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## **Strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies**

The Seventy-seventh World Health Assembly,

Having considered the consolidated report by the Director-General;<sup>1</sup>

Reaffirming the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

Recalling United Nations General Assembly resolution 77/300 (2023)<sup>2</sup> on Mental health and psychosocial support, Human Rights Council resolution 52/12 (2023)<sup>3</sup> on Mental health and human rights and United Nations Security Council resolution 2668 (2022)<sup>4</sup> on United Nations peacekeeping operations in which the importance of mental health services for peace operations personnel was emphasized;

Reaffirming United Nations General Assembly resolution 46/182 (1991)<sup>5</sup> and subsequent resolutions including 78/119 (2023)<sup>6</sup> on Strengthening of the coordination of humanitarian emergency assistance of the United Nations;

Recalling World Health Assembly resolutions WHA64.10 (2011)<sup>7</sup> on strengthening national health emergency and disaster management capacities and resilience of health systems, WHA65.20 (2012)<sup>8</sup> on WHO's response, and role as the health cluster lead, in meeting the growing demands of health in humanitarian emergencies and WHA73.1 (2020)<sup>9</sup> on COVID-19 response and decision WHA74(14) (2021)<sup>10</sup> on mental health preparedness for and response to the COVID-19 pandemic;

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<sup>1</sup> Document A77/4.

<sup>2</sup> Resolution A/77/300.

<sup>3</sup> Resolution A/HRC/RES/52/12.

<sup>4</sup> Resolution S/RES/2668.

<sup>5</sup> Resolution A/RES/46/182.

<sup>6</sup> Resolution A/RES/78/119.

<sup>7</sup> Resolution WHA64.10.

<sup>8</sup> Resolution WHA65.20.

<sup>9</sup> Resolution WHA73.1 (2020).

<sup>10</sup> Decision WHA74(14) (2021).

Noting the adoption at the Thirty-third International Conference of the Red Cross and Red Crescent of resolution 33IC/19/R2 (2019)<sup>1</sup> on addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies;

Noting also the role of the Inter-Agency Standing Committee to formulate guidance on humanitarian matters<sup>2</sup> and the relevant intersectoral guidelines and tools that it has published, including the Mental Health and Psychosocial Support Minimum Service Package;<sup>3</sup>

Noting further the Joint Interagency Call for Action on Mental Health and Psychosocial Support 2020<sup>4</sup> and the role of the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings, which supports country-level intersectoral coordination, normative guides and surge capacity;

Recognizing the role of the WHO Comprehensive Mental Health Action Plan 2013–2030<sup>5</sup> adopted by the Health Assembly in resolution WHA65.4<sup>6</sup> (2012) and updated in decision WHA74(14) on mental health preparedness for and response to the COVID-19 pandemic, reaffirming its goals and objectives, and noting that the mental health and psychosocial needs of people affected by armed conflict, natural and human-caused disasters and health and other emergencies require actions beyond those identified by the WHO Comprehensive Mental Health Action Plan 2013–2030;

Deeply concerned that persons with mental health conditions and psychosocial needs who are especially vulnerable to the impacts of armed conflicts, natural and human-caused disasters and health and other emergencies and continue to be subject to widespread discrimination, stigma, stereotypes, prejudice, violence, abuse, social exclusion and segregation, neglect, unlawful and arbitrary deprivation of liberty, institutionalization, overmedicalization and treatment practices that fail to respect their human rights;

Underlining the importance of implementing integrated quality mental health services available, accessible and affordable to all, including in fragile conflict-affected and vulnerable settings, as well as the need to introduce, through training and standardization of services, evidence-based approaches and best practices to the promotion of mental health and psychosocial well-being, the provision of mental health services and psychosocial support and the prevention of mental health conditions and harmful behaviour, addiction or suicide;

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<sup>1</sup> Resolution 33IC/19/R2.

<sup>2</sup> Resolution A/RES/46/182.

<sup>3</sup> The Mental Health and Psychosocial Support Minimum Service Package. Geneva: Inter-Agency Standing Committee; 2022 (<https://interagencystandingcommittee.org/sites/default/files/migrated/2023-01/IASC%20MHPSS%20Minimum%20Service%20Package.pdf>, accessed 1 December 2023).

