



Growing up in Conflict

Securing Children's Mental Health and Psychosocial Wellbeing in the Context of Escalating Conflicts around the World

(Submission to the World Humanitarian Summit from The Hague Symposium -see below- on the impact of armed conflict on children's mental health and psychosocial wellbeing).

Key Messages

- Focus greater attention to the core role of Mental Health and Psychosocial Support (MHPSS) interventions for children affected by armed conflict, especially addressing inter-generational aspects of the issue.
- Develop further innovative approaches to scale up quality MHPSS interventions for children and adolescents.
- Achieve an appropriate balance between community-based and specialized interventions to meet the diverse needs of large numbers of affected children.
- Clarify and strengthen links between MHPSS interventions, social cohesion and peacebuilding.
- Make explicit the linkages between mental health and economic, social and political justice; acknowledge the importance of justice as foundational for mental health and psychosocial wellbeing.
- Increase funding for rigorous evaluation and operations research to build the evidence base for scalable, effective MHPSS practice for children, especially for community-based interventions for the large numbers of children and families in need.

Impacts of armed conflict on children today

The sheer numbers of children affected by armed conflict in the world today are staggering. An estimated 230 million children currently live in areas and countries affected by armed conflict¹. Thirty-four million children affected by conflict are out of school and around 9.9 million children are refugees. Furthermore, conflict-affected countries comprise three of the five countries with the highest child mortality rates².

After a decade of decline, the numbers of armed conflicts have escalated since 2010 greatly increasing the scale and scope of impacts on the development, protection and overall wellbeing of children, and presenting the humanitarian community with acute challenges. Children are among the most vulnerable of the victims of war, with potential, long-term repercussions to their physical and mental health and psychosocial wellbeing. Conflicts also directly impact the wellbeing, capacity and social cohesion of families and communities charged with children's education, protection, health, development, recovery and nurturing.

Mental health and psychosocial support (MHPSS) is a core strategy in humanitarian settings in helping children to survive, to cope and recover and to thrive. The capacity of children and adolescents to grow up well and envision and realize a productive future is essential to social cohesion and creating peaceful societies moving forward.

The symposium:

Growing up in conflict: the impact on children's mental health and psychosocial wellbeing

In May 2015, UNICEF in collaboration with the Government of the Netherlands and a wide range of international partners³ assembled experts from academia, field practitioners and representatives of UN agencies, NGOs and governments in a timely symposium in The Hague. The symposium was convened to describe the state-of-the-art in MHPSS programming for children in humanitarian settings, describe key emerging evidence and delineate a way forward in practice, research and advocacy.

The symposium focused on a review of the evidence base of impacts of armed conflicts and displacement on children across the life cycle, with particular focus on their mental health and psychosocial wellbeing; and the incorporation of new scientific insights on 'resilience' and 'social ecology' into culturally and contextually relevant MHPSS interventions for children in humanitarian settings.

This advocacy brief covers the following highlights from The Hague Symposium:

- Significant progress over two decades of MHPSS in humanitarian settings
- State of current evidence for MHPSS interventions for conflict-affected children
- Broad themes and recommendations

1 Children and emergencies in 2014, Facts & Figures

http://www.unicef.org/media/files/UNICEF_Children_and_Emergencies_2014_fact_sheet.pdf

2 Figures from UN, UNHCR and UNESCO as cited in Children in Emergencies: ECHO Factsheet. European Commission/Humanitarian Aid and Civil Protection, July 2015.

3 Symposium partners are listed at the end of this brief.

“MHPSS”

The composite term *mental health and psychosocial support* describes any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder.

Significant progress over two decades in MHPSS In humanitarian settings

The MHPSS field has made huge strides over the last two decades in building consensus, articulating guidelines for good practice and developing the evidence base for interventions. Publication of the Inter-Agency Standing Committee (IASC) Guidelines on MHPSS in Emergencies (IASC, 2007) is a landmark achievement in guiding best practices. The MHPSS field remains self-critical, but debates are now highly constructive and increasingly bring researchers and practitioners together in committed partnerships to improve the reach, effectiveness and methodological rigor in evaluations of MHPSS programmes.

State of the current evidence

A Review of Evidence and Practice in MHPSS for Children in Humanitarian Settings was conducted in support of the Symposium. The review highlights where existing evidence from non-humanitarian settings in promoting the healthy development and protection of children can be brought to bear on MHPSS programmes in conflict areas.

