MENTAL HEALTH:
Taking a Proactive Approach to Support Staff in Mine Action

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As public awareness on mental health in the workplace has increased in recent years, the humanitarian sector—along with the CHS Alliance, the United Nations High Commissioner for Refugees, the Antares Foundation, and others—has been stressing the need for aid organizations to ensure that their duty of care responsibilities encompass the health, safety, security, and well-being of staff.[1]

This article aims to contribute to existing conversations on how actors in the mine action (MA) sector can work together to promote mental health in the workplace as well as prevent and mitigate adverse mental health outcomes. The article is also a call to action for MA management and leadership teams to invest in staffs' mental well-being. Through interviews with key stakeholders[2] and desk-based review of existing literature, this article's focus is two-fold. First, it provides an overview of stressors on the mental health of different profiles of humanitarian workers. Second, it conceptualizes poor mental health outcomes as an organizational risk factor.

Based on an understanding that mental health risk management cannot be based on a one-size-fits-all approach, systematically integrating mental health in risk management frameworks is important and is exemplified by the good practices employed by other sectors. Moreover, the conceptualization and treatment of adverse mental health outcomes requires the application of an intersectional lens to be culturally appropriate and adaptable to the varied sources of stress, risks, needs, and priorities of a diverse workforce. The interplay between people management, organizational culture, and mental health is critical for a holistic understanding of mental health in the workplace.[3] This article highlights these three dimensions, specifically focusing on the impact of people management and organizational factors on mental health outcomes.

Key Definitions

Mental health can be defined as "a state of wellbeing in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community." [4,5] An individual with poor mental health can experience "a broad range of problems with different symptoms generally characterized by some combination of abnormal thoughts, emotions, behaviors, and relationships with others,"[6] as well as physical symptoms, such as digestive issues, chest pain, and migraines.

Stressors in Humanitarian Work

A growing body of research has suggested that humanitarian workers with diverse profiles and backgrounds, including those working in mine action, are at an increased risk of various adverse mental health outcomes.[7] Within the humanitarian sector, stressors can be divided into four categories[8]: **a)** situational, **b)** job-related, **c)** organizational, and **d)** personal.

A) SITUATIONAL STRESSORS	C) ORGANIZATIONAL STRESSORS
• Attacks on personal well-being • Experience of humanitarian crises and/or emergency situations (i.e., war, armed conflict, natural and industrial disasters) • Exposure to life-threatening events and/or secondary exposure to trauma • Exposure to poverty and violence • Insecurity in the area of operations • Political, social, and cultural context • Presence of explosive ordnance in the area of operations • Physical health risks and limited availability of treatment facilities and medication • Public health situation in the context of operations • Relationship and power dynamics with the local population and authorities for both foreign and local staff	• Bureaucratic decision-making processes • Lack of investment in induction and career development • Lack of training in safety and security protocols • Leadership and management style • "Macho" culture in the sector
B) JOB-RELATED STRESSORS	D) PERSONAL STRESSORS
• Difficult and/or isolated living conditions • Dislocation: social, cultural, spiritual • Employment in potentially hazardous professions • Heavy workload and/or periods of inactivity • Job insecurity related to funding cycles, restructuring, etc. • Lack of clearly defined job role and responsibilities • Lack of recognition or adequate compensation in accordance with job role and responsibilities • Relationships and power dynamics within the team	• Lack of alignment between personal and organizational values • Limited contact with social support systems and networks • Mismatch between high motivation and commitment (efforts) and rewards (both emotional and material) received at work • Personal and family situation and/or responsibilities • Poor self-care behavior/lack of healthy coping mechanisms • Pre-existing mental health conditions for which adequate treatment and healthy coping mechanisms are not underway

Figure 1: Categories of stressors.

Historically, there has been a tendency in the humanitarian sector and beyond to place most of the responsibility for adverse mental health outcomes on biological factors, attitudes, behaviors, and lifestyle choices of the individual, which in public health research is commonly referred to as "victim-blaming." However, an amassed body of public health and social science research indicates that mental health outcomes are in fact determined by a combination of situational, organizational, job-related, and personal stressors.

While interventions have generally focused on responding to the immediate aftermath of direct exposure to potentially traumatic events, the level of stress that an individual was experiencing at the time that a traumatic event took place can have important implications on the extent to which they will develop poor mental health outcomes.

