

Biehler, Nadine; Meier, Amrei

Research Report

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MHPSS – A Resource for Peace

Displacement Situations, Psychosocial Support and the Humanitarian-Development-Peace Nexus

Nadine Biehler and Amrei Meier

Persons fleeing their homes are exposed not only to physical dangers but also to severe psychological distress – from the ordeal of displacement itself and the experience of violence to unsafe living conditions and a lack of any prospects at their destination. It is not just those directly involved who are affected by the consequences of such traumatic experiences; the social cohesion of societies and their economic development and stability are threatened, too. Both in the political discourse and in international aid programmes, mental health and psychosocial support (MHPSS) in displacement situations is often neglected. But MHPSS measures can have a positive social impact: on coexistence in the host countries and on peace processes in the countries of origin. Thus, they directly support the third dimension of the humanitarian-development-peace (HDP) nexus – the so-called peace pillar. The HDP nexus aims to link humanitarian aid and development to peacebuilding. Such efforts are particularly important in displacement situations.

Persons who are forced to flee are exposed to a range of stress factors that can affect their mental health at all stages of displacement. Even before deciding to flee, many are subjected to repeated or constant threats to their lives and physical safety: targeted persecution, torture and sexual or gender-based violence all characterise their situation as does structural violence in the form of systematic discrimination, lack of access to education or medical care and the loss of livelihood as a result of conflict or environmental disasters.

Added to this are dangerous and degrading conditions, such as life-threatening routes over land and/or sea, exploitation by

smugglers, arbitrary detention, a lack of food and water, no medical assistance and the loss of, or separation from, family members. Chronic stress, sleep disorders and feelings of dehumanisation can become entrenched, especially in cases of protracted or repeated displacement.

Even after arriving in the host country, many refugees are confronted with new and at times long-lasting stress factors: uncertainty about their residence status, unclear requirements for obtaining asylum, long processing times and unknown outcomes, a lack of rights, limited access to work and education opportunities, cultural uprooting and social isolation.



The burden on internally displaced persons (IDPs) is often exacerbated by their continued proximity to the conflict zone from which they have fled. As their security situation frequently remains precarious, they are exposed to particular risks, such as repeated displacement, limited access to healthcare and a lack of protection by state institutions.

Moreover, returning to the place of origin does not automatically mean relief. Following the traumatic experiences of displacement and arrival/reception, returnees often face uncertain living conditions and social tensions in their home country, where there may be ongoing instability, conflicts over land or a general lack of economic prospects. Besides, many returnees have to cope with stigmatisation. This, too, increases the psychological stress under which they find themselves, making reintegration more difficult.

Many symptoms of psychological stress become apparent only once the acute displacement situation (and thus the traumatic experience) is over and those affected are supposedly safe – whether in the host country or, in the case of those who return, in the country of origin. The World Health Organization (WHO) estimates that around one in five people affected by violent conflict (22 per cent) develop a mental illness such as depression, anxiety disorder, post-traumatic stress disorder (PTSD), bipolar disorder or schizophrenia.

Economic and social impacts of untreated trauma

The consequences of the psychological stress suffered by those who flee are not limited to the individuals themselves; there are also economic and social implications. In economic terms, the long-term psychological consequences of displacement and the experience of violence are reflected in increased pressure on health and social systems. Untreated trauma symptoms such as depression, anxiety disorder and PTSD lead to an increased need for medical care,

which puts additional strain on the often-limited resources of the host countries. At the same time, many of those affected are unable to work in the long term or only to a limited extent; and this makes it difficult for them to become economically independent, reducing the economic potential of societies. There are also harmful consequences in the field of education. Mental stress impairs the ability of forcibly displaced persons to learn and thus reduces their participation in education, which, in the long run, has a negative impact on their professional qualifications, their employment prospects and their income.

In addition, societies with a large share of traumatised persons often see an increase in domestic and sexualised violence. This causes not only further human suffering but also additional social and economic costs – for example, through increased health expenditure and lower labour productivity. In addition, untreated trauma is often “passed on” to subsequent generations: children of traumatised parents are more likely to develop behavioural problems or mental disorders.

