MAPPING GLOBAL PRACTICE:

HEALING COMMUNITIES, TRANSFORMING SOCIETY

Mental health, psychosocial support and peacebuilding

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INTRODUCTION

War and conflict weaken the social fabric that governs relationships and the capacity for recovery. In the aftermath, the causes of interpersonal conflict might still exist, and may even have worsened as a result of violence during the conflict. The ability of individuals and societies to cope with such extraordinarily painful experiences and with the developed distrust and fear is often impressive but also limited, and the breakdown of coping strategies is often related to psychosocial trauma. Due to the conflict, the natural ties, rules and bonds between people and within communities that strengthen coping and resilience are often destroyed. Restoring the social fabric that binds and supports people within their own communities is essential for those who have experienced serious traumatic events, and recreating the feeling of connectedness to other people is essential for building sustainable peace.

In 2007, the UN Secretary General's Policy Committee defined peacebuilding as involving:

> 'a range of measures targeted to reduce the risk of lapsing or relapsing into conflict by strengthening national capacities at all levels for conflict management, and to lay the foundations for sustainable peace and development. Peacebuilding strategies must be coherent and tailored to specific needs of the country concerned, based on national ownership, and should comprise a carefully prioritised, sequenced, and therefore relatively narrow set of activities aimed at achieving the above objectives.'

This, like the majority of global definitions of peacebuilding (PB), does not overtly recognise that, in order for sustainable and positive peace to be built in post-conflict societies whose social fabric has been shattered by violence, mental health and psychosocial support (MHPSS) processes are essential. Without developing and implementing holistic, multidisciplinary and context-sensitive mental health programmes that are targeted at the individual, community and state levels of society, and without integrating these into peacebuilding processes, sustainable peace is unlikely to be achieved.

Acknowledging this gap in modern-day practice, the Institute for Justice and Reconciliation (IJR, South Africa) and the War Trauma Foundation (Netherlands) came together in 2015 to host an international conference titled *Healing Communities, Transforming Society: Exploring the interconnectedness between psychosocial needs, practice and peacebuilding*. The purpose of this exploratory conference was to bring together practitioners and academics from both disciplines to facilitate a face-to-face engagement on whether and how the two fields might be brought closer together. The conference was attended by 52 individuals from 15 countries around the world dedicated to deepening the existing knowledge of PB and mental health and to facilitate an exchange of best practices across disciplines and borders.

IJR and the War Trauma Foundation have since sought to build on the momentum generated at the conference and have implemented some of the recommendations that emerged. Together they set out to complete a comprehensive scientific literature review (publication scheduled for November 2017), as well as an in-depth mapping exercise of the main organisations and individuals around the world that emerged from the literature as working in the field of mental health and PB. This included those who are concerned with improving the practice of trauma-sensitive PB or who are already working in either of the thematic fields in a way that includes an active awareness of the other.

The objective of the mapping exercise has been to complement the literature review with concrete contemporary data and insights from the field, and to identify (thereby also creating relationships with) organisations and individuals around the world working in the fields of MHPSS and PB. More specifically, the aim was to begin to ascertain whether these organisations acknowledge the nexus between mental health and peacebuilding, and to establish whether and how they are integrating an awareness of the other fields' components into their work.

By presenting the outcomes of the above-referenced mapping exercise, this report aims to shed some light on where successes have occurred, what current trends and patterns are, and what activities are being undertaken. It also seeks to identify what theories of change these choices imply and where organisations and individuals are experiencing challenges and, ultimately, whether there are best practice models which can be used as a basis for future interventions elsewhere.

This report ends with a set of recommendations for future research, and action steps for those interested in continuing to build a collaborative culture which celebrates the diverse ways we seek to build peace and better mental health in the world and recognise the need to create a stronger connection and evidence-base between these two vital fields.

METHODOLOGY

From January to February 2017, the mapping study was conducted via an online 15-item *Surveymonkey* survey sent to pre-identified organisations and individuals around the world selected on the basis of their working in either MHPSS or PB, or both. Requests to participate in the survey were also sent out on social media, via peacebuilding listservs, and a number of experts were asked for references to organisations they knew of that were working in the field.

The survey was structured in such a way as to provide room for open responses from participants, to encourage respondents to provide links to current projects in the field, as well as share additional comments and feedback.

Descriptive statistics

75 respondents representing 62 different organisations from around the world completed the survey between 24 January 2017 and 16 February 2017. The participating organisations came from 25 different countries on 6 continents, ranging from large international non-governmental organisations (37%) to local (18%), regional (18%) and national organisations (27%). 29 organisations were from sub-Saharan African nations, 16 from Europe, 2 from the Middle East, 1 from Latin America, 12 from North America, and 2 from Asia. The image below maps the global geographical spread of organisations that took the survey.

36% of responding organisations' primary thematic focus was on peacebuilding/reconciliation/transitional justice. A further 27% focused on mental health and psychosocial support, and 24% claimed both these fields as their focal area, with one respondent explaining that '*MHPSS and conflict transformation/PB can be a mainstreaming issue or part of an integrated approach or a stand-alone project (but) – they belong to one sector in our agency*'. As such, a fairly equal number of responses were received from the relevant disciplines.

