Strengthening staff care, mental health and psychosocial support for humanitarian personnel

WORKSHOP REPORT

8-9 October 2024
King Baudouin Foundation, Brussels

protect humanitarians

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Disclaimer

This report has been compiled by Protect Humanitarians, the organizer of the workshop.

The content respects confidentiality standards, meaning that no organizations or individuals are named, except for those who have explicitly given their consent for their names to appear and have validated the content covering their interventions.

This report does not aim to provide a comprehensive account of every conversation or the detailed exchange that took place. Instead, it seeks to capture main points and key insights discussed, reflecting the opinions expressed by the participants which may differ from the official positions of their organizations.

*"**We go where no one else dares to go.** We seek out causes that receive little attention and listen to voices whose challenges are often overlooked in policy discussions.*

*A year ago, when Olivier shared his vision to '**protect humanitarian workers and support those who help others**', I was struck by the fact that despite the many crises, wars, and natural disasters, no structure or initiative existed to support humanitarian workers themselves. And so, we decided to 'go where no one else dares to go'."*

Brieuc Van Damme, Chief Executive Officer of the King Baudouin Foundation

*"**595 humanitarian colleagues killed, wounded or kidnapped in a single year. 95% of them were national colleagues.** We must recognize not only the professional burden but also the deep emotional toll that such violence inflicts on us, on our community of humanitarian practitioners.*

*In a time of escalating conflicts and growing polarization, when the core principles of humanitarian action are under attack: should we dedicate two days to discussing staff care and mental health support? The answer is an unequivocal yes. **Now, more than ever, we must put frontline humanitarian workers at the center of our attention**, striving to rehumanize the environment in which we serve. Faced with critical challenges, it is vital to pause, reflect, and act together. **Collective action is a powerful antidote to despair**".*

Olivier Vandecasteele, Founder and Director of Protect Humanitarians

Executive Summary

In response to the growing violence against humanitarian personnel and the critical gaps in staff care, mental health, and psychosocial support (MHPSS), this workshop was organized as a platform to facilitate dialogue and explore sector-wide solutions. Its primary objective was to reflect on and address these pressing challenges, placing particular focus on the most vulnerable groups: local frontline staff and national non-governmental organizations (NGOs) and civil society organizations (CSOs).

The event convened experts and practitioners from leading international organizations and institutions who, over the course of two days, shared valuable insights, fostered collaborative solutions, and developed actionable recommendations aimed at enhancing support systems for both international and local humanitarian workers.

Key Points and Findings

The workshop explored four main areas to tackle the issue from various perspectives:

1.

First-hand experiences

The event featured the voices of humanitarian workers - both local and international - as well as psychologists who provide MHPSS to them. Their testimonies highlighted the significant gaps in the availability of MHPSS and access to staff care experienced before, during, and after field missions and assignments. One key point raised was the stark ***difference in access to staff care by local staff compared to their international peers.*** Local workers often face more severe shortages in both support and protection. Additionally, the speakers highlighted the ***double-impact local staff experience*** in being a humanitarian and a resident within the conflict environment.

2.

Current practices and gaps

The workshop delved into existing successful practices while identifying barriers that prevent effective implementation of MHPSS and staff care initiatives. The dialogue underscored that ***psychosocial risks and the need for staff care remain sensitive topics*** to address both at an individual, team and organizational level. It seems to be a ***"taboo-subject"*** that humanitarian workers, their managers and organizations still grapple with.

3. *Role of academic research*

The workshop emphasized the critical role of gathering reliable data to guide effective, targeted solutions. Research is essential for identifying specific needs and developing sustainable, impactful interventions. Bridging the gap between academic research and practical fieldwork is necessary to ensure that research findings translate into real-world improvements for humanitarian workers. One of the key findings was the ***significant lack of research*** focused on humanitarian personnel and MHPSS, particularly when it comes to local staff. It was also acknowledged the significant ***potential for stronger collaboration between researchers and field practitioners.***

4. *Advocacy strategies*

The need for stronger advocacy efforts directed at donors and policymakers is a key point. Providers of psychological support to NGOs highlighted the challenges of securing backing for MHPSS, while donors shared their viewpoints on how requests should be framed to align with their priorities. Effective advocacy must ***focus on strategic communication*** and ***clear objectives to raise awareness and drive policy changes.***

Workshop Context and Objectives

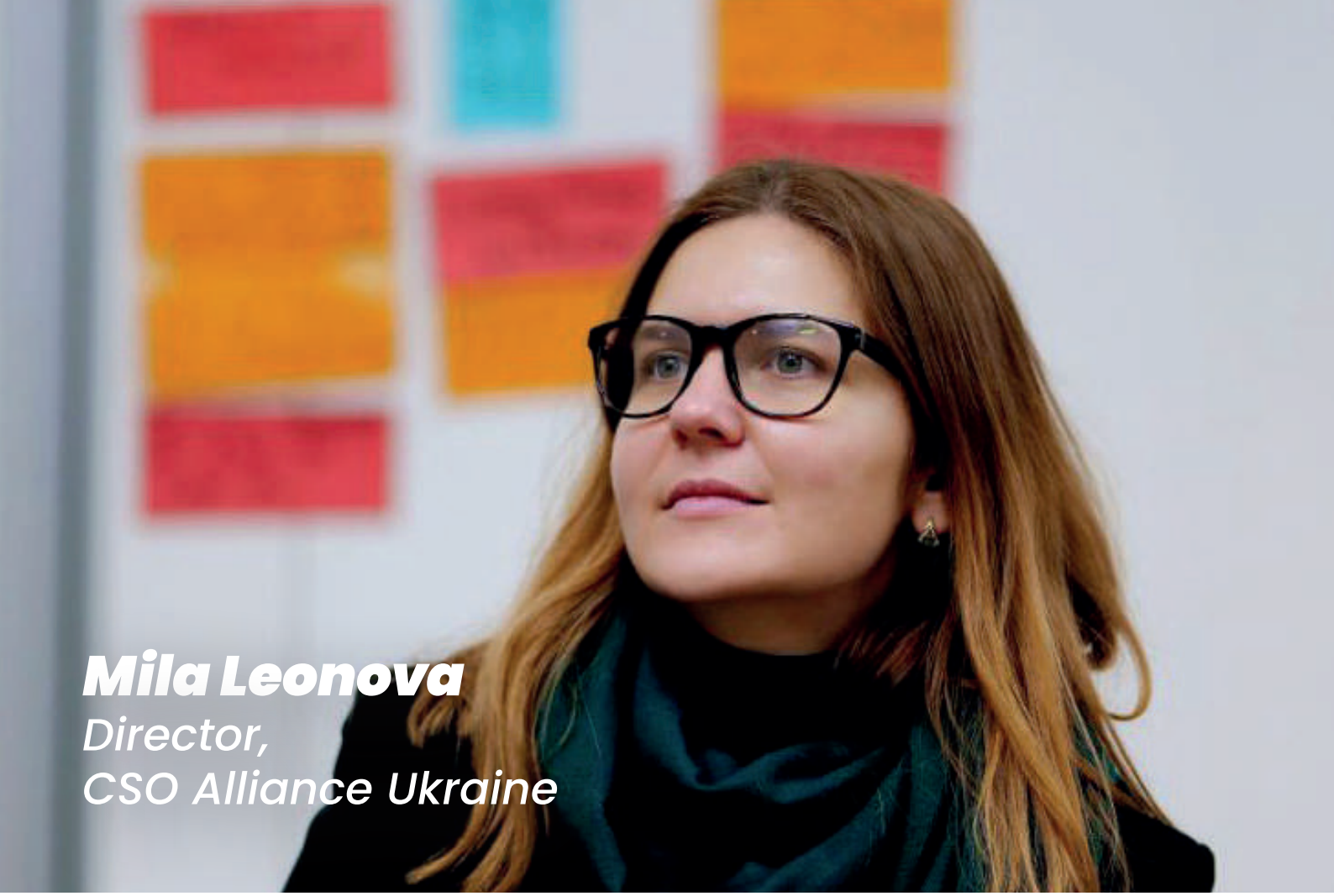
The workshop brought together a diverse group of individuals: mental health experts, psychosocial support experts, managers, coaches, humanitarian workers, academia and donors representatives.

