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**Identical letters dated 1 June 2022 from the Permanent
Representative of Mexico to the United Nations addressed to the
Secretary-General and the President of the Security Council**

I have the honour to transmit herewith the Chair's summary of the Arria-formula meeting convened by Mexico on the theme "Ensuring access to mental health and psychosocial support in conflict, post-conflict and humanitarian settings" (see annex), held on 25 March 2022.

The Chair's summary reflects the key messages of the statements delivered by the briefers and Member States. It also includes recommendations provided in writing by a number of civil society organizations. Finally, the document concludes with suggested next steps for the months ahead, outlined by the Permanent Mission of Mexico to the United Nations.

I kindly request that the present letter and its annex be circulated as a document of the General Assembly, under agenda item 129, and of the Security Council.

(Signed) **Juan Ramón de la Fuente**
Ambassador

Permanent Representative of Mexico to the United Nations



**Annex to the identical letters dated 1 June 2022 from the
Permanent Representative of Mexico to the United Nations
addressed to the Secretary-General and the President of the
Security Council**

**Chair's summary of the Arria-formula meeting of the
Security Council on the theme "Ensuring access to mental
health and psychosocial support in conflict, post-conflict and
humanitarian settings"**

Introduction

On Friday, 25 March 2022, the Permanent Mission of Mexico to the United Nations convened an Arria-formula meeting to explore ways to better deliver mental health and psychosocial support services in conflict, post-conflict and humanitarian settings.

In his opening remarks, the Permanent Representative of Mexico to the United Nations and Chair of the meeting, Juan Ramón de la Fuente, highlighted that prioritizing mental health and psychosocial support at all levels of the United Nations system, particularly in humanitarian response strategies, was of the utmost importance. Furthermore, he stressed the need to provide more visibility to this issue, including by incorporating language into relevant resolutions and other outcome documents and by organizing events that seek to foster discussion around mental health and psychosocial support among Member States, civil society and other stakeholders.

The meeting also included the virtual participation of Pastora Mira García, a human rights defender and beneficiary of psychosocial services provided by the United Nations Development Programme in Colombia. As a survivor of an armed conflict in her country who suffered the loss of her children as a direct result, she highlighted the importance of having access to a mental health expert, as such access helped her make peace with the atrocious events she had experienced. Her testimony shed light on how mental health and psychosocial well-being are key elements in the paradigm of sustaining peace, construed as the guiding thread in conflict prevention and resolution.

One of the world's most renowned psychiatrists and President of the Association for the Improvement of Mental Health Programmes, Dr. Norman Sartorius, echoed Ms. Mira García's testimony to point out the value of integrating mental health tools into conflict prevention measures. In addition, he focused on the relevance of tailoring these tools to address the mental distress of individuals in post-conflict situations, for instance to combat the vicious cycle of post-traumatic stress disorder. He also underlined the need to close knowledge gaps and build a strong social structure through education.

In addition, the Director of the Department of Mental Health and Substance Abuse of the World Health Organization (WHO), Dr. Dévora Kestel, elaborated on the response mechanisms that her organization is currently employing to deal with conflict, including the recent situation in Ukraine. She also stated that the Security Council must prioritize mental health and psychosocial support in its decisions, in order to meet the needs of those who require it the most.

Finally, the Director of Health of the International Committee of the Red Cross (ICRC), Dr. Micaela Serafini, mentioned that the coronavirus disease (COVID-19) pandemic had added an extra level of vulnerability to an already delicate situation in many national contexts, such as in the Syrian Arab Republic and other countries. She

insisted that mental health must be central to public health, and recommended investing in the full range of services, including psychological first aid or group therapy, access to professionals in situations of armed conflict and the integration of mental health and psychosocial support into health facility strategies.

Key messages from Member States

After the briefers had spoken, representatives of 28 Member States, both members of the Security Council and non-members, as well as of the European Union,¹ took the floor to share their views on the matter. Given that less than 15 per cent of people in humanitarian crises who suffer psychological distress have access to the care they require, participants primarily underscored the need to include mental health and psychosocial support services in humanitarian support packages.

Security Council members highlighted the vital role that the Council should play in ensuring the delivery of mental health and psychosocial support services, for example by strengthening relevant resolutions to prioritize mental health and psychosocial support and ensuring that peacekeepers have adequate access to mental health professionals in field operations. Moreover, humanitarian personnel and peacekeepers were among the first responders in emergencies, and as such, they should be given rigorous training to offer mental health and psychosocial support, at least in basic-level interventions.

Some Council members underscored the fact that children's mental health is particularly affected by situations of armed conflict. They focused on how a generation of children has experienced nothing but war, and yet, support remains insufficient and resources limited. Also, in this context, young people, women, the elderly and persons with disabilities were usually disproportionately affected and remained in urgent need of psychosocial support.

During the session, Member States mentioned the need to defend health institutions, including mental health institutions, against attacks, as this was an indisputable element of international humanitarian law. Moreover, Member States called attention to the fact that disasters, food insecurity, violence, conflict, war and forced migration were leading causes of trauma and mental health conditions. They also stressed the importance of addressing the mental health needs of military, police, prison and civilian personnel.

