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European Peacebuilding Liaison Office

Civil Society Dialogue Network

# Mental Health and Psycho-Social Support in Transitional Justice: Gathering Input from Experts

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# Meeting Report

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The objective of this Civil Society Dialogue Network (CSDN) policy meeting was to gather input and analysis from civil society experts on future EU efforts in further integrating mental health and psycho-social support (MHPSS) in transitional justice (TJ) processes. This meeting aimed to directly contribute to the creation of a set of operational guidelines for the EU.

The meeting brought together 28 civil society participants and 2 officials from the European Commission.

The discussions were held under the Chatham House Rule. There was no attempt to reach a consensus during the meeting or through this report. The key points and recommendations which are included in this report may not be attributed to any participating individual or organization, nor do they necessarily represent the views of all the meeting participants, the European Peacebuilding Liaison Office (EPLO), or the EU institutions.

## Civil Society Dialogue Network

The Civil Society Dialogue Network (CSDN) is a mechanism for dialogue between civil society and EU policy-makers on issues related to peace and conflict. It is co-financed by the European Union (Instrument contributing to Stability and Peace). It is managed by the European Peacebuilding Liaison Office (EPLO), a civil society network, in cooperation with the European Commission (EC) and the European External Action Service (EEAS). The fifth phase of the CSDN will last from 2023 to 2026. For more information, please visit the EPLO website.

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## Rebuilding the social fabric

- When creating TJ mechanisms, it is important to adopt a **process-based approach** because the 'how' is often more important than the 'what'. The inclusion of victims and victims' families in the process of designing the mechanisms is a condition that helps ensure that MHPSS is integrated. It is crucial to build TJ processes around victim-led initiatives because – unlike court processes – they are agency driven and more likely to address the needs of the population.
    - In the Balkans, a number of victim-led initiatives took place early on in the processes, but were ultimately not institutionalised, which contributed to failures in addressing the victims' needs in the long-run.
- Integrating MHPSS in transitional justice does not mean MHPSS should be subsumed into transitional justice. It is important to acknowledge that the **need for MHPSS interventions** pre-exists and must continue once TJ mechanisms end.
- TJ and MHPSS should not focus exclusively on perpetrators and victims, but rather on a wider **'wounding environment'**, so that other people who do not necessarily fall under the binary definition of victims and perpetrators are also taken into account. This is particularly important because in order to prevent re-wounding, nobody should be left behind.
- **MHPSS and reparations** should not be considered exclusively at the end of a TJ process, instead they should be transversal and should be made part of the design from the get-go.
    - In the context of the Colombian Truth Commission, it was required that everyone working with it had a minimum basis of understanding of MHPSS, which had positive effects on the overall TJ process and institutional reforms.
    - On the other hand, in Rwanda, the post-genocide processes, including the Gacaca courts, were focused on moving forward, thus prioritised identifying perpetrators and establishing accountability, with little consideration for the trauma resulting from the exposure to the revelations of the atrocities committed. This contributed considerably to intergenerational trauma, and still today has significant implications on social cohesion as perpetrators are released and reintegrated in the society.
- People who suffer from mental health problems are often among those who struggle the most in **accessing** their rights and contributing to reconstruction. This means that the risk that their needs are not properly addressed is high, which contributes to further fuelling cycles of grievances.
- MHPSS interventions should be viewed as **long-term initiatives**. One-off involvements of (international) experts generally do not contribute meaningfully in addressing the complexity and duration of trauma. **Flexibility of funding** can be extremely impactful because it allows for adapting to changing environments and needs.
    - In an EU-funded programme in Rwanda, funding was initially allocated to nurses' salaries, but was then repurposed to set up a mobile clinic, which allowed extended reach and expanded access to care.

