

Consensus and professional practice in psychosocial intervention: political achievement, core knowledge-base and prompt for further enquiry

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The author reflects on the implications of guidelines that are a reflection of professional consensus. In the case of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, the author suggests that consensus represents (1) a political achievement promising improved inter-agency coordination; (2) a core knowledge base defining key principles and practices; and (3) a useful basis to structure further enquiry to gather a stronger evidence base for programming.

Keywords: Inter-Agency Standing Committee (IASC), guidelines, mental health, psychosocial support, professional consensus, key principles, evidence base

The publication of the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* represents a significant milestone in the field of humanitarian response to mental health and psychosocial needs in emergency settings. This paper will focus on one particular issue raised by the development of these guidelines: that of consensus, and its role in strengthening professional practice. Consensus involves relevant parties coming together to define the things that they agree on. In this instance, we have major non governmental organisations (NGOs) and intergovernmental actors in the world of international humanitarian action coming together to agree

on principles and ‘*minimum response*’ in mental health and psychosocial support in emergencies (van Ommeren & Wessells, 2008). The author will consider such consensus from three distinct perspectives. Firstly, that the establishment of consensus represents an important political achievement, particularly in a field that has been marked by – largely unproductive – controversy. Secondly, the author suggests that the consensus established in the guidelines represents a valuable synthesis of practice knowledge, providing a solid foundation for building better programmes. Thirdly, however, he proposes that such consensus draws attention to the judgments that need to be verified by evaluation and research if the field is to move further forward on a sound evidence base.

Consensus as political achievement The Psychosocial Working Group (PWG) was established in 2000 as a collaboration between eight (and later ten) partners seeking to identify best practice in the emerging field of psychosocial intervention (PWG, 2002, 2008). In its’ first few years of existence, the PWG documented a number of consultations, commissioned several research studies and developed a conceptual framework. Such work appears to have had some influence in shaping understanding in the field (Galappatti, 2003; Boothby et al., 2006). However, a common comment

regarding these documents was not so much focused on their content, but rather on the achievement of securing the permission of five major humanitarian agencies and five universities to endorse the material and reproduce their official logos. This was recognized as a particular achievement due to the fact the field had previously been characterized as 'lacking consensus on goals, strategies and methods' (PWG, 2002). In the first few years of this century seemingly every academic paper and dissertation regarding work in this field felt it necessary to cite, either approvingly or critically in broadly equivalent numbers, the conceptual critique of false assumptions of psychosocial programmes provided by Summerfield and colleagues (e.g. Summerfield, 1999). The entry point for discussion was the theoretical and political construction of psychosocial work, rather than details of its practice. Given this history, it was no coincidence that the Task Force developing the guidelines chose to focus attention on agreement regarding practice, rather than disagreement regarding its conceptualization. This strategy has secured nearly thirty endorsements, representing a wide range of agencies active in humanitarian response in complex emergencies. These include agencies that are found in any emergency setting competing with each other for funding and influence. Given such competition, lack of coordination and coherence of humanitarian response is a recurrent problem, and one that the UN cluster system has been induced to address. The consensus achieved by endorsement of the guidelines by a wide range of relevant agencies is, therefore, not just a political achievement; it is a political achievement that secures a basis for improved coordination between agencies. The common task to which agencies are to work has been defined.

Consensus as core knowledge base The above analysis suggests the value of a consensus statement as a 'rallying point', irrespective of its actual content. However, do the guidelines provide more than a useful statement to facilitate coherence and coordination amongst agencies? The answer to this question depends greatly on your understanding of the status of 'expert knowledge'.

It is widely acknowledged that the field of mental health and psychosocial support in emergency settings requires a sound evidence base for its further development. Yet, what does the 'expert knowledge' of senior practitioners, who have worked across a range of emergency contexts over perhaps ten to twenty years, have to contribute to that evidence base? Is their learning inevitably unsystematic, anecdotal, and thus, an unreliable basis for judgment of effective practice? Some would agree. However, in many fields, it is now acknowledged that such 'expert knowledge' is crucial in developing a field of professional practice.

What is important is that such knowledge is dealt with in a manner that helps distinguish wise abstraction across multiple settings from personal prejudice. Consensus methodologies have grown in popularity in recent years to address this very challenge. Almost by definition, consensus consultations will never be able to define 'cutting edge' practice, but they can do a good job in identifying foundation practices that are supported by experts from a wide range of backgrounds and disciplines.

The author would generally commend the use of 'Delphi' type methods to develop consensus in a transparent and systematic manner, as a number of us have recently done in related work on child protection practice in emergencies (Ager et al., 2006; Ager et al., in preparation).¹

The Task Force did not follow this route, but their thorough approach to repeated rounds of consultation and remaining 'silent' on issues where consensus was not achieved has delivered them to a similar point. The guidelines stand as an informative distillation of key practice knowledge from the scores of experts consulted during their development. Their inevitable generality leaves many programming decisions still to be made, but they define a clear, non-negotiable, 'lowest common denominator' standard of programming that reinforces utilization of local resources, coordination across sectors and active concern to 'do no harm' as the bedrock upon which such programmes will build.

Consensus as basis for further enquiry The guidelines represent a valuable political consensus encouraging coordination and statement of some 'core knowledge' for mental health and psychosocial programming. They do not provide a comprehensive basis for planning and implementing an effective humanitarian response in any given setting, however. The information required to mount such efforts includes contextual details relating to resources and culture and how these interact in determining the appropriate means of conceptualizing, and measuring need and response. Response can partially be driven by principle, but needs contextual information to be shaped to local circumstance. In many places the guidelines serve as a prompt to further information that will be required to shape response in an appropriate manner.

However, there are also two other ways in which they serve as a basis for further enquiry. Firstly, they are silent on many important issues where consensus was not established. Secondly, acknowledging all that was said in the previous section about usefully defining core knowledge for programming, the assumptions and assertions

implicit in such knowledge will benefit from being tested.

It is unlikely that mental health and psychosocial work in emergencies is the only area of science that is not subject over time to a revision of its understanding in the face of new evidence. The field has benefited in the establishment of these guidelines from using expert practitioner knowledge to build an evidence base. But empirical research - structured, systematic, transparent enquiry - is a key complementary contributor to such an evidence base. Expert opinion and empirical finding can be in conflict but, most commonly, also work in consort with each other: the former used to interpret the latter; the latter used to revise the former.

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¹ The Delphi Method is a research method for structured collection and distillation of anon-

ymous knowledge or judgments from a panel of experts in a certain field, by means of a series of questionnaires interspersed with controlled feedback.

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