Briefing: Analysis of Funding Mental Health in Humanitarian Settings

In countries at war or at peace, mental illness is a global burden which is large, growing and often overlooked. Despite mental health being put firmly on the global agenda with the inclusion of specific targets in the Sustainable Development Goals (SDGs), there is a huge financing gap and an urgent need to scale up and adequately fund mental health services and interventions worldwide. Nowhere is this more needed than in humanitarian settings as emergency crises can trigger significant mental health issues that for children, in particular, can cause lasting damage.

The Scale of Challenges for Mental Health in Humanitarian Settings

The number of refugees is at its highest since the Second World War, with the global refugee population growing by 65% between 2011-2016.[i] The world's climate crisis is threatening the displacement of many more people and children comprise around half of the global refugee population (52% are below 18 years old[ii]). In conflict affected populations, mental health and psychosocial problems are extremely common - 1 in 5 people have a recognizable mental disorder after an acute onset major emergency brought about by conflict.[iii]

Children are particularly vulnerable in emergency and refugee settings with some 50-90% of children and adolescents experiencing post-traumatic stress disorder (PTSD), and 6-50% major depression.[iv] The impact is exacerbated by many of these children living with parents experiencing mental illness. Children under five in conflict and crisis contexts have the highest morbidity and mortality rates of any age group – twenty times higher than standard levels.[v] Babies and toddlers' early development is shaped by their environment and adverse experiences, and excessive stress can have lifelong negative effects, severely impacting on their health and other outcomes into adulthood. Severe and prolonged adversity – such as violence, neglect or family separation – is known to cause "toxic stress" which disrupts the healthy development of a child's brain and their body.[vi]

Despite the scale of the problem in these settings, the vast majority of affected populations do not receive any mental health and psychosocial support (MHSSP), in part due to a lack of funding for specific mental health interventions. However there is a growing recognition of how essential MHPSS is to displaced people and people living in areas of ongoing conflict or emergency contexts, and the need for mental health interventions to become a key component of humanitarian assistance.

Funding for Mental Health in Humanitarian Settings

Mental health has long been severely underfunded, leaving millions of people without or with inadequate access to mental health support. Despite an increase of development assistance for mental health (DAMH) from USD $18 million in 1995 to USD $132 million in 2015[vii] - DAMH has never exceeded 1% of development assistance for health (DAH). Similarly in low and middle-income countries (LMICs), less than 1.6% of national health budgets are spent on mental health.[viii]

Current funding for mental health services in conflict and humanitarian settings comes from a combination of national governments, international organisations, bilateral donors, and trusts and foundations, with funds flowing through various channels before reaching those in need. The humanitarian aid sector has received varying amounts of funds for mental health over the years, but has remained the second largest segment of DAMH, after the health sector, from 2009-2013 (see Figure 1).

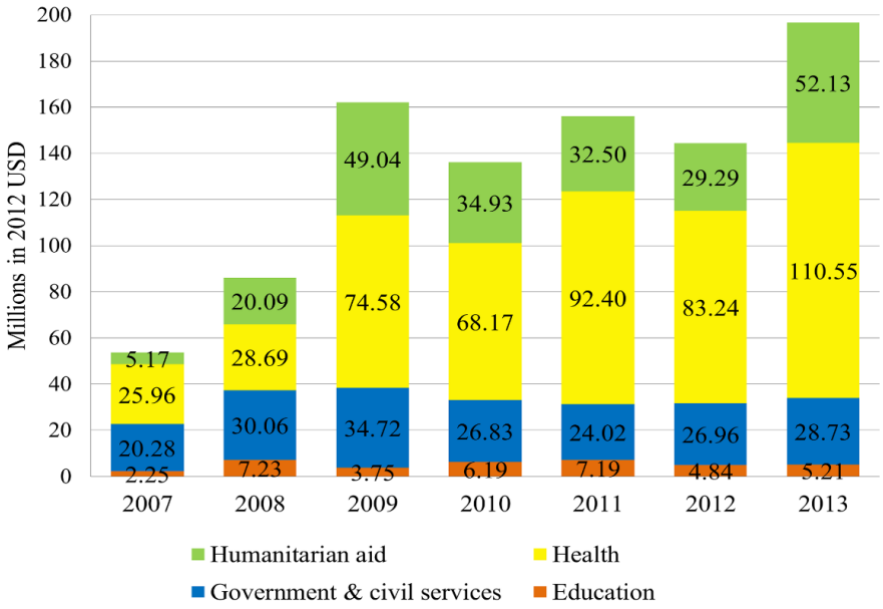

Figure 1 Annual DAMH by sector, 2007-2013. Source: Gilbert B.J., Patel V., Farmer P.E., Lu C. (2015) Assessing Development Assistance for Mental Health in Developing Countries: 2007–2013

Analysis found that between 2007 and 2009, countries affected by humanitarian crisis received USD $224.3 billion in funding (at 2008 values). Out of this, only 1%, USD $226.1 million was providing for programmes that included MHPSS.[ix]

In Humanitarian Response Plans (HRPs), which outline a shared vision of how to respond to the affected population assessed and what are the needs in a humanitarian emergency, funding for psychosocial support is not earmarked, and integrated in education, protection and health budgets, rather than standalone budget lines.

