

Mental health promotion in post-conflict countries

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Abstract

Meeting the mental health needs of those persons in conflict and post-conflict situations in the eastern Mediterranean region (EMR) is an important goal of the World Health Organization. Of the 22 countries in the EMR, 85% of the population has been affected by conflict in the past two decades. This has resulted in a high prevalence of mental disorder, most commonly depression, post-traumatic stress disorder and anxiety. A number of innovative, culturally sensitive interventions have been developed to meet the mental health needs of the populations. These include the use of 'focusing' in Afghanistan, the Education for Peace Programme in Lebanon, the United Nations Relief and Works Agency's work with refugees in Gaza, life skills education in Iran and the training of professionals in Afghanistan.

In post-conflict situations there are six levels of interventions needed: first, increasing resilience; second, making the family the focus for effective support; third, encouraging community solidarity and traditional methods of support; fourth, using the media in mental health promotion; fifth, the integration of mental health skills of caring for the population with general services; and sixth, focusing on long- rather than short-term measures.

INTRODUCTION

Addressing the needs of populations suffering from mental health problems as a result of conflict in the eastern Mediterranean region (EMR) is a stated goal of the World Health Organization (WHO). This is highlighted by the resolution of the World Health Assembly (2002), which urged member states 'to strengthen action to protect children from and in armed conflict',¹ and the resolution of the Executive Board of the WHO (2002), which urged, 'support for [the] implementation of programmes to repair the psychological damage of war, conflict and natural disasters'.²

The EMR is composed of 22 countries extending from Morocco in the west to Pakistan in the east. About 492 million people live in the region.³ The countries of the region have diverse historical and cultural backgrounds and varied climatic, environmental, and economic conditions. Islam is the religion of 90% of the people in the region. Arabic is spoken by 50% of the people living in 80% of the countries, and 40% of the population of the region is under 15 years of age.⁴

Of the 22 countries in the EMR, five are currently in a state of conflict. These are Afghanistan, Iraq, Palestine, Somalia and Sudan, comprising 19% of the population of the region. In the last two decades, 15 of the 22 countries have been involved in conflict situations leaving only seven that have not. This constitutes 85% of the population of the

Region.⁵

The prolonged and extensive history of suffering due to conflict in the EMR has resulted in a high prevalence of mental disorders. The most prevalent disorders in the general population are major depression (mean=64%, range=38.5%-97%), post-traumatic stress disorder (mean=43%, range=20.4%-72.8%) and anxiety (mean=58%, range=21.5%-86%).⁵ The most vulnerable groups are women,⁶⁻¹¹ children,¹²⁻¹⁹ refugees,^{13, 20, 21} those who are unable to receive treatment and those who suffer from torture and intense stress.^{11, 22}

MENTAL HEALTH PROMOTION

The high rates of mental disorders in the general population have been addressed by the professionals in a number of ways. Unfortunately for the population, the conflict situations have been associated with limited mental health services, either due to migration of professionals (e.g. Afghanistan, Iraq) or because the country had very limited mental health infrastructure (e.g. Afghanistan, Palestine, Sudan). As a result, to address the situation of massive needs and limited professional resources, many innovative approaches have been adopted to address the needs. These have ranged from training alternative professionals, use of community resources like teachers and volunteers, or empowering the population using culturally acceptable forms of coping.

In Afghanistan, Coordination for Humanitarian Assistance, a non-governmental organisation used an approach called 'focusing' to alleviate the psychological distress of its Afghan aid workers. Focusing is similar to meditation, though not as deep. It focuses on the internal and requires no disclosure. Traditionally in Afghanistan, it is shameful to openly discuss problems. Focusing allows work on painful psychological issues without creating ethical dilemmas of personal disclosures and possible breaches of trust. It also integrates Sufi imagery and poetry, and is easily associated with Islam.²³

In Lebanon, the Education for Peace Programme (jointly undertaken in 1989 by the Lebanese government and UNICEF) involved staff of voluntary organisations in providing care. These efforts benefited thousands of children and have been of immense value in relieving the psychological scars of war. The approach was not to focus on the child's emotional wounds but to re-establish a sense of normality by providing education and educational materials, and to foster an environment in which such wounds will heal naturally.²⁴

The United Nations Relief and Works Agency in Gaza started a prevention programme to respond to the needs of the refugees during the Second Intifada in May/June 2002. It involved 66 counsellors working in schools, medical centres, community centres, and in refugee camps. Activities are at the level of prevention and patients are referred to professionals in mental health when needed. A link with resources in the community has been developed. Counsellors are mainly involved in group counselling with parents, teachers, children and adolescents.²⁵

In Iran, a programme of promoting life skills education in schools has been implemented in a large number of schools. The emphasis here is not on the mental disorders but on the developing of coping skills and increased self-esteem.