They were united by a shared commitment to improving MHPSS and staff care for humanitarian workers. In response to the rising levels of attacks and violence faced by humanitarian personnel worldwide, Protect Humanitarians' aim was to offer a platform to reflect on and address sector-wide challenges, with a focus on the most vulnerable: local frontline staff, NGOs and CSOs.

Protect Humanitarians organized this workshop with 4 main objectives:

- Assess the current state of practices in the sector with regards to staff care and MHPSS - with particular focus on concerns of national and local colleagues;
- Identify and share best practices, common challenges and current gaps in such support;
- Foster sector-wide cooperation and identify concrete opportunities for joint action, research and advocacy;
- Establish a collaborative network of practitioners and researchers around Protect Humanitarians to push forward the agenda of “better protection, care and support to humanitarian personnel worldwide”.

01 Voices from the frontline



Mila Leonova
Director,
CSO Alliance Ukraine

"We did not choose to be humanitarians, but we are" said Ms. Mila Leonova. Nearly three years into the war, Ukrainians have been thrust into roles they never wanted. What she observed most in Ukraine is that humanitarians often feel they must prioritize supporting others over caring for themselves.

This is one of the biggest issues facing the Ukrainian humanitarian sector currently, rooted in a deep stigma affecting those who admit that they need support. According to Ms. Mila Leonova, it is important to recognize that humanitarian workers, too, may be victims of rocket attacks, burnout, internal displacements, and they have the right to ask for support. ***When the war began, it was a natural human solidarity response*** - ordinary people at the local level, from teachers to private sector workers, became humanitarians. "It was not their choice; the enemy forced them into this role", she said. Today, many believe that their work is never enough, and that there is no time to stop and take care for themselves.

Ms. Mila Leonova's background as a psychologist has been crucial after the war broke out, as she is not only providing support to those in need but also to her colleagues. In such challenging contexts, managing one's own emotions can be

"It is about dignity – we should be on equal footing with international humanitarian workers and have the same conditions."

incredibly difficult, and having someone to listen to is crucial. One of the key lessons she has learned is: "To give support, you must also support yourself."

Together with other Ukrainian organizations, Ms. Mila Leonova is exploring how to better support local humanitarian workers. They want to develop recommendations for a 'Ukrainian minimum package'.

This was the result of extensive research into the needs at both national and local levels and the relationships between Ukrainian and international partners. However, ***when Ukrainian organizations receive support, staff care and mental health are rarely prioritized or even considered within budgets.*** Ms. Mila Leonova emphasized that Ukrainians must also confront the stigma around seeking mental health support. Many humanitarian workers insist that they are 'fine' and do not need support, but that is often far from the truth. However, Ukrainian organizations need resources to help humanitarians manage their emotions and well-being. ***She urges international partners to incorporate staff care, psychological support and insurance for humanitarian workers from the very beginning.*** Since Ukrainian organizations are hesitant to demand this, international partners must step in to ensure humanitarians in Ukraine receive the support they need.

Samah Jabr

Head of Mental Health Unit,
Palestinian Ministry of Health –
Psychiatrist and Psychotherapist –
Assistant Clinical Professor,
George Washington University

Dr. Samah Jabr shared her experience from the Occupied Palestinian territories. Over decades, she has witnessed the increasing targeting of healthcare and humanitarian workers.

Dr. Samah Jabr mentioned that humanitarians "are no longer seen as neutral actors, but as combatants in a war that criminalizes caregiving itself".

The war in Gaza has underscored this issue, as Dr. Samah Jabr explained *"violence against humanitarian personnel is not an occasional hazard; it is a deliberate and constant reality".* As a consequence of this targeting, humanitarians' ability to deliver essential services is undermined. According to Dr. Samah Jabr, "Gaza has become one of the most perilous places in the world for humanitarian workers. In the past year alone, over 1,000 healthcare workers have been killed, 400 abducted and tortured, and 200 civil defense servants lost their lives. These numbers dwarf those of any other conflict in recent memory".

She reminded the audience that it is crucial to shine a light on the experiences of local humanitarians, whose sacrifices are frequently overlooked in the media and international discourse, particularly in comparison to the attention given to international staff. Dr. Samah Jabr stressed that the unequal response to these tragedies reflects broader global inequities

"We must confront this painful truth: local humanitarian workers, who make up the vast majority of those delivering aid, are the least protected and the most at risk."

and a dehumanization of local populations. Dr. Samah Jabr went on to say that it is time for the global humanitarian community to address this double standard. ***We need to ensure that local humanitarian workers receive the same respect, attention, and outcry when their lives are lost.*** They deserve more than just protection, they deserve the recognition that their work, their lives, are as valuable as those of their international counterparts. After all, it is the local workers who are most deeply embedded in the crisis, who understand the culture, the needs, and the terrain. Finally, Dr. Samah Jabr addressed the workshop participants with three take-away messages:

"If we are to stand in true solidarity with all humanitarians, we must elevate the stories of local humanitarian workers. ***This is not only about protection—It is about dignity, justice, and equity."***

"First, the commitment of Palestinian humanitarian workers is extraordinary, but it comes at a cost. After one year of war, many suffer from vicarious trauma, moral injury, and burnout. Despite these hardships, they continue because abandoning the wounded under the rubble is unthinkable. Concrete action is needed requiring solidarity, advocacy, protection, and tangible support from the international community."

"Second, we must challenge the view that violence against humanitarian workers is an isolated issue. This violence is a symptom of a much larger system of occupation and apartheid that weaponizes every aspect of life, including healthcare. ***For humanitarian workers, providing care is not just about tending to wounds – it is about challenging the structure of oppression."***

"Third, we must think about how we can better support national staff. ***While international humanitarian workers can leave dangerous zones, national workers stay. They need increased psychological support, legal protection, and advocacy at the highest levels."***

Achille Bapolisi

Psychiatrist, Researcher,
General Hospital of Bukavu, DR Congo.
UCLouvain, Belgium

"This disparity [between local and international staff] urgently needs to be addressed - everyone should be treated on the same level. It is crucial to have open conversations about these issues. We need to rethink how we work and how we engage with people, without pretending to be saviours."

Dr. Achille Bapolisi opened by emphasizing that "this is a historical moment where, as human beings, we are not doing well. Looking at Palestine or Ukraine, wars are becoming almost normal, and people are beginning to accept them". Nowadays, Dr. Achille Bapolisi continued, "wars have become statistics; it is all about geopolitics and funding".

This shift in perspective is changing how we see humanity. It is difficult to explain the world we live in to our children. People are coping in different ways: some hide away, some are too close to the data but emotionally detached, while others - humanitarian workers, psychiatrists, psychologists - are trying to make a difference, though often with the persistent feeling that it is never enough. *"I have the impression that war can happen anywhere now, and peace is no longer the norm."* Working in the East of the Democratic Republic of Congo (DRC),

Providers of humanitarian aid or psychological support often feel they must be present in these crises, but they also have to take care of themselves.

Dr. Bapolisi has seen local humanitarian workers face extreme dangers - some are killed simply because they are there to help. According to him, such events are often rooted in the failure to recognize the weight of history and of cultural realities. In the specific context of the DRC, this is due to cultural mentality: the initial contact with the Westerners was marked by the painful experiences of colonization, and exploitation, and the same people who were colonizers, are now coming back as supposed saviors.

