



National  
Psychotrauma  
Centre

# Taking Action Towards Sustainable Peace:

## Integrating Peacebuilding and Mental Health and Psychosocial Support

A policy paper published by ARQ National Psychotrauma Centre

November 2023

Friederike Bubenzer, Megan Bahmad, Lysan Boshuyzen,  
Relinde Reiffers, Yvonne Sliep, Marian Tankink

# “ To integrate you must localise, simplify and conceptualise.

— James Wek, workshop participant in Uganda,  
on integrating mental health and psychosocial support  
and peacebuilding

This policy paper calls on practitioners, experts and policymakers, at all levels from the global south and global north, to support the integration of the peacebuilding (PB) and mental health and psychosocial support (MHPSS) fields.

This paper recognises existing knowledge and steps to further MHPSS and PB integration internationally, makes the case for why integration is critical to foster psychosocial wellbeing and sustainable peace and describes key methodologies that are critical for integrated work. The section *Bridging Theory to Practice* provides examples of integrated programmes (see [▶ Bridging Theory to Practice 1: West Bank](#), [▶ Bridging Theory to Practice 2: Burundi](#) and [▶ Bridging Theory to Practice 3: Uganda](#)) and possible avenues to approach integration in fragile and post-conflict settings (see [▶ Bridging Theory to Practice 4: Ukraine](#)).

Finally, this paper formulates recommendations on who and what is needed to foster a climate of integration.

# In this publication

**Executive Summary** ————— 4

## Making the Case for MHPSS and PB Integration

1. Introduction ————— 10
2. Understanding the Impact of Violent Conflict and Trauma on Individuals, Communities and Sustainable Peace — 13
3. What are Integration and Co-Creation? — 16
4. Integration in Practice:  
A Holistic Perspective ————— 18

## Bridging Theory to Practice

➤ **West Bank**

➤ **Burundi**

➤ **Uganda**

➤ **Ukraine**

**Recommendations** — 32

## And also

Brief Definitions ————— 37

About the Authors ————— 39

Colophon ————— 40

References ————— 41

# Executive Summary

# Taking Action Towards Sustainable Peace: Integrating Peacebuilding and Mental Health and Psychosocial Support

A policy paper published by  
ARQ National Psychotrauma Centre

November 2023

Friederike Bubenzer, Megan Bahmad,  
Lysan Boshuyzen, Relinde Reiffers,  
Yvonne Sliep, Marian Tankink

This policy paper, presented by ARQ National Psychotrauma Centre, brings together **global experts** in peacebuilding (PB) and mental health and psychosocial support (MHPSS) to issue a compelling call to action. Aimed at practitioners, experts and policymakers worldwide, they call for the integration of PB and MHPSS as an essential strategy to foster mental health, psychosocial wellbeing and sustainable peace in fragile and post-conflict settings. Presenting an in-depth discussion on the imperative for integration, the paper also includes examples of how to **bridge theory to practice**, and **recommendations** to facilitate integration of the PB and MHPSS fields.

## Introduction

A growing body of research shows that mental distress has a negative impact on violence prevention and on people's ability to contribute to peacebuilding efforts. Consequently, there is a clear and urgent need to develop new ways of supporting populations in conflict-affected settings that integrate approaches from both the MHPSS and PB fields. Building on recent international guidance on MHPSS and PB integration (including from UNDP, the IASC working group and ARQ, among others), it is crucial to advocate for the integration of MHPSS and PB policies globally and to establish best practice on the implementation of such policies.

“ **The urgency to integrate MHPSS and PB cannot be understated.** ”

## Understanding Impacts of Violent Conflict and Trauma on Violence Prevention and Sustainable Peace

*Read full chapter*

Violent conflict has cascading and overlapping consequences for the mental health and psychosocial wellbeing of individuals and communities, which in turn undermines violence prevention and peacebuilding efforts. Over time, some individuals affected by traumatic events may experience neuro-psychological changes that affect their ability to experience empathy, form a coherent identity and experience a sense of belonging.<sup>1,2</sup> Conflict can also result in collective trauma, which occurs when a shared experience of violence is perpetuated through shared narratives or memories for group members, including those in subsequent generations who did not directly experience it.<sup>3</sup> These memories become central to group

identity and worldview, and can ultimately serve as justification for further acts of violence.<sup>4,5,6</sup>

Individual, collective and transgenerational trauma also pose barriers to peacebuilding. Processes such as dialogue, reconciliation and transitional justice require trust, empathy and ability to engage with the opposing group, which may not be possible when coping with mental health and psychosocial issues. To truly transform conflict, it is also necessary to address and renegotiate the relationships and grievances that drive violent conflict in the first place. Therefore, mental health and psychosocial wellbeing is necessary to establish sustainable peace, while sustainable peace is a prerequisite for psychosocial wellbeing.

## What are Integration and Co-Creation?

*Read full chapter*

Integration is defined as bringing together aspects of PB and MHPSS, from beginning to end of an intervention.<sup>7,8</sup> To achieve sustainable integration, members of both fields must collaborate, ideally using co-creation methods. Co-creation is an approach that brings practitioners from both fields together, within a local context, to examine their lived experiences of conflict and trauma, build trust and share approaches across both PB and MHPSS fields. This creates the foundation for practitioners to jointly develop, implement and evaluate joint MHPSS and PB interventions.

## Integration in Practice: A Holistic Perspective

*Read full chapter*

In practice, integrated approaches incorporate local PB and MHPSS practices that address the fluid relationship between experiences of violence at all levels. At an individual level, integrated interventions support the development of non-violent coping skills for difficult emotions and distress. At a family level, integrated interventions can strengthen parenting skills and ensure wellbeing of all family members. At the community level, integrated initiatives support positive narratives that promote non-violence and resilience for both victims and perpetrators. It is important to note that children and youth may disproportionately face consequences of conflict, and therefore may benefit from integrated interventions to support resilience and transform cycles of violence across generations.<sup>9</sup> At the struc-

tural level, integrated interventions address power dynamics, and, when justice falls short, provide MHPSS to individuals and groups affected by conflict-related injustice.

## Four Bridges of Theory to Practice

*Read full chapter*

Tangible programme examples are provided to illuminate ways of implementing co-created, integrated approaches: one based in the West Bank to support families, one based in Burundi using a Narrative Theatre approach, and one in Uganda highlighting co-creation methods. An in-depth case study on Ukraine examining the possibilities for integrated MHPSS and PB approaches:

- [Supporting families in the West Bank](#);
- [Using Narrative Theatre in Burundi](#);
- [Fostering co-creation in Uganda](#);
- [Examining possibilities for integrated MHPSS and PB approaches in Ukraine](#).

## Recommendations: Concrete Steps Towards Sustainable Integration

*Read full chapter*

A comprehensive set of recommendations for the integration of MHPSS with PB efforts can be found [here](#).

