OXFAM

Oxfam GB's[1] Policy Paper on Psychosocial Assistance[2]

Summary

In summary this paper has laid out the following core principles:

- Oxfam does not carry out psychosocial work except in exceptional circumstances.
- Oxfam believes in working with traumatised communities to meet their basic needs.
- Due to the many actors involved in the humanitarian health care sector Oxfam believes that psychosocial work should be left to the experts
- ***Oxfam does not support partners to engage in psychosocial work as it lacks the organisational capacity to support them adequately in this kind of work. When approached by partners interested in such work Oxfam is will aim to link them up with international organisation specialist in the health sector who can support them.***

Oxfam does…	*Oxfam does not…*
- Consult and involve communities; - Work to meet people's basic needs in emergencies; - Work in such a way that individuals and communities are empowered and have their dignity restored; - Work with communities in creative ways that aim to bring about community recovery and build social fabric; - Refer individuals with obvious psychosocial needs to agencies with specialism in this area; - Refer partners who request support in psychosocial work to specialist providers. - Listen to those who want to talk: there is a distinction between eliciting information about violence and abuse and listening to people who want to talk about their experiences as part of the recovery process.	- Deliver medical services or counselling; - Carry out psychosocial work; - Carry out human rights interviews of those affected by violence or other abuses; - Ask people to talk to about distressing experiences unless we have a very clear reason for doing so. When this occurs it should be part of a pre-planned process approved by RMC.

Introduction

The use of the term "psychosocial" reflects the fact that both the mental and social aspects of a person's health are impacted in a humanitarian disaster. There is no consensus on a clear definition of the term although World Health Organisation

[1] Here after 'Oxfam' is used to refer to Oxfam GB.
[2] Psychosocial assistance includes and external or local assistance which aims to "protect or promote psychosocial well being and/or prevent or treat mental disorder" (IASC, 2007, p.1). This may include counselling, assisted mourning and communal healing ceremonies, communications on constructive coping mechanisms as well as mental health care.

(WHO) acknowledges that “social interventions have secondary psychological effects and psychological interventions have secondary social effects.”[3] Oxfam tries to address the mental and physical well being of disaster affected communities by meeting their basic needs so that psychological recovery is promoted at the community level through engaging people actively in the recovery process. For reasons explored later in this paper, Oxfam does not support psychological interventions such as individual counselling as a means to addressing the stress inevitably caused by conflict or disaster.

Oxfam’s programmes often take place in contexts where communities and individuals have suffered tragedy, trauma, violence and loss. Populations that have suffered humanitarian emergencies whether as a result of disasters or conflict tend to have experienced enormous suffering. Over the last decade the impact upon people’s mental and psychosocial health has become a distinct new component in humanitarian programming. It has also sparked considerable debate especially in 1994, after the Rwandan genocide when international psychologists were brought in by some agencies to set up post trauma counselling programmes for survivors.

In 2007 a set of IASC guidelines were published that focused on mental health and psychosocial support in emergencies. This document placed psychosocial well-being and a coordinated response to it as “one of the priorities in emergencies”[4]. As a result support to protect or promote psychosocial well-being was promoted to the level of “minimum responses…the first things that ought to be done”[5] by humanitarian agencies[6]. In view of this shift in emphasis Oxfam staff may be approached by others, to provide psychosocial[7] care or counselling in humanitarian emergencies. It is therefore important for staff to understand Oxfam’s policy on psychosocial assistance and the literature that lies behind these decisions.

Oxfam’s Response

Psychosocial work is highly diverse encompassing a range of different affected groups and types of work. Each specialist area has a diversity of risks, problems and resources. It is widely acknowledged that this kind of work is specialised and that staff engaging in psychosocial work need to be adequately trained and qualified. As acknowledged by the IASC guidelines[8] work on mental health and psychosocial support deals with “highly sensitive issues” and therefore has the potential to cause great harm. Humanitarian aid can inadvertently harm those it seeks to help[9] and this risk is particularly acute with psychosocial initiatives due to the sensitive nature of what they seek to resolve. It is primarily for this reason that Oxfam does not seek to engage in mental health work or psychosocial support: this is not an area of specialism for Oxfam and therefore, the risks of doing harm are unacceptably high.

In some field locations there may be Oxfam staff members who have significant previous experience and expertise in the area of mental health. However, due to the lack of institutional knowledge and the need for Oxfam projects to be both professional and effective, initiatives cannot be based on the expertise of single individuals. In order to be accountable about the quality of projects institutional knowledge is vital.

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[3] WHO (2003)
[4] IASC, 2007:1
[5] The Inter-Agency Standing Committee (IASC) states in the foreword of the guidelines that this is their intention
[6] ibid:5
[7] The definition of this term is something that generates much confusion amongst UK NGOs (Gilbert, 2005). It is defined by the Oxford English Dictionary as “pertaining to the influence of social factors on an individual’s mind and behaviour”. Paper by WHO (Ommeren et al, 2005) gives an overview of some of the issues in defining terms and reaching consensus.
[8] IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007), p.10
[9] Anderson, 1999

It is also important to acknowledge that when communities are traumatized, Oxfam staff often feel helpless or overwhelmed in the face of what has happened. Staff members may also be part of the affected community. In such cases it may be appropriate to seek help for the staff and the staff health team[10] should be contacted to advise as to what can be offered.

