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Mental Health and Psychosocial Support in Conflict Areas: Programs Review

Психическое здоровье и психосоциальное сопровождение в конфликтных регионах: обзор программ

Abstract

The paper addresses mental and psychosocial trauma experienced by victims of violent conflicts. The qualitative study attempts to evaluate mental health and psychosocial support programs in order to assess their impact. The paper evaluates a case study of the region of Aceh in Indonesia and briefly reminds the finding of the previous study – a case of the Chechen Republic in Russia. The research has concluded that mental health and psychosocial support programs play an important role in peace building and reconciliation processes and should become a crucial part of every program of this type.

Keywords: psychosocial support, mental health, conflict, cross-cultural study, qualitative analysis, case study

Аннотация

В статье описываются особенности психической и психосоциальной травмы, которую пережили жертвы жестоких конфликтов. С помощью качественного исследования предпринимается попытка оценить существующие программы психологической поддержки и социального сопровождения с целью дальнейшего анализа их реализации. В статье рассматривается кейс на примере региона Ачех в Индонезии, который кратко сопоставляется с результатами предыдущего исследования авторов (анализ программ в Чеченской Республике, Россия). Результаты исследования подчеркивают, что психосоциальные программы по улучшению психического здоровья играют важную роль в установлении мира в регионе и в процессе реабилитации его жителей.

Ключевые слова: психосоциальное сопровождение, психическое здоровье, конфликт, кросс-культурное исследование, качественный анализ, кейс, анализ случая

Introduction

Until nowadays there has been little recognition of the mental health role in post-conflict reconstruction. Much attention has been paid to the social, legal, financial, and physical health of the conflict victims. However, the impact of mental health of the civilian population is one of the most significant among all of the possible consequences of war. Quite often communities tend to employ cultural

and religious strategies in order to fight disorders triggered by trauma. Nevertheless, without proper recognition of the mental health challenges, the people are unable to be healed.

Mental health and psychosocial problems may affect functioning in many different ways, such as depressions, feeling of separation from community/society, frustration, anxiety, neuroses, post-traumatic stress disorder (PTSD), disorientation, increased aggression, etc. These features and outcomes are widely studied and described in a number of sources.

One of such studies is the monograph by Dr. Tarabrina, who writes about different types of trauma that affects victims of conflict. The most common one being PTSD that manifests itself through different disorders. Dr. Tarabrina points that the trauma experienced by victims of violent conflicts differs from the one caused by natural disasters. The coping mechanisms vary based on the nature of emotions that trigger the trauma. In the case of natural disasters, people usually attempt to find the higher meaning of the occurred events, seek support from religious institutions and project blame on humans only in case of failed disaster response (Tarabrina, 2001).

However, when working in different settings, quite often professionals face the issues of cultural beliefs, religions, and customs, which prevent the professionals from providing the much-needed support. Dr. Jordans in his work mentions that there is a lack of knowledge and data on how to bridge the gap between successful implementation of mental health assistance programs and preserving of culture. He states that due to different prejudices quite often people consider psychotherapists as demons and any kind of mental health disorder is associated with evil spirits, demons, or higher power ordeal sent onto people in order to prove the strength of their faith.

Dr. Omar Reda and Dr. Lubit also state the importance of local perceptions towards mental health professionals and the need for the community approach. They claim that in order to provide any kind of mental health support, the

communities should be eradicated of prejudices and be accepting and open towards the idea of psychotherapy (Lubit, 2013).

Collaboration between medics would lead to a better approach and increased efficiency that is why the World Health Organization (WHO) has proposed a few guidelines for training of mental health workers (World Health Organization, 2001, 2013).

World Health Organization has adopted a resolution in 2005 that urged to «support for implementation of programs to repair the psychological damage of war, conflict and natural disasters». In 2013 WHO at the Sixty-fifth World Health Assembly has adopted Mental Health Action Plan for 17 years, which recognized the role of mental health in achieving health for all people. According to official data from the organizations 10% of the people who have experienced some kind of trauma will develop serious mental health problems, and another 10% will develop such conditions as insomnia, depression and psychosomatic problems.

Considering the identified gap in studies, we have decided to focus on the evaluation of mental health and psychosocial support programs.