1

**Champion the agency and local ownership of co-creation processes by MHPSS and PB practitioners.**

2

**Develop integrated MHPSS and PB programmes that consider the historic roots of collective and generational trauma and that actively address its impact on contemporary conflict dynamics.**

3

**Enhance collaboration with local and national actors to address structural drivers of conflict and psychosocial distress that may perpetuate grievances and fuel cycles of violence.**

4

**Advocate for long-term policy planning to support and sustain integrated MHPSS and PB programmes.**

5

**Encourage multi-sectoral collaboration between MHPSS and PB practitioners and policymakers at all levels.**

6

**Advocate for long-term funding streams that break down barriers between the humanitarian and PB sectors to support integrated MHPSS and PB initiatives.**

## Conclusion

In conclusion, the urgency to integrate MHPSS and PB to address the mental health and psychosocial needs of conflict-affected individuals and communities and to foster sustainable peace cannot be understated. ■

## References

- 1 Fitzduff, M. (2021). *Our brains at war: The neuroscience of conflict and peacebuilding*. Oxford University Press.
- 2 Amendola, A. (2020). *Violence in times of peace: How trauma perpetuates family violence in post-conflict environments*. Unpublished MSc dissertation, University of Pittsburgh, Pennsylvania.
- 3 Li, M., Leidner, B., Hirschberger, G., & Park, J. (2022). From threat to challenge: Understanding the impact of historical collective trauma on contemporary intergroup conflict. *Perspectives on Psychological Science*, 18(1), 190-209.
- 4 Hirschberger, G. (2018). Collective trauma and the social construction of meaning. *Frontiers in Psychology*, 9.
- 5 Perkonig, A., Kessler, R. C., Storz, S., & Wittchen, H. -U. (2000). Traumatic events and post-traumatic stress disorder in the community: Prevalence, risk factors and comorbidity. *Acta Psychiatrica Scandinavica*, 101(1), 46-59.
- 6 Tankink, M., Bubenzer, F., & Van der Walt, S. (2017). *Achieving sustainable peace through an integrated approach to peacebuilding and mental health and psychosocial support: A systematic review of the current evidence base*. The Institute for Justice and Reconciliation and the War Trauma Foundation (now: ARQ National Psychotrauma Centre).
- 7 UNDP (2022). *Guidance note Integrating mental health and psychosocial support into peacebuilding*
- 8 Sliep, Y., Tankink, M., & Bubenzer, F. (2023). Co-creation as a methodology to integrate mental health and psychosocial support and peacebuilding. *Intervention Journal of Mental Health and Psychosocial Support in Conflict Affected Areas*, 21(2), 89-95.
- 9 OpenElementArchitecture Review (PBAR). (2020). *Peacebuilding and sustaining peace: Report of the Secretary-General*. ODS - Sédoc - United Nations.



# Making the Case for MHPSS and PB Integration

1. Introduction	10
2. Understanding the Impact of Violent Conflict and Trauma on Individuals, Communities and Sustainable Peace	13
3. What are Integration and Co-Creation?	16
4. Integration in Practice: A Holistic Perspective	18

# 1. Introduction

“ **The need to develop new ways of supporting populations in conflict-affected settings is clearly evident.** ”

According to the UN refugee agency by the end of 2022 more than 108 million people had been forcibly displaced worldwide by persecution, conflict, violence, human rights violations or events seriously disturbing public order.<sup>1</sup> One in 61 deaths globally is a direct result of war or conflict.<sup>2</sup> The interconnected effects of violent conflicts, extremist insurgencies and escalating environmental degradation have a negative impact on people’s mental health and psychosocial wellbeing.

World Health Organisation (WHO) data published in *The Lancet* showed that there are many more people living with mental disorders in areas affected by conflict than previously realised.<sup>3</sup> In these areas, one in five people is living with some form of mental

disorder, ranging from mild depression or anxiety to psychosis.

Furthermore, ground-breaking findings from the 2022 United Nations Development Programme’s (UNDP) Human Development Report links mental distress to: poor educational achievement, low productivity, poverty, overall poor health and premature and excess mortality. Using the capabilities approach, which focuses on expanding the capabilities that enable people to do and be what they value, the report illustrates that mental distress can negatively impact human development as a whole.<sup>4</sup>

A growing body of research shows that mental distress has a negative impact on violence prevention and on people’s ability to contribute to peacebuilding efforts. Paired

with the knowledge that conflict is a well-established social determinant of poor mental health, the need to develop new ways of supporting populations in conflict-affected settings that integrate approaches from both the MHPSS and PB fields is clearly evident.

“ **Policies on the need to integrate the fields of MHPSS and PB are scarce and not translated into practice.** ”

## International and Multilateral Efforts to Connect PB and MHPSS

In 2019, a high-level international conference in Amsterdam, hosted by the Dutch Ministry of Foreign Affairs, highlighted the importance of addressing the mental health and psychosocial needs of people in emergencies and during protracted crises. The final (unanimous) conference declaration stressed that MHPSS is essential to restore people’s day-to-day functioning, assist access to life-saving services, support developing resilience after an emergency or during crises and rebuilding peaceful societies.<sup>5</sup>

However, policies on the need to integrate the fields of MHPSS and PB are scarce and not translated into practice. Following extensive international consultations facilitated by the Netherlands, a first set of recommendations was published in the *2020 UN Peacebuilding Architecture review*.<sup>6</sup> In 2022,

UNDP published a guidance note<sup>7</sup> on the topic and in 2023 the Inter-Agency Standing Committee (IASC) Working Group on MHPSS and Peacebuilding will publish a comprehensive report and mapping of knowledge on integration globally.

At the level of the African Union, significant progress was also made in 2019 with the passing of a Transitional Justice policy, which recommends that transitional justice *‘processes should envisage special measures of support for women and youth as victims to ensure their physical and psychosocial rehabilitation and social reintegration.’*<sup>8</sup>

Further, the *2020 European Union (EU) Peace Mediation Guidelines* recognise that addressing grievances is a prerequisite to enable individuals and communities to work towards creating a peaceful future, adding that it is best practice for MHPSS aspects be integrated structurally throughout PB,

including in deliberations and implementation of peace agreements and interventions.<sup>9</sup>

Similarly, the EU's Thematic Programme on Peace, Stability and Conflict Prevention (2021-2027) states that *'The EU is committed to supporting the transition of conflict-affected countries/regions to stability and peace and that MHPSS, societal and trauma healing are essential aspects of community dialogue, peacebuilding and reconciliation.'*<sup>10</sup>

During the seventy-seventh United Nations General Assembly (UNGA) adoption of the *Resolution on Mental Health and Psychosocial Support (2023)*, broad acknowledgement was given to the importance of MHPSS. In the resolution, the EU (on behalf of its 27 member states), pledged MHPSS support *'...embracing mental health as a priority in our internal and external policies.'*<sup>11</sup> Due to considerable efforts of Mexico, Argentina, Japan, Canada, Israel and Morocco, the

UNGA-wide adoption of this resolution was the first time MHPSS was brought to the attention of the plenary as a contributing factor to sustainable development and peace.

