

**Ninetieth meeting of the Standing Committee
1-3 July 2024
Agenda item 4 (b)**

Oral update on mental health and psychosocial support

**Remarks by the Director of the Division of Resilience and Solutions,
Mr. Sajjad Malik**

Chairperson, Distinguished Delegates, Ladies and Gentlemen,

In 2022, the Executive Committee adopted a landmark conclusion on mental health and psychosocial support, marking a pivotal moment in our approach to addressing the mental health and psychosocial well-being of displaced populations. Given the increasing conflicts and growing scale and complexity of forced displacement worldwide, this heightened focus was timely and critical.

The recent crisis in Sudan demonstrates this. As of May 2024, the conflict in Sudan had forced over 7.1 million people to flee within the country, with an additional 1.9 million seeking refuge in neighbouring countries. We know these numbers, but beyond them, there are individual stories and impacts on lives.

During a recent joint directors mission to Ethiopia in May, we directly heard from newly arrived Sudanese refugees about their harrowing experiences of the conflict and their dangerous journeys to safety. The challenges of adapting to a new environment and life as refugees only exacerbate their struggles. Refugees reported that their children were having difficulty attending or concentrating in school, and adults' ability to work was severely impaired. We hear similar reports from other countries where Sudanese refugees are fleeing, such as Chad, Egypt, and South Sudan.

These examples highlight the critical mental health and psychosocial needs in refugee situations, whether they are acute emergencies or longer-term situations. On average, one in five people in crisis-affected settings have clinically relevant mental health needs.

To address this, UNHCR and partners are integrating mental health and psychosocial support into sectoral strategies in **public health, protection, and education** and into **UNHCR guidance for emergencies and protracted refugee settings**. We are focusing on evidence-based approaches to Mental Health and Psychosocial Support, prioritizing providing basic clinical mental health care, offering psychological interventions, and involving communities in mental health and psychosocial support efforts.

For instance, **Rohingya refugees in Bangladesh** are being trained as psychosocial volunteers and counsellors. **Syrian refugee outreach volunteers in Lebanon** provide psychosocial support and brief counselling to other refugees. UNHCR developed a manual that has been adopted by the Ministry of Public Health as a standard tool. In **Peru**, in partnership with universities and NGOs, UNHCR trains displaced Venezuelan psychologists to provide psychotherapy for depression.

UNHCR collaborates closely with partners, including **UN agencies, NGOs, academia, and governments in hosting countries**, to integrate MHPSS into their response. An important example of strong interagency cooperation is the Minimum Service Package for MHPSS in Emergencies, in which we collaborate with WHO, UNICEF and UNFPA. Last year, we introduced this in our work in **Pakistan** and **Ethiopia**; this year, we plan to implement it in **South Sudan**. With limited resources, the package's focus on integrating MHPSS within sectors is crucial. From the start of a response, UNHCR will work with host country governments to use the package to strengthen national sectoral policies.

UNHCR's five-year focus area strategic plan for Protection and Solutions for Internally Displaced People also describes a targeted role for MHPSS activities, particularly in contexts where national governments and other partners capacity is limited to deliver such services. Examples are Afghanistan, where MHPSS is a good entry point for engagement with women and girls, and Ukraine, where the Government has prioritized MHPSS but needs support.

We are also moving forward with the localization of the response. In many refugee-hosting countries, our MHPSS partners are national or local organizations, while a decade ago, these were typically international partners. Shifting to national NGOs had major advantages for sustainability, using inclusive approaches for host communities and refugees. In terms of UNHCR's capacity, some MHPSS posts have been nationalized in the last two years after an international staff member mentored the national staff to take over.

We see that all these efforts are paying off: In 2023, 1.3 million displaced people received Mental Health and Psychosocial Support services, up from 1.1 million in 2022, despite constraint resources.

At the Global Refugee Forum 2023, 113 new pledges were submitted to support the multi-stakeholder commitment to **'foster sustainable and equitable access to mental health and psychosocial support (MHPSS) and related services at affordable costs for all refugees and host communities.'** Through the GRF Group of Friends for Health & MHPSS, we will continue to work with member states and other stakeholders to implement these pledges.

It's also encouraging that the **World Health Assembly** recently passed a resolution on **'Strengthening mental health and psychosocial support before, during, and after armed conflicts, natural and man-made disasters, and other emergencies.'** We will follow up on this as well.

Mental health and psychosocial support need sustained attention at a time when limited funding requires the organization to make tough choices. UNHCR will continue to anchor mental health and psychosocial programming within its interventions in public health, protection, education, and other sectors. We count on the member states to support such initiatives.

Thank you.