

NGO statement on the oral update on the Executive Committee Conclusions

Dear Chair,

This statement is delivered on behalf of a wide range of NGOs.

This year's ExCom Conclusion addresses a critical issue: 1 in 5 people suffer from mental health conditions worldwide, including people in fragile and conflict contexts. Due to the pandemic, estimates are much higher for children. Children living in conflict settings, dealing with abuse and economic hardship also face toxic stress leading to potential long-term mental health problems and barriers to reach developmental milestones. Early intervention is necessary to secure children's mental health, development, and learning abilities.

As seen in the "Widow Camps" of Northwest Syria, socio-economic challenges, and stress factors in fragile contexts with high-risk groups are exacerbated by limited freedom of movement, stigma, and discrimination. The serious gaps in mental health care are resulting from historic prejudices and under-investment in MHPSS.

Given the problem's magnitude, capacity and funding gaps are seriously concerning, especially in low-income and fragile States with acute shortage of health care staff where over 50% of people with mental health conditions do not receive care.

NGOs working on MHPSS believe that the ExCom Conclusion can play a critical role in reinforcing the rights to health, protection, well-being, and durable solutions for displaced populations with MHPSS needs. We appreciate the opportunity to share the following recommendations regarding the ExCom Conclusion on mental health and psychosocial support:

On resources, quality interventions and funding:

- To successfully meet needs, States must do more to integrate MHPSS into Humanitarian and Refugee Response Plans with dedicated funding.
- Moreover, as UNHCR warned, COVID-19 has also "triggered a mental health crisis" and we urge to prioritise MHPSS into national pandemic responses.
- Urgent investment is needed to increase the capacity and training of health care providers and the availability and accessibility of essential MHPSS services, including to provide basic psychosocial support and referral services in schools.
- MHPSS care providers, education providers, and community members must have the adequate skills, support and supervision required to provide effective and rights based MHPSS.
- Grow the MHPSS workforce across national health systems and protection sectors, including female responders, while simultaneously maintaining the competencies of this workforce and enhancing facilities, is also critical.
- This also means promoting non-specialist facilitated interventions to grow the capacity of entire communities for increased self-help, improved mental health prevention and resilience, such as through WHO scalable psychological interventions in communities affected by adversity.

On integrating MHPSS into protection and response strategies to support high-risk groups:

It is fundamental to fully integrate MHPSS into protection, education and response strategies, and combat stigma which particularly aggravate childhood trauma. MHPSS policies and overall responses must be designed with an understanding of individuals' experiences, identities, and characteristics that impact – and often hinder – their access to protective environments and meaningful participation. An approach considering diversity issues such as age, gender, sexual orientation, ethnicity, disability, language, and geographical coverage improves responses' effectiveness to leave no one behind. In this perspective:

- Governments should commit to realising the Convention on the Rights of Persons with Disabilities to fulfil the rights of people living with mental health conditions.
- Children, adolescents, and caregivers should be informed about their rights regarding MHPSS. Integrating psychosocial support into national school curricula and teacher training is paramount to support recovery and reintegration of children back into learning.
- Children and women's rights must be respected but they often endure human rights violations when receiving MHPSS services and thereby face discrimination and coercive practices such as institutionalization, forced treatment, and other harmful practices with potential lasting negative impacts.
- GBV increases in conflict and fragile contexts, impacting women and girls' MHPSS needs. Adolescent girls face violence-related risks, including sexual violence, harmful practices, and human trafficking, while boys associated with armed groups face unique vulnerabilities. MHPSS services should be provided through non-discriminatory GBV prevention and response efforts.

On access to inclusive and quality MHPSS, innovation and best practices, States should:

- Invest in preparedness and improve general access to national MHPSS services for minors and people in protracted situations and low-resourced countries, where capacity for and recognition of MHPSS importance is low.
- Adopt an ExCom Conclusion recognising the increased risks of violence and reduced access to MHPSS for forcibly displaced and unaccompanied children, as evidenced through the pandemic.
- Further build on best practices and progress resulting from efforts by States, UNHCR and partners, beyond providing medication and address socioeconomic factors like stigmatization, the impacts of statelessness, violence or gender vulnerabilities.
- Address challenges and opportunities to strengthen MHPSS prevention and responses at early stages of displacement situations, particularly to better foster solutions.

To scale up services, quality services need to be safeguard, free from discrimination and reducing communications barriers through preferred language, sign-language, easy text, and audio, to ensure rights-based, community-based, recovery-oriented, and evidence-informed approaches.

Within this Conclusion, the MHPSS needs of girls who are less likely to have live-saving information and capacities, must be emphasized while facilitating self-reliance in public health emergency contexts.

On cooperation and collaboration, we urge you to:

- Increase impact through international cooperation, responsibility-sharing, and partnerships, also fostering localization.
- Support governments and local authorities engaging in systematic monitoring and evaluation of MHPSS services and infrastructure, quality, and compliance with human rights standards.
- Strengthen opportunities for meaningful engagement of displaced populations in designing and implementing MHPSS. Policymakers should invest in decreasing power asymmetries between adults and young people and explore peer-to-peer support to increase child and youth engagement.

- Collect and analyse data on access, service utilization and quality of care, disaggregated by age, disability, and sex, to support quality improvement, learning and accountability.

Humanitarian exemptions in all restrictive measures should be fully compliant with IHL and Human Rights Law and should not hamper MHPSS provision. States and donors should refrain from screening beneficiaries of aid, ensuring that marginalised group can receive MHPSS.

Finally, we reiterate our commitment to contribute to implementing the Conclusion and look forward to a final version reflecting points raised here.

Further details are available at icvanetwork.org

Thank you, Chair.