Increasingly, knowledge products by practitioners, including (international) non-governmental organisations (I-NGOs), are also being published. The international peacebuilding organisation Interpeace recently added a guidance framework for practitioners with their report *MIND THE PEACE - Integrating MHPSS, Peacebuilding and Livelihood Programming (2022)*.<sup>12</sup>

While it seems clear that PB and MHPSS policies and practices should be integrated globally, this is not yet the case, especially where PB and transitional justice policy-making are concerned. There is also an urgent need to develop and establish best practice on implementing these policies, once adopted. ■

## 2. Understanding the Impact of Violent Conflict and Trauma on Individuals, Communities and Sustainable Peace

“ **Individuals affected by trauma may experience heightened feelings of threat, distrust and hatred; a disrupted sense of identity and difficulties regulating negative emotions.** ”

Violent conflict is potentially traumatic, with cascading and overlapping consequences for the mental health and psychosocial wellbeing of individuals, families and communities. While many affected individuals can find the internal coping, resources and social support to recover, some will go on to experience various levels of mental health issues, including depression, anxiety, posttraumatic stress and substance use disorders. Other individuals will experience suffering because of daily psychological and social stressors created by conflict, including loss, violence, disruption of daily life and lack of physical and psychological safety. The impact of daily psychosocial distress can be as severe as

traumatic events and the effects can be significant and chronic.<sup>13</sup>

### Understanding Collective Trauma as a Barrier to Violence Prevention

Over time, individuals affected by trauma may experience heightened feelings of threat, distrust and hatred; a disrupted sense of identity and difficulties regulating negative emotions. Consequences can include avoidance of other people, substance misuse or aggression.<sup>14</sup> In turn, reliance on such harmful coping mechanisms can inhibit access to social support and constructive

participation in public life. Emerging research in neuroscience underpins many of these effects, showing that exposure to violence and conflict-induced social problems can negatively affect the structures in the brain that deal with empathy, identity formation and sense of belonging.<sup>15</sup>

Conflict can also result in collective trauma. This occurs when a group of people or community shares experiences of violence that are subsequently transformed into collective memory and go on to influence or redefine meanings and worldviews. Collective trauma impacts the values, norms and shared sense of identity that bind communities together, such as by eroding inter-group trust or by normalising violence as a coping strategy.<sup>16</sup> Collective trauma is often perpetuated through shared narratives or memories such

that the traumatic experience also impacts group members, including subsequent generations who did not directly experience it.<sup>17</sup> When these shared narratives are passed down to younger generations, it is known as generational trauma.<sup>a</sup>

For victims, the process of creating shared narratives about a threatening event promotes group preservation, fosters a sense of meaning and affirms the significance of the group. Eventually, these memories become central to the victim group's identity and worldview.<sup>18</sup> For perpetrators of violence, acknowledging collective trauma may pose a threat to their group identity and lead them to establish collective narratives that deny or distort memory of the event.

GO DIRECTLY TO  
BRIDGING THEORY TO PRACTICE 1

▶ West Bank

“ To truly transform conflict, it is necessary to address and renegotiate the relationships and grievances that drive violent conflict in the first place.

<sup>a</sup> Generational trauma can refer to intergenerational and transgenerational trauma. In this document, a detailed elaboration on these forms of generational trauma is omitted for the sake of brevity. See [Definitions](#) for details.

Taken together, the impact of trauma on individuals, the collective and across generations, pose a barrier to the cessation of violence. Communities who continue to suffer from conflict-related grievances and maintain collective narratives of victimhood are less resilient to political, economic, cultural and social pressures, which can propel these communities to engage in further cycles of violence.<sup>19,20</sup> Conflict-related grievances and narratives may also be manipulated to promote and mobilise groups to further violent action.

## The Impact of Trauma on Peacebuilding and Transitional Justice

The impact of trauma on individuals, the collective (community) and across generations, can also pose a barrier to peacebuilding processes such as dialogue, reconciliation and transitional justice. Meaningful

dialogue and reconciliation require participating individuals to trust each other and to empathise and engage with the opposing group position. This may not be possible when they are still coping with mental health and psychosocial issues.

Transitional justice mechanisms and processes seek to provide reparations for individuals who have suffered because of armed conflict, including those who have experienced political violence and human rights violations. Failing to address mental health and psychosocial concerns in transitional justice efforts can exacerbate grievances and perpetuate further cycles of violence.<sup>21</sup>

**GO DIRECTLY TO  
BRIDGING THEORY TO PRACTICE 2**

**▶ Burundi**

To truly transform conflict, it is necessary to address and renegotiate the relationships and grievances that drive violent conflict in the first place. To transform relationships at both interpersonal and social levels necessitates integrated MHPSS and PB approaches that support individuals to recover from personal trauma, engage across dividing lines and re-establish relationships based on mutual trust, forgiveness and a shared desire for peace. The mental health and psychosocial wellbeing of individuals and communities is necessary to end violence and establish sustainable peace, while supportive relationships and sustainable peace are prerequisites for psychosocial wellbeing. In other words, they are mutually supportive. ■

# 3. What are Integration and Co-Creation?

The UNDP Guidance Note on Integrating MHPSS into Peacebuilding defines integration as 'the intentional bringing together of components of MHPSS and PB practice, from the outset to the conclusion of the programmatic intervention.' Findings by Sliep and colleagues suggest that effective and sustainable integration requires ongoing interdisciplinary collaboration, ideally using co-creation methods.<sup>22</sup>

Co-creation is an approach to MHPSS and PB integration that brings practitioners from both fields together, in their local context, to examine their direct experiences of conflict and trauma and how these inform their attitudes toward integrated work. It further builds trust among participating practitioners

and shares relevant approaches and experiences across disciplines. Building on this foundation, co-creation methodology then asks practitioners to collectively define integrated MHPSS and PB outcomes that would be desirable for their local context and jointly develop, implement and evaluate integrated interventions to achieve those outcomes.

“ **Effective and sustainable integration requires ongoing interdisciplinary collaboration.** ”

**GO DIRECTLY TO  
BRIDGING THEORY TO PRACTICE 3**

➔ **Uganda**



**“ However, integration is not a static end goal, but rather a dynamic process.**

Co-creation processes are inherently bottom-up, inclusive, decolonial and aim to build equitable and transparent partnerships between practitioners from both fields. During the process, a space is fostered in which learning and knowledge sharing can occur. The result is that both fields recognise the mutual value of collaboration and develop the tools to work more effectively towards defining, understanding and acting upon their needs, challenges, opportunities and desired outcomes of integrating MHPSS and PB.

As a process, co-creation embodies both MHPSS and PB by drawing on the PB process of inclusive dialogue while also creating a space for individual and collective transformation, creating a foundation for future integrated action.

However, integration is not a static end goal, but rather a dynamic process that evolves according to context-specific needs and opportunities. It requires continuous learning, adaptation and shared ownership among practitioners and policy makers, paving the way for resilient societies that prioritise psychological wellbeing and sustainable peace. It is more than co-existence and using each other as simple referrals, but rather makes the most of existing resources without duplicating services and serving the population more holistically. ■

# 4. Integration in Practice: A Holistic Perspective

“ **It is vital that an integrated approach uses a holistic perspective that recognises the fluid and multi-directional relationship between the individual, interpersonal, and societal experience of violent conflict.** ”

Given that violent conflict is pervasive and permeates all sections of society (including powerful social media and media platforms), it is vital that an integrated approach uses a holistic perspective that recognises the fluid and multi-directional relationship between the individual, the interpersonal and societal experiences of violent conflict. Ultimately, a long-term vision is necessary for policy to support sustainable programming; it contributes to holistic multi-level approaches that create room for interventions and change at different levels.

In practice, integration incorporates local MHPSS and PB rituals and practices from the outset of an initiative, in a way that benefits individuals, families, communities and society

at large. At the individual level, integrated interventions might entail supporting all members of a society to develop the required skills to regulate difficult emotions, constructively cope with distress and manage conflict non-violently. Taken together, these skills enable each and every member of a community to attain wellbeing and forge the supportive relationships needed to recover from adversity and rebuild a sense of trust and safety.

