings", 2007; "INEE minimum Standards for education in emergencies, Chronic Crises and Early Reconstruction", 2004; "The Sphere Project, Humanitarian Charter and Minimum Standards in Disaster Response", pages 291-293, 2004 edition "Inter-Agency Standing Committee (IASC) Guidelines for Gender-Based Violence Interventions in Humanitarian Settings", pages 69-71, 2005

psychosocial problems increases. The violence, losses and living conditions are creating increases in mental disorders, severe mental distress, and diverse social/psychosocial problems in large segments of the population. Despite the resources and capacities of the people in Gaza, enormous effort is needed to help support Gazans to cope with their experiences and rebuild their lives.

- The vast majority of members of communities that have been directly exposed to the war will initially display reactions of psychological distress.

- Immediate reactions can include:
    1. Strong emotions such as fear, a sense of hopelessness and helplessness, great anger and frustration, denial, disbelief, numbness, anxiety
    2. Grief and intense sadness
    3. Behavioural and social difficulties, such as sleep problems, restlessness, social withdrawal, uncontrollable crying, intense, intrusive memories**,** arguing with others
    4. Among children, there may be additional reactions, such as regression to an earlier developmental stage, for example clinging to parents or stopping to speak altogether, and inability to concentrate in school.

These are common and normal reactions to such abnormal events.

Experience and research shows that in such circumstances people often exhibit great resiliency, demonstrating personal strength and resourcefulness, and increased solidarity, social support and generosity. Despite strong, extremely distressing emotions, with the right support people often are able find ways of coping when faced with severe adversity, and that initial acute reactions will disappear over time for the vast majority of the affected population.

- A small percentage of the population people can develop psychiatric disorders, for instance, severe forms of depression and anxiety which can limit basic functioning. The stress and losses that occur in emergencies are a risk factor for a wide range of mental disorders, including mood and anxiety disorders (including PTSD). WHO projects that as a result of the conflict, on average, in the long-term, the percentage of people with severe mental disorders increases by 1% above baseline, while the percentage of mild and moderate disorders are projected, on average, to increase, in the long-term, by 5-10% above baseline. As mentioned above, beyond mental disorders, large segments of the affected population are likely to be burdened by a wide range of symptoms of distress and other psychosocial problems caused by the severe stressors, losses, and social and living conditions. The small percentage (5-10%) of the population with newly developed disorders will continue to experience severe distress, and their functioning will continue be impaired even after a few months. Even when a protective community and family environment has been restored; when disaster-related stressors (e.g., emergency-induced sudden poverty, lack of security and lack of good enough shelter) are no longer a major issue, this small percentage of the population will continue to be affected . These mental disorders are due to a combination of interacting social, psychological and biological factors such as the severity of the experience, pre-existing accumulation of loss and stress, pre-existing mental or physical illness or new/pre-existing disabilities, among other factors. This small percentage of the population requires more specialized and on-going interventions (e.g., through community mental health services and integration of mental health in primary health care, consistent with oPt's existing (2004) national mental health strategy).

Longer term impact of the violence and closures

- The destruction and suffering caused by more than three weeks of heavy bombardment, shelling and street fighting has followed on top of months and years of occupation, conflict and economic deprivation. The situation for the population in Gaza has been characterised in the previous years by ongoing violence, poverty, blockade on basic materials, weakened basic services, almost complete lack of freedom of movement, displacement, political division and weakened social protection and support mechanisms.
- These stressors lead to problems at the individual, family, community and societal levels and erode the normally protective supports. The risk of diverse problems is increased, and pre-existing problems of social justice and inequality tend to be amplified.
- Difficult living conditions continue to create great stress and anxiety among the population, and this must be dealt with along with the difficulties created by exposure to extreme violence.
- The psychosocial impact of the conflict goes far beyond the emotional distress caused by direct exposure to violence.
- The longer the conflict continues, the greater the risks to the populations' mental health and psychosocial wellbeing.

