

WFMH STATEMENT
ON THE MENTAL HEALTH CONSEQUENCES OF THE CONFLICT IN SYRIA:
A CALL FOR URGENT ACTION



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The World Federation for Mental Health (WFMH), while making it absolutely clear that it does not take sides in armed and civil conflicts, must express its grave concern at the armed conflict, unprecedented atrocities and the complex emergency in Syria and their consequences on mental health .

This statement is a response to the horrific unprecedented mass violence that the Syrian people have been subjected to since March 2011. The WFMH is shocked to witness the bombardment of the psychiatric hospitals in the City of Aleppo.

The World Federation for Mental Health calls urgently

- On all parties involved in conflict and the Syrian Government , and those contributing aid to support such conflict, to respond specifically to these issues and to consider the serious immediate and long term mental health consequences of continuing armed conflict;
- On the international mental health community including professional associations and NGOs concerned with health to intervene with respective governments to insist on upholding the Geneva conventions concerned with the health consequences of war and to provide immediate support to the mental health services located in conflict areas; and
- On those major humanitarian organizations that traditionally have not prioritized mental health, to provide the means to support established organizations like WFMH to expand training and services according to the new Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings. The Guidelines are now available, their message is clear, but the resources for implementation are still hopelessly lacking.

On January 2, the Office of the UN High Commissioner for Human Rights issued a press release (<http://www.ohchr.org/Documents/Countries/SY/PreliminaryStatAnalysisKillingsInSyria.pdf>) with the shocking figure of 59,648 people killed including thousands of women and children, percentages that exceed what is normally expected in armed conflicts. Sources indicate more than 60,000 missing and over half a million refugees in Turkey, Lebanon, Jordan, Iraq and Egypt. Health services have been decimated and health professionals persecuted when intervening to help the injured.

Unbelievably the main psychiatric hospital of Ibn Khaldun in the suburb of Nayrab of the City of Aleppo has been bombarded on December 25, patients fled and abandoned to their fate and some killed by snipers (http://www.youtube.com/watch?v=_ynVqQ2vhuU). The Dar al-Ajaza psychiatric hospital in the Old City has also been bombarded but remains in operation because of the dedication of its staff. Also the ancient mental hospital, Bimaristan Argun dating to 14th century AD has also been damaged (<http://archaeolife.blogspot.com/2012/10/destruction-of-bimaristan-arghun-of.html>)

The WFMH reaffirms its previous statement on the mental health consequences of armed conflict. Promoting and protecting the mental health and the well-being of the population must be a high priority for governments. Paying attention to the mental and emotional health of a nation's people must be given added priority during times of stress and conflict. Most importantly the mentally ill are the most vulnerable , suffer most in complex emergencies and their health needs should be given priority.

Tension, disruption and uncertainty caused by war and civil strife have major and lasting consequences in the daily lives and routines of children and adults in areas of ongoing violence. Anger and worries about terrorism and military conflicts, the very real fear for safety and survival of civilians and military personnel – all heighten stress and anxiety for everyone. For some, they bring strong feelings of hopelessness and depression, and may result in post-traumatic stress with constant nightmares and panic. They add further stress for those already living with a major illness. The overwhelming and constant connection to military and political conflicts created by the worldwide media lends a sense of “virtual reality” to unfolding events that is inescapable.

Of major concern to the World Federation for Mental Health (WFMH) is that the mental health consequences of the hardship and trauma created by violence and disruption are generally being ignored, by combatants on both sides of these conflicts. The social, emotional, physical and economic impact of armed conflict adds tremendously to the daily challenges of survival for those caught up in the violence of war and civil strife. Psychological scars, it must be remembered, will remain for many years after the physical ones have healed and will impair the ability of many people to work and contribute to economic recovery. In general, government policies and resources allocated to mental ill-health across the world are grossly inadequate, and these inadequacies become glaringly obvious during periods of crisis and disaster.

NEW GUIDELINES

TO IMPROVE PSYCHOLOGICAL AND SOCIAL ASSISTANCE IN EMERGENCIES RELEASED

Geneva, 14 September 2007 - International humanitarian agencies have agreed on a new set of guidelines to address the mental health and psychosocial needs of survivors as part of the response to conflict or disaster.

The *Inter-Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support in Emergency Settings* clearly state that protecting and promoting mental health and psychosocial well-being is the responsibility of all humanitarian agencies and workers. Until now, many people involved in emergency response have viewed mental health and psychosocial well-being as the sole responsibility of psychiatrists and psychologists.

"These new IASC guidelines are a significant step towards providing better care and support to people in disaster- and conflict-affected areas worldwide," said Dr Ala Alwan, Assistant Director-General for Health Action in Crises at the World Health Organization.

Recent conflicts and natural disasters in Afghanistan, Indonesia, Sri Lanka and Sudan among many others involve substantial psychological and social suffering in the short term, which if not adequately addressed can lead to long-term mental health and psychosocial problems. These can threaten peace, people's human rights and development.

"Yet, when communities and services provide protection and support, most individuals have been shown to be remarkably resilient. While this is increasingly recognised, many actors identified the need for a coherent, systematic approach that can be applied in large emergencies. The guidelines address this gap.

The guidelines have been published by the IASC, a committee that is responsible for world-wide humanitarian policy and consists of heads of relevant UN and other intergovernmental agencies, Red Cross and Red Crescent agencies, and NGO consortia. The guidelines have been developed by staff from 27 agencies through a highly participatory process.

"Drafting the guidelines has been a joint effort of a broad range of key actors in the diverse sectors of humanitarian aid and we are happy to see the synergy and commitment," said Mr Jim Bishop, Vice President for Humanitarian Policy and Practice of InterAction, the consortium of US-based international NGOs.

The guidelines layout the essential first steps in protecting or promoting people's mental health and psychosocial well-being in the midst of emergencies. They identify useful practices and flag potentially harmful ones, and clarify how different approaches complement one another.

"The new guidelines present a major step forward to much better protect the mental health and psychosocial well-being of displaced persons using an integrated approach in collaboration with all partners" said Ms Ruvendrini Menikdiwela, Deputy Director, Division for International Protection Services at the Office of the United Nations High Commissioner of Refugees.

The guidelines have a clear focus on social interventions and supports. They emphasize the importance of building on local resources such as teachers, health workers, healers, and women's groups to promote psychosocial well-being. They focus on strengthening social networks and building on existing ways community members deal with distress in their lives.

The guidelines include attention to protection and care of people with severe mental disorders, including severe trauma-induced disorders, as well as access to psychological first aid for those in acute distress.

The guidelines stress that the way in which humanitarian aid is provided can have a substantial impact on people's mental health and psychosocial well-being. Treating survivors with dignity and enabling them to participate in and organize emergency support is essential.

Coordination of mental health and psychosocial support is difficult in large emergencies involving numerous agencies. Affected populations can be overwhelmed by outsiders, and local contributions to mental health and psychosocial support are easily marginalised or undermined.

Dr. Bruce Eshaya-Chauvin, Head of the Health and Care Department at the International Federation of Red Cross and Red Crescent Societies, remarked: "Achieving improved psychosocial support for populations affected by crises requires coordinated action among *all* government and non-government and humanitarian actors. These guidelines give sensible advice on how to achieve that."

"These guidelines now need to be transferred from paper into concrete action at the field level so that those affected by disasters and conflict will benefit from the work done on them. NGOs can play a major role in this regard." said Ms Mqnisha Thomas, acting Coordinator of the International Council of Voluntary Agencies.

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