

From the editor: a plea for a more holistic and broader view

Coming from an anthropological background, I see the world within larger visions and contexts, and place a high value on the importance of including local views and culturally specific understandings within any humanitarian programming. I believe these values need to be applied more often throughout the field of mental health and psychosocial support (MHPSS). Happily, this vision is also shared by many others involved in MHPSS, beyond the field of anthropology.

Nowhere has this been made more clear than the situation in and around Syria, where the ongoing conflict dramatically highlights the fragile position of refugees and the urgent need not to programme *for* them, but to include their views, and by doing so, give them back some of the agency they have so dramatically lost as a result the conflict.

In Europe, countries are showing an unfortunate lack of compassion and humanity for this horrifying and heart-breaking situation. However, we must to remember that the majority of the refugees stay in the region; 6.5 million people are internally displaced within Syria, and more that 3 million refugees have fled to neighbouring countries, often forced to live in terrible conditions. The absorption of so many refugees is an enormous challenge for these neighbouring countries, with implications for the support systems available, and for the stability of the entire region.

That these refugees are in urgent need of mental health and psychosocial support is not news, but how can they best be supported? This broader, anthropological and inclusive view is highlighted in the article by *Karen Boswall & Ruba Al Akash*, proving that anthropological research can provide essential information for designing or implementing new programmes. They studied

the experiences, and emotions, of women and adolescent girls living in the ongoing and uncertain displacement along the Jordan border. They show the different levels of problems, vulnerability and isolation of these women, some of which stem from the cultural codes and practices that are so important to them. Their touching study, which is accompanied by short videos of some of the women (see the link in their article), show that due to their cultural backgrounds, many of these women are unable to develop effective coping mechanisms for the situation in which they are now living. This essential knowledge, of the clashes of the culture they are comfortable with and the reality of refugee life, urgently needs to be taken into account by policy makers and programme designers. Especially, they will be essential for success of any programmes offered to these women and girls.

This need to include local views is also highlighted in the article, of our previous Editor-in-chief, *Peter Ventevogel*. He shows the importance of cultural knowledge for effective mental healthcare. His article is set in Burundi, where he conducted qualitative research on the impact of the war (1993–2002) on the lives and wellbeing of the population. He shows that mental health and psychosocial wellbeing are closely connected with the reconstruction, and places it within the Burundian societal context, through an exploration of local expressions and idioms. The economic, social and psychological aspects cannot be separated from the mental health sectors, and therefore, any mental health approach should go beyond *the individual with a problem*. The local views show what is at stake for the Burundian people and the connection to mental health and wellbeing.

While the main focus of the article by *Sarah Meyer & Mary-Beth Morand* may be different,

it highlights the existing under engagement with MHPPS services for refugees, and reflects on the findings of a review of UNHCR's current engagement with mental health and psychosocial support for refugees. Again, the need for MHPSS services is clear, and the authors plead for providing training on MHPSS, not only for health workers, but also for their non MHPSS staff members, including: registration clerks, education programme managers, water and sanitation engineers, community outreach workers and urban planners in order to improve the identification of people in need. They state that continuous investment in research and evaluation will be required to enable staff of humanitarian agencies. The UNHCR has taken considerable steps, but this review is also a useful reminder for many humanitarian agencies working in the field, as the number of displaced people grow so do the aspects of MHPSS that go along with displacement.

On a different topic, but one that returns regularly to these pages, *Rupinder Legha, Eddy Eustache, Tatiana Therosome, Kate Boyd, Fils-Aime Reginald, Gertruna Hilaire, Shin Daimyo, Gregory Jerome, Helen Verdeli & Giuseppe Raviola* describe capacity building for mental health and psychosocial services within primary health care services in Haiti. They emphasise taskshifting clinical, service delivery, systems building and quality improvement responsibilities to psychologists, the central players in their mental health model. It is an interesting paper that shows the translation of a fundamental theory in global mental health into daily practice, within a health care setting with limited biomedical services, clinical training and human resources, and the difficulties they came across in implementation. They used the 'depression care pathway', an approach that centred heavily on psychologists within a clinic setting, and added to this individual approach attention for the families and communities. It is interesting that their intensive supervision approach not only paid

attention to the therapeutic aspects, but also to file keeping, reporting and time management. It highlights, once again, that training without supervision is simply not sustainable.