Furthermore, untreated trauma can jeopardise the social cohesion and stability of societies. Symptoms such as mistrust and social withdrawal make it difficult for refugees and IDPs to build stable relationships in their new environment. Many of those suffering from such symptoms also experience discrimination and exclusion – for example, on the housing or labour market or in the education system. All such factors can increase social tensions between the forcibly displaced and the host population, making integration processes that much more difficult.

In the countries of origin, the psychological stress experienced by returnees can hinder post-conflict reconstruction. Persons with displacement trauma who do not receive psychosocial support are frequently able to participate constructively in peace processes and institutional or economic reconstruction only to a limited extent. In particularly fragile contexts, this can contribute to the remobilisation of violence.

Former combatants, survivors of sexual violence and marginalised groups who remain in a state of unresolved trauma are more susceptible to retraumatisation, re-recruitment or retreating into narratives that legitimise violence. A lack of trust in fellow human beings and state institutions is a breeding ground for renewed escalation of violence.

Psychosocial support in crisis and conflict contexts

Studies show that early and continuous psychosocial support can prevent long-term post-traumatic consequences. The internationally established term “mental health and psychosocial support” (MHPSS) encompasses all measures designed to strengthen the psychosocial well-being of individuals and prevent mental disorders. MHPSS comprises a broad spectrum of approaches that address emotional, social, spiritual, cognitive and behavioural dimensions without following an exclusively medical treatment model. These are often easily accessible, community-based measures implemented in the health, education and social work sectors by teachers, social workers and civil society actors. At the same time, MHPSS includes specialised clinical care.

Since 2007, a pyramid model developed by the Inter-Agency Standing Committee (IASC) has served as the international reference framework for psychosocial work in situations of crisis and conflict. It visualises four types of intervention. The different layers of the pyramid are to be understood not as forming a hierarchy but rather as complementing one another. Ideally, they should be implemented in parallel.

Basic services and security

At the bottom layer of the pyramid, the focus is on incorporating psychosocial aspects into the planning and implementation of basic activities, including the provision of food, water and housing or essential healthcare. Such interventions must be

needs-based, conflict-sensitive and geared towards avoiding negative consequences.

Community and family supports

The second layer aims to promote social networks and collective resources. This includes awareness campaigns against stigmatisation, the creation of safe meeting spaces and income-generating activities that promote stability and participation.

Focused, non-specialised supports

At the third layer, individuals, families and groups receive support from trained health and social care professionals. Typical services include psychological first aid, basic mental health care and support for social and economic reintegration.

Specialised services

The top layer of the pyramid represents all activities that support those who need long-term psychological or psychiatric treatment owing to severe difficulties in basic daily functioning. That treatment is provided by appropriately qualified professionals.

In practice, however, this kind of integrated support is rarely provided to a sufficient extent and is seldom of adequate quality. Even in such wealthy host countries as Germany, access to mental health care for refugees is limited: during the asylum procedure, only acute illnesses and emergencies are covered, which means that psychotherapy is offered only in exceptional cases. While recognised refugees have access to psychological support through public health insurance, there remain bureaucratic hurdles – for example, in the provision of interpreters or translations – as well as a lack of specific expertise in refugee-related issues.

In fragile and/or developing countries and thus in many displacement situations, both the necessary resources and qualified personnel are lacking to an even greater extent.

HDP nexus – A strategic framework for displacement situations and MHPSS

The humanitarian-development-peace (HDP) nexus provides a suitable conceptual framework for integrating MHPSS into international cooperation with the Global South. To date, however, it has not been used systematically enough.

The HDP nexus was developed in 2016 to overcome the traditional separation between humanitarian aid, development cooperation and peacebuilding. It is intended to create synergies between short-term emergency aid and efforts to ensure long-term development and sustainable stabilisation. Through the coordination of measures to address the structural causes of humanitarian emergencies, lack of development and violent conflicts, the nexus is aimed at making humanitarian aid unnecessary in the long term and enabling those affected by such situations and circumstance to regain control over their own lives. Progress made in this area must be secured through peacebuilding.

