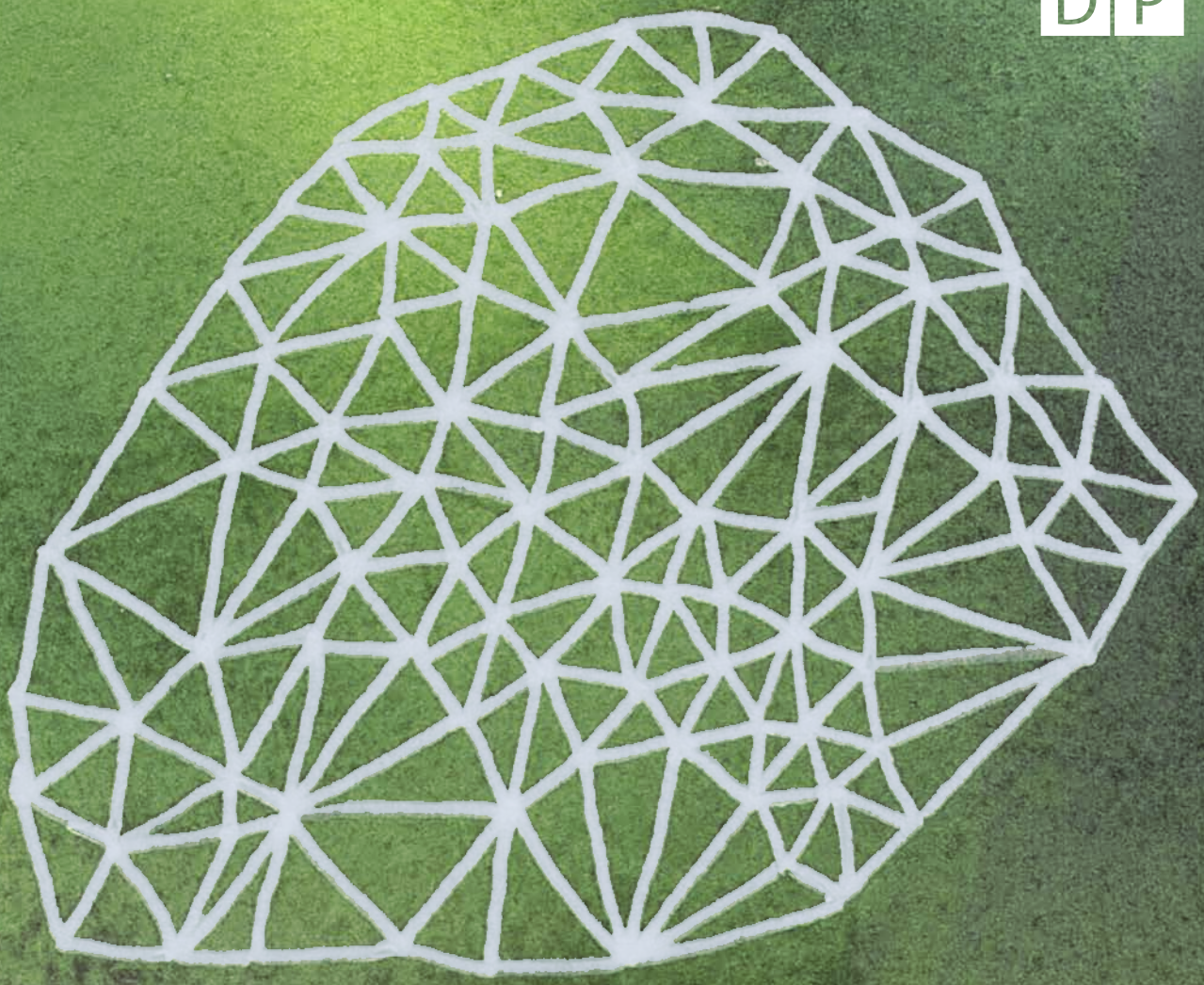

*RESEARCH FINDINGS: SUMMARY REPORT*

# Integrating Mental Health and Psychosocial Support into Peacebuilding

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# Integrating Mental Health and Psychosocial Support into Peacebuilding



UNDP
One United Nations Plaza
New York, NY 10017, USA

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# Acronyms and abreviations

| | |
|---|---|
| **CBO** | Community-based organization |
| **CSO** | Civil society organization |
| **DRC** | Democratic Republic of the Congo |
| **GBV** | Gender-based violence |
| **IAHV** | International Association for Human Values |
| **IASC** | Inter-Agency Standing Committee |
| **IDP** | Internally displaced person |
| **IGD** | Intergroup dialogue |
| **IOM** | International Organization for Migration |
| **IPV** | Intimate partner violence |
| **LGBTIQ+** | Lesbian, Gay, Bisexual, Trans, Intersex and Queer |
| **MHPSS** | Mental health and psychosocial support |
| **NGO** | Non-governmental organization |
| **PSPB** | Psychosocial peacebuilding |
| **PSS** | Psychosocial support |
| **PTSD** | Post-traumatic stress disorder |
| **SGBV** | Sexual and gender-based violence |
| **STAR** | Strategies for Trauma Awareness and Resilience |
| **UN** | United Nations |
| **UNDP** | United Nations Development Programme |
| **UNHCR** | United Nations High Commissioner for Refugees |
| **UNICEF** | United Nations Children's Fund |
| **WHO** | World Health Organization |

# Acknowledgements

**This Research Findings: Summary Report was prepared in a process led by the Conflict Prevention, Peacebuilding and Responsive Institutions Team (CPPRI) / Prevention of Violent Extremism (PVE) Team at UNDP's Crisis Bureau. Under the editorial direction of Nika Saeedi, and the guidance of Samuel Rizk (Head, CPPRI), this Summary Report was produced by authors Friederike Bubenzer, Marian Tankink and Yvonne Sliep. The coordination of the development of the report was supported by Gitte Nordentoft, Isabella Caravaggio, and Rita Angelini.**

We would like to thank the many individuals who contributed to this report by sharing their personal stories and insights with us as part of the consultation process. We are well aware that many practitioners working in the MHPSS and peacebuilding fields have themselves experienced distressing events and that reflecting on these as part of the data collection process may have been very difficult. We are grateful for their courage and generosity.

# Introduction

In 2020 it was estimated that 100 million people were in need of protection assistance due to conflict, violence, epidemics and climate-related disasters, or a mix of all four (UNOCHA, 2020). These life-changing events have a significant and often lifelong impact on people's mental health, which affects social relations. Aside from reduced psychological well-being and high levels of stress, one in five people living in areas affected by violence and conflict experience significant mental health conditions like depression, anxiety disorder, substance misuse and post-traumatic stress disorder (PTSD). Age and gender are contributing factors: women are more likely to experience depression than men and this likelihood increases with age (Charlson et al., 2019).

In the last two decades, great advances have been made towards including mental health and psychosocial support (MHPSS) in conflict and humanitarian responses at the national and community levels. The Inter-Agency Standing Committee (IASC) Reference Group on MHPSS has produced specific materials to guide the integration of MHPSS in emergency settings, as well as a wealth of complementary resources. Nonetheless, there is limited focus on MHPSS in peacebuilding measures intended to create or sustain peace in areas affected by violent conflict. In fact, a substantive framework which integrates MHPSS into the short- and long-term activities constituting the peacebuilding realm does not yet exist.

While it may seem self-evident that MHPSS and peacebuilding practitioners would work in close collaboration, carefully coordinating their work in the pursuit of sustained outcomes, research by Tankink et al. (2017) suggests that this is not yet the case. However, the many impacts of the Covid-19 pandemic have pushed the need for MHPSS further into the peacebuilding realm, increasing efforts to link the fields. International organizations around the world such as the International Association for Human Values (IAHV, 2016a, 2016b), FELM (Kubai and Angi, 2019), Norwegian Church Aid (Huser, 2020), the International Centre for International Cooperation (Arthur, 2021), TPO Uganda (Tankink, 2019) and GIZ have led advocacy efforts and published important research findings making the case for an integrated approach. In a welcome development, the United Nations (UN) Secretary-General's July 2020 report on peacebuilding and sustaining peace includes a clear ambition towards enhancing the integration of MHPSS into peacebuilding. The report states (United Nations, 2020b, p. 11), "*The further development of the integration of mental health and psychosocial support into peacebuilding is envisaged with a view to increasing the resilience and agency of people and communities.*" The UN Development Programme (UNDP) is the UN's lead agency for peacebuilding and implements the largest portion of the Peacebuilding Fund. It plays a key role in realizing the Secretary-General's ambitions and, as such, it has shown commitment to advancing the integration of MHPSS and peacebuilding. The Guidance Note on integrating MHPSS into peacebuilding, which is informed by this report and is the first of its kind, will form a key component of UNDP's continued work in this domain.

The global Guidance Note, developed using a broad consultative process, proposes a framework for integrating MHPSS into peacebuilding processes and programming. A number of steps continue to be followed to ensure that the Guidance Note is relevant and user-friendly to peacebuilding practitioners around the world.

The first part of this report contains the findings of a review of the literature pertaining to the integration of MHPSS into peacebuilding. It builds on a similar review conducted in 2017 by the authors of this report (Tankink et al., 2017). The literature review addresses the effects of conflict on mental well-being, interpersonal relationships and reconciliation as well as the different approaches to integrating MHPSS into peacebuilding, including current identified challenges, prerequisites and possible entry points. Since the report is written for professionals in the peacebuilding field, we do not address literature that deals only with peacebuilding; rather, only relevant literature related to MHPSS is presented here.

The second part of the report contains a summary and brief analysis of data collected from an international stakeholder mapping exercise conducted online in August 2021.

The third part of the report contains data collected from consultations and interviews held for the purpose of the UNDP assignment, as well as from the extensive consultations and co-creation workshops the report's authors have spearheaded since 2015. The report ends with a discussion of the findings, followed by a conclusion.

# PART 1
# Review of literature relevant to the integration of MHPSS into peacebuilding

## Background

The experiences of conflict and displacement can have a deep impact on the mental health of affected people who are trying to rebuild their lives and communities. The past and present collide as people grapple with their loss and grief while adjusting to new situations and unfamiliar environments in which they do not always feel welcome (Baingana et al., 2005). Having lost their friends, family members, homes and livelihoods during the conflict, many people will feel at a loss, unsure of how or where they fit into society. Such suffering makes it impossible for many people to adapt to their new realities and 'move on'.

> Experiences of conflict and displacement can have a deep impact on the mental health of affected people.

Academics, practitioners, policymakers and civil society organizations (CSOs) working in the field of peacebuilding are increasingly vocal about the importance of integrating MHPSS into peacebuilding to achieve sustainable peace, optimal health and positive peace (Arthur & Monnier, 2021; Hamber et al., 2014; Hertog, 2017; Pham et al., 2010; Tankink et al., 2017; United Nations & World Bank, 2018).

However, traditional efforts to improve post-war situations – often based on different disciplines and focused on multiple sectors such as peacebuilding, criminal justice, (mental) health, psychosocial support (PSS), and community and economic development – have met with mixed success. Specialist sector teams working in silos fail to develop crucial integrative skills and interdisciplinary understanding. Furthermore, the use of narrow definitions of violence and conflict and the lack of an integrative framework can undermine each sector's work, have a negative effect on policy formulation and programme design, and cause further harm to people who are not able to cope with their experiences of violence (Moser & Shrader, 1999). In other words, individual, interpersonal, institutional and structural factors (such as a political framework that supports discrimination) can lead to or continue forms of violence in conflict-affected contexts.

Studies demonstrate that it is only possible to achieve successful, peaceful coexistence if people's mental health, and social and relationship problems are addressed (CWWPP, 2010; Hart & Colo, 2014; Hertog, 2017; Tankink & Otto, 2019). Thus, there is an acknowledged correlation between mental health problems, traumatic experiences, psychosocial stressors and peacebuilding outcomes. If people are not helped to cope with their difficult past experiences and their present daily stressors, they struggle to peacefully coexist with others, which perpetuates their stress and undermines the potential for reconciliation. Social support (not only from professionals, but from relatives and neighbours) is an essential element in enhancing resilience. The first International Conference on Health Promotion in Ottawa (1986) lists peace as the number one condition for health (WHO, n.d.). Peace and the process of reconciliation depend on people coming to terms with their traumatic experiences, and people require peace to maintain their health and well-being. This holistic and interdisciplinary approach contributes to what Norwegian sociologist and founder of the discipline of peace and conflict studies, Johan Galtung (1969), calls 'positive peace'. Lambourne and Gitau (2013, p. 26) define this Galtungian term as "the ability of an individual to meet their

somatic potential, which translates in practice into the promotion of social justice through equitable access to services such as health, education and employment," adding that "psychosocial interventions offer the opportunity to focus specifically on the individual psychological as well as relational aspects of micro-level PB [peacebuilding]."

> It is only possible to achieve successful, peaceful coexistence if people's mental health, and social and relationship problems are addressed.

Ubiquitous access to health care is therefore essential. Health care exclusion and inequity based on divisive factors such as ethnicity, location, religion, age, race or gender fuels negativity towards the powers that be and contributes to conflict. Poor governance systems often foment protests and violence through discrimination and marginalization. When a government's capacity is stretched by conflict, its capacity to address people's physical – let alone mental – health care is thin. However, addressing both the victims' and the perpetrators' health care needs is vital to containing the violence and its long-term damage. This means that health initiatives aimed at all the groups involved in a conflict could be a starting point for mediation (WHO, 2020b).

## Methodology

This report is based on a comprehensive literature review which distils relevant theoretical insights and practical approaches to mental health and psychosocial well-being, as well as the MHPSS and peacebuilding links within the broader sociopolitical and cultural context.

This analysis builds on a previous review by Tankink et al. (2017) and a mapping study conducted by the same authors, also in 2017, which critically assessed and evaluated the existing levels of integration and intersection in the fields of MHPSS and peacebuilding in post-conflict contexts. One of the foundational aims of the 2017 literature review was to find evidence to prove that when MHPSS and peacebuilding approaches are integrated, the potential for sustainable peace is enhanced.

The Guidance Note is based on a review of the existing literature from 2017 to today to ensure that the latest academic research, theoretical frameworks, best practice case studies, existing guidance and interventions implemented in post-conflict contexts that integrate MHPSS into peacebuilding are included. The research questions for this literature review are:

1. How does the literature support the need for an integrated approach?
2. Which existing models underpin interventions that integrate MHPSS and peacebuilding?
3. Which challenges of an integrated approach to MHPSS and peacebuilding are described in the literature?
4. What are the common entry points to operationalizing an integrated approach?

Inclusion criteria for the review were that both MHPSS and peacebuilding were mentioned, that the articles contributed to the overall research questions underlying the literature review, that the emphasis was on articles published after 2017 and that they were written in English. We realize that for a UN document this is challenging because of the rich material that is written in Spanish and, increasingly, in Arabic. Due to time and resource constraints, we were not able to include this material. Complementary studies are needed to address this lack and provide an inclusive reflection on the resources of the global academic community.

For the purpose of this review, only articles were included; by and large, relevant books and theses were excluded due to the difficulty in accessing these resources and the time constraints of the project. To supplement the review of academic and journal-based sources with knowledge produced by practitioners

and CSOs, the authors solicited 'grey literature' such as non-governmental organization (NGO) reports, policy briefs and other documents. The relevant literature was collected via an internet search using Google Scholar, from academic libraries and through other sources such as AnthroSource.[1]

While the focus and conclusions in this report are based mostly on the relevant grey and academic literature, the content is also informed by the authors' extensive experience working on the subject matter over the last seven years.

## Unpacking key MHPSS concepts

This section describes the main concepts related to the field of MHPSS.

### Mental health

The World Health Organization (WHO) defines mental health as "a state of well-being in which every individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community," adding that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO, 2018).

> Mental health is not limited to the absence of mental disorders and is highly connected with contextual factors.

Conflict-affected contexts present social, psychological and biological factors which influence people's mental health through the development of problems or by strengthening resilience (IASC, 2007, p. 3). Mental health is not limited to the absence of mental disorders and is highly connected with contextual factors, which the IASC (2007) identifies as follows:

- Problems which existed before the conflict started (e.g. extreme poverty, belonging to a group that is discriminated against or marginalized, political oppression, existing psychological problems);
- Conflict-induced social problems (e.g. family separation, disruption of social networks, destruction of community structures, lack of resources and trust, increased gender-based violence [GBV]); and
- Humanitarian aid-induced social problems (e.g. the undermining of community structures or traditional support mechanisms).

Mental health encapsulates our emotional, psychological and social well-being. It marks how we think, feel and act. It affects the way we interact with others, handle problems and make decisions. War and violence have a significant impact on people's mental and physical health by damaging their interpersonal relationships, their community's social fabric, their economic situations and overall governance.

Not everybody is traumatized after enduring difficult experiences. Around 80 percent of people are resilient and able to cope, adapt and recover from their experiences of adverse events and do not develop psychological problems. Others develop new ways of dealing with and growing as a result of their painful experiences. This is called 'post-traumatic growth' and is expanded on later.

> Around 80 percent of people are able to 'bounce back' from their experiences of adverse events and do not develop psychological problems.

It is normal for people to experience anxiety and grief in the context of conflict and situations of war and violence.

## Mental illness

Mental illness is a disorder of cognition (thinking) and/or emotions (mood) as defined by standard diagnostic systems such as the international statistical classification of diseases and related health problems (WHO, 2019b) and the American Psychiatric Association's (2013) *Diagnostic and Statistical Manual* (DSM 5). Mental illnesses include, but are not limited to, depression, anxiety, PTSD and schizophrenia.

Carballo et al. (2004, p. 464) state that after the Balkan war over 25 percent of displaced people said that in addition to losing their possessions and loved ones, they also suffered from an overwhelming loss of perceived power and self-esteem. Approximately 11 percent said they had lost their sense of worth. Depression, a constant feeling of nervousness as well as feelings of fatigue and apathy were common among these displaced people, especially the elderly. The findings also showed that ownership and agency were restored when affected individuals were included in the post-conflict decision-making processes that directly impacted their lives. This highlights the importance of providing social and psychological assistance to help people regain control over their lives and build positive connections with other people (Tankink & Otto, 2019).

Some people do not recover from their disruptive experiences and develop mental health problems such as PTSD, severe depression, anxiety disorders and/or addictive disorders.

Some people do not recover from their disruptive experiences and develop mental health problems such as PTSD, severe depression, anxiety disorders and/or addictive disorders such as substance abuse and dependence. Research supported by WHO shows that 22.1 percent of people living in conflict-affected areas have depression, anxiety, PTSD, bipolar disorder or schizophrenia (Charlson et al., 2019). Women are more likely to experience depression than men and this burden rises with age. About 13 percent of the global population have mild depression and 9 percent experience moderate to severe depression (Charlson et al., 2019). Many people living in the continuum of conflict experience sleeplessness, fear, distrust, nervousness, anger, aggression, depression, flashbacks, negative thinking, alcohol and substance abuse, domestic and GBV, and may even attempt or commit suicide. The United Nations High Commissioner for Refugees (UNHCR), for instance, has reported increasing suicide rates in refugee camps in Uganda (UNHCR, forthcoming). Affected individuals tend to withdraw from healthy social interactions due to their negative states of being and feeling. Over time, if the situation improves, the severity of these conditions can decrease. However, recurring or new stresses can reactivate their intensity (Miller & Rasmussen, 2014). Substance abuse/dependence is generally considered a comorbidity of depression and PTSD (Maedl et al., 2010; NIDA, 2018). In their study of Somalian ex-combatants with PTSD, Maedl et al. (2010) found that drugs such as the stimulant plant *khat* are used as medicine to help forget traumatic war events. However, like many other drugs, *khat* can also cause psychosis and worsen symptoms of mental disorders (Maedl et al., 2010).

Poor mental health, compounded by perceptions of threat, feelings of distrust, fear, anxiety and anger, can negatively impact intercommunal and interpersonal relationships, and thus hamper constructive efforts to engage in conflict resolution and peacebuilding. Poor mental health decreases the possibility of non-violent solutions, and therefore leads to less support for peace and reconciliation (Vinck et al., 2007). Mental health and psychosocial interventions can lessen these negative effects and contribute to more constructive and sustained peacebuilding efforts (Bubenzer, 2020; Kaag, 2019).

## Substance abuse

Substance abuse is both a cause and a consequence of mental health problems. In humanitarian and post-conflict contexts, substance use is associated with issues such as sexual and gender-based violence (SGBV), organized crime, violence, and neglect of children (Fahmy, 2017). Substance misuse in (post)conflict environments can exacerbate the psychosocial impacts of conflict and slow down recovery efforts. Consumption of drugs and alcohol was shown to be higher among child soldiers in the Democratic Republic of the Congo (DRC) than among children who had not been recruited (ILO, 2003). This substance abuse impacted negatively on the children's long-term mental health, and led to addictions in their adulthood. Despite this recognized correlation, substance abuse remains a neglected area of public health, and even more so in the conflict continuum. Furthermore, conflicts themselves are often funded by taxes on the illicit drug economy, demonstrating the embedded role of substance abuse and the importance of tackling its causes and consequences.

Substance abuse is both a cause and a consequence of mental health problems.

## Cultural explanations of mental well-being

References to mental well-being in many cultural contexts are holistic and include a balance between physical, spiritual, mental and emotional health. In indigenous contexts, this is often connected to the origins of creation (Restoule et al., 2015; Venugopal et al., 2021). The social and cultural context we live in shapes our perceptions and explanations of our well-being or our mental distress. The way people understand their problems determines their attitudes towards (mental) health problems and the type of support they seek. Understanding the direct and more proximate causes of mental health problems is important in constructing ideas of how ill health is explained. For example, in many societies, explanations for mental health problems are attributed to the ancestors or the spirits of people who were killed in the conflict and not given proper burials. These cultural explanatory models are not carved in stone, but are socially embedded within specific times and contexts. Culture is not a closed or singular system. All cultures typically develop from the constant coexistence with and influence of subcultures. Changes in political economies and power structures as a result of events such as globalization can change cultural meanings, which causes stressful periods of social upheaval (Kleinman, 2006).

The social and cultural context we live in shapes our perceptions and explanations of our well-being or our mental distress.

## Psychosocial health

The term 'psychosocial health' emphasizes the dynamic relationship between psychological aspects of experience (our thoughts, emotions, feelings and behaviour), our wider social experience (our relationships, traditions) and our values and culture (International Federation Reference Centre for Psychosocial Support & Hansen, 2009). Health in this context is not about individuals feeling better but about reconstructing relationships as humanizing, that is, based on respect, dignity and spiritual depth (Wessells, 2015, conference presentation). *"Psychological aspects are those that affect thoughts, emotions, behaviour, memory, learning ability, perceptions and understanding. Social aspects refer to the effects on relationships, traditions, culture and values, family and community, also extending to the economic realm and its effects on status and social networks"* (Baingana et al., 2005, pp. 7–8).

## Psychosocial suffering

We refer to psychosocial suffering when the interrelationship between psychological and social problems is the cause of the suffering. The term also stresses that only focusing on mental health concepts (such as psychological trauma) is risky because it ignores the social context. Family and community are essential to a person's well-being and should thus be taken into account when assessing needs and developing interventions.

In the vast majority of cases, suffering is relational and cannot be reduced to events in an individual's head. Exposure to war, with its disruption, loss and violence, creates diverse sources of everyday distress that place significant psychological and social strain on individuals, families and communities. Although everyday distress is less visible than the effect of immediate, life-threatening events, it can nonetheless have profound effects, particularly because it may be ongoing (Miller & Rasmussen, 2010, 2014). For example, a woman who has lost her husband, who has no livelihood, who is isolated from her support network and is unable to care for her children adequately may experience profound long-term suffering as a result of her accumulating distress.

The way in which people experience and respond to conflicts and disasters varies greatly, yet with the right support the majority of people will be able to overcome these difficult experiences. The breakdown of trust as a result of being attacked by neighbours, surviving rape and experiencing ongoing ostracization and stigmatization all contribute to reduced mental health, which presents obstacles to peacebuilding efforts. This serves as a reminder that recovery is not merely a matter of individual counselling and therapy (or treatment of biological imbalances) but a process of relational improvement and social transformation. Kleinman and Das introduced the term 'social suffering' to explain that violence influences and transforms interaction, thereby reifying the *"inner world of lived values as well as the outer world of contested meanings"* (Das et al., 2000, p. 5). As Kapteijns and Richters (2010, p. 13) state, the concept of social suffering contains a range of important social elements that should be considered as a whole: *"health, welfare, legal, political, moral, cultural and religious issues*." People experience violence as something that destroys their social ties and removes their agency but, fortunately, people can remake their world, particularly with the support of relevant interventions.

The psychological and social impacts of conflict and emergencies may be acute in the short term, but they can also undermine the long-term mental health and psychosocial well-being of affected people. These long-term impacts may threaten peace, human rights and development (IASC, 2007).

## Psychosocial support

The International Federation of the Red Cross (2018, p. 9) defines PSS as *the interconnection "between the individual (i.e. a person's 'psyche') and their environment, interpersonal relationships, community and/or culture (i.e. their social context). Psychosocial support is essential for maintaining good physical and mental health and provides an important coping mechanism for people during difficult times. Psychosocial interventions constitute the backbone of any MHPSS response and include a range of social activities designed to foster psychological improvement, such as sharing experiences, fostering social support, awareness-raising and psychoeducation."* The aim of PSS is to "*a) support and promote human capacity (strengths and values), b) improve social ecology (connections and support, through relationships, social networks and existing support systems of people in their communities), and c) understand the influence of culture and value systems and their importance alongside individual and social expectations"* (Kubai & Angi, 2019, p. 12).

The restoration of people's agency and their community's social fabric is essential for general well-being and positive engagement (Schininà & Tankink, 2018; Wessells, 2009). War and conflict can lead to the breakdown of communities' social fabrics. Without the protection of their networks and relations, individuals and communities are exposed to further breakdown, which undermines their ability to participate in meaningful reconciliation. The most important aim of PSS is to address people's main concerns and problems and facilitate their journeys towards satisfying states of well-being. Levels of psychosocial well-being are related to the available resources within social domains. It is essential that external interventions assist individuals by helping their families and communities achieve collective well-being.

## Protective factors and coping strategies

Protective factors are conditions or attributes in individuals, families, communities or the larger society that diminish risk and improve health and well-being. People with positive coping strategies are not necessarily able to cope with problems on their own. Rather, they are able to reach out to family members or friends for support and actively participate in social, spiritual or physical activities – signs of positive mental health (Simich et al., 2010). People may also consult a health worker as psychological symptoms of stress often manifest as physical complaints.

Another coping strategy is cognitive reframing – when people think about what has happened to them as something they can overcome. This creates hope and helps them think about the future (Khawaja et al., 2008; Robson & Troutman-Jordan, 2014).

## Individual trauma

There are several definitions for the term 'individual trauma' in the context of (post)conflict situations. This report uses Apfel and Simon's (2000, p. 103) definition of traumatic situations being those that are "*generated by forces and agents external to the person and largely external to his or her control, and specifically to events generated in the setting of armed conflict and war.*" These can include experiences of separation, exile, imprisonment, loss, threats of annihilation, death and mutilation. A traumatic experience is an emotional shock. There are three ways in which people exposed to such traumatic events or sequences of events tend to feel: powerless or helpless; an acute disruption of their existence; and extreme discomfort.

It is important to note that reactions to traumatic events are normal. Most people who have experienced traumatic events have several reactions in the direct aftermath. The vast majority will feel much better within three months after the event; some need more time for their recovery and some need professional support. The type of reactivity varies from one individual to another, as does the intensity of the reactions. Some common reactions are replaying the memory, difficulties sleeping, nightmares, flashbacks, fear, anxiety, anger, sadness, guilt, blaming yourself, feeling numb, trying not to think about it by avoiding things or people, feeling constantly on guard and being easily startled.

The interaction between environmental forces and an individual's coping skills, expectations and characteristics influences how traumatic events are experienced. Most people find resources to recover, but when there are insufficient resources and support, an overwhelming traumatic experience can disrupt a person's self-image and entire identity. Whether a person becomes traumatized is thus also influenced by the context in which the event occurs.

> When resources and support are insufficient, an overwhelming traumatic experience can disrupt a person's self-image as well as their entire identity.

There are several ways to describe traumatization. The psychiatric description in the DSM 5 (American Psychiatric Association, 2013) categorizes severe individual consequences as PTSD. In this classification, the emphasis is on the exposure to extreme and intense threats, and the focus is on individual symptomatology. Although this construct has resulted in important clinical advances, it has become jargon that is also used by laypeople and is often confused with normal reactions to traumatic experiences. A PTSD diagnosis can only be established by a specialist and the symptoms must persist for at least one month.

> Western approaches to MHPSS have been criticized for ignoring the important cultural aspects of trauma.

The psychiatric diagnosis of PTSD has also been criticized for decontextualizing a person's response to traumatic events. When focusing on the individual, the collective experience and processes fade out of sight (Veerman & Ganzevoort, 2001). Another important critique is that it is a highly medicalized approach that does not take into account that trauma is a normal reaction to exceptional threats. According to Judith Herman (2001), trauma not only affects the intra-psychic world, but also a person's relationships. To be more specific, violence "*occurs in the context of intersubjectivity, its most devastating effects are not on individuals per se but on the fields of interrelationships that constitute their life-worlds"* (Jackson, 2006, p. 39). In other words, victims of extreme violence often have difficulties relating to others because the experience of violence has harmed their internalized culturally constituted webs of trust based on social norms, world views and moral conventions.

Finally, the lived reality of being traumatized must also be understood as occurring within unique cultural, social and political contexts where western, medical diagnostic criteria based on western society and behaviour are not always applicable (Summerfield, 1999, 2002). As Ayindo (2011, p. 36) explains, *"Health and ill-health are closely linked to culture because the ways in which people express, experience, and give meaning to their well-being or afflictions are tied to specific socio-cultural beliefs and knowledge systems. In this connection, psychological distress and trauma have a social and cultural dimension. Cultural beliefs and knowledge systems are central in devising appropriate therapeutic strategies for enhancing health and eliminating ill-health … Health is therefore defined as not merely the absence of disease and infirmity, but a positive state of physical, mental, and social well-being. The definition goes beyond the Western biomedical tradition that separates between body and mind."* Although the medical profession is increasingly acknowledging that mind and body are one, there is still a tendency to disproportionately focus on physicality.

Psychological difficulties related to unaddressed trauma can manifest in aggressive behaviour, physical isolation or inward retreat. Without positive social interaction, it is hard for people to coexist peacefully with others in their communities (Tankink & Otto, 2019). In the aftermath of conflict, people with improved mental health have more capacity to interact with 'former opponents' on a daily basis, however difficult this may be. Therefore, psychosocial interventions should be part of peacebuilding and post-conflict recovery efforts (Hamber et al., 2014; Pham et al., 2010; Vinck et al., 2007).

## Post-traumatic growth and resilience

Some people experience post-traumatic growth – the theory that positive psychological transformation can result from experiencing and coming to terms with challenging life circumstances and traumatic events (Tedeschi & Calhoun, 2004). Post-traumatic growth is not to be confused with resilience, which is the ability to bounce back naturally from the experience of a difficult or even traumatic situation as a result of inherent coping mechanisms. Achieving post-traumatic growth is a lengthy journey that requires commitment. Individuals need to work at accepting and transforming 'the self' after a psychologically difficult experience.

Post-traumatic growth is the theory that positive psychological transformation can result from experiencing and coming to terms with traumatic events.

## Collective trauma

Trauma is not only an individual psychological condition. The term 'collective trauma' refers to any society, ethnic or religious group, physical community, social category or class that has been exposed to traumatic circumstances as a result of armed conflict, including social, political, cultural, gender, ethnic or religious persecution. Collective trauma can damage the social tissue of a community, rupture social bonds, undermine communality, destroy previous sources of support, and even traumatize those members of a

community, society or group who were absent when the traumatization took place (Suárez-Orozco & Robben, 2000, p. 24). It is a complex concept that is simultaneously a sociopolitical event, a psycho-physiological process, a physical and an emotional experience as well as a narrative (Kirmayer, 1996). Families and communities that have not processed their collective responses to trauma and whose challenging living conditions and psychosocial needs are not addressed, are less likely to withstand political, economic, cultural and social pressures, which can lead to further cycles of violence (Perkonigg et al., 2000; Tankink et al., 2017).