In line with other panelists, Dr. Achille Bapolisi also referred to the differences between local and international humanitarian workers, particularly expats, as being striking. International workers would often stay in good hotels, with better security, while local workers remain embedded in the community, sometimes seen as traitors for earning more than the average person. Dr. Achille Bapolisi highlighted the challenges faced by local humanitarian workers employed by international organizations. In the eyes of the local community, working with "white" people often leads to being seen as part of them. Even himself, when he returns to his home country, is viewed as privileged for living with his family in Europe or simply for having the ability to take a plane, as most of the population in DRC is not able to take.

Referring to potential changes within organizations, Dr. Achille Bapolisi emphasized the importance of breaking down hierarchical structures. These hierarchies often allow international humanitarian workers to adopt a mindset of "We're here to help you, we know the techniques, we know the procedures. "Concluding his intervention, ***he stressed the need for more meaningful conversations, more reflection on how we engage with people, and how to do so without pretending to be saviours.***

Olivier Vandecasteele

Director, Protect Humanitarians

Mr. Olivier Vandecasteele opened the workshop by highlighting the need to ground our discussions in the reality of frontline local humanitarian workers. He expressed hope that the insights and advocacy shared by peers in staff care, mental health, and psychosocial support will resonate throughout the event—serving as a catalyst to surface and strengthen good practices across the sector.

Olivier's commitment to mental health began in the field, where, during his work with an international NGO, he was struck by how little attention was given to the emotional support of humanitarian staff. While in a managerial position, he was faced with a critical security incident in which colleagues were severely wounded. During that crisis, he lacked instructions from the international NGO and initiated himself the involvement of a psychologist. This ensured that the emotional needs of his team—and the families of the victims—were not overlooked. This experience became a turning point for him, underscoring the urgent need for mental, psychological, and psychosocial support to be systematically available for humanitarian personnel.

In his testimony, Olivier highlighted the persistent inequities faced by local staff, who frequently endure intimidation, threats, and even detention, yet often receive less support than their international counterparts. He stated that ***disparities in care and support reflect broader issues***

"Putting people first—prioritizing staff care, mental health and psychosocial support—is not only an ethical obligation, but also a strategic necessity. Healthy, resilient teams are essential to building a more just, effective, and sustainable humanitarian response".

of trust and representation, as local colleagues are too often excluded from the conversations that affect them most.

These experiences have deeply shaped Mr. Vandecasteele's personal and professional path, making staff care, mental health and psychosocial support not just a concern but a mission. ***Following his own harrowing experience of 456 days in captivity, he founded Protect Humanitarians, an NGO dedicated to the care and support of humanitarian workers.***

The organization is built on several key convictions:

First, that ***the sector must foster open, confidential platforms where professionals can break down institutional silos and engage in honest dialogue about common challenges***—such as the one at the heart of this gathering: how to enhance mental health support and staff care in contexts of violence.

Second, that ***while solutions and good practices do exist, they are often fragmented, unsupported, or disconnected.*** Protect Humanitarians aims to identify and amplify these efforts for greater sustainability and scale.

Third, while our sector has made strides in field coordination, security risk management, and HR policies, ***duty of care remains a challenge—especially post-incident support for affected colleagues. It is inconsistent, often limited in duration, and at times entirely absent.***

Fourth, the sector still struggles to provide fair and reliable care, particularly for local staff and national NGOs. Incidents involving harm or arbitrary detention continue to reveal deep disparities in how support is offered. ***These gaps are opportunities to foster greater fairness and equity in our sector, and we must seize them.***

And finally, perhaps most importantly, the sector must remember that humanitarian organizations are made up of people—not machines. Our colleagues are our greatest asset.

There was a Q&A session where the four panelists addressed some critical points.

Q1.

In response to the question about which support structures are most efficient for local humanitarian staff, Dr. Samah Jabr noted that, in situations like the current one in Gaza, existing structures are not working effectively. In such cases, international solidarity and advocacy become crucial. The discrepancy between international humanitarian workers and local staff was again highlighted: "from an anti-colonial perspective, it becomes clear that the attitude of large international organizations sometimes perpetuates colonial dynamics, where the lives of expatriate humanitarian workers are considered more important than those of local staff".

Dr. Achille Bapolisi addressed this question based on his experience in the DRC. His work as a psychiatrist was influenced by two key aspects: the knowledge he gained and the local culture. For example, in some countries, purification rituals for the sick are viewed as more powerful than medical treatments. Understanding the local culture and mentality is essential.

Ms. Mila Leonova pointed out the need to build standards of support; in the specific context of Ukraine, there is no legislation concerning humanitarian aid, there are, for now, just civil protection systems. She emphasized that efforts should begin from within the country itself, working with international partners on different levels. Additionally, humanitarian principles should not be seen as mere words; we need to truly understand their meaning and apply them in practice.

Q2.

Concerning the current situation of MHPSS in Occupied Palestinian Territory and whether mental health services still have a place, Dr. Jabr replied that, at the moment, providing psychological support is very challenging, at times impossible, since public mental health services have been largely destroyed. Some professionals managed to flee Gaza, while others were killed. Humanitarian workers are now dealing with their own trauma caused by their work and the situation, compounded by the fact that many have family members who have been amputated or injured in the attacks. The level of loss is immense, which has pushed the need for psychological support to the background, as there are more immediate physical needs to be addressed. She also emphasized that advocacy should not be separated from mental health services; when there is a high level of depression, it is crucial to raise awareness and speak out to the world.

Q3.

Another point addressed was about how, in a situation like Occupied Palestinian Territory, psychologists and psychiatrists themselves are supported, and how this affects their work. It was shared that, prior to the current crisis in Gaza, there was a very effective school-based mental health and psychosocial system in place to support the helpers, despite modest resources. The system was ready to address smaller crises, but the scale of the current emergency was unimaginable, and the response has not been sufficient for this level of crisis. Even as the head of mental health crisis management in Palestine, Dr. Jabr admitted that this situation has led to deep reflection on many practices that were once considered adequate. The experience has been humbling, highlighting that no one can be an expert in such extreme circumstances. As a result, a shift in approach has occurred, focusing on observing how people help themselves. Here, people gather with children, sing songs, or discuss their values, faith, and culture. It is a collective trauma that seems to be better processed in groups. Ordinary individuals resist the helplessness imposed on them and try to encourage and support one another. In this context, mental health workers must carefully observe and listen, crafting their interventions based on what they witness.

Q4.

Regarding the issue of treatment discrepancies between local and international humanitarian workers, the panelists were asked how, ***in their opinion, accountability could be increased—whether at the institutional or policy levels.***

Ms. Mila Leonova highlighted the importance of viewing local partners as "equal partners," recognizing them as resourceful and powerful contributors capable of sharing valuable insights.

Mr. Olivier Vandecasteele emphasized that ensuring consistency between what organizations say and what they do is vital. He noted that while there is a growing recognition of the importance of supporting local colleagues - recently acknowledged by a UN Security Council resolution on the protection of humanitarian personnel - this is only a starting point and not a complete solution. He suggested that it is everyone's responsibility to ensure that local voices are included in debates and decisions. Finally, Dr. Samah Jabr pointed out that humanitarian organizations should provide legal protection for their staff, a crucial aspect that is still missing in many organizations.

Q5.

As a final question, Dr. Samah Jabr was asked ***whether she had witnessed any good examples of initiatives that effectively balance support for local staff.***

She noted that some organizations do treat local staff as experts, valuing their input and listening to their experiences, which is a positive approach. However, she also pointed out instances where international organizations fell short. For instance, the distribution of "dignity kits" (hygiene kits containing items like shampoo and toothbrushes) has been met with objections from Palestinians who find the name inappropriate and believe the kits may exaggerate gender differences. She indicated that international organizations sometimes show little understanding or response to these cultural sensitivities.