It also describes the specific gaps in knowledge and evidence-based findings in the complex environs of humanitarian situations. The field of MHPSS in humanitarian emergencies has more research capacity than any other area of humanitarian aid. Nonetheless, it currently lacks the extensive scientific evidence needed to guide feasible and effective programming, ensure quality at scale and reduce the potential for harm by inappropriate or ineffective practices. For example,

- Most MHPSS research in humanitarian settings has been conducted months or years after the end of the acute emergency phase, with a lack of evidence for effectiveness of acute interventions.
- There has been a disproportionate focus on MHPSS research for higher-level, specialized interventions and a large gap in robust studies of more frequently implemented community-based psychosocial support interventions.
- The field suffers from a lack of funding for rigorous evaluation of community-based psychosocial interventions in unstable settings.

“We have an ethical responsibility to prove what works – that interventions really make a difference. Therefore evidence-based research needs to be taken very seriously.”

– Mark van Ommeren, symposium presenter

There is a critical and ethical need to bridge the divide between MHPSS practice and research in the complexities of humanitarian environments – concurrently meeting the enormous programming needs of children affected by armed conflict and the need for building the evidence base of effective interventions.

Symposium broad themes and recommendations

Broad themes and recommendations from the symposium are described below:

1. Achieve quality and scale in MHPSS interventions
2. Attain rigor in action research for community-based psychosocial support
3. Focus on resilience and social ecology for children, adolescents and their families
4. Strengthen multi-layered, inter-sectoral approaches to children's wellbeing
5. Clarify and strengthen links between MHPSS, social cohesion and peacebuilding
6. Fund innovative approaches to MHPSS programmes and research

1. Achieve quality and scale in MHPSS interventions

One tension in the MHPSS field is bringing high quality interventions to scale in challenging and unstable environments. Ready-made interventions that can be rolled out by professionals and para-professionals have demonstrated feasibility and acceptability in some post-conflict settings. For example, Child Friendly Spaces (CFS), school-based interventions and psychological first aid for children provide scalable, rapid MHPSS responses to protect and support children and their caregivers.

Emerging evidence from a four-country study of CFS shows that despite common features to the intervention, impacts varied widely from one context to another depending upon various factors, including, importantly, the quality of implementation of the model. Quality in programming ensures sufficient intensity of MHPSS interventions necessary to achieve protective and promotive impacts for children affected by armed conflict.

Effectiveness therefore requires scaling quality interventions to greater numbers of children. To achieve scale, further innovative approaches are required. Scalable community-based approaches that build on existing community resources and the introduction of low-intensity interventions need to be developed and evaluated.

“My action plan after the symposium, includes focusing more on how a community can help itself.”

– Symposium participant

2. Attaining rigor in action research for community-based psychosocial support

The MHPSS field in humanitarian settings retains an uneasy relationship with the notion of “evidence.” It is widely recognized that understandings of wellbeing – and the strategies that are likely to promote it – are highly contextual. Sharing lessons learned from one crisis to another is essential to strengthen good practice, but specifying determinants of effective community-based psychosocial interventions to guide concrete emergency response across diverse contexts is challenging.

“You cannot take for granted that what builds resilience in one situation will build resilience in another place. It changes in different contexts, even within the same population.”

– Rita Giacaman, symposium participant

To engage in more meaningful research in operational contexts, research and evaluation design must be integrated within implementation strategies (e.g., phased roll-out of interventions), and more robust methodologies should be developed that can deliver rigorous findings within unstable settings. Importantly, protective benefits of CFS in one country may have been missed without research design utilizing a control group. Children in the intervention group did not improve but maintained wellbeing; whereas children in the control group significantly worsened on the same measures.

“Is it realistic for children’s wellbeing to be improved in the context of loss through attending a CFS programme for a few hours per week? Keeping children safe, secure and hopeful –that’s a reasonable expectation.”

– Alastair Ager, symposium presenter

Other examples of MHPSS initiatives combined with prospective evaluation strategies show great promise in building the evidence base – such as newly designed “low intensity” interventions that draw upon tested psychological treatment models culturally adapted and contextualized for communities.

3. Focus on resilience and social ecology for children, adolescents and their families

Advances in science clearly show that exposure to violence – alone or in combination with other adverse childhood experiences (poor nutrition, neglect, abuse) – can negatively impact brain structure and function, hormone and immune systems and even how children’s DNA is read and transcribed. “Toxic stress” damages brain development in very young children.

But studies are also emerging on the determinants of children’s resilience – such as attachment, social cohesion, cultural adherence, social justice, materials resources and identity. How successful children are in addressing and coping with their situation depends upon the pattern of risks and protective factors in their social environments, as well as their internal strengths and capabilities. MHPSS interventions aim to break the course of adverse events for children through meaning-making, rebuilding a sense of moral agency, strengthening human connectedness and attachment and harnessing the power of altruism.

Complementary MHPSS initiatives that assist primary caregivers in dealing with their own distress and in re-establishing positive parenting strategies help to increase caregiver resilience, and in turn better meet the recovery and development needs of conflict-affected children. It is also important to remember the importance of fathers in children’s social ecology and target MHPSS programmes to their specific needs and role.

