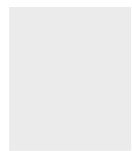


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ISSUE DESCRIPTION



COMMITTEE World Health Organization
ISSUE Improving Mental Health in Post-Conflict Zones
SUBMITTED BY Eszter Paragi, Chair of World Health Organization
APPROVED BY Vilmos Eiben, President of the General Assembly

Introduction

Modern society's omnipresent hustle culture along with its continuous engagement in conflict has gradually induced a growing number of mentally disabled individuals worldwide over the past few centuries, placing a substantially greater focus on the topic of mental health. Thus, various organizations and governments have brought forth diverse methods for its maintenance as well as enhancement, while actively aiming to raise public awareness of the issue's personal side, underlining the significance of self-care and one's own responsibility to acquire psychological help if necessary. Although the issue of decaying mental health conditions attains all nations, those facing violence or residing in humanitarian emergencies are considerably more susceptible to mental sufferings including potential risks effectuated by psychological disorders.

According to UN estimates, 69 million people worldwide have been forcibly displaced by violence and conflict, the highest number since World War II, being shown in numerous forms of disabilities from mild depression to schizophrenia. It is considered normal for people to experience distress after having been subjected to warfare or displacement, however, its prevalence tends to double, in many cases aggravating, leading to the use of mind-altering substances or worse mental situations seriously hindering the otherwise nearly straight path towards implementing non-governmental organizations' mental health policies and frameworks. Hence, contemporary conflict settings are recipients of mental health and psychosocial support (MHPSS) not properly adjusted to their exigencies or of no support whatsoever. Needless to say, local infrastructures are available to a degree, yet their quality and quantity appallingly decreases due to hostilities. Though certain practices have already been developed to resolve such issues and provide proper aid to conflict-affected societies, without more extensive implementation and the abolition of stigma and ignorance surrounding psychological disabilities in these territories, current aids will not be ample by looking at statistics. Taking into account the fact that 50 countries rank in the Conflict Index categories for extreme, high, or turbulent levels of conflict, it is a matter requiring rapid and extensive solutions on an international level by the joint union of developed countries and NGOs.

Definition of Key Terms

Psychiatric/mental disorder - Diagnosed mental illness greatly disturbing thinking, moods and/or behavior therefore acutely increasing risks of disability, pain, death, or loss of freedom.

IDP - Abbreviation for internally displaced person, referring to an individual who has been forced to move within their own country on account of conflict, natural disaster, etc

PTSD - Abbreviation for post-traumatic stress disorder, a disorder originating from having been in contact with or witnessing frightening, appalling, and inhuman situations.

Chronic depression - Endurance of the full criteria for a major depressive episode for at least 2 years.

Bipolar disorder - Formerly called manic depression, causing extreme mood swings, including emotional highs (mania/hypomania) and lows (depression).

Psychosis - An extreme mental condition, involving complete disconnection from external reality due to influenced thoughts and emotions.

MHPSS - Abbreviation for Mental Health and Psychosocial Support.

FCS - Abbreviation for Fragile and Conflict Affected settings.

General Overview

HISTORY OF MENTAL DISEASES

Up until present times, mental disorders have been correlated with three separate interpretations, namely supernatural, biological, and psychological. For much of recorded history, supernatural explanations dominated human thinking, attributing disorders to acts of the devil, extensively reckoned in the Ancient Times. Nevertheless, concurrently in ancient Hellas appeared the concept of seeking physical grounds for psychological problems laying the foundation for modern psycho-social treatment approaches. In this period lived numerous internationally recognized philosophers, Aristotle and Plato in particular being one of the first ones to advocate for humane care for psychologically disturbed individuals. However, the Middle Ages brought major regression, resurrecting previous views, regarding mental illnesses as

punishments from God thus burning individuals alive and having them being thrown into madhouses. Only the 1700s meant a real change of attitude, recognizing the need to treat instead of confine. Afterwards, gradually accepting mentally disabled, immense treatment and new methods began to spread, leading up to current times when almost every nation possesses a type of policy directed towards mental health and has advanced psychiatric centres within their health infrastructures.