Opportunities for Funding Mental Health in Humanitarian Settings

There is a clear and urgent need to leverage existing resources, as well as find other sources and entry points to scale up funding for mental health in humanitarian settings.

Engaging with pooled funds managed by the UN Office for the Coordination of Humanitarian Affairs (OCHA) could help accelerate donor funding for MHPSS, including the Central Emergency Relief Fund (CERF), which can cover emergencies anywhere in the world, and Country Based Pooled Funds (CBPF) which cover crisis in specific countries. Contributions to the CERF and CBPFs have grown substantially in recent years – the CERF from USD $480 million in 2014 to USD $555.3 million in 2018,[x] and CBPFS from USD $486 million in contributions in 2014 to USD $833 million in 2017. There are some examples of CERF funding being directed towards improving mental health in emergency settings, but these are limited. As CBPFs can fund local and international NGOs directly, this increase in funding can crucially assist work on the ground level.

Another pooled fund that could be a channel for MHPSS in emergency settings is Education Cannot Wait (ECW), established during the World Humanitarian Summit in 2016. As a platform dedicated to making education a priority in the humanitarian agenda by using pooled funds from state and non-state actors, donors have invested USD $134.5 million in crisis-affected countries and support programmes at the country level with the help of 60

partners including UN agencies and NGOs. In the first year of operation, funds went to agencies to provide 75,000 children with psychosocial support.[xi]

A prioritisation exercise designed to guide the direction of future donor investment in humanitarian aid – A Humanitarian Grand Challenge – identified mental health as one of the ten key priorities following an exhaustive process of consultation of individuals from governments, the private sector, NGOs and those affected by humanitarian emergencies, such as those born in refugee camps. This could result in more resources to organisations providing mental health services in humanitarian settings.

The World Bank's Global Financing Facility (GFF) has expanded the funding envelope for work addressing the needs of those experiencing conflict and humanitarian emergencies. The focus of GFF includes women, children and adolescents and there is scope for this to include mental health if countries press for inclusion of mental health in the priorities for which they request GFF funds. In addition, the Global Concessional Financing Facility (GCFF) provides support to middle income countries that host refugees, with a current focus on Jordan and Lebanon.

Raising and investing nearly USD $4 billion a year to support programmes to end AIDS, TB and malaria as epidemics, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) could be engaged further to advocate for funds to mental health services in humanitarian contexts. Within their sponsored programmes, there are mental health elements including providing psychosocial services for survivors of gender based violence (GBV) and in HIV programmes, for example, in Papua New Guinea and South Africa. GFATM has also partnered with the US President's Emergency Plan for AIDS Relief (PEPFAR) and the World Bank, joining forces to provide combined education and psychosocial services to children and adolescents in areas of high HIV rates. Such links between mental health and the diseases covered by GFATM have the potential to be further explored.

Note: the WHO and UNICEF are being supported by the Government of the Netherlands to develop a Minimum Intervention Standards Package (MISP) on parental and carer mental health in emergency settings that will help to determine what are the optimal projects and programmes requiring investment and how the international community can best deliver MHPSS.

Domestic budgets to mental health must also increase as national health budgets currently assign an inadequate amount of funding to mental health services. In humanitarian context and in countries with large refugee populations, national governments should be assigning significantly more resources to mental health. This is, however, problematic as lower income nations with scarce financial resources are hosting the majority of refugees. Developing regions hosted some 85% of the world's refugees in 2017, and the least developed countries provide asylum to 6.7 million refugees – one-third of the global total.[xii]

Action Required to Support Funding for Mental Health in Humanitarian Settings

Strong political leadership that makes mental health a priority including the scale up of the coverage, quality and financing of support for families affected by crisis and displacement is urgently required. Specifically this includes:

International development donors must prioritize mental health and integration it into emergency response planning, with a focus on prevention, promotion and holistic, life-course approaches

National governments should allocate sufficient resources within their health budgets for mental health, and for those national governments that host refugees, consider the mental health of those refugees are part of their mental health planning
(NB: The Lancet Commission on global mental health and sustainable development recommends that mental health spend from health budgets should be 5% for low and middle-income countries (LMICS) and 10% for high-income countries (HICs))

Develop a strong and compelling case for support for funding mental health in humanitarian settings to persuade domestic and international policy makers to invest more and agree potential solutions to both the funding and treatment gaps

Coordinated approach under a MSP that will ensure quality programmes are delivered and supported in a collaborate way by the international community and uses resources as efficiently and effectively as possible

Strengthened donor coordination including through the donor group co-chaired by Switzerland and the Netherlands to consolidate and build MHPSS philanthropic support in humanitarian settings. In 2019, the Netherlands held the International Conference on Mental Health and Psychosocial Support in Crisis Situations, and the government continues to lead efforts to increase political and financial support for MHPSS in crisis settings.

Resources

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