<sup>4</sup> Joint Interagency Call for Action on MHPSS 2020. Geneva: Inter-Agency Standing Committee; 2020 (<https://interagencystandingcommittee.org/sites/default/files/migrated/2020-12/Joint%20Interagency%20Call%20for%20Action%20on%20MHPSS%202020.pdf>, accessed 1 December 2023).

<sup>5</sup> WHO Comprehensive Mental Health Action Plan 2013–2030. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240031029>, accessed 1 December 2023).

<sup>6</sup> Resolution WHA65.4 (2012).

Noting WHO's *World mental health report: Transforming mental health for all*,<sup>1</sup> which, drawing on the latest evidence, highlights why and where change is most needed and recommends how it can best be achieved, to deepen the value and commitment given to mental health and psychosocial well-being, reshape the environments that influence mental health and psychosocial well-being and strengthen mental health systems, including in emergency and humanitarian settings;

Expressing deep concern about the increased but unmet mental health and psychosocial support needs of people affected by armed conflicts, natural and human-caused disasters and health and other emergencies, and noting that pre-existing conditions may resurface or be exacerbated, and underscoring the urgent demand to increase efforts to prepare for and respond to these needs by means of prevention, mitigation, promotion, protection and assistance;

Recognizing that mental health and psychosocial well-being are critical to the survival, recovery and daily functioning of people affected by armed conflicts, natural and human-caused disasters and health and other emergencies, to their enjoyment of human rights and fundamental freedoms and to their access to protection and assistance;

Noting the Inter-Agency Standing Committee's six core principles on sexual exploitation and abuse;<sup>2</sup>

Recognizing the long-term negative human, social, economic and development impacts of armed conflicts, natural and human-caused disasters and health and other emergencies on mental health and psychosocial well-being especially when limited human and financial resources, fragile infrastructure, and socioeconomic vulnerabilities exacerbate the challenges faced by individuals in accessing services and support;

Recognizing, in particular, the increased risk faced by children, women, caregivers, persons with disabilities and survivors of all forms of violence, including gender-based violence, as well as others who are in vulnerable or marginalized situations across the life course;

Recognizing also the severe and multifaceted impact of armed conflicts, natural and human-cause disasters and health and other emergencies on the mental health of children and youth, who are disproportionately at risk of experiencing potentially traumatic events and other stressors including exposure to violence and loss, disruption of their cognitive and emotional development, as well as increasing social exclusion, and emphasizing the urgent need for attention and concerted action to reduce their suffering and improve mental health and psychosocial well-being;

Recognizing further the profound and lasting impact of armed conflicts on the mental health and psychosocial well-being of former combatants, children associated with armed forces and armed groups, and prisoners of war and the unique challenges faced by them in reintegrating into society, overcoming the stigma associated with their experiences; and emphasizing in this regard the importance of addressing their specific mental health and psychosocial needs, acknowledging the significance of providing comprehensive services to support their psychological recovery;

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<sup>1</sup> World mental health report: Transforming mental health for all. Geneva: World Health Organization; 2022 (<https://www.who.int/publications/i/item/9789240049338>, accessed 1 December 2023).

<sup>2</sup> IASC Six Core Principles. Geneva: Inter-Agency Standing Committee; 2022 ([https://interagencystandingcommittee.org/sites/default/files/migrated/2019-01/iasc\\_six\\_core\\_principles\\_relating\\_to\\_sexual\\_exploitation\\_and\\_abuse\\_2002.pdf](https://interagencystandingcommittee.org/sites/default/files/migrated/2019-01/iasc_six_core_principles_relating_to_sexual_exploitation_and_abuse_2002.pdf), accessed 1 December 2023).