Therefore, it could be expected that a staff member that was either bullied or was feeling very insecure in the workplace at the time of the traumatic event would have low levels of resilience to help them heal from the trauma.[10] Equally, a staff member who is experiencing personal stressors unrelated to their work and work environment may be more likely to develop poor mental health outcomes.

Furthermore, chronic stress, often a result of organizational and job-related stressors, can be extremely debilitating. Commonly-cited sources of chronic stress in the workplace include poor leadership, lack of career opportunities, and bureaucracy. These chronic stressors potentially lead to burnout, disillusionment, and frustration, all of which can affect service delivery and, at times, result in staff turnover, which poses a significant risk to the ability of organizations to fulfil their mandate.[11]

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> ~Liza Jachens, Webster University, Geneva

Organizations stand to benefit from considering elements outside the event in question, including "the mental state of the person when the event took place and the extent to which the working context to which the person returns is psychologically safe and supportive."[12] This is now widely recognized as a key determinant of mental health outcomes.

Applying an Intersectional Lens to the Stressors Faced by Humanitarian Workers

Humanitarian workers from diverse backgrounds also face different real and perceived safety and security risks. For example, research by Humanitarian Outcomes found that in South Sudan, perceived ethnic affiliations of national staff create safety, security, and operational obstacles.[13] In other contexts, nationality, as well as perceived political and/or religious affiliation, can increase exposure to harm. Humanitarian workers of diverse profiles and backgrounds are also increasingly at risk of becoming victims of gender-based violence (GBV).[14] Although anyone can become a victim of GBV, women in particular face higher vulnerability in many contexts.[15] By applying an intersectional lens, it is evident that the diversity represented by humanitarian workers can contribute to their different experience of stressors.

Diversity considerations such as gender identity and expression, age, disability, ethnicity, race, religion, nationality, or sexual orientation can also increase exposure to safety and security risks, affecting staff mobility and ability to engage in healthy coping mechanisms, with potential repercussions on mental health outcomes. For example, members of the LGBTQI+ community, as well as individuals perceived to be part of it, may face specific safety and security risks in the contexts in which they operate (situational stressor).[16] Furthermore, they may experience stigmatization, bias, and discrimination from their teams and organizations (organizational and job-related stressors), with potential negative repercussions on their mental health.[17]

For employees with disabilities, the way in which an organization conceptualizes disability, as afflictions affecting an individual who needs to be cared for by others (medical/charity models of disability) or as being caused by the way in which society is organized (social model of disability) can affect a disabled individual's perception and/or the success of their employment.[18] The extent to which organizations focus their efforts on making all reasonable adjustments and removing barriers to the employment of humanitarian aid workers living with disabilities can have either a protective or detrimental effect on their mental health.

Just as stressors are different among diverse profiles of humanitarian workers, the prevalence of different types of mental health outcomes experienced can also vary significantly. More research is needed in the field of humanitarian work, yet statistical evidence from studies conducted in the general population in different social and cultural contexts indicates that women are more likely than men to suffer from post-traumatic stress disorder (PTSD),[19] major depression,[20] anxiety disorders,[21] and burnout. Women who experience burnout are also reportedly at increased risk of hazardous alcohol consumption,[22] and less likely than men to seek help for alcohol-related problems due to gender stereotypes and social stigma.[23] However, substance use disorder and suicide are overall more frequent among men, partly linked to the fact that men across cultures are reportedly more prone to ignoring stressors and using unhealthy mechanisms such as hazardous alcohol consumption, substance use, and transactional sexual activities. These and other reckless coping behaviors can also negatively affect the beneficiary community as well as damage the reputation, performance, and funding opportunities of the organization.

> **For example, a woman of color working as international staff in an organization with predominantly white staff and especially management, operating in a context with high security risks (situational stressor), and not being treated and rewarded in the same way as other colleagues for similar efforts due to conscious and unconscious discrimination (organizational and job-related stressors) may be at risk of poor mental health. The risk of developing adverse mental health outcomes may be further exacerbated if her religious beliefs and related expression (i.e., clothing, display of symbols) are not socially or culturally accepted in the area of operations (situational and job-related stressors) and/or in the organization (organizational stressor) and healthy coping mechanisms are not encouraged by the organization (organizational stressor) or undertaken by the employee (personal stressor).**