In war-affected areas it is important to link individual trauma to collective trauma by giving greater attention to the synergies between mental health and psychosocial work alongside processes of social change and family and/or communal recovery. These kinds of approaches generally share the view that armed conflict impacts not only the mind of an individual but also the family and the community. In cases of collective trauma, individual trauma counselling has its limits. This is not only because more people are affected but because people suffer 'social wounds' (Richters, 2010, p. 185) which are better addressed through collective processes.

## Cycles of trauma and violence

The cycle of violence theory addresses the continuation of violence between individuals. For instance, the violent behaviour of parents or caregivers towards children in their charge increases the potential for these children to display violent behaviour (Wright & Fagan, 2013). Not all children subjected to violence become perpetrators themselves, but the risk is greater among this group. Wright and Fagan (2013) researched interpersonal violence in relation to community violence and determined that when violence is normalized, people are more likely to use it as a coping skill to deal with problems, even in non-threatening situations.

> When violence is normalized, people are more likely to use it as a coping skill to deal with problems.

Nandi et al. (2020) studied appetitive versus reactive aggression. Appetitive aggression means that the use of violence gives the perpetrator a positive or rewarding response, described as an "*intrinsic enjoyment of violence*" (Nandi et al., 2020, p. 392). Reactive aggression is an act of violence that exists in response to an actual or perceived threat. Individuals enter a state of hyperarousal, characterized by "*excessive alertness and responsiveness to sensory cues*" (Nandi et al., 2020, p. 396), which pushes them to react with more aggression than people who do not experience hyperarousal.

An ex-combatant suffering from PTSD, for example, who displays hyperarousal symptoms will be constantly on the alert for threats. In response to these real or perceived threats, the ex-combatant could react with a level of violence that helped with survival during the armed conflict but which is nonetheless excessive and at odds with the current situation. *"So, in conflict, violence is not only normalised, it is essential for survival"* (Amendola, 2020, p. 12). Thus, to maintain a feeling of safety, ex-combatants with PTSD-related hyperarousal symptoms may continue to act aggressively, even in the absence of threats.

## Conflict transformation

Developed by John Paul Lederach, the concept of conflict transformation refers to a process of achieving sustainable peace through "*addressing the underlying relationships and patterns of conflict*" (Lederach, 2013, pp. 10–11). Peace is centred around the quality of social relations, both in their personal capacity but also in the structuring of social, political, economic and cultural relations. Lederach's work recognizes the negative emotions of fear and anger that people continue to experience, which prevents sustainable peace and healing from occurring. Therefore, by modifying existing relationships that contributed to conflict and violence, healing and peace can be promoted (Lederach, 2013, p. 27).

Due to their inseparable link in conflict-affected societies, MHPSS must work towards conflict transformation to develop the way that people relate to one another and to themselves to achieve long-term well-being

and positive peace. Conflict transformation will benefit greatly from the integration of MHPSS. Relationships can be renegotiated within societies to be based on forgiveness and healing, particularly through community-based approaches.

## Defining violence

Recognizing the direct and indirect drivers of violence and their effects is important to achieving conflict transformation. Direct violence is the physical or psychological harm caused by individuals, while indirect violence refers to the systemic social injustices, oppression and discrimination through existing legal, political, social and economic structures in society. How violence is defined therefore affects how conflict is addressed.

In the case of MHPSS efforts, addressing these psychological forms of indirect violence is vital for (re)instating social cohesion within a society. Structural violence helps to explain the intersecting forces which create and maintain inequality within societies. This can include social, economic and political processes which produce social exclusion for both individuals and communities. Structural violence impacts on those targeted for MHPSS by reducing access to services and limiting the effectiveness of support due to stigma or the denial of rights. The risk of mental health problems and structural inequalities is thus further exacerbated in conflict-affected zones. By understanding these dynamics that occur outside of formal and physical cycles of violence, efforts towards sustainable peace can be better informed.

## The intergenerational transmission of trauma and violence

Part of the cycle of trauma and violence is intergenerational transmission. If parents, caregivers and communities are not capable of reconciling or recovering from their experiences of violence, or do not manage to transform their negative narratives, the next generation will very likely inherit their feelings of anger, pain and resentment.

'Post memory experiences' are experiences of parents that their children 'remember' from the images and stories they heard and saw growing up "*but that are so powerful, so monumental, as to constitute memories in their own right*" (Hirsch, 1999, p. 16). This transmission of trauma and violence impacts the next generation's identity construction, which undermines their present well-being and future potential.

The impact of traumatic events and narratives from the past on second and third generations must be taken into account when attempting to secure long-term community well-being (Sangalang & Vang, 2017). Therefore, addressing intergenerational dynamics is a critical element in any peacebuilding process aiming for sustainable outcomes (Creary & Byrne, 2014; Richters, 2015).

## Neuroscience

Authors are increasingly asking what neuroscience has to offer peacebuilding processes (Fitzduff, 2016; Rausch, 2021). A major volume by the Mary Hoch Center for Reconciliation (Rausch, 2021), titled *Exploring the Neurobiological Dimensions of Violent Conflict and the Peacebuilding Potential of Neuroscientific Discoveries*, offers a comprehensive overview of the relationship between the fields. Neuroscience, a fast-growing interdisciplinary field (including biopsychology, political physiology, behavioural genetics and cognitive neuroscience, among others), provides more and more understanding of the brain's activities and its related behaviours. Insights from this field shine a new light on the structure of the nervous system and its relationship to the brain; namely, how the experience of violence can affect the brain, which affects behaviour. It is likely that neuroscientific findings will also influence the fields of MHPSS and peacebuilding in the near future.

When people experience trauma and severe stress, their bodies release high levels of the hormone cortisol. A consistently excessive amount of cortisol coursing through a person's brain and body is not good. It affects their memory organization, which disrupts retrieval processes, and reduces their oxytocin levels, which affects their ability to connect to a group and feel a sense of belonging. Brain research shows that if people meet individuals who are considered to be 'other' rather than 'one of us', the brain tends to "*switch off the empathic neurons and actively resists any emotional contact with the perceived group*" (Fitzduff, 2015).

Many people are unaware that automatic systems in the brain shape behaviours such as prejudice, stereotyping and dehumanization (Burrell & Barsalou, 2015). How people perceive 'the other' or 'members of the other group' is influenced by unconscious emotional processes. Although humans "*have the capacity to empathise with and 'mentalise' (think about) the feelings and beliefs of others, … we experience our own thoughts and emotions as the most real and salient/first and foremost*" (Burrell & Barsalou, 2015, p. 4).

## Existing policy and guidance

At the time of writing, very few official national or international policies existed that overtly and specifically mention and acknowledge the integration of MHPSS into peacebuilding in a holistic and ecological manner that targets all levels of society. However, a few documents provide helpful insights that could contribute to the future development of integration at policy level.

In 2007, the IASC Task Force on Mental Health and Psychosocial Support in Emergency Settings issued an authoritative set of guidelines to enable humanitarian actors to plan, establish and coordinate a set of minimum multisectoral responses to protect and improve people's mental health and psychosocial well-being in an emergency (IASC, 2007). While the guidelines imply that mental health should be a central feature of emergency-related reconstruction efforts, they do not make reference to long-term post-conflict mental health provisions, nor do they frame the need for emergency mental health work as critical for long-term sustainable peace.

International humanitarian agencies delivering MHPSS guidance in emergencies to people affected by armed conflicts and natural disasters tend to underplay its role. However, this work directly contributes to peacebuilding efforts. As such, the Resolution of the 33rd International Red Cross and Red Crescent Conference recognizes that "*unmet mental health and psychosocial needs have far-reaching and long-term negative human, social and economic impacts which affect individuals, communities and society as a whole*" (IRC, 2020). The UN Children's Fund (UNICEF) community-based MHPSS guidelines posit socio-emotional learning as critical to the building of healthy relationships, which in turn "*result in a more positive, nurturing school environment that may contribute to more peaceful, stable societies*" (UNICEF, 2018, p. 31).

The 2020 report of the UN Secretary-General on peacebuilding and sustaining peace states, "*The further development of the integration of mental health and psychosocial support into peacebuilding is envisaged with a view to increasing the resilience and agency of people and communities*" (United Nations, 2020b). WHO (2020b) expands on this in a thematic paper which recognizes the link between armed conflict, violence and health and puts forward a theory of change as well as an elaborate practical step-by-step programmatic approach to designing health and peace programmes.

While the recently adopted transitional justice policy of the African Union (2019) acknowledges the need for healing and PSS in transitional justice, references are made mostly to women, victims of SGBV and children. There is no recognition of the impact of violent conflict on all sectors of society, nor is there a section specifically referring to MHPSS as a necessary stand-alone priority that is central to all pillars of transitional justice processes. In contrast, MHPSS is given much more centrality in transitional justice in a recent paper by Brankovic (2021) which, based on transitional justice work in The Gambia, identifies ways to conceptualize and integrate healing, particularly from psychological wounds, into holistic and contextualized transitional justice practice in Africa. The Brankovic report concludes with a set of comprehensive recommendations on how MHPSS can be better integrated into transitional justice efforts.

Finally, the Peace Mediation Guidelines of the European External Action Service of the European Union, which provide practical steps to guide the Union's conflict prevention and resolution efforts around the world, recognizes that "*[p]sychosocial and peacebuilding expertise is necessary in the planning and implementation of a peace process*" (European Union EEAS, 2020, p. 4). The document further recognizes that the psychosocial dimension of mediation should adhere to the 'do no harm' principle while also recognizing that both mediators and the people they work with will be exposed to traumatizing events and/or vicarious trauma.

# Different approaches and models to integration

The integration of MHPSS and peacebuilding is at an early stage. However, it is worth looking at some of the different lenses through which practitioners around the world are operationalizing this integration.

## Psychosocial peacebuilding

Hart and Colo (2014) developed the concept of psychosocial peacebuilding (PSPB). The emphasis is on a process that encourages social and relational change to help people from groups that are fighting with each other to move towards reconciliation and social action. PSPB practitioners employ activities such as listening, storytelling and sharing information with the intention of building trust and self-confidence, which in turn leads to social action and self-efficacy. Intergroup dialogue (IGD) is dialogue between members of opposing groups within a structured setting with the objective of working towards psychosocial healing and social justice (King, 2014). The focus of interventions is the social and communal linkages between individual and community rehabilitation (King, 2014). IGD positions the individual within the surrounding interrelated social environment of the community's cognitive, physical and emotional behaviours. This approach allows the individual and the community to be in a constant flux of exchanging meaning and identity. Weder et al. (2010) find that some attitudes can be considered protective factors, such as positivity towards peace, being hopeful about the future and the ability to forgive the opposing group. Furthermore, the group members of the intervention provide others with social support and a strong sense of mutual commitment and responsibility, facilitating their grieving process and emotional well-being.

# Healing, resilience and empowerment programme

PSPB is also central in the programmes of IAHV. They combine peacebuilding and development efforts by effectively transforming the mindsets, attitudes, well-being and behaviours of individuals and communities engaged in or affected by conflict. Peace is only possible when it is internalized and socially supported by the people. In this model, personal transformation is important (IAHV, 2016a). By using specific breathing exercises, levels of stress can decrease and physical well-being can improve. On the mental level, these exercises influence psychological, interpersonal, spiritual and sociocultural aspects and help people to internalize peace (Hertog, 2017). As long as old conflicts affect people's minds and hearts, democracy or economic systems will be influenced negatively. "*Peace of mind and social peace are connected"* (Hertog, 2017, p. 285).

## Peace through Health framework

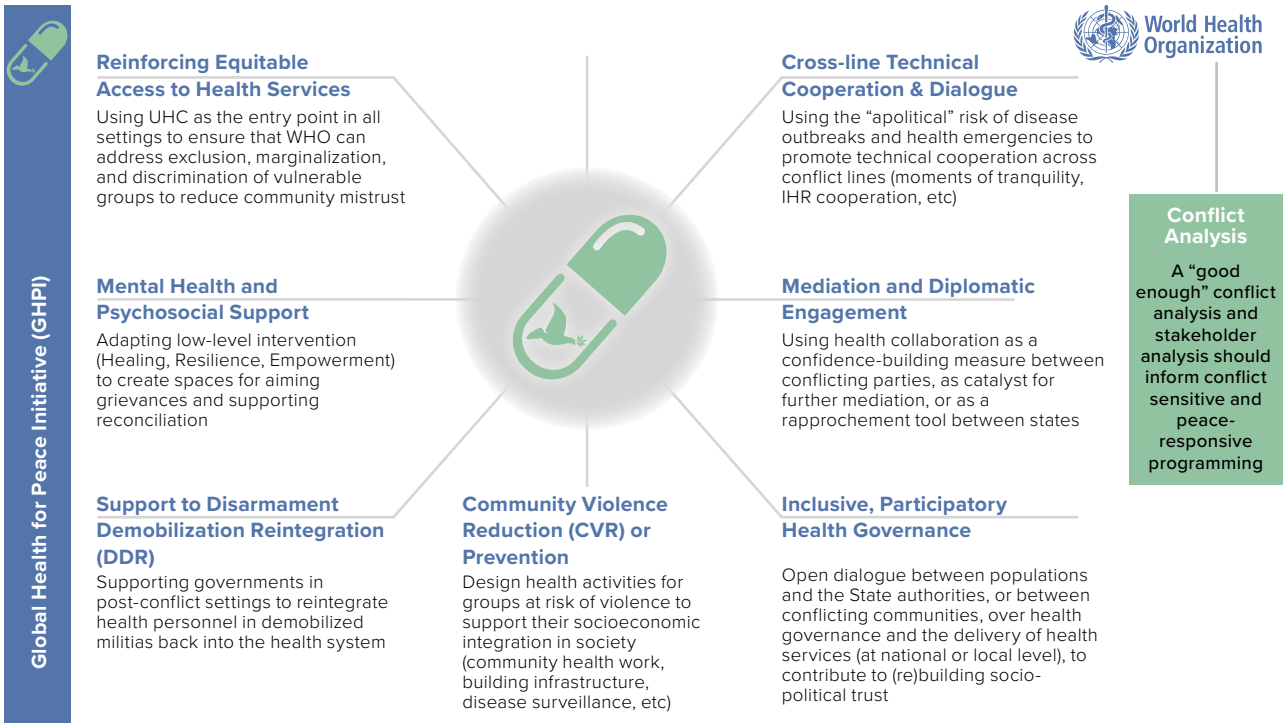
The Peace through Health framework was developed in the 1990s as part of WHO's Health as a Bridge for Peace framework in 1997 (Al Mandhari et al., 2021). Since then, WHO's director-general has used health as a bridge for peace. Mental health is also a bridge to peace and peace is a prerequisite for mental well-being (Al Mandhari et al., 2021).

In 2019, WHO's Eastern Mediterranean Regional Office together with the Government of Oman launched the Health for Peace initiative (Al Mandhari et al., 2021). WHO recognizes that many responsibilities, especially in (post)conflict settings, require other non-traditional peacebuilding actors to work on addressing some of the peacebuilding goals. Health actors require specialized peacebuilding, mediation and conflict analysis expertise to develop good health and peace programmes. Peacebuilding partners also benefit from the scientific rigour of public health research and assessment methodologies to improve peacebuilding programmes.

This framework emphasizes that reducing human suffering requires political answers, united aims and sustained leadership, as well as investment in peaceful and inclusive societies (WHO, 2020a).

The theory of change used by WHO is that "*if individuals and groups enjoy equitable access to health services fulfilling their rights to physical and mental health and health actors design neutral health interventions that promote trust and dialogue and communities are empowered to cope with violent conflict, then health coverage is more universal, grievances can be heard and addressed to generate trust around health emergency concerns, affected communities are more likely to make meaningful contributions to peace and reconciliation and to resist incitements to violence*" (WHO, 2020a).

Figure 1: **Health and peace interventions (Source: WHO, 2020b)**



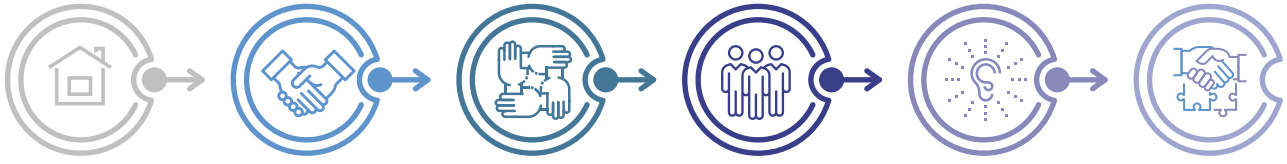

## Trauma-informed and trauma-aware peacebuilding

Trauma-informed and trauma-aware care are becoming increasingly common ways in which to position MHPSS in peacebuilding. Trauma-informed care gives attention to how traumatic experiences influence a person's behaviour and life by emphasizing adaptation instead of focusing on pathology (Elliott et al., 2005). In other words, when the traumatic event is external to the person, a trauma-informed response is sensitive to the person's experience.

Trauma-informed care applies to the welfare of both those doing peacebuilding work as well as those at the receiving end of that work. The Africa Centers for Disease Control and Prevention (2020) explains that a trauma-informed approach is not realized through any single or particular technique or checklist but "*requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level.*" Six constituent principles have been developed (see figure 2).

Strategies for Trauma Awareness and Resilience (STAR) is an educational programme that was developed in the aftermath of the 11 September 2001 attacks in the United States and has expanded internationally. STAR invites communities and individuals to address the impacts of traumagenic[2] events, and to build resilience, creativity and capacity to address human needs, including the needs for security, dignity and justice so often

Figure 2: **The six principles of trauma-informed care (Source: Africa Centers for Disease Control and Prevention, 2020)**



at the heart of violent conflict. Mansfield (2017) explains that the programme actively promotes knowledge and encourages actions derived from five prosocial responses to violence: promoting trauma awareness and resilience; doing justice; making meaning; building secure, sustainable communities; and transforming violent conflict. Hart and Colo (2014) explain that trauma-informed peacebuilding is used to help individuals and groups examine the psychological and social impact of their exposures to war-related traumatic events.

The concept of trauma used in the models of STAR and of Hart and Colo is not defined as in western, clinical approaches, but reflects the sociopolitical factors in the integration and transformation of trauma in the lives of individuals, communities and societies.

## Healing-centred peacebuilding

Healing-centred peacebuilding is a strength-based systems thinking approach that uses trauma-informed tools to address how leaders, programmes and organizations can reduce the effect of violence by introducing trauma awareness, knowledge and skills into their organizational cultures, practices and policies. Key elements are inclusion, self-awareness, customization and contextualization, breaking cycles of violence, systems thinking, and the use of trauma-informed tools. It should be recognized that those systems and structures are often damaged by conflict, and therefore cannot always offer what is needed for the process of rebuilding. A healing-centred peacebuilding approach considers emotional distress as a critical variable in violent conflict and instability. Trauma is not only a consequence of violence but also a cause of ongoing instability (Yoder-Maina, 2020).

## Religion and spirituality

In many cultures, spirituality and religion form part of daily life. Often, religious and spiritual approaches to MHPSS and peacebuilding are closely interwoven. Both are described below.

### Spirituality as entry point

Spirituality broadly refers to an awareness of a greater meaning or purpose. This may include religion or beliefs that extend beyond established religions. Studies have acknowledged how spirituality promotes tolerance towards others, the healing of relationships and the advancement of peace, and therefore can play an important role in peacebuilding efforts. Storytelling and spiritual rituals have been commonly used as traditional means of resolving conflict and building sustainable peace. In Uganda, for example, formal health care systems are not the main mental health care provider; rather, support is sought from spiritual healers (Verginer & Juen, 2019). Mashaphu et al. (2021) state that religious and spiritual rituals are often conducted in groups, which offers a sense of belonging and cohesion. Spirituality has been applied when working with groups experiencing trauma from colonial violence, as shown in Richardson's (2021) development of an indigenous-centred approach to healing in the settler colonial state of Canada. Spiritual rituals, such as the shamanic ritual, are carried out to restore the wholeness and balance of the body and spirit by "*recalling parts of our spirit that have departed or have been severed*" through colonial violence (Richardson., 2021, p. 4). Similarly, spirituality can be used as an entry point to explore mental trauma related to past conflicts and to gain a greater sense of control. For example, ancient Yogic spiritual traditions originating in India use tools such as yoga, meditation and mindfulness to enhance physical and mental well-being. Miller and Jordan (2014) undertook work into the incorporation of spirituality into peacebuilding frameworks to enhance the connection between participants in the process. Spirituality shows potential for reducing the psychosocial impacts of conflict which can occur as a result of the breakdown of communal, family and societal structures. It may also be an important element within communities where religious faith has been challenged by mass atrocities or been the cause of conflict.

Storytelling and spiritual rituals have been commonly used as traditional means of resolving conflict and building sustainable peace.

Research has also centred around the limitations of spirituality and PSS in peacebuilding. For many communities, ancestors are embedded in the land. In such contexts, the ancestral world of the dead is part of the world of the living. The family and the community as a whole are responsible for caring for the spirits in the form of regular prayer and devotion, offerings and good behaviour. Conflict and forced displacement thus sever the spiritual links that people have to their ancestors. Conflict or flight prevents people from maintaining ritual relationships with their ancestors, which can cause a lot of stress. Scholars have also been interested in the role of spirituality and religion in forming taboos around mental health. Mental health symptoms are often attributed to supernatural actors or viewed as necessary consequences for past sins. In such contexts, mental health problems are often described as 'spirit possession' or a 'curse' and can be interpreted as punishment by the ancestors for poor care or not behaving in accordance with certain rules (Mude et al., 2020). These responses deter individuals from seeking PSS from mental health professionals. Ayindo (2011, p. 32) explains that "*violence does not just disturb the physical, it disturbs the moral and spiritual amongst others*." In many contexts, witchcraft has negative connotations and should not be categorized together with the ancestral world in which the spirits of the deceased live. However, explanations for mental health problems in terms of the ancestral world and witchcraft may overlap.

Mental health symptoms are often attributed to supernatural actors or viewed as necessary consequences for past sins.

### Religion as entry point

There is great potential for the faith sector to contribute to peacebuilding and to support people who need PSS. Realizing this potential depends on a range of contributing and inhibiting factors on multiple levels: organizational, social, political, theological, ethical and spiritual (Hertog, 2010).

Greenstein's (2016) research demonstrates that religion has had positive impacts on mental health, including a reduction in suicide rates, alcoholism and drug use. In survivors of conflict, the religious element of their narratives is important to understanding their experiences and processing their trauma. Furthermore, local faith actors have the ability to access broader populations and territories which mental health professions are unable to reach (USIP, 2021). Religious actors also have credibility within their communities and therefore can shape conversations. Healing circles used in traditional communities in North American aboriginal communities (Mehl-Madrona, 2014; Taylor, 2018) are conducted to enhance the communal aspect and offer a space of retribution for those who have committed wrongful acts. As dehumanization is often used as a tool for violence, such circles frequently aim to rehumanize the enemy. For those individuals that cannot be supported by these mechanisms, referral systems can be established to find psychologists and other mental health specialists in the surrounding areas to support them. Religious leaders can therefore play a vital role in facilitating access to treatment and reassuring families of their faith. However, Kubai and Angi (2019) note that, although religious leaders can support their communities after conflict, they too often experience impacts from the conflict, which may hinder their ability to provide support. Furthermore, religion has played a central role in both causing conflict and facilitating peace.

There are also concerns about religion as a basis for ineffective coping and the legitimizing of harmful practices. For example, a study by Dubois (2008) highlighted how female and queer voices can be excluded from religious institutions, further marginalizing these individuals. Pirutinsky et al. (2011) found Orthodox Jews who followed more conservative spiritual practices experience higher levels of anxiety and depression. Poor mental health can be seen to diminish their faith or weaken their practices. Questions have also been raised about impartiality in psychosocial programming, as faith-sensitivity may provoke or reignite conflict. Gaillard (2006) highlights the opportunity that conflict offers to religious communities to consolidate their influence over fragile communities.

# Challenges to integration

in researching the integration of MHPSS into peacebuilding, a number of challenges emerged.

## Mental health problems

The emphasis on trauma risks underestimating other severe mental health problems – such as depression, psychosis, addictions and suicide wishes – which are thus not recognized and referred for specialized treatment. However, in some areas there is no specialized treatment for people with mental disorders. For effective integration, a referral system has to be established for people with severe mental health problems and, if needed, health workers need to be trained in suitable treatment options for these individuals.

### Challenges

The peacebuilding framework acknowledges PSS as an important component to establish sustainable peace, along with security, good governance, justice and rule of law, and economic development (Rokhideh, 2017). However, this does not yet happen in practice due to practical and conceptual challenges, some of which are unpacked below.

### Practical challenges

#### *Stigma*

Stigma around mental health is universal (Rössler, 2016) and is generally seen as a barrier to seeking mental health services and support (Renner et al., 2020). Stigma directly affects not only the individuals with mental illness but also their loved ones who support them (Corrigan & Bink, 2016). Left unaddressed, stigma – perpetrated intentionally and unintentionally by both peacebuilding practitioners and the communities they serve – risks hampering the integration project. Language plays a critical role here. There are many opportunities to reconsider the use of language related to western, individualized and biomedical notions of mental health in favour of collective psychosocial methodologies that are less prone to the harmful limitations imposed by stigmatized thought and action.

Stigma around mental health is universal and is a barrier to seeking mental health services and support.

Community-based campaigns should undertake to destigmatize conversations about mental health using locally relevant language. It is important to consider diverse types of social support within a given context when designing interventions aimed at encouraging community participation (Emmer et al., 2020; Townley et al., 2013). Research shows that tailor-made approaches that take context into account work best (Potts et al., 2021).

#### *Wounded leaders*

The legacy of violent conflict and the resulting trauma live on in communities and in the leaders and institutions of new dispensations. Although many leaders cope with their experiences in a healthy way, some may display noticeable reactions that are unhelpful to others, so bringing elements of that reactivity into their leadership roles.

Mogapi (2020) explains that institutions tend to carry forward the same culture that perpetrated the violence during a conflict. This can cause a blind spot that results in further violent rhetoric, behaviour, lack of accountability and corruption. Damaged communities need healthy and strong leaders who can identify the factors that perpetuate cycles of violence and diminish their influence (Mogapi, 2020). Thus, accountable leadership is key to developing and supporting MHPSS policies and approaches that strengthen the social

fabric of damaged communities. Some ex-combatants have become leaders in their countries while suffering from mental health problems as a result of the conflict they experienced. It is possible that as peacetime leaders, their anger, pain and fear shape their styles of governance and political communication. When a leader's mental health is compromised, there is a risk that their actions and attitudes may contribute towards structural violence that negatively affects the relations and the unity between individuals in society (Bubenzer & Tankink, 2015; Huser, 2020). Huser (2011, p. 26) explains that "*leaders can play an important role in terms of influencing the attitudes, beliefs and behaviour of their constituency. They can thus demonstrate and indeed trigger positive change through their own behavi*our."

## Conceptual challenges

### *Integration versus collaboration*

The integration of peacebuilding and MHPSS is an emerging field and its parameters are still being defined conceptually. The integration of the fields requires exploring and enhancing synergies and identifying and filling gaps through the development of a joint theory of change. This should be followed by joint assessments and services advanced through joint evaluation and research to track if desired outcomes are being achieved. Pfefferbaum and colleagues (2012) wrote about aspects of integrating (mental) health into public health and medical disaster management. They stated that integration should be supported by underlying policies and administration with clear lines of responsibility for formulating and implementing policy and practice.

During a series of workshops hosted by the Institute for Justice and Reconciliation in South Africa, Kenya and Zimbabwe, the topic of integration versus collaboration of MHPSS and peacebuilding was explored extensively. Participating practitioners from both fields agreed that in order to work holistically, the fields require long-term integration. However, initial collaboration between individuals and organizations from both fields is an important starting point to get to know each other's objectives and tools. For integration to take place, a paradigm shift is required that views the fields as interdependent components of a whole, rather than as piecemeal add-ons to existing processes.

### *Language and misconceptions*

Many theoretical models do not easily translate into practical action on the ground within and between organizations. Working in different paradigms and/or in different humanitarian fields can create competition and conceptual confusion. Diverse approaches can create disagreements about what the best approach or sequence of interventions is (Ventevogel, 2018). Misunderstandings can be further exacerbated by the absence of local bodies or agencies in the processes of assessment, interpretation of the findings and decisions about what needs to be done.

Furthermore, using the same words but having different definitions for those words can complicate the situation even more. Examples are concepts such as 'mental health', 'depression' and 'trauma'. Not only do the peacebuilding and MHPSS fields refer to these words differently, but their western-based definitions might not align with local individuals' experiences of mental health. In addition, communities are often unfamiliar with this language, which tends to result in misunderstandings, stigmatization and incorrect assumptions. For example, in many cultures 'crazy' is synonymous with mental health problems. This can be harmful for individuals and communities and negatively affect existing coping mechanisms.

Many expressions, definitions and other field-specific language, such as 'resilience' and 'trauma', are considered 'boundary objects' (Brand & Jax, 2007). This term acknowledges "*disciplinary borders by creating shared vocabulary although the understanding of the parties would differ regarding the precise meaning of the term in question*" (Brand & Jax, 2007, p. 23). Boundary objects assist communication between different groups and help to bridge the different aims and interests.

Effective communication that is based on trust-based relationships is key. Addressing mental health in the common language is important for designing programmes that are integrated into people's way of life and explanatory models (Bolton et al., 2014). Holistic assessments that address local expressions and their explanations are essential alongside an agreed upon exchange of common definitions among organizations and NGOs working together in a specific context.

# Common entry points to operationalizing an integrated approach

The entry points described below contain aspects of both peacebuilding and MHPSS. They are of concern in (post)conflict situations and need the attention of both fields, thus providing a starting point for an integrated approach.

## Gender

### Gender-based violence

Violence does not stop for women, girls, boys and men once the guns go silent and a peace agreement has been signed. Conflict often creates power imbalances and normalizes the use of violence in domestic contexts. According to Bradley (2018), the increase in GBV after war is a result of harmful masculinities created by armed conflict, in combination with the psychological problems of combatants and civilians as a result of their experiences. Stressors such as struggling to reintegrate into society, difficulty finding or keeping a job, and poverty all contribute to domestic violence in post-conflict settings. GBV causes serious mental health problems for individuals, has a negative impact on family relations and, as a continuation of violence, obstructs sustainable peace in societies. Extremely high rates of domestic violence have been documented in several post-conflict regions. Kelly and colleagues (2018) describe how women from conflict-affected areas in Liberia face double the amount of intimate partner violence (IPV) compared to women living in districts where there was no violent conflict. According to the World Bank, the Boko Haram insurgency has quadrupled the risk for women experiencing IPV (Amendola, 2020). UN Women describes dozens of countries where domestic violence has increased as a result of conflict (Ward, 2013).

> Conflict often creates power imbalances and normalizes the use of violence in domestic contexts.

Addressing domestic and family violence as part of an integrated peacebuilding and MHPSS response requires 'complex thinking' (Deutsch & Coleman, 2016, p. 9) that takes into account the past and the future as well as different contexts and problems, such as people's traumatic experiences of the conflict, gender roles, the economic situation, people's psychological problems, interpersonal relationships, polities, religion, and the functioning of institutions for protection and justice.

### Attitudes and beliefs regarding gender relations and gender violence

The UN defines GBV as "*any act that results in, or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life*" and can include IPV, sexual violence and rape, among other forms of GBV (IASC, 2015; United Nations, 1993, p. 3).

> In some (post)conflict areas, violence against women is considered normal by both women and men.

Long-lasting conflict, with its disruption of community and family structures, has increased the security risks for women and girls but also for boys, men and LGBTQI+ people.

