

"I Am African, I Am Not a Virus"

Written by Judy Kuriansky

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JUDY KURIANSKY, MAY 19 2016

A young mother outside an Ebola field hospital cries while telling me, "My daughter died because of me. I asked her to wash the body of my sick aunt and she got the Ebola from her."

At the bedside of his nine-year old son whose legs were blown off by a bomb, a father wails, "What will become of him now?"

A twelve-year old boy holding twisted electronic bits tells me, "This is all I have after my parents and our house washed away in the water."

The emotional pain of these people is palpable, facing the loss of their loved ones and livelihoods, from natural and man-made disasters and disease epidemics. I have felt their suffering while on many missions providing psychosocial support after earthquakes in Haiti and China, tsunamis in Sri Lanka and Japan, terrorism in the Middle East, the hurricane and Superstorm in my own country of the United States, and during the height of the Ebola epidemic in Sierra Leone.

Survivors are overcome with what I call the 3 S's: stigma, shame and silence, as well as fear, depression, anger, and hopelessness, even wavering belief in God.

Of course, the primary concerns of humanitarian aid after emergencies are to provide food, water, sanitation, shelter and medical care. But mental wounds are also critical and deserve immediate attention, especially for children.

What's more, the emotional after-effects are long-lasting, requiring ongoing psychosocial assistance.

That the mind and body are linked is expressed in the popular phrase "there is no health without mental health."

The numbers of those suffering are shocking. Mental disorders affect one in four people in the world at some point in their lives, and about 20 percent of the world's youth experience a mental health condition each year. The poor suffer the most.

I am encouraged by several recent history-making events that show progress on the global stage to address this problem.

The first is the inclusion of five words in the United Nations 2030 Agenda for Sustainable Development, agreed upon by 193 world governments in September 2015, to: "promote mental health and well-being". This target took its place beside goals to eliminate poverty, combat climate change, ensure peaceful societies and achieve gender equality. This resulted from intensive negotiations over several years, which I led on behalf of the Psychology Coalition of NGOs accredited at the UN in partnership with the Ambassador of the mission of Palau to the UN, Dr. Caleb Otto, a public health physician.

The second is a paragraph in the Sendai Framework for Disaster Risk Reduction, which world governments reaffirmed in March, 2015, "to enhance recovery schemes to provide psychosocial support and mental health services

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for all people in need".

Words in such key documents are encouraging, but agreements reached are *not binding*. What we needed are real commitment, practical action, and serious funding.

In another historical step forward, at a conference "Out of the Shadows" in April, 2016, World Bank President Dr. Jim Yong Kim and WHO Director General Dr. Margaret Chan asserted the goal to make mental health a global development priority, and the Finance Minister of Canada pledged funding. Commitments were made by many NGOs; mine were to launch an information campaign, continue advocacy, and connect stakeholders to international agencies.

I hold out hope for more progress at the World Humanitarian Summit on 23-24 May in Istanbul. While pleased that "mental health," "well-being," and "the importance of psychosocial support" are each mentioned in the draft outcome statement about global health, we want an umbrella definition whereby "every time health is mentioned, it refers to physical and mental health and well-being."

Much more work lies ahead. We call upon governments to assert political will to strengthen policy and increase national budgets allocated to mental health, and to end lingering inhumane laws and practices (like chaining hospitalized patients). Experts must identify evidence-based programs and indicators of progress beyond the number of suicides or hospitalizations that can be easily assessed in the Western world but difficult in remote areas. Well-being and happiness must – and can – be measured as indexes of progress beyond GDP. Healthcare providers must have training that is then cascaded to community workers and volunteers for sustainability.

We call upon the private sector to provide funding for civil society who do the real work on the ground. Crowdsourcing is great, but let's be blunt, only big business has serious money. Towards that end, I've called upon Walgreens to put money where their slogan is, "At the corner of happy and healthy" and Campbell Soup Company who once had "Happy Soup Clubs".

Youth can support each other. At the 2014 UN International Day of Youth, young people shared their stories about suicide attempts and called upon their peers to join in breaking the silence about mental health problems.

Young leaders of the Sierra Leone Association of Ebola Survivors told me that they desperately need ongoing psychosocial support. Hassan has nightmares about losing nine family members. Abdulai is sad about being an orphan. Santique wants to educate others about the possible new danger of sexual transmission of the Ebola virus.

They, and millions of others, deserve support, training, and resources to emotionally cope, recover, and become empowered to be truly psychologically resilient.

It's time to dignify and put into action the words "there is no health without mental health" as a humanitarian imperative. The World Humanitarian Summit is the perfect place to make that an urgent priority.

About the author:

Dr. Judy Kuriansky is a psychologist, award-winning journalist, author, and humanitarian first responder. At the United Nations, she is the main NGO representative of the International Association of Applied Psychology and past Chair of the Psychology Coalition of NGOs accredited at the UN. An adjunct professor at Columbia University Teachers College and Beijing Health Sciences Center, her many projects are in Africa, Haiti, Japan, and elsewhere. She can be followed on twitter @DrJudyK.

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