Our ICRC colleagues say it best: “There is no health without mental health”.

Allow me to borrow their style to summarize what I heard today. You all said in one way or another “there is no protection without mental health”.

It is no incident that MHPSS got allocated the first session of our forum this year.

When designing the forum, we were guided by our operations, and their message was alarming.

100% field operation describe psychological distress and mental health needs as growing amongst the affected populations.

The majority, 71% rate the risk of distress as severe or extreme.

Therefore, MHPSS is the top of our agenda. It is not by choice. It is by necessity. By reality.

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Thank you to all the speakers for really concretizing how MHPSS is an essential part of creating strong protection environment and how this is done in very practical ways.

For me, the insights from our colleagues in Syria and South Sudan today serve as a true ‘call to action’ for all of us in the Protection Sector to be further strengthening MHPSS efforts across our interventions.

We’ve made the commitments as a sector, we have the IASC guidelines and it’s clear that Protection Leaders in crisis contexts are leading the way in turning this into a reality.

Our experts have progressed - - especially Child Protection, Health and Gender Based Violence experts - - but now we’ve got to push beyond these boundaries.

On one hand we feel hope or relief that finally, mental health and psychosocial supports are being recognized as truly critical to effective and comprehensive protection and humanitarian response efforts.
On the other hand, what a truly terrible reality we are facing with MHPSS needs higher and more visible than ever amidst the COVID pandemic.

These needs are even more compound and severe in crisis contexts – for people who are so directly experiencing the depths of violence, loss, displacement, and trauma.

So, the task we all have in front of us now is to build on this increased recognition of the importance of MHPSS, to further embed, resource and scale the excellent MHPSS interventions being led by protection leaders at local and national levels and to ensure that such programming is of even better quality and has even greater impact.

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For the GPC, I see that a core priority in the coming year will be to ensure MHPSS becomes a more integrated part of the Protection Cluster and the Areas of Responsibility and, in fact, all the clusters – with specific commitments made and accountability/reporting mechanisms established on this.

We know MHPSS concerns are driving a range of protection risks and that it is a fundamental part of ensuring the centrality of protection across populations faced with crisis.

It is truly now up to us collectively and together, to ensure local protection leaders have the resources, tools and support needed to make a step change in people’s access to quality MHPSS programmes.

A step change in MHPSS programming is a step change in protection reach and impact.

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Background: Secretary-General António Guterres stated in a lengthy video message on May 13, 2020 that mental health and psychosocial support (MHPSS) should be part of all humanitarian responses. During the COVID-19 pandemic, it has become increasingly clear that MHPSS needs to be part of protection work. However, for MHPSS to have the desired protection outcomes it should be embedded in all actions, delivered in an intersectoral way and the quality of activities should be sufficient to generate impact. The session intends to pave the way for integration of more MHPSS and better MHPSS in protection work.