

Mental Health & Psychosocial interventions are essential in conflict transformation

- 1. Evidence for community interventions
- 2. Consequent range of interventions on different levels
- 3. Some examples from the field

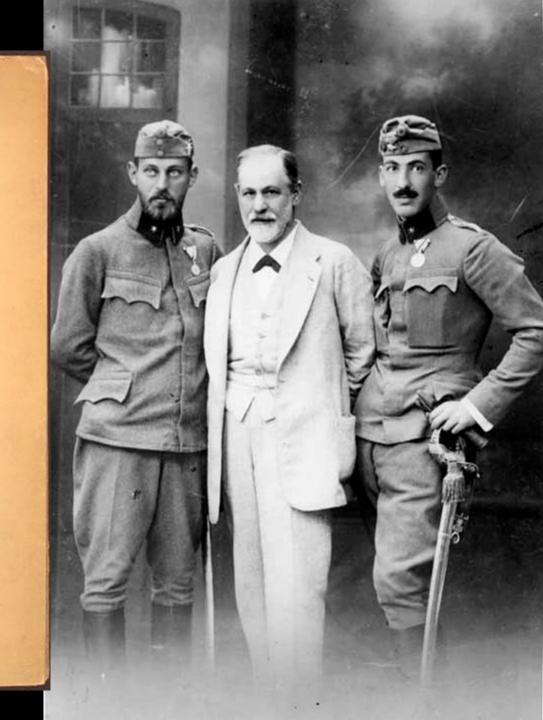
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EIN BRIEFWECHSEL

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Lifetime Events and Posttraumatic Stress Disorder in 4 Postconflict Settings

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OST OF MENTAL HEALTH research on refugees and displaced people and violence-torn populations has taken place in the West.¹ In lowincome countries, refugees and displaced people often face an uncertain future with respect to food, shelter, physical security, and human rights violations. In contrast, refugees living in the West are more likely to face problems **Context** Little is known about the impact of trauma in postconflict, low-income countries where people have survived multiple traumatic experiences.

Objective To establish the prevalence rates of and risk factors for posttraumatic stress disorder (PTSD) in 4 postconflict, low-income countries.

Design, Setting, and Participants Epidemiological survey conducted between 1997 and 1999 among survivors of war or mass violence (aged \geq 16 years) who were randomly selected from community populations in Algeria (n=653), Cambodia (n=610), Ethiopia (n=1200), and Gaza (n=585).

Main Outcome Measure Prevalence rates of PTSD, assessed using the PTSD module of the Composite International Diagnostic Interview version 2.1 and evaluated in relation to traumatic events, assessed using an adapted version of the Life Events and Social History Questionnaire.

Results The prevalence rate of assessed PTSD was 37.4% in Algeria, 28.4% in Cambodia, 15.8% in Ethiopia, and 17.8% in Gaza. Conflict-related trauma after age 12 years was the only risk factor for PTSD that was present in all 4 samples. Torture was a risk factor in all samples except Cambodia. Psychiatric history and current illness were risk factors in Cambodia (adjusted odds ratio [OR], 3.6; 95% confidence interval [CI], 2.3-5.4 and adjusted OR, 1.6; 95% CI, 1.0-2.7, respectively) and Ethiopia (adjusted OR, 3.9; 95% CI, 2.0-7.4 and adjusted OR, 1.8; 95% CI, 1.1-2.7, respectively). Poor quality of camp was associated with PTSD in Algeria (adjusted OR, 1.8; 95% CI, 1.3-2.5) and in Gaza (adjusted OR, 1.7; 95% CI, 1.1-2.8). Daily hassles were associated with PTSD in Algeria (adjusted stress, death other the presence of the presence of

Daily stressor related to conflict

Event

Daily stressors unrelated to conflict

Mental

health

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Short report

The mechanisms that associate community social capital with post-disaster mental health: A multilevel model