The meeting served to place mental health and psychosocial support as a cross-cutting issue on the Security Council and humanitarian agendas. Achieving transversality can be a complex challenge, given the difficulties of creating strong links between these sectors. However, mental health and psychosocial support services should be multisectoral and multidimensional. The latter could be achieved through a bottom-up approach focused on tailoring each intervention to beneficiaries' needs. This model could provide a solid platform to acquire knowledge and integrate best practices into policies and response programmes.

In addition, some participants stressed that mental health and psychosocial support assistance was often delivered without any clear links to policies and programmes in other sectors, particularly with respect to victims of mines and

¹ Members of the Security Council (in order of participation): Kenya, Ghana, Albania, Norway, United States of America, United Arab Emirates, Russian Federation, Brazil, India, Gabon, Ireland, United Kingdom of Great Britain and Northern Ireland, France and China. Non-members of the Council (in order of participation): European Union, Iceland (on behalf of the Nordic countries), Hungary, Ecuador (on behalf of the Co-Chairs of the Group of Friends of Mental Health and Well-being), Israel, El Salvador, Japan, Portugal, Slovakia, Guatemala, Germany, the Netherlands, Ukraine, Malta and Poland.

explosive remnants of war. In this regard, Member States underscored the relevance of providing personalized training and support for humanitarian personnel on this issue, especially in relation to assisting survivors. Another overarching issue brought up during the meeting was how the COVID-19 pandemic had exacerbated the needs of people with pre-existing conditions, while also demonstrating the interdependence between mental health and development.

Some delegations focused on reframing the narrative on mental health issues in society at large so as to prevent them from becoming taboo subjects and a basis for discrimination. The lack of funding and resources was another issue raised by the vast majority of Member States. The 2020 *Mental Health Atlas*, published by WHO, highlighted a significant lack of funding for mental health care, while available resources continued to be allocated primarily at the tertiary level. Proper financial programmes were essential to strengthen mental health and psychosocial support services and integrate them into effective emergency responses.

In terms of good practices, some Member States highlighted programmes through which they aimed to respond to terrorist threats through psychological support. Other delegations explained how programmes aimed at addressing gender-based violence could be an ideal platform to offer mental health assistance for survivors, including with regard to post-traumatic stress. Other suggestions included providing a 24/7 hotline offering personalized psychological aid in emergencies, including to refugees, as well as providing yoga classes in conflict-affected areas as a coping mechanism aimed at reducing stress.

Recommendations from civil society organizations

In addition to the statements by briefers and Member States, the Permanent Mission of Mexico invited a wide range of civil society organizations² to provide written contributions to the Chair's summary, given their important role as mental health and psychosocial support service providers in the field. In general terms, they argued that mental health and psychosocial support services must be incorporated, without exception, into emergency response packages through a variety of multilayered interventions, from support groups and psychoeducation to more specialized treatment, such as psychiatric care for individuals with mental health disorders.

Many organizations agreed that such services must be rooted in empirical evidence and continuously adapted to local contexts and cultures with the supervision of mental health professionals. They should also take into account the different needs and priorities of different groups, including people of different ages and genders; and the need to challenge gender and other stereotypes, respect disability and other factors of diversity, and support those living in rural and remote areas. Another key recommendation was to strengthen women's and marginalized groups' organizations so as to contribute to their empowerment and knowledge of their rights.

In settings with strained public health service providers and limited access to mental health specialists, experts suggested scaling up and promoting the "peer support" methodology, based on the lived experience and recovery of survivors of traumatic events, to different sectors and contexts. One of the remaining priorities is strengthening coordination among international organizations, such as ICRC, and United Nations system entities, such as the United Nations Children's Fund and the Office of the United Nations High Commissioner for Refugees. Stronger coordination

² The Permanent Mission of Mexico wishes to thank the civil society organizations that contributed to the present summary. In alphabetical order: Afghan Landmines Survivors Organization, International Association of Applied Psychology, Latin America Human Security Network, Latin American Network of Mine/ERW survivors and people with disabilities and Médecins sans frontières.

would ensure a more impactful response, in line with the political declaration of the high-level meeting on universal health coverage, the comprehensive mental health action plan and other initiatives.

At United Nations Headquarters, some civil society representatives advocate partnering with psychological organizations in consultative status with the Economic and Social Council which have extensive expertise in research and practice in the field. They also seek to expand the definition of “conflict, post-conflict and humanitarian settings” to include, but not be limited to, settings of natural disasters; acts of terrorism; ethnic, racial, gender-based, domestic and all other forms of violence; school shootings; epidemics and pandemics; and climate change.

Finally, some suggest broadening the concept of “resilience”, broadly used in many United Nations deliberations, to “psychosocial resilience”, and to make mental health and psychosocial support a stand-alone target in the 2030 Agenda for Sustainable Development, or in future development agendas, including by identifying indicators to measure relevant progress.

Next steps

To build on the momentum achieved during the meeting, the Permanent Mission of Mexico to the United Nations will continue to support the mental health and psychosocial support agenda. Specifically, we propose:

- Circulating a call to action on the margins of the events held to commemorate World Mental Health Day 2022, for Member States to endorse.
- Introducing a thematic draft resolution on mental health and sustainable development in the General Assembly.

In his concluding remarks, the Chair stressed that mental health and psychosocial support services should be an essential component in humanitarian responses and must be integrated into the emergency care services in conflict and post-conflict situations.