STATISTICS ON MENTAL HEALTH

Despite gaining significant attention and shifting into high-priority, the elimination or abatement of mental struggles remains to be far from reach considering 2019 WHO statistics, revealing that 14% of the global burden of disease is attributed to mental disorders, their permeation being remarkably higher in low-income countries, 75% of affected individuals being settled in such places. Furthermore, it is key to mention how widespread mental disabilities appear to be among adolescents worldwide, 1 in 5 experiencing one of its types each year and as a result self-harm ranking as the 3rd cause of death amongst teenagers. Generally, taking into consideration all age groups in addition to countries of all income, depression is positioned on top, being prominent out of the numerous recognized disabilities, affecting more than 260 million people globally.

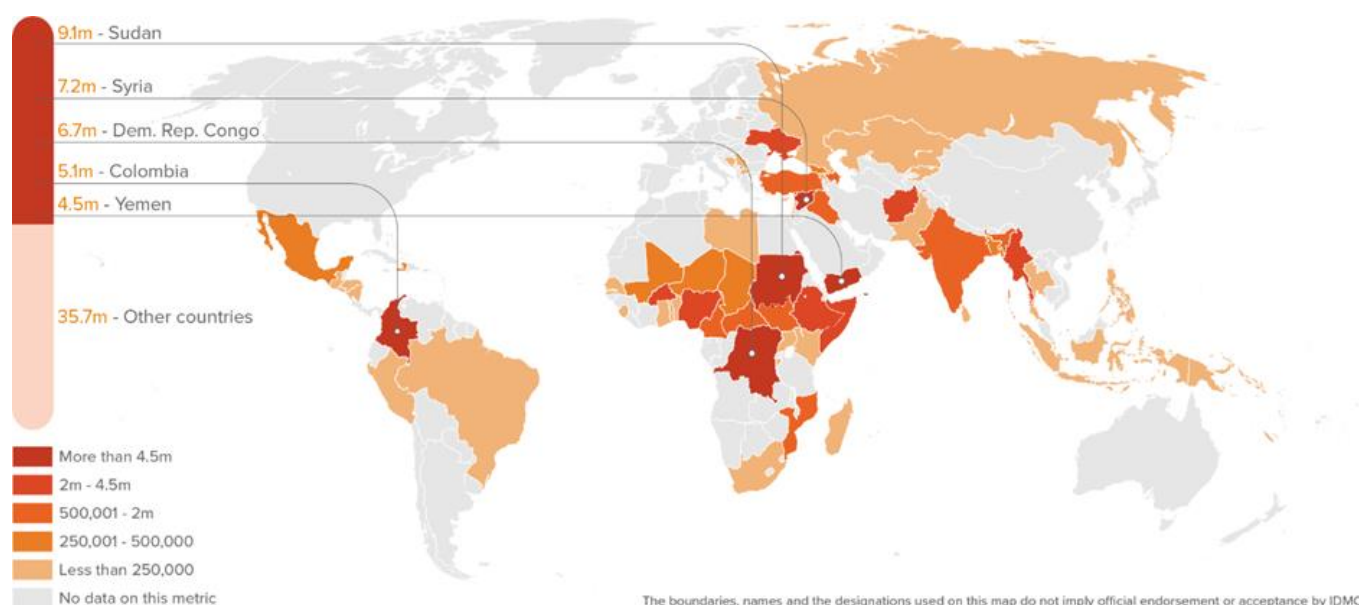
PSYCHOLOGICAL EFFECTS OF CONFLICT ON INDIVIDUALS

When determining damage owing to conflict, physical injuries frequently overshadow other extremely urgent matters needing to be dealt with, specifically mental scars left on individuals. It is not rare for people inhabiting conflict settings to witness traumatic events, be displaced from their homes, separated from their families, exposed to physical and sexual violence or forced to join the forces. Supposing the encounter with only one of these situations highly raises the risk of the appearance of acute psychological disabilities, for instance PTSD, depression or anxiety, to highlight the most prevalent ones. According to WHO estimates more than one in five people brought into contact with conflict will develop a mental disorder, increasing with age.

The majority of communities exposed to warfare are developing countries obtaining weak national healthcare systems, therefore once a conflict rears its head, partial or occasionally complete demolition of scarce medical management occurs. Consequently, trauma-impacted individuals cannot be presented with the required treatment, in spite of their number and immense variety of conditions.

Numerous countries struggle with psychological issues before the break-out of an emergency similar to those induced by conflict, and such an incident enhances these already existing problems or triggers other coping alternatives such as the utilization of mind-altering substances. Psychological disabilities materializing due to hostilities include depression, anxiety, PTSD, bipolar disorder, schizophrenia and OCD, though as mentioned above, they may occur earlier and intensify on account of stress or grief caused by conflict.

