Mental Health Action Plan 2013-2030

Agenda Item: 13.2 Political declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases

The International Federation of Red Cross and Red Crescent Societies welcomes the World Health Organization Executive Board's decision EB148(3) on *Promoting Mental Health preparedness and Response for Public Health Emergencies*, and its recommendation to adopt the updated comprehensive Mental Health Action Plan 2013-2030.

We specifically welcome the inclusion of actions focusing on mental health preparedness, response and recovery in humanitarian emergencies (including armed conflict, natural disasters and other emergencies). As Co-Chair, with the WHO, of the Inter-Agency Standing Committee's (IASC) Reference Group on Mental Health and Psychosocial Support in Emergency Settings, the IFRC has worked intensively with our humanitarian partners to rapidly deploy professionals to support country level responses to 19 humanitarian contexts and developed joint inter-agency tools as referenced in the Director-General's report.

Every day, millions of volunteers and staff of 192 National Societies across the world witness and respond to humanitarian emergencies, including the mental health impacts of COVID-19 and the (now long-term) restrictive measures required to contain it. Indeed, the pandemic continues to affect us all more than a year after the declaration of public health emergency of international concern, but some more than others. In many countries, individuals and families are grieving, struggling to sustain a livelihood and an income whilst adhering to restrictions, home-schooling their children as schools remain closed, caring for relatives suffering from 'long COVID-19' and other chronic diseases, and trying their best to emotionally and practically support each other and their community. Our volunteers have been working tirelessly through community-based interventions, contributing to boost their resilience and restore a sense of hope and well-being, which is a testimony of how investment has a real impact on individuals and communities as a whole.

Meeting the mental health and social care needs of affected populations cannot be done purely within the confines of traditional medical interventions conducted in clinical settings. Community-level mental health and psychosocial support--in other words, the promotion of positive mental health and psychosocial wellbeing and the prevention of further psychological distress--is indispensable.

National Red Cross and Red Crescent Societies support their Governments to fill critical gaps for mental health and psychosocial support services in hard-to-reach communities. In the first 12 months of our global COVID-19 response, we reached more than 8.4 million people and that number continues to grow. The recovery from this pandemic will not be fully successful if we fail to invest in the mental health and psychosocial well-being of individuals, which is key to ensure sustained recovery and healthy and productive communities.

But caring for communities is only one part of our work: our volunteers and staff also need our support. Frontline workers, including our Red Cross and Red Crescent volunteers, work long hours and are invariably exposed to distressing events when responding to the needs of individuals and families. Volunteers face a triple burden of being directly impacted by the same distressing events that affect their communities, fear and exhaustion as a frontline responder, and the additional challenges of supporting people emotionally in crisis settings. They are the embodiment of humanity in action. All volunteers and staff must have access to mental health and psychosocial support

services so they can continue to serve families and communities in need and protect themselves whilst doing so.

In December 2019, the International Red Cross and Red Crescent Movement, together with 196 State Parties to the Geneva Convention, adopted a resolution calling on States, the ICRC, humanitarian partners and national societies to **increase recognition of the mental health consequences of humanitarian crises and increase investment in local action to address the critical gaps that exist in providing mental health and psychosocial services**. We acknowledge the positive humanitarian diplomacy initiatives, recognition, and increased attention including from the WHA over the past 18 months to make these resolutions a reality.

But Much more work remains to be done and no single player can address this immense challenge alone. The IFRC, along with 192 NS and 14 million staff and volunteers, remains committed to scaling up our investment, expanding partnerships and access to mental health and psychosocial services across all our humanitarian response activities for communities and humanitarian workers, thus leaving no one behind.

Thank you.