Integrated interventions should also address the needs of specific populations, such as perpetrators, whose effective social reintegration and reconciliation is dependent on addressing specific psychosocial needs, such as the reconstruction of personal identity,

which necessarily takes place within a social context.

Children and youth disproportionately face the developmental and psychosocial consequences of conflict. At the same time, they also have the capacity for resilience and are noted by the *2020 UN Peacebuilding Architecture Review* <sup>23</sup> as having a crucial role in conflict resolution and prevention. Children and youth can therefore benefit from integrated interventions that support them to develop resilience in the aftermath of conflict and transform cycles of violence within their societies and across generations.

**“ Trust, respect and empathy are the glue for interpersonal connection and repairing the social fabric.**

Building a peaceful community where individual and collective wellbeing should take place at both personal and social levels to support people to regain empathy, compassion and dignity and promotes synergy of heart and mind. Trust, respect and empathy are the glue for interpersonal connection and repairing the social fabric.

At the family level, integrated interventions recognise that the negative impact of conflict on family cohesion and wellbeing can be mitigated by strengthening parenting skills, supporting the ability to manage family conflict and ensuring the psychosocial wellbeing of all family members.

At the community level, integrated initiatives promote activities such as inter-group dialogue and transitional justice efforts that integrate MHPSS to ensure processes that are both conflict- and trauma-informed. To mitigate the effects of collective trauma,

integrated initiatives support the construction of positive conflict narratives that promote coherent identities, non-violence and resilience for both victims and perpetrators. This requires an ongoing negotiation over shared memory and history, with understanding only possible once empathy and tolerance override fear and anger.

**GO DIRECTLY TO  
BRIDGING THEORY TO PRACTICE 4**

**➤ Ukraine**

Integrated MHPSS and peacebuilding interventions must exist in a broader environment that addresses the underlying grievances that comprise both the root causes of conflict and the structural drivers of poor mental health. Integrated initiatives at the structural level address power dynamics through mechanisms of representation, participation and accountability, and when justice falls short, provide MHPSS to individuals and groups affected by conflict-related injustice. Integrated approaches can also be used to address society-wide norms that both perpetuate power imbalances and cause psychosocial harm. Gender transformation approaches, for example, that seek to transform harmful

gender roles and relations and work toward the equal redistribution of power, can benefit from the integration of MHPSS for women and men who have been negatively impacted by traditional gender norms in the past and who are actively reconstructing their identities in favour of reimagined norms.

Formal and informal leaders at all levels must be trained in integrated MHPSS and PB approaches in order to catalyse processes of inner transformation that support them to bridge divides within their communities, and design and run institutions that are more equitable, inclusive and just. ■

**“ When justice falls short, provide MHPSS to individuals and groups affected by conflict-related injustice. ”**

# Bridging Theory to Practice

1. West Bank	22
2. Burundi	23
3. Uganda	24
4. Ukraine	25

# West Bank



## Enhancing Resilience and Understanding - Multi-Family Approach in the West Bank

Many families in the West Bank in the occupied Palestinian territories are faced with situations of political, social and economic hardship. In response, ARQ and partner organisations developed the Multi-Family Approach (MFA), based on Multi-Family Therapy, which is a psychosocial intervention for groups of families.<sup>b, 24</sup>

As a result of participating in MFA, family members developed more understanding towards each other, an improvement in family

dynamics, supportive relationships between families, reduction of stigma and stress relief among group members.<sup>25</sup>

Promoting wellbeing in families can reduce the risk of developing intra-familial tensions and conflict, which contributes to broader community cohesion. To this end, MFA focuses on fostering a sense of community among affected families as well as support for affected families within the community. This way, MFA contributes to increased cohesion and involvement of families and communities, and thereby serves as an approach to address both MHPSS and PB in the family, community and across generations. ■

<sup>b</sup> At the time ARQ International was the War Trauma Foundation.

## BRIDGING THEORY TO PRACTICE 2

[Back to main text](#)

# Burundi

## Healing Communities: The Narrative Theatre Approach in Burundi

The Narrative Theatre approach is a form of collective counselling for communities affected by traumatic events. It works by creating a space where people can meet, exchange stories and discuss problems and experiences from different perspectives without internalising these problems. It helps to gain perspective on the root causes of the problem. By mapping the effects of destructive behaviour, cycles of violence can be broken, and a sense of unity can be developed.

As a result of discussions with community members in Burundi, the local organisation Centre Ubuntu and ARQ co-facilitated and supported a series of Narrative Theatre sessions to help people overcome unresolved, conflict-related challenges they continued to face at individual, family and community levels.

A co-creation methodology was used to design a realistic way forward, where everyone understood what they could do to strengthen the social fabric. Through this process, norms and values that were destroyed during the war, such as trust and mutual support, became visible and could be renegotiated. In turn, this contributed to collective problem solving.<sup>26</sup>



Additionally, bringing in livelihood projects and other fields such as education forms part of the follow-up. It is not a one-off event, but a process that is community-owned and supported through ongoing facilitation. As a result, Narrative Theatre can be helpful in developing positive shared narratives, enhancing individual, family and community wellbeing, and be a useful integrated approach for MHPSS and PB. ■





## BRIDGING THEORY TO PRACTICE 3

[Back to main text](#)

# Uganda

## Co-creation in Uganda

In 2021, the Institute for Justice and Reconciliation (IJR) was invited to assist Oxfam Ibis-led South Sudanese-led, community-based partner organisations to integrate MHPSS and PB in support of South Sudanese refugees across northern Uganda.

A 5-day workshop was facilitated using co-creation methods and building on an assessment of local needs and resources. By the end of the workshop, participants from both disciplines had built new skills in Psychological First Aid (PFA), case management, referrals, and conflict analysis. Participants also noted that strong interdisciplinary partnerships and networks

had been formed. This was complemented by other important actors in the northern Ugandan context participating, including the Office of the Prime Minister, representatives from the United Nations High Commission for Refugees (UNHCR) and established NGOs (local and international) working in both fields. ■



# Ukraine

## Opportunities to Integrate MHPSS and Peacebuilding

According to WHO estimates, around 9 million Ukrainians will experience some form of mental health condition because of the ongoing war, while many more face less severe psychosocial distress.<sup>27,28,29</sup> At the same time, divides within Ukrainian society continue to exist, including pre-war ideological divisions as well as new divisions resulting from differential experiences of war. While a political settlement remains out of reach, there are opportunities to begin implementing integrated MHPSS and PB programmes at local levels that can support the psychosocial recovery of individuals while

also strengthening the cohesion of Ukrainian families and communities.

## Ukrainian History, Identity and Collective Trauma

Ukraine's complex history has been shaped by a series of invasions, occupations, deportations and war experiences that have led to profound suffering of the Ukrainian population, instances of collective traumatisation and fuelled competing narratives about Ukrainian identity.<sup>27,28,29</sup> Severely disruptive historical events that live on in the mind of Ukrainian consciousness have included Ukraine's War of Independence from the Russian empire (1917-1921), Nazi occupation, Ukraine's ultimate re-absorption into the

Soviet Union and the Soviet-made Holodomor famine of 1932-1933 which resulted in the death of millions of Ukrainians.