Organisations that responded to the survey were mostly involved in the work of capacity building and training (89%), but also in research and analysis (69%) and providing policy advice (61%), either in the field of MHPSS, in the field of PB, or in both.

Limitations

The data for this research are constrained by certain limitations and possible biases. Despite all best intentions, due to a lack of time and capacity it was possible to reach only a fraction of the organisations around the world that are working in both fields. As such this survey does not pretend to speak on behalf of all organisations in both fields. Also, many organisations and individuals may have been excluded for lack of internet access. The survey was not translated into any

other languages. Finally, it must be acknowledged that research, analysis and practice connecting or even integrating MHPSS and PB is still in its nascent stages. As such many organisations that might already be considering venturing into this new realm, may have decided not to respond to the survey at this stage.

Defining the key concepts

A key component in the practical application of both MHPSS and PB work is establishing how the relevant concepts are understood and defined. This report uses definitions echoed in existing publications that are part of this broader study (Tankink, Bubenzer & van der Walt 2017; Bubenzer & Tankink 2015).

MHPSS: 'Mental health and psychosocial support' is used throughout this report when referring to mental health, trauma or psychosocial support in (post)conflict settings. It is defined in the *Inter-Agency Standing Committee Guidelines on Mental Health and Psychosocial Support in Emergency Settings* (2007: 1) as 'any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder'.

Peacebuilding: Peacebuilding consists of the range of interrelated issues, actions and tools used to promote just and sustainable social, economic and political structures and relationships – at all levels of society. It is concerned with short-term responses to complex and violent conflicts and long-term responses to build the capacity of societies, preventing them from drifting back into violence (conflict prevention). Peacebuilding is an integral part of helping stable societies develop economically, politically, socially and culturally. It does this by addressing the intangible and tangible psychological, relational and structural elements of complex issues in an integrated manner.

Reconciliation: In essence, reconciliation is the process that generates mutual acceptance by two or more groups of each other after a period of conflict. 'At its simplest, reconciliation means finding a way to live alongside former enemies – not necessarily to love them, or forgive them, or forget the past in any way – but to coexist with them, to develop the degree of cooperation necessary to share our society with them, so that we all have better lives together than we had separately' (Bloomfield et al. 2003:12).

Transitional justice: In order to assist conflict-affected societies to come to terms with past legacies of large-scale human rights violations, a range of processes and mechanisms have been developed that today constitute a field called 'transitional justice'. Transitional justice is largely described as constituting the judicial and non-judicial measures that can be implemented in post-conflict contexts to redress the legacies of human rights violations and to repair affected communities and society. These measures include criminal prosecutions, truth commissions, memorialisation, material and symbolic reparations programmes and various kinds of institutional reforms, all with the ultimate goal of ensuring accountability and achieving reconciliation.

Social fabric: Founded in social identity theory, social fabric is used to explain how conflict affects the nature of societies and social relations. Social fabric is the social links and relations forming a society. These links and relations are formed out of norms, experiences and expectations governing social interaction (Alcock & Sadava 2014). The social structures established out of social interaction are acknowledged as the social fabric of a society. These are fundamental to creating unity, harmony and peace.

FINDINGS

On integrating MHPSS and PB in the field

42% of respondent organisations with a primary focus on PB (including reconciliation and transitional justice) said that their organisation had projects that overtly incorporated mental health and psychosocial support related projects in conflict-affected communities. 42% of respondent organisations with a primary focus on MHPSS said that they had projects incorporating peacebuilding elements into their work. Given the nascence of this field, these numbers are promising.

PB organisations which incorporate MHPSS said they did so through community- and family-based programmes to counter the effects of conflict such as displacement, safety, child protection, social cohesion and development. Foundational to the inclusion of MHPSS in PB efforts for these organisations was the recognition that violence and conflict affects the well-being of the individual as well as the community. One respondent reiterated this by acknowledging that 'w*ar and conflict also trigger mental disorders. If left untreated, they hinder all other physical help*'. Another respondent stated that it had developed a Trauma-Informed Resiliency Framework to assist organisations in assessing their interventions and programmes to see if these are trauma-informed.

29% of PB organisations did not have programmes that include MHPSS. One respondent stated, '*We do not tend to incorporate mental health into our peacebuilding programmes. Our primary audience is the UN community here in New York – and indeed, the community as a whole tends to neglect these issues within the peacebuilding side. We are increasingly asking speakers at our events to address trauma and the need for psychosocial support in their remarks – but this tends to focus on narrow areas like children's post-conflict needs or DDR [disarmament, demobilisation and reintegration] programmes. Certainly many of the women peacebuilders/peacemakers that I bring to speak in New York raise these issues – but I don't see the UN side embracing this as a core component of peacebuilding yet*.'