An unusual topic for *Intervention*, but one that might be more included in the future, may be found in the paper by *Lina Darras & Roza van der Heide*, which describes the intersection between legal aid and training and psychosocial approaches. There are often large gaps between providing information on legal rights and the actual use of that information in (refugee) women's daily lives in Jordan. Knowledge gained from practical experience also shows that only providing information on legal rights is not enough to actually encourage women to take steps to claim their rights. Furthermore, they show that it is possible that just providing information can have a negative effect, as many women can feel disempowered when they know their rights, but face too many barriers to claim them. While the topic is unusual, this is a clear example of the importance of interventions being designed with the knowledge of local, cultural ideas and practices, as well as social roles and what is at stake for the people addressed. If these aspects are not addressed, these interventions may cause, unintended, harm. In this intervention, clinical psychologists and legal aid providers developed a joint psychosocial legal awareness training sessions in order to empower women through culturally sensitive assertiveness skills training, so they could make better practical use of legal rights information. The authors describe two training methods and share the first ideas on their effectiveness, as well as provide some recommendations.

The personal reflection by *Charlotte V. Reed* describes what she has learned during a year of fieldwork with female (former) child soldiers in reintegration programmes in Colombia. It highlights, once again, the importance of the mental shift from victim to survivor for successful reintegration.

Although this has been highlighted many times within the journal pages, I wonder how often this psychological aspect is taken into account in reintegration programmes on a global scale. This issue ends with a book review by *Myanca Rodrigues & Athena Madan* on *Global Member Care: Crossing Sectors for Serving Humanity*, a book that might fit with our theme of being broader and more inclusive.

Finally, I would like to draw your attention to our call for papers for a *Special Section* planned for next year on *Mainstreaming psychosocial approaches and principles into 'other' sectors*. I am convinced that it is very important to explore and to maximise the

impact of MHPSS in 'other sectors' than only common health and community services/protection. Sectors in the area of water, sanitation and hygiene (WASH), food security, formal and non-formal education, legal aid, shelter or camp management. MHPSS should be cross cutting and integrated into those areas. Please share your ideas, research and practices so we can contribute to the integration of the MHPSS lens and mainstream the basic principles and insights from MHPSS into a wide variety of sectors.

Marian Tankink
Editor-in-chief

Announcement

'Culture, Context and the Mental Health and Psychosocial Wellbeing of Syrians: a review for mental health and psychosocial support staff working with Syrians affected by the armed conflict'

This technical document synthesises information about the sociocultural background of the Syrian population, as well as cultural aspects that impact mental health and psychosocial wellbeing relevant to care and support. It is based on an extensive review of available literature on mental health and psychosocial support (MHPSS), within the context of the current armed conflict in Syria.

It is primarily meant to inform mental health and psychosocial support (MHPSS) staff, such as psychologists, psychosocial counsellors, social workers, psychiatrists, psychiatric nurses, and others who are involved providing individual or group counselling, psychotherapy and/or psychiatric treatment to Syrians and Syrian refugees. Other humanitarian professionals, such as general health providers working with Syrians or staff involved in public health, community based protection, community mobilisation, child protection and/or sexual and gender based violence (SGBV), may also find this document useful.

The huge task of this review was commissioned by UNHCR. It has been drafted by a large group of authors, led by Ghayda Hassan (University of Quebec, Canada), Laurence J. Kirmayer (McGill University, Canada) and Peter Ventevogel (UNHCR, Switzerland), and has been extensively peer reviewed by dozens of experts.

<http://mhps.net/resource/culture-context-and-the-mental-health-and-psychosocial-wellbeing-of-syrians-2/>