To this day, the only aspect of the programs that was attempted to be evaluated was the support that is provided for individuals. The effect of individual counseling and treatment in non-conflict setting has been proven in the 20th century; however, the introduction of such programs to post-conflict societies started recently and is still lacking evidence of its success. Without a doubt the programs have helped certain individuals to cope with their trauma, yet there are no studies conducted that evaluate the impact for an entire community.

Considering the lack of research dedicated to this specific topic, we are going to focus in our paper on the impact of mental health and psychosocial support programs for those communities affected by conflict. Our hypotheses claims that mental health support programs introduced in areas post-conflict time have an impact on the healing of groups of people, such as communities, villages, cities, countries as a whole.

The Chechen Republic – Russia

In our previous paper, we evaluated the progress of mental and psychosocial support programs in the Chechen Republic (Burina & Burina, 2016). We took into consideration such aspect as availability of mental health facilities, human resources, medicines, information systems and general findings.

The Chechen Republic is a federal territory within the Russian Federation, located in the North Caucasus. From 1994 until 2000 the Republic was at war with Russia fighting for its independence. The war saw two stages: the First Chechen War (1994 to 1996) and the Second Chechen War (1999 to 2000; subsequent insurgency until 2009). In 2009 Russia ended its counter-terrorism operation and pulled out the majority of its army. "The peace building started with various humanitarian operations, some of them targeting the mental health of the citizens. Russia increased spending for the republic in order to rebuilt it and reach the pre-war status" (Idrisov, 2015).

For the evaluation we looked into the various data bases, such as the Ministry of Health of the Russian Federation and the Ministry of Health of the Chechen Republic. However, there were no official public reports found on these portals, therefore we have conducted interviews with professionals and academics working specifically in this field and in this area in order to collect the data for qualitative analysis. The interviewees included: Dr. Idrisov, Professor and Honored Doctor of the Chechen Republic, Dr. Gerard Jacobs, Director, Disaster Mental Health Institute (DMHI) and Professor of Clinical Psychology Program, University of South Dakota; Didi Bertrand-Farmer, Director of the Community Health Program for Partners in Health-Rwanda and Alice Uwingabiye, Director of Special Projects at Partners in Health-Rwanda, and Tsimbal, A.V., PhD, clinical psychologist, Saint-Petersburg State University, Russia.

Our major findings are as follows: there are not enough of available mental health facilities – one republican hospital, one mental health hospital, a psychiatric hospital, as well as a polyclinic. Psycho-neurological dispensary was opened in

Grozny City along with the Islamic health center (which conducts awareness campaigns). According to the Russian medical law, health care is free in the country, which gives the Chechen people a chance to seek any medical treatment free of charge. Moreover, there are fewer patients in clinics seeking treatment for PTSD and other disorders triggered by traumatic experience than it was ten years ago (Idrisov, 2016).

In evaluating mental health care human resources in the Chechen republic, we first need to establish what kind of professionals would be working on this problem. Mental health and psychosocial support are usually attributed to the work of psychiatrists and psychotherapists, however in Russia due to the difference in approaches, clinical psychologists of crisis and extreme situations would be the most common professionals to deal with these symptoms. Psychiatrists provide more of a medicated treatment support, when all other types of treatment have proven to be useless (Tsimbal, 2015).

Additionally, there are no such positions as social workers that would be dealing with mental health issues; they are usually working with senior population and children. Therefore, in order to assess the capacity of human resources, we are going to look at the number of psychiatrists and psychotherapists, as well as students who are currently undergoing training to become them.

To sum up, many efforts have been taken in order to ease the people into the concept, yet the progress is not significant. More people have started seeking support and treatments, which proves that it is affecting the population, yet the speed of this impact is quite slow.

Aceh – Indonesia

In the current paper we would like to evaluate the region of Aceh in Indonesia. It seems that Indonesia is so far from Russia (which is not true) and usually different professionals tend to underestimate the importance of implementing such mental health programs in this type of areas. Some stereotypes

and myths can work in people's minds in such situation. Nevertheless, this issue is of high importance as any other else.