Other responses from these organisations explaining why there has not been an inclusion of MHPSS include some references to the belief that the two disciplines are separate in their fundamental goals and approaches. One organisation stated that the '*practice, research and other interventions are still dominated by monodisciplinary rather than interdisciplinary approaches*'; another stated that programming is often guided by donor agendas: '*Often work goes to where donors provide support. Few donors have acknowledged the relevance of combining the two fields*.' Two respondents referred to the apolitical nature of MHPSS (and its affiliation to humanitarian efforts), stressing that addressing PB in their activities would threaten their political neutrality. This is echoed by much of the existing literature which shows that MHPSS interventions are often limited to the interpersonal and community level at the cost of direct interventions at the institutional and political level (Tankink, Bubenzer & van der Walt 2017). A further respondent added that, in mitigating the long-term consequences of the current global migration crisis, intersectoral approaches were not being sufficiently applied: '*Psychosocial interventions are usually lacking in the broader dimension of community recovery which includes also reconciliation and peacebuilding.*' Emphasising contributions made by participants attending IJR and WarTrauma's 2015 conference, which referred to deepening research and improving understanding, one respondent added, 'I *cannot reiterate enough that more research is needed in this field. And I think MHPSS need to better understand peacebuilding initiatives (e.g., what do they perceive as 'peace'), and for MHPSS to engage more with the peacebuilding actors and influence their perspectives on MHPSS, which currently seem quite "old-school".*'

Aims and objectives of integrating MHPSS and PB

The survey attempted to gain an understanding of why those organisations already working in both MHPSS and PB are doing so. The majority of organisations sited influencing policy and generating government support for their work (68%), as well as building trust (60%) as the key objectives. Also cited was addressing the cultural and historical context of violence (51%) and trauma healing (49%).

Table 1. Question: If your organisation works in both fields (MHPSS and peacebuilding), what are your key objectives?

Trauma healing	49%
Building trust	60%
Enabling forgiveness	39%
Addressing issues around identity and memory using a narrative approach	39%
Incorporating vulnerable groups	40%
Influencing policy and generating government support for this work	68%
Addressing the cultural and historical context of violence	51%
Other	36%

Table 2. Question: Do you agree that interventions aimed at building sustainable peace would benefit from an approach which connects peacebuilding and mental health?

Yes	92%
No	7%
Not applicable	4%

Asked whether they agreed that interventions aimed at building sustainable peace would benefit from an approach which connects PB and mental health, 92% agreed, adding that:

> *'Yes! Mental health is an invisible barrier to building peace. If we are trying to create new patterns for how people from conflicting groups work together, we have to look at the full legacy of conflict, which includes mental health (understanding of and orientation towards yourself, others, and our world).'*

> *'I think that if the psychological drivers of conflict and the mindsets and mental barriers to peace are not addressed, then peace will constantly be undermined.'*

> *'Yes – a sense of wellbeing, positive mental health and connectedness are all part of mental health and building peace – people need to be at peace within themselves to be able to build peace within their communities.'*

> *'I would paraphrase the WHO aphorism on health and say, "There is no peacebuilding without Mental Health!"'*

Some respondents had concerns about connecting the fields, stating that they simply did not have the capacity or the knowledge themselves to expand their work to include the other discipline.

> *'Since I've started working as a psychologist for [...] I've been asking myself similar questions you are raising here. However, until now I haven't met any convincing theoretical framework that explained well enough how to interlink both MHPSS interventions and peacebuilding initiatives. The assumptions of how psychosocial interventions impact peace and social reconstruction are often rather vague and not measurable.'*

> *'I can see the value. However I am concerned about how it could be positioned to remain non-political, particularly in settings where NGOs are working and where governments can already be suspicious of NGO activity. If this can be addressed then I can see no reason not to address this as this forms an important element of the context which is often leading to mental health difficulties.'*

> *'We have no expertise on building peace. MH is a part of peacebuilding, but the opposite isn't right.'*

> *'Although MHPSS projects can improve well-being, resilience and social cohesion of beneficiaries, peacebuilding is a much more comprehensive effort and it is more linked to politics than mental health.'*

Existing partnerships, collaboration and resources

Surprisingly, 77% of organisations whose primary focus did not include MHPSS or PB stated that they had at some point partnered with PB and MHPSS organisations. The majority of organisations responded that the main intention of partnering with organisations from the other field was to achieve sustainable social cohesion. Others responded that they collaborated to ensure that projects were carried out in a holistic way (42%) and the acknowledgment of the need to work with the other field (32%). 32% acknowledged that MHPSS and PB have similar goals and objectives. Still another 27% acknowledged that there were other reasons not already stated that resulted in their partnership with the other sector.

Asked what resources they would need in order to be able to work in a way that bridges peacebuilding and mental health, 73% of respondents said that new partnerships and collaboration opportunities with organisations from the other field would be helpful.

Table 3. Question: What resources would your organisation need to be able to work in a way that bridges peacebuilding and mental health?