Currently, the number of conflict settings internationally rises, with conflict levels almost doubling in the past five years, in addition to political violence events having increased by 25% compared to 2023. Moreover, there has been a massive escalation of global exposure to warfare since 2021, changing from 13% to 64%. Between July 2023 and 2024, one in seven people were exposed to conflict globally.



2024 Global Report on Internal Displacement

Source: <https://www.internal-displacement.org/global-report/grid2024/>

SOCIAL MENTAL HEALTH EFFECTS OF WARFARE AND PSYCHOSOCIAL WELL-BEING

FCS (fragile conflict affected settings) not only deteriorate individual mental states, but also majorly impact societies in their ability to properly function in order to achieve social and national growth. As hostilities take their toll on the mind, inducing stress and dysfunction, they generate previously non-existent complications, hindering one's ability to provide trust towards others, which has been present beforehand. Oftentimes this may result in the obstruction of untroubled economic and social life leading to poverty, separation of families, lack of safety, loss of livelihoods, disrupted social networks and gradual termination of culture specific traditions.

Psychosocial well-being is primarily the state of mental, emotional and social health of an individual. Similarly to mental health, it is exceedingly fragile in case of an emergency. Since positive relationships along with society's collective welfare are its key pillars, for it to be restored in FCS, it is essential to incorporate community help and active collaboration between members of the public into emergency interventions. Psychosocial well-being stands in close relation with adequate mental health, hence for post-conflict mental consequences to be addressed, support providers ought to address psychosocial well-being as well, otherwise an unsatisfactory outcome might emerge, not managing to liberate victims from their appalling positions

MENTAL IMPACTS OF HOSTILITIES ON WOMEN AND CHILDREN

Although both men and women are liable to conflict generated trauma, due to their varied experiences, these differ according to gender, conceivably exhibiting different psychological problems, contrasting coping methods with unequal opportunities to enter treatment. However, conflicts tend to affect women's mental health disproportionately, due to them commonly having to endure societal changes, apart from their personal, directly hostility-induced psychological issues. For countless women, warfare involves inevitably being destined to face community violence outside of home and supposedly safe refugee camps presenting further harassment. Additionally, many women are forced to take up the main role of the family, equivalent to a huge responsibility, possibly withdrawing time from attending one's own needs. Agitating worry for husbands or the sudden shock of having been widowed further challenge women's mental capacities in times of conflict, often compelling them to render sexual services in exchange for financial support.

Frequently during post-conflict interventions ascribed to lack of knowledge and fear of stigmatization women refugees resist to talk about their traumatic past to professionals. Certain cultural norms also greatly influence their attitude towards psychological help. Therefore, when providing psychological aid, therapists have an obligation to develop services offering gender and culture sensitive care while promoting health and recovery along with women's rights. If not, female clients might find little or no relief in care, failing to lose their mental difficulties.

At present, one in six children, over 449 million worldwide live in FCS, resulting in a substantial number of kids encountering alarming and extremely demanding situations from a significantly young age, on numerous occasions leaving them with psychological issues potentially threatening their lives and influencing their future. Due to the prolonged exposure to war and

thus excessive activation of stress response systems in the brain, countless children got into the state of 'toxic stress', which has the potential to disrupt the healthy development of bodily systems, increasing stress-related diseases well into adulthood.

The footprints of hostilities can reveal themselves in five separate ways in the case of kids, namely anxiety, loneliness and insecurity; emotional withdrawal, aggression; psychosomatic symptoms and appeal to self-harm. Seeing that for children family means nurture and support, when being separated from them, it can trigger high rates of depression and anxiety. As for emotional withdrawal and aggression, their rise occurs after multiple exposure to violence, persuading children of their normality, causing them to imitate such behaviour and become emotionally numb. In the long run, this may affect their ability to build successful relationships as well. Conflict-related stress can be observed through psychosomatic symptoms, experiencing physical pain, difficulty breathing, or seldom temporary loss of movement in limbs. Lastly, for some unfortunately, ultimate solution emerges in the usage of mind-altering substances, self-harm or even suicide.