“ **The Russian invasion of Ukraine spurred further politicisation of history, memory, and culture and has increased the complexity and importance of understanding Ukraine's intricate cultural and historical identity.** ”

For some Ukrainians, these events have solidified a sense of collective resistance and heroism, while other Ukrainians, especially those in the eastern and southern parts of the country, have viewed periods of Russian rule with greater nostalgia for the past. The Russian invasion of Ukraine spurred further politicisation of history, memory and culture and has increased the complexity and importance of understanding Ukraine's intricate cultural and historical identity. The possibility of different post-war narratives and ideologies within Ukrainian communities poses a barrier to recovery and reconstruction and risks the continuation of intra-community tensions.

Despite these pre-war ideological divides, Ukrainians have demonstrated an astounding degree of unity in their resistance to the current Russian invasion and their collective contributions to the war effort. Since their independence from the Soviet Union in 1991, Ukrainians have continuously consolidated their national identity, even while informal ties among family, religious and financial networks in the two countries have remained.<sup>30</sup> Currently, measures of social cohesion in Ukraine are higher than ever before, and lower levels of pro-Russian sentiment have been reported in eastern regions where such attitudes were previously high.<sup>31, 32</sup> It remains to be seen if current levels of unity and cohesion will extend to the post-conflict period, or if prolonged occupation or, eventually, the end of foreign invasion will reveal old and new cracks in the social fabric.

“ It remains to be seen if current levels of unity and cohesion will extend to the post-conflict period, or if prolonged occupation or, eventually, the end of foreign invasion will reveal old and new cracks in the social fabric.

## The Impact of War on Psychosocial Wellbeing and Social Cohesion

The possibility of different post-war narratives and ideologies within Ukrainian communities poses a barrier to recovery and reconstruction and risks the continuation of intra-community tensions. Although their numbers should not be overstated, Ukrainians who are sympathetic to the Russian cause still exist in many communities in the east and south.<sup>30</sup> Many extended families in these regions live across Ukrainian-Russian borders and are themselves microcosms of broader ideological divisions. Additionally, in territories recently liberated from Russian occupation, community members may have actively colluded with occupiers. This betrayal has left Ukrainians in these regions with a deep sense of distrust and suspicion toward others, including toward neighbours who may not have actively

collaborated with Russian invaders, but who did not resist to ensure their own survival.<sup>33, 34</sup>

While religion can possibly connect communities by providing a space for comfort, communal support and empowerment, the Orthodox Church in Ukraine has become a political and possibly divisive arena. As Ukraine's largest church, the Ukrainian Orthodox Church of the Moscow Patriarchate (UOC-MP) was established in 1990 under the canonical jurisdiction of the Russian Orthodox Church (ROC). In 2018, two of Ukraine's independent churches, which were previously unrecognised by other Orthodox Churches, merged to form the Orthodox Church of Ukraine (OCU), which is now formally recognised by the Ecumenical Patriarchate of Constantinople.<sup>35</sup> This represented a major rebuke of Russian influence over the religious sphere and the current war has only further politicised church membership.

Ukrainians have also had different experiences of the war. Many Ukrainians have lost loved ones, left their country behind or fought in the war effort, while others have not experienced the same hardships or sacrifices. Women, youth and children took on new roles during the war and will have to renegotiate their positions within a post-war context. Significant numbers of refugees and Internally Displaced Persons (IDPs) exist in Ukraine, and while tensions are currently reported to be relatively low, conflicts over resources and stereotypes against IDPs are ongoing risks to social cohesion.<sup>31</sup> Differential experiences of the war risk further dividing Ukrainian communities and exacerbating feelings of anger, grief and resentment toward others.

## Ukrainian-led Co-creation of Integrated MHPSS and PB Initiatives

Integrated MHPSS and PB initiatives in Ukraine must emerge from a co-creation process led by Ukrainian peacebuilders, MHPSS practitioners and other stakeholders

who represent existing divisions within Ukrainian society. It should aim to determine how integrated MHPSS and PB initiatives can best support Ukrainians holistically, at different socio-ecological levels, and across different geographic realities. As a participatory, locally led process, co-creation ensures that the resulting integrated initiatives are

context specific, address the population's needs and fortify their psychosocial wellbeing and peaceful coexistence. While the specific integrated initiatives that emerge will be determined by the people involved in such a process, illustrative themes, initiatives and stakeholders to be addressed may include:

### Symbol Key

To support policymakers and practitioners to implement a holistic approach to MHPSS and PB integration, recommendations have been coded to indicate the socioecological level that they target. It is recommended to develop policies and interventions that target several levels.



#### Individual Level

Including specific populations such as women, youth, survivors of violence and perpetrators of violence.



#### Family Level

Including generational effects of conflict and traumatic events.



#### Collective Level

Including group effects at the community, national and international levels.



#### Structural Level

Including the laws, systems and norms that define and enforce sustainable peace.

Ensuring all Ukrainians have access to integrated psychosocial support and **peace education** on topics such as: emotional regulation, building empathy and trust, and **resolving conflict** non-violently. Such support improves individuals' abilities to cope with grief and loss, while also bolstering their capacity to form supportive relationships with other community members who have had differing war experiences. ●

Tailoring **prevention**-oriented psychosocial approaches for Ukrainian children and youth to promote **resilience**, restore hope for the future, and encourage narratives that promote constructive ways of coping with distress and making meaning. **Prevention** can safeguard youth's positive developmental trajectories, mitigate the risk of sustaining **generational trauma** and prevent the development of conflict-related grievances that may fuel further violence. ●●

Promoting family-based interventions that address the impact of trauma holistically within the family system and strengthen family strategies for **non-violent conflict resolution**. Ukrainian families will need to recover from the psychosocial impact of war experiences, including loss, grief, **displacement** and **daily stressors**, which have also been known to perpetuate cycles of violence at the family level. Interventions should consider the possibility of complex family ties to Russia, as well as the impact of historic and **generational trauma**. ●●

Developing comprehensive social reintegration programmes for **veterans** that prioritise both MHPSS and fostering support for family and **community reintegration**. Veterans with specific war experiences may not only require specialised mental health supports, but also the support and understanding of their families and

communities to recover and reintegrate into civilian life. ●●●

Establishing collective spaces that are culturally appropriate, inclusive and safe to share diverse stories, perspectives and experiences of the war. At a local level, gathering to share and listen to each other's stories is a key component of rebuilding empathy and trust, as well as processing feelings of grief, anger and resentment. These conversations offer a starting point to begin building a shared future. ●

Providing public platforms for community events and rituals, including memorialisation, **commemoration**, artistic and **cultural heritage**, theatre and **digital spaces**. Creating public spaces to collectively remember the past is crucial to healing remaining divisions within Ukrainian society, while also honouring the diversity of

Ukrainians' war experiences. Such spaces can strengthen **community cohesion** while also promoting the emergence of pluralistic collective narratives that ensure constructive ways of coping with distress and **making meaning**. ●

Initiate inclusive dialogue about Ukraine's **cultural identity and heritage**, including possible **restoration efforts**. Inclusive dialogue on Ukraine's multifaceted cultural identity and history supports spaces of **remembrance** in which the varied experiences of cultural identity and history are acknowledged. Dialogues should be prepared to address possible collective and **generational trauma**, emphasise peoples' agency as cultural carriers and may serve as a starting point for **collective restoration efforts**, such as city planning and **commemoration** sites. ●●●