The HDP nexus is particularly well suited for addressing displacement situations. That much is evident from the two traditional durable solutions that apply to the larger number of people: local integration into the host country and return to the place of origin (resettlement being the third such solution). While humanitarian aid is needed in immediate emergency situations, integration into the host society – just like reintegration into the society of origin – requires development approaches that enable refugees, IDPs and returnees to lead independent lives without external assistance. But while integration can lead to tensions between the forcibly displaced and the host society, return to the place of origin requires the establishment of peace and security. It is therefore necessary that the two processes be accompanied by peacebuilding measures.

Until now, MHPSS has been integrated into the nexus only in a selective manner. However, all three pillars of the nexus

could benefit directly or indirectly from MHPSS. In the field of humanitarian aid, psychosocial support can directly contribute to alleviating suffering, ensuring protection and lowering the hurdles to accessing other services. In the area of development cooperation, MHPSS can facilitate access to education and integration into the labour market and thereby help secure incomes by breaking down the psychological and psychosocial barriers. And in peacebuilding, MHPSS strengthens social cohesion, trust in institutions and the ability to resolve conflicts without violence – all of which are key prerequisites for sustainable peace.

The contribution that MHPSS services can make to peacebuilding is particularly relevant in displacement contexts – whether it be the harmonious coexistence of displaced populations and host societies, the establishment of sustainable return processes or the creation of peace, security and stability in the country of origin.

MHPSS and peacebuilding

The positive link between MHPSS and peacebuilding is widely recognised today, not least as a result of the comprehensive conceptual integration of the former into the latter that has taken place over the past 20 years or so.

The first international reference point was the publication of the *IASC Guidelines on MHPSS in Emergency Settings* in 2007. Those *guidelines* established the first cross-sectoral standards for psychosocial support in acute crises, without, however, considering the longer-term effects on post-war societies or explicitly linking MHPSS to peacebuilding. Similarly, the WHO's *Comprehensive Mental Health Action Plan 2013–2020* (later extended to 2030) put emphasis, above all, on the need for psychosocial care in fragile and post-conflict contexts. A major step towards the strategic linking of MHPSS and peacebuilding was the publication of the 2018 *Pathways for Peace* report by the World Bank and the United Nations, which identified

psychosocial stressors as a risk factor for violent escalation and discussed MHPSS as one of several preventive approaches. The same year, the German Ministry for Economic Cooperation and Development (BMZ) and the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) published a *Guiding Framework for MHPSS in Development Cooperation*, which established links to social cohesion and peacebuilding but did not make them the focus of the framework.

In 2019, the IASC MHPSS Reference Group reconvened its Thematic Working Group on MHPSS and Peacebuilding to reinforce the conceptual link between the two issues. The following year, the MHPSS agenda was raised in the *Review of the UN Peacebuilding Architecture*, which highlighted the significant role of MHPSS in achieving and sustaining peace. A task force coordinated by the Dutch Ministry of Foreign Affairs drew up core recommendations for strengthening this interface. The same year, the UN secretary-general emphasised the need to integrate MHPSS more closely into peacebuilding in his report titled *Peacebuilding and Sustaining Peace*. And the European External Action Service (EEAS) recognised the importance of psychosocial expertise for peace processes in its 2020 *Concept for EU Peace Mediation*.

Other important milestones followed. In 2022, the IASC presented a revised version of the *Mental Health and Psychosocial Support Minimum Service Package* – a standardised range of services that also focuses on longer-term aftercare in displacement contexts. The same year, the United Nations Development Programme (UNDP) published comprehensive guidelines on integrating MHPSS into peacebuilding. That publication was supplemented by a practice-oriented manual from the International Organization for Migration (IOM) for community-based MHPSS work in displacement contexts.

From the above, it is clear that a paradigm shift has taken place over the past couple of decades – away from purely humanitarian psychological emergency care towards a strategic understanding of

psychosocial support as an integral part of sustainable peacebuilding, especially in contexts of displacement, fragile statehood and violent conflict.

