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

ALBERT EINSTEIN — SIGMUND FREUD

WARUM VÖLKER KRIEG?
Lifetime Events and Posttraumatic Stress Disorder in 4 Postconflict Settings

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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 ≥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 OR, 1.6; 95% CI, 1.1–2.4). Youth domestic stress, death
Event

Daily stressor related to conflict

Daily stressors unrelated to conflict

Mental health
Short report

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

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\textbf{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...
$\chi^2 (10) = 13.73$, n.s.; RMSEA = .056; AIC = 4030.63; LRT = -1997.32
A conceptual framework

Micro: Status

Meso: Functioning

Macro: Conditions

Complaint/illness of Individual

Problems/malfunctioning in household/community

Lack of structures and/or resources in society/region
Anchored in health system

Mental Health & Psychosocial Care

Mental Health

Community Systems Strength.

Clinical MH integration health system

Psychosocial outreach (social psychiatry)

Consequences violence, war, disaster

Social determinants of well-being

Anchored in education, social, educational, communal system
Examples of interventions

MH Gap, Basic Psychiatry

PHC coverage, referral, follow-up, group therapy

Group- and sociotherapy, CTP, (collective trauma)

Behaviour change

Area of work

Clinical MH integration health system

Psychosocial outreach (social psychiatry)

Consequences violence, war, disaster

Social determinants of well-being

Anchored in health system

Mental Health & Psychosocial Care

Mental Health

Community Systems Strength.

Anchored in education, social, educational, communal system
Conflict shatters societies
“Problem of previous mother”
Health

Mental conflict

Buying some Pecha Kucha time
Community versus ‘Health’ interventions

Integrated in the formal health sector

- Epilepsy medication
- MH in primary care
- Mental health financing

FOCUS

- People with distress
- Everybody

SETTIN

- Individual counselling
- Health coordination meetings

People with disorders

- Mental health financing
- Individual counselling

Implemented in the community

- Support groups
- Life skills
- Workshops/Trainings
- Advocacy
- Psycho-education
- Reflecting and resourcing
- Psycho-education for caretakers
- Collaborating with/referral to other NGOs
- Advocacy
- Workshops/Trainings

Rehabilitation after schizophrenia
Psycho-education

Reconciliation   Mediation   Negotiation   Arbitration   Adjudication   Force

International   National   Province   District   Village   Community   Group   Family   Individual

Internal level of social integration

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

Psychosocial interventions

Policy Dvlpmnt

Share information

T&R commitees

Military interventions

Tribunals

Connecting resources

Community & group work

Family interventions

Deal with consequences

Individual therapy & patients MH

level of ‘force’