More knowledge and information to operationalise this	68%
In-house training for staff	54%
Teaching materials to integrate into existing training materials	57%
New partnerships and collaboration opportunities with organisations from the other field	73%
Other	18%

68% stated that there is a need for more knowledge and information to operationalise this. More than half of respondents expressed a need for teaching materials to integrate into existing training materials and in-house training staff on how MHPSS and PB could be integrated. Other responses cited the need for more research to be conducted that reiterates how policy and practice link MHPSS and PB in a way that is accessible to experts, policy advisers and funders. One respondent asserted: '*I think we definitely need to present evidence that links mental health and PB. Even "reconciliation" is not a term that we discuss frequently [within our organisation] – it seems to be no longer an in-vogue idea! So we really could use research and policy-writing that clearly links individual mental health AND community healing/trauma recovery with stronger PB outcomes.*'

DISCUSSION

Justifying an integrated approach

One of the effects of violence and conflict is injury, whether this is direct or indirect. Direct and indirect injury from violence can take multiple forms: psychological, physical or social. The injuries of those who have lived in and during conflict and violence need to be adequately addressed, in order for peace to be sustainable. That the overwhelming majority of respondents acknowledge that connecting MHPSS and PB contributes to building sustainable peace, is an important first step in the process of disciplinary rapprochement (see Table 2 above). Acknowledging the importance of healing individuals and communities as foundational to peace is a major unifying factor between the fields of MHPSS and PB. One respondent recognised that '*offering trauma healing, counselling and community dialogues that intend to offer psychological healing to those living with the effects of violence and conflict, supports reconciliation processes'.* Another respondent explained that '*trauma, and the effects thereof, is largely overlooked as a critical factor when it comes to evaluating the outcomes of interventions. We have developed a Trauma-Informed Resiliency Framework that helps organisations assess their interventions, and programmes to see if they are trauma-informed. We have also developed a community grassroots program that is volunteer-based for supporting trauma awareness and peacebuilding at the grass-roots. And we have developed a 'Healing for Self' programme for leadership. All of the programmes seek to integrate peacebuilding with trauma awareness and personal and social healing'.*

Practitioners in the PB field tend to link MHPSS with a narrow definition of trauma and trauma healing, while MHPSS is in actual fact a much broader practice encompassing not only the effects of trauma but also severe mental problems, social distrust, fear, intimate and domestic violence, substance abuse etc. Mental health and psychosocial problems are caused not only by violence but also by poverty, insecurity or the lack of a clear future or hope for improvement. The impact of daily stressors on people's mental health must be taken into consideration in a future integrated approach. This is alluded to by one respondent who stated that '*sustainable peace requires not just absence of violence or fear/ insecurity (negative peace), but societal and individual well-being'* – hence the link with MHPSS. Also, mental health problems and psychosocial distress owe frequently to problems of discrimination, oppression, structural violence, gender injustice, etc. These problems have to be corrected in order for there to be peace. Further, people who live in excessive fear and insecurity, who define their identity via opposition to a demonic Other, or who carry searing memories and psychological wounds from having been victimised, are more likely to turn to violence as a means of addressing their situation.

Very little reference was made to the notion of 'wounded leaders' which acknowledges the traumatic experiences of leaders in their role as former combatants during liberation struggles, civil wars and the like. One respondent noted that 'A holistic peace building process needs to address both tangible and intangible issues; trauma and mental health being intangible factors in this process. Peace building also includes a range of other elements from development and education, to security and working at a leadership level. All of these elements are about enhancing metal health and building peace--with justice.' Understanding the extent to which such unprocessed experiences may impact leaders in their professional capacity (the choices that are made, the rhetoric that is used, and funding allocations etc.), is a critical cog in the wheel of bridging MHPSS and PB.

Restoring individuals, communities and societies after conflict is a fundamental aim that MHPSS and PB practitioners have in common; however rarely it is articulated in this way and however different the respective entry points might be. Without providing MHPSS in a holistic, integrated and multidisciplinary way, the damaged social fabric of a post-conflict society is unlikely to respond positively and over a sustained period of time to the interventions of peacebuilding and transitional justice practitioners. Similarly, without couching conflict-affected individuals undergoing MHPSS interventions within a peaceful, safe and socio-economically supportive process, their healing process is likely to be compromised.

Restoring social fabric

A number of respondents noted the role of social fabric and social needs in contributing to PB and reconciliation and the impact this has on beneficiaries' mental health. In the words of one respondent, '*mental health and ill health are huge factors in human relations, and without focusing on them it is difficult to build good relations. It is not possible to build peace in a community that has been traumatised by violence and conflict, without addressing the traumas first'.* Research shows that people's emotional well-being can negatively or positively shape attitudes that either promote or hinder peace (Staub 2013; Solomon & Lavi 2005; Field & Chhim 2008). As acknowledged by one organisation, '*it was observed that social fabric was much affected, mistrust and hatred among people, mental disorder were much observed and that was affecting the community at all levels'.* One mental health organisation stated that, for the reintegration of former child soldiers, PB practices and restorative justice were integrated into their work. Another respondent referred to using

narrative theatre to restore trust between communities and individuals, and has seen positive outcomes which include that *'the social fabric has been restored and thousands of people who could never meet are meeting daily and have been involved in building their society together'*.