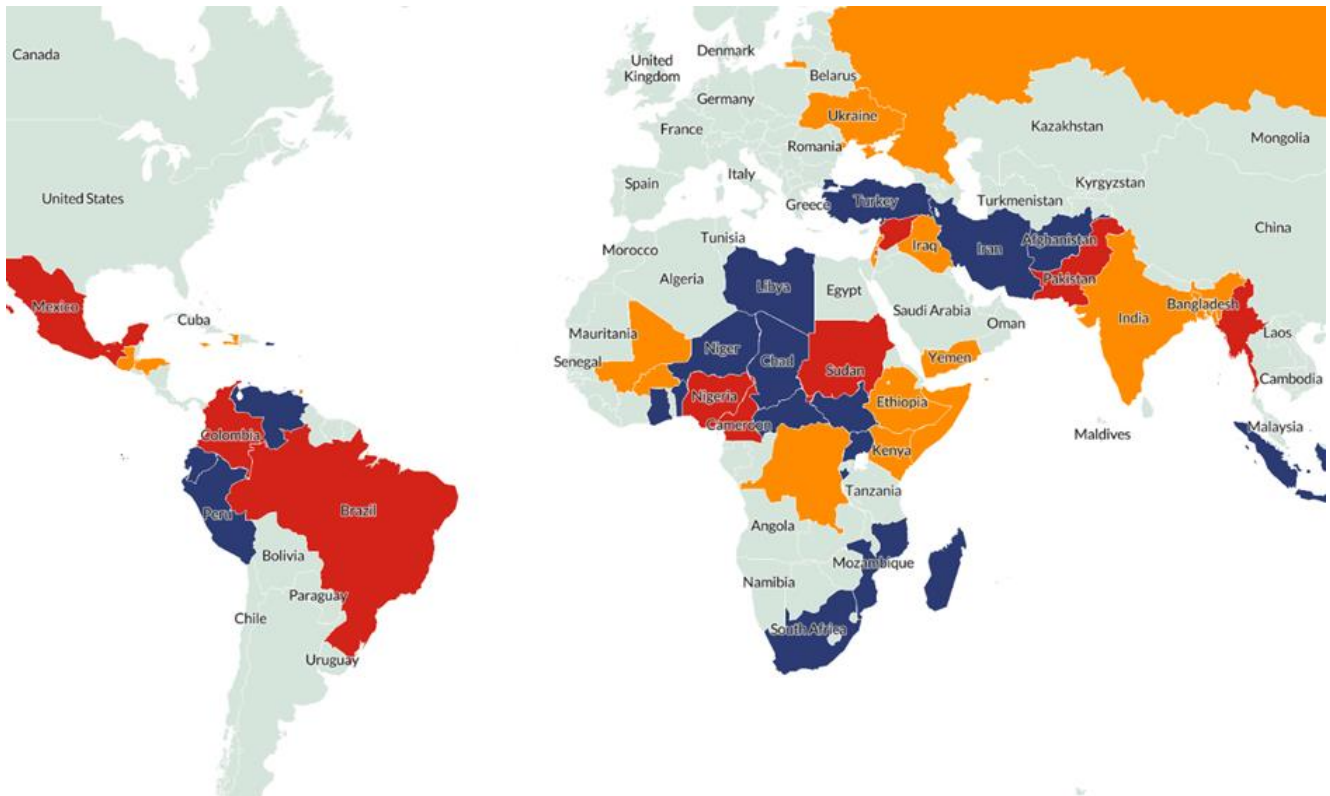
CONSEQUENCES OF UNATTENDED MENTAL DISORDERS

Commonly, individuals suffering from psychological disabilities globally do not seek treatment owing to various factors, including but not limited to extensive stigma and shame around receiving medical care and poverty. Yet the neglect of such problems can lead to further personal or social challenges. Taking into consideration the direct repercussions of ignoring mental illnesses, one may face exacerbated mental health problems, unhappiness together with victimization and trauma, involving the stimulation of a cyclical reaction of victimization, due to low vulnerability and post-traumatic stress caused by it. On a social level, such carelessness can have a considerably extensive outcome, leaving an imprint on every aspect of society comprehending poverty, homelessness, employment, safety, local economy and its productivity, succession of youth in school and cohesion of families.

However, war-induced untreated mental scars have proved to be more critical, increasing people's desire for revenge and eroding empathy. While according to decades of evidence, trauma and mental challenges alone do not provoke violence, when they are conflict-related they can interact with other social dynamics, such as political influences, instigating further violence and decreasing chances of peace.