- Because victim identities are strongly shaped by the decisions taken at the **leadership level**, it is important that MHPSS interventions not only focus on the community level.
    - In Northern Ireland, in the early phases of the peace process, leaders were taken away to get to know each other, which overall had a positive impact on mutual understanding.
- Development projects and creative entrepreneurial initiatives can contribute positively to shaping **new identities** and overcome the stigma associated with specific labels created by the conflict.
    - In Rwanda, a pilot project is bringing together young people from diverse backgrounds to incubate an entrepreneurship idea and form cooperatives. The development of new skills will allow a young person to no longer be labeled, for example, as a child of a perpetrator, but as an accountant, a welder, etc.

## Context specificity

- Understanding **how trauma is perceived locally** is crucial before starting any TJ process. The effects of trauma can look different across different contexts and groups and there may be different languages for traumatic events, as well as different indigenous and religious practices connected to them.
- Many of the theories on MHPSS and TJ come from experiences in contexts in the Global North and are therefore not necessarily suited to other cultures where they could even do harm. A **decolonised perspective** of the justice system and mental health is still lacking in the TJ and MHPSS sector.
    - For example, evidence-based and trauma-focused approaches to therapy are frequently based on evidence that is derived from randomized controlled trials (RCTs) conducted in Global North countries. Clinical capacity building requires triangulation between what evidence-based research suggests, what is reasonable in a context, and what resources are available.
- It is important to be particularly mindful of the **language** used and to be aware that some concepts may be lost in translation. An effort should be made to use terminology that is contextually relevant. Additionally, it is important to take into account the fact that stigma surrounds mental health in certain cultures.
    - In Somalia, poets, linguists, leaders, and elders were brought together to discuss how to talk about MHPSS and peacebuilding at community level. The result was a concept with instructions on how to talk about such issues with clan elders.
- MHPSS actions and TJ mechanisms must be more **gender-sensitive**. This implies better consideration of how experiences of trauma affect people identifying as different genders differently and also how, in some cultures, it may be more difficult for men to openly discuss mental health issues.
    - In Rwanda men were found to be less likely to participate in community healing dialogues, regarding them as an activity for women and children.
- MHPSS tools should be **adapted to the local context** and should consider local attitudes on mental health. Training members of a community to deliver MHPSS services themselves on the basis of successful existing approaches contributes to scaling up such services and therefore improving the overall access and delivery of MHPSS in a given context, while maintaining local ownership and sensitivity.

    - In certain contexts, the healing process can be strengthened by training community workers to deliver psychosocial support, as the stigma associated with psychologists can discourage some people from seeking care.
    - Training accountability actors on MHPSS is crucial as the re-traumatization of survivors can occur as a result of these actors not considering mental health. For example, the Kharkiv Human Rights Protection Group (KHPG) was trained on trauma-based and survivor-centred approaches to ensure that they are not re-traumatising victims when collecting testimonies of alleged Russian war crimes. This contributed to developing a team of mental health professionals able to provide crisis support as well as trauma-focused therapy.
- It is important to take into account that in certain contexts, **resistance and denial** by different actors can make it particularly difficult for MHPSS interventions to be accepted at community level and therefore implemented effectively.
    - The health support programme set up as part of the Indian Residential Schools class action lawsuit saw pushback from the Church, the Canadian government, and even some survivors. Community and cultural support workers were trained to provide MHPSS interventions, but many resisted against providing support to victims who had perpetuated the cycle of abuse committing violent crimes. Education, including towards the public, played an important role in helping break down this resistance and denial.
- Given the large number of people in need of MHPSS, in certain contexts, a one-to-one approach is unsustainable or unrealistic. It is therefore particularly important to focus on **community healing**, while at the same time training facilitators within communities to expand the pool of community healers. Setting up referral systems to facilitate access to clinical intervention can be effective in improving provision of MHPSS.
    - Multilayered approaches, like the Inter-Agency Standing Committee (IASC) approach, can help deliver different levels of support, supplying community support while also providing individual, specialised support to a smaller section of the population who may need it.
    - Positive examples of approaches building on community-based experiences include the World Health Organisation (WHO)'s Problem Management Plus (PM+) and Self-Help Plus (SH+).