Experiences of the affected population are likely to include:

- Loss of home
- Loss of familiar environment
- Loss of livelihood
- Loss of food security
- Loss of basic functioning services such as schools and reduced access to health care
- Loss of loved ones
- Having experienced, witnessed and/or heard about severe violence
- Unstable and precarious life condition
- Loss of hope in a better future
- Loss of normal, essential, social interactions with friends and neighbours
- Breakdown of social and primary economic structures
- Devaluation or change of social roles

…..and others, all of which compound the difficulties that the Gaza population faced before the conflict, which range from hardship caused by the blockade to, for example, pre-existing mental disorders.

Additional consequences for children

- Loss of care and protection of parents or primary caregivers, given that attachment to nurturing adults is a key factor in the positive development of children.
- Loss of developmental opportunity, such as normal play
- Loss of adequate nutrition, critical for young children

These <u>past</u> and <u>current</u> experiences, in turn, have psychological and social consequences on the population, engendering, among others:

- Grief, sadness, hopelessness and depression
- Emotional difficulties including anxiety, fear, anger, guilt, feelings of betrayal and suspicion. This can be caused by experiences during the conflict and concerns about the present and future difficulties
- Behavioural problems such as lack of concentration, risk of increased use of violence within communities and acceptance of violence as a means of resolving conflict

- Social problems such as isolation or tension in families, increased collective fear, anger and desire for continued fighting. Political divisions increase the likelihood of lasting divisions within society.
- Political stalemate and continuing uncertainty about the future is likely to increase people's sense of insecurity and hopelessness.
- A lack of accountability for civilian deaths and injuries and the destruction of civilian infrastructure risks undermining people's belief in a just and fair world and their commitment to the rule of law.
- Ongoing violence and deprivation increases the likelihood of immediate reactions developing into long-term mental health problems, such as depression.

- It is clear that recent events, on top of years of violence and deprivation have impacts on all aspects of people's psychological and social wellbeing. These effects can go well beyond the immediate, more visible reactions to violence, and can include nightmares, avoiding of reminders of the event, numbness, and hyperarousal (often called post traumatic reactions) and other common mental disorders, such as anxiety.

Specific guidelines for a Psychosocial and Mental Health Response to address the crisis

The IASC describe the following minimum Mental Health and Psychosocial Interventions that should be implemented in emergencies in a flexible, context specific manner.

Function or domain	Title of Action Sheet
A. Common functions across domains	
1 Coordination	1.1 Establish coordination of intersectoral mental health and psychosocial support
2 Assessment, monitoring and evaluation	2.1 Conduct assessments of mental health and psychosocial issues 2.2 Initiate participatory systems for monitoring and evaluation
3 Protection and human rights standards	3.1 Apply a human rights framework through mental health and psychosocial support 3.2 Identify, monitor, prevent and respond to protection threats and failures through social protection 3.3 Identify, monitor, prevent and respond to protection threats and abuses through legal protection
4 Human resources	4.1 Identify and recruit staff and engage volunteers who understand local culture 4.2 Enforce staff codes of conduct and ethical guidelines 4.3 Organise orientation and training of aid workers in mental health and psychosocial support 4.4 Prevent and manage problems in mental health and psychosocial well-being among staff and volunteers
B. Core mental health and psychosocial support domains	
5 Community mobilisation and support	5.1 Facilitate conditions for community mobilisation, ownership and control of emergency response in all sectors 5.2 Facilitate community self-help and social support 5.3 Facilitate conditions for appropriate communal cultural, spiritual and religious healing practices 5.4 Facilitate support for young children (0–8 years) and their care-givers
6 Health services	6.1 Include specific psychological and social considerations in provision of general health care 6.2 Provide access to care for people with severe mental disorders 6.3 Protect and care for people with severe mental disorders and other mental and neurological disabilities living in institutions 6.4 Learn about and, where appropriate, collaborate with local, indigenous and traditional health systems 6.5 Minimise harm related to alcohol and other substance use
7 Education	7.1 Strengthen access to safe and supportive education