02 Staff Support: Best practices, barriers and gaps from different perspectives

This segment of the workshop required participants to identify good practices, challenges and opportunities in addressing MHPSS and staff care for humanitarian workers. In a rotation system, building upon each other, the groups collectively reflected on what is done well and what needs to improve seen from different perspectives: 1. Individual level; 2. Group and team level; 3. Leadership and management level; 4. Organizational and systemic level.

The groups reflections were shared in a "vernissage" and presented in plenary. Below is the comprehensive transcription of the groups' feedback:

Best practices

1. Individual Level

Establishing a safe space: Creating an environment where individuals feel secure and supported during their work experience.

Briefing and debriefing without preconceived ideas: Ensuring open-minded discussions before and after assignments to avoid assumptions and promote better understanding.

Case management options: Providing support for managing cases either during or after a work experience.

Cultural awareness: By considering cultural, economic, and legal differences, it becomes easier to avoid culturally inappropriate behavior and foster a more respectful and effective approach.

Resource availability: Ensuring access to sufficient resources is vital for individuals to perform effectively.

2. Group and Team Level

Designated trust person: Appoint a trained individual outside of the team whom employees can approach for support. This person should have basic training in handling sensitive issues and provide a confidential space for discussions.

Peer support system: Create a safe environment where team members can connect, talk openly, and support one another.

Organize inclusive team-building activities that consider the diverse cultural backgrounds of team members. This includes creating opportunities for the group to come together and process difficult experiences collectively.

Gratitude moments: Incorporate regular moments where the team expresses appreciation and gratitude towards one another.

Fun activities: Schedule time for light-hearted activities that allow the team to unwind and enjoy each other's company.

Cultural sensitivity and humility: Being respectful of the diverse cultural backgrounds of team members and adapt one's behavior to fit within the group.

Collective practices for grievance: Having safe spaces for team members to voice concerns and resolve conflicts.


Priorities by PH
What actions to be operationalise?
Defining / taking minimum standards in duty of care & accountability
Promotion of MH approach among AW (train out) - by org.
Signaling to the standards
Access to care by AW. (in all contexts)
Org have a responsibility to ensure that MH is covered in the package and that services are available in all contexts
posing standards

3. Management and Leadership Level

Managers should make sure that decisions about “stay to deliver and right to withdraw” are made with informed consent.

Dedicate time for team dynamics to ensure open communication, supervision and team care.

Managers/leaders regularly receive information on trends in staff health and discuss needed action.

Facilitate easy access to support and protection measures when needed.

Managers are supported too, and not expected to be super humans.

Ethics and compliance: leadership supports the use of mechanisms like an integrity line or ombuds services to uphold ethical standards and compliance.

Emphasize the importance of task shifting and job rotation to reduce burnout and ensure workload distribution.

Adopt a people-centric management approach and a participatory leadership style to encourage team involvement and empower workers.

Clear job descriptions with RACI on staff care, with 360 reviews, and inclusion of staff care perspective in recruitment and trainings.

Role-model vulnerability, use of support and R&R.

Prepare and support return to work.

4. Organizational Level

Creating a culture of trust and support: Fostering a supportive environment where employees can lean on each other during times of uncertainty.

Promoting a mentoring culture to support personal and professional growth.

Clearly articulate the organization's vision for support, ensuring employees know what resources and help they can expect.

Needs-based approach: Tailor organizational practices to address the specific needs of staff members.

Conduct research on the cost of mental health issues to the organization to better understand their impact and find ways to mitigate them.

Barriers

1. Individual Level

Individual healing: Healing is more effective in a community, and organizations themselves are communities. It is important that organizations acknowledge this, but the initiative must come from leadership, not individual humanitarian workers.

Building trust: building trust within individuals is not considered equally important as economical or operational aspects.

Incorrect assumptions on certain things due to ineffective communication.

Policies and procedures: Individuals often face the challenge of dealing with policies set at the organizational level, which can feel restrictive or disconnected from field realities.

2. Group and Team Level

Performance pressure: The demand to meet objectives can be overwhelming, leading to significant stress among team members.

Blurred boundaries between professional and personal life: The merging of work and personal time can create confusion and make it difficult to maintain a healthy balance.

Individuals impacted by an incident sometimes face 'awkward silence' from other team members, which impacts team dynamics and stigmatized the individual.

The diversity of profiles within a team can be a barrier to open dialogue; the high turnover of staff does not help to build trustful relationships.

Expat/HR turnover: This can be challenging, particularly among international humanitarian workers, as it can alter group dynamics.

3. Management and Leadership Level

Overload of work/responsibilities.

Lack of necessary management skills.

Ambiguity in role definitions and consequent uncertainty about responsibilities.

4. Organizational Level

Some examples of organizational beliefs shaping inadequate behaviour in the humanitarian sector :

- "Sacrificing humanitarian workers in the name of saving beneficiaries" – we have to suffer in order to succeed.
- "Local staff is more resilient than international staff" – dehumanizing discourse as an excuse to focus more on international staff's needs.
- "No time for reflections in emergency mode" – defensive discourse to avoid deeper reflections and changes in the way humanitarian organizations operate.
- "People are expandable" - some organizations think that high turnover is not an issue, as there are always enough new people in the labour market.
- "Being a humanitarian is so rewarding" – the recognition we face for being humanitarians is preventing us from speaking about the psychological challenges.

Introduction of some private sector practices have led to dehumanizing aspects of the humanitarian work (too much focus on 'return of investment'; key performance indicators, etc.).

Some boards overseeing humanitarian organizations are too far removed from the reality of the work, creating a lack of understanding for the psychosocial risks of this work.

Vulnerability is not valued within humanitarian organizations; the 'tough guys' get promoted, and there is gap in what we say and what we do.


Actions
ACTIONS

Gaps

1. Individual Level

Lack of structured preparation process: While there are psychological and physical briefings before field assignments, these are insufficient when it comes to personal preparation. Such briefings should begin weeks before the start of mission or work assignment, giving individuals time to properly assess their readiness.

Insufficient reflections on personal motivation: individuals need to carefully consider their motivations for deciding to take part in a mission or accept an assignment and be fully aware of the risks involved.

Disconnect at structural level: There is a lack of communication and coordination across departments like HR, health, and security, which leads to fragmentation in how individuals are prepared and supported during assignments.

Unheard lived experiences: People who lived difficult experiences on the field are not heard unless they stand up and do something “big” with what they experienced.

Legal and structural disparities: There are significant differences in the legal frameworks and working conditions for individuals hired under European or other "labels." These differences affect obligations and conditions, leading to unequal treatment and support.

Lack of self-care plan: Individuals facing challenging situations need a clear plan that outlines their support network, required resources, who to contact in case of need, and how to respond effectively.

2. Group and Team Level

Lack of team care: simple acts, such as asking, "How are you?" or "How do you feel?", can make a big difference in showing that the group cares about individual well-being, leading to better group dynamics.

3. Management and Leadership Level

Managers should make sure that workers feel adequately prepared before returning to their assignment.

360-degree evaluation are useful to help identify areas for improvement and prevent incidents.

4. Organizational Level

Comparing data, doing research and collaborating on staff health issues across organizations within the sector. There is a reluctance to sharing information between organizations.

Self-reliant mentality: the mindset of "we will handle it ourselves" persists due to fears of damaging the organization's reputation and attractiveness.

Limited and more challenging career advancement for local staff compared to international staff.

Some organizations have good systems in place but do not extend those to benefit implementing partners, despite the fact that they face the same risks.