Also recognizing the necessity of addressing the mental health and psychosocial needs of refugees, internally displaced persons, and migrants, in line with national capacities and policies, and the importance of taking active measures to address gender inequalities and differing needs and opportunities through policies and approaches that promote meaningful participation in society and gender equality;

Emphasizing the imperative to bolster health systems in countries, including ensuring the availability of, acceptable, quality and sustainable accessible and affordable mental health services and psychosocial support that not only address immediate needs but also foster long-term resilience, which contributes to the holistic recovery of affected individuals and communities, which is critical to achieving universal health coverage that gives mental health equitable value and priority as physical health, and access to quality and affordable services;

Recognizing that the mental health and psychosocial well-being of humanitarian and health and care workforces and volunteers is often affected as they work under highly stressful conditions and are often exposed to risks and potentially traumatic events and stressors, and that their safety, security, health and well-being are vital to provide quality services, as well as the importance of leadership for mental health, including in ensuring capacities and skills for mental health and psychosocial services as well as in supporting resilience;

Recognizing also that safe digital technologies including quality self-help approaches and telemedicine have the potential to contribute substantially to national efforts to achieve universal health coverage that gives mental health the same value and priority as physical health, and improve access to mental health services, while taking into account data protection and ethics in their development and implementation;

Noting the existing relevant work and initiatives by the United Nations High Commissioner for Refugees and other relevant agencies and parts of the United Nations system as well as the International Red Cross and Red Crescent Movement, regional organizations, States, humanitarian organizations and other relevant actors aimed at addressing mental health and psychosocial needs, and emphasizing the importance of coordinating the response, including information sharing, with other local and international actors and building on local needs and available resources;

Recognizing that emergencies, despite their tragic nature and adverse effects on mental health, are unparalleled opportunities to build better mental health systems for all people in need,

1. URGES Member States, in accordance with national context and priorities:
  - (1) to continue to implement the WHO Comprehensive Mental Health Action Plan 2013–2030,<sup>1</sup> integrating its goals and objectives for strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies, within their health and care strategies, investment plans and programmes at national and subnational levels;
  - (2) to include mental health and psychosocial support as an integral component of preparedness, response and recovery activities in all emergencies and across sectors, including health, protection, education, shelter, food, water, sanitation, hygiene and livelihoods, based on

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<sup>1</sup> WHO Comprehensive Mental Health Action Plan 2013–2030. Geneva: World Health Organization, 2021 (<https://www.who.int/publications/i/item/9789240031029>, accessed 2 February 2024).

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needs assessments<sup>1</sup> and taking into account, as appropriate, provisions of the Inter-Agency Standing Committee's Mental Health and Psychosocial Support Minimum Service Package;

(3) to invest, in line with national context, long-term in local and community-based services to prevent, prepare for and respond to mental health and psychosocial needs, including by strengthening local and community resilience and the capacities of local personnel, including capacities to identify and guide people with mental health conditions and psychosocial needs towards the appropriate level of mental health and psychosocial support through formal referral systems;

(4) to enhance coordination to address these needs and to ensure that mental health and psychosocial support responses include a range of complementary services and supports such as community self-help approaches, safe digital technologies, mental health care integrated with general health services, mental health and psychosocial support in schools and social services, and specialized mental health services;

(5) to stimulate and facilitate country-level mental health and psychosocial support intersectoral technical working groups in emergency settings to support coordination and collaboration across sectors, to develop comprehensive response strategies for mental health and psychosocial support, including it in the national disaster preparedness and response plans to monitor the quality of the integrated response, and to collect and integrate lessons learned;

(6) to support mental health and psychosocial support as an integral component in domestic emergency response systems, including disaster laws, risk management or preparedness plans and emergency response coordination mechanisms and to support the inclusion of mental health and psychosocial support in international response systems taking into consideration, as appropriate and in line with national context, the IASC Technical Note "Linking Disaster Risk Reduction (DRR) and Mental Health and Psychosocial Support (MHPSS)";<sup>2</sup>

(7) to take action to address all forms of discrimination, stigma and exclusion related to mental health and psychosocial needs in emergencies, including all women and girls, through approaches that are participatory, respect dignity and informed consent and reinforce the equal access of affected people, in particular persons with lived experiences;

(8) to take measures to protect and promote the mental health and psychosocial well-being of the humanitarian, health and care workforce, including volunteers by developing and implementing organizational policies (e.g. related to security, supervision, rest, discrimination, and harassment, including sexual misconduct) that protect their mental health, while equipping these workers and volunteers as well as their managers with the necessary skills, tools and supervision to cope with stressful situations and responding to their specific mental health and psychosocial needs;

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<sup>1</sup> The needs assessment includes assessments of impacts, resources, risks and vulnerabilities (IASC Multi-sector Initial Rapid Assessment (MIRA). New York: Inter-Agency Standing Committee; 2015, [https://interagencystandingcommittee.org/sites/default/files/migrated/2019-02/mira\\_manual\\_2015.pdf](https://interagencystandingcommittee.org/sites/default/files/migrated/2019-02/mira_manual_2015.pdf)).