It was noted that the rebuilding of social fabric positively contributes to community economic development. By addressing the direct effects of conflict through group-based programmes, personal and community development is supported. Respondents explained that rebuilding social fabric and responding to social needs such as emotional well-being, relationships and attitudes has been one of the fundamental reasons why they have collaborated or sought partnerships with the other field and to come together to support reconciliation and development. This is clearly recognised by one of the respondents who stated that *'there is a direct link between trauma and the successful implementation of social well-being programmes, security matters, economic stability, justice and governance'*.

Some mental health organisations have included other forms of PB practices such as conflict management and transformation within their MHPSS strategy to establish *'grassroots peace movements or cooperatives working towards socio-economic reintegration of communities and peaceful co-existence'*.

Towards reconciliation through an integrated approach

According to Vinck, Pham, Stover and Weinstein (2007), one of the effects of exposure to violence and trauma is how it impacts on the way in which survivors perceive peace and reconciliation, and whether or not they are willing to engage in these processes. Trauma healing within PB was acknowledged by multiple respondents as vital to undoing the impact of violence on society and social fabric. One participant responded that:

> *'...absolutely, conflict creates mental health problems and for any meaningful reconciliation to happen, persons must come to grips with the mental impacts, process the experience and move towards healing and reconciliation. There can never be in my view a meaningful peace process without addressing the trauma associated with conflict. In order to create social cohesion, meaningful dialogue, mental health and psychosocial aspects and impacts must be addressed.'*

Many survey participants added comments related to the need to incorporate the fields of MHPSS and PB in conflict and post-conflict efforts. Some respondents specified the need to develop a framework that adequately brings the key values, aims and objectives of both disciplines under one roof. One respondent recommended the need for a *'more sophisticated and tentative framing of this relationship that better acknowledges the limitations of both fields, and which provides practitioners in each field with multiple ways of integrating their work – whilst being mindful also of the ethical and conceptual issues that arise when doing so.'*

For PB to be effective and undo the social stratification that underlies the return to violence and conflict, processes that further reconciliation must be put into place: holistically rebuilding communities enhances the possibility of reconciliation. One organisation explained that it incorporates MHPSS through trauma healing support, which is done across three key pillars: advocacy, neutral forums and reconciliation. One mental health organisation stated that, throughout its role in post-conflict society, recovery, reconciliation and transitional justice had been incorporated in its work. It has also been found that reconciliation, social cohesion, social well-being and trust can be an indirect effect of projects focusing on mental health, trauma and psychosocial support. This indirect effect was noted by multiple mental health organisations. One reason offered by one organisation is that *'psychosocial interventions contribute a lot to the PB process since it helps to achieve peace of mind. It is difficult to reconcile when one is still mentally disturbed'*. Including reconciliation goals in mental-health interventions breaks the chain of violence that is entrenched in a history of continuous violence. It is only through combining social reconstruction and reconciliation approaches that the posttraumatic responses and socio-political changes in a post-conflict society can be addressed to ensure conflict transformation and the achievement of sustainable peace (Sveaass & Castillo 2000:113).

Myths and silos

One of the key features that appears to be limiting the collaboration between MHPSS and PB is that there have not been opportunities for engagement, especially since the two fields are still largely perceived to operate in isolation of one another. Mention was also made to a lack of thorough understanding of how the other discipline operates and why. One PB respondent explains:

> *'We think about the psychology of why someone behaves and acts the way they do (and how to connect to that perspective and interests) in the context of a negotiation, but I'm not sure we fully understand how mental health-related factors inhibit/enhance peace outcomes. We have anecdotal, intuitive understanding that there is an intersection, but not a clear theory.'*

'Projects are recognised to be delivered in the context of wider socio-economic structural conditions, and seek to recognise and respond to these. However there is no overt focus on reconciliation/transitional justice. Upon reflection, this is part of the non-political nature of mental health support being provided which seeks to not engage directly with narratives that may be contentious in societies with fractured social structures. It is also part of the conceptualisation of the mental-health difficulties being experienced which are often a product of a wider context that the participant intervention cannot be expected to change, therefore emphasises strategies that can address mental health concerns within this context.'