8 Dissemination of information	8.1 Provide information to the affected population on the emergency, relief efforts and their legal rights 8.2 Provide access to information about positive coping methods
C. Social considerations in sectoral domains	
9 Food security and nutrition	9.1 Include specific social and psychological considerations (safe aid for all in dignity, considering cultural practices and household roles) in the provision of food and nutritional support
10 Shelter and site planning	10.1 Include specific social considerations (safe, dignified, culturally and socially appropriate assistance) in site planning and shelter provision, in a coordinated manner
11 Water and sanitation	11.1 Include specific social considerations (safe and culturally appropriate access for all in dignity) in the provision of water and sanitation

The following issues are highlighted as particularly relevant in relation to the Gaza Crisis:

Protection is the foundation of Mental Health and Psychosocial wellbeing.

The foundation of mental health and psychosocial wellbeing is safety and security. The previous and ongoing violence against civilians including women and children is possibly the biggest risk for the mental health and psychosocial wellbeing of the population. The protection of the civilian population must be assured. International and national MHPSS actors should partner with protection actors to highlight the profound and enduring effects such continued violence will likely have, and advocate for the protection of the population in line with relevant International Humanitarian and Human Rights Law.

In addition, accountability for violations of IHL and HR laws must be investigated and those held responsible held accountable. This is essential for ensuring sense of justice within the population and hence strengthening respect for rule of law.

Build on Resilience and Capacities in the Population

- Build on the existing coping mechanisms of the affected population. Map local human and other resources among the affected population and the immediate environment
- Severely affected communities and individuals have resources, such as skills in problem-solving and communication. They have health workers and teachers, religious leaders, beliefs and practices such as prayers and specific rituals and ceremonies for giving meaning to events. For example, grieving ceremonies- this can offer great comfort to those who have lost loved ones.
- Programmes should thus focus on training and support to community members, families, religious structures, educational, health and social services in order to provide support and help to establish normalcy, strengthen existing social supports for people.

Do No Harm.

- Staff must be cognisant of risks of doing harm and seek to minimize any unintended negative impacts of the programming. For instance, culturally inappropriate methodologies can undermine prevailing coping mechanisms; provision of external support can undermine people's existing support systems, and inappropriate exploration of distressing events can leave people more vulnerable.

Provide integrated MHPSS supports:

- Recognize that the way in which humanitarian aid is provided has substantial impact on people's mental health and psychosocial well-being (A parallel may be drawn with multi-sectoral efforts to control mortality. Mortality rates are affected not only by vaccination campaigns and health care but also by actions in the water and sanitation, nutrition, food

security and shelter sectors. Similarly, psychosocial well-being is affected when shelters are overcrowded and sanitation facilities undermine women's dignity).

Ensure coordinated, interagency, multisectoral response

- Accordingly, there is a need for an integrated, coordinated, multi-sectoral response. A MHPSS coordination group has been established with links to other cluster responses, particularly with the health, protection and education clusters/sectors
- The coordination group should establish joint planning, map responses to avoid duplication and ensure equity in programming, coordinated assessments, develop and disseminate guidelines, coordinate training and other capacity building activities, and coordinate advocacy and funding efforts
- Assessments should be conducted in a coordinated, ethical manner. All agencies should review existing information, share plans and results from assessments and where possible, conduct interagency assessments. Methodologies should be ethical, rigorous, and participatory and should build on existing resources and tools. Care should be taken to avoid repetitive, unnecessary questioning of the population, and appropriate support should be provided (including referral) for members of the affected population who participate in assessments (see Action Sheet 2.1 of IASC MHPSS Guidelines for more details). Experience has shown that in-depth assessment of MHPSS issues are of more use if carried out when people's basic needs are met and after acute reactions have stabilised (for instance, studies carried out immediately after an event show high levels of distress which may or may not persist. It is thus difficult to determine the scale of clinical response required on the basis of these studies).

Promote participation of the population

- Engage as far as possible the population in all aspects of the emergency assistance and early recovery, including decision-making and implementation of interventions, since promoting participation is a powerful tool in mental health and psychosocial recovery
- Use participatory methodologies, listen to adults and children and act upon needs and priorities identified by the affected population rather than on the priorities of agencies seeking to help.