03 Academic research - why the focus on mental health matters

“Mental health has become a major issue of public health, and economic and social concern. Collecting data is crucial for monitoring mental health, developing effective policies and addressing the growing mental health challenges. Mental health at work impacts both individuals and workplaces significantly. Mental health disorders can lead to decreased productivity, increased absenteeism, and higher healthcare costs”

EU Commission Report of 2023

Dr. Wivine Blekic

Researcher, University of Lille

Dr. Wivine Blekic conducted this research with Dr. Fabien D'Hondt.

Representatives from academia have been invited to the workshop to foster the dialogue between practitioners and researchers and open avenues for collaboration on MHPSS for humanitarians. Dr. Wivine Blekic, Research Fellow from the University of Lille provided some insight on why research matters, why now is a good moment to talk about it, and what they found so far.

Dr. Wivine Blekic said that ***the growing recognition of the importance of mental health has led to increased opportunities for projects that either directly promote mental health or contribute indirectly through targeted programs.***
This trend could also allow humanitarian organizations (1) to hire mental health researchers, and/or (2) to benefit from the outputs of their work through collaboration (eg. training programs, tools, and research findings).

Being able to conduct scientific research on staff care and mental health support of humanitarian personnel has dual meaning: on a more general level, it can turn individual realities into objective points of action: this allows to get both qualitative and quantitative information to force the public eye on important issues and to get novel insight to design bettersupport mechanisms. On the humanitarians' level, doing research means identifying specific situations that add a psychological burden to an already stressful job.

Key findings from research

In the table below, Dr. Wivine Blekic demonstrates that while studies of mental health related challenges in the humanitarian sector - including secondary trauma and compassion fatigue - are beginning to emerge, the topic is insufficiently researched as studies remain rare.

Outcome used	Number of studies	Total participants	Proportion (95% CI)		Odds (95% CI)		Variance (95% CI)
Psychological distress	2	451	30,81	(10,80-62.09)	0,45	(0,12-1,64)	0,85 (0,11-6,50)
Burnout	4	2537	25,61	(21,06-30.77)	0,34	(0,27-0,44)	0,04 (0,01-0,26)
Anxiety	3	1051	18,20	(8,88-33.71)	0,22	(0,10-0,51)	0,50 (0,09-2,69)
Depression	3	1051	24,07	(15,08-36.13)	0,32	(0,18-0,57)	0,24 (0,04-1,33)
PTSD	5	1034	9,61	(2,80-28.22)	0,11	(0,03-0,39)	1,92 (0,34-10,96)

An interesting paper on international humanitarian workers published in 2021 is the first to utilize a Médecins Sans Frontières (MSF) instrument specifically designed for humanitarian workers.

It found that ***"76% of humanitarians reported exposure to a potentially traumatic event (PTE) during their field assignments (experienced themselves, witnessed, and part-of-the-job)."*** "The most frequently reported stressors included climate (17%), unclear organizational communication in the project (16%), workload (16%), travel to assignment destinations (16%), and the security context of the country (15%)."

This data is particularly relevant because three of the five most reported stressors are within the control of organizations, rather than being solely influenced by the context of the country itself.

A recent study published in 2023 expands, for the first time, the trauma to moral injuries, emphasizing the moral challenges faced in aid work, such as the inability to help someone due to insufficient resources. However, the researchers used the Moral Injury Scale for their assessment, which is currently the only scale available but primarily reflects the experiences of middle-aged white men, and hence seems not adapted to the diversity within the humanitarian sector. "Still, the ***findings revealed that participants with higher levels of post-traumatic stress syndrome (PTSD) reported greater moral injuries, lower organizational support, and lower adequacy of the social support from loved ones, meaning that the amount of social support received did not meet their needs***."

Dr. Wivine Blekic stressed the need for collaborative work between researchers and field specialists in order to better address the specific needs of humanitarians.

Reflections from the floor on gaps between academic research and field practice

The most important consideration is identifying the core research question. What is the most useful angle to approach the topic? Practical responses should be prioritized, with an emphasis on how the findings can be effectively contextualized for real-world application.

Something that need to be always considered while doing research is that ***local humanitarian workers may experience a "double impact," facing both the trauma of living in a conflict-affected region and the stresses of their professional roles.*** This complexity can be at odds with the organizational realities and the ways employers respond to such issues.

There have also been discussions regarding the actual impact of publishing academic research papers, questioning whether organizations actually use research findings to challenge and change their practices. The extent to which research influences organizational behavior remains unclear.

A significant barrier is the ***organizational resistance to change, which prevents the practical application of research insights.*** Even when findings are available, translating research into action can be hindered by entrenched practices and cultural barriers within organizations. Humanitarian organizations have a vital role to play in supporting academic research by providing access to valuable data sources, and effective collaboration can help bridge the gap between theoretical research and practical application.

Another challenge is the ***disconnection between Western-centric research***

methodologies and the realities faced by humanitarian workers in developing countries. This gap makes it difficult to apply findings derived from Western perspectives effectively.

The process of obtaining research funding is often highly politicized, influencing the framing of research projects. To attract grants, researchers may prioritize topics that align with funding priorities, potentially overlooking local realities and less "marketable" but equally important issues. ***Collaborating with local institutions in designing and implementing research studies is crucial*** to ensure that the research is relevant and sensitive to the local context. Such partnerships can bridge the gap between theory and practice.

There is also a lack of concrete data on the financial impact of mental health issues within humanitarian organizations. Quantifying the costs associated with mental health problems could be a powerful way to raise awareness and drive action. Research conducted by insurance companies could provide valuable data on mental health impacts; however, these findings are often classified as "grey literature" and not accessible to the public. Making this information available could improve understanding of the financial implications of mental health issues in the humanitarian sector.

04 Advocating for staff care, mental health and psychosocial support

The focus of this session was to identify avenues to advocate for better care beyond the group of likeminded people working on staff care, within our organizations and externally with donors or other relevant stakeholders.

Point of view of a provider of psychological support to humanitarian NGOs staff

The speaker identified a key issue to be the need for more effective advocacy for MHPSS within the humanitarian sector. Despite the growing recognition of the importance of MHPSS, it remains a struggle to secure institutional support and resources. Many institutions deprioritize MHPSS, often citing that donors are not inclined to fund such initiatives and costs, which creates a significant barrier to progress.

To address this, we need to rethink our approach to internal lobbying and advocacy. It is crucial to communicate more persuasively within institutions, making the case for why MHPSS should be a priority. Additionally, we must better understand donor motivations to align our advocacy efforts with their interests, thereby encouraging greater investment in MHPSS and staff care initiatives.

We have observed that when serious incidents occur, there is usually funding available for immediate response, but ***once the initial crisis passes, the affected individuals are often neglected and there is little action taken to support staff in the long term, beyond what is legally required.*** This lack of ongoing support can result in long-term consequences, such as post-traumatic stress disorder (PTSD), burnout, and compassion fatigue, which are common in our sector. We need to emphasize prevention not only “repairing”.

Point of view of a donor

There is no doubt that mental health and psychosocial support in the humanitarian sector is important. However, for advocacy to be truly effective, it needs to go beyond general awareness and focus on concrete, actionable goals. The challenge lies in operationalizing these efforts—defining what exactly we want to achieve and finding practical ways to get there.

The idea of establishing minimum standards for MHPSS emerged as a potential area of focus. While there is significant emphasis by some on the fact that donors are reluctant to prioritize this issue, from the donors' perspective, there has actually been considerable resistance from the organizations themselves when it comes to implementation. We have noted unfavorable conditions, such as unfriendly regulatory environments, concerns about reputation, and the struggle to mobilize internal resources to address the issue. This shows that advocacy efforts are needed both at the political level and within the organizations themselves.

