



# Session Report: ‘Mental Health and Psychosocial Support in Accountability Mechanisms - Assessing Progress’

Date: Wednesday 19 March 2025

## Main takeaways

- The integration of MHPSS approaches in accountability mechanisms constitutes benefits for the justice process, in addition to the obligation to Do No Harm.
- MHPSS integration is also a critical tool to improve well-being of witnesses and victims involved, enhance the quality of evidence and prevent vicarious and secondary trauma of professionals involved.
- To be effective and efficient, MHPSS approaches should be integrated in the design of the mechanism, from the start.
- There is need for awareness raising and training of psychosocial and legal experts, investigators and other professionals involved to support the integration of MHPSS, among other measures to be taken.
- The need for better developed staff support is a central component of an MHPSS approach.

## Background: report & launch

MHPSS should be anchored in accountability mechanisms in all stages of involvement of witnesses and victims in the justice processes. That was the key recommendation in the 2024 [report](#) ‘Integration of Mental Health and Psychosocial Support Approaches in Accountability Mechanisms for Atrocity Crimes’ by An Michels (ICC) and the co-authors. In May 2024, the KPSRL network joined for its launching [event](#). This session is a follow-up meeting one year later to assess progress in the sector on the recommendations.

## MFA introduction

Building on previous [submissions](#), research, consultations and practical initiatives, the Netherlands’ [contribution](#) to the UN Peacebuilding Architecture Review 2025 also calls for more systemic incorporation of MHPSS in peacebuilding and conflict prevention interventions. Moreover, an initiative is ongoing to work towards the structural integration of MHPSS in the design and implementation of accountability mechanisms from the very start. To support this integration, the Dutch MFA and the ICC currently work on general guiding principles or standards, to be globally acknowledged and anchored internationally.

## Presentation An Michels

An Michels (independent as author of the report, but working at the ICC) started with a brief recap of key takeaways from the report. Courts should not just *do no harm* when dealing with traumas of victims (and accordingly causing further traumatization). Instead, integrated MHPSS would strengthen the cases and the quality of testimonies, reframing victims to survivors with a powerful story and a quest for justice that is not just of value to that individual, but has the potential to empower and heal a wider community. In addition, the integration of MHPSS throughout the different stages of involvement also contributes to the protection of professionals involved, who are at risk for vicarious trauma. The recommendations are divided into different stages of an accountability process: investigations, pre-trial, testimony, judgment and appeals.

## Presentation Daryn Reicherter

Daryn Reicherter (Stanford University) followed up with concrete cases of (not) implementing MHPSS in accountability mechanisms. In general, he argued that currently MHPSS is too much of an afterthought, if thought about at all. Meanwhile, he compares this with building a house and only building in plumbing once it's almost finished. Investing in MHPSS from the start is far more (cost)effective than trying to integrate expertise and change a culture or expectations along the way.

He firstly zoomed into the case of Cambodia after the Khmer Rouge, where MHPSS was hardly integrated (nor a commonly known topic). This for example led to a significant amount of first hand (re)traumatization and second hand trauma of personnel. This affects the quality of a process. Think for example of incoherent testimonies, panic attacks and a need for breaks or repeats for victims and witnesses. For personnel, think of loss of empathy (and therefore not building connections with victims or witnesses) or conversely overinvolvement and burning out.

In the case of Iraq after IS, MHPSS was integrated more carefully from the start. Measures were taken to integrate psychosocial support and expertise throughout all aspects of the investigation. This for example meant contextualizing the approach, taking into account Iraq social norms and taboos to put victims and survivors at ease on such extremely sensitive topics.

## Discussion

- Understandably, not all recommendations are easy to take up in Fragile and Conflict Affected Settings (FCAS). However, there are many ways to integrate MHPSS that require little investments. Think of managing expectations of survivors and witnesses during the process, providing information and court familiarization sessions, raising awareness among magistrates about the impact of trauma on the testimony process or even something as simple as providing tissues and water during a hearing.
  - o Some recommendations do require investments, such as hiring trauma expertise, following trainings and providing guidance along the way. Yet, one could reason that not investing in these measures eventually costs more in terms of redoing testimonies and trials or burnout of staff.
- Participants brought up the case of Ukraine. An organization is performing health care needs and risk assessments, after which it shares these findings with healthcare and justice providers. They noted:
  - o a shortage of expertise on trauma and guidance.
  - o it is difficult to systematize MHPSS during ongoing conflict: priorities lie with more visible and urgent suffering, institutions are coping and the many displacements make it hard to set up lasting treatment.
  - o there is no legal framework for victim support (e.g. accompaniment during proceedings not allowed).
  - o guiding principles from the ICC on MHPSS would help for that legal framework and coherent curriculum plus supporting expertise.
- A participant from Bosnia & Herzegovina shared how intergenerational traumas are a key issue in today's society. Here again, specialized expertise is scarce given how war trauma is a particular kind of trauma with its levels of violence and the sensitive political dimension.
- Currently, the status of victim only brings obligations. Participants noted this should also be accompanied by rights or support.
- Due to social media, we see increased risk of secondary stress through sharing content of traumatizing events and experiences. The speakers noted that such videos are only truly indispensable for the work of forensic experts.

- Secondary stress with personnel is usually related to the fact that an organization does not have the safe space to discuss doubts and worries, a toxic conception of emotional distance as professionalism and a lack of peer-to-peer support.
- A participant from a UN organisation raised the option of a community of practice, including peer-support and peer-supervision among experts working in different organisations as an affordable tool to manage risk for secondary and vicarious trauma and to contribute to burn-out prevention.