MENTAL HEALTH
at the International Rescue Committee

More than 80 years after Albert Einstein helped create the International Rescue Committee, the number and intensity of humanitarian crises across the globe warrant a dose of Einstein-inspired innovation.
WHO WE ARE

The mission of the International Rescue Committee (IRC) is to help people whose lives and livelihoods are shattered by conflict and disaster to survive, recover and gain control of their future. Our vision is that the IRC will lead the humanitarian field by implementing high-impact, cost-effective programs for people affected by crisis, and shape global policy and practice by sharing our learning and experience with others. All IRC programs are designed to achieve meaningful change in people's health, safety, education, economic wellbeing and ability to influence the decisions that affect their lives.

As part of this mission, the IRC is dedicated to helping people affected by conflict access mental health and psychosocial support. We work to ensure that people can receive care and manage treatment for themselves and their families, from the earliest stages of crisis through recovery. But making services available is not enough. The IRC works to create enabling environments for mental well-being and healing. This includes demystifying beliefs that perpetuate stigma and finding leaders in communities to identify culturally appropriate solutions. We also provide community members with the information they need to support the mental health and well-being of others.

A GLOBAL THREAT

500 million people are affected by mental health conditions

WHY OUR WORK MATTERS

During humanitarian crises, the number of people suffering from mental health disorders can double. For many of them, mental health and psychosocial services are scarcely available.

Healing relies on various types of support that are often eroded, dismantled or destroyed by humanitarian crises. Violence and conflict often tear apart relationships, introduce disruptions to daily life and break down health care systems. In fact, in many crisis-affected settings, mental health care systems are weak or non-existent. Less than 2% of health providers in low-resource settings have received training in mental health care.

As a result, individuals are exposed to psychological stress or face pre-existing conditions without the means to recover or survive. The need for access to mental health care is undeniable:

- **Survival.** Each year nearly 1 million people commit suicide, 86% of which occur in low- and middle-income countries. Mental health conditions are one of the top five causes of non-communicable diseases.

- **Maternal Health.** About one in every five women in low- and middle-income countries suffers from a mental health disorder in the postpartum period. Women are also vulnerable to abuse and violence in crises, which correlate with high rates of mental health conditions.

- **Child and Adolescent Health.** Between 10% to 20% of young people in low-middle-income countries have at least one diagnosable mental health disorder. One of the strongest risk factors for depression in adolescents is exposure to psychosocial stress.

KEY TERMS

**Mental Health:** A state of well-being in which an individual realizes their abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to their community.

**Psychosocial Interventions:** Interventions that aim to address the psychological effect of conflicts, including the effects on behavior, emotions, thoughts, memory, and functioning and social effects such as changes in relationships, social support and economic status.
WHAT WE DO

IRC practitioners provide technical assistance to more than 30 country programs. Technical advisors are charged with staying abreast of the best available research and practices in their respective fields and sharing these with the IRC’s frontline teams. They also lead advocacy strategies to encourage partners and policy makers to adopt the interventions proven to be effective based on our research and experience.

> Bringing mental health to primary health care

Primary health care is the essential and basic care that should be accessible to communities. The IRC recognizes that mental health is part of this cornerstone of health.

One of the most effective ways to address the global shortage of mental health workers is to ensure that primary health care staff can provide mental health care. Clinical and non-clinical health workers, including community health workers, are trained by the IRC to provide evidence-based mental health care services using the World Health Organization Mental Health Gap Action Programme (mhGAP) intervention guide. In addition to supporting health care providers to deliver mental health services, we aim to foster environments free of stigma and discrimination.

In two of the world’s largest refugee camps, located in Kenya, the IRC is working with partners to train non-specialized professionals and health workers to provide mental health and psychosocial support to more than 500,000 refugees and host communities. This approach has improved the mental health and physical health of vulnerable populations, while also minimizing barriers to mental health care.

> Strengthening support across communities

A supportive environment is essential to recovery from displacement, violence and emergencies. We believe that one of the best ways to promote well-being and health is to strengthen existing relationships, networks and practices that communities use to cope and heal.

The IRC recognizes that no one is a greater expert on the needs of communities than the people within them. The IRC provided mental health and psychosocial support in the Ebola crisis in Liberia and Sierra Leone through psychosocial teams largely comprised of national staff. They worked to strengthen relationships in a time of fear and address the stigma and discrimination affecting communities and survivors. The teams facilitated counseling and peer support groups to address fractured relationships and tension exacerbated by the epidemic. In the wake of the epidemic, the IRC responded to needs of the communities, including memorials to honor those who had died in the hardest-hit areas of Liberia.

Health care workers served on the front lines of the epidemic and endured high levels of stress but were often overlooked by psychosocial and mental health outreach. The IRC held opportunities for health care workers to remember lost colleagues and engage in support groups.

> Providing psychosocial support across sectors

Specialized mental health services are essential, but they only reach a small percentage of those in need. The IRC considers mental health in our work across sectors, whether they focus on creating healthy environments for children or providing treatment for gender-based violence. We believe that we can only have our desired impact on health, safety, education, economic recovery and power by seizing opportunities to support improved mental health and well-being.

We ensure that staff from various sectors can provide psychological first aid, from acute emergency responders in Greece to health staff on the frontlines of the Ebola epidemic. We provide these skills for everyone from primary health care workers to teachers and social workers. We also provide services in various settings, including child-friendly spaces, at women’s centers and in communities.

In Southern Syria, the IRC provides mental health and psychosocial support services as part of an integrated approach to health and protection. We found that the sensitivity of issues like gender-based violence discourage survivors from visiting hospitals or mental health clinics. Our approach relies on discreet and varied channels for care, including women’s centers.

At least 20 percent of populations affected by crisis suffer from common mental disorders

Only 2 percent of health providers in low and middle-income countries are trained in mental health
The International Rescue Committee (IRC) responds to the world’s worst humanitarian crises and helps people to survive and rebuild their lives. Founded in 1933 at the request of Albert Einstein, the IRC offers lifesaving care and life-changing assistance to refugees forced to flee from war, persecution or natural disaster. At work today in over 30 countries and 22 U.S. cities, we restore safety, dignity and hope to millions who are uprooted and struggling to endure. The IRC leads the way from harm to home.

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