Advocacy, therefore, needs to operate on two levels: political and internal.
To effectively advocate externally, at the political level, ***the approach could be for instance, uniting multiple organizations to jointly request a meeting with the EU Commissioner and presenting to him/her a clear agenda and knowing exactly what we want;*** this can greatly increase the chances of success. So, first of all, the main step is to think clearly and concretely about the objectives you want to reach.

Insights and feedback from participants on advocacy

1. Identifying internal champions: We often discuss the importance of MHPSS among colleagues, especially for field workers. However, a significant impact could be made by engaging the leaders within our organization. Targeting these leaders is essential to drive a cultural shift towards prioritizing MHPSS and staff care for humanitarian workers.

2. Clarifying the desired change: It is crucial to define the specific changes we want to achieve at the international, national, and local levels. Our approach needs to be focused and targeted; trying to address everything at once is unrealistic. We should concentrate on specific actions and set clear objectives, identifying who we aim to influence, what we want to change, and how we will achieve it.

3. Advocacy strategies beyond traditional methods: Discussing MHPSS and staff care on the frontlines might not always be effective. We need to explore alternative ways to bring the issue into the spotlight. Events and informal gatherings can be leveraged as platforms for advocacy, offering different channels to raise awareness and generate interest.

4. Case study: Australia made a significant transition from having no psychosocial risk management to establishing mental health legislation. We should consider a similar approach by asking influential donors and leaders, "What is your plan?" This approach can be especially effective as organizations often respond to donor concerns more readily than to staff feedback.

5. Acting collectively: Draft a joint statement or commitment from multiple organizations and secure signatures from internal leaders. This commitment can then be presented to donors and decision-makers to demonstrate unified request for enhanced MHPSS initiatives.

6. Focusing on local initiatives: Advocacy should be rooted in local efforts, with tailored approaches to address the unique needs and circumstances of each community. Local initiatives can drive meaningful change from the ground up.

7. Ensuring equity in MHPSS: We must advocate for a minimum standard of MHPSS for all staff, regardless of whether they are local or international workers. Current disparities in staff support must be addressed to ensure fair treatment for everyone.

8. Shifting away from emergency-focus: It is time to move beyond treating MHPSS as an emergency response issue and instead integrate it as a fundamental component of ongoing support and care for humanitarian workers.

05 Connecting the dots and moving what matters

Main actions to prioritize in staff care and MHPSS for humanitarian personnel

1.

Define minimum standards of staff care and mental health support for humanitarian personnel:

- Develop a Charter with minimum standards for staff care and mental health/psychosocial support, also aimed to destigmatizing mental health issues.
- Include minimum standards for Duty of Care and accountability, with the goal of having organizations and donors endorse it.
- Avoid imposing standards in a top-down manner; instead, encourage collaborative approach.

2.

Map existing resources:

Conduct a comprehensive mapping of existing resources and best practices with regards to staff care and mental health support services to identify gaps and opportunities for improvement.

3.

Establish a Community of Practice:

Create a formal network of staff, experts and researchers to share knowledge and exchange ideas about staff care and mental health support.

4. *Strengthen the connection between research and fieldwork*:

- Connect academic researchers with field personnel to ensure data is relevant to operational needs and to foster evidence-based approaches to staff care and mental health support.
- Develop a Research Plan/Agenda

5. *Build robust staff support systems*:

- Establish comprehensive prevention strategies within organizations to address burnout and other mental health issues at all stages - before, during, and after fieldwork.
- Propose a project to identify and support local psychological service providers for both staff and volunteers.

6. *Develop a targeted advocacy plan*:

- Create an advocacy plan with tailored messages for internal and external stakeholders, focusing on key tasks to promote mental health initiatives.
- Push for increased engagement from organizations leadership on the importance of integrating staff care and mental health as a priority in organizational policies and operations.

Priorities for ***Protect Humanitarians*** to take forward

1.

Take on a coordination role in:

- Creating a Charter with minimum standards for MHPSS and staff care for humanitarian personnel. This includes establishing a common baseline that defines key principles and staff care standards.
- Developing a Community of Practice and a network to share knowledge and best practices among stakeholders.
- Mapping roles and responsibilities, by identifying who is willing to take on specific actions or tasks.
- Pushing for higher standards and accountability from organizations, ensuring that staff care and MHPSS are prioritized across the sector.

2.

Follow up on the Workshop outcomes:

Ensure that the outcomes and ideas emerged are actively pursued and implemented.

3.

Support field-donors connections:

Help bridge the gap between local field personnel and decision-makers, fostering stronger collaboration and understanding between both groups.

4.

Advocate with donors by asking "What's your plan?" to address staff care and MHPSS.

ANNEX 1 – Participant List

Strengthening staff care, mental health and psychosocial support for humanitarian personnel

Workshop participant list, 08 & 09 October 2024, King Baudouin Foundation, Brussels, Belgium

	NAME	SURNAME	POSITION - ORGANIZATION
1	Achille	BAPOLISI	Psychiatrist, Researcher - General Hospital of Bukavu, UCLouvain
2	Adélaïde	BLAVIER	Director of the Centre of Expertise in Psychotrauma & Legal Psychology - ULiège
3	Alvin	TAY KUOWEI	Advisor, Psychosocial Wellbeing Strategy - United Nations Dpt. for Safety & Security (UNDSS)
4	André-Jacques	NEUSY	Senior Director - THEnet
5	Anna	VOVK	Psychologist, Researcher - Kharkiv Human Rights protection Group, Ukraine
6	Aziliz	QUILLÉVÉRÉ	Psychologist, Psychotherapist - PsychoLab Conseil
7	Björg	PALSDOTTIR	Chief Executive Officer - THEnet
8	Carla	URIARTE CHAVARRI	Organizational Psychologist - International Committee of the Red Cross (ICRC)
9	Cathrine	ULLEBERG	Specialist Adviser Staff Care - Norwegian Refugee Council
10	Caroline	JOACHIM	MHPSS and Crisis Support Consultant - Independent Consultant
11	Christoph	HENSCH	Lived Experiences Expert - Culture of Care Initiative
12	Cyril	COSAR	Psychologist, Psychotherapist, Writer - PsychoLab Conseil
13	David	ANNEQUIN	Program Director - Protect Aid Workers

	NAME	SURNAME	POSITION - ORGANIZATION
14	Diane	SEMERDJIAN	Advocacy Coordinator - Ekozali Foundation
15	Dorota	KACZUBA	Programme Manager for MENA, South-West Asia and Arabian Peninsula - DG ECHO
16	Élodie	LE GRAND	Program Development - Protect Humanitarians
17	Eva	TAMBER	MHPSS Practitioner/Expert - Independent Consultant
18	François	HERICHER	Director of Safety and Security - ACTED
19	Helene	ROS	President - CoCreate Humanity
20	Ilse	DERLUYN	PhD, Director of the Centre for the Social Study of Migration and Refugees - UGhent
21	Jos	WEERTS	Counsellor, Trainer, Coach, MScMed - KonTerra Group
22	Juliette	ROUSSEL	Psychosocial Coordinator - Belgian Red Cross
23	Laure	CHERMANNE	Program Officer - Protect Humanitarians
24	Liudmyla (Mila)	LEONOVA	Director - CSO Alliance Ukraine
25	Maximilien	ZIMMERMANN	MHPSS Specialist - Independent, Belgian Red Cross and CrisisCare
26	Myriam	LARGUECHE	Psychiatrist, Psychotherapist - PsychoLab Conseil
27	Nerissa	STOOP	Staff Health Psychologist - Médecins Sans Frontières (MSF) OCB

	NAME	SURNAME	POSITION - ORGANIZATION
28	Nicolas	VEILLEUX	Psychologist, Coordinator PSU - Médecins Sans Frontières (MSF) France
29	Olivier	VANDECASTEELE	Director - Protect Humanitarians
30	Pierre	BIALES	Psychologist, Psychotherapist - PsychoLab Conseil
31	Rafael	VAN DEN BERGH	Humanitarian Researcher - Protect Humanitarians & Belgian Red Cross
32	Robert	SIMPSON	Human Resources Director - ACTED
33	Samah	JABR	Dr., Consultant Psychiatrist - Palestinian Ministry of Health
34	Sandra	TETTAMANTI	Organizational Change Expert - Independent Consultant
35	Sara	DE GRANDIS	Program Officer - Protect Humanitarians
36	Solomiia	HERA	International Relations Officer - City of Brussels
37	Stéphanie	GARCIA	Psychologist, Staff Care Specialist - Handicap International / Humanity & Inclusion (HI)
38	Steve	Dennis	Founder - Proper Support
39	Wivine	BLEKIC	Postdoc Marie Curie, Research Fellow - University of Lille

ANNEX 2 - Methodology and "Show up Charter" inspired by Simon Sinek

Facilitation for cocreation and movement:

This workshop gathered practitioners and experts worldwide, all with a shared commitment to improving MHPSS and staff care in response to the rising levels of violence faced by humanitarian workers worldwide.