Major Parties Involved

MAJOR PARTIES IMPACTED BY THE ISSUE:



The Netherlands: The Government of the Netherlands places a great emphasis on MHPSS, encouraging organizations to recognize its significance and commence spreading its incorporation in peacebuilding efforts. According to the government’s official website, the country understands the consequences of war on mental health, inducing further complications on a community level as well, thus reckons that its involvement in humanitarian aids would eventuate in efficacious peace building and reconstruction of the impaired nation. In addition, the Netherlands highlights that the affiliation of MHPSS into emergency interventions should only be carried out when it aligns with the ‘Do No Harm’ principle or else it may worsen the situation. In 2023 a guidance framework was issued on how to approach the integration of MHPSS by Interpeace, partially made possible by the support of the Ministry of Foreign Affairs of the Kingdom of the Netherlands alongside the United Kingdom. The country also expressed its dedication towards the issue by correspondingly giving assistance to projects, for example the “Project on Increasing Awareness of Psychological Health and Psychological Support of Asylum Seekers Living in Turkey”, implemented with the goal to raise awareness of both refugees and asylum seekers living in Türkiye.

Germany: In light of the increasing number of global conflicts together with their footprints on both the mental and physical well-being of individuals, Germany actively contributes to uncovering various possible solutions to the problem, considering it gradually more relevant, in its political objectives of development cooperation. To give an example, the Federal Ministry for Economic Cooperation and Development (BMZ) commenced the Special Initiative Forced Displacement program in 2014, proceeding to this day, funding alone more than 50 projects. However, considering the organization's high engagement in the field, it facilitates or is an instrument in an abundance of other projects associated with MHPSS with different organizations. Moreover, GIZ, the main German development agency, continuously provides activities ranging from basic services, family and community strengthening measures, to psychosocial support and clinical interventions in crisis-affected regions in collaboration with state, private sector and civil society organizations.

The United States of America: In 2021 the Taliban seized control of Afghanistan forcing over 75,000 Afghans to be displaced and resettle in the United States, amid the ongoing COVID-19 pandemic, through Operation Allies Welcome Response coordinated by numerous stakeholders across the federal government. While struggling to adjust to their new lives, to pursue opportunities for the youth and adults and to prevail over linguistic and cultural barriers, refugees further had to contend with mental challenges and trauma. Such originated from before and after their resettlement journey, including but not limited to social disruption in Afghanistan, separation from family, and acculturation. Availability for psychological treatment is essential in such cases, though it frequently poses difficulties for Afghan refugees as well, due to above mentioned barriers along with stigma and misinformation surrounding mental illnesses. Nonetheless, American community organizations managed to approach the issue through community focus, by establishing social support programs, for instance healing circles in Washington State and field trips and sewing socials in Minnesota, continuing up till now, offering emotional support and a place for refugees to connect over mutual traumas and difficulties deriving from being subjected to hostilities

Inter-Agency Standing Committee (IASC): Being the longest-standing and highest-level humanitarian coordination forum of the United Nations system, the organization is one of the major advocates of MHPSS, bringing together executive heads of 19 organizations and consortia, including but not limited to UNICEF, UNDP, and IOM. Its objective is to formulate policies, set strategic priorities and mobilize resources in response to humanitarian crises while promoting common humanitarian principles. In 2007, the IASC

issued the 'IASC Guidelines on MHPSS in Emergency Settings', presenting essential practices helping with the identification and proper addressing of the requirements of conflict-affected mentally traumatized individuals, being the first to fill the gap of such extensive frameworks. Since then, it has brought forward supplemental guidelines and created the IASC Group on MHPSS in Emergency Settings, with the main task to support previously released Guidelines.

Timeline of Events

Ancient times - Predominantly supernatural explanations for mental diseases, sparsely some enlightened being in pursuit of physical ones.

Middle Ages - Correlation of mental illnesses with the devil and punishments from God, attempting to get rid of them by battering or burning

Late 1700s - Spreading of new views on mental disabilities, realizing the necessity for treatment rather than confinement.

1800s - Construction of large mental institutions offering a range of treatments by local authorities, on outlying districts of major towns

After WWI - Experimentation with new medical remedies thus change in the field of psychiatry due to prevalent neuroses amongst veterans, leading to the treatment of previously incurable conditions such as schizophrenia.

1951 - Birth of the International Organization for Migration (IOM), previously named as the Provisional Intergovernmental Committee for the Movement of Migrants from Europe (PICMME).

1980 - Addition of PTSD to the third edition of Diagnostic and Statistical Manual of Mental Disorders by the American Psychiatric Association.