The beliefs and attitudes of many populations differ from the UN definition of GBV. In some (post)conflict areas, violence against women is considered normal by both women and men. Research by Scott et al. (2013)

among South Sudanese people found that 82 percent of women and 81 percent of men, regardless of age or years of education, agree that women should tolerate violence in order to keep the family together. The survey further reported that 51 percent of women and 45 percent of men agreed that a married woman should have sex with her husband even if she does not want to (Scott et al., 2013). Context- and culture-sensitive approaches have to take this into account and organizations have to find a way to deal with this in close cooperation with affected communities.

### War-related sexual violence and consequences for mental well-being

In many conflicts sexual violence is used as a political and military strategy – as a weapon of war to break down the morale of opponents. By dishonouring women, whole communities are dishonoured. This is an attempt to break resistance. The body and status of women can be used as a political tool. In many countries where the husband, father or brothers are considered responsible for the woman, their honour and dignity are also violated. The woman, her honour and that of her family is compromised. Two examples of such situations are the ongoing Boko Haram conflict (Danjibo & Akinkuotu, 2019) as well as that in the eastern part of the DRC (van Wieringen, 2020).

> In many conflicts sexual violence is used as a political and military strategy to break down the morale of opponents.

The rape of women and men happens in every conflict but the extent to which acts of sexual violence can be deemed part of a systematic strategy during armed conflict is not always clear (Lokot, 2019). However, it is important to determine how rape as a war strategy affects people's daily lives. Contextualizing is thus important. The consequences of sexual violence for each person are extensive and long-lasting. At an individual level, physical consequences can include genital injury, obstetric fistulae, sexually transmitted diseases (including HIV and AIDS) and unwanted pregnancies (Anderson & Van Ee, 2019).

War and conflict often change the role and position of women (Pankhurst, 2003). In the absence of men, who go off to fight, women step into traditional male roles in their homes and communities. Given that in some countries this can only be done by ignoring cultural gender restrictions, women often report having had traumatic experiences during this period. Many others, though, report that they enjoyed having more responsibility and independence (Maedl et al., 2010). After the war, when the men return, these women are expected to go back to their traditional female roles. This can negatively impact women's well-being while simultaneously acting as a catalyst for domestic violence as men return, expecting to reclaim roles that have been adopted by women during their absence.

> Acts such as torture, abuse and sexual violence have a negative impact on the mental health of survivors and their relatives.

The many varied, less visible and indirect forms of GBV are not always taken into account as elements of peacebuilding interventions. In many contexts, women are not welcome in the public arena and political meetings are considered the domain of men, which means women receive very little information (Toma, 2019). Peacebuilding strategies need to pay attention to the tensions between commonly accepted gender roles and the major differences and divisions caused by women assuming male responsibilities.

Understanding and responding to the needs of mothers with children born of rape during conflicts requires a comprehensive approach on interpersonal, familial/community and societal levels to decrease stigma and

marginalization and encourage social inclusion (Woolner et al., 2019). The relationship between mothers and their children can be very complicated. Children born out of rape face identity problems as well as the same social problems faced by their mothers (Anderson & Van Ee, 2019).

GBV violates the right to mental health. Acts such as torture, abuse and sexual violence have a negative impact on the mental health of survivors and their relatives. In addition to comprehensive MHPSS services, policies and laws are required to prevent violence against women and men, and to improve people's access to justice (Louise et al., 2020).

### Militarized masculinities

Belkin (2012, p. 3) defines military masculinity as a "*set of beliefs, practices and attributes that can enable individuals – men and women – to claim authority on the basis of affirmative relationships with the military or with military ideas*." This social construction of gender legitimizes military power and condemns alternative forms of masculinity. Certain traits, such as violence, aggression and obedience, are formulated as desirable, while emotional traits like guilt, empathy and sadness are coded as feminine (Wibben, 2016). Militarized masculinity has many consequences, such as the sexual exploitation of women, 'hyperviolence' against the male enemy and higher rates of domestic violence in military homes (Whitworth, 2004). Sexually exploiting women therefore becomes an avenue for legitimizing a soldier's masculine identity. This also occurs in peacekeeping operations, such as in the DRC, where UN peacekeepers sexually exploited women (UN, 2005). Sexual exploitation is applied as a tool of humiliation and control against men as well, as shown by the sexual violence perpetrated against Arab men in Abu Ghraib by the US military to demasculinize the enemy (HRW, 2004). Lopes (2011) explores the danger of dehumanizing the 'other' and diminishing things considered 'feminine', as it can pave the way for violence outside the realm of military warfare, such as sexual exploitation and the abuse of women.

> It is important to recognize the harmful dichotomy which assumes all men are perpetrators of violence and all women are inherently peaceful.

However, it is important to recognize the harmful dichotomy in conflict studies which assume all men are perpetrators of violence and all women are inherently peaceful. Rather, a gender transformative approach should be applied which recognizes the social construction of masculinity and femininity and strives to dismantle these categories. This applies to the field of MHPSS, where work can be done to challenge this binary and support the mental well-being of all affected by conflict. Attending counselling continues to be seen as a sign of weakness and as an insult to militarized masculinity. By integrating a gender-transformative lens into its work, MHPSS can challenge these stigmas and confront the damaging effects of militarized masculinity.

### Male survivors of sexual violence

There is hardly any research on SGBV perpetrated against men during conflict. Christian et al. (2011) conducted a study in the DRC that found that 65 percent of the ex-combatants in their research had experienced sexual violence during the conflicts they were involved in and 20 percent were raped. Male survivors reported that they withdrew into their houses, afraid of social stigma and because of shame (Christian et al., 2011, p. 232).

> In a patriarchal, masculine society, most men will keep silent about being victims of sexual violence due to their fear of being stigmatized.

Civilian men and boys also face sexual violence, especially during migration. According to research by Nagai et al. (2008, p. 261), 30.4 percent of male refugees and 39.6 percent of female refugees reported having experienced sexual violence. In the same research, 60.5 percent of the males and 41.7 percent of the females reported that they had been victims of forced prostitution or sexual slavery. Almost no males and only a minority of females sought help after experiencing sexual violence (Nagai et al., 2008). In a patriarchal, masculine society, most men will decide to keep silent due to their fear of being stigmatized (Liebling et al., 2020; Waddimba et al., 2018).

### Gendered coping mechanisms

Research in the eastern DRC highlights that the key drivers of GBV are a high degree of gender inequality, exposure to conflict and conflict-related stress (Slegh et al., 2012, 2015; Tankink & Slegh, 2017).

Psychological coping mechanisms in response to the experience of violence are gendered. In a study by Tankink (2013), women showed several signs of mental distress, PTSD and depression or anxiety disorders such as nightmares, loss of memory, lack of concentration, stress and thoughts of revenge or suicide. In general, women, especially in sociocentric societies, tended to cope silently to protect themselves and their children from processes of social breakdown and disorganization that occur when women talk. Many women were more concerned about their shattered family and social lives than about their interior lives (Tankink, 2013).

Psychological coping mechanisms in response to the experience of violence are gendered.

The same study revealed that men tended to cope with stress by seeking to repair their perceived emasculation by hiding their feelings of vulnerability and victimization. Men felt ashamed and feared exclusion from their social support systems if they were unable to meet expectations as the head of a family. To cope with their frustrations, vulnerabilities and feelings of powerlessness, men turned to alcohol use, sexual promiscuity, physical violence and/or the rejection of their partners who had been raped.

Understanding and recognizing how men and women attempt to deal with their experiences of sexual violence is essential for sustainable peace.

## Online domain

MHPSS-related research is increasingly centred on the effects online engagement is having on human beings, focusing on the rising influence on both young people and adults of social media, hate speech and misinformation. ‘Fake news’ refers broadly to false or misleading information and falls within the wider continuum of misinformation, often relating to damaging a person's or entity’s reputation. The spread of ‘fake news’ has been shown to heighten levels of panic, fear, depression and fatigue, and distorts individuals’ thinking (Pozios, 2020). For many adolescents, cyberbullying poses a threat to their health and well-being, and has increased mental health problems such as depression and anxiety. This is perpetuated further through ‘filter bubbles’. First defined by Pariser (2011), filter bubbles refer to the results of algorithms that dictate what individuals encounter online – a ‘personal ecosystem of information’. These create ‘echo chambers’, or environments where the user is presented with information that is familiar to them and supports their beliefs. These like-minded online communities may have positive social impacts. However, they can also nurture extremism and prevent individuals from making decisions and having opinions based on a holistic view. These ‘echo chambers’ have also been shown to increase mental health conditions such as anxiety and depression, as users are exposed to information that promotes these emotions. Technology has also shaped problematic behaviours and forms of psychopathology, with video games and access to information on the internet such as violent pornography and suicide-promoting material. These have normalized such content and led to heightened levels of aggression (Aboujaoude & Starcevic, 2015). Furthermore, online pornography videos on mobile phones create new forms of sexual violence, if the viewers (especially men) want to imitate the sex forms at home.[3] Additionally, misinformation has contributed

to the discrediting of the scientific community in the eyes of the public. This challenges the role of mental health systems in providing necessary support.

However, social media has also created positive opportunities for MHPSS, bringing awareness to stigmatized topics and offering a platform for marginalized voices (Pavlova & Berkers, 2020). Online platforms facilitate experience sharing and opportunities for global solidarity, which can reduce feelings of loneliness and helplessness. Additionally, the online domain has enabled the development of accessible programmes for psychological therapy and electronic mental health records for faster and more accurate care (Aboujaoude & Starcevic, 2015). The reduction of psychological distress has been linked to feelings of trust and social connections, which the online domain has the ability to both foster and destroy (Borkowska & Laurence, 2021).

## Preventing violent extremism

The Task Force on Extremism in Fragile States (2019, p. 19) defines violent extremism as a form of violent conflict in which people "*espouse, encourage, and perpetrate violence as they seek to [replace] existing political [or social] institutions with a new political [or social] order governed by [an absolutist and totalitarian] doctrine that denies individual liberty and equal rights to citizens who identify differently.*"

In a US Institute for Peace report that makes a substantive plea for a peacebuilding approach to violent extremist disengagement, Bosley (2020, p. 2) explains: "*Disengagement and reconciliation is a two-way street that involves not only lowering barriers to prosocial behaviour in the individual but also opening spaces for such engagement in affected communities. Although no clinical or diagnosable pathology definitively identifies a terrorist, healing trauma and addressing other mental and behavioural health challenges in people who are disengaging can encourage help-seeking behaviour and a willingness to engage with others.*" Arthur and Monnier (2021) expand on this in an article on the role of MHPSS in sustaining peace. It argues for the role that MHPSS can play to prevent violence and refers to relevant work done in this regard by WHO and the UN Office on Drugs and Crime. The article explores how psychosocial factors at individual, family and community level can influence an individual's propensity for violence and the mitigating effect of cognitive behavioural approaches. Similarly, the International Organization for Migration (IOM, n.d.) recognizes the importance of the integration of MHPSS in activities and processes aimed at preventing violent extremism, in order to address the root causes of violence and contribute to mending and restoring the community fabric. IOM explains that pervasive and protracted violent extremism impacts the individual psyche of both victims and fighters, social relations and social fabrics, community life and the culture.

Violent extremism is still largely viewed from a security rather than a peacebuilding perspective despite a growing body of knowledge that points to the way in which such extremism originates in socio-economically and psychosocially vulnerable communities, and that an orientation toward the welfare of others and society as a whole is key to changing relationships, building social bonds and creating a sense of belonging (Bosley, 2020; Newman, 2006; UNDP, 2016; USIP, 2016). A paradigm shift is required that gives attention to traumatic experiences and other mental health challenges and that provides treatment if needed, while also acknowledging social and communal barriers such as lack of justice, stigmatization and accountability (Bosley, 2020). Trauma-informed care, an awareness and sensitivity that behavioural health providers must maintain throughout any treatment plan to avoid subjecting a person to more trauma, needs to become a hallmark of disengagement programmes (Bosley, 2020).

Violent extremism is still largely viewed from a security rather than a peacebuilding perspective.

## Transitional justice

The field of transitional justice has traditionally viewed MHPSS as a subset of reparation measures. However, its growing value is gaining momentum amongst practitioners and academics, who acknowledge the vital role of MHPSS in restoring peace within conflict-affected communities (Agwella, 2018; Arthur & Monnier, 2021; Brankovic, 2021; Bubenzer, 2020; Hamber, 2021). As a result, a UN system-wide project, Renewing the UN Approach to Transitional Justice, led by the Executive Office of the Secretary-General, is currently under way. Hamber's (2021) summary paper of the transitional justice and MHPSS workstream notes two major impacts of violent conflict that relate specifically to transitional justice. Firstly, many, if not all, individuals who interact with transitional justice processes and mechanisms in societies emerging from intense armed conflict experience some mental health problems which go beyond individual well-being and manifest in many spheres across society. Secondly, failing to address the impact of mass human rights violations on groups and individuals can lead to, or exacerbate, grievances, which are risk factors for future violence. If these grievances are left unaddressed, they can reverberate across generations and negatively affect the lives of future families. Hamber (2021, p. 2) advocates for a 'psychosocial lens' to help us understand that the impact of political violence is indivisible from social context and material living conditions. The psychosocial lens Hamber uses is a reminder that transitional justice processes do not operate in isolation, and impact on personal well-being in a deeply contextual and differentiated way.

From his research on transitional justice and reconciliation in South Sudan, Agwella (2018) argues for the inclusion of local strategies and structures to address community grievances and to deal with past human rights abuses. This approach is considered critical to ensuring an end to South Sudan's violent conflict. Conflicts are often very complex events involving different actors, interests and problems (from war to climate change) that all merge into a uniquely complicated situation. Hence, a multilevel approach is required that involves not only local leaders but also local communities and the international community. However, according to Agwella (2018), if the emphasis on international involvement, say from the International Criminal Court, overshadows local actions by institutions, churches and leaders, social support on the ground could dwindle. Different societal levels often have different interests. Therefore, all actors must cooperate to "*address the feelings of these groups and appeal to their holistic needs: political, economic, spiritual and psychosocial among others*" (Agwella, 2018, p. 267).

In Rwanda, the community-based justice system, *Gacaca*, was considered an innovative transitional justice response to large-scale genocidal crimes. Some researchers argued that using a locally embedded approach to justice helped lay the foundation for healing and reconciliation (Clark, 2010). However, not all researchers agreed with this finding. Brounéus (2010), for instance, stated that people who witnessed *Gacaca* suffer from higher levels of depression and PTSD than those who did not. Long exposure to truth telling was seen to have no positive effect on levels of psychological ill health, depression or PTSD. With regards to long-term mental health effects, *Gacaca* had mixed results. Analysts such as Ingabire et al. (2017) argued that mental health should have received additional attention as part of *Gacaca*.

Another risk is that by testifying, the identity of victims of interpersonal violence such as sexual violence may be revealed. This can create a new circle of violence for those people, such as exclusion and stigmatization.

## Children

Children's mental health and well-being depend greatly on the mental health and coping styles of their parents in dealing with stress and mental problems (El-Khani et al., 2017). Parents would benefit from educational training that provides them with psychologically informed approaches to help reduce the impact of their trauma on their children (El-Khani et al., 2016).

Children's mental health and well-being depend greatly on the mental health and coping styles of their parents.

The socialization process is essential to the continuity of all societies and occurs primarily in the family unit (Akaito & Musa, 2020). From their parents or caregivers, children learn basic morals, absorb spiritual, social, physical and cognitive principles and develop ways to cope with stress and conflicts (Akaito & Musa, 2020).

Akaito and Musa (2020) researched the increase in single parents as a result of conflict and how this affects peacebuilding efforts. A single parent faces several distinct economic and emotional challenges. As a result, their children might experience a lack of educational and emotional support, feel unsafe and get bullied by their peers. In peacebuilding contexts, Akaito and Musa (2020) found that children of single parents risk greater exposure to sexual abuse, struggle with peer relationships and are more likely to participate in unhealthy and risky behaviours such as drug use and alcohol abuse, become members of violent groups and develop mental health problems.

A stressed family unit, whether with one or two parents, is characterized by poor cooperation and dialogue, which negatively affects the peacebuilding process. According to Akaito and Musa (2020), if a child is in conflict with his or her family members, they will likely experience conflict outside their family unit too. The converse is also true – a family at peace will contribute to realizing peace in their wider society.

To promote peace in the family and thus in the wider post-conflict context too, Akaito and Musa (2020) identified a number of vital support mechanisms to help parents manage better, such as developing time management skills, concentrating on the positive aspects of life and building self-esteem.

Children and adolescents in (post)conflict areas or refugee camps are considered vulnerable to developing mental health problems. Many children develop psychosocial problems or problems learning to identify and manage feelings, develop healthy relationships with peers and adults, and plan for their futures. High levels of distrust can be a complicating factor. Unaccompanied minors are especially at risk and show a higher incidence of behavioural problems, depression, somatization, suicide attempts and psychotic episodes (Goodman, 2004). Separated from important emotional relationships with their parents, siblings and/or other caregivers, unaccompanied minors lack the support to cope with their difficulties. Community, peer and family support are all essential to help children affected by conflict cope successfully (Goodman, 2004). Indicators show that minors in foster care who have been sensitively, ethnically and culturally matched, have better mental health outcomes than those who are put in unfamiliar environments (Mitra & Hodes, 2019). In a study by Mitra and Hodes (2019), only one third of the unaccompanied refugee minors' emotional needs were recognized by teachers or other workers in the refugee camps, and only half of these minors perceived that their mental health needs were met.

Minors in foster care who have been sensitively, ethnically and culturally matched, have better mental health outcomes than those who are put in unfamiliar environments.

Due to the constant interplay between peacebuilding skills and mental well-being, a peaceful coexistence between and within communities depends on the members' emotional capacities to manage conflict (Al Mushaqiri et al., 2020). Research by Al Mushaqiri et al. (2020) on the social and emotional behaviour of preschool children in the Sultanate of Oman demonstrated the value of a peace education programme that builds understanding and awareness in the young to foster greater community capacity in the future.

UNICEF (Snider & Hijazi, 2020) developed community-based MHPSS operational guidelines to support and promote safe, nurturing environments for children's recovery, psychosocial well-being and protection. The guidelines include an operational framework that emphasizes engaging actors at all levels to inform interventions that strengthen families and communities to support child and family well-being in humanitarian settings. The guidelines emphasize the importance of integrating MHPSS into existing structures and services as well as helping to reduce the stigmatization of children and families who may seek MHPSS services (Snider & Hijazi, 2020).

## Child soldiers

The term 'child soldier' was first defined by UNICEF as "*any person under 18 years of age who is part of any kind of regular or irregular armed force in any capacity*" (UNICEF, 1997). Many of these children are abducted or manipulated by armed groups to join their operations but some are driven to join by factors such as poverty, which leads to them acting in desperation to provide for their families (UNICEF, 2021). The impact of these experiences upon children's mental health has been examined by Derluyn et al. (2004) in the case of Ugandan former child soldiers. Of those who completed their survey, 97 percent displayed symptoms of PTSD. As Barnwell (2021) observes, trauma is shown to have a worse effect on young children and these symptoms continue to follow them through life. Many child soldiers face stigmatization upon their return to their communities, leading to emotional impacts such as fear, depression and suicide. As noted, consumption of drugs and alcohol was shown to be higher among child soldiers in the DRC than among children who had not been recruited (ILO, 2003). This substance abuse had a negative impact on their long-term mental health and led to addictions in their adulthood. Kizilhan and Noll-Hussong (2018, p. 427) note that Yazidi child soldiers in Iraq displayed a higher prevalence of "*PTSD, depression, anxiety and somatic disturbances*" compared to other children. These children were trained to dehumanize both themselves and the enemy to make it easier for them to commit atrocities. Such experiences may lead to the compartmentalization of PTSD and other symptoms, to the extent that psychotherapy alone cannot diagnose these conditions (Kizilhan & Noll-Hussong, 2018). MHPSS efforts should be adapted to account for these unique impacts of conflict on child soldiers.

Many child soldiers face stigmatization upon their return to their communities, leading to emotional impacts such as fear, depression and suicide.

The UN Convention on the Rights of the Child is commonly used as a normative framework for children's rights and integrating youth into peacebuilding efforts. However, Singh and Singh (2010) suggest that the model of care developed for child soldiers, and children in conflict settings more broadly, should be adapted to the local context as western-style mental health services will not provide the correct resources or contextual understanding. Furthermore, the western approach predominantly defines children within a 'universal' framework of innocence and vulnerability – the Apollonian model (Jenks, 2005). As Shalhoub-Kevorkian (2015, 2019) contends through the case study of Palestine, children within conflict zones have violence enacted upon them in the same capacity as adults, and this can be easily applied to the subject of the child soldier. Applying a framework that removes agency from the child or holds a narrative of victimization may hinder the reintegration of child soldiers into their former environment. MHPSS efforts should recognize the reality of the situation for children who are expected to provide for their family, which is often the reason behind their recruitment, and who function outside of the western understanding of a 'normal childhood'. As Lee-Koo (2011, p. 738) observes, "*The global South has been positioned as the cause of the child's abandonment, and the global North as its rescuer.*" Rather, MHPSS services should work alongside long-term integration efforts for former child soldiers to ensure that they are properly supported and recognized in their capacity as agents outside of their parents.

## Youth

A study of youth radicalization in various countries revealed that excluding youth from participating in social and economic development processes resulted in greater radicalization, underscoring the importance of including youth at the psychosocial, economic and political levels (Paffenholz & Brede, 2004). Identity reconstruction, particularly among the youth, is essential to achieving sustainable peace (CWWPP, 2010). Involving children and youth in peacebuilding activities has also been shown to reduce violence within their communities (McGill et al., 2015).

The intergenerational transmission of violence and trauma has received increasing attention from researchers (Yehuda et al, 2018; Dozio et al, 2020, Flanagan et al 2020). Post-conflict communities that have

not recovered or reconciled, or that experience ongoing marginalization and victimization, tend to retain (often negative) narratives that are transferred from one generation to the next. If not recognized and addressed, these inherited negative narratives can stir up feelings of anger in people long after the original events occurred.

Due to war, youth lose their future economic possibilities and chances to marry, in other words, to become meaningful members of society (Felix da Costa, 2017). In many cases, similar to other marginalized groups, young people fall outside of political and community structures, resulting in intergenerational tensions and rising frustrations.

Many youths from conflict-affected areas live in camps or dangerous environments with no traditional moral authority. In some cases, armed and criminalized groups of youth fill the authority gap and take charge. Given the intermingling of youth from different ethnicities, geographies (urban/rural), cultures and religious backgrounds, as well as their different interests, experiences, expectations and styles, fights break out often and easily in the camps (Felix da Costa, 2017). However, not all youth behave problematically. Many young people show positive personal attitudes, and experience support from their families, community members and religious groups as well as from humanitarian agencies. Youth bolstered by key supporting structures are more able to cope with their challenging circumstances and live a meaningful life (Wapokurwa, 2019).

Involving children and youth in peacebuilding activities has been shown to reduce violence within their communities.

The Universal Declaration of Human Rights, the Convention on the Rights of the Child and the 2016 New York Declaration for Refugees and Migrants (Oxfam, 2020) confirm the right to primary and secondary education for all children, including refugees. The UNHCR and host governments coordinate the system of education for refugees (Dryden-Peterson et al., 2018). Unfortunately, the reality on the ground is that education does not reach everyone (Wapokurwa, 2019). In Uganda, for instance, refugees enrol in school at lower rates than national students. About one third of refugees complete primary school and, due to the limited resources and capacity of the schools, only 16 percent enter secondary school (Dryden-Peterson et al., 2018). In some refugee locations, more than two thirds of girls are not in school, which increases the risk of child marriages (Mogga, 2017).

Disrupted education has a devastating impact on young refugees, erasing their dreams and hopes for a better future. Eighty-five percent of refugee children of secondary school age are out of school, mostly because they cannot afford the fees (Moyo, 2019). Even if refugee children manage to finish secondary school, the opportunities for continuing their education or establishing economic livelihoods are limited. Those refugee students who can capitalize on educational opportunities outside of refugee camps or work outside the camps face a different kind of exclusion: stigma and discrimination. Therefore, the loss of education enlarges the risk.

Disrupted education has a devastating impact on young refugees, erasing their dreams and hopes for a better future.

## Climate change

There is growing evidence of the psychosocial impacts of climate change, particularly on vulnerable groups. Climate-related extreme weather events, such as floods, droughts and major fires, can cause "*post-traumatic stress disorder, depression, panic, sleep and anxiety disorders, cognitive deficits, learning problems and impaired language development*" (Garcia & Sheehan, 2016, p.87). In fragile contexts with weak governance, the consequences of climate change contribute disproportionately to the breakdown of economic and social order, exacerbating existing tensions and inequalities and triggering violence (Baggerman & Hidalgo, 2021). The psychological effects of climate-induced impacts, such as conflict over food and water, 'eco-migration', poor health and loss of family, have been noted by Myers et al. (2013, p. 345) to lead to "*anxiety, depression, post-traumatic stress-disorder and suicide,*" which can also amplify pre-existing mental health conditions. Barnwell (2021) has explored how collective identities within communities are fractured through loss of sacred natural sites and the breakdown of social cohesion, contributing to feelings of isolation and helplessness. Climate change has also been linked to an increase in SGBV, which is used as a weapon of control over resources and as a means of reclaiming hegemonic masculinity. This can result in PTSD, anxiety and depression.

There is growing evidence of the psychosocial impacts of climate change, particularly on vulnerable groups.

According to the 'heat hypothesis', there is a relationship between warmer temperatures caused by global warming and heightened interpersonal violence. Heat is observed to increase "*irritability and aggressive thoughts, and reduces positive emotions such as joy and happiness*" (Miles-Novelo & Anderson, 2019, p. 38). However, studies into this hypothesis have revealed inconsistencies between geographies and difficulties in understanding the impact of other environmental and biological variables.

Children are particularly vulnerable to the harmful effects of stress and trauma in the first few years of their lives (Barnwell, 2021). Through both the first-hand effects of extreme weather events and secondary trauma from their parents, children experience adverse psychological distress due to climate change. Climate anxieties surrounding uncertainties for the future have also been shown to increase traumatic and stressful impacts. Models of positive development which encourage youth participation in developing climate change strategies, offer a means for building a sense of agency and confronting climate-related anxieties (Garcia & Sheehan, 2016). The integration of climate resilience into peacebuilding activities can help mitigate the psychosocial impacts of climate change that contribute to further cycles of violence, and vice versa.

## Economic development

Economic development, sometimes referred to as livelihoods, is considered essential to improving people's mental health and thus plays a crucial role in sustainable peacebuilding (Clancy & Hamber, 2008; Rokhideh, 2017). People who suffer from the mental and physical effects of traumatic experiences often lose hope and lack energy, which makes it hard for them to find or create work or establish economically supportive social connections (van der Kolk, 2014).

Economic development is essential to improving people's mental health and plays a crucial role in sustainable peacebuilding.

MHPSS and peacebuilding programmes need to think holistically and integrate with other programmes that meet the affected population's wider needs (Wessells, 2007). Mental health and well-being go hand in hand with the revival of normal activities and patterns of living that give people a sense of security and continuity. Economic rebuilding is only possible if people can cope with their traumatic past and ensure that their high levels of fear and low levels of trust do not prevent them from working with other people. Collaborative, decent work is an essential element of recovery as it enables people to think beyond the present and plan for the future (Tankink & Otto, 2019).

People who have insufficient means to meet their basic needs experience more symptoms of impairment, trauma, anxiety and depression. "*[B]ecause of the life situation people are in, it is difficult to remember the past because they are thinking about their daily needs"* (Schafer, 2014, p. 226). These findings are in line with Miller and Rasmussen's (2010, 2014) theory about the influence of daily stressors on the mental health and well-being of conflict-affected populations. Daily stressors, the routine challenges that people face in their daily lives, are considered just as problematic as traumatic experiences, if not more so (Tankink & Otto, 2019). Furthermore, the loss of hope for a better future can be very traumatizing (Miller & Rasmussen, 2010).

Daily stressors, the routine challenges that people face in their daily lives, are considered just as problematic as traumatic experiences, if not more so.

Distrust between individuals and groups can disrupt a community's psychological recovery and economic growth, perpetuating poverty, which exacerbates anxiety and depression (Louise et al., 2020). Peacebuilding processes need to address the complex interaction between war experiences, daily stressors, no hope for a better future and mental health, social cohesion and economic development.

Mental health professionals have not been sufficiently trained in knowledge of wider economic development and peacebuilding processes. Therefore, it is necessary to work in partnerships and use interdisciplinary approaches to learn from each other. This is illustrated by the adoption of WHO's Comprehensive Mental Health Action Plan 2013–2030 and the explicit inclusion of mental health in the Sustainable Development Goals (International Federation of the Red Cross & WHO, 2021). The topic of mental health has been definitively added to the global development discourse.

## Persons with disabilities

Around 15 percent of the global population, an estimated one billion people, live with disabilities (UN DESA, n.d.). More than half of all persons with disabilities live in countries affected by conflict and natural disasters (Close, 2021). Ninety percent of children with disabilities in developing countries do not go to school. People with physical, mental, psychosocial and intellectual disabilities frequently experience multiple forms of exclusion, stigma and discrimination, which are often exacerbated by conflict (IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action, 2019). In some countries, up to a quarter of disabilities result from injuries and violence (UN DESA, n.d.). Additionally, females with disabilities in predominantly conflict-affected areas report high rates of gender-based and other forms of violence, which can result in (self-)exclusion (Close, 2021). Male ex-combatants with multiple war-related disabilities frequently experience economic exclusion, stigma, demasculinization and anxiety. Furthermore, how a society perceives the war or conflict in which the veterans with disabilities were involved will label them either as heroes or outcasts (Close, 2021). These psychologically damaging experiences make it difficult for ex-combatants to reintegrate into society, which can lead to more violence. Psychosocial disability is defined as "*the barriers to social participation and access to rights linked to mental health or cognitive conditions or disturbance in behaviour that is perceived as socially unacceptable*" (IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action, 2019, p. 15).

PTSD is the second leading cause of disability in post-conflict countries (Close, 2021). However, mental health support, particularly in the form of psychosocial initiatives, is generally not tailored to meet the needs of people with disabilities, nor are initiatives adequately resourced in these contexts (Close, 2021). Moreover,

the combination of (mental) disabilities with poverty, community tensions and perceptions of injustice contributes to mental disorders (Silove et al., 2014). Economic hardship and the lack of a regular income add to symptoms of anxiety and PTSD among the disabled (Cardozo et al., 2004). Kett and van Ommeren (2009) state that some patients with PTSD or depression have associated mental disabilities that are so severe they have difficulties protecting themselves or caring for their children. The Covid-19 pandemic has put people with disabilities at an even greater socio-economic disadvantage, increasing their exposure to discrimination in pursuit of scarce resources and reducing their access to vital health care (Brennan, 2020).

> More than half of all persons with disabilities live in countries affected by conflict and natural disasters.

Despite the development of policies and frameworks relating to the rights, participation and protection of people with disabilities in development, humanitarian and conflict settings, there is a specific lack of attention to the roles and importance of people with disabilities in peace and security efforts, including the practical implementation of peace processes (Close, 2021). Disability is rarely considered in humanitarian programmes, even when a growing body of evidence shows that people with disabilities in (post)conflict situations are at particular risk (Kett & van Ommeren, 2009). Normative frameworks, such as the UN Convention on the Rights of Persons with Disabilities (United Nations, 2006), need to be linked to concrete, targeted and localized outcomes. Efforts should focus not only on people with disabilities but on their relatives and all other community members too (IASC Task Team on Inclusion of Persons with Disabilities in Humanitarian Action, 2019).

When entering a community, attention should be given to identifying and addressing physical, psychological, communicational, institutional and attitudinal barriers to inclusion for people with disabilities. However, it is not only important to assess the vulnerabilities and the possible discrimination, marginalization, violence and abuse. It is also important to assess the skills and potential that people with disabilities bring to meaningful participation in peacebuilding (Francis, 2019). Since people with disabilities are disproportionately impacted by conflict both physically and mentally, they should participate in peacebuilding, including implementation and monitoring processes.

As only a few indicators have been developed to analyse the extent to which people with disabilities have been included in programmes, and whether such programmes have brought improvements in their quality of life, more monitoring and evaluation is required (Close, 2021).