The Regional Office of the EMR office of the WHO, in consultation with the country representatives for Afghanistan and the Afghan health authorities, developed a three-month training course for general medical personnel in order to improve the number of professionals available for mental health care. Ten general physicians and nurses were trained in

history-taking, diagnosis in psychiatry, major psychiatric illnesses, child psychiatry, stress and disasters, psychopharmacology, doctor-patient relationships/communication, interview techniques of supportive therapy and counseling, prevention of mental illness, research methods and evaluation, and intersectoral collaboration.²⁶ Following training these professionals have been providing care in the governorates.

CONCLUSIONS

The populations of countries in conflict situations and post-conflict situations experience high levels of psychiatric problems that necessitate mental health promotional activities to address their needs. Interventions should be presented not in disease terms but in a community-oriented approach to cover all of the population. There are six levels of interventions needed in these countries. First, there is a need to increase the resilience of populations. All the people must be given increased knowledge and skills on the handling of stressful life situations by adopting healthy life styles. This help should be available to all at the population level rather than at hospital level.

Second, as there is evidence of a higher correlation between a mother's distress and that of the child,²⁷⁻²⁹ the whole family should become the focus for effective support. Interventions must be developed to help rebuild the family by increasing communication among family members,

straightening family rituals and sharing of emotions.

Third, the community solidarity and traditional methods of support should be encouraged, as often, during times of conflicts communities become fragmented through the massive loss of life and large-scale displacement that takes place. The rebuilding of community support networks is in reality a way of promoting mental health of the population.

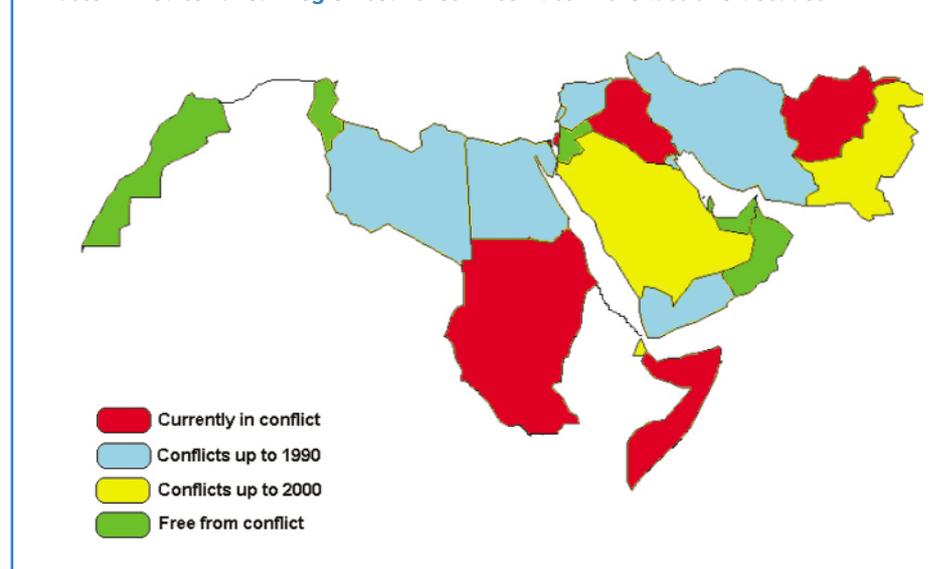
Fourth, the media can be an important positive influence in spreading the mental health promotion messages to the general population.

Fifth, mental health skills of caring for the population should be integrated with the general services, through teachers in the education system and through volunteers working in voluntary organisations.

Sixth, mass media should provide correct information to the people about where and what kinds of help are available. Further, it should not present mental illness, suicide and other psychological problems in a negative light as this will serve to increase stigma. And last, in the rebuilding of the society, there is a temptation to implement short-term measures to alleviate suffering. In each situation a long-term plan to rebuild the essential mental health services at the primary, secondary and tertiary levels should become part of rebuilding of the country. All of these are part of the initiatives in the countries of the region.

Figure 1

Eastern Mediterranean region countries in conflict in the last two decades



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