The objective was to facilitate dialogue, providing a space to explore various perspectives, similarities, and differences, identifying important gaps and needs which strategically must be met moving forward.

The workshop was therefore designed and facilitated with deliberate interventions as to build a community across organizations, opinions, and contexts, providing a safe space for sharing insights and reflections, expressing concerns and opinions, and creating curiosity on individual, group, and plenary levels.

The "Show up Charter" below, describing our expectations to each other, was endorsed by all participants of the workshop.

The workshop was initiated and organized by *Protect Humanitarians* with Olivier Vandecasteele, Laure Chermanne and Sara De Grandis. Workshop design and facilitation support was provided by Eva Tamber (lead) and Sandra Tettamanti.

Show Up Charter

Confidentiality is absolute when it comes to personal matters. Our organisations are not to be named outside this room. Our stories are our own to share. Honor that responsibility!

Keeping it human. We acknowledge we are human beings that meet. We act with curiosity, respect and empathy. You don't need to agree with everything somebody is saying, though you always have the choice to respect them. Make that choice!

Show up to give. Our sessions are all live and interactive. Your participation generates so much value, for you – and for all the others in the group.

We show up to learn. Assume that you always have more to learn and room to grow – we all do! We may use different terms. Let's ensure we clarify our understanding of different terms used by different participants.

Inspired by Sinek

ANNEX 3 – List of network resources

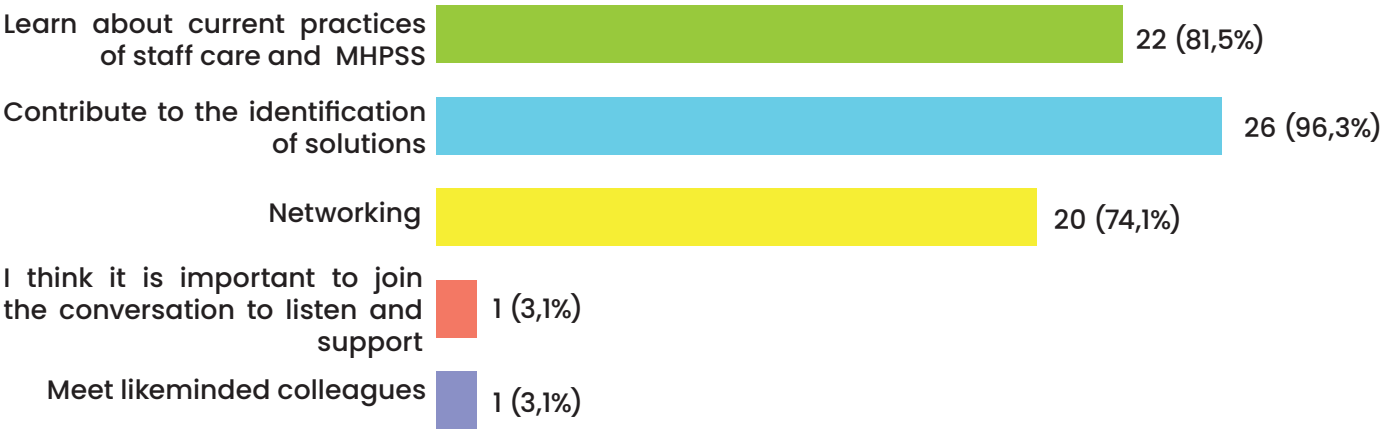
We invited participants to contribute by sharing MHPSS network resources they found valuable, with the aim of creating a shared pool of references for everyone involved. ***It is important to note that this is not consolidated and finalized, rather, it is an evolving collection based on participant input.***

- IFRC MHPSS Research Network
- IFRC E-Learning for managers on promoting of mental health
- www.prosperh.eu
- CHS Alliance
- World Health Organization (WHO)
- Centre for Crisis Psychology – University of Bergen
- www.centreformentalhealth.org.uk
- www.pscentre.org (Red Cross Red Crescent National Societies Psychosocial Centre)
- The Konterra Group
- Proper Support Recovery Consulting

06 Workshop Evaluation

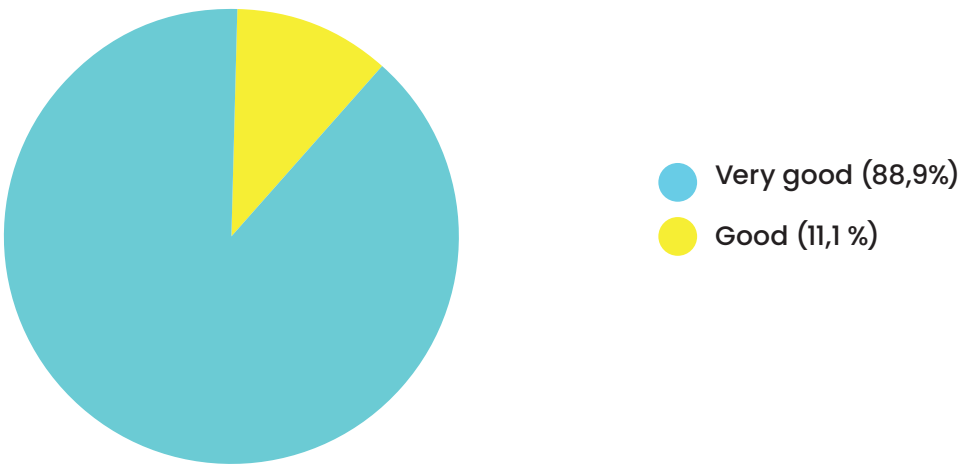
What motivated you to participate in the workshop ?

27 answers



How effectively were the sessions facilitated to ensure discussions remained engaging and inclusive?