A number of MHPSS respondents explained that in their view PB is political and that an integrated approach will compromise the perceived neutrality of MHPSS work. This was one of the explanations as to why there had been no collaboration or reaching out to the other field. Commenting on the possibility of working in an integrated approach, one respondent noted, '*I can see the value, however I am concerned about how it could be positioned to remain non-political. Particularly in settings where NGOs are working and where governments can already be suspicious of NGO activity. If this can be addressed then I can see no reason not to address this as this forms an important element of the context which is often leading to mental health difficulties.*'

Even so, it must be acknowledged that there is a recognition of the need to incorporate MHPSS and PB: '*the more we get involved in the work the more we realise how it is hard to address PB without working on mental health. Maybe the most important challenge is the lack of capacity to address mental health issues.*'

Turning to the different policy frameworks that form the foundation – and often funding – for MHPSS and PB activities, respondents noted that, inter alia, MHPSS practitioners would face challenges in operating within a PB framework as this would compromise their neutral profile. Multiple respondents expressed concern about the fact that in their view MHPSS is considered a humanitarian activity, whereas PB is inherently political in nature. These expressions show that the silo-like positioning of both fields fosters assumptions and myths of 'the other field', and highlights some of the conceptual and definitional myths that need to be addressed in order for an integrated approach to be developed: while many peacebuilding approaches may engage policy-makers at varying levels, most processes strive to be inclusive, apolitical, non-confrontational and cordial in nature. Deriving from this understanding, the gap between the two fields is more one of practice and semantics, based on different expertise, training and operational settings, rather than one of policy and opportunity.

Shaping policy and opportunity however does have its limits, as where the donors intentions are, is where the funds and opportunities are. Donors create chains of supply and demand which directly shape the characteristics of humanitarian aid. Characteristics directing the boundaries between MHPSS and PB often limit the overlap between these two fields. A respondent clearly referred to these boundaries: '*The link between the two areas still has to be made actively. Often work goes to where donors provide support. Few donors have acknowledged the relevance of combining the two fields.*'

Collaboration and building partnerships

Respondents who said that they had connected with the other discipline explained that this was as a result of recognising an overlap between the aims and intentions of the work of MHPSS and PB. One PB organisation stated that the reason they had partnered with the other organisation was to prevent the '*duplication of efforts and tap into synergies',* while another respondent noted that they had partnered with the other organisation '*to build both of our capacities by learning from each other'*. These different organisations all recognised that the reason for partnering MHPSS and PB components was to ensure that their work was more effective and impactful. Other organisations stated that the reason for connecting was to ensure interdisciplinary and holistic interventions for sustainable social cohesion or peace. One organisation recognised that, by collaborating with a PB organisation, they were exposed to and came to '*appreciate the PB perspective and how this could be integrated into ongoing MHPSS work'*. Most importantly, one organisation stated that even though they had not '*partnered explicitly with an organisation focused on mental health or psychosocial support, but (had) have linked with existing referral mechanisms within local systems. We recognise that more explicit partnerships in this area would be beneficial'*.

RECOMMENDATIONS

1. **Further research and analysis**
   • Develop a theoretical framework which links MHPSS and PB.

   > *'We think about the psychology of why someone behaves and acts the way to do (and how to connect to that perspective and interests) in the context of a negotiation, but I'm not sure we fully understand how mental health-related factors inhibit/enhance peace outcomes. We have anecdotal, intuitive understanding that there is an intersection, but not a clear theory.'*

   • Pilot a multi-partner longitudinal research project that integrates MHPSS and PB in a post conflict context.

   > *'I think we definitely need to present evidence that links mental health and peacebuilding. Even "reconciliation" is not a term that we discuss frequently here – it seems to be no longer an in-vogue idea! So we really could use research and policy writing that clearly links individual mental health AND community healing/trauma recovery with stronger peacebuilding outcomes.'*

2. **An online MHPSS and PB resource platform containing:**
   • A list of and contact details of organisations that bridge MHPSS and PB.
   • A repository of existing training materials, documentary films, research and grey literature documenting integrated approaches.
   • An online forum where practitioners and academics can interact on a regular basis.

3. **Develop a set of practical guidelines to help MHPSS and PB practitioners integrate their work**

4. **Create opportunities for knowledge-exchange and partnerships to be formed between the two disciplines**

   > *'As MHPSS practitioners, we would benefit further from a deeper understanding of peacebuilding and transitional justice processes and approaches at multiple levels. Opportunities to collaborate with experienced and skilled practitioners working at policy, programmatic and grassroots levels would be hugely beneficial, especially if this was in the context of work in diverse situations.'*

   > *'This initiative is very important and timely especially as our organisation struggles to address new challenges related to emergency response, healing, reconciliation and sustainable peace. We have quite a number of initiatives and materials on this and are always ready to learn better strategies and approaches, above all to benefit from other processes that can help the agency respond more effectively in addressing the plight of the most vulnerable people around the world.'*

5. **Lobbying and advocacy**
   • Write policy briefs.
   • Engage donors on the importance of funding holistic post-conflict interventions that integrate MHPSS and PB.

   > *'The link between the two areas still has to be made actively. Often work goes to where donors provide support. Few donors have acknowledged the relevance of combining the two fields.'*

   • Engage mainstream media to publicise research findings.
   • Use social media to publicise research findings.
   • Develop training materials that assist practitioners to bridge MHPSS and PB.