## Caring for the caretakers

- It is crucial for **debrief and support opportunities** to be provided to all professionals working on TJ and MHPSS.
    - In Canada, seven years after the Truth and Reconciliation Commission, a stark difference was found between the mental health of staff who regularly sought debriefing and those who did not. Among the latter, exposure to trauma had, in some cases, led to individuals having suicidal thoughts.
- Beyond support and debrief opportunities, psychologists and social workers working with high levels of trauma should also receive regular **training**.
- Workplace wellbeing research finds that interventions aimed at ensuring **staff wellbeing** work best when carried out both at individual and organisational level.

- Staff working in high stress contexts should be periodically removed from the region. Taking staff members elsewhere for several days at the time every year to **rest**, train and debrief was found to be impactful and helped reduce burnout rates. This should be accounted for in programmes and recognised as a good use of resources.
- Using the term '**staff care**' rather than 'self care' can help ease the burden on the individual and shift the onus for staff wellbeing onto organisations. Organisations should carry out comprehensive and consultative assessments of staff needs, ensure that there is a policy in place and that the policy is enforced, especially since staff members can otherwise downplay their own needs.

## Recommendations to the EU

- The EU should support MHPSS interventions based on models that can be implemented by **existing support structures and initiatives** and that focus on collective and community-based forms of support, prioritising the **collective social fabric** over individual notions. In order to strengthen **sustainability**, the EU should ensure MHPSS interventions are as embedded as possible into local structures, such as health and social services and infrastructures.
- The **mobilisation of domestic resources** – both human and financial – would further ensure initiatives are continued even after international funding and support dwindles. Similarly, investing in the development of **scalable projects** would allow for initiatives that are more agile vis-à-vis changing funding situations.
- A **training of trainers** (TOT) model should be used to build local capacity which will endure in the long term after international actors leave.
- Participatory methods of analysis should be employed to gain an understanding of how trauma is perceived and addressed locally. MHPSS interventions should therefore be designed accordingly with the **participation** of the community to have a better appreciation of the **local context**. The process of adaptation and contextualisation should be viewed as an outcome in and of itself. Additionally, the EU should **avoid late-stage tokenistic measures** and instead further consult community members and key stakeholders in decisions about design and funding.
- It is very important to **mainstream MHPSS and reparations** in the design of TJ mechanisms. The EU should invest in **intergenerational approaches** which help the descendants of perpetrators and survivors support each other in the healing process. Additionally, the EU should support the **participation of victims** in the design of TJ mechanisms by inviting them to consultations and funding their participation. However, given the sensitivity of the issue, the EU should be paying particular attention to the **'do no harm'** principle in order to avoid re-traumatising victims.
- International donors, including the EU, should further integrate **livelihood initiatives** into MHPSS, as they have been proven to have a positive impact on the mental health of the people on the receiving end of these initiatives.
- International donors, including the EU, should provide holistic funding and fund **integrated interventions**. Funding should be provided with a long-term perspective and allow for a certain degree of **flexibility** so that programmes can be more easily adapted to changing contexts and needs.
- Effective **strategic communications** could help improve visibility of MHPSS interventions, as well as reducing siloisation between sectors. For example, informational products could be developed to help educate peacebuilding, legal and MHPSS practitioners on each other's fields.

- It is important to strengthen existing **monitoring and evaluation (M&E)** methods for MHPSS work. Mutual and iterative evaluation, carried out through regular meetings with stakeholders, is crucial to identify measures to be adapted on the basis of the feedback received.
- The EU should further prioritise and fund **care for the caretakers**. Debrief and support opportunities, as well as training and rest days, should be provided to all professionals working on TJ and MHPSS and included in programme budgets. Policies on staff wellbeing should be developed through comprehensive and consultative assessments of staff needs and should be enforced as mandatory rather than optional.