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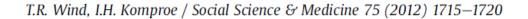
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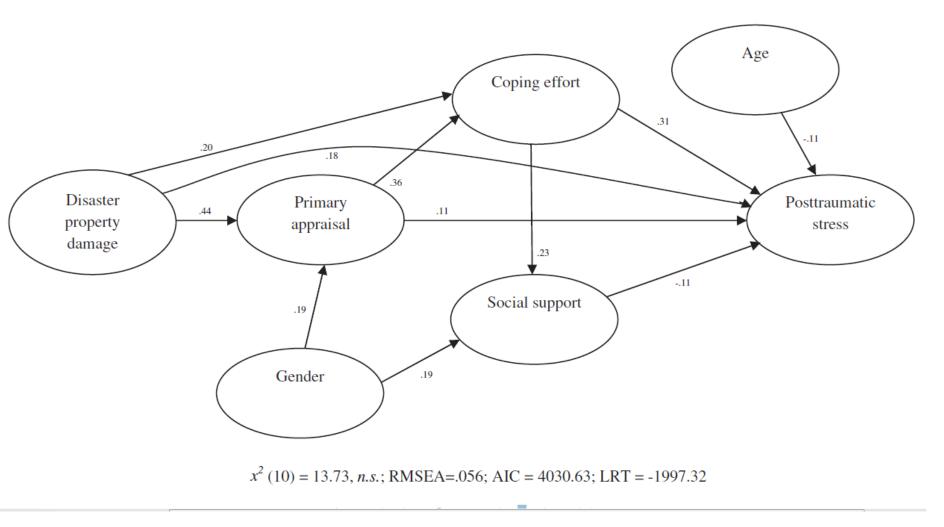
Keywords: Social capital Mental health Disaster Multilevel modeling

ABSTRACT

Many scholars have advocated that the time has come to provide empirical evidence of the mechanisms that associate community social capital with individual disaster mental health. For this purpose we conducted a study (n = 232) one year after a flood (2008) in Morpeth, a rural town in northern England. We selected posttraumatic stress as an indicator of disaster mental health. Our multilevel model shows that high community social capital is indirectly salutary for individual posttraumatic stress. In particular, in communities (defined as postcode areas) with high structural social capital, the results suggest that individuals confide in the social context (high cognitive social capital) to address disaster-related

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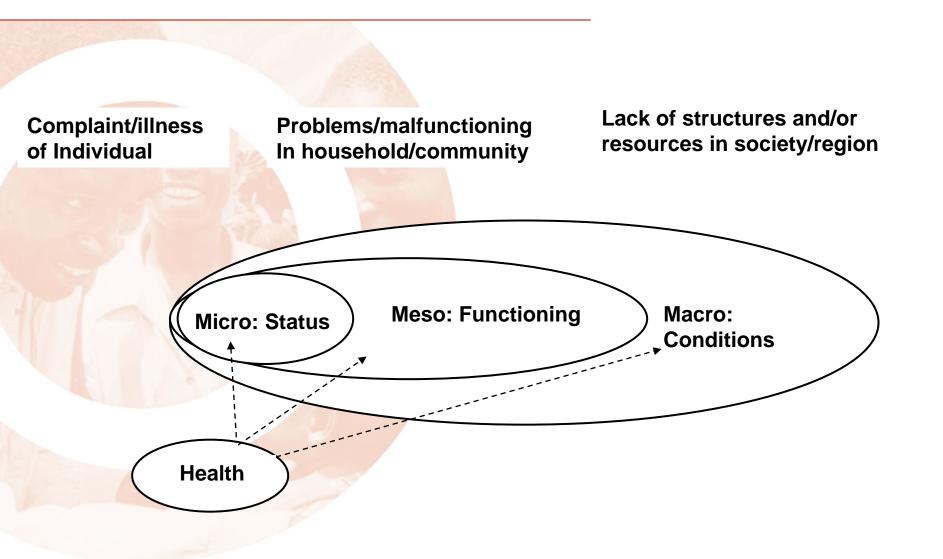