The peace dimension in the HDP nexus: “Small p” and “big P”

Although MHPSS and peacebuilding are already regarded as linked (and are also connected in practice), there is no explicit conceptual embedding of MHPSS in the nexus. However, such a step is warranted, as a differentiated analysis of the peace dimension of the nexus – referred to in the specialist literature as the “P” (for “peace”) pillar – shows.

The “P” pillar is usually divided into “small p” and “big P”. “Small p” refers to the promotion of peace at the local and societal level. It covers everyday social coexistence, trust, social cohesion and non-violent conflict management.

“Big P”, on the other hand, refers to structural and political peace processes that focus on the causes of violence and aim to create sustainable stability and positive peace. They include not only high-level political dialogue, diplomacy, peace missions and stabilisation operations but also reconciliation, transitional justice, institutional reconstruction and the restoration of trust in state structures.

Psychosocial support can focus simultaneously on promoting individual and community resilience (“small p”) and on facilitating social healing and the creation of structural peace (“big P”).

MHPSS in “small p”

Within the framework of “small p” activities, MHPSS in displacement contexts promotes peace primarily by strengthening social cohesion and advancing non-violent coexistence between refugees, IDPs and host communities or between returnees and stayees. Although it is difficult at this level to measure the impact quantitatively, experts assume that psychosocial interventions help reduce the mistrust, stigmatisa-

tion and tensions that often arise when limited resources, unequal living conditions or cultural differences strain inter-group relations. Easily accessible, community-based MHPSS services such as group activities, dialogue forums and neighbourhood projects promote mutual understanding and increase empathy – both key prerequisites for peaceful coexistence. Since 2014, the BMZ has been supporting projects in Syria’s neighbouring countries as part of its special initiative “Displaced Persons and Host Countries”. Those projects, which aim at strengthening social cohesion between the forcibly displaced and locals and promoting a sense of security, include the establishment of public meeting places (such as “family gardens”) and the provision of psychoeducational sports and music activities for young people. A similar initiative is the Game Connect programme, which the international non-governmental organisation Right to Play has been running in several refugee settlements in Uganda since 2020. Game- and sports-based activities in schools and youth centres are designed to increase psychosocial well-being and strengthen trust and cooperation between young refugees and members of the host communities.

Cash-for-work programmes provide further opportunities to implement MHPSS activities. Under the projects launched by GIZ in Jordan, accompanying group sessions were introduced in which Jordanian and Syrian participants reflected together on stress management and everyday challenges. These psychosocial services are designed to create safe spaces for interaction, reduce tensions and promote mutual understanding within and between the two groups.

MHPSS can also have a beneficial effect on the stabilisation of local communities in the area of return. For example, in 2023, the IOM integrated psychosocial support services into programmes for voluntary return and reintegration. Through psychological first aid, education and individual counselling, returnees are to be helped cope with stress, loss and new beginnings. The goal is to strengthen social ties in the com-

munities of origin and reduce tensions between returnees and stayees.

MHPSS in “big P”

While MHPSS in the context of “small p” strengthens, above all, everyday cohesion and non-violent coexistence, the focus of “big P” is on political peace processes, reconciliation, justice and dealing with the past. Here, MHPSS approaches can serve as a bridge by combining individual healing and social reconciliation, thereby creating the psychosocial conditions for sustainable peace. This is a process that is relevant for the host societies not only of refugees and IDPs but also communities of origin of returnees.

While such linkages are obvious in theory, practical implementation continues to lag – for several reasons. One hurdle is the hesitant provision of funds, especially for a relatively new field of activity and against the backdrop of sweeping global funding cuts in international cooperation. At the same time, the integrated approach central to the HDP nexus demands an increased practical effort, not just because of the additional need for coordination between the various actors but also because the necessary expertise must first be established among staff and through standardised processes. Another problem is that mental health issues remain highly taboo in many societies, both in donor and developing countries. As a result, MHPSS interventions can cause discomfort and concern about stigmatisation among the staff of humanitarian and development organisations, on the one hand, and among those affected, on the other, making their implementation difficult. This is particularly true in the security sector, which – like the leadership levels in politics and at the UN and other international organisations involved in the peace processes of “big P” – are largely male-dominated.