The region of Aceh in Indonesia has been known for its insurgency starting at the end of the 19th century. First, it started off with the anti-colonial Aceh war, then movement to instill Islamic Shari'a law, an insurgency by Gerakan Aceh Merdeka (GAM) to get proceedings from oil deals, as well as strengthening of Islamic rule, and the infamous signing of the Helsinki Memorandum of Understanding in 2005 almost right after the Indian Ocean Tsunami, which has severely damaged the operational core of GAM).

A study conducted by the International Organization for Migration (IOM), Harvard Medical School and Syiah Kuala University in 2006, has shown that the province suffers greatly from conflict related trauma. There have been many studies conducted on the mental health and trauma associated with the Indian Ocean Tsunami of December 2004, however not much evidence about the trauma due to the 30-year-long violence perpetrated by GAM and the Indonesian police forces. The level of trauma recognized was comparable to that one of Bosnia of Afghanistan after the war (Davidson, 2006).

The study surveyed 596 adult civilians and concluded that 80 percent of them have lived through combat experiences, with 41 percent reporting to have lost a family member or a friend. Additionally, the citizens could not cope with the co-existence with former perpetrators, which contributed to the development of mental health disorders. The authors also mention that "these traumatized individuals can become stressors for the rest of their community and trigger further violence if left untreated".

According to the Ministry of Health of Indonesia the prevalence of mental disorders on primary care setting in 11 districts in Aceh constituted 51,1 percent in 2002. However after the signing of the Memorandum of Understanding between Gerakan Aceh Merdeka representatives and the Indonesian government, the prevalence of psychiatric symptoms was more than 70 percent. 65 percent of the

population were diagnosed with signs of depressions; 69 percent with pathological anxiety; 34 percent with PTSD.

Availability of mental health facilities

The province of Aceh suffered from decades of civil strife during the 20th century. The central government did not once attempt to develop mental health care system that would adequately represent the needs of the society. Only after the devastation of the Indian Ocean tsunami of 2004 and the signing of the Memorandum of Understanding between the Aceh Free Movement and the central government, the problem was addressed. Before that time the Aceh province only had one psychiatric hospital, which was institutional in nature, in the capital, Banda Aceh.

The WHO recommendations that were implemented by the Ministry of Health included establishing psychiatric acute care units in all district general hospitals. Such measure was necessary since people with severe symptoms could not receive any treatment in the community and required immediate medical help. Additionally, all of the locked wards at the Mental Hospital changed its status to the open ones, thus allowing less stigmatization and eliminating fear of unknown treatments. The Mental Health Hospital in Banda Aceh (Rumah Sakit Jiwa Banda Aceh) has significantly improved its conditions for the patients, changed the equipment and re-trained the personnel (World Health Organization, 2013).

Human Resources

Before the Helsinki Peace Agreement and the Indian Ocean Tsunami, Banda Aceh with its population of four million people only had five psychiatrists. Currently the Mental Health Hospital in Banda Aceh has eight psychiatrists and one neurologist on staff. However due to the nature of the conflict and the specifics of the region, a community-based approach was favored when selecting the appropriate emergency response. A local non-governmental organization, Rata,

that focuses on helping victims of violence held community meeting with representatives from international humanitarian organizations.

In 2015 World Health Organization has suggested to the Indonesian Ministry of Health a strategy for Mental Health in Aceh considering that most organizations would have left and the programs they were running would not have become sustainable. These recommendations included building a comprehensive mental health system, yet since the community approach has proven to be successful, this element became a crucial part in the new agenda. The model included nurses who were tasked with conducting home visits, ensuring delivery of medication for people who have been diagnosed with mental disorders; and at last providing support to the patients' families (World Health Organization, 2015).

Medicines

Aceh has still preserved its system of traditional healers. And even though there is no formal system that grants them authority to treat people, the traditional healers are still widely popular. The same approach is used when treating any disease or disorder – natural medicine comes first for any symptoms. These healers usually receive their training and initiation into the profession from either community members or their families (since quite often the profession is hereditary) (Judy Bass, 2008).