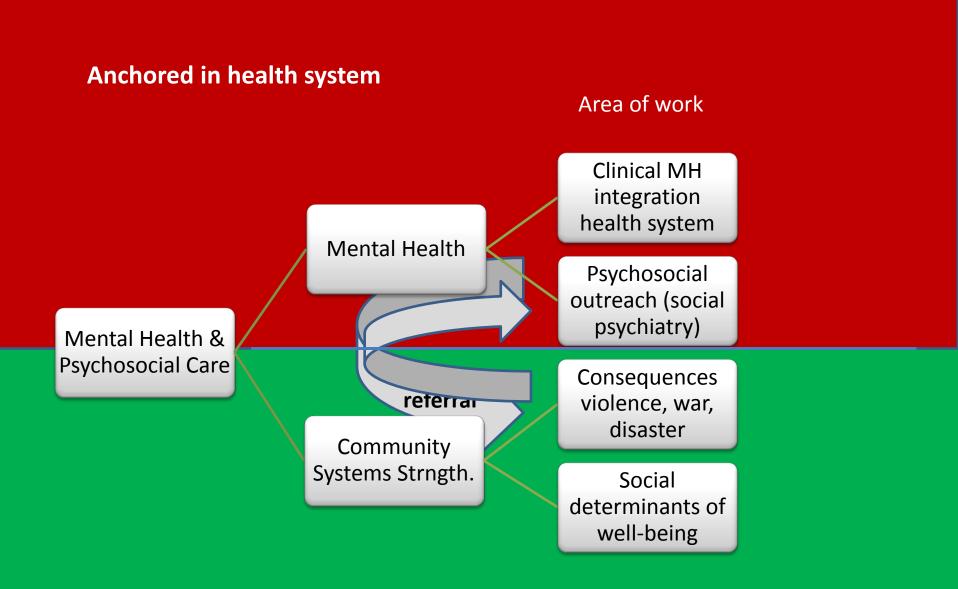
T.R. Wind, I.H. Komproe / Social Science & Medicine 75 (2012) 1715-1720