Oxfam aims to work in a manner that is participatory and maintains and restores dignity to communities and individuals. As people work together to re-build their lives and have their basic needs met, the healing process required within a community after trauma, violence or disaster can begin. The literature underlines the importance of anticipating recovery: stress and trauma are a natural response for survivors. The majority of people will recover over time and those that don't need specialist support.

Derek Summerfield[11] who has worked as a consultant for Oxfam points out it is through such re-building work amongst survivor populations that "the sources of psychological resilience and capacity for recovery for all" lie (2000). The first priority for survivors is to regain "a measure of dignity and control over their environment and then to reconstitute the cultural, social, and economic institutions and activities that make sense to them" (ibid). Oxfam does this through projects within its areas of expertise: water and sanitation, health promotion, food security and livelihoods and protection. Other humanitarian organisations specialise in psychosocial inputs and are working to ensure that these needs are also met.

It is however, interesting to look at the wider debate on psychosocial inputs in order to be aware of the disagreement amongst experts as to whether or not western agencies should be engaging in psychosocial work in other cultures[12].

The wider debate

Despite the supposed mainstreaming of psychosocial interventions into humanitarian work experts are divided as to the ethics and impact of such inputs. There is profound disagreement about both the theory and methodology behind psychosocial programmes. This discord runs through into the implementation of such programmes and is evident in the lack of consensus on activities, indicators and common approaches. A survey of UK NGOs by Jane Gilbert[13] highlighted that NGO staff conceptualised mental health issues in very different ways, there was no unified understanding or approach. Gilbert also found a lack of clarity in terminology between organisations, which was further complicated by the lack of consensus between mental health specialists[14].

Much of the debate around psychosocial interventions in a humanitarian context stems from the fact that current concepts of trauma are rooted in western biomedicine. The idea that all humans regardless of their personal, social, environmental and cultural variables experience trauma in the same way is considered to be problematic by some[15]. Western medicine and psychology takes the individual as a unit of study and prescribes technical solutions. Not only is this a very different world view to that shared by many developing nations but it is also not a correct understanding of the trauma that results from war or natural disaster. "War is not a private experience, and the suffering it engenders is resolved in a social context. Fundamental to processing atrocious experience is the social meaning assigned to it, including attributions of supernatural, religious, and political

[10] The staff health team can be contacted at: staffhealthservice@oxfam.org.uk.
[11] Summerfield is also a research associate at the Refugee Studies Programme, University of Oxford and a Psychiatrist at the Medical Foundation for the Care of Victims of Torture.
[12] Summerfield (2004).
[13] Jane Gilbert is a Clinical Psychologist who works as a freelance consultant with particular experience of working with UK NGOs. Prior to this she worked with Mental Health Services in the UK and as a consultant for the Health and Social Care Advisory Service (HSACAS).
[14] Gilbert (2005b).
[15] Summerfield, 2000.

causation"[16]. These two factors perhaps go someway to understanding why there seems to be little evidence that victims demand a western psychosocial response. In societies in which the common is given precedence over the individual it is logical that individual recovery is rooted in social and communal recovery.

WHO acknowledges that in developing countries mental health should be integrated into public health and social welfare programmes; it should not be "a specialist activity set apart"[17]from the rest of health service. It is therefore imperative that NGOs intervening in this area should be well linked into the broader health service, its expertise and its procedures for long-term follow-up where necessary. Furthermore they specify that psychosocial interventions should be led by the health sector and should be carried out within primary health care structures supported by mental health specialists. The important argument of cultural diversity is recognised by WHO, "every culture has its own beliefs and traditions which determine psychological norms and frameworks for mental health"[18]. The importance of this is further underlined, by the lack of empirical evidence to support the idea that those who have survived traumatic events in the west do better if they have psychological briefing[19]. Evidence as to the benefit of large-scale trauma interventions organised by humanitarian organisations is also lacking and in fact indiscriminate application has been found to be harmful[20].

Will Oxfam support partners in psychosocial work?

As this paper has outlined good quality psychosocial work is a specialist field, which should be integrated within public health work. In order to guarantee the quality of psychosocial inputs by partners Oxfam would need institutional expertise to monitor and evaluate such inputs. Such expertise does not currently exist within Oxfam and is not part of Oxfam's core strengths or experience. It would therefore be difficult for Oxfam to hold to account partners doing psychosocial work or to support them in what can be very emotionally draining work.

Partners wishing to engage in psychosocial work would therefore, be advised by Oxfam to seek funding from other specialist organisations. It is particularly vital in the area of mental health and psychosocial work that organisations engaged in this sensitive work are properly supported and that programmes and activities are integrated as far as possible into wider health services[21].

Oxfam will however continue to support partners who are working to re-build communities and social structure by returning what has been destroyed to working order.

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[16] ibid
[17] WHO, 2003
[18] ibid
[19] Summerfield, 2000
[20] Ommeren et al, 2005
[21] As recommended in the IASC Guidelines (2007)

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