Provide information to the population

- Provide the population with ongoing, reliable information, particularly on access to relief efforts and specific services –including efforts to locate lost family members- and medium term plans made for them, as this greatly reduces anxiety and distress

- Provide information on effective coping mechanisms. Information should not focus on describing detailed reactions, but rather giving examples of common reactions and details of effective coping mechanisms

Strengthen children's support network

- Promote and support interventions which preserve and reinforce the cohesion of the family and discourage any risks of separating children from their families

- Promote community and family-based care for all children. Studies have shown that institutionalization of children is detrimental to their emotional well-being

- Reconnect children with friends and neighbours

- Support parents, teachers, youth, community leaders and others to better support children

Support normalizing, meaningful activities for children and adults

- Encourage and promote a range of normalizing and meaningful community activities and events, making special efforts to ensure that isolated and older persons are included

- Set up "child-friendly spaces" which provide activities that normalize the lives of children, give them a sense of safety, structure and predictability in an otherwise chaotic and insecure world. Possible activities: free drawing, puppet-making and playing, drama, singing and dancing, story-telling, non-formal education activities

- Organize community-wide sports and recreation activities

- Provide meaningful opportunities for adolescents to participate in responding to the crisis, including involving adolescents in organizing activities for younger children, giving them a sense of accomplishment and self-esteem

- Restore normal schooling as soon as possible, making sure that the most vulnerable children have access. Rapidly set up non-formal education systems if restoring formal education will take time.

- Support communities in re-establishing cultural and religious activities and ceremonies, including burial and grieving rituals: culture and spirituality promote mental health as it helps people give meaning to events, to get a sense of purpose in their lives and a positive sense of identity;

Support psychological first aid

- Provide psychological first aid for those showing acute distress. This is an informal, non-clinical intervention that entails:

- basic, non-intrusive care with a focus on listening, without forcing the person to talk
- showing empathy by validating the person's feelings
- reminding the distressed person that what she or he is feeling is an understandable reaction to an abnormal situation, and that it is expected that the feelings and bothersome or painful symptoms will disappear over time
- assessing needs and ensuring that these needs are met
- encouraging but not forcing friendships, companionship and otherwise positive interactions with others. For example, if the person is ready, help him or her join a social activity group
- providing as much factual information as possible about access to services and any plans for the affected communities which have been developed

Provide focused support to the most distressed

- There is considerable difference in level of resilience and ability to cope with severe adversity among members of affected populations. This is because resilience depends on both individuals' internal coping capacity and the external support they receive.
- Some groups are more at risk of severe emotional distress than others – for example, children who lost family members, people with pre-existing severe mental disorders, people with a new physical disability, older people who have lost family members' support; women-headed households.
- Refer those in need of professional mental health care –including psychotropic drugs in severe depression- to appropriate services. It will be important to strengthen and expand Gaza's community mental health services and fully integrate mental health in primary health care in the coming years so that the abovementioned expected 5-10% with new chronic disaster-related mental disorders (as well as people with pre-existing mental disorders) will be able to access mental health care.

What should be avoided in psychosocial programmes in emergencies

- Counseling or other interventions that focus on single events or type of reactions (e.g. for post traumatic stress symptoms) should be avoided in the acute and medium term phase of the emergency, because as described above, people have multiple causes of distress and various reactions. Any MHPSS intervention, including counseling should respond to the various sources and forms of distress that people are suffering from. The only exception to the above is the provision of cognitive-behavioral therapy by fully trained clinicians who have had extensive training and supervision in this advanced form of psychotherapy.

- All programmes and staff should be careful not to elicit emotional material too early, before people are in a safe environment where their basic needs are met and without guarantee of follow-up. Such practices are usually ineffective and can cause more distress and harm to the person

- Do not have non-professionally trained and supervised staff perform diagnostic assessment and/or counseling.