A conceptual framework

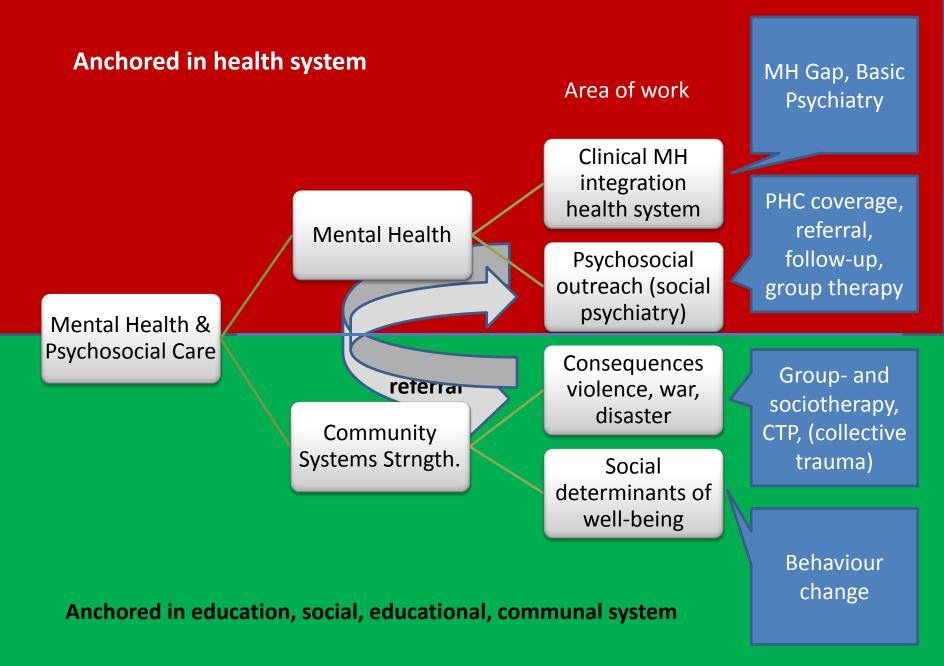


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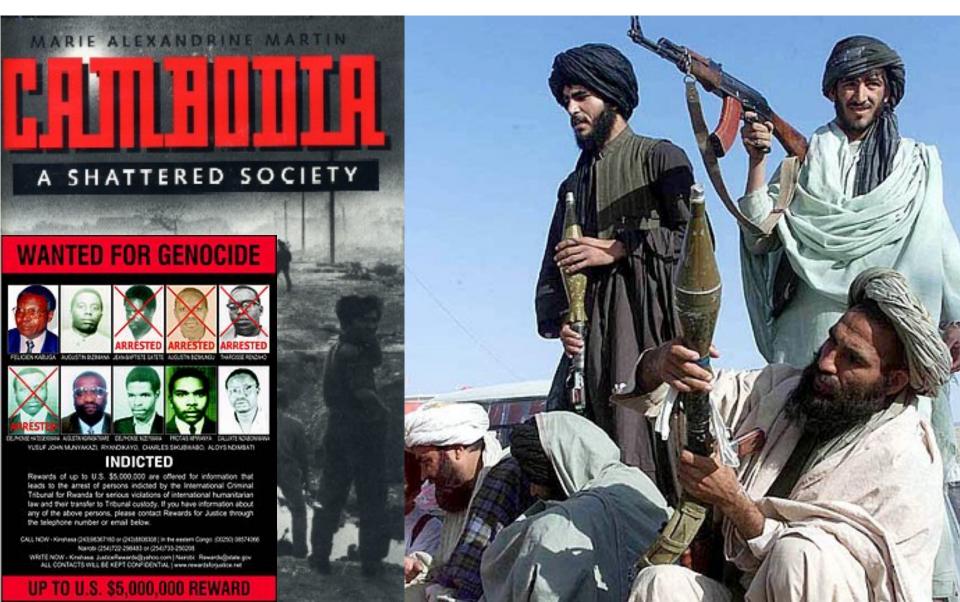


