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Contents

From the Editor

In trainings and workshops we often use the term *'bio-psycho-social'*, to indicate that the medical–biological components, the socio-cultural elements and the psychological elements should all be given appropriate consideration when looking for *'causes'* as well as in developing *'treatments'*. This issue of *Intervention* reflects this principle by a variety of articles from different angles: medical, social and psychotherapeutic.

In areas of armed conflict, serious mental illness tends to be overlooked. While the occurrence of serious mental illness may be small in number, it is significant due to the vulnerability and related suffering of the patients and their families. In *Intervention* relatively few articles have been dedicated to the development of medical–psychiatric services for severely mentally ill people in post conflict societies. The article of *Byaruhanga, Cantor-Graae, Maling & Kabakyenga* on this issue is therefore a welcome contribution. The authors describe how they set up an outreach programme in an area of Uganda that had been severely affected by the successive waves of violence in the past. The article

shows that integration of mental health into basic health care is *'doable'*: it needs commitment, sufficiently trained human resources, a proper supply of medication and a functioning system of supervision. When the right conditions are in place the integration of mental health into primary health care remains a viable option to increase access to mental health services to otherwise severely under served populations. This is an idea whose time has come as, in October 2008, a new landmark report on 'Integrating Mental Health into Primary Health Care' with 11 case examples of successful attempts to integrate mental health into primary health care will be published by WHO/Wonca.

Societies in Africa and Asia are often characterized as *'sociocentric'* as opposed to the more *'egocentric'* societies of the west. In Africa, the extended family and the local community have important roles in the formation of identity and self, and in assisting individuals to recover from adversities. It is interesting to note that the few successful trials with group psychotherapy in Africa are focused on interpersonal aspects rather than the more individual, cognitive focus of cognitive–behavioural therapy. *Richters, Dekkers & Scholte* describe in their article how they developed a group therapy that is based on the therapeutic potential of the social environment. The approach is not new, having been developed in Europe decades ago, and it is no longer very fashionable. However, their article shows how this approach fits logically into the sociocentric context of Rwanda. In this trial the community is used as a healing force for alleviating the suffering of the individual and to help repair the damaged social fabric of a society that has been severely affected by social violence.

In the article by *van der Veer*, he describes the search to develop contextually relevant knowledge of mental health and psychosocial interventions. How can it be ensured that trained field workers learn useful skills that they truly 'own'? This is a common challenge for Western experts who offer training courses for psychosocial staff in other cultures and settings that are very different from those in the West. Another contribution in this issue, by *Haans,* explores how clinical supervision of field staff by expatriate 'experts' can be useful. The author argues that the cultural differences between the supervisor and the supervised staff constitute a challenge but create opportunities as well. The cultural distance between the supervisor and the group can contribute to increasing the supervisee's awareness of cultural phenomena in counselling.

Sonpar, in her exploratory study among ex-combatants in Indian administered Jammu and Kashmir areas, chose to look at the often overlooked potential beneficial effects of personal experience of armed struggle to the society. She argues that the personal characteristics and intimate experience of violence potentially makes the ex-combatants a valuable and under utilized resource in the rebuilding of the society.

In a theoretical contribution, *McCallin* makes a plea for the use of a human rights based framework for developing psychosocial interventions for children. She compares a conventional *'needs based'* approach with a *'rights based'* approach derived from the Convention on the Rights of the Child.

Two field reports in this issue are both from Africa's Great Lake Area. *Baingana*, herself a Ugandan psychiatrist, shares her observations of a regional conference on mental health and poverty reduction that was held in January 2008 in the Burundian capital Bujumbura.

Ntakarutimana, a Burundian pastor, shares the experiences of the *Centre Ubuntu* that

he has established in his war-stricken country. The word '*ubuntu*' signifies kindness and humanity, and is used commonly in the Bantu speaking areas of Africa. His field report describes how the Centre Ubuntu tries to implement the principles of '*ubuntu*' into practical interventions focused on peace and social reconstruction.

Peter Ventevogel

A new Editor in Chief for *Intervention*

Guus van der Veer, who was the founder of *Intervention*, has retired as the editor in chief. However, he will continue to contribute behind the scenes as a member of the editorial board.

van der Veer has worked for decades with refugees and asylum seekers in the Netherlands and with populations affected by violence in many different settings in Asia, Latin America, Africa and Europe. His work has served as a reference for many and has been instrumental in setting the standards for good clinical practice with survivors of war and violence. We hope and trust that we will continue to hear his voice through the pages of this journal.

Peter Ventevogel, has been named the new *Editor in Chief*. He is a Dutch psychiatrist and a medical anthropologist. He has worked in several post conflict settings such as Afghanistan, Burundi, Democratic Republic of Congo, and Southern Sudan. His main areas of expertise are integration of mental health into primary care, mental health care policy, training of health workers and indigenous conceptions of mental and psychosocial problems. In addition to his work for *Intervention,* Ventevogel is also the technical advisor for mental health for the non governmental organization Healthnet TPO in Amsterdam, and a regular consultant on mental health issues for the World Health Organization.