However mental health hospital use neuroleptics, or as they are also known anti-psychotic drugs, in treating those admitted into their facility. There is no sufficient data on the supply of the medication and whether the hospital is experiencing a shortage of any medication. The only available data is a petition to change the basic mental health care kit provided by the World Health Organization. It is known that due to the international support the Hospital in Banda Aceh has received all medications that are deemed essential when treating consequences of traumatic experiences, such as: amitriptyline, diazepam, biperden, haloperidol, and phenobarbital (for epilepsy cases only) (Medecines Sans Frontiers, 2011).

Information Systems

The data from the needs assessment conducted by the Harvard University has concluded that families constitute the most important local resource for providing care to those with mental illnesses. Since there is a shortage of medical facilities, quite often those diagnosed stay at home with their relatives, who take full care of them, that is why such stress was put on the community approach when it came to popularization of mental health services. Obviously, as in any other traditional society, the question of stigma contributes the most to the hindering of mental health care situation development.

Additionally, the International Organization established mobile medical teams for Migration in Aceh. The goal of this initiative was to conduct mental health outreach on the district level: immediate health services; family-based education and support for understanding and treating mental illness. The idea behind it was to bridge the gap between the population who perceives mental health issues through stigmatization, and the newly trained community health nurses. Both actors needed to establish a good rapport in order to make the program sustainable (Grayman, 2009).

Educational training sessions were conducted in order to raise awareness about possible problems associated with undergoing through a traumatic experience with personnel selected to become nurses.

A study has been conducted on dreams that the Acehnese see during their sleep. Interestingly enough, there is no word “nightmare” in the Indonesian language, which may tell us that the whole concept of having a nightmare is something extremely rare and uncommon. Yet many victims have stated that they cannot sleep due to “scary dreams” (Dharmono, 2005).

Findings

The end result of the implemented changes by the Ministry of Health, the Acehnese government and collaboration with various international humanitarian organizations saw its reflections in the improvement of the mental health care

system. At the graduation of the program all of the mental health services have become available at the primary care level; 13 districts (out of 23) allocated special funds to the mental health budgets; three other districts started offering secondary care by providing short-term hospitalization for acute exacerbations of symptoms, as well as outpatient services, which means that every area of the region became capable of delivering mental health services.

In 2010 the province of Aceh has included mental health in its Provincial Regulation on Health, which served as a demonstration of the region's commitment to improving the psychosocial support services. To this day Aceh is viewed by the central government as forefront runner and model in improving mental health services.

The programs in Aceh can be characterized in a few different ways: they varied in the nature of services – from training of medical personnel to providing direct services such as recreational activities or paly ground for children. A big undertaking was conducted by a few non-governmental organizations in including the community into the healing process; some government offices worked on allocating larger funds to the problem and coordinating with international agencies the better solution to the mental health services. However, despite of all of these efforts, most of them have been undocumented and with just a few exceptions never formally evaluated. Such neglect in monitoring and evaluation of programs makes it almost impossible to conclude which aspects were the most efficient and what should be deemed as the best approach.

Challenges

Mental health programs are often associated with stigma (a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses) associated with recognizing mental health problems. It is commonly accepted that when a person receives any kind of injury, he or she should seek immediate treatment. An act of doing so is not

considered a display of weak character, however when the same approach is chosen for mental health problems the situation is different (Murthy & Lakshminarayana, 2006).

The perception of mental health care varies from region to region. In a study conducted by Dr. Gureje, it became evident that in most parts of the African continent people's attitudes towards mental illness are still strongly influenced by traditional beliefs in supernatural causes and remedies, which lead to stigmatization of mentally ill persons and to reluctance or delay in seeking appropriate care (Gureje & Alem, 2000).

Due to these challenges and often lack of government's initiatives aimed at establishing or improving mental health care, people are left with almost no support. Rwinkwavu Partners in Health hospital, Rwanda: it was explicaly mentioned that no psychiatrist was kept on stuff and that the country did not have a capacity to treat any mental disabilities. Considering that Rwanda has recently suffered full scale genocide, psychological and psychiatric help is crucial for rebuilding the country. Yet, due to stigma no investments have been made in these spheres.