Convening **digital and offline campaigns** that highlight stories of post-war **reconciliation** and collaboration among Ukrainians with diverse wartime experiences. Giving voice to stories of empathy, trust and coming together can promote collective healing and counter **polarising narratives** among Ukrainian communities. Leveraging digital spaces to reach large numbers of Ukrainians can contribute to broader shifts in **social norms** around community building and **reconciliation**. ●●

Creating spaces for religious communities to process the impact of intra-Orthodox divisions and/or Ukraine's separation from the legacy of the ROC. Such spaces can address the loss of **religious identity**, the impact of the **prosecution** and/or flight of senior clergy members, the fear of possible religious schisms and the loss of hope and resilience that may come with the divide of a religious community. ●

Developing comprehensive programmes to address the MHPSS needs of **refugees** and **IDPs** to strengthen social support. Targeted MHPSS initiatives for IDPs must be integrated within broader efforts to strengthen relationships between IDP and host communities, reduce stereotypes against IDPs and sensitively manage the distribution of humanitarian aid (including MHPSS services) to avoid exacerbating tensions between IDPs and host communities. ●●

Sharing capacity with **municipal leadership** in Ukraine to support **post-conflict reconstruction** efforts that are trauma- and conflict-sensitive. **Reconstruction** offers a unique opportunity to build infrastructure and institutions that are inclusive, equitable and **just**, and that acknowledge and address the psychosocial suffering of Ukrainian communities, thereby contributing to sustainable peace. ●●

Offering spaces of **reconciliation** through **restorative justice processes** at the local, regional and national levels. Key stakeholders can include victims of war crimes, collaborators, former members of **extremist groups**, mediators, social workers, exit workers and psychologists. A key challenge for Ukraine will be to deal fairly with Ukrainians who allegedly, directly or indirectly supported or facilitated occupation and war, including those who remain in positions of political and judicial power.<sup>36</sup> Leaving this aspect unaddressed can inadvertently fuel grievances of some of its own citizens that could lead to cycles of violence. ●●

Developing psychosocial interventions that support Ukrainians to cope with **structural grievances** and social **injustice**. Post-conflict **reconstruction** and **reconciliation** processes can be contentious, emotional and imperfect, not always yielding the desired outcomes. Ukrainian communities must have the tools to cope with ongoing grievances and **injustices**, including the potential lack of acknowledgment and **reparations** by the Russian regime.



Psychosocial recovery requires **justice** at the highest level. Ideally, the Russian regime should acknowledge the suffering of the Ukrainian people, be held accountable for war crimes, and pay reparations. Efforts are already underway to establish this accountability, including by the International Criminal Court (ICC) and a **Sustainable Peace Manifesto** published earlier this year outlining Ukrainians' terms for peace. However, to date the Russian regime shows little willingness to be held accountable. Acknowledgement by and accountability of Russia are critical components to a future sustainable peace between the two countries and are equally important for the psychosocial wellbeing of Ukrainian communities. ■

# Recommendations



# Concrete Steps Towards Sustainable Integration

In its simplest form, integration requires MHPSS and PB practitioners join hands throughout the project cycle, ensuring that interventions are underpinned by effective policy and reach individuals and communities in all spheres of society. Integration processes must be inclusive, consultative of a diversity of voices at different levels of decision making, context-specific, localised and people-centred. Specific recommendations to further integrate MHPSS and PB are:

1

## Champion the agency and local ownership of co-creation processes by MHPSS and PB practitioners.

- Ensure co-creation processes are inclusive of all social groups and conflict stakeholders across divides. This includes women, men, youth, and historically marginalised groups, as well as all parties to local conflicts. Co-creation processes should also include stakeholders from other locally-relevant sectors, such as livelihoods and justice.
- Advocate for flexible approaches to local partnerships that support integration. Flexible programme timelines, results measurement systems and financing are crucial to support integrated approaches that span multiple levels of one's social environment and across different generations.

- Fund and commit to a sector-wide duty of care by putting into place an organisation-wide duty of care, especially for field workers, but also for those involved in research and advocacy to provide staff care, prevent burnout and enhance the effectiveness and sustainability of interventions.
- Implement international agendas on localisation, including risk-sharing, addressing asymmetric power dynamics and encouraging multi-directional learning. Localised approaches require trust and take time, necessitate ongoing support and take place on the terms of affected populations and partners on the ground.

2

**Develop integrated MHPSS and PB programmes that consider the historic roots of collective and generational trauma and that actively address its impact on contemporary conflict dynamics.**

- Consider historic drivers of conflict and possible collective trauma. Programme needs assessments must account for historic events as experienced by the local population, their psychosocial impact and how these may affect modern-day conflict.

- Collaborate with local and national actors to support and amplify indigenous practices in addressing collective trauma that emphasise non-violent narratives, norms and understandings of collective identity. Such efforts create spaces to enhance dialogue and process collective trauma while also strengthening community cohesion. Addressing collective trauma may take the form of commemoration events, mourning rituals, art programmes and digital campaigns.

3

**Enhance collaboration with local and national actors to address structural drivers of conflict and psychosocial distress that may perpetuate grievances and fuel cycles of violence.**

- Provide targeted capacity strengthening to formal and informal leadership on integrating MHPSS and PB into national institutions, organisations, policies and cross-sectoral programmes. Integrated approaches at this level work to create institutions that are both trauma- and conflict- sensitive, recognise the psychosocial impact of inequality and injustice and address this impact through targeted provision of mental health and psychosocial services.

- Actively address the grievances of historically marginalised groups and those excluded from access to rights and services. Actively addressing these grievances includes reforming institutions to be more inclusive, equitable and just; providing reparations for past harm; and providing MHPSS to those who have been psychosocially affected by injustice. Such efforts should also be inclusive of traditional powerholders to ensure their buy-in for rebalancing power dynamics.
- Advocate for the integration of MHPSS into the National Action Plans (NAPs) for the implementation of UNSCR1325 on Women, Peace and Security (WPS) and UNSCR2250 on Youth, Peace, and Security (YPS). Integrating MHPSS can promote healing from previous forms of identity-based trauma and violence, reduce the impact of intersectional discrimination and support women and youth actors to cope with barriers to participation and to develop as transformative leaders.

4

**Advocate for long-term policy planning to support and sustain integrated MHPSS and PB programmes.** Without a long-term policy vision, integrated programmes that holistically address multiple levels of the social environment are not feasible. Long-term policy planning can be supported by:

- Forming a multi-country advisory task team composed of experts from both fields to assist with the development of joint and/or coordinated people-centred assessments, planning, implementation and evaluation of integrated activities.
- Developing donor policies and conceptual frameworks that establish standards for multi-year and multi-level programmes over time (short, mid, and long-term) and space (micro, meso, and macro levels).
- Allocating funding for further research into integration of PB and MHPSS as a basis for future action.
- Establishing a learning agenda to better understand the effectiveness and impact of specific integrated MHPSS and PB interventions.
- Developing donor policy guidelines that stipulate priorities, standards, and requirements for funded, integrated MHPSS and PB programmes.