1983 - Introduction of the British policy, 'Care in the Community', initiating deinstitutionalization, comprehending the replacement of long-stay psychiatric hospitals with at-home treatment for the mentally disabled.

1991 - Foundation of the Inter-Agency Standing Committee (IASC) by the United Nations General Assembly

2008 - Launch of the 'Mental Health Gap Action Programme' by WHO, aiming at scaling up care for mental disorders and substance use, particularly for low- and middle-income countries

July 2018 - Expert meeting in Berlin held by UNICEF and BMZ, titled as 'Rebuilding Lives: Addressing Needs, Scaling-up and Increasing Long-term Structural MHPSS Interventions in Protracted and Post-Conflict Settings'

8 October 2019 - International MHPSS conference held in Amsterdam

2020 - Outbreak of COVID-19 pandemic, resulting in global quarantine, increasing the possibilities of further mental difficulties

February 2022 - Russia's invasion of Ukraine, start of the Russo-Ukrainian war

10 October 2024 - World Mental Health Day, with the objective of raising awareness of mental health issues worldwide while encouraging efforts to support them

Previous Attempts to Solve the Issue

As global exposure to conflict has escalated at a rapid pace since 2021 and remains to do so, an abundance of Non-Governmental Organization, Governmental Organizations and the United Nations have undertaken actions to tackle the issue of the appearance of severe psychological disabilities owing to conflicts.

EFFORTS BY NGOS

Leading NGOs operating to resolve the problem are the WHO, the Inter-Agency Standing Committee (IASC), with its specialized subcommittee, the IASC Reference Group on MHPSS in Emergency Settings (IASC MHPSS RG) co-chaired by WHO among others. Throughout the years, the WHO itself engaged in several emergency interventions focusing on addressing mental health, for instance in South Sudan, Ukraine, the Gaza Strip and countless other countries. It issued a variety of guidance frameworks and launched the mhGAP Action Programme. The IASC, besides founding a special-purpose subcommittee, developed Guidelines starting from 2007, for MHPSS practitioners, including the creation of the MHPSS intervention pyramid, utilized by organizations worldwide. In 2022, the IASC MHPSS RG in cooperation with WHO, UNICEF, UNCHR, and multiple other organizations issued the MHPSS Minimum Service Package, comprehensively covering post-conflict mental health, including

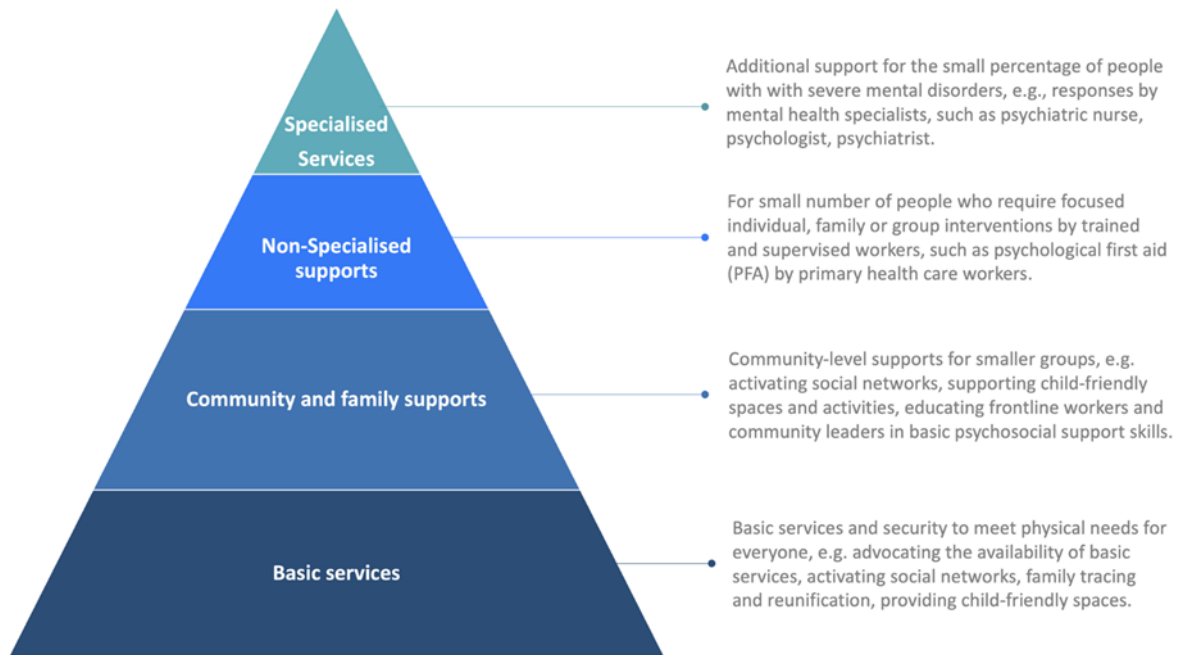
proper assessment and essential components of MHPSS programmes, outlining the highest-priority activities. Examples of further organizations aiding the issue with guidelines, direct interventions, or advertisement include the United Nations Development Programme (UNDP) and the World Bank.