Analogous situation can be found in the United States. Only 20% of adults with a diagnosable mental disorder or with a self-reported mental health condition sees a mental health provider due to stigma. Stigma against mental health care is universal, it varies in levels depending on a few factors, such as traditional society beliefs systems; religion; advocacy campaign, etc. Therefore we can conclude that in order to develop psychosocial support a world-wide campaign needs to be initiated that would aim at the destigmation of these concepts. If such endeavor becomes successful, it would contribute to bringing mental health care in peace-building on another level. However, even with stigma in place there are many factors that constitute mental well-being.

Recommendations

After a thorough analysis of two case studies (the Chechen Republic and the Aceh province), both of which have suffered long-going conflicts and have recently ended in the signing of peace treaties, we can conclude that the importance of mental health and psychosocial support problems is underrepresented. Therefore in order to improve the current situation with these programs a multilateral approach is necessary.

First, we have witnessed that a community approach is often favored since it is the community that needs to undergo the healing process. However we believe that the initiative should be coming from a top-down approach. If the central and regional governments recognize the importance of such programs, negotiate with international organizations for additional support, organize training for mental health professionals, then there is a higher chance of a fast recovery of a society from post-traumatic condition.

Second, the awareness and de-stigmatization campaign should be recognized at the highest level possible. We have mentioned above that social stigma of mental health hinders the progress: people are afraid to acknowledge that they might be experiencing some symptoms of PTSD, they are hesitant to seek a proper treatment, which causes the symptoms to aggravate and lead to escalated tensions within the community. If addressed at the early stages of traumatic experience, the condition can be treated which will prevent the possible disrupt.

Third, some countries have failed to legally recognize the need for mental health and therefore allocate any financial means in their budget to this question. Mental health should be written into the national health care plan; only such higher representation will ensure the adequate reactionary actions.

We believe that the importance of mental health and psychosocial support programs and their role in peace building and reconciliation needs to be recognized on the highest-level possible. Currently, there are only guidelines provided by the Inter-Agency Standing Committee and the World Health Organization. Many aid

companies work on these issues as well, however without the universal and binding recognition of the issue, no further step can be taken.

Currently, international community's priority in any crisis situation, whether a natural disaster or a man-made one, is containment and physical health of the victims. If mental health were to be included, it would ensure fast responses to the problem and therefore would eliminate the fact of built-up tensions that tear the communities apart.

Conclusion

The social condition addressed in this paper is the mental and psychosocial trauma experienced by victims of violent conflict. We have evaluated the impact of mental health programs on the healing of the communities affected by conflict. The study has shown that mental health programs implemented in areas that have recently achieved peace aids in decreasing the general level of violence by de-escalating inner tensions and protracted built-up anger among victims and perpetrators.

We have conducted quantitative and qualitative data analysis by comparing the availability of mental health facilities, human resources, medicines, and advocacy campaigns before, during, and after the conflict. The evaluation has shown the following aspects:

1) Programs tend to be centered on the community approach in order to address the tensions among those who fought against each other during the conflict. Such development has proved its efficiency yet it could only be successful when there are enough skilled personnel that can run these sessions.

2) Traumatized individuals can become stressors for the rest of the community and trigger further violence if left untreated.

3) The reserved use of community approach leaves the issue of mental health to the district level and without the proper support of the central government no

successful awareness is possible. Even when the programs tend to be deriving from the ground level, state and international support is crucial.

4) Many implemented programs have not been properly documented and only a few of them have been evaluated. Without understanding what part of the program was a failure, no analysis for future projects is possible.

5) Medicinal treatment of PTSD is considered to be the last reserve when the patient is unable or unwilling to go through all other therapeutic measures.

6) Legal recognition of the need for mental health and psychosocial support is necessary for proper financing and implementation.

7) Stigmatization has proven to be the biggest factor in hindering the process of community healing: due to the wrong concept of what "mental health" entails, citizens shame each other into abstaining from such needed help, which in return leads to the aggravation of symptoms.

8) We have not conducted the correlation between different cultures and stigma against mental health, yet the qualitative analysis has shown no dependence between specific culture and stigma. The only inter-dependence is stigma and traditional societies, which have been living in isolation from the Western culture.

To sum up, the research has concluded that mental health and psychosocial support programs play an important role in peace building and reconciliation processes and should become a crucial part of each such program.

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