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**Topic B: “Mental Health and Psychosocial Support for Refugees and Other Displaced People”**



# Welcoming letter

Dear delegates,

It is with great pleasure that I welcome you to the CFMUNX. As we prepare to kick off this prestigious event, we would like to extend our warmest greetings and heartfelt gratitude for your participation.

Within this background paper, we have endeavored to provide you with a comprehensive overview of the model objectives, theme, and featured topics. We strongly encourage you to familiarize yourself with the content, as it will serve as a helpful reference during the conference proceedings.

As an esteemed delegate, we value your contributions and look forward to hearing your unique perspectives. We encourage you to actively participate in the various sessions and engage in thought-provoking discussions.



Together, we can create a conducive atmosphere for meaningful dialogue, innovative thinking, and collaborative action.

Once again, we extend our sincerest welcome to you. Your presence at the CFMUNX is highly valued, and we are confident that your contributions will make this event a resounding success. We hope that this model serves as a prominent platform for you to share your knowledge, broaden your horizons, and leave with lasting memories.

On behalf of the organizing committee, we wish you a memorable and rewarding experience at the CFMUNX. May this be the beginning of fruitful partnerships, impactful collaborations, and a pathway to a brighter future.

Warm regards,  
Chair of UNHCR, Mariana Gascón



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# I. Committee Background

UNHCR has been safeguarding individuals who have been compelled to leave their residences and those who are stateless since 1950. Their mission involves providing emergency aid, ensuring the protection of rights, and facilitating lasting solutions to help them secure a safe place to call home. The organization was established by the United Nations General Assembly on March 15, 2006, as a replacement, for the United Nations Commission on Human Rights.

Presently, UNHCR, operates in 135 countries, by delivering life-saving support such as shelter, food, water, and medical assistance to people forced to flee due, to conflict and persecution. Many of these individuals have no one left to rely on. UNHCR's main focus is to defend their right to reach safety and help them find a place to call home so they can rebuild their lives.



## II. Introduction to the Topic

Refugees face harsh conditions that put their mental health under significant stress. While many of them show remarkable resilience, some need extra support to rebuild their lives.

For refugees who need it, proper mental health care empowers them to cope with the challenges of displacement, take care of their families, earn a living, and contribute to their communities.

UNHCR advocates for refugee access to national mental health care systems, builds the capacity of local health staff and communities, and supports mental health programs in facilities.



## III. Evolution of the Topic

Refugee mental health and psychosocial well-being is an integral part of UNHCR's approach to protection, public health, and education. Forced displacement due to armed conflict, persecution, or natural disasters puts significant psychological stress on individuals, families, and communities. Refugees not only experience atrocities prior to their flight, but their living conditions in host countries can impose more stress and hardship. Refugees with pre-existing mental health conditions, including depression, anxiety, bipolar disorder, and psychosis, often face greater challenges when trying to navigate asylum systems.

## IV. Relevant Events

### A. Panorama:

- Humanitarian crisis and displacement: Over the past few decades, numerous conflicts, political instability, and environmental disasters have forced millions of people to flee their homes and seek refuge in other countries. These displaced populations, including refugees, asylum seekers, and internally displaced persons (IDPs), experience severe psychological and social challenges.
- Mental health implications: The displacement experience often exposes individuals to traumatic events such as violence, loss of loved ones, and extreme living conditions. These factors contribute to the development of mental health disorders, including depression, anxiety, post-traumatic stress disorder (PTSD), and substance abuse.



## B. Points of View:

- Humanitarian organizations and NGOs: These entities play a crucial role in providing MHPSS to refugee and displaced populations. They collaborate with local communities, partner with governments, and raise awareness of the mental health needs of this vulnerable group. However, limited funding and resources often hinder their ability to reach and assist all those in need.
- Host communities and local health systems: The presence of large refugee or displaced populations can strain host communities and local health systems, as they may lack the infrastructure and resources to adequately address the mental health needs of these individuals.



# V. UN and External Actions

## A. UN Actions

- UNHCR's Mental Health and Psychosocial Support (MHPSS) programming builds the capacity of local health staff and communities and supports the management of mental, neurological, and substance use conditions in health facilities.
- UNHCR strives for the integration of MHPSS in medical services for refugees and advocates for the inclusion of refugees into national mental health systems. Advocates for the inclusion of refugees into national health systems and for the integration of mental health into primary healthcare.

- UNHCR trains health staff (physicians and nurses) to identify and manage priority refugee mental health conditions. Non-specialists (social workers, community volunteers) also receive training on brief forms of psychological therapy.
- In some situations, UNHCR may fund mental health professionals (psychiatric nurses or psychiatrists) to address more complex refugee mental health conditions.
- UNHCR supplies ministries of health, local clinics, and partners with medication to treat mental health conditions and neurological disorders such as epilepsy.

## B. External Actions

- Collaboration with local service providers: Collaborating with local healthcare providers and community organizations in host countries to strengthen mental health services and support networks for refugees and displaced people. This can involve establishing partnerships, sharing resources and expertise, and building referral pathways to ensure comprehensive and accessible MHPSS services.

## VI. Conclusion

Addressing the mental health and psychosocial needs of refugees and other displaced people is a critical aspect of humanitarian assistance and long-term development efforts. This background paper has shed light on the multifaceted nature of the challenges faced by individuals in displacement, including traumatic experiences, loss, social isolation, and cultural adjustment difficulties. Moreover, it has emphasized the importance of providing comprehensive mental health and psychosocial support services to promote the well-being and resilience of these vulnerable populations. In conclusion, addressing mental health and psychosocial needs in the context of forced displacement requires a comprehensive and multidimensional approach that recognizes the interconnectedness of mental, social, and physical well-being.

By prioritizing and investing in these areas, societies can build resilience, empower individuals, and contribute to the sustainable development of refugee and displaced populations. Ultimately, ensuring mental health and psychosocial support for all individuals in displacement is not only a human rights imperative, but also a crucial step towards achieving inclusive and equitable societies.

## VII. Committee Focus

When considering the possible solutions to the committee's topic, the following points must be considered:

- What are the specific mental health and psychosocial challenges faced by refugees and other displaced people? How does the experience of displacement contribute to their mental well-being?
- What are the long-term consequences of unaddressed mental health and psychosocial needs for refugees and displaced people, as well as for host communities? How does investing in mental health support positively impact integration and resilience?

- How can collaborations and partnerships between governments, NGOs, civil societies, and international organizations be strengthened to improve mental health and psychosocial support for refugees and displaced people? What are successful examples of such partnerships?
- What are the specific barriers, such as resource limitations and cultural differences, that hinder the provision of adequate mental health and psychosocial support for refugees and displaced people? How can these barriers be overcome?



## VII. Participation List

- Islamic Republic of Afghanistan
- The Republic of Azerbaijan
- People's Republic of Bangladesh
- Kingdom of Bhutan
- People's Republic of China
- Republic of Croatia
- The Arab Republic of Egypt
- The Republic of Ecuador
- Republic of Fiji
- French Republic
- Federal Republic of Germany
- The Co-operative Republic of Guyana
- Republic of India
- Republic of Indonesia
- The Italian Republic
- Jamaica
- Republic of Korea
- Kingdom of Lesotho
- Republic of Lithuania
- United Mexican States
- Islamic Republic of Pakistan



- State of Qatar
- Russian Federation
- United Kingdom of Great Britain and Northern Ireland
- United States of America

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