CONCLUSION

Mapping current global practice of MHPSS and PB has yielded an overview that reflects some of the contemporary attitudes, beliefs and challenges to bridging and identifying the gap between MHPSS and PB. While noting and acknowledging some important differences between the fields, this mapping exercise clearly illustrates the value seen, by practitioners in both fields, in developing an integrated approach based on a new theoretical framework. It is encouraging to note that the overwhelming majority of respondents agree with the statement that MHPSS and PB need to be integrated if sustainable peace is to be achieved. Similarly, respondents welcomed the mapping exercise, and encouraged the War Trauma Foundation and IJR to continue working to advance the field. Not surprisingly, one of the key findings has been that the gap between MHPSS and PB is based on a lack of knowledge and a lack of opportunities for engagement with the other field. In order for this to be overcome, both fields need to work closely together, demystify their aims and objectives to one another, and define relevant overlapping concepts in a way that works for both disciplines. Perhaps one of the biggest challenges moving forward is to ensure a common understanding of the key concepts and how they relate to a possible integrated approach. To undo the current silo approach that limits the collaboration between MHPSS and PB, awareness needs to be raised, knowledge shared and evidence-based research conducted and disseminated. The continued journey of narrowing the gap between the disciplines must be multifaceted and include multiple actors, including but not limited to practitioners from a wide spectrum of organisations, academics, policy-makers, civil society and donors.

Both MHPSS and PB aim to counter the effects of, and prevent the continuation of, violence and conflict through societal transformation, as both intend to heal wounds, build capacity for peace and facilitate reconciliation to limit the repercussions of violence and the effects of conflict on the social fabric.

APPENDIX A: QUESTIONNAIRE

Mapping global practice: Mental health, psychosocial support and peacebuilding

Dear colleagues

The Institute for Justice and Reconciliation (South Africa) and the War Trauma Foundation (Netherlands) are currently conducting a joint study aimed at understanding and narrowing the gap between mental health and psycho-social support (MHPSS) needs, practice and peacebuilding. As part of this study, we are seeking to map current global practice.

We would be immensely grateful if you could take the time to complete the following questionnaire (this should take you no longer than 15–20 minutes). Answers from this questionnaire will be used as the basis of a report that will aim to contribute to merging MHPSS and peacebuilding practice in humanitarian settings.

We will happily share with you the report that emerges from the findings.

Sincerely,

Marian Tankink (War Trauma Foundation) and Friederike Bubenzer (IJR)

Survey questions

1. **What is the name of your organisation?**

2. **What is your name (first and last)?**

3. **What is your email address?**

4. **Where does your organisation have its headquarters?**

5. **Where does your organisation work?**
   locally
   regionally
   nationally
   internationally
   other (please specify)

6. **What types of programming does your organisation focus on?**
   direct services to beneficiaries
   research and analysis
   capacity building and training
   policy advice
   other (please specify)

7. **How would you describe your organisation's primary thematic focus?**
   peacebuilding/reconciliation/transitional justice
   mental health and psycho-social support
   both of the above
   other (please specify)

8. **If your organisation's primary thematic focus is on peacebuilding:**
   Do your organisation's projects (on peacebuilding/reconciliation/transitional justice) overtly incorporate and address mental health/trauma/psychosocial support needs in (post-)conflict communities?
   If yes, please provide a short summary of one of these projects (and/or insert the website link/relevant report link).
   If not, please take a moment to explain why this is not a focus area of your organisation.
   Not applicable.

9. **If your organisation's primary focus is on mental health/trauma/psychosocial support:**
   Do your organisation's projects (on mental health/trauma/psychosocial support) overtly incorporate and address peacebuilding/reconciliation/transitional justice needs in (post-)conflict communities?
   If yes, please provide a short summary of one of these projects
   (and/or insert the website link/relevant report link).
   If not, please take a moment to explain why this is not a focus area for your organisation.
   Not applicable.

10. **Even though your organisation's primary focus may not include mental health and psychosocial support or peacebuilding, do any of your organisation's projects incorporate peacebuilding and/or mental health and psycho-social support in (post-) conflict communities?**
    If yes, please provide a short summary of one of these projects (and/or insert the website link/ relevant report link).
    No.

11. **With regards to your projects in the field, are you aware of, or have you partnered with, organisations working in the other field? If yes, please tell us why you partnered with these organisations:**
    due to a lack of capacity/relevant expertise within our own organisation
    to achieve sustainable social cohesion
    to ensure projects are carried out in a holistic way
    based on the acknowledgement of the need to work with the other sector
    similar work, goals and objectives
    all of the above
    other (please specify)

12. **Do you agree that interventions aimed at building sustainable peace would benefit from an approach which connects peacebuilding and mental health?**

    If yes, please explain:

    If you are not sure, please elaborate:

    If no, please explain why not:

13. **If your organisation works in both fields (MHPSS and peacebuilding), what are your key objectives?**

    trauma healing

    building trust

    enabling forgiveness

    addressing issues around identity and memory using a narrative approach

    incorporating vulnerable groups

    influencing policy and generating government support for this work

    addressing the cultural and historical context of violence

    other (please specify)

14. **What resources would your organisation need to be able to work in a way that bridges peacebuilding and mental health?**

    more knowledge and information on how to operationalise this

    in-house training for staff

    teaching materials to integrate into existing training materials

    new partnerships and collaboration opportunities with organisations from the other field

    other (please specify)

