

Mental health: a necessary global approach

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Since the mid-1990s, mental health has been recognised as a crucial aspect of human suffering in humanitarian crises. Many organisations have built expertise specific to acute crisis situations based on years of experience and practices, developed in Bosnia, Rwanda or Chechnya. This increased awareness has highlighted new needs and formalised new approaches spanning the whole field of mental health, from disorders of varying severity (post-traumatic stress in particular) to multiple forms of psychological distress (relating to the social, cultural or political environment) by way of the promotion of well-being and community living as the building blocks of a comprehensive approach to health.

The 2001 World Health Report published by the World Health Organization (WHO) specifically highlighted mental health, speaking of a “new understanding” and a “new hope”. This document was a decisive step in the recognition of this problem and the need to enhance practices. In 2022, the WHO published a new report on “transforming mental health for all”. Whilst it recognises the great progress made in the last two decades, it also reminds us that “the recommendations made [in 2001] remain valid today”. This muted observation is an invitation for humanitarian actors – among others – to conduct a frank appraisal of their practices. In addition to the traditional plea for greater commitment and more funding to boost care, breakthrough developments are undoubtedly needed to respond to the changes in humanitarian crises but also to gain a better understanding of endogenous potential.

In a sense, because their impact on the mental health of the entire population of the world is known, the Covid-19 pandemic and the various lockdowns have probably reignited this concern, taking it out of the usual contexts in which it was discussed. Yet the place of mental health within a global vision of health remains relatively marginal.

With regard to humanitarian crises, it is more important than ever to question the objective reasons for this lesser consideration when compared to other approaches. Has the historical focus of humanitarian aid on “saving lives” not undermined these other forms of intervention that are perceived to be less essential? Mental suffering is still all too often overshadowed by physical injury, especially as it is not as easy to detect and is often stigmatised or even hidden within communities.

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Assessing its magnitude in a society and its social impact remains a difficult exercise. The development of a true epidemiology of mental health is still inadequate. Given the volatility of humanitarian situations, innovative monitoring and evaluation methods able to take account of complex life courses with long-term implications and inter-sectional challenges are still to be invented. In other words, how could an approach to mental health aim to build systems thinking whilst remaining rooted in field practice? The slogan “nothing about us without us”, as advocated by many people with disabilities’ organisations, and now taken up by other groups, invites us to reflect on the role of civic mobilisation. Whether expressed in a humanitarian context or when strengthening services in countries untouched by acute crises, we can imagine that it will be an essential lever in the recognition of new mental health rights, as has been observed, for example, in the fight against HIV/AIDS.

The aim of this new issue of *Humanitarian Alternatives* is to gather contributions from observers, actors and researchers from all over the world so that we can reflect together on developments in the humanitarian sector. It also suggests areas of work, identify topics to be explored in greater depth and discuss innovative practices so that mental health is better and more systematically taken into account in humanitarian responses.

The already well-advanced reflections on the decolonisation of aid can also help us question the classic approaches marked by our historical and cultural cognitive biases. This involves greater consideration of how they relate to traditional approaches whilst recognising the socio-political roots of suffering. Thus, even in crisis situations, there is a growing consensus about community interventions. Mental health programmes, however, leave precious little room for inclusion activities and for promoting the effective participation of marginalised groups. Through which new experiences can mental health be opened up to a diversity of voices (and therefore experiences), of epistemologies (and therefore ways of understanding the world) and of world views (and therefore systems of values and relationships)?

The challenges facing humanitarian action are numerous, fast-moving and high-impact. For some, they augur a radical paradigm shift in the sector. What will mental health 3.0 look like and how can technological advances be used to improve access to services, expand our understanding and anticipate the associated pathologies? In short, how should mental health be considered in this changing world? Here again, and in the wake of Covid-19, an extremely high-profile global problem may offer us an interesting counterpoint: climate change. An increasing amount of research is devoted to analysing its effects on mental health. In Western contexts, the term “eco-anxiety” has gradually entered the common vocabulary even before a scientific definition has been set down. Yet, and without ignoring its devastating dynamics, it should challenge us with regard to the disparities in the way people experience the impact of climate change: how does this issue make sense in humanitarian crisis contexts, but also in developing countries or failed States in which the (un)certainties associated with climate-related disasters directly impact communities’ survival mechanisms?

This means that this issue does not claim to be exhaustive in terms of mental health, but it undoubtedly invites us to think about this theme in its global and forward-looking dimension.

Translated from the French by Juliet Powys

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