COUNTRIES AND GOVERNMENTAL ORGANIZATIONS ADDRESSING THE ISSUE

Governmental organizations, namely BMZ, U.S. Committee for Refugees and Migrants, and the Foreign Commonwealth and Development Office of the United Kingdom, of countries such as Germany, the USA, and the UK also made essential contributions to settle the issue, with extensive and well-funded projects, for instance the Special Initiative Forced Displacement program, and guidelines. Moreover, by granting generous amounts of money to emergency-affected countries and MHPSS projects, and being instrumental in the development of guidance frameworks, for example 'Mind the Peace' in cooperation with the United Kingdom, the Netherlands has become one of the major parties seeking to solve the issue, placing a great emphasis on advertising MHPSS.

CONFERENCES HELD WITH THE AIM OF UNCOVERING AND EXCHANGING BEST PRACTICES

To accurately address the problem on an international level and propel countries to collaborate, conferences have been held as well. On 8 October in 2019, high level representatives from countries and international organizations were convened by the Dutch Ministry of Foreign Affairs to tackle the MHPSS requirements of people affected by emergency situations. Overall, 38 members of the conference, including both countries and organizations, agreed to endorse a declaration. Members include Australia, Canada, Italy, Germany, UNICEF, UNHCR, and ECHO. In July 2018 an expert meeting was held in Berlin organized by UNICEF and BMZ titled 'Rebuilding Lives: Addressing Needs, Scaling-up and Increasing Long-term Structural MHPSS Interventions in Protracted and Post-Conflict Settings'. The meeting gathered over 50 participants from donor, governmental, academic, UN, NGO and other civil society organizations, summarizing the discussions and its resulting recommendations in a report.



Possible Solutions and Approaches

REPRESSING STIGMA AND IGNORANCE OF PSYCHOLOGICAL PROBLEMS

An essential initial step for both organizations and individual countries towards overcoming the issue ought to be the overthrow of prevailing stigma and ignorance surrounding mental illnesses by promoting mental health with its benefits across all platforms, both virtually and physically through adverts on streets, for example, and frequent health campaigns. Although such efforts exist at present, recognizing the remaining severe stigma palpable around the topic of psychological disabilities, especially in developing countries, aforesaid measures must reach higher levels.

EMERGENCY RESPONSE PLANS DESIGNED FOR EVERY COUNTRY

Developing country- and culture-specific emergency response plans no matter the country's current state, accentuating the restoration of mental health subsequent to conflict and providing procedures to do so, may also be efficient. NGOs could offer assistance, focusing on creating one for all nations, hence when hostilities rear their head, these methods can immediately be introduced without having to wait for outside guidance.

TRAINING OF LOCAL MEDICAL STAFF

Furthermore, training of local medical workers is key in low-income countries, with poor infrastructures and uneducated staff. Fundamentally, their schooling should take place independently of crisis ensuring full preparedness if emergencies occur, however there is scarcely any capacity to guarantee training in such advancements and depths yet. Henceforth, a more attainable objective could be for NGOs to train local workers during post-emergency aids, who as a result would hold the ability to handle the situation alone, shortening such international interventions and enabling local authorities to handle further complications by themselves.

CULTURALLY SENSITIVE MHPSS PROGRAMMES

Growing number of studies on MHPSS point to the importance of culturally sensitive MHPSS programmes. While several emergency interventions utilize general guidelines set forth by international governmental or non-governmental organizations, constructing innovative, culture-sensitive frameworks are increasingly becoming more sought-after, their unconventional approaches accomplishing more upstanding results. To mention such, 'focusing' and training of professionals in Afghanistan could serve as an example.

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