**5****Encourage multi-sectoral collaboration between MHPSS and PB practitioners and policymakers at all levels.**

- Integrate spaces for collaboration within existing multilateral, international, national and local structures for MHPSS and PB. This includes meaningful efforts to invite collaborators from the other discipline into existing meetings, committees, civil society platforms and networks.
- Roll-out an advocacy campaign that promotes awareness and increasing knowledge on integration among policymakers and donors. Special attention should be paid to MHPSS-related stigma, the necessity of localised PB work, the interplay of individual, collective and generational trauma and understanding the need for co-creation approaches.
- Build and strengthen platforms where best practice on integration from practitioners and researchers from around the world are shared with policy makers. In this way, newly developed policy can be based on a practice and needs based approach, allowing for space for integrated MHPSS and PB programming and learning and should be documented.

**6****Advocate for long-term funding streams that break down barriers between the humanitarian and PB sectors to support integrated MHPSS and PB initiatives.**

- Expand funding streams for quality, flexible, multi-year funding of integrated programmes. Multi-year funding that bridges the humanitarian and PB sectors is essential for supporting integrated programmes that span multiple levels of the social environment and addressing long-term priorities.
- Expand the availability and accessibility of funding streams for MHPSS, PB and integrated programmes for settings characterised by high levels of structural violence. While humanitarian and emergency settings experiencing direct violence tend to be the focus of MHPSS and PB funding, it is equally important to fund integrated programmes in contexts with high levels of structural violence, where factors such as exclusion, discrimination and racism risk perpetuating mental health and psychosocial problems, grievances and cycles of violence.

# Brief Definitions

## Daily stressors

Daily stressors refer to the stressful social and material challenges that people face in their daily lives: poverty, poor service delivery, interpersonal conflicts, caring for family members and other day-to-day responsibilities. The cumulative effect can contribute to overall stress levels and have a great impact on people's mental wellbeing and social relationships. It is important to distinguish trauma from the harmful effects of daily stressors, as the required response is different in terms of psychosocial treatment and addressing the socio-economic causes.

## Mental Health and Psychosocial Support (MHPSS)

The widely used abbreviation of '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* as 'any type of local or outside support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder.'<sup>37</sup>

## Peacebuilding (PB)

Peacebuilding is generally defined as the range of interrelated 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 that can rebuild the capacity of societies, preventing them from drifting back into violence. Peacebuilding is integral to assist conflict-affected societies continue to

develop economically, politically, socially and culturally. It does this by addressing the intangible and tangible psychological, relational and structural challenges brought about by conflict, in an integrated manner.

## Resilience and protective factors

Resilience is the capacity of individuals to access psychological, social, cultural and physical resources that sustain their wellbeing when exposed to adversity. Protective factors play an important role in strengthening resilience. These factors consist of the positive attributes in individuals, families, communities and/or the larger society that help people cope more effectively with stressful events, thereby mitigating or potentially eliminating negative responses to what can be traumatic events.

## Trauma

Trauma is the effect of an incidence consisting of direct confrontation, or witnessing of, a shocking and overwhelming event, such as war, disaster, assault, rape or sudden loss or illness. Such events activate the body's stress response and disrupt people's basic assumptions and beliefs about the world.<sup>38,39</sup> Although only 10 to 20% of individuals exposed to potentially traumatic events will go on to develop posttraumatic stress disorder (PTSD), many are likely to experience short-term emotional and functional difficulties, such as fear, depression, flashbacks, strained relationships and even physical symptoms like headaches or nausea. However, feelings of distrust, threat and/or anxiety can remain, making it difficult to have positive relationships with others. Nevertheless, most individuals ultimately integrate the traumatic event into their existing beliefs about themselves and the world, demonstrating resilience. An important aspect supporting recovery from trauma is facilitating a supportive environment.

**Collective trauma** arises when a profoundly disruptive event impacts an (identity) group, community, or society, leading to prolonged psychological distress and resulting in a strong and lasting imprint on the collective consciousness of the group. The impact and scope of the event is devastating and is characterized by a drastic rupture in collective functioning and structure of society, causing fragmentation and a possible crisis of meaning making.<sup>18</sup> This shared experience of a traumatic event can deteriorate a community's social fabric, relationships, identity, norms and create new cycles of violence. Alternatively, it can be used as a source of collective recovery and support, resulting in increased social cohesion and resilience. Collective and individual trauma, or a combination of both, can also be passed on through subsequent generations, known as **generational trauma**. This occurs when trauma experienced by one generation affects the health and wellbeing of (genetically) related future generations as the result of a complex

interplay of individual (biological, psychological, neurological), family and socio-cultural influences.<sup>40</sup>

## Violence

The World Health Organisation defines violence as *'the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.'*<sup>41</sup> Further distinctions between different categories of violence can be made, the most common of which is between direct and indirect violence. Direct violence is the physical or psychological harm caused by individuals, while indirect violence refers to the physical or psychological harm done by systemic social injustices, oppression and discrimination through existing legal, political, social and/or economic structures in society.

# About the Authors

**Friederike Bubenzer** is an independent South African peacebuilding practitioner.

**Megan Bahmad** is a senior advisor for mental health and psychosocial support at ARQ International. She previously worked in the peacebuilding sector, including for the international organisation Search for Common Ground.

**Lysan Boshuyzen** is an advisor for mental health and psychosocial support at ARQ International and the ARQ Centre of Expertise on War, Persecution and Violence. She previously worked for the Dutch Ministry of Foreign Affairs and alongside three time Nobel Peace Prize nominee, Dr Scilla Elworthy.

**Relinde Reiffers** is a senior advisor for mental health and psychosocial support at ARQ International. She has a background in

cultural anthropology, transnational communications and global media and humanitarian action.

**Yvonne Sliep**, Phd, is a critical community specialist from the discipline of Psychology at University of KwaZulu-Natal in South Africa and an international mental health and psychosocial support consultant.

**Marian Tankink**, Phd, is an independent medical anthropologist and international mental health and psychosocial support consultant from the Netherlands.

Additionally, Bubenzer, Sliep and Tankink have been working on and advocating for the integration of peacebuilding and mental health and psychosocial support since 2015. They have conducted a series of literature reviews and mapping studies, and have

facilitated co-creation workshops in four different African countries. The authors led the process of drafting guidelines on this subject for UNDP.

## Suggested Citation

*ARQ National Psychotrauma Centre (2023). Taking action for sustainable peace: Integrating peacebuilding, mental health and psychosocial support.*

This policy brief may be produced and distributed for noncommercial purposes only, provided the acknowledgment is given to ARQ National Psychotrauma Centre and/or the material is reproduced in its entirety (including cover and title pages). This material may not be translated without prior permission in writing from ARQ National Psychotrauma Centre.

# Colophon

This policy brief builds on the work on MHPSS & PB by the South African Institute for Justice and Reconciliation (IJR) and the War Trauma Foundation, now ARQ National Psychotrauma Centre. The authors acknowledge and endorse important forthcoming complementary publications by the IASC Working Group on MHPSS and PB.