Nonetheless, “Big P” does offer some opportunities for mainstreaming MHPSS and thus incorporating psychological factors into existing programmes and good practices. MHPSS has huge potential as a

resource for peace at a relatively low cost: integrating additional expertise through training and specialist personnel seems financially viable compared with the costs of launching completely new programmes.

Thus, MHPSS intervention is an option for operationalising the HDP nexus and “big P” in displacement situations.

In such situations, it would be particularly helpful to implement measures that raise awareness among actors involved in peace processes about the experiences of refugees, IDPs and returnees. With regard to supporting peace negotiations, this includes providing safe(r) spaces and psychosocial first aid during large-scale consultations in which those individuals participate, as well as accompanying and supporting civil society groups and/or survivors. Psychosocial expertise — for example, from psychologists or MHPSS coordinators — should be integrated into negotiation and mediation processes. By analysing psychosocial dynamics, developing safe participation formats and training mediators and negotiators in trauma sensitivity and conflict narratives, such experts could ensure that peace agreements take into account the perspectives of all affected groups — including displaced persons and returnees — and establish positive, inclusive peace as a goal. In particular, women (and women’s organisations) should be included, too, as their participation as delegates or signatories and as representatives of civil society groups has been shown to contribute to the quality and sustainability of peace agreements. MHPSS training and the involvement of MHPSS experts and expertise is also useful for mission staff of international organisations and members of transitional justice mechanisms or truth commissions. It enables the latter to take psychological factors — for example, trauma, fear or shame resulting from forced displacement, violence and uprooting, which can hinder collective healing — systematically into account in the peacebuilding process and integrate them into their work.

More emphasis could also be put on peace and conflict analyses that weigh the importance of psychological factors and

routinely record the potentially traumatic experiences of refugees, IDPs and returnees, as well as those of stayees. Only when the underlying *psychosocial dynamics* that fuel violence or block peace processes — from mistrust and learned helplessness to inter-generational trauma — are revealed and addressed can societies develop strategies that stabilise peace processes in the long term and pave the way for reconciliation.

Conclusion: Synergy between MHPSS and the HDP nexus in refugee contexts

For lasting solutions in displacement contexts, psychosocial support is essential at both the “small P” and “big P” level: positive peace requires not only peaceful co-existence at the local level but also political peace that addresses the structural causes of violence. MHPSS can make an important contribution here: psychosocial support always has an impact on several levels at the same time. It alleviates acute distress, strengthens social and economic participation and creates the conditions for trust and cohesion. Alongside the Netherlands, Germany has been one of the most important donors in the field of MHPSS for many years — both in humanitarian aid and in development cooperation.

Germany should make strategic use of its leading role in the field of MHPSS to strengthen the peace dimension of the HDP nexus in displacement situations. The goal should be to systematically integrate MHPSS expertise into peace processes, stabilisation missions and transitional justice formats — for example, by seconding psychosocially trained professionals to mediation and observation missions and by taking psychological factors into account in conflict analyses and peace agreements. At the same time, MHPSS should be firmly anchored as an integral part of programmes for (re)integration, return assistance and increased social cohesion. Local structures and partner organisations must be more closely involved in this process.

Especially in times of global funding cuts — Germany is no exception — and dwindling commitment to the HDP nexus on the part of traditional partners such as the United States, the German government has a strategic role to play. Continuing to publicly prioritise the MHPSS concept as a resource for peace — and working to remove the taboo surrounding mental health issues — in multilateral forums, at the United Nations and in the EU will not only strengthen Europe’s capacity to act in fragile contexts. It will also send a signal that Germany is committed to a resilience-oriented peace policy and is positioning itself as a driver of holistic, people-centred peacebuilding.



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SWP

Stiftung Wissenschaft und Politik
German Institute for International and Security Affairs

Ludwigkirchplatz 3–4
10719 Berlin
Telephone +49 30 880 07-0
Fax +49 30 880 07-100
www.swp-berlin.org
swp@swp-berlin.org

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