Applying an Intersectional Lens to the Stressors Faced by Mine Action Staff

Mine action often takes place in places where staff face a multitude of security risks.[24] In some contexts, mine action organizations and their staff are considered legitimate targets by armed non-state actors and are therefore at high risk of being abducted, killed, or injured.[25] Furthermore, the prevalence of the use of improvised explosive devices means that deminers are now at greater risk of death or injury due to the unpredictability of these devices. In 2018, the *Landmine and Cluster Munition Monitor* identified twenty casualties among deminers in seven countries (four deminers were killed and sixteen injured).[26] Research into mental health outcomes of explosive ordnance (EO) disposal technicians in the U.S. military suggests that exposure to the types of traumatic events described previously can influence the risk of developing negative mental health outcomes such as PTSD, anxiety disorders, and major depression.[27]

When considering the mental health outcomes of mine action staff, the fact that the sector is traditionally male dominated[28] and the common associations with traditionally constructed notions of masculinity (i.e., encouraging risk-taking, physical toughness, self-discipline, emotional control, or numbness), may be particularly relevant when assessing the mental health outcomes of men working in the sector.

This assertion is broadly in line with research into the link between notions of masculinity in the military and how it negatively affects mental health outcomes.[29] At the same time, generalized notions of masculinity are only one factor in a complex net of causation for mental health outcomes,[30] and approaches that ignore other stressors can actually serve to further stigmatize men.

In some contexts, it is a common practice for field teams to be deployed to areas of operations far from their home for long periods of time. For mine action staff with family responsibilities, for example those who are deployed soon after the birth or adoption of children, being placed in areas of operations far away from their families can exacerbate stress. This could particularly be a challenge for deminers who are stationed for consecutive weeks in clearance locations compared to those who return home at the end of the working day. Furthermore, international staff of mine action organizations frequently reside in shared accommodations, where they not only lack privacy and personal space but are unable to leave the workplace for long periods of time. This is especially the case for those based in areas where mobility is restricted due to real and perceived safety and security concerns.

Understanding Mental Health as an Organizational Risk

Taking a proactive approach to the management of mental health and building resilience needs to be an objective within mine action. Numerous studies from the humanitarian field and other sectors with similarities to mine action, such as the military and the police, make a strong case for promoting the mental health of staff for organizational purposes. While this should be driven by ethical considerations and duty-of-care responsibilities, the negative ramifications of poor mental health on an organization's capacity to fulfil its mandate cannot be discounted.

A Risk Management Approach to Mental Health

Different frameworks have been used to varying degrees of success to address mental health in the workplace as "[t]raditionally, mental health and psychosocial support (MHPSS) actions have been focused on the response and recovery phases of emergencies with the aims of reducing suffering and re-establishing functioning of those impacted … However, recently this disaster management field has begun to expand beyond reactive approaches to encompassing more proactive disaster risk management (DRM), with the goal of disaster risk reduction (DRR)."[31]

Among these different approaches, a mental health risk management framework is relevant for the mine action sector, given how critical managing risk is in every aspect of mine action. According to International Mine Action Standards (IMAS) 07.14, "the purpose of risk management in mine action is to identify, assess, control and review risk wherever it may arise, such that mine action

programmes, projects and activities are safe, efficient and effective in achieving their objectives."[32] IMAS 10.10 Safety and Occupational Health [S&OH] General Requirements states that "the need to reduce risk and to provide a safe working environment are fundamental principles of mine action management" and emphasizes the need for "developing work practices that contribute to risk reduction."[33]

Even though the title of IMAS 10.10 mentions "occupational health" there is no reference to the management of stressors or the effects, consequences, or impact of mental health on operations, only stating that "NMAA and employers […] should establish and maintain S&OH management systems."[34] To date, limited research has been conducted on organizational stressors in humanitarian work, prompting the need for future research to "develop and explore a hybrid risk assessment tool that draws from generic stress models while also including job- and context-specific stressors."[35]

Mental Health Risk Management for Mine Action

CORE RISK AREAS CONSIDERED BY RISK MANAGERS	POTENTIAL IMPACTS OF STAFF BURNOUT AND MENTAL ILLNESS ON THE ORGANIZATION
OPERATIONAL	Unwell staff are more likely to make poor decisions and less likely to achieve desired objectives. Productivity is compromised by absenteeism, presenteeism,[36] and turnover.
SAFETY, SECURITY	Unwell staff are more prone to accidents, illness, and security incidents.
FIDUCIARY	Unwell staff may underperform as stewards of financial resources. Financial losses can result from absenteeism, presenteeism, and turnover.
REPUTATIONAL	With impaired judgement, unwell staff may engage in toxic behaviors and misconduct, which could damage the organization's image and reputation.
INFORMATION	Unwell staff may mishandle or lose data, or leave an organization with no handover.
LEGAL, COMPLIANCE	If staff become unwell as a result of the work, this calls into question whether applicable laws and regulations are being followed.
ETHICAL	Harm caused by inadequate duty of care and inequality in the protection and services provided to international staff versus national staff represents organizational failure to fulfill obligations to protect staff.