Anchored in education, social, educational, communal system

Examples of interventions



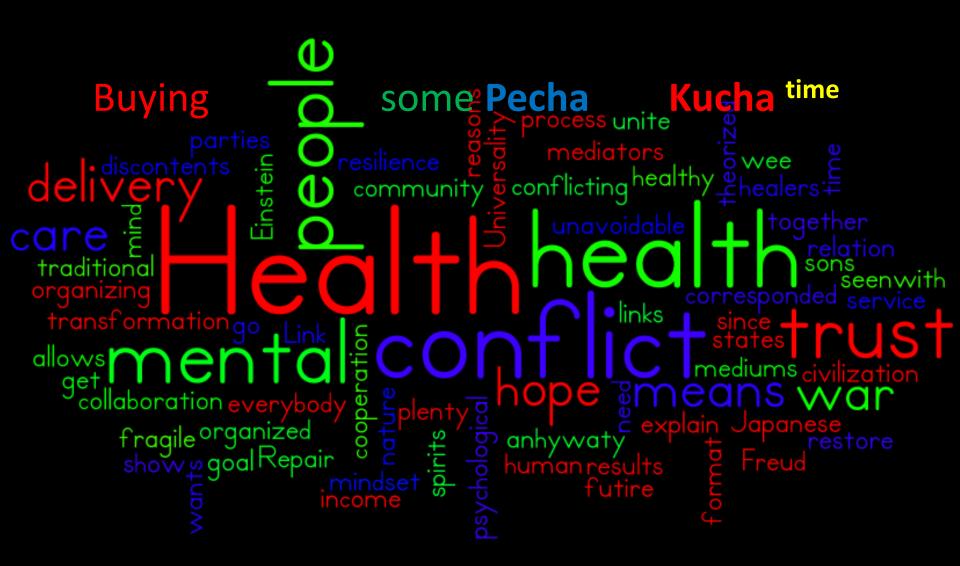
Conflict shatters societies





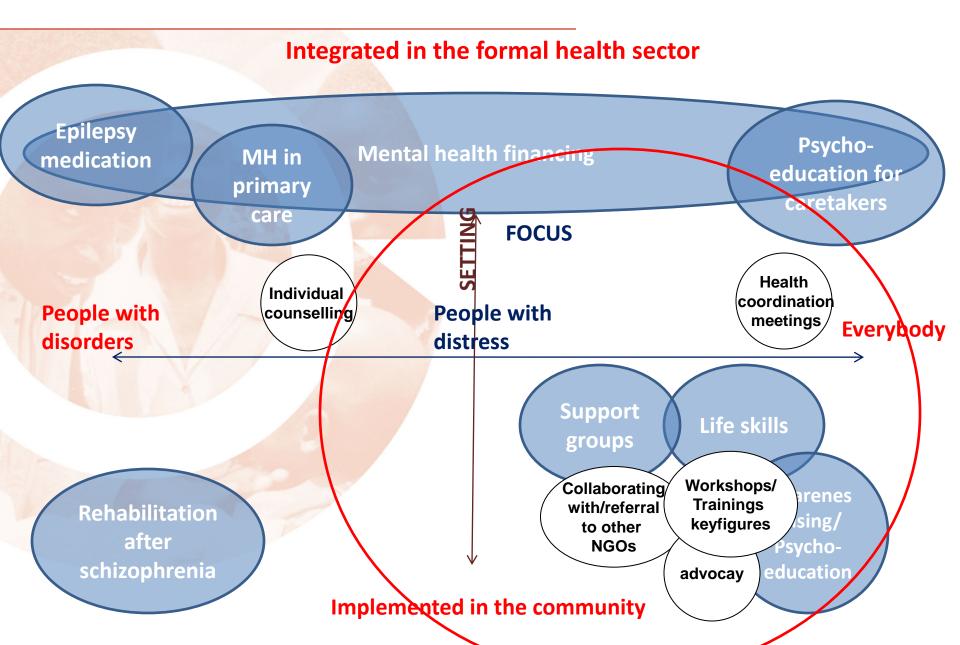
"Problem of previous mother"

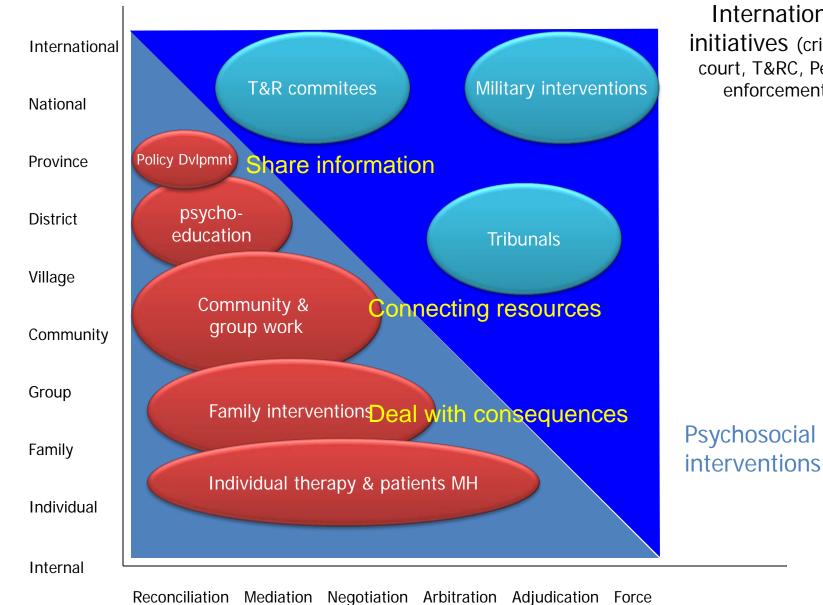






Community versus 'Health' interventions





International initiatives (criminal court, T&RC, Peace enforcement)

level of 'force'