## Refugees, internally displaced persons and returnees

According to the latest report from the UNHCR, the number of forcibly displaced people in the world, including refugees, has doubled since 2010. The UNHCR estimates that by the middle of 2021, global forced displacement had exceeded 84 million, of which 33 million were refugees (UNHCR, 2021). The IOM, the UN body in charge of internally displaced persons (IDPs), states that there are currently more than 55 million IDPs globally (IOM, n.d.,a).

## Internally displaced persons

People displaced within their own countries face extra challenges. Unlike refugees, IDPs do not have international protection status, which makes them especially vulnerable. Furthermore, IDPs are often located near conflict zones and struggle to access humanitarian aid (UNHCR, 2020). The challenging realities of IDPs are gaining more attention and recognition but they are still rarely represented in peacebuilding processes.

IDPs often live in poorly equipped, overcrowded and unsanitary conditions, without services and with limited to no income possibilities – all of which negatively impact their (mental) health and psychosocial well-being. The Covid-19 pandemic has exacerbated these circumstances, worsening IDPs' health, social and economic prospects (IOM, n.d.,b).

IDPs often express conflict-related negative feelings and emotions, such as fear, emotional vulnerability, anxiety and frustration (Nersisian et al., 2021; Schininà et al., 2016). Family separation enhances suffering as does the fact that family reunification is difficult if not unlikely. Other hardships such as hunger, war, insecurity, loss of property and restricted movement all contribute to IDPs' uneasiness and distress.

Negative feelings are not only felt at the individual level; they also affect the family as a whole. Parents fear for their children's futures since they cannot access the same level of education as children in national schools who are not IDPs. Moreover, the lack of formal schooling means that adolescents and young people do not have safe social activities, which is a major stressor for families. Parents worry as overcrowded camps expose their children to risks like gangs, improper sexual behaviour and alcohol and drugs.

> Unlike refugees, IDPs do not have international protection status, which makes them especially vulnerable.

According to female leaders in South Sudan, IDP women whose husbands are missing are worryingly vulnerable. Without knowing the fate of their missing husbands, some remarry for protection, which can result in serious inter- and intra-family tensions and violence (Nersisian et al., 2021).

## Refugees

Most refugees are young and live in countries neighbouring their own. In Nguenyyiel camp in Ethiopia, for instance, over two thirds of the refugees are 18 years old or younger (Lasater et al., 2020). The UNHCR has funded a range of projects aimed at connecting refugee assistance to larger sustainable development goals by including 'host' populations and promoting self-sufficiency. The aim is to allow refugees to contribute to the local economy, thus reducing the burden on their hosts (Crisp, 2001; Tegenbos & Vlassenroot, 2018). However, economic attention is not enough to break the possibility of violence between refugees and their hosts. Individual and social recovery measures as well as ethnic reconciliation mechanisms need to be put in place as well. MHPSS programmes that are cognizant of local contexts are of great value.

The extent to which countries allow refugees to participate in their local economies differs greatly. In Greece, refugees are forced to stay in closed, almost detention-like camps (The Greek Council for Refugees, 2019). By contrast, the Ugandan refugee policy, which is relatively progressive compared to many other countries' policies, grants refugees land for their exclusive agricultural use, allows them freedom of movement, the right to seek employment and access to basic public services such as health and education (World Bank, 2016). To reduce the risk of tensions, the government of Uganda requires 30 percent of any support provided by NGOs to be allocated to host communities. This is particularly crucial to reduce inequities between refugees and host communities in poorer districts (Atari & McKague, 2019).

Despite this progressive approach in Uganda, refugee communities are less resilient and more reliant on assistance than their host communities when it comes to food security and nutritional status (FAO & OPM, 2018). Comparative studies on mental health and well-being also show that refugees fare less favourably overall than their host communities (Atari & McKague, 2019). In overcrowded settlements, the provision of basic health care services is limited, especially with respect to mental health and psychosocial needs (McKague, 2020).

> Comparative studies on mental health and well-being show that refugees fare less favourably overall than their host communities.

Research shows that refugees who were resettled in western countries were about ten times more likely to develop PTSD than local people of the same age (Khawaja et al., 2008). There is a definite and clear relationship between trauma and negative psychological outcomes and psychiatric disorders. However, given the complexity of the refugee experience, the PTSD framework may be too narrow to account for the psychosocial impact of war trauma (Farwell, 2003). A literature review on mental health and displacement reveals that post-traumatic consequences among refugees were not so much a reflection of wartime stress but of current contextual daily problems, stresses and marginalization (Porter & Haslam, 2005).

A literature review reveals that post-traumatic consequences among refugees were not so much a reflection of wartime stress but of current contextual daily problems, stresses and marginalization.

To be effective, MHPSS and peacebuilding programmes should not stand alone but integrate with other programmes that meet the population's wider needs (Wessells, 2007). MHPSS professionals should also analyse possible obstructions to peacebuilding and reconciliation and should be aware of the impact of their work on the peaceful and effective functioning of the community and society. Good mental health and well-being is often connected with the reactivation of normal activities and patterns of living that give people a sense of continuity. Economic rebuilding and working towards a future are key parts of healing. Talk therapy alone will not be successful if families have no next meal or feel that they live in an insecure or hopeless environment (Wessells, 2007).

Good mental health and well-being is often connected with the reactivation of normal activities and patterns of living.

## Returnees

Most IDPs and many refugees will try to return home as soon as it is considered possible and safe to do so. However, repatriation can be very problematic. It is not easy to re-establish broken familial and communal ties and restore the social fabric between people, place and identity (Tegenbos & Vlassenroot, 2018). Unfortunately, violent outbreaks can continue after returning 'home', which means "*return can hardly and unambiguously be seen as the end of the refugee cycle*" (Black & Koser, 1999, in Tegenbos & Vlassenroot, 2018, p. 3).

In other words, the positive potential of repatriation and cultural continuity can be overshadowed by the harmful effects of unstable political and economic conditions within the country (Porter & Haslam, 2005). Returning home can create new tensions, especially when returnees reclaim their properties or contest resources, particularly limited ones. Cycles of violence, displacement and return are closely related to one another and can impact the returnees' as well as the host community's mental well-being. In addition, returning and displaced households are frequently female-headed, which challenges traditional roles and social orders, puts women in vulnerable positions and negatively affects their mental well-being (Schafer, 2014).

Most people who have been a refugee or an IDP experience profound changes in their roles within their communities and families. For example, many men who have been displaced lose their privileged status in their households and communities due to gender-equality discourses and the increasing authority of women (Simich et al., 2010). To reduce conflict and domestic violence, it is essential that peacebuilding

processes understand returnees' intentions and desires as well as their strategies for managing uncertainty. It is also crucial that attention is given to masculinity and emasculation in the context of return.

The involvement of international organizations in the processes of repatriation and post-conflict reconstruction can add to already complicated contexts and create new areas of dispute (Tegenbos & Vlassenroot, 2018). International actors need to be alert to the social, political, economic and cultural impacts of displaced people returning to their homes and trying to recover from years of traumatic situations and violence.

How returnees are received by the people who stayed is related to the area's economic opportunities. In conflict-affected areas, returnees can put extra pressure on limited resources, which can create tensions within already fragmented communities (Tegenbos & Vlassenroot, 2018). Given that returning populations might challenge the security and stability of post-conflict nations, peace negotiations need to address the specific challenges of displaced and repatriated persons to ensure a sustainable outcome.

In conflict-affected areas, returnees can put extra pressure on limited resources, which can create tensions within already fragmented communities.

Positive transformation and social reconstruction are only possible when people's basic and psychosocial needs are addressed and the mental effects of trauma are treated (Perkonigg et al., 2000). When conflict-related psychological difficulties are left unaddressed, they can impact people's interactions with others, manifesting in inward, isolated and/or aggressive behaviours. People who withdraw from positive social interactions are not able to live in peaceful coexistence with others in their communities (Tankink & Otto, 2019). There is a clear connection between several mental health problems, conflict and peacebuilding (CWWPP, 2010). Thus, integrating psychosocial interventions with peacebuilding and post-conflict recovery efforts is essential and must include identity reconstruction, particularly with regards to the youth (Hamber et al., 2014; Pham et al., 2010; Vinck et al., 2007).

People's ability to interact with their 'former opponents' on a daily basis, however difficult this may be, is dependent on their mental health (Mukashema & Mullet, 2010). This requires a psychosocial approach that analyses how social conditions are related to mental health. Therefore, it demands an approach that considers the consequences of violence not only on individuals but also on the social context – and how the social context influences individuals (Clancy & Hamber, 2008). Interventions and peace agreements that are intentionally drafted with political and social compromise will fall apart if people do not feel that their lives will become better as a result (Fitzduff, 2016). Thus, it is important to include locals and local languages so that affected people are committed and engaged and community members can understand each other's journey and envision the goal.

# PART 2
# Stakeholder mapping

## Introduction

In August 2021, at the outset of the consultative process that formed part of the preparation of the Guidance Note, an online survey tool was used to conduct a stakeholder mapping exercise and analysis. The purpose was to gather and analyse qualitative information from key actors to determine who is doing what type of work, where and how, and to understand what knowledge, interests and needs should be taken into account when developing the Guidance Note on integrating MHPSS into peacebuilding. In this way the research team sought to expand on its existing stakeholder base to collect new insights and information from previously untapped geographic and thematic areas. A wide range of individuals and organizations, including field-level practitioners, CSOs, UN entities and members of the IASC Reference Group (an MHPSS working group), were approached and a diverse group of practitioners from both fields from around the world responded.

This section of the report provides a summary of the data collected during this part of the process.

## Methodology

From 4 to 19 August 2021, a stakeholder mapping study was conducted via an online SurveyMonkey survey of 17 items sent to UNDP contacts and pre-identified organizations and individuals around the world that were selected on the basis of working in either MHPSS or peacebuilding or both. Requests to participate in the survey were also sent out on social media, via peacebuilding listservs and several experts were asked for references to relevant additional organizations working in the field. The survey was structured to provide room for open responses from participants, to encourage respondents to provide links to current projects in the field and to share additional comments and feedback.

## Descriptive statistics

The survey was completed by 139 respondents representing 67 different organizations, 4 consultants and 3 unknowns from around the world. The participating organizations ranged from large global NGOs (45 percent) to local (30 percent), regional (22 percent) and national organizations (40 percent) (see figure 3). A further 6 percent of participating organizations defined themselves differently, such as acting in 'cross-border areas', based in 10 countries or acting on all the mentioned levels. Twenty-nine organizations were from Africa, 16 from Europe, 2 from the Middle East, 13 from North America and 5 from Southeast and 2 from Central Asia.

### The organizations located in 41 countries on 6 continents

- North America: USA, Canada, Mexico
- Middle East: Jordan, Lebanon, Iraq
- Southeast Asia: Cambodia, Thailand, India, Bangladesh, Nepal, Pakistan, Philippines
- Central Asia: Uzbekistan, Kyrgyzstan
- Africa: Ethiopia, Somalia, Burundi, Kenya, Rwanda, DRC, South Africa, Uganda, South Sudan, Ghana, Tanzania, Zimbabwe, Guinea-Bissau, Maldives, Tunisia
- Europe: UK, Switzerland, Finland, Norway, Italy, Denmark, France, Germany, Belgium, Sweden, Netherlands

Figure 3: **Geographical reach of organizations (Source: Compiled by authors)**

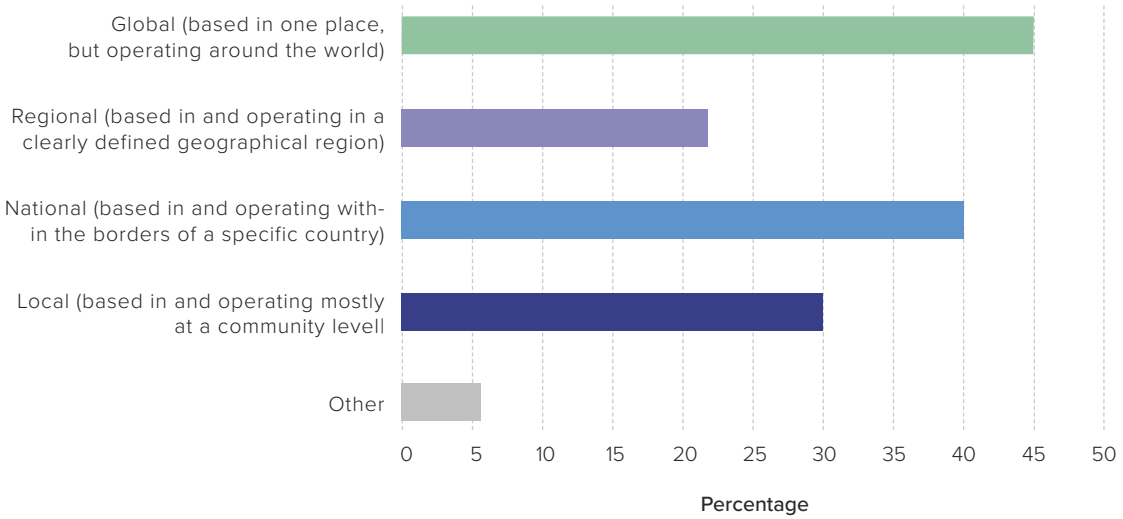



Figure 4: **Type of organization (Source: Compiled by authors)**

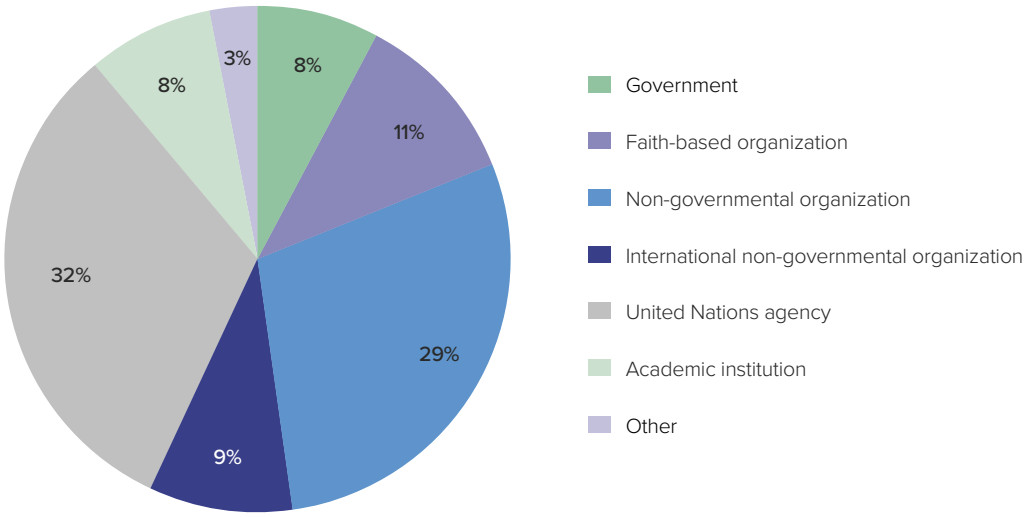



Figure 5: **MHPSS/peacebuilding activities (Source: Compiled by authors)**

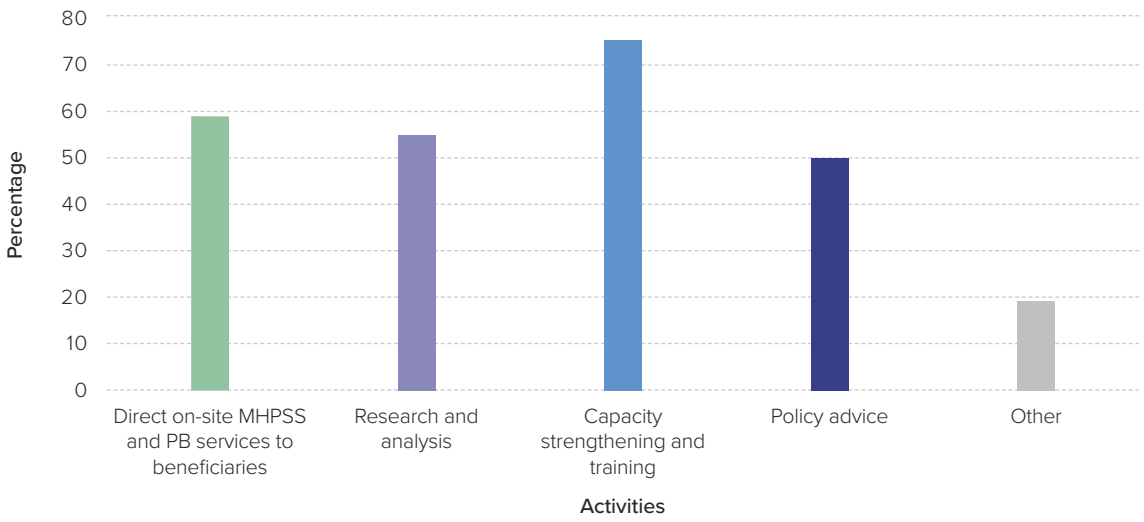
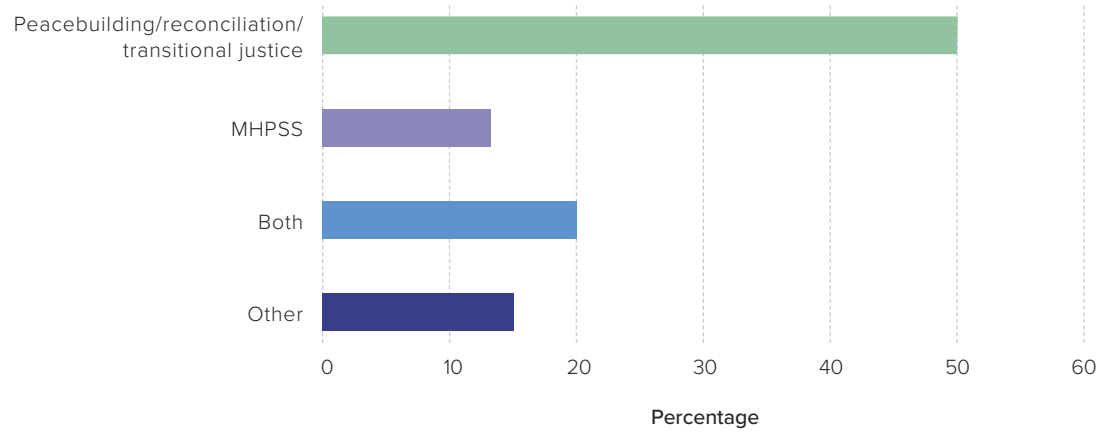


Figure 6: **Organizations' primary focus (Source: Compiled by authors)**




## Organizations' MHPSS/peacebuilding activities

A diverse range of organizations participated in the survey (figure 4). As figure 5 shows, more than three quarters (76 percent) of the organizations that completed the survey conduct capacity strengthening and training in the field of peacebuilding and MHPSS. Research and analysis is done by 55 percent of the organizations and half of the respondents (50 percent) provide policy advice. While 59 percent of responding organizations said that they provide both MHPSS and peacebuilding services to the target audience and implement activities that are relevant for both fields, only a few organizations provided concrete examples of an integrated approach, that is, a holistic integration at the micro, meso and macro levels of society including MHPSS and peacebuilding. A few organizations are working on an integrated approach but are at the beginning of the process and said they were not yet able to share more information.

Of the total, 19 percent mentioned specific activities such as working on women's empowerment, trauma-informed peacebuilding and stabilization programming, PSS, MHPSS services, development cooperation, church-related work, technical support or include some peacebuilding activities and advocacy in their MHPSS work in the communities.

# Organizations' primary thematic foci

Half of the organizations that completed the survey define themselves as peacebuilding organizations and 15 percent as MHPSS organizations (figure 6).

Some peacebuilding organizations responded by stating that they are currently investigating the possibilities of integrating MHPSS into their peacebuilding work. One organization provides what it calls 'psychosocial peacebuilding' and explains that this is "*an example of an already integrated approach, both as a conceptual model and a practical approach implemented on the ground.*"[4] Another said it has a 'healing-informed approach'. Both organizations combine peacebuilding and PSS but do not include mental health services, nor do they operate at all levels of society. Respondents from South Sudan explained that in that context, humanitarian assistance includes MHPSS with a growing focus on peacebuilding, transition, recovery and development. In the field of protection, community-based psychosocial approaches are used to rebuild individual well-being to rebuild collective well-being and people's capacities to work together to achieve peaceful coexistence and social cohesion.

The following activities were mentioned under 'other':

- Sustainable development, humanitarian development, with some engagement on peacebuilding and reconciliation;
- Child rights;
- Development;
- Humanitarian assistance, development and peacebuilding.

## Content findings

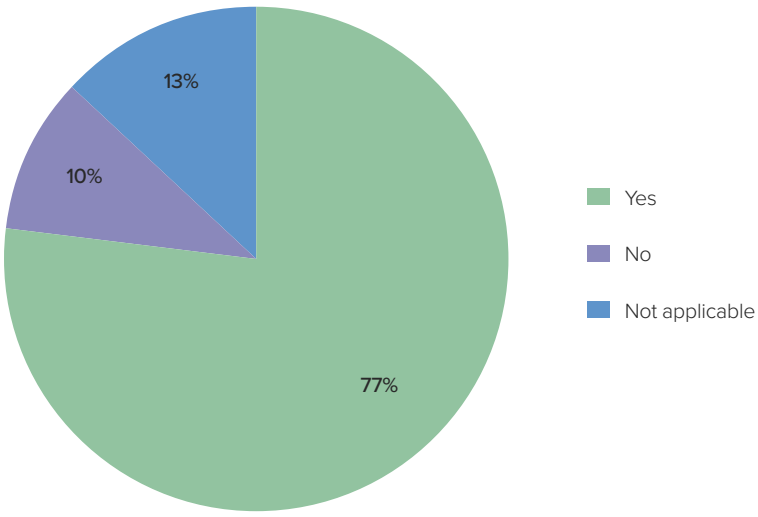
Overall, 77 percent of organizations stated that they integrate, partner with or collaborate with the peacebuilding and/or MHPSS fields in (some of) their projects (figure 8). Most of the organizations recognize MHPSS work as a part of peacebuilding, recovery and resilience, but none has an organization-wide, integrated approach that includes treatment for severe mental health disorders. Still, those projects with an MHPSS component have a variety of foci, including SGBV, community-based reintegration and transitional justice. Interestingly, almost all programmes that were defined by respondents as an integrated approach contain PSS-related elements but tend to lack mental health components. Several respondents mentioned that their organization uses a 'trauma-informed approach', although no further explanation was provided on how this relates to integration. Most organizations acknowledged that paying attention to the effects of trauma is essential when working towards peace and social cohesion. Several respondents acknowledged that addressing trauma through community-based group processes meets a precondition for justice, peace and development. Only a few respondents said they integrate mental health counselling or treatment for people with mild or severe mental health disorders into their work. Some examples are listed in Box 1.

Practitioners from both fields identified the relevance of addressing issues related to stigma. Stigma can exacerbate mental health and psychosocial problems, isolate and marginalize those affected and, in the long run, erode social cohesion. This is particularly relevant when working with child soldiers and ex-prisoners, people who have experienced SGBV, those who identify as LGBTIQ+ youth or who belong to ethnic/religious minorities. One respondent added that in order to prevent the term 'mental health' from hindering participation in their workshops, they title interventions aimed at mental health as trauma healing and PSS as this helps to prevent stigma and the related social repercussions. Many respondents added that governments have key roles to play in rolling out civic education programmes to undo the harmful effects of stigma.

> Governments have key roles to play in rolling out civic education programmes to undo the harmful effects of stigma.

A number of respondents identified community cohesion, a sense of safety and trust as relevant for mental well-being as well as necessary for sustainable peace. However, they are hamstrung by a lack of government experience and knowledge of government procedures, which can obstruct their work. A lack of funding and

Figure 7: **Project integration with peacebuilding and/or MHPSS (Source: Compiled by authors)**



capacity are other important challenges. Many organizations focus on livelihoods or economic development, which is considered an important third nexus.

A few organizations highlighted self-care as a precondition for frontline humanitarian workers doing MHPSS and peacebuilding work to protect personnel from becoming emotionally exhausted or affected in a way that reduces their compassion for those with whom they are working. Particular attention should be given to national personnel who have lived or are still living in the crisis setting in which they also work.

As an African peacebuilding MHPSS participant noted: "*Importantly, MHPSS needs to be intentional and an integral part of the work and not something appended at the last minute.*"

Another African respondent from a peacebuilding background mentioned the relevance of taking into account "*the profile and the personality of peacebuilders, their own history in relation to conflict and violence, their inclusive human sensitivity and sympathy while dealing with inter-ethnic conflict-related matters, the relation between their discourse on peace and their real being, their relationship with formal politics and money, etc. … Peace without conviction is peace without result. Peacefulness is a moral virtue, human equity is a moral virtue, inclusive humanity is a moral virtue, all of which are better assimilated from childhood.*"

Box 1: **Examples of projects that integrate, partner or collaborate with the peacebuilding and/or MHPSS field(s)**

*"In South Sudan, one project of IOM focuses on youth gang members and youth at risk. The project aims at reducing violence/risk of violence at community level to create a conducive environment for IDPs to return. The project combines three components: 1) educational/vocational training, business start-up kits; 2) MHPSS at individual and group level; 3) a gender-transformative approach. Other (planned) projects combine MHPSS and livelihood/infrastructure projects, MHPSS and policy/strategy development for peace, MHPSS in transitional justice processes."* ***MHPSS respondent from an international peacebuilding organization***

"*SPARC [Society for the Protection of the Rights of the Child] provides psychosocial support to incarcerated young prisoners and ex-offenders as part of their social rehabilitation programme to help prevent the beneficiaries from slipping back to lives of crime and agitation and become useful citizens of the society. This is supplemented by livelihood training. SPARC also provides psychosocial counselling to youth/children living and/or working on the streets owing to their marginalization. Given the perils of street life that await them, they are at greater risk of falling prey to the influence of criminal gangs and drug rackets.*" **MHPSS respondent from Asia**

*"UNDP South Sudan conducted a study which showed that over 57 percent of the South Sudanese population experience trauma and mental health related issues as a result of conflict. UNDP's Peace and Community Cohesion Portfolio then embarked on a pilot programme to train community psychosocial volunteers to work within the communities to help address mental health issues. The volunteers formed psychosocial support groups in the communities which provided the basis of trauma healing. The pilot was deemed successful and informative. Due to the complex needs of the target community, UNDP has developed a comprehensive three-week trauma and psychosocial support training programme to train 45 core trainers who will be training community psychosocial volunteers in the country. The portfolio also noted that an attempt to restore community mental health must start by addressing the survivors' other triggers of trauma such as the need for justice, basic needs, reconciliation with communities and families, etc. In this regard, the psychosocial support groups that are formed by the volunteers provide survivors with opportunities to improve their livelihoods through income-generating initiatives. If they are rape survivors, they are introduced to the SGBV cluster through the referral pathways. UNDP also conducts dialogues within the communities to try and reconcile divided communities through interdependency initiatives, activities and infrastructures that bring the communities together. Thus, a holistic approach is employed."* **Peacebuilding respondent from an international organization based in the United States**

*"ACT for the Disappeared in Beirut is working with GIZ [Deutsche Gesellschaft für Internationale Zusammenarbeit] on a project that aims to develop an integrated approach including both MHPSS and peacebuilding with the participation of experts and practitioners of the two fields. Furthermore, the project aims to raise awareness among the younger generations about the importance of truth seeking and to foster a transgenerational commitment for truth seeking and reconciliation. In the long term, the project wants to contribute to rebuilding the social fabric of all Lebanese communities heavily affected by the civil war. In the context of the establishment of the National Commission for the Missing and Forcibly Disappeared, we want to enhance the capacities of all the stakeholders that will be involved in the search for the missing and disappeared by adopting a cross-cutting MHPSS approach."* **Peacebuilding/MHPSS respondent from the Middle East**

"*TPO Uganda is implementing the USAID promoting peaceful coexistence and resilience activity in northern Uganda. We integrate MHPSS, peacebuilding and economic empowerment to support households and communities affected by the Lord's Resistance Army civil war that lasted for over 20 years in the region. The integration of MHPSS and peacebuilding have proved to be effective in promoting peaceful coexistence."* **Peacebuilding/MHPSS respondent from Africa**

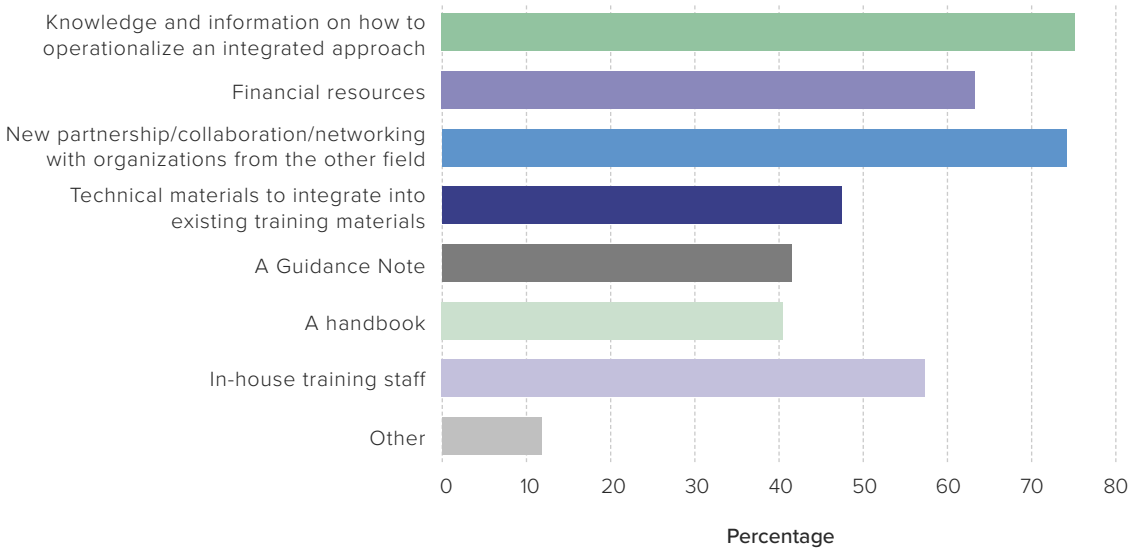
*"Our work with conflict-affected refugees is framed under protection and is very community based. It works on the assumption that individuals are disoriented and distressed as a result of their experiences of crises and the daily stresses of refugee life. We use a community-based psychosocial approach (very much drawing upon the resources of empathy and compassion that exist within the population itself) to rebuild individual well-being. This does not engage with the more technical mental health work. Rather, it aims to help ground people, to reconnect them with their sense of self and agency, and to help them think about how they can better support each other, especially those who are most vulnerable among them. As people reconnect through empathy and compassion, their will to re-engage with the collective can be restored. These are the building blocks of so-called psychosocial peacebuilding which we more generally refer to as social cohesion. As people remember themselves and can re-engage with the suffering of others (empathy), they can restore their will and capacity to engage with the collective. This contributes to the rebuilding of the collective well-being and the will to work together to create a different kind of future*." **Respondent from an international faith-based organization based in Europe**

## Resources needed to enhance integration

Figure 8 illustrates that three quarters of respondents said they lack the necessary knowledge and information on how to operationalize an integrated approach. In terms of learning how to develop such an approach, 48 percent of respondents said that teaching materials could be added to existing training materials, and 42 percent and 41 percent respectively that a Guidance Note and a handbook would be helpful. Other suggestions included the need for more knowledge on the theory and practice of collective healing; research on indigenous knowledge in healing; and research on how indigenous healing practices and peacebuilding can be part of the nexus between MHPSS and peacebuilding. More clarity was also requested on the difference between adding MHPSS as a component of peacebuilding or integrating it.

A notable 64 percent of respondents cited the problem of limited financial resources to support an integrated approach (figure 9), even though it is increasingly and widely recognized as a way of improving their work. It is noteworthy that 75 percent of respondents said they need support to create new partnerships, seek collaboration and participate in networking opportunities with organizations from other fields. This may be related to a lack of funding (resulting in a lack of time and transport possibilities for those working in remote areas) but also to the current siloization of the fields, which creates real and perceived distances between like-minded professionals.