27 answers




MANAGEMENT
AND
LEADERSHIP
LEVEL
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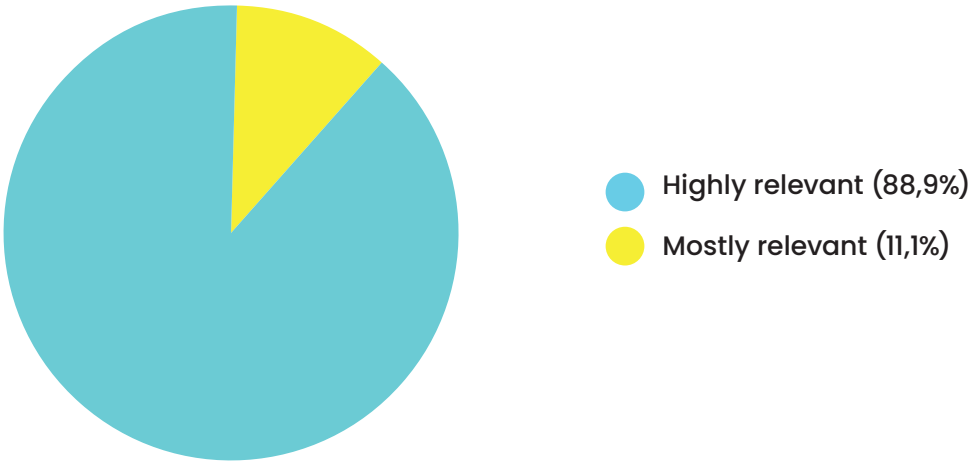
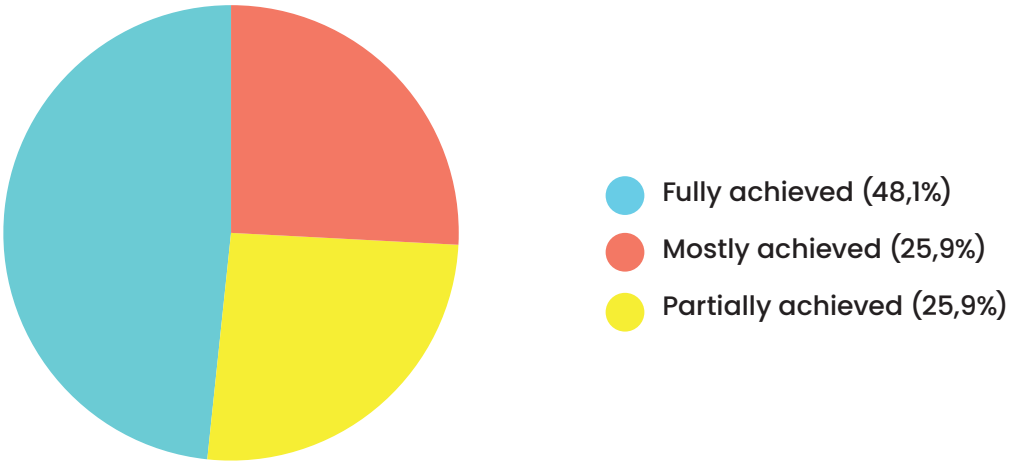
In your opinion, to what extent was the theme of the workshop relevant ?

27 answers



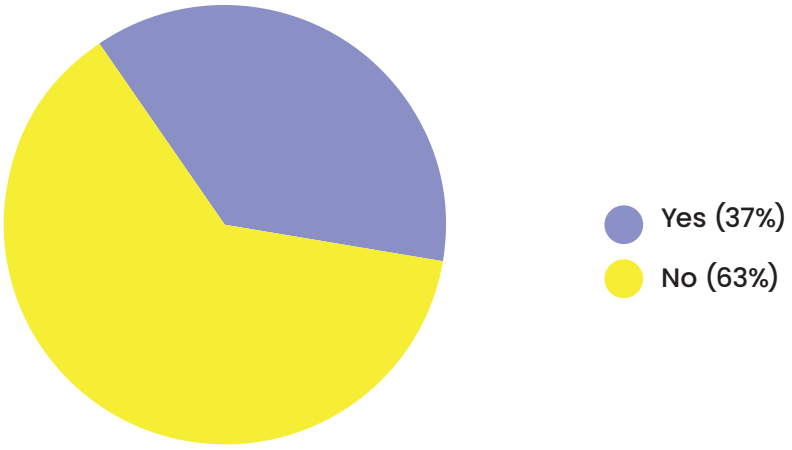
Through this workshop, our objective was to examine current practices and challenges, discuss about minimum standards and foster collaboration on the topic of staff care and MHPSS for humanitarian personnel. To which extent do you think we succeded in reaching these goals ?

27 answers



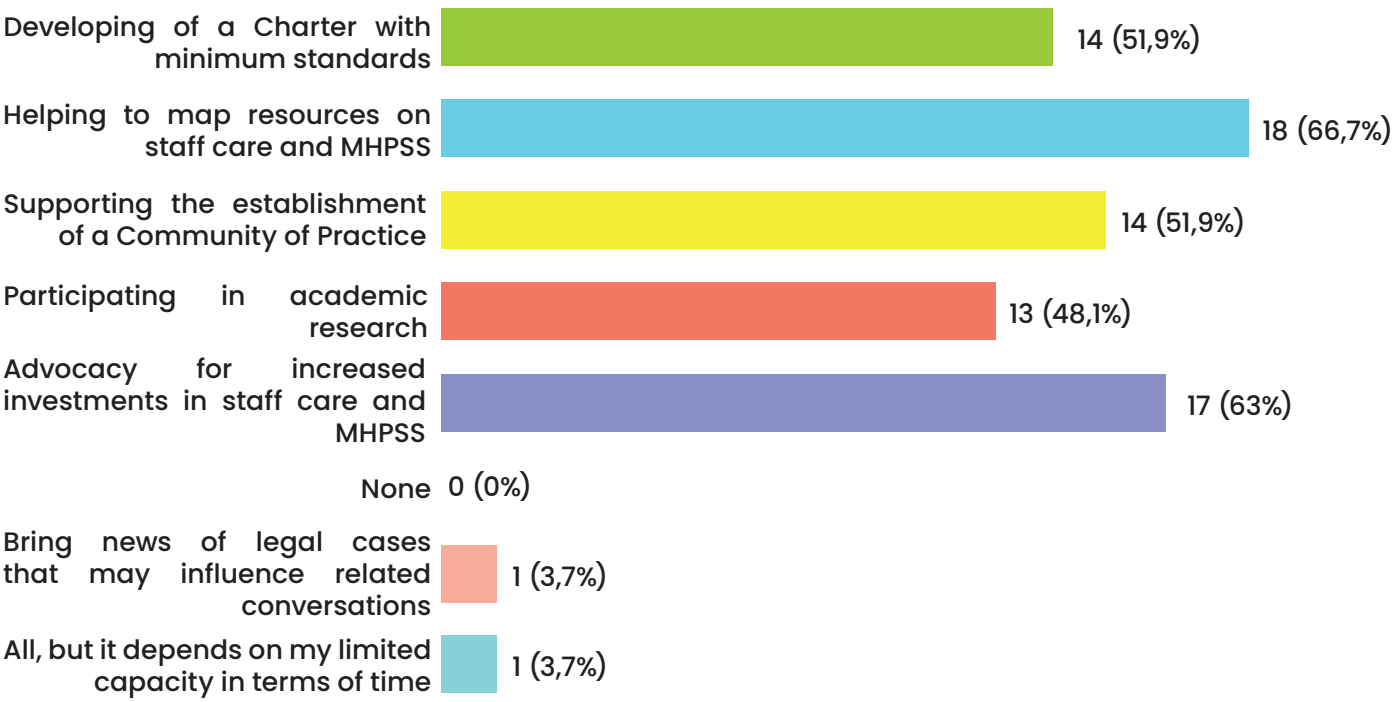
Are you currently part of a Community of Practice about staff care and/or mental health support ?

27 answers



In which area would you like to engage with Protect Humanitarians ?

27 answers




protect
humanitarians

About *Protect Humanitarians*

Protect Humanitarians is an NGO which advocates for better protection of humanitarian personnel. Through a dedicated emergency fund, we provide concrete support, enabling rapid medical, psychological, material and legal assistance to humanitarians, survivors of attacks, and/or their families, with a specific focus on local actors.

We develop inter-organisational research and learning to promote best practices in staff care, mental health and psychosocial support. We also provide legal expertise in support of humanitarian actors and/or their families seeking justice after incidents or attacks.

Protect Humanitarians is a neutral and independent organisation, established in 2024 with the support of the King Baudouin Foundation.

For more information:
www.protecthumanitarians.org

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www.protecthumanitarians.org