LETTER OF RECOMMENDATION

REVERSING THE MENTAL HEALTH PANDEMIC AMONGST AID WORKERS

PREPARED BY

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aidex®

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Our webinar chat provided perspective, suggestions and stories to strengthen and formulate final recommendations

INTRODUCTION & SUPPORTING DATA

To whom it may concern,

On 24/02/2022 a panel discussion was held on The Silent Crisis: The mental health pandemic amongst aid workers. This discussion included academics in addition to national and international aid workers from across the globe. It highlighted the range of issues that affect aid workers' mental health throughout the sector. Watch the webinar on-demand here.

The following research was presented to help demonstrate the scale of the problem:

Strohmeier et al. estimated a prevalence rate of 24% for PTSD, 39% for depression 35.5% for hazardous alcohol use amongst aid workers working in South Sudan (https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0205333). If we compare this to the prevalence of these conditions amongst the British public, we can see a huge discrepancy as the rates are as follows: PTSD: 4.4%, Depression 4.5%, Hazardous alcohol use 11.6%.

Furthermore, contrary to the commonly held belief that investment in psychological support is costly, a report by DFID demonstrated that every $1 spent on disaster resilience resulted in a saving of $2.90 in humanitarian spending. (https://dlci-hoa.org/assets/upload/key-resilience-and-climate-change/2020080412048435.pdf) .

10 COMMITMENTS FOR AID ORGANISATIONS

We are therefore writing to you to request your organisation acknowledges the urgency and severity of this problem. After considering all the information raised at the panel discussion, we have formulated 10 commitments. If implemented, we believe this will turn the tide on the mental health pandemic amongst aid workers. This will not only create a safer and more positive environment for your staff but ultimately result in better staff retention and improved quality of care to your target populations.

10 commitments for aid organisations to tackle the aid worker mental health pandemic:

1. Ensure that mandatory leave and protected rest time are built into the contracts of all staff and that leaders play an active role in supporting and implementing this.

2. Ensure there are debriefing sessions/ psychological support for all staff and that counselling is available from therapists with expertise in the humanitarian sphere.

3. Ensure all senior staff receive training in effective leadership skills to promote a positive and safe culture. This includes regular feedback from all levels of the organisation to ensure the maintenance of this culture.

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4. Ensure that all programmes have a regular allocated safe sharing space, which is open to all individuals, particularly those from marginalised backgrounds. Support the establishment of separate interest groups where this is felt necessary by staff and ensure an active, unbiased system for acting upon feedback.

5. Ensure that all staff are provided with adequate information about their job role prior to starting, including specific security concerns and how these may affect different staff members such as those from marginalised groups.

6. Ensure all staff are educated in the common signs of stress as well as positive and negative coping strategies.

7. Ensure equality in the implementation and development of measures to tackle mental health problems. Acknowledging the different stressors and needs of staff from different genders, cultures, geographical locations, economic backgrounds, job roles and placement durations.

8. Promote a culture of care that encourages individuals to speak up about their mental health, embraces individuals' vulnerabilities and proactively aims to remove the stigma around discussing mental health. Acknowledging the need for this culture to be driven from senior positions within the organisation.

Letter of Recommendation: Reversing the mental health pandemic amongst aid workers

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9. Ensure regular assessment of mental health trends within the organisation, and use this information to lobby donors on the importance of allocating funding to mental health interventions to improve staff retention, productivity and programme efficiency.

10. Integrate mental health discussions and interventions with policies and processes addressing diversity and inclusion, recognising that systemic inequalities are also the drivers of poor mental health.

We believe committing to each of the points listed above is essential in tackling the mental health pandemic. There are many experts among this group that can support organisations in implementing these recommendations, and we would be happy to discuss this further going forward.

Yours sincerely,

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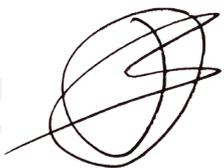
Recommendations in this letter is endorsed by:

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