CONSIDERATIONS FOR ADDRESSING MENTAL HEALTH AND PSYCHOSOCIAL NEEDS OF COMMUNITIES AFFECTED BY VIOLENT EXTREMISM THROUGH MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

INTRODUCTION

The integration of mental health and psychosocial support (MHPSS) in activities and processes aimed at Preventing Violent Extremism (PVE), Community Stabilization (CS) and Disarmament, Demobilization and Reintegration (DDR) in communities impacted by violent extremism is deemed essential in pursuance of addressing root causes of violence and contributing to mending and restoring community fabric. This brief document explores the current and possible intersection of the activities of IOM's Mental Health, Psychosocial Response and Intercultural Communication Section (MHPSS) and Transition and Recovery Division (TRD) to this avail.

WHY MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS) WITH COMMUNITIES AFFECTED BY VIOLENT EXTREMISM

In this paper, communities affected by violent extremism are considered to be those populations that have been subject protractedly to the violent terroristic activities of an insurgency acting on a wider territory or region and to governmental, military or security counteractivities, which have both resulted in deaths, displacement, insecurities, loss of livelihood and disruption of community life; such as the Boko Haram insurgency in the North East of Nigeria, the Shahab insurgency in Somalia and Kenya, or the ISIS insurgency in Iraq and Syria.

Likewise, this paper addresses the needs of communities who return back to their place of origin and/or receive back fighters and affiliates of a violent extremist group, as is the case for Nigeria, or for rural areas of Kosovo where returning Kosovars who had joined ISIS in Syria or Iraq are going back to.

Recreational activity in Iraq, where MHPSS and Social Cohesion Units have been implementing integrated activities since 2014; providing services to host, IDP and returnee communities. The units operate from 22 community centres and through 15 Psychosocial Mobile Teams in 9 governates.

IOM contributes to the promotion of mental health and psychosocial well-being of migrants and host communities through programs and activities that accompany the re-definition of social, professional, family and interpersonal roles.

To this date, IOM has developed MHPSS activities in more than 72 countries and MHPSS is integrated in IOM programmes throughout all phases of the migration process. These include emergency response and humanitarian activities; community stabilization, social cohesion and peace building; direct assistance to victims of trafficking, migrants returning to their country of origin and other vulnerable migrants; reintegration support to former combatants; strengthening health systems and responses in migration crises; promoting the consideration of cultural diversity in mental health care delivery; mainstreaming MHPSS into migrants' protection; and addressing the psychosocial components of reparation of victims.

Since 2009, due to the global IOM Mental Health, Psychosocial Response and Intercultural Communication Section, currently based at RO Brussels, IOM can count on a capacity of 27 international and few hundreds national staff, consultants and third-party employees. While MHPSS programmes provide direct MHPSS and work with partners and key stakeholders to strengthen the capacity of MHPSS services provided in other sectors, the Global Section provides technical oversight, organizes knowledge dissemination and academic initiatives, and develops policy and guidance. Only two MHPSS positions in the world are funded by OSI budget (the Head of the Global Section and a national staff coordinating activities in the Americas). The other capacity is entirely project-based and primarily relies on Emergency programs.

MHPSS entails protecting or promoting psychosocial well-being, which is understood as a state in which individuals are:

- Physically and mentally well;
- Have positive social interactions with family, friends, interest groups, and congregations;
- Are able to contribute meaningfully to community life, based on their potential.

These aspects interact between them and all interact with cultural, economic and institutional factors to determine individual and community well-being.

Violent extremism, especially if pervasive and protracted, affects psychosocial well-being on multiple levels:

- The individual psyche of both victims and fighters can be affected by protracted states of fear, anxiety, grief, anger, grievances, frustration, isolation, switch of values, disillusion, lack of trust, depression and post-traumatic occurrences; which all have an impact on stabilization.
- Social relations and social fabrics are damaged due to displacement, family separation, disaggregation of families, clans and groups based on ideological divides, stigma, prejudices and unhealthy power and representation dynamics, which need to all be addressed in the stabilization phase.
- Community life is affected by political disempowerment derived by protracted states of militarization and emergency, ideological divides, insecurity of gathering, impossibility to perform rituals, devaluation of non-fighting minority rights, and the long-lasting creation of ingroup and outgroup identities, which all need to be mended and restored in the stabilization phase.
- Culturally, situations of the sort bring to question the cultural canon, to impose new ideological cultural practices, to a devaluation of non-mainstream cultural differences, and often the impossibility of cultural expression and the radicalization of value and belief systems. In addition, material cultural heritage is attacked and devalued or ideologically instrumentalized, or becomes inaccessible due to security reasons.

Promoting a better coordination of the activities of the MHPSS Section and current TRD's PVE, DDR and CS activities would further contribute to promote holistic and effective responses. It will help better understanding the psychological, psychosocial cultural and symbolic drivers of recruitment and promote community stabilization, reintegration and public health programs for affected communities and individuals that focus with enhanced expertise on cultural, symbolic, ritualistic, socio-relational and psychological aspects. In addition, also the more economically- driven components of reintegration and prevention measures, would benefit form a stronger integration with psychosocial support activities, as testified by a large body of research conducted in fragile environments and with populations subject to extreme stressors.