Table 1. Focus areas of risk for staff burnout and mental illness.[37]

Within mine action there are many risks to consider when addressing the *duty of care* obligation: to promote mental and physical health, and avoid long-term exhaustion, burnout, injury, or illness.

The risk management framework should consider the potential impact on several core risk areas with varying degrees of severity and, based on these factors, develop criteria to monitor the ongoing management of staff mental health.

Mine action can look to other sectors in similar high-risk environments for examples of effective frameworks and approaches to managing mental health. These include the police, fire, and rescue services; paramedics; and national militaries. The police force in the United Kingdom has been reviewing their mental health services' response to demonstrate their commitment and determination to understand and address the issues affecting staff and to provide appropriate investment in the key areas they have identified: prevention, early detection of illness, and rehabilitation. Since its initial launch in 2017, the "Oscar Kilo"[38] program has grown rapidly and is now employed by police forces and fire and rescue services across the United Kingdom. Support is provided through an online platform that gives access to evidence-based research and resources that can be used to help shape well-being provision and encourage collaboration and innovation across all emergency services. The College of Policing have also developed the Blue Light Wellbeing Framework.[39] This framework presents a more holistic approach to the risk management of well-being and mental health, recognizing the role of management as well as the responsibility of individuals to manage their mental health.

Mine action also has positive examples of addressing mental health issues in the sector. Within the framework of victim assistance, there is a body of work in psychological support for the family and community. In recent years, countries such as Cambodia have looked to increase resources to support mental health in conflict-affected communities, although challenges remain.[40] Moreover, Humanity & Inclusion provide structured support in community-based MHPSS interventions, aiming to "increase collaboration and coordination among actors to reduce mental health risk factors."[41] This practice can benefit risk-management frameworks, supporting mine action staff working in affected communities.

MAG have had positive reactions to investing in dialogue and support on mental health issues within the organization.

~Darren Cormack, CEO, MAG

Looking Forward

There is a standard that individuals, managers, and agencies have to the duty of care, which is not just physical wellbeing, but also mental wellbeing. Given that so many people are experiencing mental health problems, we are clearly not meeting this standard, so what can we do to analyse, reflect and adjust to ensure we do better? ~Melissa Pitotti, CHS Alliance

Mine action strives for a world in which communities thrive, free from risks from EO. However, there is a clear need to engage in dialogue about how, in addition to supporting beneficiaries, mine action organizations can better support the mental well-being of their own staff. Indeed, while demining is an especially hazardous profession if safety and security protocols are not followed, evidence from the humanitarian sector more broadly highlights that all staff can be at risk of negative mental health outcomes.

To fulfill the duty of care to staff, it is critical that mine action organizations take steps to adopt a more consistent risk-management approach to mental health. Further work and coordination is required to this end, which can build upon lessons learned from other sectors as well as the work already carried out under the mine action pillar of victim assistance. One potential entry point would be to integrate requirements related to the mental health of staff by updating the IMAS 10.10 Safety & Occupational Health General Requirements, subject to the agreement of the IMAS Review Board. That said, it is evident that more research is required to understand the risk factors and challenges to the integration of mental health considerations into risk management frameworks.

Ultimately, the promotion of mental health in mine action will require a commitment to not only deal with adverse mental health outcomes as they arise but also to contribute to their prevention, based on the understanding that mental health, organizational culture, and people's management are closely interconnected. Furthermore, in order to be truly effective and respond to the differentiated needs of a varied workforce in culturally appropriate ways, it is vital that any future discussion and initiative on mental health that the sector engages in is undertaken through an intersectional lens. ©

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Laura Biscaglia (she/her) is a Programme Officer working on gender equality and inclusion at the GICHD. In her role, she contributes to the provision of capacity development, research, and outreach on gender equality and inclusion in mine action. Biscaglia also acts as the GICHD's focal point to the International Gender Champions. Biscaglia holds a master's degree in International Affairs with a specialization in conflict and peacebuilding from the Graduate Institute of International and Development Studies, and a bachelor's degree in Politics, Philosophy and Economics from Luiss University in Rome, Italy.

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