Helping youth adapt and exercise their agency likely strengthens their resilience and can help them develop a greater repertoire of choice in their lives. As they develop capacities to reflect on their experiences as well as new problem-solving skills and means of expression, youth have the potential to become positive agents for change in their communities

4. Strengthen multi-layered, inter-sectoral approaches to children's wellbeing

Strengthening multi-layered, inter-sectoral MHPSS approaches for children recognizes the value of linking MHPSS with child protection, health and education initiatives. When conflicts disrupt education, there is a dramatic escalation in risks facing boys and girls of different ages. Education is a central piece of the protective fabric in children's lives. Schools, emergency education programmes and CFS deliver immediate support and reduce risks for millions of children, and are an ideal entry point to families and communities. MHPSS interventions such as Healing Classrooms (Save the Children) focus on socio-emotional skills impaired by adversity (e.g., impulse control, concentration), cognitive skills and mental health.

Good MHPSS practices also capitalize on and strengthen existing, formal and informal local support structures at all levels (from community action to government policies), including the important resources and perspectives located within local knowledge and practices.

5. Clarify and strengthen links between MHPSS, social cohesion and peacebuilding

The collective knowledge and experience of MHPSS practitioners and researchers in humanitarian settings can inform the rebuilding of peaceful societies. Social ecology perspectives locate suffering of children and families from armed conflict within the realm of social understanding, including social justice. There is an intimate relationship between the wellbeing of children and how children make sense out of the conflict they have experienced. However, retrospective studies of conflict-affected children show that "meaning-making" can also reinforce pro-violent or retributive ideologies, and further research is necessary to understand the role of MHPSS in reconciliation and future peacebuilding.

"Now, I have a renewed appreciation and understanding of the political nature of our work. Often I feel as though we are the touchy-feely step-children of 'real' humanitarian action. The Symposium repositioned the work for me as a form of activism!"

– Symposium participant

A common thread from experience from MHPSS programmes in a diverse conflict contexts (from former Yugoslavia to Guatemala, Lebanon, northern Ireland, South Sudan and Rwanda) demonstrate how these programmes influence wider social change and individual and community capacities for peacebuilding. Programmes may reduce violence and strengthen capacities for positive relationships; challenge exclusion and isolation of children and their caregivers and reduce stigma to overcome stereotypes; help transform significant experiences of loss and trauma through personal and collective meaning-making that promote reconciliation; and may create new spaces of power and hope.

“Instead of focusing on the small proportion of youth who are radicalizing, we need to focus on the large group of young peacebuilders.”

– Noreen Huni, *symposium presenter*

6. Fund innovative approaches to programmes and research

It is important for the MHPSS field to evolve along the continuum of MHPSS by developing innovative interventions and testing these before replication. Promising programmes include the mental health Gap Action Programme (mhGAP) Humanitarian Intervention Guide for first-line clinical management of mental, neurological and substance use disorders for general health care providers working in non-specialized health care settings. Other innovative approaches include what is termed “low [resource] intensity” psychological interventions offered by lay people or information technology, thereby reducing reliance on specialists.

In addition, there is an increasing need for focused (individual or group) support for children suffering from severe distress. The increasingly violent and protracted conflicts of recent years expose ever greater numbers of children to severe crisis experiences – including sexual violence, trafficking, torture, witnessing and directly experiencing violence, poverty and deprivation. Although a smaller proportion of children will require specialized psychological services, in today’s conflict contexts they number in the millions and require mental health and psychological services delivered by locally trained and supervised professionals to meet their support needs.

Experience of emerging evidence from within the field underscores the need for in-depth, strategic and operational collaboration between MHPSS practitioners, researchers, governments and donors to advance the evidence base for effective and scalable MHPSS interventions for the millions of children affected by conflict.

This submission is being made on behalf of the group of agencies who came together to organize the Symposium, Growing up in Conflict: The impact on children’s mental health and well-being, from 26-28 May in The Hague. UNICEF, in collaboration with the Government of the Netherlands, convened the symposium along with Child Protection Working Group (CPWG), City University of New York (CUNY), HealthNet TPO, the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support (MHPSS RG), International Medical Corps (IMC), the International Organization for Migration (IOM), Johns Hopkins University (JHU), MHPSS.net, Office of U.S. Foreign Disaster Assistance (OFDA)/U.S. Agency for International Development (USAID), Regional Psychosocial Support Initiative (REPSSI), Save the Children, Terre des Hommes, The United Nations High Commissioner for Refugees (UNHCR), War Child Holland, War Trauma Foundation, World Health Organization (WHO) and World Vision.