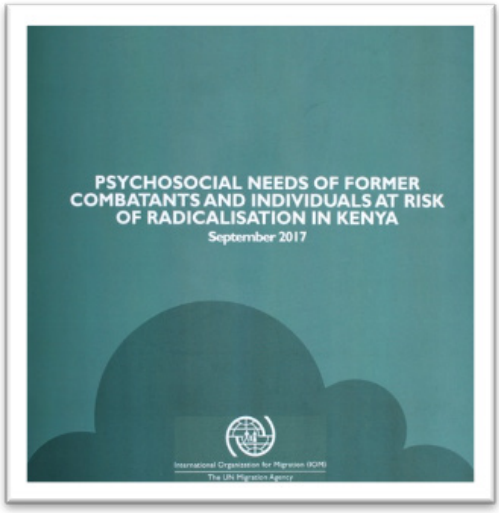
As TRD strategies address structural inequities and, alongside MHPSS, also support social systems and seek to promote social cohesion, MHPSS approaches to supporting communities are distinct and should be understood in their multiplicity.

In this sense, it would be important to understand a MHPSS integration not only as a provision of clinical psychological care, but as an engagement, of the various disciplines connected with the psychosocial dimensions useful for the context of communities affected by violent extremism, such as Community Psychology, Social Psychology, Research Psychology, Psychology of Communication, Anthropology, Cultural Anthropology, Social Animation, Social Communication, Cultural Planning, Linguistics, Mediation, Social Theatre, Applied Arts, Divinity and Theology, and Behavioural Economics on top of Counselling Psychology, Clinical Psychology and Psychiatry.

AREAS OF POTENTIAL COLLABORATION: A POSSIBLE ROADMAP

AT THE HEADQUARTERS AND REGIONAL LEVELS

- Organize organization-wide institutional workshops to deepen understanding of the complementary of approaches of both fields.
- Based on the above, create institutional strategy on the TRD-MHPSS intersection through increasing the capacity of the MHPSS Global Section to respond to the needs identified.
- Develop cohesive guidance on MHPSS in those contexts: consolidate programmatic guidance, such as the IOM Manual on Community-Based Mental Health and Psychosocial Support in Emergencies and Displacement; develop joint guidelines where necessary and include relevant regional and national policy frameworks with analysis of IOM engagement.
- Develop and expand research partnerships with external stakeholders to assess, monitor and evaluate MHPSS programmatic efficacy in the domain.



AT THE PROGRAMMATIC LEVEL

Particularly relevant MHPSS activities for PVE, CS and DDR contexts are outlined below, in which appropriateness, prioritization and modality would be context specific:

- Continue research and assessments on the psychosocial push and pull factors of recruitment, and on community perceptions on return, reintegration and stabilization.
- Socio-relational activities aiming at mending the social fabric, allowing expression of differences and re-elaborating grievances and experiences; these can include sports.
- Promotion of cultural activities aiming at creating a metaphorical space for discussion, cohesion and at recreating a cultural canon.
- Facilitate creative and art-based activities to support individual and collective processing of experiences, create new narratives, provide spaces for dialogue and inter-group interaction.
- Promotion of formal and informal learning, including on psychosocial issues and on the impact of psychosocial components in stabilization, and in diversity thinking.
- Promotion of memorialization and social, cultural, civic and religious rituals and celebrations; rituals addressing grief, loss, restorative justice and reconciliation.
- Provision of small-scale conflict mediation trainings; co-build mediation structures.
- Integration of MHPSS and livelihood support.
- Community messaging aiming at behavioural changes, based on actual cultural and psychological understanding of the perceptions of communities.
- Individual and group counselling and support mechanisms tailored with a differential approach in relation to different victimization, combating and affiliation experiences.
- Provide services and referrals to people with severe mental disorders and strengthen mental health care systems for all.

Points of Synergy:

- Both programs align with community-based approaches and resiliency focus;
- Both programs focus on social cohesion, community building, and social reconstruction;
- The collaboration will allow to maximize utilization of IOM internal capacity to advocate for holistic community needs to be met by State and civil society actors, strengthen government capacity to provide services, and support the operationalization of the Humanitarian-Development-Peace Nexus.

CAPACITY BUILDING

IOM has designed and implemented capacity-building initiatives in various aspects of MHPSS and population mobility for humanitarian, law enforcement, social welfare, educational, cultural, health, mental health and psychosocial professionals; in the form of master programmes, professional certificates, workshops and trainings, and through the mainstreaming of MHPSS in relevant sectors.

Some of these include the annual summer school IOM organizes with the Scuola Superiore Sant'Anna in Pisa on "Psychosocial Interventions in Migration, Emergency and Displacement"; the two editions of the Masters in Psychosocial Support and Dialogue, organized in coordination with the Lebanese University; the certificate in Psychosocial Support, Conflict Transformation and Livelihood, organized with the Ministry of Labour and Social Affairs in Lebanon; and the Counselling and Conflict Transformation workshops conducted in partnership with the University of Maiduguri in Northeast Nigeria.