Figure 8: **Resources needed**
**(Source: Compiled by authors)**




## Funding opportunities and donor relations

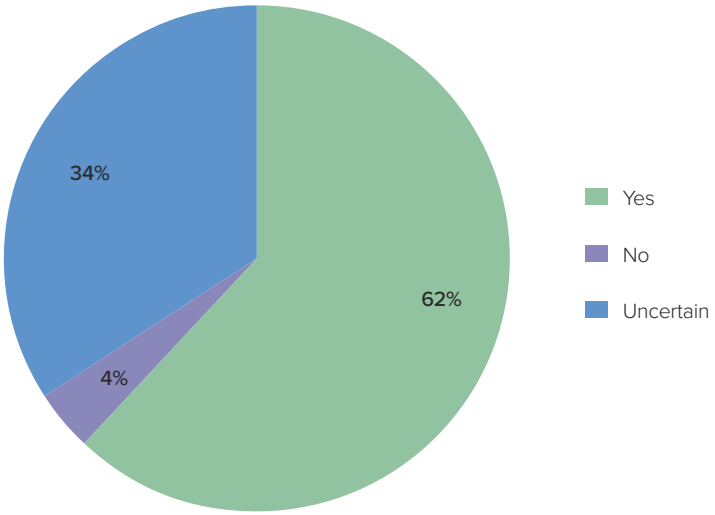
The majority (80 percent) of responding organizations said they are funded by international donors who are mostly located in the global North and UN agencies; only 15 percent have national donors too. Other sources of funding that were mentioned include private philanthropies, research funds, funding from churches, individual donors and corporate sponsorships.

Most respondents (62 percent) said they were confident that their donors would be open to funding an integrated or combined approach (figure 9). Given that 64 percent of respondents also said that they lack financial resources to work in an integrated way. This finding points to an interesting opportunity to bring donors and implementing partners together, to make the case for integration and to explore new funding modalities. Some respondents commented that if there were more official guidance and country and/or regional policies that addressed issu es of MHPSS in peacebuilding and peace support operations, donors would likely be willing to offer more support. Advocacy is needed to raise awareness among donors about the importance of funding organizations that are willing and able to work in an integrated way. The importance of considering mental health in peacebuilding interventions is increasingly recognized but there needs to be a narrative and a strategy with evidence that can articulate the comparative advantage and the added value of integrating the fields. Given that psychosocial approaches are quite new for the majority of actors in the peacebuilding field, few donors currently recognize the importance or advantages of funding integration.

> *"As the psychosocial peacebuilding concept is quite new, our current funder is not really seeing the importance/advantage of integrating MHPSS into peacebuilding. The churches might be interested in funding such projects as long as they link to church activities. Again, advocacy is very important."* **Respondent from a global faith-based organization based in Europe**

> *"Our international donors are starting to acknowledge the importance of trauma healing as a cornerstone to sustainable development, which in turn affects peacebuilding measures. However, they keep it as a separate programme or specialty area; it is still not mainstreamed or integrated into their core business. Most funders don't prioritize MHPSS and, if funding is limited, it is dropped more quickly than other programme activities.*" **Independent MHPSS consultant based in Africa**

Figure 9: **Donors willing to fund projects linked to MHPSS and peacebuilding (Source: Compiled by authors)**




A peacebuilding respondent from a faith-based organization in Europe mentioned that donors' limited expectations are the problem, not the lack of a Guidance Note. *"A quantitative focus on outputs keeps the team focused on technical activities and prevents them from taking the time to explore ideas and different ways of working that are required to realize a 'people-centred' approach that could create the space for devising a distinctly different way of working with crisis-affected refugees."*

> *"International donors are not always aware of the kind of insights that those on the ground have. In the last two years alone, I have had to explain what transitional justice is to funders and that racism needs to be a specific issue in the work being done in South Africa. These discussions have made me acutely aware that there are gaps in communication and understanding between those who are doing the work and those who are funding it. Something that helps us make the links to MHPSS clearer and more explicit would be of enormous value."* **Respondent from an African peacebuilding organization**

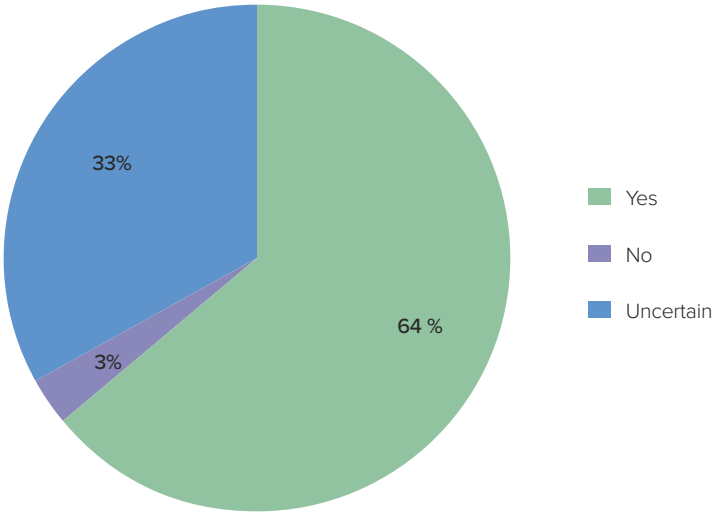
Integration between the two fields also allows peacebuilders and peacebuilding practitioners to use innovative methods and tools to address MHPSS. The Covid-19 pandemic has put a spotlight on mental health and the need for PSS, especially in contexts with existing historical and contemporary faultlines. This development presents an important opportunity to expand on and deepen the role that MHPSS can and should play in peacebuilding efforts. A few respondents suggested that in order to make a case for integration, research should be conducted to illustrate the advantages of integrating peacebuilding and MHPSS, outline plausible interventions and demonstrate (with data) the outcomes of an integrated approach.

> *"Over the past seven years we have received funds from one embassy in Rwanda to support our projects integrating MHPSS and peacebuilding. Unfortunately, they are shifting their focus to supporting business and trade from next year."* **MHPSS respondent from an African community-based organization**

> *"The current funders have continuously supported MHPSS and would be glad to support peacebuilding needs if demonstrated."* **Respondent from a community-based human rights organization in Africa**

> *"One of our donors is already funding research on the links between MHPSS and peacebuilding."* **Academic from the peacebuilding field based in North America**

Figure 10: **Would a Guidance Note be helpful? (Source: Compiled by authors)**




## A Guidance Note on integrating MHPSS into peacebuilding

The majority of respondents (64 percent) said that a Guidance Note would be helpful to inform MHPSS and peacebuilding practitioners on how to work together to achieve improved outcomes (figure 11). This would enable a better understanding of the relevant programmatic and conceptual considerations pertaining to integration. The general expectation of the Guidance Note is that it will help personnel make use of the tools relevant to the context in which they work, while clarifying that a combined approach does not mean that all personnel should be able to perform both peacebuilding and MHPSS work. Both fields have established areas of professional and technical specialization. As part of the ongoing rapprochement between the fields, specialists in both fields should get to know one another, understand commonalities and differences and find ways to work together which utilize the strengths of both fields to generate enhanced outcomes.

Respondents said that a Guidance Note could help to standardize methods and skills. However, they also cautioned against stifling creativity, innovation and the organic emergence of new ways of working at this early stage. The Guidance Note needs to allow space for diverse theories, realities and practices to give rise to new ways of working. One respondent stated that what is relevant in the UNDP context may not necessarily be applicable in all other contexts. Therefore, one should be very mindful about the use of guidelines.

> "*They should not be applied top-down or replace autonomous co-creation processes that involve actors who do not represent MHPSS or peacebuilding professional fields but are important resources in their communities/areas*". **Respondent from a European, globally active faith-based organization**

> "*I found many overlapping points between MHPSS and peacebuilding while doing field research in Armenia. The Guidance Naote would create a framework which would help to articulate those points of overlap and to understand how to make better use of them.*" **Respondent from a European globally active faith-based organization**

Some respondents mentioned that they need more than just a Guidance Note; they need proper training and capacity strengthening for their team. One person suggested having a tutorial video instead of a Guidance Note because this can be accessed digitally on smartphones, "*since many youths prefer not to read.*"

*"A Guidance Note could be helpful in order to set forward operational and/or concrete programming steps to integrate MHPSS into peacebuilding. The focus of integration is important. Also, it could be particularly helpful to have it reflect the different situations. In some contexts, MHPSS is a sensitive area which calls on locally driven and context-specific approaches to make sure it reaches those in need. Trust is important. So is raising awareness of its context-specific benefits. MHPSS can go against cultural and societal norms and so addressing [this] in the Guidance Note with context-specific examples would be helpful."* **Respondent from an international peacebuilding organization based in Asia**

Although peacebuilding and humanitarian work takes place mostly in humanitarian contexts, it is not strictly humanitarian in nature. Therefore, guidance on how to address MHPSS considerations appropriately in peacebuilding and political contexts would be useful. Aspects such as how to develop public health campaigns on violence and how to go beyond 'silofication' were highlighted as essential elements.

*"People and cultures have different ways of defining and understanding mental health, and many approaches are very 'first world' or from a western perspective. But it is understood across the field that trauma has long-lasting consequences on a person or group of persons and needs to be addressed, and more work needs to be done on generational trauma. Considerations should include cultural competence such as trained practitioners who speak the language and share the culture of an affected group, interventions that will be acceptable to the affected group and training for persons across different fields in basic mental health issues. Peacebuilders who address MHPSS will have a greater potential for successful outcomes."* **Respondent from an international peacebuilding organization based in North America**

## The role of (local) government in furthering the integration of MHPSS into peacebuilding

Several respondents state that (local) governments are important funding resources and that their roles include mobilizing local experts, providing further training and education for health workers, developing referral systems, providing transportation and creating adequate hospital facilities.

*"It is essential to cooperate with local structures such as municipalities, local authorities and traditional or religious leaders to assist in the integration of MHPSS into peacebuilding and to ensure coordination. Since civil societies and governments address the same problems from different angles, close collaboration at the operational level is needed. This ensures a simultaneous top-down and bottom-up approach that ensures an appropriate level of community engagement."* **Respondent from a peacebuilding organization based in Africa**

This integrated work stands a better chance of succeeding if it is driven by communities that can inform the local government's planning and budgeting processes through inclusive representation. Understanding how a given context shapes the relationship between the government and/or an organization's activities is important to develop projects that complement and strengthen existing structures, efforts and processes. It is important to minimize the unintended negative impacts and maximize the positive impacts of an organization's activities.

Ideally, given the important role local governments often play in peacebuilding, local authorities should be in a position to coordinate MHPSS activities and track referral cases in coordination with service providers. That said, local governments are sometimes directly involved in creating and perpetuating conflicts, which can negatively affect peacebuilding and MHPSS efforts. Therefore, investment in conflict analysis and conflict sensitivity is necessary with respect to MHPSS service delivery (which is often a source of tension).

## Policy

"*It is especially important to engage city and subnational leaders as stakeholders in discussing, developing and implementing these solutions. City and subnational actors tend to be better connected to the local experience, making them more agile and nimble service providers. By increasing their understanding of prevention and MHPSS, and strengthening their capacity for collaborative efforts, we can develop multipurpose solutions that build on existing priorities for city leaders and make real progress that complements work happening at other levels of governance.*" **Researcher from North America working in the field of peacebuilding**

Respondents suggested that strategic policy guidance be developed on how governmental and intergovernmental actors can embed the integration of MHPSS and peacebuilding into national programmatic interventions. Emphasis was placed on the need to create an enabling environment that will allow a wide spectrum of stakeholders to participate from the outset and carry out their programmes. (Local) governments should lobby to integrate MHPSS in national health care and play a central role in the coordination and creation of favourable policies and laws at the local level to enhance integration.

*"Peacebuilding policies that are being developed in post-conflict countries should include psychosocial interventions that deal with the past and which cover a variety of relevant topics (not just the delivery of MHPSS services). The provision and supervision of services can only be ensured if MHPSS personnel are available. Therefore, national NGOs and national institutions (government and academia) should be strengthened in their capacities. The dialogue component in peacebuilding is crucial and different government entities can bring together relevant actors to make this happen."* **Respondent from an international peacebuilding organization based in Africa**

## Information, advocacy and awareness

Respondents said that local governments in (post)conflict settings should be aware of the impact of mental health and psychosocial problems in communities they serve, should work to counter stigma, and do more for local health clinics to ensure basic MHPSS training for all personnel. To prevent further harm, the role of (local) governments in providing MHPSS and peacebuilding services in a particular context needs to be assessed. Laws that criminalize mental health or psychosocial cases, such as attempted suicide, addiction and sexual variants, should be reviewed.

Governments should also be involved in the development of mapping exercises, conflict analyses and integration into (primary) mental health care where appropriate. To build sustainability, governments need to participate. Local governments can provide policy support and facilitate integration of MHPSS into peacebuilding structures such as dialogue and mediation platforms and setting up emergency operations centres.

## Coordination

A number of respondents referred to the efforts the government and donors should make to coordinate with community-based organizations (CBOs) to ensure that available service providers link up and roll out their work effectively. Respondents further cited the need to create an enabling and inviting environment that allows community-based and non-state actors, who are well versed in the unique needs of the communities in which they tend to be based, to collaborate with state health professionals. Another important point raised was effective referral systems that link those conducting psychosocial and peacebuilding work with those who are able to handle complex mental health cases.

*"This short case study draws upon the experience of a CSO partner in the borderland region between Tunisia and Libya. The CSO had built a trusting relationship with a family from which three members had joined violent extremist groups. The other family members were stigmatized within their neighbourhood and suffering from it. The CSO assessed the family's special needs and decided to deliver MHPSS services as a response to these needs (alongside interventions related to other high stress areas such as livelihood). However, the social workers that the CSO placed with the family were forbidden access by the police. It was only after several meetings with the police, and under the umbrella of the local security committee (a platform where the police and CSOs gather to discuss security issues), that the CSO was able to explain the project's objectives and to justify the intervention of social workers. Coordination mechanisms between state institutions , and between the state and CSOs, are key to ensure an environment that enables such services."* **Respondent from an international peacebuilding organization based in Africa**

## Other suggestions

Respondents noted that it would be interesting to create a platform for people within the MHPSS and peacebuilding fields to use as an exchange facility for mental health, mentorship and peacebuilding activities. This would help develop a repository of best practice with regards to implementation as well as promote continuous learning across the MHPSS and peacebuilding fields.

*"I observe a tendency in the field to come up with quick fixes, for example trauma healing courses for leadership functions in South Sudan run by peacebuilding organizations and programmes, often without any link to MHPSS practitioners, supervisors or referral pathways. This is partly since the two fields have not spoken much to each other before, but also to the diverging ideas of how 'healing' can take place at individual, family, community and societal level and how long these processes take. It's time to make a statement on how this work should/should not be done in order to be ethical and follow professional standards."* **Respondent from an international MHPSS organization based in Africa**

Process matters. A Guidance Note that does not collaborate with organizations already doing the work is not helpful. This is another reason why there needs to be an engaged community of practitioners to share their experiences, inform approaches, guide best practices and collate learnings.

Other important suggestions were the need for capacity strengthening within UNDP country offices (senior leadership and programme personnel), implementing partners (government institutions, traditional authorities, NGOs, CSOs and CBOs) and communities. For example, training community 'champions' so they can train/inform their peers ensures the longevity of the work beyond the project. MHPSS should be part of all training and capacity-strengthening activities.

Findings from the survey highlight the need to pay attention to how organizations participate with refugee and host communities, particularly those whose voices are not usually heard. It is important to foster participation that helps to build confidence and capacity, and which creates safe spaces where all have a say.

Local and/or government leaders have often experienced horrific periods too and, like the communities they lead, suffer trauma as a result. This unaddressed trauma can be a serious problem as it can negatively affect their performance as leaders.

*"How do you integrate MHPSS in formal peace negotiations? Recently a participant in a discussion to develop a Strategic Framework for Peacebuilding said, 'all our leaders are traumatized. That is why we cannot achieve peace in South Sudan as the decisions they make are informed by trauma'."* **Respondent from an international peacebuilding organization based in Africa**

The final word in this mapping report is given to a respondent:

> "*We have not appreciated the depth of the woundedness of society. This interferes [with] and hinders the peacebuilding and governance investments that we bring to rebuild our communities. The needed approach is much broader than just bringing MHPSS and peacebuilding together … the high levels of violence and conflict all over the world urgently require an improved understanding of how cycles of violence work. It also means working with both victims and those who hurt others … But an approach to addressing trauma requires a different question, moving beyond 'what happened to you' to 'what's right with you' and [that] views those exposed to trauma as agents in the creation of their own well-being rather than victims of traumatic events.*" **Respondent from an African MHPSS/peacebuilding organization**

# PART 3
# Summary of findings from consultations

## Methodology

During October and November, a series of five two-hour regional consultations were hosted on Zoom for Latin America and the Caribbean, the Arab States, Asia Pacific, Africa, Europe and Central Asia as part of the project's consultation and data collection process. The purpose was to expand on the project's existing stakeholder reach and to explore regional specificities. Interested participants were invited to join the process via direct email and using social media platforms. Over 90 participants from 32 countries attended the regional consultations.

Each session started with an introduction by UNDP briefly explaining the relevance of the regional consultations *vis-à-vis* the development of the Guidance Note, and was followed by a brief project overview by the session facilitator, Friederike Bubenzer. Depending on the number of participants in each consultation, participants were either asked to briefly introduce themselves and their interest in the subject matter in person or via the Zoom chat function. The aim was to facilitate relationship building and networking. Participants were then asked to respond to and engage with one another around some or all of the following questions:

- What have been your successes and/or challenges in integrating your work with the other field?
- What are the regional and/or cultural considerations that need to be kept in mind when integrating MHPSS into peacebuilding?
- What indicators do you use/would you use to measure outcomes?

Interpretation was provided for participants in Spanish (Latin America), French (Africa) and Arabic (the Arab States).

To complement the online sessions for each region, UNDP's SparkBlue Platform was used as an additional space to deepen the conversation and allow participants to engage with one another in writing. A vibrant discussion took place on both platforms.

The content of the online regional meetings as well as that posted in writing on SparkBlue was analysed and common themes identified and described. This section is a summary of the reflections, organized by common themes, that emerged during the consultations.

# Common themes across the regions

"*I believe peacebuilding can only sink into the healed minds and souls.*" **Programme coordinator from a local organization based in Africa**

## Self-care and personnel care

*"Self-care and personnel care can't only be included in recommendations. It has to be motivated and unpacked carefully and should also be written into institutional policy."* **Regional consultation participant from Latin America**

Throughout the consultations, references were made to the need for organizations to provide PSS for personnel working directly with stakeholders as a starting point for the integration of MHPSS into peacebuilding. They pointed out that this would contribute to the resilience and empathy of personnel as well as to their understanding of what basic MHPSS entails. A number of participants stated that organizations should have institutional regulations and policies in place to guide personnel welfare.

However, while the importance of self-care and personnel care was widely and repeatedly acknowledged, caution was also raised about the practice of self-care being a luxury that is accessible only to those privileged enough to have access to the necessary social, cultural and financial resources.

Participants mentioned that barriers to improved personnel welfare practices included the fact that seeking psychosocial or mental health support in general, but especially from one's employer, is stigmatized and seen as a weakness. A number of participants from the peacebuilding field stressed that they feel neglected in terms of their psychological well-being and that their personal needs are largely invisible in the process of doing peacebuilding work. One participant stated, *"Exhaustion is still seen as a badge of honour by NGO employees,"* adding that what is not yet sufficiently understood is that fatigue and burnout tend to have a direct effect on the extent to which people are able to be empathetic and compassionate towards those in need. Opportunities for learning as a result of integration were pointed out: "*We all need to understand that organizations working in the peacebuilding field have been impacted by the very pain that is very present in this field. Helping our peacebuilders understand how to work in and lead healing-centred organizations will go a long way to supporting them later in their work."*

Self-care can take many forms and is often informed by a given cultural and social context. As such, an organization in Kampala might put in place different personnel care policies and practices than one in Bangkok. One participant noted that many people consider spending time with friends and family as a form of self-care but that this is lost once people are deployed to new work contexts and have to separate from their social networks.

## Integration of MHPSS into peacebuilding

*"Without peace there cannot be development."* **SparkBlue participant from Europe and Central Asia**

"*When trauma is unaddressed it invites cycles of violence."* **SparkBlue participant from Africa**

Participants in all regional consultations actively and critically engaged one another on the level, extent and form that the integration of MHPSS into peacebuilding should take, with one of the key questions being what criteria would define a project as being integrated rather than merely functioning in a collaborative way. The sequencing, bi-directionality and technical implications of merging the fields came up consistently and while there were more questions than answers to these questions, participants agreed that a gradual but intentional integration was necessary to ensure both the sustainability of peacebuilding interventions and the non-recurrence of violent conflict. As a creative arts therapist from Africa noted on SparkBlue, "*And with the different ongoing community conflicts, people continue to experience negative emotions of fear and insecurity, making it difficult for true emotional healing to take place. Once these feelings of hatred, fear and mistrust are not prevented, it becomes easy for them to spiral into deeper cycles of violence. By understanding this interconnection between conflict and emotional well-being, I suggest that mental health interventions should simultaneously work towards conflict transformation."* Frequent references were made to the preventative role that MHPSS can play when integrated into peacebuilding. As one participant from the Middle East noted, "*Not integrating MHPSS can be seen as a harmful approach."* It was recommended that integration should happen on micro, meso and macro levels in communities as well as in organizations and that, to ensure a system-wide approach, policy, humanitarian imperatives and development work should be based on vertical as well as horizontal processes.

*"I see there is need for MHPSS to be prioritized because our people are stuck in the survival brain due to the long history of war in the country and the continuous cycle of victimization and aggression which makes it hard to give room for the cycle of healing which is the genesis of the peacebuilding process."* **SparkBlue participant based in Africa**

Concerns were also raised about how a fully integrated approach would accommodate and be sensitive to the specific needs of those with complex mental health issues, since this falls out of the remit of those working in psychosocial support and peacebuilding.

The essential knowledge and competencies of each field should be clearly defined, including defining what falls out of the scope of practice of, respectively, peacebuilding and MHPSS practitioners. The importance of creating opportunities for practitioners from both fields to interface, learn from and connect with each other and engage in shared capacity strengthening was pointed out by an academic working in the peacebuilding field. The importance of working with and making more visible existing referral pathways was also highlighted. Apart from learning about the practical toolkits that each field contributes, participants also suggested developing an integrated toolbox that could be used by those wishing to further thematic and practical rapprochement in their work.

Advocacy for the integration of MHPSS into peacebuilding needs to happen at micro, meso and macro levels to ensure a broad reach and take-up, at a community level but also at a policy level where focus should be on encouraging donors to fund new and innovative projects.

The composite term and the acronym 'MHPSS' were often dismissed as being both linguistically and technically too long and complicated. The inclusion of mental health was pointed out as being unhelpful, given widespread stigma. Participants often suggested that the term 'psychosocial' was a sufficiently comprehensive definition for the work they do. A number of participants also suggested calling an integrated approach 'psychosocial peacebuilding'.

## Psychosocial support in context

*"Healing is a process."* **Regional consultation participant from the peacebuilding field from South East Asia and Africa**

*"People in pain are unable to integrate in society."* **SparkBlue participant from Africa**

*"If more people are healed, more people will be able to do the rest for themselves."* **SparkBlue participant from Africa**

Given that most practical overlaps between the fields exist where the psychosocial components of MHPSS and the more community-based activities of peacebuilding intersect, respondents in all consultations spoke about the need to unpack and clarify the full spectrum of the concept 'psychosocial'. Again, the need to develop a common set of definitions was raised, bearing in mind that the concept means different things in different contexts and that it is deeply entangled in culture and religion. One participant working in the MHPSS field in Latin America stated, *"Communities and different cultures interpret the manifestations of trauma according to their own understandings of illness. And in order to respect these interpretations, approaches that seek to improve mental health by working with rather than against these cultural beliefs need to be adopted*."

Understanding and being sensitive to how local religious and cultural paradigms contribute to and influence PSS and peacebuilding was raised in both the Middle East and Latin American consultation. Participants in the Middle East spoke about the need to acknowledge the political and religious role of Islam and how Arabic and Islamic traditions influence and shape local indicators of well-being, health and social cohesion, as well as manifestations of sectarianism in the region. Participants mentioned the difference between individual and collective identities. In contexts where collective identity is more prominent, the interventions should reflect that. This means focusing not only on the individual in isolation from the context but on the individual within the family and community life. Comments were also made about the need to provide both individual and collective interventions in communities where collective ways of being dominate social life.

In Latin America, reference was made to the need to view mental health, PSS and peacebuilding work through the liberation psychology lens of the likes of Martin-Baró (Laplante, 2007), which advocates for a holistic view of how well-being takes into consideration the social, historical and economic context which informs human development.

In conflict-affected communities, trauma manifests in many ways. Apart from direct traumatic events and the intergenerational transmission of trauma, daily stressors play a significant and compounding role, which participants explained as eroding resilience, community relations and well-being. To ensure that approaches are sensitive to the nuances of each local context, the root causes of conflict and local ways of expressing stress, trauma, healing and well-being should be understood, engaged and taken into consideration in the project planning and implementation cycle.

Participants suggested that work needs to be put into clarifying different concepts, like mental health, mental disorder, mental well-being, psychosocial well-being, PSS, resilience, vulnerability, safety and protection, peacebuilding and sustaining peace. Furthermore, they noted that integration starts at a psychosocial level. If people have severe mental health problems, they should be referred to specialist services. There was caution that if awareness is raised about MHPSS, there will also be a rise in demand.

## Trauma

> *"There are old wounds that must be healed for people to begin to trust the peacebuilding process. Trauma creates mistrust among the citizens. Take for instance myself talking about trauma healing to the people my tribe mates had put in that traumatic situation, how will they trust me or believe the healing and the peace that I am talking about? It is not possible."* **Peacebuilding practitioner from Africa**

A participant from an African peacebuilding organization emphasized the need to understand that trauma is an invisible wound and that unless it is taken care of, it will continue to 'bleed'. Others added that repeated experiences of violence can lead to compounded trauma. Helping people understand how their nervous system and bodies experience trauma, including how intergenerational trauma works, was identified as an important civic education priority which should be targeted at easily accessible public places. This is necessary to prevent people from resorting to suicide and helping communities understand that being traumatized is not a spiritual curse or a form of bewitchment.

Participants in a few of the consultations and on the online platform spoke about the importance of storytelling and working with narrative as a way of opening up dialogue opportunities and helping people live with difficult memories. As an African SparkBlue participant said, *"After implementing several narrative theatre forums with different communities as an approach to address traumas collectively and reinforce collective resilience and coping mechanisms, the approach opened an easy way for people and groups of people to come together, even conflicting communities!"*

Finally, the issue of wounded leaders and institutions came up in two consultations, with participants pointing out the tension in performing psychosocial and peacebuilding work in contexts where direct and structural violence continues unabated and where people's basic human rights are violated on a daily basis. A peacebuilding participant from Latin America noted, *"Recognize that systems and organizations are also influenced by hurt people who in turn hurt people; wounded institutions are led by hurt people who lead wounded processes (i.e. results in management, policies, etc.)."*

## Centring minorities and vulnerable groups

> *"If mental health problems are regarded as a disability, then disabled people are not in the minority."* **SparkBlue participant from the Arab States**

Participants pointed out the need to pay particular attention to the unique needs of minority groups in the process of integrating MHPSS into peacebuilding given that these groups tend to be disproportionately affected by violent conflict and during emergencies. 'Making visible' minority groups such as the LGBTIQ+ community and disabled people to ensure that they are not left behind was emphasized. It was noted that minority groups tend to have particularly poor access to MHPSS support given their frequent isolation and marginalization. A Latin American respondent added that in the context of including the LGBTIQ+ community in MHPSS and peacebuilding, the notion of intersectionality (the 'intersection' and overlap of race, class, gender and other individual characteristics) is not sufficiently understood and centred. An opportunity thus exists to elaborate on existing analytical frameworks as well as to facilitate interregional or international exchange on how other countries handle similar challenges.

## Youth

> *"Apart from witnessing the trauma events to their parents and family, they have their own trauma, like being separated from their parents during flight."* **SparkBlue participant from Latin America**

Participants in all consultations referred to the importance of engaging youth in the integration of MHPSS into peacebuilding, adding that youth leaders' skills and knowledge tend to be sidelined or not sufficiently respected. One participant from Latin America pointed out that youth must be regarded as a key partner given that they are more effective in reaching their peers, that working with them is often easier than working with adults, and that investing in youth as participants in an integrated approach will generate long-term benefits, both in terms of capacity and skills sharing and in terms of the personal benefits youth might gain in the long run as a result of obtaining and internalizing psychosocial skills. It was noted that context is important and needs to be carefully considered, for example by differentiating between urban and rural youth or youth in settlement areas versus youth in host communities, where there is often conflict. Highlighting the importance of intergenerational dialogue as a way of deepening understanding of the past and building relationships across age groups, a participant added, *"Sometimes young people act out trauma and behaviour transmitted intergenerationally through their parents who were victims of war, where the youth feel they should take revenge for what happened to their parents."*

Children were pointed out as a particularly vulnerable group given that violent conflict can severely compromise early childhood development. This in turn can have long-term effects on a person's ability to live a healthy and well-adjusted life. Programmes can be integrated in schools in order to reach children.

## People with disabilities

The Convention on the Rights of Persons with Disabilities (United Nations, 2006) states:

> *[1] Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.*
>
> *[16.4] States Parties shall take all appropriate measures to promote the physical, cognitive and psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes into account gender- and age-specific needs.*

A participant from the Middle East explained: *"stigma is an attitude and discrimination is the action following the attitude. If we look at mental health as a disability, then discrimination against those with mental health problems or the denial of their rights and of access to care, is a violation of a human right, a victimization."* Disabilities can be visible and/or invisible yet people living with both forms tend to be stigmatized and discriminated against. One participant from the Middle East stated that physically disabled people who also have mental health problems as a result of violent conflict, live with a double disability, experience double stigma and thus need special attention to assist them to contribute meaningfully to peacebuilding processes, concluding that there has to be greater participation and inclusion of people with disabilities.

## Gender

*"Frequently women are raped during conflict."* **SparkBlue participant from the Arab States**

Women are particularly vulnerable in conflict settings, especially when SGBV such as rape is used as a weapon of war. Participants noted the complexity of dealing with both the survivors of such violations as well as the perpetrators, citing that both are likely to experience MHPSS problems and both will need to be drawn into peacebuilding efforts.

*"Girls and women are seen as victims where they can also be decision makers."* **SparkBlue participant from Africa**

Understanding how gender norms are influenced during times of peace and conflict is important when integrating MHPSS. The gendered manifestations of mental health need to be understood in each context. As one respondent from an African peacebuilding organization said, *"Our men are 'washing away their pain and trauma' in bars."*

*"There is also a need to highlight women's roles in the perpetuation of violence affecting mental health outcomes and peacebuilding efforts on individual, community and societal levels. We have for the longest time seen and promoted women as the healers and protectors of children and other women in society all over the world, but in Africa especially. There is an amazing Swahili saying 'Mama ni mama' and in a religious perspective (Islamically at least) 'heaven lies beneath the feet of the mother'. These terms are beautiful and admirable but very little attention is ever paid to the trauma women inflict on their children and other women, causing them mental health issues as well as making them vulnerable to violence by men. There is an unspoken power that women have that is ignored, a power that for generations has made the vulnerable (women and children) easy targets for violence, ultimately encouraging and normalizing violence. If this is not properly affected, I really do not see the prospect of achieving and building peace within our society. We cannot talk to men about the violence that they inflict on women, children and even other men, without addressing and helping women see their hand in violence. As well as helping them heal from whatever traumas they've endured."* **Regional consultation PhD student based in Africa**

## Community as a resource

Participants in all the consultations emphasized the importance of identifying community needs and centring local community role-players and infrastructure in the development of an approach that integrates MHPSS into peacebuilding. As such, community members should be seen as important agents and role-players rather than just recipients of an end product and should be included in the planning, implementation and evaluation of all interventions. Identifying local idioms of distress and local functionality was emphasized repeatedly, as was being cautious about imposing western tools and language into contexts which would benefit more from having existing local support structures strengthened. Empowering community members such as teachers, religious leaders, community and youth leaders to be able to identify early signs of psychosocial distress and tensions could play a significant role not only in preventing further violence but also taking the load off overstretched and underresourced MHPSS personnel.

