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From the editor

In this first volume of 2015 we are proud to present a *Special Section* reserved for the Ebola disaster. One does not need much imagination to understand the immense distress of patients, family and community members, (traditional) health workers and all people within affected areas. That mental health and psychosocial support (MHPSS) needs to be addressed is beyond any doubt. Therefore, in order to start building and exchanging knowledge on how to implement MHPSS with the specific context of the Ebola Virus Disease (EVD), we invited six professionals to contribute a field report or a personal reflection on their work in Ebola affected areas in Liberia and Sierra Leone. All six (*Eliza Cheung, Janice Cooper, Ferdinand Garoff, Teresa Gonzalez, Peter Hughes and Elín Jónasdóttir*) worked, or still work, in Liberia or Sierra Leone on MHPSS. Although they were all overloaded and/or affected themselves, they all recognised the importance of sharing their experiences. By sharing with us what has been done, what is missing or needs to be strengthened, their contributions can help us to shape MHPSS interventions more effectively in future. In the introduction to this *Special Section* I will go into the subject in more detail.

As well as the *Special Section*, this issue of the journal also contains four interesting articles that address other elements of our work. *Eliana Barrios Suarez & Wilfrid Laurier* conducted research on the resilience of Quechua women in the aftermath of the Peruvian armed conflict. Their research shows that reduction of gender inequalities and social politics that revitalise civic society are crucial to enhance women's resilience in post war zones. Aspects that contribute to resilience include fostering participation of women in civic society organisations, as well as addressing the social exclusion and structural violence affecting their lives. They stress that it is essential to be aware of resilience strategies already used by women.

The contribution of *Tim Cunningham* contains an novel concept. He proposes to measure

chronic stress through hair cortisol measurement, within humanitarian settings. He argues that we need better tools to both assess chronic stress in situations of extended displacement, as well as methods to evaluate the impact of psychosocial interventions in such settings. Increments of hair cortisol can be a measure of long-term suffering and stress, and might give a better understanding of the nature of chronic stress. Although putting this idea into practice has troubling ethical and evidence elements, as well as will require further research on efficacy, I believe that we have to approach new ideas seriously and with an open mind.

Paul O'Callaghan, John McMullen, Ciarán Shannon & Harry Rafferty compared trauma focused and non trauma focused interventions with 50 war affected, young Congolese people. Although it is a preliminary randomised trial, the findings are very interesting. After a six month follow-up, both treatments showed reductions in psychological distress in war affected youth. Further research is needed, but these finding could eventually have a huge impact on the design of interventions.

In our previous, extra issue *New Frontiers*, I asked you for reader's opinions, ideas, suggestions, practices and models that can bridge the credibility gap in global mental health as described by Vikram Patel. Patel stated that the world of global mental health is too *'supply driven'* and we are still failing to *'meet'* the suffering. I am very happy that *Anica Mikuš Kos* took up this invitation to respond. In her *Letter to the editor*, her key question is how to translate and implement the ideas presented in *New Frontiers*, into practice? She describes the difficulties in the field with donors and offers some interesting suggestions. I hope that you, as our readers, will continue to take up the invitation and continue this debate as a *'connecting thread'* in upcoming issues.

Marian Tankink
Editor-in-chief