15. **Please share with us any additional thoughts you might have on the nexus between MHPSS and peacebuilding.**

APPENDIX B: RESPONDENTS

Organisations *(Headquarter locations)*

1. Avocats Sans Frontières – *Uganda*
2. BeautifulMind Consultants, Ltd. – *Nairobi, Kenya*
3. British Red Cross – *London, UK*
4. CARE International – *Austria; Uganda*
5. Catholic Relief Services – *Maryland, USA*
6. Community Based Sociotherapy Program (CBSP) – *Kigali, Rwanda*
7. Centre d'encadrement et d'études pour le développement communautaire (CEEDECO) – *South Kivu, Democratic Republic of the Congo*
8. Center for Justice and Peacebuilding at Eastern Mennonite University – *Virginia, USA*
9. Centre Africain de Recherche pour l'Education à la Paix et à la Démocratie (CAREPD) – *Goma, Democratic Republic of the Congo*
10. Centre for the Study of Violence and Reconciliation – *Johannesburg, South Africa*
11. Civil Peace Service Programme of GIZ Rwanda – *Rwanda/Germany*
12. Columbia Group for Children in Adversity – *New York, NY, USA*
13. Coopi cooperazione internazionale – *Milan, Italy*
14. Damascus Center for Human Rights Studies – *Washington, DC*
15. Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) – *Eschborn/Bonn, Germany*
    a. GIZ Psychosocial Support for Syrian and Iraqi Refugees and IDP Regional Program
    b. GIZ Civil Peace Service Program
16. Duhumurizanye Iwacu Rwanda (DIR) – *Kigali, Rwanda*
17. Fambul Tok – *Freetown, Sierra Leone*
18. Foundation for Justice and Development Initiatives (FJDI) – *Gulu, Uganda*
19. Generations For Peace – *Amman, Jordan*
20. Green String Network – *Nairobi, Kenya*
21. Institute for Justice and Reconciliation – *Cape Town, South Africa*
22. Institute of Psychology, Health and Society at the University of Liverpool – *Liverpool, UK*
23. International Alert – *London, UK*
24. International Center for Transitional Justice - Kenya Program – *New York, NY, USA*
25. International Federation of Red Cross Red Crescent Societies, Reference Centre for Psychosocial Support – International Secretariat – Geneva*, Switzerland*
26. International Association for Human Values; *UK, Global*
27. International Institute for Child Rights and Development – *Victoria, Canada*
28. International Medical Corps (IMC) – *Washington, DC, USA*
29. International Organization for Migration (IOM) – *Geneva, Switzerland*
30. International Peace Institute – *New York, NY, USA*
31. IPSI at Creative Learning – *Washington, DC, USA*
32. IsraAID South Sudan – *Tel Aviv, Israel*
33. Justice and Reconciliation Project – *Gulu, Uganda*
34. Khulumani Support Group – *Johannesburg, South Africa*
35. Kings Sierra Leone Partnership – *Connaught Hospital, Sierra Leone*
36. Living Peace, *Goma, Democratic Republic of Congo*
37. Malteser International – *Cologne, Germany*
38. Medecins Sans Frontieres – *Brussels, Belgium*
39. MHPSS.net – *Sri Lanka*
40. Moi University School of Medicine – *Eldoret, Kenya*
41. National Transitional Justice Working Group (Zimbabwe) – *Harare, Zimbabwe*
42. One Earth Future Foundation / William Ury – *Colorado, USA*
43. Pontificia Universidad Catolica del Peru – *Lima, Peru*
44. Premiere Urgence Internationale (PUI) – *Paris, France*
45. Prison fellowship Rwanda – *Kigali, Rwanda*
46. Refugee Law Project – *Kampala, Uganda*
47. Rema Ministries – *Bujumbura-Burundi*
48. REPSSI: Regional Psychosocial Support Initiative – *Johannesburg, South Africa*
49. Save the Children International – *London, UK*

50. Slovene Philanthropy. Association for Promotion of Voluntary Work – *Ljubljana, Slovenia*
51. South Sudan Council of Churches – *Juba, South Sudan*
52. State Department Bureau of Population Refugees and Migration – *Washington, DC, USA*
53. Terre des hommes – *Geneva, Switzerland*
54. The Christian Times newspaper – *Juba, South Sudan*
55. The Good Practice Group – *Colombo, Sri Lanka*
56. The Martin-Springer Institute – *Northern Arizona University, Flagstaff, AZ, USA*
57. Transcultural Psychosocial Organisation – *TPO Democratic Republic of Congo; TPO Uganda*
58. United Nations Mission In South Sudan
59. United Nations/African Union Operation in Darfur (UNAMID) – *Sudan*
60. University of Rwanda – *Kigali, Rwanda*
61. Wits Reproductive Health and HIV Institute (Wits RHI) – *Johannesburg, South Africa*
62. World Health Organisation Sierra Leone – *Geneva, Switzerland*
63. World Vision International – *UK; Global*

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