"*Community should be involved specifically in helping identify early signs of psychological distress and tensions that could lead to violence*." **SparkBlue participant from Central Asia**

It was mentioned several times that local community structures should be more actively involved in processes related to the reintegration of ex-combatants as a way of preventing further violence and reducing recidivism.

> *"By linking interventions to people's daily lives, you create the opportunity for members to express themselves confidently and generate hope."* **SparkBlue participant from Africa**

## Frameworks and tools to further integration

### Work with social rights and avoid medical model

When work is done from a social rights and strength-based perspective, it increases the chances to achieve social empowerment. It creates the possibility to meet people where they are at and also includes marginalized groups. Participants felt more emphasis should be put on resilience and healing and less on using the word 'traumatized'.

> *"Approach every day that people can live a more fulfilled life."* **SparkBlue participant from Europe and Central Asia**

### Using local radio

Many people, especially in rural areas, like listening to the radio. Radio dramas can be used to raise awareness around MHPSS and peacebuilding. Working with radio is effective in raising awareness of problems and highlighting resources.

> "*Work with radio to raise MHPSS awareness and [awareness of] sexual gender-based violence*." **Regional consultation participant from Africa**

### Narrative approaches

Narratives help to create meaning out of what has happened. Depending on how stories are conveyed, they can contribute to healing or to further conflict. Some stories transfer trauma and/or violence intergenerationally and can cause younger generations to want to take revenge on behalf of their parents.

Experience becomes clear through the narratives of individuals, communities, countries and regions. Within the narratives, the timeline of past, present and future is important. Sharing narrative can help develop connection and agency through which new possibilities emerge. It can also help to develop critical thinking and to navigate and explore (self and others') politics, histories and lived experiences.

> *"We need strategies like narrative theatre that integrates MHPSS and peacebuilding in a very traditional and sensitive way. It helps to create new collective identities where there were divisions. It increases trust."* **SparkBlue participant from Africa**

Real long-lasting change can only happen if change occurs from within, which requires self-awareness. The change has to start with MHPSS professionals and peacebuilders themselves. For change to happen, the context needs to be safe and there must be hope. Behavioural change depends on people having a sense of agency. An overarching principle like *Ubuntu* (I am because you are) can help create a vision that stimulates people to work together.

> *"Hope is an important ingredient to stay alive and is a condition for transformational change."* **SparkBlue participant from the Arab States**

## Monitoring and evaluation

There was an agreement that the work should be evidence based. It is not clear how this will happen but should include indicators of social well-being (MHPSS) and positive social change (peacebuilding). Indicators should be co-created with all stakeholders, including the community. Guidelines on how this could be done would be useful. The indicators should not only be on outcomes but also on the process. In general, the process of how things are done should be mapped and widely shared.

The following examples of indicators for change were given:

- People become more open to sharing their stories;
- More engagement in community activities;
- Women become part of decision-making processes;
- People show more agency;
- There is better connection between people;
- Levels of violence decrease;
- People show more resilience in dealing with stressful situations.

## Building partnerships

> *"We are an ecosystem accelerator for mental health investment in Kenya. Our coalition has five thematic areas: advocacy, capacity strengthening, research, sub-granting, and networking and collaboration. We work with programmes from LGBTQ, social justice, youth, vulnerable populations, men, street persons, children and workplace."* **SparkBlue participant from Africa**

Partnerships were seen as essential to furthering the integration of the fields, with one participant stating that just interfacing with one another is not enough – deliberate and intentional opportunities for intersectoral sharing and learning are necessary. NGOs working in local communities tend to be familiar with the region and work with local experts to build on what already exists, rather than imposing advice from outside. Although networking outside the existing professional silos requires intentionality and trust building, such networks are fundamental to the development of an integrated approach that builds on the knowledge, skills and experience of practitioners from both fields. Coordination, collaboration and participation through a multisectoral lens will provide better results. In all consultations, reference was made to the need to develop regional collaboration mechanisms to better support vulnerable groups such as migrants and the LGBTIQ+ community. It is important to identify people and sectors that can be a resource: "*for example those working with human rights who also know how to hold safe spaces should be included,*" stated a participant from Europe. Furthermore, when working with stakeholders across the district, central and regional levels, different power dynamics need to be taken into consideration. Community committees can

be a strong resource if included in partnerships. Competition must be avoided between MHPSS and peacebuilding in contexts where they may be vying for funds. According to a SparkBlue participant from Africa, since working in partnerships is not new, *"we have to learn from our other experiences of working in partnerships."*

Networking needs to happen on micro, meso and macro levels. Effective networks require cooperation, coordination and collaboration, as well as sufficient investment to make them work properly. Exchanging experiences with different actors in the regions will strengthen the integration.

A regional consultation participant now based in Europe but originally from Africa noted, *"Networking amongst all the local mental health and psychosocial committees creates energy, which is boosted by the synergy of different actors from local to regional levels."*

## Sustainability

> *"The way psychosocial support interventions are developed in the humanitarian space is usually not sustainable after initial emergency funding ends. So often in the post-conflict period, when the focus transitions to reconciliation, institutional building and governance then the psychosocial support programmes end – just when social healing is most required."* **Participant from Africa Platform**

Sustainability has to be built in from the onset to avoid creating dependency. It also has to be recognized that local MHPSS settings will need financial, technical and professional help. The integration itself will need support. Advocacy is necessary here too so that funders understand the importance of financing the integration of MHPSS and peacebuilding.

# Discussion

The data in this report contain a wide variety of voices and sources to cumulatively make the case for the urgent need to integrate MHPSS into all phases of the peacebuilding project. The literature review and the data in the mapping study provide up-to-date information to illustrate that while practitioners around the world understand the need for an integrated approach, and researchers are collecting evidence to this effect, how to go about this in practice remains unclear. The literature review also supports the need for integrated holistic thinking, research and action across and beyond silos. Despite the fact that both MHPSS and peacebuilding ultimately aim to achieve the same long-term goals and objectives, their respective evolutions as distinct fields with unique and specific theories, conceptual frameworks and professional qualifications have, understandably, created bodies of work and practice that largely operate in isolation from one another. This is not to say that those working in both fields have not made some efforts to work with and learn from one another over the years. However, such efforts are still the exception rather than the norm. Most projects reviewed for this study added MHPSS components to already existing peacebuilding projects in an ad hoc, piecemeal way as opposed to applying a dual lens from the outset.

Throughout the consultation process participants made reference to the stereotypes, assumptions and lack of technical knowledge that continue to drive a wedge between the two fields. This was already outlined in a 2017 mapping study of MHPSS and peacebuilding organizations around the world (Bubenzer et al., 2017). Multiple respondents expressed concern about the fact that in their view MHPSS is considered a humanitarian activity, whereas peacebuilding is inherently political. These comments show that the silo-like positioning of both fields fosters assumptions and myths of 'the other field', and highlights some of the conceptual and definitional myths that need to be addressed and debunked in order for an integrated approach to be developed. The participants of the regional consultations conducted in 2021 echoed many of the conclusions of the 2017 study. The gap between the two fields is more one of practice and semantics based on different expertise, training and operational settings, than due to a lack of available opportunities or willingness to collaborate. Practitioners from both fields who advocate for integration highlight that both fields share an essentially aligned and overlapping set of long-term goals. However, integration requires time as new interdisciplinary and intersectoral relationships and partnerships are formed and groomed, as new technical knowledge is gained and as a new body of knowledge becomes available to those looking for guidance.

Asked what they needed to operationalize an integrated approach, survey respondents made concrete requests that can be met fairly easily. These included access to knowledge and information about the other field, training opportunities and training materials, new partnerships and networking opportunities to get to know individuals, organizations and the tools used by the other field. Expanding on the small but growing community of practice by producing and making available additional tools – and, in the long run, developing an integrated toolbox – is necessary and achievable. However, it is just as necessary to address stigma and funding shortages, two factors that present significant challenges to successful integration.

Stigma and funding shortages are two factors that present significant challenges to successful integration.

WHO has declared mental disorders and other mental health conditions as some of the world's leading non-communicable diseases; globally, one in five people live with conditions such as depression, anxiety and schizophrenia (Charlson et al., 2019). Nonetheless, stigma directed at people with mental health conditions in post-conflict countries is still very high. The issue of stigma featured in conversations that took place in rural and remote communities as well as in online webinars attended by government officials and politicians in the global North. In one regional consultation, participants reiterated that mental health interventions tend to raise suspicion, create mistrust and are sometimes seen as threatening. Thus, creative approaches that do not overtly refer to mental health, like those more common to psychosocial work, are needed to help communities address these issues. Ongoing stigma directly impacts the extent to which people seek treatment and are willing to talk about their conditions. This impacts their abilities to recover from the often-debilitating effects of mental health conditions which transcend the individual and affect families, communities and societies at large.

Furthermore, coping with mental health is gendered. Given traditional gender roles and social expectations, men generally find it harder than women to seek treatment or support for mental health issues. The correlation between this reality and the continued patriarchal leadership structures in the global South has wide-reaching implications for the integration of MHPSS and peacebuilding, and therefore affects the potential for conflict-affected communities to sustainably recover from the horrors of violent conflict. Significant efforts are needed to dismantle silence and shame related to mental health and for MHPSS champions and ambassadors to role-model positive coping. This is also necessary at a systems level to prevent wounded individuals and systems from perpetuating cycles of violence that trickle down to vulnerable and stressed communities, thereby further eroding their resilience, well-being and interpersonal relationships. One regional consultation participant proposed a trauma-informed approach to identify how management structures, policies, protocols and human resource systems at government level are informed by harmful narratives and patterns of the past such as intergenerational trauma. This trauma-informed approach should act as a catalysing force to embed system-wide organizational change processes. In both the regional consultations and the mapping study, participants emphasized the importance of the role of government in investing in and amplifying MHPSS services as part of public health efforts and to prevent mental health problems from disrupting and derailing peacebuilding efforts.

That said, many emotional reactions such as fear, grief, loss and helplessness are normal reactions in (abnormal) conflict situations and in post-conflict situations. We have to be cautious about considering these as mental health problems, which they are not. It is important that people understand this and find words for their feelings.

The Covid-19 pandemic has had, and continues to have, an adverse impact on the work of CSOs and humanitarian organizations around the world, not least as a result of funding being diverted to emergency relief and economic recovery efforts. It has also increased fear, worry, stress, anxiety and other mental health problems among all sectors of the population. In many places it has exacerbated tensions within and between families, communities and societies, especially where conflict fault lines already existed. However, the pandemic's psychosocial impact, and WHO's (as well as other bodies) recognition of it, has also resulted in the much greater visibility of, and attention to, psychosocial and mental health issues in general. This bodes well for the ongoing integration of MHPSS into a myriad of sectors, peacebuilding in particular.

Exciting opportunities exist to strengthen peacebuilding work by integrating it with a psychosocial lens that magnifies the depth and breadth of how violent conflict affects behaviour, attitudes and relationships at both an individual and a collective level. An integrated approach that combines the rich knowledge and tools of both fields has the potential to generate a powerful and effective mechanism to interrupt cycles of violence and build more cohesive societies. This potential of an integrated approach to contribute to preventing violent and recurring conflict should not be underestimated. This is echoed in a study by Orrnert (2019), who concludes that not addressing the MHPSS needs of children, youth and adults in conflict situations has implications for their longer-term mental and physical health, their societies' mental health as well as their human capital development.

While a linear, causal evidence base does not yet exist, the premise on which this work is based is that not addressing MHPSS needs in conflict situations severely hampers the sustainability of any peacebuilding

effort. The following section presents some of the considerations and challenges that need to be addressed as the fields move towards a more considered and intentional integration. These should be read while keeping in mind the overwhelmingly positive response the authors of this report encountered throughout the written and online consultation process, during which practitioners from around the world expressed their commitment and excitement about the prospects of integration, echoing that 'there is no peace without peace of mind'.

The points below are drawn from the literature review, mapping study and regional consultations. Additional insights originate from the authors' expansive work on this subject matter, which has included fieldwork with partners in South Africa, Kenya, Zimbabwe and Uganda.

## Considerations for integration

### Centring indigenous knowledge systems

Culture, tradition and indigenous leadership structures play strong roles in community-based peacebuilding and MHPSS initiatives, especially in rural areas. Participants in the regional consultations as well as in the co-creation workshops (hosted by the authors of this report in four countries since 2019; Bubenzer et al., 2019) consistently highlighted the inextricable link between these structures, MHPSS and peacebuilding and how they could complement each other. They underscored the need to acknowledge and understand where PSS and peacebuilding work intersects, overlaps or indeed can be boosted by local rituals, traditions and traditional leadership structures.

Culture, tradition and indigenous leadership structures play strong roles in community-based peacebuilding and MHPSS initiatives.

However, references linking culture and indigenous leadership to peacebuilding and MHPSS were largely lacking in the research studies reviewed for this report. Participants from around the world emphasized the importance of 'building on what is'. This suggests that more attention first be paid to understanding the role of localized mechanisms in advancing (or hindering) MHPSS and peacebuilding, and then working within those findings to develop or build on contextually appropriate interventions that are based on local needs.

Hamber (2021) highlights that many communities affected by armed conflict engage in a range of practices aimed at well-being, such as healing rituals, grieving processes, use of churches, ceremonies and commemorations that are not run as projects or programmes, but exist within and as part of the community fabric. According to Wessells (2008), the failure to take these local practices into account often leads to unsustainable programmes using foreign methods that inadvertently cause harm by marginalizing or undermining existing support structures.

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## Collaboration, cooperation and partnerships

The literature and international frameworks widely acknowledge the importance of strategic partnerships in conflict settings and yet, in practice, details remain scant (Dumacy & Elliot, 2018; United Nations & World Bank, 2018). UN Security Council Resolution 2282 recognizes that the scale and nature of sustaining peace requires close and strategic partnerships between the UN, national governments and other key stakeholders (United Nations Security Council, 2016). The centrality of building vertical partnerships to ensure that community needs are more directly integrated into decision- and policymaking, and that this in turn is communicated back more efficiently, is evident. At all stages of the consultation process (led by the authors of this report) related to the integration of MHPSS and peacebuilding, the need to build strong, trust-based relationships was a consistent theme.

Peacebuilding and sustaining peace, as well as psychological well-being (positive mental health) and sustainable MHPSS, require strategic and operational regional partnerships that include multilateral partners, national actors, local peacebuilders and regional organizations and which are constructed in an inclusive, age-, gender- and conflict-sensitive manner. Partnership should be developed vertically (between UN organizations, government and local organizations) and horizontally (between groups such as young people, women, disabled people, and local/religious/spiritual leaders, but also organizations, NGOs and ministries of the government, regional organizations, etc.).

Given the distinctiveness of the fields and the fairly limited knowledge each field has of the other, building relationships strong enough to carry the weight of new content and work is a critical starting point. While competition for limited resources might initially present a challenge to collaboration, this is likely to be overcome once coordinated efforts exist.

However, integrating psychosocial approaches into other sectors is a relatively new way of working, and agencies *"have found that defining, adopting and integrating the psychosocial approach has required significant investment in improving understanding and skills associated with psychosocial approaches and the core principles of MHPSS. It is evident that promoting understanding and support for the psychosocial approach is a challenge for many organisations"* (UNHCR, 2013, p. 308).

Promoting and protecting psychological well-being and delivering MHPSS services must be firmly embedded and delivered within and across sectors (Harrison et al., 2021). This is also applicable to the peacebuilding sector (United Nations Security Council, 2016). How and under what conditions these partnerships will be supported are crucial focal points to ensure sustainability, inclusivity and the possibility for integrating MHPSS and peacebuilding. Partnerships need to be flexible and adaptive with a long-term vision. Ownership, agency, flexibility and practicality will all play an important role. In this complex context, creative ways are needed to provide space and authority to think beyond the outputs and deliverables outlined in a given project plan. The focus needs to be on how to bring about the necessary conditions for the transformational change that both the MHPSS and peacebuilding fields hope to achieve. In the long run, the diversity and richness of each field will contribute to the strength of all projects.

## Trust

Sharing a common vision and objectives is an effective way to start building the kind of trusting partnerships that are strong enough to support long-term project cycles. Trust, which has been described as the glue that holds relationships together (Russell, 2018; Stickel et al., 2009; Szkudlarek & Biglieri, 2016), is the belief in the good intentions of the other and the willingness to accept a certain level of vulnerability. Trusting relationships are built over time and can include shared values, mutual understanding and appreciating wants and needs from each other. For relationships to be productive, the parties must constantly consider how to build trust and how to manage mistrust (Lewicki & Brinsfield, 2009; Sliep et al., 2021). Given the fragility and volatility of (post)conflict contexts, building trusting relationships is as important at an interpersonal level among personnel within organizations as it is between the different stakeholders involved in carrying out a project, as well as between the beneficiaries and the organizations, stakeholders and (local) government. Trust is interpersonal and relationship based. For relationships to be productive, the parties must constantly consider how trust can be built and how mistrust can be managed (Lewicki & Brinsfield, 2009). Trust is complex as relationships are in a constant flux and it reflects multiple, different experiences. Based on the

assumption that trust is a fundamental element of the social fabric, it has to be anticipated that it takes time and that true values drive long-term behaviours.

Distrust will weaken relationships and may lead to negative ties, dysfunctional norms like discrimination, negative expectations in relation to anticipated behaviour, dishonesty and racist or sexist belief systems. Distrust can also negatively affect mental well-being.

Interventions need to address vulnerabilities on a community level and offer sustainable presence and engagement to build trust. Special attention should also be given to generational tensions and vulnerabilities, and strategies to develop a sense of self-trust and independence (Adesina et al., 2020; Nersisian et al., 2021).

Networks offer many important opportunities. Networks and networking have extensive benefits, especially in resource-constrained contexts. These include the possibility of improved access to information, cross-pollinating different levels of expertise and financial resources, increased efficiency, a multiplier effect which increases the reach and impact available to member organizations, solidarity and support, and the increased visibility of issues, best practices and underrepresented groups. Individual trust is also transferred into networks. Trust increases when a network demonstrates its integrity and abilities in the best interests of all parties involved (Stickel et al., 2009). Strong networks also build confidence in the communities they serve (Cofré-Bravo et al., 2019; Davis & Bartkus, 2009).

Within organizations or networks, high trust means the collective willingness to be vulnerable to the actions of a group even if the members do not know each other (Davis & Bartkus, 2009; Petherbridge, 2021; Spink & Burgos, 2021). It is therefore important to link livelihood programmes with interventions that involve building trust when integrating MHPSS with peacebuilding. Within networks, the following aspects contribute to trust: productive ties where every party can identify the possible positive outcomes of the relationship, positive expectations and norms based on the integrity of the network and supportive relationship values. The network offers the possibility of more people getting to know each other.

Important factors that will increase trust in the network are demonstrated integrity and ability, the display of relevant skills and competencies as well as belief that the network has the best interests of involved parties at heart (Stickel et al., 2009). In turn, strong networks will build confidence in the communities they serve to participate in services and interventions (Cofré-Bravo et al., 2019; Davis & Bartkus, 2009).

It is more difficult to build trust when there are language and cultural differences or if there have been negative experiences. A facilitated space where people get to know each other can become a connector that breaks down barriers and builds trust. Basic group-generated rules like confidentiality, showing respect, being non-judgemental and giving place to different ways of being can contribute to trust (Sliep et al., 2021). People need to be able to see how having a relationship will benefit everyone. One way to build trust in contexts of division is to facilitate bridging historical narratives by evoking a greater understanding of the 'other' – the opposing side in a particular conflict. A woven historical narrative can involve values, traumatic events and aspirations (Sliep, 2014; UNDP, 2020) and can be about hope – about what should be – and therefore work towards shaping processes and ideas that bring about change (Opacin, 2015).

## Personnel and self-care

All regional consultations raised the need to start the integration of MHPSS into peacebuilding by first ensuring that peacebuilders themselves receive adequate care in the workplace. This echoes growing global concern and awareness about the often compromised mental health and psychosocial well-being of those working in the broad field of humanitarian aid (Ager et al., 2012; Antares Foundation, 2012; Jachens, 2019). The widely used Antares Guidelines on managing stress in humanitarian workers points out the lack of care systems for national and international personnel. It details a set of recommendations to strengthen personnel's quality of care and stress management skills to prevent traumatic and post-traumatic stress. As such, the pursuit of well-being and peace is important for both the target group of the humanitarian work as well as the organizations and practitioners working in the field.

It is important that personnel also realize that feelings such as fear, grief, loss, helplessness and discouragement are normal in the context in which they work. Personnel care is also about helping people to manage these feelings in a way that allows them to move forward. Stress management can support

them to cope with stress and prevent high stress levels from creating toxic work environments (Guskovict & Potocky, 2018). Individuals and organizations working in the MHPSS and peacebuilding fields need to model the processes and behaviours they are working to achieve among the stakeholders with whom they work.

> Burnout, vicarious trauma and secondary traumatic stress are some of the mental health issues experienced when working in the humanitarian sector.

Working in the fields of peacebuilding and MHPSS requires individuals to self-reflect as practitioners working within communities but also as colleagues and employees within organizations. Burnout, vicarious trauma and secondary traumatic stress are some of the mental health issues experienced when working in the humanitarian sector. Experiences of emotional exhaustion, depersonalization, a reduced sense of accomplishment, signs of burnout connected with direct trauma or working with traumatized people can all shift people's worldview from altruism to pessimism, increasing their cynicism and reducing the levels of compassion needed for the work (Guskovict & Potocky, 2018). Personnel care is crucial and requires recognizing the different priorities and needs regarding support for national and international personnel.

Organizational peace is defined *"as enabling employees to focus on their work, to establish good relations with their colleagues, to manage the difficulties in their daily lives, to have a sense of peace and security and to ensure that organisations achieve their goals while maintaining their stability"* (Dogus, 2019, p. 662). Peace in organizations means space for diversity and inclusion and is related to leadership and management skills (Reed, 2017). This is called 'internal organizational peace' and it is shaped by the internal circumstances of the organization such as its individual, organizational, managerial and business characteristics. 'External organizational peace' is related to the external elements that the organization interacts with directly or indirectly, because it has to or out of choice (Dogus, 2019, p. 663). Internal and external organizational peace are closely related.

The work setting can be both a hazard and a support. Support from colleagues through peer-to-peer engagement and positive feedback can work well, but is not enough. Budget must be made available to provide extra stress-relieving interventions. Funders also need to be made aware of the need for personnel care, as it will directly strengthen the results of the programmes.

## Financing an integrated approach

The further development of a multilayered and multisectoral approach is not possible without adequate long-term financing that supports sharing risks and maximizing the impact of MHPSS and peacebuilding efforts. Given that both MHPSS work (Marquez, 2017; Ventevogel, 2018) and peacebuilding work (Lilja & Milante, 2021; Ross, 2020) are severely underfunded (compounded by Covid-related budgetary adjustments), advocacy and awareness-raising must be conducted to ensure that donors understand the importance of the fields and their linking as a necessary tool for sustainable peace and conflict prevention.

Individuals noted their concerns around obtaining sufficient funding for their work throughout the consultations conducted for the process leading to the drafting of the Guidance Note. While research participants generally expressed confidence that donors would fund projects that use an integrated approach, the fact that psychosocial work and peacebuilding work have considerable areas of overlap means that (unhealthy) competition will exist between organizations working towards similar results. It was often mentioned that collaboration could mitigate competition. However, this was followed up with reference to some of the technical and practical challenges of collaborative work in resource-poor and overstretched contexts. Arthur and Monnier (2021) argue that the UN Peacebuilding Fund could play a central role in enabling experimental approaches at country levels and encouraging structural integration of MHPSS issues. Engaging donors on the importance of funding creative partnerships doing innovative work that furthers the integration of MHPSS into peacebuilding must be a priority. Having dedicated

funding streams to support the integration of MHPSS issues in international development assistance would be helpful.

## Multilayered, multisectoral approaches

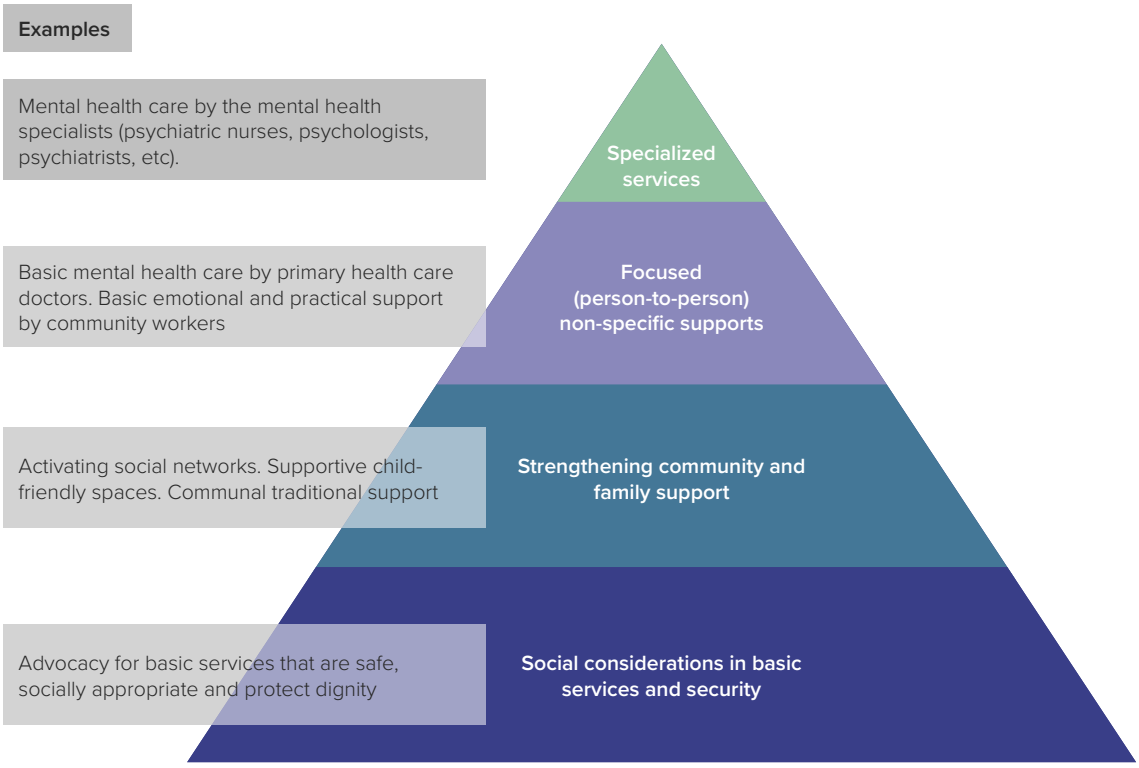
Pointing to the need for the integration of psychosocial approaches into all sectors related to humanitarian development, Williamson and Robinson (2006, p. 7) state that "*activities intended to promote positive psychosocial results should be integrated with other interventions within the broader humanitarian context in order to promote the common goal of wellbeing.*" Mainstreaming psychosocial approaches into other sectors such as migration, the prevention of violent extremism, gender work and livelihoods has been advocated (Amnesty International, 2016; Aravani, 2016; IASC, 2007). The organization Terre des Hommes (2012) highlights the need to strengthen psychosocial approaches in its manual 'Working with Children and Their Environment', as does the UNHCR (2013) in its global review of MHPSS.

Merely working in the same context does not imply a multisectoral approach. A psychosocial or peacebuilding intervention can be executed alongside any kind of intervention/discipline without being fully integrated. There are, for instance, stand-alone psychosocial interventions carried out by professionally trained MHPSS professionals, with activities and objectives more specifically and directly related to the field of MHPSS, for example treatment for people with mental disorders, or specific groups of people who suffer from their experiences and are not able to move forward (Horn et al., 2016).

The IASC on Mental Health and Psychosocial Support in Emergency Settings is a leading interagency forum that constitutes some of the world's largest humanitarian agencies. IASC strongly recommends a layered, multisectoral approach to provide MHPSS (IASC, 2007) on the basis that people respond to hardships (natural and human-made) in many different ways which require different types of support. Figure 11 reflects the ideal layering of services in the provision of MHPSS in emergency settings, including referrals. Although this was specifically developed for emergency settings, many of the strategies also apply to longer-term interventions in post-conflict settings.

The interventions range from preventive, supportive work to curative and specialized psychiatric treatments. Although peacebuilding organizations might be able to expand their tools to include components of

Figure 11: **Intervention pyramid for MHPSS in emergencies (Source: IASC, 2007)**



preventive and supportive MHPSS work, the importance of having effective referral systems in place for curative and specialized psychiatric treatments cannot be overemphasized. Unfortunately, studies have shown that setting up referral systems to ensure people receive the necessary psychiatric treatment remains a challenge due to the absence of adequately trained health workers and a shortage of facilities (Sangraula, 2020). The interventions that have been researched show that ongoing supervision by experts (even remotely if there is no other option) is essential to achieve positive results. Budgeting and sustainability planning must make resources available for expert supervision (Tarannum et al., 2019).

The active involvement of both MHPSS and peacebuilding stakeholders (organizations and partners) is a vital part of the peacebuilding process as it brings different perspectives together to form an integrated approach. To develop a multilayered intervention that is relevant to each situation requires an in-depth understanding of the social, political and economic context as well as the culturally specific expressions of health and illness, and the culturally specific ways in which people cope with stress and mental health problems. Furthermore, it is necessary to conduct an assessment that identifies the mental health needs of individuals, groups or the community, as well as the existing skills and practices to address these needs. It is also necessary to assess the existing social dynamics and power relations within groups and between other social bodies such as government, the police, neighbouring and host communities. Furthermore, all assessments must pay close attention to the inclusivity of marginalized groups. Pankhurst (2003) suggests continuously questioning if this policy (unintentionally) affects the (other) different groups differently – women and men, the youth and the elderly, the abled and the disabled, leaders and vulnerable people, ethnic groups, etc.

## Entry points

A wide variety of entry points for the integration of MHPSS into peacebuilding surfaced throughout the research. These included, but were not limited to, GBV, preventing violent extremism, transitional justice, working with people with disabilities and with LGBTIQ+ communities. Interventions related to furthering work in these areas tend to require both peacebuilding and MHPSS activities, providing fertile starting points for the development of integrated approaches. Although these (and other) entry points can be a suitable starting point for an integrated approach, starting from a single entry point runs the risk of developing stand-alone interventions, for example, supporting only female survivors of GBV rather than developing a holistic response that addresses the root causes of the problem. People and groups can provide entry points by identifying their priority needs in terms of achieving sustainable peace and well-being in their communities. However, all interventions should be embedded in multisectoral programmes that address the root causes and wider contexts in which violations occur.