## Authors

Friederike Bubenzer  
Megan Bahmad  
Lysan Boshuyzen  
Relinde Reiffers  
Yvonne Sliep  
Marian Tankink

## Communication

Mariken Lamberts

## Copywriting

Mindy Ran

## Design

hollandse meesters

## Contact

### ARQ National Psychotrauma Centre

Nienoord 5  
1112 XE Diemen  
The Netherlands

[international@arq.org](mailto:international@arq.org)  
[arq.org](http://arq.org)





# References

- 1 United Nations High Commissioner for Refugees. (2023). *Global trends report 2022*.
- 2 van Ommeren, M. (2019, June 11). *Mental health conditions in conflict situations are much more widespread than we thought*. World Health Organization.
- 3 Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. (2019). New WHO prevalence estimates of mental disorders in conflict settings: A systematic review and meta-analysis. *The Lancet*, 394(10194), 240–248.
- 4 United Nations Development Programme. (2022). *Human development report 2021/2022: Uncertain times, unsettled lives: Shaping our future in a transforming world*.
- 5 Dutch Ministry of Foreign Affairs. (2019). *Declaration mind the mind now*. Government of the Netherlands.
- 6 United Nations (2020). *Peacebuilding and sustaining peace: Report of the Secretary-General*.
- 7 UNDP (2022). *Guidance note: Integrating mental health and psychosocial support into peacebuilding*.
- 8 African Union. (2019). *Transitional justice policy*.
- 9 European Union External Action. (2020). *Peace mediation guidelines*.
- 10 European Commission. (2022). *Multiannual indicative programme 2021–2027: Peace, stability, and conflict prevention*.
- 11 European Union. (2023). *EU explanation of position – UN General Assembly: Resolution on mental health and psychosocial support*.
- 12 Interpeace (2022). *Mind the peace: Integrating MHPSS, peacebuilding and livelihood programming – A guidance framework for practitioners*. Geneva/Nairobi.
- 13 Miller, K. E., & Rasmussen, A. (2010). War exposure, daily stressors, and mental health in conflict and post-conflict settings: Bridging the divide between trauma-focused and psychosocial frameworks. *Social Science & Medicine*, 70(1), 7–16.
- 14 Amendola, A. (2020). *Violence in times of peace: How trauma perpetuates family violence in post-conflict environments*. [MSc dissertation, University of Pittsburgh]. D-Scholarship: Institutional Repository at the University of Pittsburgh.
- 15 Fitzduff, M. (2021). *Our brains at war: The neuroscience of conflict and peacebuilding*. Oxford University Press.
- 16 Wright, E. M., & Fagan, A. A. (2013). The cycle of violence in context: Exploring the moderating roles of neighbourhood disadvantage and cultural norms. *Criminology*, 51(2): 217–249.
- 17 Li, M., Leidner, B., Hirschberger, G., & Park, J. (2022). From threat to challenge: Understanding the impact of historical collective trauma on contemporary intergroup conflict. *Perspectives on Psychological Science*, 18(1), 190–209.
- 18 Hirschberger, G. (2018). Collective trauma and the social construction of meaning. *Frontiers in Psychology*, 9.
- 19 Perkonig, A., Kessler, R. C., Storz, S., & Wittchen, H.-U. (2000). Traumatic events and post-traumatic stress disorder in the community: Prevalence, risk factors and comorbidity. *Acta Psychiatrica Scandinavica*, 101(1), 46–59.
- 20 Tankink, M., Bubenzer, F., & Van der Walt, S. (2017). *Achieving sustainable peace through an integrated approach to peacebuilding and mental health and psychosocial support: A systematic review of the current evidence base*. The Institute for Justice and Reconciliation and the War Trauma Foundation (now: ARQ National Psychotrauma Centre).
- 21 Hamber, B. (2021). *Transitional justice, mental health and psychosocial support: Renewing the United Nations approach to transitional justice*.
- 22 Sliep, Y., Tankink, M., & Bubenzer, F. (2023). Co-creation as a methodology to integrate mental health and psychosocial support and peacebuilding. *Intervention Journal of Mental Health and Psychosocial Support in Conflict Affected Areas*, 21(2), 89–95.

- 23 OpenElementArchitecture Review (PBAR). (2020). *Peacebuilding and sustaining peace: Report of the Secretary-General*. ODS – Sédoc – United Nations.
- 24 Mooren, T., Rabaia, Y., Mitwalli, S., Reiffers, R., Koenen, R., & de Man, M. (2018). The multi-family approach to facilitate a family support network for Palestinian parents of children with a disability: a descriptive study. *The Lancet*, 391(S49).
- 25 van Ee, E., Mooren, T., & Kleber, R. J. (2014). Broken mirrors: Shattered relationships within refugee families. In R. Pat-Horenczyk, D. Brom, & J. M. Vogel (Eds.), *Helping children cope with trauma: Individual, family and community perspectives* (pp. 146–162). Routledge/Taylor & Francis Group.
- 26 Sliep, Y. (2009). *Healing communities by strengthening social capital: a Narrative Theatre approach*. War Trauma Foundation (now: ARQ National Psychotrauma Centre).
- 27 Bezo, B., & Maggi, S. (2015). Living in “survival mode:” Intergenerational transmission of trauma from the Holodomor genocide of 1932–1933 in Ukraine. *Social Science & Medicine*, 134, 87–94.
- 28 Gorbunova, V., & Klymchuk, V. (2020). The psychological consequences of the Holodomor in Ukraine. *East/West: Journal of Ukrainian Studies*, 7(2), 33–68.
- 29 Wanner, C. C. (2008). *Burden of dreams: History and identity in post-Soviet Ukraine*. The Pennsylvania State University Press.
- 30 Mankoff, J. (2022, April 22). *Russia’s war in Ukraine: Identity, history, and conflict*. Centre for Strategic and International Studies.
- 31 Minich, R. & Sereda, P. (2022). *Score-inspired holistic assessment of resilience of population (SHARP): Assessing social cohesion, resistance, and people’s needs in Ukraine amid Russian full-scale invasion – wave 1 (2022)*. UNDP.
- 32 Milakovsky, B. (2022, October 7). *How Putin lost hearts and minds in Eastern Ukraine*. The Guardian.
- 33 Costello, N., & Mironova, V. (2022, November 14). *Ukraine war: Paranoia near Kharkiv as life after liberation is not without its problems*. Euronews.
- 34 Kullab, S. (2023, April 7). *In liberated Ukraine city, civilians still pay price of war*. AP News.
- 35 Skorkin, K. (2023, April 11). *Holy war: The fight for Ukraine’s churches and monasteries*. Carnegie Politika.
- 36 Dettmer, J. (2023, May 12). *In Ukraine, collaboration cases aren’t always clear-cut*. POLITICO.
- 37 Inter-Agency Standing Committee (IASC). (2007). *IASC guidelines on mental health and psychosocial support in emergency settings*. Geneva: IASC.
- 38 Kleber, R. J. (2019). Trauma and public mental health: A focused review. *Frontiers in Psychiatry*, 10, 451.
- 39 Olff, M. (2012). Bonding after trauma: On the role of social support and the oxytocin system in traumatic stress. *European Journal of Psychotraumatology*, 3(1), 18597.
- 40 Yehuda, R., Lehrner, A., & Bierer, L. M. (2018). The public reception of putative epigenetic mechanisms in the transgenerational effects of trauma. *Environmental Epigenetics*, 4(2), dvy018.
- 41 World Health Organization (WHO). (2014). *Global status report on violence prevention 2014*. Geneva: WHO.