- Avoid inappropriate explorations of the stressful experiences. However, if the survivor wishes to speak, please do not stop him/her from telling the story

- Do not pathologize what are likely to be normal reactions to extremely distressing events

- Support people with the most severe mental health problems; refer them to health services or community health centers if other ways of supporting them are not effective

- Do not discourage or encourage people from using traditional and/or faith-based coping mechanisms- it is up to the individual. In other emergencies in the world, disaster survivors have often found such supports helpful

- Avoid culturally inappropriate investigation and misuse of diagnostic tools

- Do not Screen people for problems without being able to refer the person to a service which can provide effective support

- Do not carry out any interventions that risk further isolation or stigmatization of particular vulnerable groups among the affected population.

Terminology When communicating with non-specialists, terminology should be used that is understandable to non-specialists; it normalises common reactions to difficult situations; reflects and reinforces the ability of people to deal with and overcome difficult situations; acknowledges and strengthens existing social support mechanisms within families and communities; reflects the collective and structural nature of causes and response to distress. Care must be taken to avoid specialist terminology that could lead to disempowerment and stigmatization of people in distress. (See the table below)

Examples of recommended terms	Examples of terms that are not recommended to be used outside clinical settings
• Distress, anguish, tormented, overwhelmed • Distress or stress • Psychological and social effects of emergencies	Trauma
• Terrifying, life-threatening or horrific events	Traumatic events
• Distressed children or adults (children with normal reactions to the emergency) • Severely distressed children or adults (children with extreme/severe reactions to the emergency)	Traumatised children or adults
• Reactions to difficult situations • Signs of distress	Symptoms
• Psychosocial wellbeing or mental health	
• Structured activities	Therapy

The role of counseling in emergency situations

- Witnessing, experiencing or hearing about violent, life threatening actions often causes stress or intense psychological reactions, and these are usually normal reactions to abnormal events. The percentage of persons exhibiting reactions such as nightmares, avoiding reminders of the events, numbing, hyperarousal (sometimes called "post traumatic reactions") after a severe emergency varies greatly depending on the level of personal resilience and presence of protective factors, but it can affect the majority of the population.
- These reactions will diminish and for most even disappear over time after safety and "normal" life opportunities and support are restored and when disaster-induced stressors resolve. After that, a small percentage will require specialized help for emergency-induced mood and anxiety disorders, including post-traumatic stress disorder.
- Engaging in certain types of counseling, which involves asking the affected person to remember, talk about and give details of the events, can be beneficial when conducted when their most basic needs have been met and if provided by a mental health professional with advanced knowledge of cognitive behavioral therapy. If it is done poorly by an under-trained or under-supervised worker, then it carries a serious risk of leaving that person even more vulnerable emotionally than before, and even less able to cope in the event of further violence and hardships.
- In addition, during a fluid emergency situation it is difficult to ensure follow-up and continuity of counseling with the same counselors, or to respond to the needs of all persons. Many of these counseling sessions risk being a "one off' or, if we are lucky, may be followed-up by only one to three sessions. This is not sufficient.
- Ethical counseling can be engaged in when the following factors are present:
  - After safety has been restored;
  - When basic survival needs are met;
  - If on-going, regular follow-up counseling can be guaranteed;
  - If done by fully trained and supervised counselors.
  - If it involves an evidence-based form of counseling
  - If the person indicates that he or she wants counseling

What support can existing counselors offer in the initial phase of an emergency?

- In the early phase (lack of security, basic needs not met, no guarantee of regular follow-up), it is beneficial to have trained counselors available to listen with empathy_to distressed persons who come forward and have a desire to talk. (Please see Psychological First Aid, above|)
- Encourage meaningful activities and inclusion in social groups.
- If the person expresses distress and anxiety at the lack of basic services for self or children, efforts should be made by the counselor to refer the person for concrete material assistances and access to services, including tracing of missing family member, as not knowing the whereabouts of loved ones is a source of great emotional distress.
- Encourage the distressed persons to ask any questions they wish on issues they are anxious about. Provide accurate information about the situation, relief efforts, and future plans being made for the displaced population.
- It is important to avoid stand-alone counseling services. If a counseling service is set-up, it is advisable to attach it to or integrate it within health, educational or community services. If international staff is involved, then they should limit providing care themselves. Rather they should train and supervise local staff on the job to provide care to the people.