## Scalability

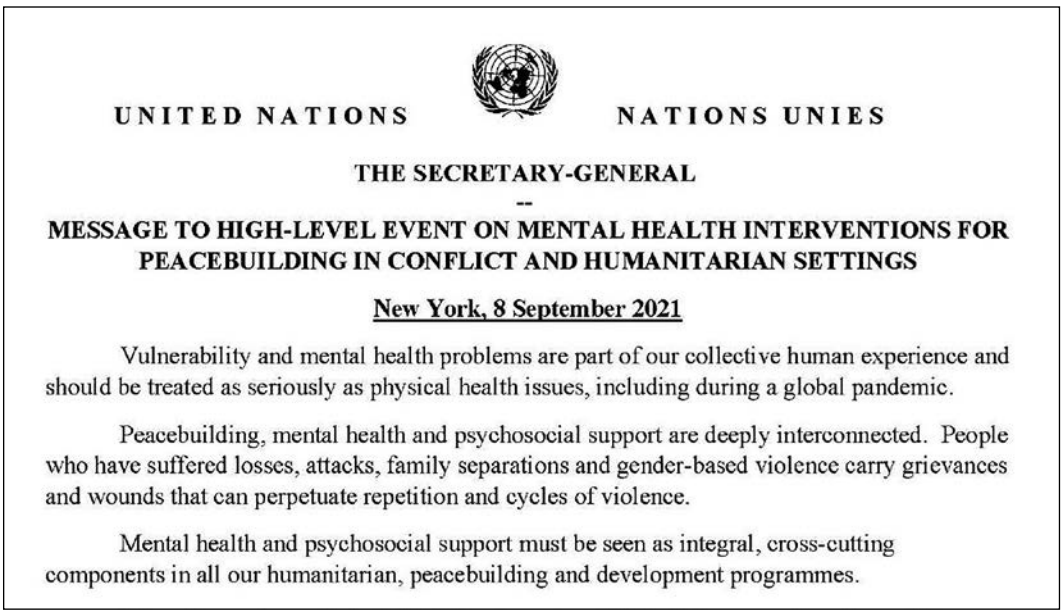
Given how many people around the world live with high levels of daily stress and conflict-related psychosocial suffering, the development of scalable interventions that are able to reach more people can positively contribute to providing effective support. In the MHPSS field, several interventions aimed at supporting people and helping them cope with the difficulties they face have been developed or are in the development stage. These interventions have proven to be effective in different settings around the world. It is widely accepted that for both MHPSS and peacebuilding interventions to be relevant and sustainable, they need to be adapted to the unique contexts in which they are used. Scalability often implies that one intervention is used across the board and applied to large groups of people who very likely come from different conflict backgrounds. Truly scalable and sustainable interventions are always adapted to local needs, experiences and practices.

A systematic literature review study conducted by Troup et al. (2021) analysed the barriers and facilitators to scaling up MHPSS interventions in low- and middle-income countries for populations affected by humanitarian crises. They found that scaling-up efforts were largely horizontal (i.e. integrating services into primary and community care through personnel training, task sharing and establishing referral and supervision mechanisms), which challenges long-term sustainability. Troup et al. (2021) determined that sustainable scale-up requires both horizontal and vertical efforts which include support by authorities (including local and national government) (e.g. Sliep, 2009, 2014). This is to ensure that the mental health intervention is institutionalized across the country through legal and policy mechanisms that provide long-term funding and support the expansion of the intervention through guidelines and strategic policy documents.

# Conclusion

The preceding discussion outlined some of the key challenges and opportunities pertaining to the development of an approach that sustainably integrates MHPSS into peacebuilding. Read jointly with the data collected for this study, a set of steps emerge which, if implemented with the intention of working closely with the other field, will pave the way to an integrated approach. Given the numerous calls for the development of a Guidance Note to help practitioners implement such an approach, the authors of this report have used the available data to develop 10 principles that could help lead the way forward. The intention is not to be directive or prescriptive. Rather, these principles have been developed for application across a wide variety of contexts and situations, allowing for the organic emergence of an approach that works. The following principles are clearly defined in the Guidance Note accompanying this document.

1. Co-create an integrated approach
2. Take a holistic, multisectoral and multilevel approach
3. Relationship building, coordination and networking
4. Joint context analysis and assessment
5. Strategically balance short- and long-term goals
6. Develop a joint monitoring, evaluation and learning framework
7. Adapt local integrated interventions into national contexts and frameworks
8. Do no harm
9. Acknowledge and address mental health related stigma
10. Acknowledge, manage and support personnel well-being



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THE SECRETARY-GENERAL

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MESSAGE TO HIGH-LEVEL EVENT ON MENTAL HEALTH INTERVENTIONS FOR PEACEBUILDING IN CONFLICT AND HUMANITARIAN SETTINGS

New York, 8 September 2021

Vulnerability and mental health problems are part of our collective human experience and should be treated as seriously as physical health issues, including during a global pandemic.

Peacebuilding, mental health and psychosocial support are deeply interconnected. People who have suffered losses, attacks, family separations and gender-based violence carry grievances and wounds that can perpetuate repetition and cycles of violence.

Mental health and psychosocial support must be seen as integral, cross-cutting components in all our humanitarian, peacebuilding and development programmes.

# ANNEX 1
# References


Aboujaoude, E. & Starcevic, V., eds. (2015). *Mental health in the digital age: Grave dangers, great promise*. New York: Oxford University Press.

Adesina, M. A., Oladele, R. I. & Olufadewa, I. I. (2020). Mental health and psychosocial support in conflicting Nigeria. *Yenegoa Medical Journal*, *2*(4): 15–23.

Africa Centers for Disease Control and Prevention. (2020). *Guidance for mental health and psychosocial support for COVID-19*. Retrieved from: https://africacdc.org/download/guidance-for-mental-health-and-psychosocial-support-for-covid-19/.

African Union. (2019). *African Union Transitional Justice Policy*. Retrieved from: https://au.int/sites/default/files/documents/36541-doc-au_tj_policy_eng_web.pdf.

Ager, A., Pasha, E., Yu, G., Duke, T., Eriksson, C. & Cardozo, B. L. (2012). Stress, mental health, and burnout in national humanitarian aid workers in Gulu, Northern Uganda. *Journal of Traumatic Stress*, *25*(6): 713–720.

Agwella, M. O. (2018). Localising peacebuilding in South Sudan? A case of transitional justice and reconciliation. Unpublished DPhil thesis, University of Bradford, Bradford.

Akaito, J. A. & Musa, B. (2020). Family conflict and single parenthood: Impact on peace building in Jos North Local Government Area, Plateau State. *Sahel Journal of Geography, Environment and Development, 1*(1): 73–82.

Al Mandhari, A., Ghaffar, A. & Etienne, C. F. (2021). Harnessing the peace dividends of health. *BMJ Global Health*, 6e006287. DOI:10.1136/bmjgh-2021-006287.

Al Mushaqiri, M. R., Ishak, Z. & Ismail, W. M. (2020). Effectiveness of the peace education program on the social and emotional behaviour for pre-school in the Sultanate of Oman. *International Journal of Education, Psychology and Counselling, 5*(36): 211–225.

Amendola, A. (2020). Violence in times of peace: How trauma perpetuates family violence in post-conflict environments. Unpublished MSc dissertation, University of Pittsburgh, Pennsylvania.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: American Psychiatric Publishing.

Amnesty International. (2016). *Our hearts have gone dark: The mental health impact of South Sudan's conflict*. Retrieved from: https://www.amnesty.org/en/documents/afr65/3203/2016/en.

Anderson, K. & Van Ee, E. (2019). Mothers with children born of sexual violence: Perceptions of global experts regarding support in social care settings. *Health Care for Women International*, *40*(1): 83–101.

Antares Foundation. (2012). *Managing stress in humanitarian workers: Guidelines for good practice* (3rd ed.). Amsterdam: Antares Foundation.

Apfel, R. J. & Simon, B. (2000). Mitigating discontents with children in war: Ongoing psychoanalytic inquiry. In A. C. G. M. Robben & M. Suárez-Orozco (Eds.), *Cultures under siege: Collective violence and trauma* (pp. 102–130). Cambridge: Cambridge University Press.

Aravani, E. (2016). CAAFAGs & post-conflict education in the Republic of South Sudan: Back to 'normalcy' or full speed ahead to radical changes? Unpublished Master's dissertation, University College London.

Arthur, P. & Monnier, C. (2021). *Mental health and psychosocial support to sustain peace: 4 areas to explore for improving practice*. Retrieved from: https://cic.nyu.edu/publications/mental-health-and-psychosocial-support-sustain-peace-4-areas-explore-improving-practice.

Atari, D. O. & McKague, K. (2019). Using livelihoods to support primary health care for South Sudanese refugees in Kiryandongo, Uganda. *South Sudan Medical Journal, 12*(2): 38–43.

Aviles-Betel, K., Ismail-Allouche, Z. & Picard, V. (2021). Healing and rebalancing in the aftermath of colonial violence: An indigenous-informed, response-based approach. *Genealogy*, *5*(3): 69.

Ayindo, B. (2011). *In search of healers: A study on cycles of violence, collective trauma and strategies for healing and peacebuilding in Kenya*. Coalition for Peace in Africa. Retrieved from: http://copafrica.org/wp-content/uploads/2017/01/In_search_of_healers.pdf.

Baggerman, J. & Hidalgo, E. D. (2021). *World Water Day: The role of nonviolent action in water governance*. United States Institute of Peace. Available at: https://www.usip.org/publications/2021/03/world-water-day-role-nonviolent-action-water-governance (Accessed 10 March 2021).

Baingana, F., Bannon, I. & Thomas, R. (2005). *Mental health and conflicts: Conceptual framework and approaches*. The World Bank. Retrieved from: https://documents.worldbank.org/en/publication/documents-reports/documentdetail/829381468320662693/mental-health-and-conflicts-conceptual-framework-and-approaches.

Barnwell, G. (2021). The psychological and mental health consequences of climate change in South Africa. *The Centre for Environmental Rights*.

Bolton, P., Neugebauer, R., & Ndogoni, L. (2002). Prevalence of depression in rural Rwanda based on symptom and functional criteria. J Nerv Ment Dis, 190(9), 631 - 637.

Borkowska, M. & Laurence, J. (2021). Coming together or coming apart? Changes in social cohesion during the Covid-19 pandemic in England. *European Societies*, *23*(sup1): S618 –S636.

Bosley, C. (2020). *Violent extremist disengagement and reconciliation: A peacebuilding approach*. US Institute of Peace. Retrieved from: http://www.jstor.org.ukzn.idm.oclc.org/stable/resrep25431.5.

Bradley, S. (2018). Domestic and family violence in post-conflict communities: International human rights law and the state's obligation to protect women and children. *Health Human Rights*, *20*(2): 123–136.

Brand, F. S. & Jax, K. (2007). Focusing the meaning(s) of resilience: Resilience as a descriptive concept and a boundary object. Ecology and society, 12(1): 23.

Brankovic, Y. (2021). *Integrating mental health and psychosocial support into transitional justice in the Gambia. Practitioner perspectives*. Johannesburg: CSVR.

Brennan, C. S. (2020). *Disability rights during the pandemic: A global report on findings of the COVID-19 Disability Rights Monitor*. Available at: https://www.internationaldisabilityalliance.org/sites/default/files/disability_rights_during_the_pandemic_report_web_pdf_1.pdf (Accessed 13 April 2022).

Brounéus, K. (2010). The trauma of truth telling: Effects of witnessing in the Rwandan Gacaca courts on psychological health. *Journal of Conflict Resolution, 54*(3): 408–437. doi:10.1177/0022002709360322.

Bubenzer, F. (2020). *Coming together: Mental health and psychosocial support in peacebuilding.* Stanley Centre. Retrieved from: https://stanleycenter.org/publications/mental-health-psychosocial-support-peacebuilding/.

Bubenzer, F. & Tankink, M. (2015). *Healing communities, transforming society: Exploring the interconnectedness between psychosocial needs, practice and peacebuilding*. Cape Town: Institute of Justice and Reconciliation & the War Trauma Foundation. Retrieved from: http://www.ijr.org.za/portfolio-items/conference-report-healing-communities-transforming-society/.

Bubenzer, F., Sliep, Y., Tankink, M. & Kim, A. (2019). *Co-creating an integrated approach to mental health and psychosocial support and peacebuilding. An observations report based on findings from research conducted in South Africa, Kenya and Zimbabwe conducted from January to September 2019*. Unpublished report, IJR, South Africa.

Bubenzer, F., Van der Walt, S. & Tankink, M. (2017). *Mapping global practice: Healing communities, transforming society, mental health, psychosocial support and peacebuilding*. Cape Town: IJR & War Trauma Foundation. Retrieved from: https://www.ijr.org.za/portfolio-items/mapping-global-practice-healing-communities-transforming-society/.

Burrell, M. & Barsalou, J. (2015). *Neuroscience and peacebuilding: Reframing how we think about conflict and prejudice*. Paper presented at the Conference report organized by the El-Hibri Foundation (EHF), Beyond Conflict (BC) and the Alliance for Peacebuilding (AfP). Washington, DC: EHF.

Carballo, M., Smajkic, A., Zeric, D., Dzidowska, M., Gebre-Medhin, J. & Van Halem, J. (2004). Mental health and coping in a war situation: The case of Bosnia and Herzegovina. *Journal of Biosocial Science*, *36*(4): 463–477.

Cardozo, B. L., Bilukha, O. O., Crawford, C. A. G., Shaikh, I., Wolfe, M. I., Gerber, M. L. & Anderson, M. (2004). Mental health, social functioning, and disability in postwar Afghanistan. *JAMA, 292*(5): 575.

Charlson, F., Van Ommeren, Mark, Flaxman, A., Cornett, J., Whiteford, H. & Saxena, S. (2019). New WHO prevalence estimates of mental disorders in conflict settings: A systematic review and meta-analysis. *The Lancet*. Retrieved from: http://dx.doi.org/10.1016/S0140-6736(19)30934-1.

Christian, M., Safari, O., Ramazani, P., Burnham, G. & Glass, N. (2011). Sexual and gender-based violence against men in the Democratic Republic of Congo: Effects on survivors, their families and the community. *Medicine, Conflict and Survival*, *27*(4): 227–246.

Clancy, M. A. C. & Hamber, B. (2008). *Trauma, peacebuilding, and development: An overview of key positions and critical questions*. Paper presented at the Trauma, Development and Peacebuilding Conference, New Delhi, India, 9–11 September.

Clark, P. (2010). *The Gacaca courts, post-genocide justice and reconciliation in Rwanda: Justice without lawyers*. Cambridge: Cambridge University Press.

Close, S. (2021). *Untapped peacebuilders: Including persons with disabilities in building peace.* London: Conciliation Resources. Retrieved from: https://rc-services-assets.s3.eu-west-1.amazonaws.com/s3fs-public/Untapped_peacebuilders_including_persons_with_disabilities_in_building_peace.pdf.

Cofré-Bravo, G., Klerkx, L. & Engler, A. (2019). Combinations of bonding, bridging, and linking social capital for farm innovation: How farmers configure different support networks. *Journal of Rural Studies*, *69*: 53–64.

Corrigan, P. W. & Bink, A. B. (2016). The stigma of mental illness. In S. H. Friedman (Ed.), *Encyclopedia of mental health* (2nd ed.) (pp. 230–234). San Diego: Academic Press.

Creary, P. & Byrne, S. (2014). Youth violence as accidental spoiling?: Civil society perceptions of the role of sectarian youth violence and the effect of the peace dividend in Northern Ireland. *Nationalism and Ethnic Politics, 20*: 221–243.

Crisp, J. (2001). Mind the gap! UNHCR, humanitarian assistance and the development process. *International Migration Review, 35*(1): 168–191.

CWWPP (Coalition for Work with Psychotrauma and Peace). (2010). *Social reconstruction and health towards the future. Lessons learned from eastern Croatia, 1995-2010.* Nieuwe Pekela: CWWPP.

Danjibo, N. & Akinkuotu, A. (2019). Rape as a weapon of war against women and girls. *Gender and Behaviour*, *17*(2): 13161–13173.

Das, V., Kleinman, A., Ramphele, M. & Reynolds, P. (2000). *Violence and subjectivity.* Berkeley: University of California Press.

Davis, J. H. & Bartkus, V. O. (2009). Organizational trust and social capital. In V. O. Bartkus & J. H. Davis, *Social capital: Reaching out, reaching in* (pp. 319–228). Cheltenham: Edward Elgar.

Derluyn, I., Broekaert, E., Schuyten, G. & De Temmerman, E. (2004). Post-traumatic stress in former Ugandan child soldiers. *The Lancet*, *363*(9412): 861 –863.

Deutsch, M. & Coleman, P. T. (2016). The psychological components of sustainable peace: An introduction. In P. Coleman & M. Deutsch (Eds.), *Psychological components of sustainable peace* (pp. 1–14). Cham: Springer.

Dogus, Y. (2019). A qualitative research on organisational peace in schools. *Cypriot Journal of Educational Science, 14*(4): 661–675.

Dozio, E., Feldman, M., Bizouerne, C., Drain, E., Laroche Joubert, M., Mansouri, M., Moro, M. R., & Ouss, L. (2020). The Transgenerational Transmission of Trauma: The Effects of Maternal PTSD in Mother-Infant Interactions. Frontiers in psychiatry, 11, 480690. https://doi.org/10.3389/fpsyt.2020.480690.

Dryden-Peterson, S., Adelman, E., Alvarado, S., Anderson, K., Bellino, M., Brooks, R. & Suzuki, E. (2018). *Inclusion of refugees in national education systems.* UNESDOC Digital Library. Retrieved from: https://www.unhcr.org/publications/education/560be1493/education-brief-4-inclusion-refugees-national-education-systems.html.

Dubois, Heather. (2008). Religion and peacebuilding. *Journal of Religion, Peace and Conflict, 1*(2): 393–405.

Dumacy, T. & Elliot, D. (2018). *Partnership in peacebuilding: Lessons from conciliation resources' practice.* Conciliation Resources. Retrieved from: https://rc-services-assets.s3.eu-west-1.amazonaws.com/s3fs-public/Partnerships%20in%20peacebuilding.pdf.

El-Khani, A., Ulph, F., Peters, S. & Calam, R. (2016). Syria: The challenges of parenting in refugee situations of immediate displacement. *Intervention, 14*(2): 99–113.

El-Khani, A., Ulph, F., Peters, S. & Calam, R. (2017). Syria: Coping mechanisms utilised by displaced refugee parents caring for their children in pre-resettlement contexts. *Intervention, 15*(1): 34–50.

Elliott, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S. & Reed, B. G. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*, *33*(4): 461–477.

Emmer, C., Bosnjak, M. & Mata, J. (2020). The association between weight, stigma and mental health: A met-analysis. *Obesity Reviews*, *21*(1): e12935.

European Union EEAS (European External Action Service). (2020). *Peace mediation guidelines*. Available from: https://eeas.europa.eu/sites/default/files/eeas_mediation_guidelines_14122020.pdf.

Fahmy, B. (2017). Alcohol and substance use in humanitarian and post-conflict situations. *Eastern Mediterranean Health Journal*, *23*(3): 231–235.

FAO (Food and Agriculture Organization of the United Nations) & OPM (Office of the Prime Minister of Uganda). (2018). *Food security, resilience and well-being analysis of refugees and host communities in Northern Uganda*. Rome: FAO.

Farwell, N. (2003). In war's wake: Contextualizing trauma experiences and psychosocial well-being among Eritrean youth. *International Journal of Mental Health, 32*(4): 20–50.

Felix da Costa, D. (2017). *Dynamics of youth and violence: Findings from Rubkona County Unity State.* Borderlands Knowledge Hub. Retrieved from: https://www.bkhub.org/publications/dynamics-of-youth-and-violence-findings-from-rubkona-county-unity-state/.

Flanagan, N., Travers, A., Vallières, F., Hansen, M., Halpin, R., Sheaf, G., Rottmann, N., & Johnsen, A. T. (2020). Crossing borders: a systematic review identifying potential mechanisms of intergenerational trauma transmission in asylum-seeking and refugee families. European journal of psychotraumatology, 11(1), 1790283. https://doi.org/10.1080/20008198.2020.1790283

Fitzduff, M. (2015). *An introduction to neuroscience for the peacebuilder.* Retrieved from: https://www.beyondintractability.org/moos/fitzduff-neuroscience-part1.

Francis, R. L. (2019). Searching for the voice of people with disabilities in peace and conflict research and practice. *Peace and Change, 44*(3): 295–320.

Gaillard, J.C. (2006). Was it a cultural disaster? Aeta resilience following the 1991 Mt Pinatubo eruption. *Philippine Quarterly of Culture and Society*, *34*(4): 376–399.

Galtung, J. (1969). Violence, peace and peace research. Journal of Peace Research, 6(3): 167–191.

Garcia, D. M. & Sheehan, M.C. (2016). Extreme weather-driven disasters and children's health. *International Journal of Health Services*, *46*(1): 79–105.

Goodman, J. H. (2004). Coping with trauma and hardship among unaccompanied refugee youths from Sudan. *Qualitative Health Research, 14*(9): 1177–1196

Greenstein, L. (2016). *The mental health benefits of religion & spirituality.* Available at: https://www.nami.org/Blogs/NAMI-Blog/December-2016/The-Mental-Health-Benefits-of-Religion-Spiritual (Accessed 7 February 2022).

Guskovict, K. L. & Potocky, M. (2018). Mitigating psychological distress among humanitarian staff working with migrants and refugees: A case example. *Advances in Social Work, 18*(3): 965–982.

Hamber, B. (2021). *Transitional justice, mental health and psychosocial support.* Summary paper presented at MHPSS.net Online Seminar. Unpublished.

Hamber, B., Gallagher, E. & Ventevogel, P. (2014). Narrowing the gap between psychosocial practice, peacebuilding and wider social change: An introduction to the special section in this issue. *Intervention, 12*(1): 7–15.

Harrison, S., Chemaly, W. S., Hanna, F., Polutan-Teulieres, N. & Ventevogel, P. (2021). Engagement of protection actors in MHPSS: The need for cross-sectoral cooperation. *Forced Migration Review, 66*: 8–11.

Hart, B. & Colo, E. (2014). Psychosocial peacebuilding in Bosnia and Herzegovina: Approaches to relational and social change. *Intervention, 12*(1): 76–87.

Herman, J. L. (2001). *Trauma and recovery: From domestic abuse to political terror*. London: Pandora.

Hertog, K. (2010). *The complex reality of religious peacebuilding: Conceptual contributions and critical analysis*. Lanham, MD: Lexington Books.

Hertog, K. (2017). The intrinsic interlinkage between peacebuilding and mental health and psychosocial support: The International Association for Human Values model of integrated psychosocial peacebuilding. *Intervention, 15*(3): 278–292.

Hirsch, M. (1999). Projected memory: Holocaust photographs in personal and public fantasy. In M. Bal, J. Crewe & L. Spitzer (Eds.), *Acts of memory: Cultural recall in the present* (3-23). Hanover: University Press of New England.

Horn, R., Besselink, D. & Tankink, M. (2016). Introduction to special section: Mainstreaming psychosocial approaches and principles in 'other' sectors. *Intervention, 14*(3): 207–210.

HRW (Human Rights Watch). (2004). The Road to Abu Graib. Retrieved from https://www.hrw.org/report/2004/06/08/road-abu-ghraib.

Huser, C. (2020). Integrating Mental Health & Psycho-Social Support in Peace-Building Programming. Providing a conceptual framework for Norwegian Church Aid's program implementation.

IAHV (International Association for Human Values). (2016a). Improving trauma relief and resilience: IAHV training and programs. Retrieved from: http://peaceunit-iahv.org/wp-content/uploads/2016/10/IAHV-Trauma-Relief-and-Resilience-1.pdf.

IAHV (International Association for Human Values). (2016b). *IAHVs unique bio-psychosocial approach*. Retrieved from: https://www.iahv-peace.org/how-we-work/

IASC (Inter-Agency Standing Committee). (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva: IASC. Retrieved from: https://interagencystandingcommittee.org/iasc-task-force-mental-health-and-psychosocial-support-emergency-settings/iasc-guidelines-mental-health-and-psychosocial-support-emergency-settings-2007.

IASC (Inter-Agency Standing Committee. (2015). G*uidelines for integrating gender-based violence interventions in humanitarian action: Reducing risk, promoting resilience and aiding recovery.* Retrieved from: https://interagencystandingcommittee.org/system/files/2021-03/IASC%20Guidelines%20for%20Integrating%20Gender-Based%20Violence%20Interventions%20in%20Humanitarian%20Action%2C%202015.pdf.

IASC (Inter-Agency Standing Committee) Task Team on Inclusion of Persons with Disabilities in Humanitarian Action. (2019). *Guidelines: Inclusion of persons with disabilities in humanitarian action.* Retrieved from: https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines.

ICRC (International Committee of the Red Cross). 2018. Guidelines on mental health and psychosocial support. Retrieved from https://shop.icrc.org/icrc/pdf/view/id/2632 .

ILO (International Labour Organisation). 2003. Wounded Childhood: The use of children in armed conflict in Central Africa. Retrieved from https://www.ilo.org/wcmsp5/groups/public/@ed_emp/@emp_ent/@ifp_crisis/documents/publication/wcms_116566.pdf.

Ingabire, C. M., Kagoyire, G., Karangwa, D., Ingabire, N., Habarugira, N., Jansen, A. & Richters, A. (2017). Trauma informed restorative justice through community based sociotherapy in Rwanda. *Intervention, 15*(3): 241–253.

International Federation of the Red Cross & WHO. (2021). *Mental health action plan 2013–2030*. Retrieved from: https://apps.who.int/gb/statements/WHA74/PDF/IFRC-13.2.pdf.

International Federation Reference Centre for Psychosocial Support & Hansen, P. (2009). *Psychosocial interventions: A handbook*. Copenhagen: International Federation Reference Centre for Psychosocial Support.

IOM. (n.d.,a). *Considerations for addressing mental health and psychosocial needs of communities affected by violent extremism through mental health and psycho-social support.* Retrieved from: https://www.iom.int/sites/g/files/tmzbdl486/files/our_work/DMM/Migration-Health/final_mhpss_addressing_ve4.pdf.

IOM. (n.d.,b). *Internal displacement.* Retrieved from: https://www.iom.int/internal-displacement.

IRC. (2020). Resolution of the 33rd International Red Cross and Red Crescent Conference. Retrieved from: https://international-review.icrc.org/sites/default/files/pdf/1590391258/irc101_2/S1816383120000090a.pdf.

Jachens, L. (2019). Humanitarian aid workers' mental health and duty of care. *Europe's Journal of Psychology*, *15*(4): 650.

Jackson, M. (2006). *The politics of storytelling: Violence, transgression, and intersubjectivity.* Copenhagen: Museum Tusculanum Press.

Jenks, C. (2005). *Childhood* (2nd ed.). London: Routledge. https://doi.org/10.4324/9780203023488.

Kaag, S. (2019). War's trauma endures long after the last shot is fired—broken souls need rebuilding. *Guardian*, 30 June. Retrieved from: https://www.theguardian.com/society/2019/jun/30/wars-trauma-endures-long-after-the-last-shot-is-fired-broken-souls-need-rebuilding#img-1.

Kapteijns, L. & Richters, A. (2010). *Meditations of violence in Africa: Fashioning new futures from contested pasts*. Leiden: Brill.

Kelly, J. T. D., Colantuoni, E., Robinson, C. & Decker, M. R. (2018). From the battlefield to the bedroom: A multilevel analysis of the links between political conflict and intimate partner violence in Liberia. *BMJ Global Health, 3*(2). https://gh.bmj.com/content/3/2/e000668.

Kett, M. & Van Ommeren, M. (2009). Disability, conflict, and emergencies. *The Lancet, 374*(9704): 1801–1803. https://doi.org/10.1016/S0140-6736(09)62024-9.

Khawaja, N. G., White, K. M., Schweitzer, R. & Greenslade, J. (2008). Difficulties and coping strategies of Sudanese refugees: A qualitative approach. *Transcultural Psychiatry*, *45*(3): 489–512.

Richardson, Catherine K., Kenna Aviles-Betel, Zeina Ismail-Allouche, and Véronique Picard. (2021). Healing and Rebalancing in the Aftermath of Colonial Violence: An Indigenous-Informed, Response-Based Approach. *Genealogy* 5, no. 3: 69. https://doi.org/10.3390/genealogy5030069.

King, R. U. (2014). Key factors that facilitate intergroup dialogue and psychosocial healing in Rwanda: A qualitative study. Intervention, 12(3), 416–429.

Kirmayer, L. J. (1996). Landscapes of memory: Trauma, narrative, and dissociation. In P. Antze & M. Lambek (Eds.), *Tense past: Cultural essays in trauma memory* (pp. 173–198). New York: Routledge.

Kizilhan, J. I. & Noll-Hussong, M. (2018). Post-traumatic stress disorder among former Islamic State child soldiers in northern Iraq. The British Journal of Psychiatry, 213(1): 425–429.

Kleinman, A. (2006). *What really matters: Living a moral life amidst uncertainty and danger*. New York: Oxford University Press.

Kubai, A. & Angi, K. (2019). *In the end no winners, no losers: Psychosocial support in peacebuilding and reconciliation for conflict affected societies*. Research report. FELM. Retrieved from: felm_psychosocial-support-in-peacebuilding-and-reconciliation-for-conflict-affected-societies_final.pdf.

Lambourne, W., & Gitau, L. W. (2013). Psychosocial Interventions, peacebuilding and development in Rwanda. Journal of Peacebuilding & Development, 8(3), 23–36.

Laplante, L. J. (2007). Women as political participants: Psychosocial post-conflict recovery in Peru. Peace and Conflict: Journal of Peace Psychology, 13(3), 313–331.

Lasater, M. E., Woldeyes, G. M., Le Roch, K., Phan, X., Solomon-Osborne, A. & Murray, S. M. (2020). Lessons learned evaluating the baby friendly spaces program for south Sudanese refugees in Gambella, Ethiopia: Strengthening research and programmatic partnerships to address maternal and child health and psychosocial needs in humanitarian emergencies. *Conflict and Health, 14*(1): 52–52.

Lederach, J. (2013). The little book of conflict transformation. Retrieved from https://professorbellreadings.files.wordpress.com/2017/10/the-little-books-of-justice-peacebuilding-john-lederach-the-little-book-of-conflict-transformation-good-books-2014-1.pdf.

Lee-Koo, K. (2011). Horror and hope: (Re)presenting militarised children in global North–South relations. *Third World Quarterly*, *32*(4): 725–742.

Lewicki, R. J. & Brinsfield, C. T. (2009). Trust, distrust and building social capital. In V. O. Bartkus & J. H. Davis (Eds.), *Social capital: Reaching out, reaching in* (pp. 275–303). Cheltenham: Edward Elgar.

Liebling, H., Barrett, H. & Artz, L. (2020). South Sudanese refugee survivors of sexual and gender-based violence and torture: Health and justice service responses in northern Uganda. *International Journal of Environmental Research and Public Health, 17*(5): 1685.

Lilja, J. & Milante, G. (2021, June 21). *Financing peacebuilding ecosystems*. Stockholm SIPRI. Retrieved from: https://www.sipri.org/commentary/blog/2021/financing-peacebuilding-ecosystems.

Lokot, M. (2019). Challenging sensationalism: Narratives on rape as a weapon of war in Syria. *International Criminal Law Review*, *19*(5): 844–871.

Louise, C., Guest, A., Scheerder, A. & Ereira-Guyer, N. (2020). *Understanding social cohesion and peace capacities: SCORE South Sudan* Policy Report. Retrieved from: https://www.socialcohesion.info/library/publication/understanding-social-cohesion-and-peace-capacities-score-south-sudan-policy-report.

Maedl, A., Schauer, E., Odenwald, M. & Elbert, T. (2010). Psychological rehabilitation of ex-combatants in non-western, post-conflict settings. In E. Martz (Ed.), *Trauma rehabilitation after war and conflict* (177-213). New York: Springer.

Mansfield, K. (2017). Strategies for trauma awareness and resilience programme: Experiential education towards resilience and trauma informed people and practice. *Intervention, 15*(3): 264–277.

Marquez, P. V. (2017). *Mental health amongst displaced people and refugees: Making the case for action at the World Bank Group*. Retrieved from: https://documents.worldbank.org/en/publication/documents-reports/documentdetail/916131486730755271/mental-health-among-displaced-people-and-refugees-making-the-case-for-action-at-the-world-bank-group.

Mashaphu, S., Talatala, M., Seape, S., Eriksson, L. & Chiliza, B. (2021). Mental health, culture and resilience—approaching the COVID-19 pandemic from a South African perspective. *Frontiers in Psychiatry*, *12*: 955.

McGill, M., O'Kane, C., Bista, B., Meslaoui, N. & Zingg, S. (2015). *Evaluation of child and youth participation in peacebuilding: Nepal, Eastern Democratic Republic of Congo, Colombia*. Oslo: Global Partnership for Children and Youth in Peacebuilding.

McKague, K. (2020). South Sudanese refugees in Uganda face overwhelming odds against COVID-19. *South Sudan Medical Journal, 13*(2): 57–59.