Capacity building initiatives could be further collaborated and expanded on at the global and programmatic levels through:

- Developing curricula at community, professional and academic levels, at the intersection of MHPSS and Conflict Mediation, Conflict Management, including in situations of insurgencies; such as the Masters and Diplomas in Psychosocial Support and Dialogue and Psychosocial Support and Conflict Transformation (Lebanon, Turkey, Nigeria), and community-based trainings in the psychosocial aspects of preventing violent extremism (Bosnia y Herzegovina, Morocco).

CHALLENGES

- The IOM MHPSS Global Section consists of only one OSI supported member (the Head). The capacity of the Section is already overstretched and does not allow new areas of engagement unless supported by core positions and dedicated implementation funding.
- Some MHPSS ethical standards may not be recognized in PVE and DDR involvement, which do not respond to health care or social services paradigms.
- MHPSS community of practice tends to stigmatize work under the PVE and CT umbrella, with possible reputational and IASC coordination damage for the MHPSS Section.
- Technically, short-term, trauma-focused MHPSS found in PVE and DDR processes and policies do not align with IASC and IOM MHPSS approaches, since they are potentially harmful for the participants.

- Some PVE and DDR programs perceive MHPSS as vectors of cognitive transformation through psychological therapy and can pathologize extremism or violent extremism, which do not align with MHPSS ethical standards, IASC and IOM MHPSS approach; the wider community and mainstreaming dimension is instead a-problematic.
- Insufficient research on effectiveness of MHPSS approaches in PVE and DDR programming; the community part is well documented.
- Lack of IOM capacity to address specific psychotherapeutic elements of violent extremism, especially as it relates to potential specificities of FTFs.
- Overall referral and data collection ethics can be problematic, particularly if they pertain to security and law enforcement systems accessing and utilizing confidential MHPSS client information, leading to their potential criminalization; a concern also shared by TRD in DDR programming.

CURRENT CONTEXT: MHPSS IN COMMUNITIES AFFECTED BY VIOLENT EXTREMISM

IOM MHPSS activities in communities affected by violent extremism currently comprise:

- The deployment of multidisciplinary Psychosocial Mobile Teams, composed of psychologists, social workers, conflict mediators, educators and artists-community mobilizers, whose scope is to respond to psychosocial needs of communities, both directly, and mobilizing, catalysing and capacitating community resources. (Libya, North East Nigeria, Iraq, Lebanon, etc.).
- Developing recreational and counselling centres, or community centres in post-emergency and displacement settings, including in areas where extremist groups are active (Libya, North East Nigeria, Iraq).
- Integrating a psychosocial dimension in projects of reparation of victims (Colombia, Nepal, Sri Lanka, Chile).
- Researching pull factors to joining and leaving violent extremism groups; and families and community perceptions in relation to the reintegration of fighters (Northeast Nigeria, North of Kenya) and foreign fighters (Kosovo[1]).
- Provision of integrated MHPSS to former combatants, standalone or as part of the ICRS (Multiple locations).
- Integrating MHPSS in livelihood and development programs (Libya, Iraq, Nigeria).

Within IOM MHPSS, the Psychosocial Mobile Teams (PMTs) and the Recreational and Counselling Centres strengthen and implement community-based supports with the aim of mending social fabrics and promoting social cohesion, such as socio-relational and cultural activities, creative and art-based activities, rituals and celebrations, sport and play, non-formal education and informal learning activities, and community mediation; while providing psychological support to individuals, families and groups in need.

EXAMPLE: NORTHEAST NIGERIA

Since 2014, following the kidnapping of 276 schoolgirls in the town of Chibok by Boko Haram, the MHPSS program in Northeast Nigeria has been providing services to displaced and conflict-affected communities in formal camps, informal settlements, host communities, in urban and hard to reach areas. Psychosocial mobile teams provide and facilitate recreational and educational activities; MHPSS-integrated livelihood support; small-scale conflict mediation; individual and group lay counselling; and referrals of SGBV cases as well as of cases in need of specialized mental health services. The program also provides MHPSS to ex-affiliates of the insurgency and to their families, and in 2018, conducted an assessment of community perceptions on the eventual reintegration process and on potential avenues towards reconciliation; providing the government-run and IOM supported DDRR program with information on ways to foster social cohesion. MHPSS is provided in the Gombe Rehabilitation Centre and the Bulumkutu Reintegration Centre in Maiduguri. Ex-affiliates are then allowed back into communities, and the reconciliation initiative of the program provides communities of return economic support and facilitates social cohesion activities, as well as MHPSS. IOM is partnering with the University of Maiduguri in the development of a Master's Program on Conflict Resolution and Mental Health and Psychosocial Support contextualized to the Northeast.

Support Group, Bara Ward, Gulani LGA, Yobe State

Conflict Transformation Workshop, Maiduguri, Borno State

1) References to Kosovo shall be understood to be in the context of United Nations Security Council resolution 1244 (1999).