<sup>2</sup> Linking Disaster Risk Reduction (DRR) and Mental Health and Psychosocial Support (MHPSS). Inter-Agency Standing Committee, 2021. ([https://interagencystandingcommittee.org/sites/default/files/migrated/2021-03/Technical Note%20Linking Disaster Risk Reduction %28DRR%29 and Mental Health and Psychosocial Support %28MHPSS%29- Practical Tools%20Approaches and Case Studies.pdf](https://interagencystandingcommittee.org/sites/default/files/migrated/2021-03/Technical%20Note%20Linking%20Disaster%20Risk%20Reduction%20and%20Mental%20Health%20and%20Psychosocial%20Support%20-Practical%20Tools%20Approaches%20and%20Case%20Studies.pdf), accessed 2 February 2024).

(9) to aim to mobilize and allocate sustainable and predictable resources for mental health and psychosocial support through domestic, bilateral and multilateral channels, including international cooperation and development assistance, as well as partnerships with the private sector;

(10) to support the continuation of education and the integration of mental health and psychosocial support in schools and education settings, taking into account, as appropriate provisions from the Inter-Agency Standing Committee's Mental Health and Psychosocial Support Minimum Service Package, to contribute to effective and adapted learning to offer protection from the negative and long-lasting effects of emergencies; increasing their capacity to comprehend and better face challenging environments, as well as create capacity and skills at the level of teachers and teaching staff, allowing them to recognize the need for mental health and psychosocial support in children of various ages;

(11) to address long-term mental health needs, whether or not related to an immediate emergency, by seizing the opportunity to use emergencies and emergency preparedness as a catalyst for mental health reform by converting short-term attention to mental health and psychosocial well-being into momentum for building health systems that deliver sustainable and quality community-based mental health and psychosocial support;

2. REQUESTS the Director-General:

(1) to support initiatives that celebrate the date of 10 October as a World Mental Health Day, including of emergency-affected people, and to collaborate with and encourage Member States and relevant stakeholders to consider taking appropriate measures in that regard;

(2) to provide technical guidance and advice to Member States, upon request, that supports implementation of the WHO Comprehensive Mental Health Action Plan 2013–2030, especially in addressing challenges related to the implementation of integrated mental health and psychosocial support for all;

(3) to ensure that WHO has the capacity and resources at all levels to facilitate inter-agency coordination on mental health and psychosocial support to support Member States;

(4) to support Member States by making mental health and psychosocial support a key aspect of preparedness and integrating it into all pillars across WHO emergency response and recovery activities, as well as relevant humanitarian coordination mechanisms, clusters and sectors supported by dedicated budget lines within allocated budgets and indicators, guided, as appropriate, by the Inter-Agency Standing Committee's Mental Health and Psychosocial Support Minimum Service Package;<sup>1</sup>

(5) to support strengthening evaluation and research capacities in the field of mental health and psychosocial support in humanitarian crisis situations to ensure evidence-based support measures and interventions;

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<sup>1</sup> IASC Minimum Service Package: Mental Health and Psychosocial Support. Geneva: Inter-Agency Standing Committee; 2022 (<https://interagencystandingcommittee.org/sites/default/files/migrated/2023-01/IASC%20MHPSS%20Minimum%20Service%20Package.pdf>, accessed 11 January 2024).

(6) to support Member States in emergency and disaster risk management, preparedness and readiness actions for mental health and psychosocial support in order to strengthen mental health and psychosocial support capacities during emergencies in a way that contributes to the development of sustainable mental health services, including community-based services, within the health system;

(7) to report on the progress achieved in the implementation of the present resolution and on the implementation of the comprehensive mental health action plan 2013–2030, which was endorsed by the Health Assembly in decision WHA74(14) (2021), with an annual report to be submitted to the Health Assembly through the Executive Board, from 2025 to 2031, complementing the request to include mental health in the consolidated reporting on noncommunicable diseases, requested by the Health Assembly in decision WHA72(11) (2019) on follow-up to the political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases.

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A77/VR/8

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