Mehl-Madrona, L., & Mainguy, B. (2014). Introducing healing circles and talking circles into primary care. The Permanente journal, 18(2), 4–9. https://doi.org/10.7812/TPP/13-104.

Miles-Novelo, A. & Anderson, C. A. (2019). Climate change and psychology: Effects of rapid global warming on violence and aggression. *Current Climate Change Reports*, *5*(1): 36–46.

Miller, K. E. and Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine, 70*(1): 7–16.

Miller, K. E. & Rasmussen, A. (2014). War experiences, daily stressors and mental health five years on: Elaborations and future directions. *Intervention, 12*(4): 33–42.

Miller, L. & Jordan, A. (2014). Spirituality in relationships: Loss and rupture. *Spirituality in Clinical Practice, 1*(3): 165–166.

Mitra, R. & Hodes, M. (2019). Prevention of psychological distress and promotion of resilience amongst unaccompanied refugee minors in resettlement countries. *Child: Care, Health and Development, 45*(2): 198–215.

Mogapi, N. (2020). *Wounded leadership, wounded institutions*. Retrieved from: https://www.frient.de/artikel/wounded-leadership-wounded-institutions.

Mogga, R. (2017). Addressing gender-based violence and psychosocial support among South Sudanese refugee settlements in northern Uganda. *Intervention, 15*(1): 9–16.

Moser, C. O. N. & Shrader, E. (1999). *A conceptual framework for violence reduction*. Latin America and Caribbean Region Sustainable Development Working Paper No. 2, Urban Peace Program Series. World Bank, Latin America and Caribbean Region, Environmentally and Socially Sustainable Development SMU. Retrieved from: https://www.scribd.com/doc/38247144/A-Conceptual-Framework-for-Violence.

Mude, W. W., Fisher, C. M., Le Gautier, R., Wallace, J. & Richmond, J. A. (2020). South Sudanese perceptions of health and illness in South Australia. *International Journal of Migration, Health and Social Care*, *4*(16): 469–479.

Mukashema, I. & Mullet, E. (2010). Reconciliation sentiment among victims of genocide in Rwanda: Conceptualizations, and relationships with mental health. *Social Indicators Research, 99*(1): 25–39.

Myers, T. A., Maibach, E. W., Roser-Renouf, C., Akerlof, K. & Leiserowitz, A. A. (2013). The relationship between personal experience and belief in the reality of global warming. *Nature Climate Change*, *3*(4): 343–347.

Nagai, M., Karunakara, U., Rowley, E. & Burnham, G. (2008). Violence against refugees, non-refugees and host populations in southern Sudan and northern Uganda. *Global Public Health, 3*(3): 249–270.

Nandi, C., Crombach, A., Elbert, T., Bambonye, M., Pryss, R., Schobel, J. & Weierstall-Pust, R. (2020). The cycle of violence as a function of PTSD and appetitive aggression: A longitudinal study with Burundian soldiers. *Aggressive Behavior, 46*(5): 391–399.

Nersisian, D., Ragueneau, M., Rieder, H. & Schininà, G. (2021). Community-based approaches to MHPSS. *Forced Migration Review*, *66*: 31–33.

Newman, E. (2006). Exploring the 'root causes' of terrorism. *Studies in Conflict & Terrorism, 29*(8): 749–772.

NIDA. (2018, August 1). *Comorbidity: Substance use disorders and other mental illnesses drug facts*. Available at: https://www.drugabuse.gov/publications/drugfacts/comorbidity-substance-use-disorders-other-mental-illnesses.

Opacin, N. (2015). *Building bridges in Bosnia: Using storytelling to close the gap between theory and practice*. Peace insight. Available at: https://www.peaceinsight.org/en/articles/building-bridges-bosnia/?location=western-balkns&theme=peace-education.

Orrnert, A. (2019). *Implications of not addressing mental health and psychosocial support (MHPSS) needs in conflict situations*. Retrieved from: https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/14493/582_Implications_of_not_Addressing_Mental_Health_and_Psychosocial_Support_%28MPHSS%29_Needs_in_Conflict_Settings.pdf?sequence=3.

Paffenholz, T. & Brede D. (2004). *Lessons learnt from the German Anti-Terrorism-Package (ATP): Possibilities and limits of development cooperation for crisis prevention and peace building in the context of countries at risk from terrorism*. Eschborn: Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH.

Pankhurst, D. (2003). The 'sex war' and other wars: Towards a feminist approach to peacebuilding. *Development in Practice*, *13*(2–3): 177.

Patel, V., Saxena, S., Frankish, H. & Boyce, N. (2016). Sustainable development and global mental health – a Lancet Commission. *The Lancet, 387*(1024): 1143–1145.

Pavlova, A. & Berkers, P. (2020). Mental health discourse and social media: Which mechanisms of cultural power drive discourse on Twitter. *Social Science & Medicine*, *263*: 113250.

Perkonigg, A., Kessler, R. C., Storz, S. & Wittchen, H. U. (2000). Traumatic events and post-traumatic stress disorder in the community: Prevalence, risk factors and comorbidity. *Acta Psychiatrica Scandinavica, 101*(1): 46–59.

Petherbridge, D. (2021). Recognition, vulnerability and trust. *International Journal of Philosophical Studies, 29*(1): 1–23.

Pfefferbaum, B., Flynn, B., Schonfeld, D., Brown, L., Jacobs, G., Dodgen, D., ... Lindley, D. (2012). The integration of mental and behavioral health into disaster preparedness, response, and recovery. *Disaster Medicine and Public Health Preparedness, 6*(1): 60–66. doi:10.1001/dmp.2012.1.

Pham, P. N., Vinck, P. & Weinstein, H. M. (2010). Human rights, transitional justice, public health and social reconstruction. *Social Science and Medicine, 70*: 98–105.

Pirutinsky, S., Rosmarin, D. H., Pargament, K. I. & Midlarsky, E. (2011). Does negative religious coping accompany, precede, or follow depression among Orthodox Jews? *Journal of Affective Disorders*, *132*(3): 401–405.

Porter, M. & Haslam, N. (2005). Predisplacement and postdisplacement factors associated with mental health of refugees and internally displaced persons: A meta-analysis. *Jama, 294*(5): 602–612.

Potts, A., Barada, R. & Bourassa, A. (2021). GBV and mental health among refugee and host community women in Lebanon. *Forced Migration Review, 66:* 29–31.

Pozios, V. K. (2020). The psychological impact of information warfare & fake news. Interview with Karina Margit Erdelyi. Available at: https://www.psycom.net/iwar.1.html (Accessed 28 January 2022).

Rausch, C. (Ed.). (2021). *Exploring the neurobiological dimensions of violent conflict and the peacebuilding potential of neuroscientific discoveries*. Arlington, VA: Mary Hoch Center for Reconciliation.

Reed, L. (2017). *How peace plays a role in the workplace*. Retrieved from: https://www.business.com/articles/how-peace-plays-a-role-in-the-workplace/.

Renner, A., Hoffmann, R., Nagl, M., Roehr, S., Jung, F., Grochtdreis, T. & Kersting, A. (2020). Syrian refugees in Germany: Perspectives on mental health and coping strategies. *Journal of Psychosomatic Research*, *129*: 109906.

Restoule, B., Hopkins, C., Robinson, J. & Wiebe, P. (2015). First Nations mental wellness: Mobilizing change through partnership and collaboration. *Canadian Journal of Community Mental Health, 34*: 89–109.

Richters, A. (2010). Suffering and healing in the aftermath of war and genocide in Rwanda: Mediations through community-based sociotherapy. In L. Kapteijns & A. Richters (Eds.), *Meditations of violence in Africa: Fashioning new futures from contested pasts* (pp. 173–210). Leiden: Brill.

Richters, A. (2015). Enhancing family and community resilience and wellbeing across the generations: The contribution of community-based sociotherapy in post-genocide Rwanda. *International Journal of Emergency Mental Health and Human Resilience*, *17*(3): 661–663.

Robson Jr, J. P. & Troutman-Jordan, M. (2014). A concept analysis of cognitive reframing. *Journal of Theory Construction & Testing*, *18*(2): 55–59.

Rokhideh, M. (2017). Peacebuilding and psychosocial intervention: The critical need to address everyday post conflict experiences in northern Uganda. *Intervention, 15*(3): 215–229.

Ross, N. (2020). *Donor support to peace processes: A Lessons for Peace literature review.* ODI. Retrieved from: https://odi.org/en/publications/donor-support-to-peace-processes-a-lessons-for-peace-literature-review/.

Rössler, W. (2016). The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO reports*, *17*(9): 1250–1253.

Russell, W. (2018). Exploring the elements of social capital: Leverage points and creative measurement strategies for community building and program evaluation. *National Civic Review, 107*(1): 16–30.

Sangalang, C. C. & Vang, C. (2017). Intergenerational trauma in refugee families: A systematic review. *Journal of Immigrant and Minority Health*, *19*(3): 745–754.

Sangraula, M., Turner, E., Luitel, N., Van 't Hof, E., Shrestha, P., Ghimire, R. & Jordans, M. (2020). Feasibility of Group Problem Management Plus (PM+) to improve mental health and functioning of adults in earthquake-affected communities in Nepal. *Epidemiology and Psychiatric Sciences, 29*: e130: 1–11. https://doi.org/10.1017/S2045796020000414.

Schafer, A. (2014). The influences of basic needs, social support and migration on mental health in South Sudan. PhD thesis, Faculty of Life and Social Sciences, Swinburne University of Technology.

Schininà, G. & Tankink, M. (2018). Introduction to a special section on psychosocial support, conflict transformation and creative approaches in response to the needs of Syrian refugees in Turkey. *Intervention, 16*(2): 161–163.

Schininá, G., Nunes, N., Birot, P., Giardinelli, L. & Kios, G. (2016). Mainstreaming mental health and psychosocial support in camp coordination and camp management. The experience of the International Organization for Migration in the north east of Nigeria and South Sudan. *Intervention, 14*(2): 232–244.

Scott, J., Averbach, S., Modest, A. M., Hacker, M. R., Cornish, S., Spencer, D. & Parmar, P. (2013). An assessment of gender inequitable norms and gender-based violence in South Sudan: A community-based participatory research approach. *Conflict and Health, 7*(1): 4.

Shalhoub-Kevorkian, N. (2015). The politics of birth and the intimacies of violence against Palestinian women in occupied East Jerusalem. *British Journal of Criminology*, *55*(6): 1187–1206.

Shalhoub-Kevorkian, N. (2019). *Incarcerated childhood and the politics of unchilding*. New York: Cambridge University Press.

Silove, D., Liddell, B., Rees, S., Chey, T., Nickerson, A., Tam, N., ... & Steel, Z. (2014). Effects of recurrent violence on post-traumatic stress disorder and severe distress in conflict-affected Timor-Leste: A 6-year longitudinal study. *The Lancet Global Health, 2*(5): 293–300.

Simich, L., Este, D. & Hamilton, H. (2010). Meanings of home and mental well-being among Sudanese refugees in Canada. *Ethnicity & Health, 15*(2): 199–212.

Singh, A. R. & Singh, A. N. (2010). The mental health consequences of being a child soldier: An international perspective. *International Psychiatry*, *7*(3): 55–57.

Slegh, H., Barker, G., Ruratotoye, B. & Shand, T. (2012). *Gender relations, sexual violence and the effects of conflict on women and men in North Kivu, Eastern Democratic Republic of Congo: Preliminary results of the International Men and Gender Equality Survey (IMAGES)*. Available at: Gender-Relations-Sexual-and-Gender-Based-Violence-and-the-Effects-of-Conflict-on-Women-and-Men-in-North-Kivu-Eastern-DRC-Results-from-IMAGES.pdf (promundoglobal.org).

Slegh, H., Jansen, A., Barker, G. & Doyle, K. A. (2015). *Study of gender, masculinities and reintegration of former combatants in Rwanda: Results from the International Men and Gender Equality Survey (IMAGES)*. Washington, DC: World Bank, LOGICA & Promundo.

Sliep, Y. (2009). *Healing communities by strengthening social capital: A narrative theatre approach. Training facilitators and community workers.* Netherlands: War Trauma Foundation.

Sliep, Y. (2014). Healing and integrated development as part of peace building in post-conflict: A social capital lens. In S. B. Maphosa, L. DeLuca & A. Keasley (Eds.), *Building peace from within* (pp. 53–73). Pretoria: Africa Institute of South Africa.

Sliep, Y., Makhakhe, N., Ngcongo, S. & Calmes, B. (2021). Working with life stories for transformation. In C. Kagan, R. Lawthom, A. X. Z. Zambrano, J. A. A. Inzunza, M. Richards & J. *Akhurst (Eds.), Handbook of community psychology: Resistance, hope and possibilities (in the face of global crises).*

Snider, L. & Hijazi, Z. (2020). UNICEF community-based mental health and psychosocial support (MHPSS) operational guidelines. In S. J. Song & P. Ventevogel (Eds.), *Child, adolescent and family refugee mental health: A global perspective* (pp. 101–119). Cham: Springer.

Spink, P., Lotta, G. & Burgos, F. (2021). Institutional vulnerability and trust in public agencies: Views from both sides of the street. Governance, 34(4): 1057–1073.

Stickel, D., Mayer, R. C. & Sitkin, S. B. (2009). Understanding social capital: In whom do we trust? In V. O. Bartkus & J. H. Davis (Eds.), *Social capital: Reaching out, reaching in* (pp. 304–318). Cheltenham: Edward Elgar.

Suárez-Orozco, M. M. & Robben, A. C. G. M. (2000). Interdisciplinary perspective on violence and trauma. In A. C. G. M. Robben & M. M. Suárez-Orozco (Eds.), *Cultures under siege: Collective violence and trauma* (pp. 1–41). Cambridge: Cambridge University Press.

Summerfield, D. (1999). A critique of seven assumptions behind psychological trauma programmes in war-affected areas. *Social Science & Medicine, 48*: 1449–1462.

Summerfield, D. (2002). Effects of war: Moral knowledge, revenge, reconciliation, and medicalised concepts of 'recovery'. *British Medical Journal, 325*: 1105–1107.

Szkudlarek, P. & Biglieri J. V. (2016). Trust as an element of social capital: Evidence from a survey of Polish and Spanish students. *Journal of International Studies*, *9*(1): 252–264.

Tankink, M. T. A. (2013). The silence of South-Sudanese women: Social risks in talking about experiences of sexual violence. *Culture, Health & Sexuality, 15(*4): 391–403.

Tankink, M. & Otto, B. (2019). *Peace starts with peace of mind.* TPO Uganda research report. Retrieved from: http://tpoug.org/wp-content/uploads/2019/12/knowledge-development-resource2.pdf.

Tankink, M. & Slegh, H. (2017). *Living peace in Democratic Republic of the Congo: An impact evaluation of an intervention with male partners of women survivors of conflict-related rape and intimate partner violence.* Retrieved from: http://www.svri.org/sites/default/files/attachments/2017-05-15/SVRI%20Final%20April%20 20.pdf.

Tankink, M., Bubenzer, F. & Van der Walt, S. (2017). *Achieving sustainable peace through an integrated approach to peacebuilding and mental health and psychosocial support: A systematic review of the current evidence base*. Retrieved from: http://www.ijr.org.za/home/wp-content/uploads/2018/01/IJR-Peacebuilding-Lit-Review.pdf.

Tarannum, S., Elshazly, M., Harlass, S. & Ventevogel, P. (2019). Integrating mental health into primary health care in Rohingya refugee settings in Bangladesh: Experiences of UNHCR. *Intervention, 17*(2): 130.

Task Force on Extremism in Fragile States. (2019). *Preventing extremism in fragile states.* Washington, DC: United States Institute of Peace. Retrieved from: https://www.usip.org/sites/default/files/2019-02/preventing-extremism-in-fragile-states-a-new-approach.pdf.

Taylor, G. (2018). The Black Reconciliation: Finding Restoration through Healing Circles in a Racialized World. Seattle Pacific Seminary Projects. https://digitalcommons.spu.edu/spseminary_projects/9

Tedeschi, R. G. & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. Psychological Inquiry, 15(1): 1–18. doi:10.1207/s15327965pli1501_01.

Tegenbos, J. & Vlassenroot, K. (2018). Going home? A systematic review of the literature on displacement, return and cycles of violence. Politics of Return Working Paper No. 1. Ghent: Conflict Research Group.

Terre des Hommes. (2012). *Working with children and their environment.* Lausanne, Switzerland: Terre des Hommes.

The Greek Council for Refugees. (2019). *GCR's comments on the draft bill 'on international protection'*. Retrieved from: https://www.gcr.gr/media/k2/attachments/GCR_on_bill_about_International_Protection_en.pdf.

Toma, I. (2019). *Education-focused gender analysis case studies: Pibor and Juba.* South Sudan: Oxfam.

Townley, G., Miller, H. & Kloos, B. (2013). A little goes a long way: The impact of distal social support on community integration and recovery of individuals with psychiatric disabilities. *American Journal of Community Psychology, 52*(1–2): 84–96.

Troup, J., Fuhr, D. C., Woodward, A., Sondorp, E. & Roberts, B. (2021). Barriers and facilitators for scaling up mental health and psychosocial support interventions in low- and middle-income countries for populations affected by humanitarian crises: A systematic review. *International Journal of Mental Health Systems, 15*(1): 1–14. https://doi.org/10.1186/s13033-020-00431-1.

UN DESA (United Nations Department of Economic and Social Affairs). (n.d.). *Factsheet on persons with disabilities*. Retrieved from: https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html.

UNDP (United Nations development Programme). (2016). *Preventing violent extremism through promoting inclusive development, tolerance and respect for diversity.* Retrieved from: https://www.undp.org/content/dam/norway/undp-ogc/documents/Discussion%20Paper%20-%20Preventing%20Violent%20Extremism%20by%20 Promoting%20Inclusive%20%20Development.pdf.

UNDP (United Nations Development Programme). (2020). *Strengthening social cohesion: Conceptual framing and programme implications*. Available at: https://www.undp.org/publications/strengthening-social-cohesion-conceptual-framing-and-programming-implications.

UNHCR (United Nations High Commissioner for Refugees). (2013). *UNHCR's mental health and psychosocial support for persons of concern: A global review*. Geneva, Switzerland: UNHCR.

UNHCR (United Nations High Commissioner for Refugees). (2020). *Uganda refugee settlements: COVID-19 update*. See https://data2.unhcr.org/en/country/uga

UNHCR (United Nations High Commissioner for Refugees). (2021). *UNHCR's refugee population statistics database* (updated Nov. 2021). Retrieved from: https://www.unhcr.org/refugee-statistics/.

UNHCR (United Nations High Commissioner for Refugees). (Forthcoming). *Culture, context and mental health and psychosocial wellbeing of refugees from South Sudan* (in review).

UNICEF (United Nations Children's Fund). (1997). *Cape Town annotated principles and best practice on the prevention of recruitment of children into the armed forces and demobilization and social reintegration of child soldiers in Africa*. Cape Town: UNICEF.

UNICEF (United Nations Children's Fund). (2018) *Operational guidelines on community based mental health and psychosocial support in humanitarian settings: Three-tiered support for children and families* (field test version). New York: UNICEF.

UNICEF (United Nations Children's Fund). (2021). *Children recruited by armed forces or armed groups*. Retrieved from: https://www.unicef.org/protection/children-recruited-by-armed-forces.

United Nations. (1993). *Declaration on the elimination of violence against women*. Geneva: Office of the United Nations High Commissioner for Human Rights. Retrieved from: https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-elimination-violence-against-women.

United Nations. (2005). *Investigation by the Office of Internal Oversight Services into allegations of sexual exploitation and abuse in the United Nations Organization Mission in the Democratic Republic of the Congo. A/59/661. Retrieved from https://reliefweb.int/sites/reliefweb.int/files/resources/0390C554C4F7DE3385256F8600592871-unga-cod-05jan.pdf*

United Nations. (2006). *Convention on the rights of persons with disabilities*. Retrieved from: https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html.

United Nations. (2020). *Peacebuilding and sustaining peace: Report of the Secretary-General*. A/74/976–S/2020/773. Retrieved from: sg_report_on_peacebuilding_and_sustaining_peace.a.74.976-s.2020.773.200904.e_4.pdf (un.org).

United Nations Security Council. (2016). *Resolution 2282*. Retrieved from: https://www.securitycouncilreport.org/atf/cf/%7B65BFCF9B-6D27-4E9C-8CD3-CF6E4FF96FF9%7D/s_res_2282.pdf.

United Nations & World Bank. (2018). *World Bank/UN Pathways for Peace: Inclusive approaches to preventing violent conflict*. World Bank. Retrieved from: http://hdl.handle.net/10986/28337.

UNOCHA. (2020). *Global humanitarian overview 2020*. Retrieved from: https://hum-insight.info/.

USIP (United States Institute of Peace). (2021). Religious and psychosocial support for displaced trauma survivors. Retrieved from: https://www.usip.org/programs/religious-and-psychosocial-support-displaced-trauma-survivors.

USIP (United States Institute of Peace). (2016). Preventing violent extremism through inclusive politics in Bangladesh. Retrieved from https://www.jstor.org/stable/resrep20199?seq=1 .

Van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. New York: Penguin Books.

Van Wieringen, K. (2020). To counter the rationality of sexual violence: Existing and potential policies against the genocidal use of rape as a weapon of war in the Democratic Republic of Congo. *Journal of International Humanitarian Action*, *5*(1): 1–14.

Veerman, A. L. & Ganzevoort, R. R. (2001). *Communities coping with collective trauma*. Paper presented at the Conference of the International Association for the Psychology of Religion, Soesterberg, The Netherlands. Retrieved from: http://www.ruardganzevoort.nl/pdf/2001_Collective_trauma.pdf.

Ventevogel, P. (2018). Interventions for mental health and psychosocial support in complex humanitarian emergencies: Moving towards consensus in policy and action? In N. Morina & A. Nickerson (Eds.), *Mental health of refugee and conflict-affected populations: Theory, research and clinical practice* (pp. 155–180). Cham: Springer.

Venugopal, J., Morton-Ninomiya, M. E, Green, N. T., Peach, L., Linklater, R., George, P. & Wells, S. (2021). A scoping review of evaluated indigenous community-based mental wellness initiatives. *Rural and Remote Health*, *21*: 6203. Retrieved from: https://doi.org/10.22605/RRH6203Research.

Verginer, L. & Juen, B. H. (2019). Spiritual explanatory models of mental illness in West Nile, Uganda. Journal of Cross-Cultural Psychology, 50(2): 233–253.

Vinck, P., Pham, P. N., Stover, E. & Weinstein, H. (2007). Exposure to war crimes and implications for peacebuilding in northern Uganda. JAMA, 289(5): 543–554.

Waddimba, C., Hintjens, H. & Kurian, R. (2018). Refugee male survivors seeking health care in Uganda. Unpublished MA dissertation, Institute of Social Studies, The Hague.

Wapokurwa, C. S. (2019). *Effects of war on the psycho-social wellbeing of the youth in Adjumani-Maaji iii refugee camp, Arua Diocese-Uganda a psycho-spiritual approach*. Nairobi: Catholic University of Eastern Africa.

Ward, J. (2013). *Violence against women in conflict, post-conflict and emergency settings*. UN Women. Retrieved from: https://www.endvawnow.org/uploads/modules/pdf/1405612658.pdf.

Weder, N., García-Nieto, R., & Canneti-Nisim, D. (2010). Peace, reconciliation and tolerance in the Middle East. International Journal of Mental Health, 39(4), 59–81.

Wessells, M. G. (2007). Post-conflict healing and reconstruction for peace: The power of social mobilization. In J. D. White & A. J. Marsella (Eds.), *Fear of persecution: Global human rights, international law, and human well-being* (pp. 257–278). Lanham, MD: Lexington Books/Rowman & Littlefield. Retrieved from: http://www.cpcnetwork.org/wp-content/uploads/2014/04/31.-Wessells-Chapter-in-White-book-Post-conflict-healing.pdf.

Wessells, M. (2008). *Trauma, peacebuilding and development: An Africa region perspective*. Retrieved from: http://www.incore.ulst.ac.uk/pdfs/IDRCwessels.pdf.

Wessells, M. (2009). Community reconciliation and post-conflict reconstruction for peace. In J. de Rivera (Ed.), *Handbook on building cultures of peace* (pp. 349–361). New York: Springer.

Wessells, M. (2015). Conference presentation: 'The journey so far: Exploring how far we have come in the last decade in expanding the methodologies to address the psycho-social and mental healthcare needs of conflict-affected societies' see https://www.youtube.com/watch?v=VWGw3HfPu_o&feature=emb_title Cape Town: Institute of Justice and Reconciliation & the War Trauma Foundation.

Whitworth, S. (2004). *Men, militarism, and UN peacekeeping: A gendered analysis*. Boulder, CO: Lynne Rienner Publishers.

WHO (World Health Organization). (2018). *Mental health: Strengthening our response*. Retrieved from: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response.

WHO (World Health Organization). (2019a). *United Nations agency briefs: Responding to the challenge of NCDs*. Geneva: World Health Organization. Retrieved from: https://apps.who.int/iris/bitstream/handle/10665/327396/WHO-UNIATF-19.98-eng.pdf?ua=1.

WHO (World Health Organization). (2019b). *International statistical classification of diseases and related health problems* (11th ed.). Retrieved from: https://icd.who.int/.

WHO (World Health Organisation). (n.d.) The Ottawa Charter for Health Promotion. Retrieved from https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference#:~:text=The%20first%20International%20Conference%20on,health%20movement%20around%20the%20world.

WHO (World Health Organization). (2020a). *Health and peace initiative*. Retrieved from: https://www.who.int/initiatives/who-health-and-peace-initiative.

WHO (World Health Organization). (2020b). *Thematic paper on peace and health*. Retrieved from: https://www.un.org/peacebuilding/sites/www.un.org.peacebuilding/files/un_peacebuilding_review-_who_health_peace_thematic_paper_final_0.pdf.

Wibben, A. T. R. (ed.). (2016). *Researching war: Feminist methods, ethics and politics*. London: Routledge. doi:10.4324/9781315687490.

Williamson, J. & Robinson, M. (2006). Psychosocial interventions or integrated programming for well-being? *Intervention, 4*(1): 4–25.

Woolner, L., Denov, M. & Kahn, S. (2019). 'I asked myself if I would ever love my baby': Mothering children born of genocidal rape in Rwanda. *Violence against Women*, *25*(6): 703–720.

World Bank. (2016). *Uganda's progressive approach to refugee management.* Retrieved from: https://www.worldbank.org/en/topic/fragilityconflictviolence/brief/ugandas-progressive-approach-refugee-management.

Wright, E. M. & Fagan, A. A. (2013). The cycle of violence in context: Exploring the moderating roles of neighborhood disadvantaged and cultural norms. *Criminology, 51*(2): 217–249.

Yehuda, R., & Lehrner, A. (2018). Intergenerational transmission of trauma effects: putative role of epigenetic mechanisms. World psychiatry: official journal of the World Psychiatric Association (WPA), 17(3), 243–257. https://doi.org/10.1002/wps.20568.

Yoder-Maina, A. D. (2020). A healing centered peacebuilding approach: A grounded theory using a trauma-informed lens. Unpublished PhD thesis, Paññāsāstra University of Cambodia (PUC), Phnom Penh, Cambodia.

# ANNEX 2
# Stakeholder mapping questionnaire

## Integrating mental health and psychosocial support (MHPSS) into peacebuilding: Stakeholder survey

Dear Colleague

Thank you in advance for taking the time to answer this stakeholder survey; we really appreciate it!

We have identified you as a stakeholder in the realm of integrating MHPSS and peacebuilding on the basis of your knowledge, experience and position *vis-à-vis* either or both fields. Your feedback will be part of an important pool of data which will form the foundation for a UNDP Guidance Note on integrating MHPSS into peacebuilding. Through your answers, we will collect information on the extent to which MHPSS is being integrated into peacebuilding at present across different organizations and institutions, how and why this is being done and what is needed to deepen further integration. For some questions, multiple options may apply. Please select all that are relevant to you or your organization. Please skip those questions that may not apply to you or your organizations. The survey should not take more than 10 to 15 minutes to complete.

Your feedback will be treated confidentially. Feel free to contact Friederike Bubenzer, IJR (fbubenzer@ijr.org.za) or Gitte Nordentoft, UNDP (gitte.nordentoft@undp.org) if you have any questions.

We look forward to receiving your response by 18 August 2021.

1. Your name

2. Your email address

3. Name of your organization/institution (if relevant)

4. Location where your organization is based (Country and City)

5. Geographical reach of your organization's activities
    - Local (based in and operating mostly at a community level)
    - National (based in and operating within the borders of a specific country)
    - Regional (based in and operating in a clearly defined geographical region)
    - Global (based in one place but operating around the world)
    - Other (please specify)

6. How would you define your organization/institution?
    - Faith-based organization (FBO)

- Non-governmental organization (NGO)
- International non-governmental organization (INGO)
- United Nations agency or entity (UN)
- Academic institution (university, technical, college or similar)
- Government institution
- Other (please specify)

**7.** If your organization includes MHPSS and/or peacebuilding, what types of activities do these programmes focus on? (Please mark all that apply)

- Direct on-site MHPSS and PB services provided to beneficiaries
- Research and analysis
- Capacity strengthening and training
- Policy advice
- Other (please specify)

**8.** How would you describe your organization's primary thematic focus?

- Peacebuilding/reconciliation/transitional justice
- Mental health and psychosocial support
- Both of the above
- Other (please specify)

**9.** Do any of your projects integrate/partner and/or collaborate with the peacebuilding and/or MHPSS field?

- Yes – please provide the objectives of these projects (and/or insert the website link/relevant report link)
- No – please briefly explain
- Not applicable
- Please briefly explain the answer to the above question here:

**10.** What resources would your organization need to be able to work in a way that integrates MHPSS into peacebuilding?

- Knowledge and information on how to operationalize an integrated approach
- In-house training for personnel
- A handbook
- A Guidance Note
- Teaching materials to integrate into existing training materials
- New partnerships, collaboration and networking opportunities with organizations from the other field
- Financial resources
- Other (please specify)

**11.** Where do you get your funding from?

- International donors
- National donors
- Government
- Other (please specify)

**12.** In your opinion, would your current funders consider funding projects that integrate MHPSS and peacebuilding? Please explain your answer.

- Yes – please explain your answer below
- No – please explain your answer below
- Uncertain
- Please explain your answer to the above question here:

**13.** Would a Guidance Note on integrating MHPSS into PB be helpful for you and your work?

- If yes, please explain what components such a Guidance Note should entail.
- If not, please explain why not.
- Please explain your answer to the above here:

**14.** What role (if any) should the (local) government play in developing the integration of MHPSS into peacebuilding?

**15.** Please share with us any additional thoughts you might have on what should be included in a Guidance Note on integrating MHPSS into peacebuilding.

**16.** Please share contacts of other organizations/institutions/projects (NGOs, CBOs, government institutions, etc.) that integrate MHPSS and peacebuilding which we should consider.

- Please list them below and, if possible, provide a contact name and email address.

***THANK YOU.***

# ANNEX 3
## Countries represented at the regional consultations

1. **Latin America:** Colombia, Puerto Rico, Venezuela, Dominican Republic, Brazil and Ecuador
2. **Arab states:** Syria, Iraq, Jordan, Lebanon, Libya
3. **Asia/Pacific:** Sri-Lanka, Myanmar, Thailand, Indonesia
4. **Africa:** Nigeria, Cameroon, Zimbabwe, South Africa, South Sudan, Uganda, Ethiopia, Burundi, DRC, Tanzania, Kenya
5. **Europe and Asia:** Tajikistan, Turkmenistan, India, Lebanon, Columbia, Netherlands

# Endnotes

1 AnthroSource is a service of the American Anthropological Association that offers members and subscribing libraries full-text anthropological resources from the breadth and depth of the discipline. See https://anthrosource.onlinelibrary.wiley.com/

2 The dynamics by which a traumatic event may have long-term negative consequences, including the development of a mental disorder.

3 Personal information MT.

4 For the sake of confidentiality, respondents' names and organizations, and sometimes country of origin, have been removed.


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