From the editor: advocating for humanity
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One of the golden rules in our field of work is that health workers should remain neutral. It is not only the manner in which we can work in conflict or disaster environments, it is also for our own safety. Yet, at the same time, we are also the people who see first hand the effects of policies and strategies on people's health and wellbeing. How can we use this information in the political arena and remain neutral? What is the role of mental health workers, seeing that political strategies and policies only address abstract figures, numbers and sentiments, forgetting or avoiding the reality of impacted individuals, indeed humankind? Isn't it our duty to advocate strongly in favour of a humane approach by policy makers and politicians? The contribution in our *Current affairs* section by *Schininá* addresses this very topic. His paper is a personal, philosophical reflection of *'the objectification and abjectification of migrants'*, which occurs mainly through the narrative of western politicians. Refugees and migrants are considered a risk to the population that need to be reduced, or even better, a risk that need to be removed. In framing the *'refugee problem'* in this way, migrants and refugees become objects that need to be excluded, instead of human beings with needs to be addressed. Schininá states that the psychosocial worker has a special role in this field of influence and, therefore, advocating for humanity has become an essential part of our work.

Articles

The articles in this issue are very diverse and shows the breadth of our work. *Cunningham, Rosenthal & Catallozzi*, examine how expatriate healthcare providers used narrative methods to process their experiences of working with Ebola patients. They had key informant interviews and examined associated media and blog posts. They show that narrative methods are very helpful within this process, including the therapeutic effects of writing and public speaking, as well as the therapeutic value of sharing narrative practices with other colleagues. They suggest that narrative medical practices may diminish negative elements related to secondary traumatic stress.

The article by *Verreault* describes the role of Dance/Movement therapy (DMT) for traumatised refugee women. It is a small qualitative study that shows the important contribution of this nonverbal type of therapy. It helps the participants to feel relief, to connect to each other and, perhaps most importantly, create and exist in a safe space to express themselves. Although research on DMT for traumatised people is scarce, I am convinced that in the field of mental health and psychosocial support (MHPSS), we should take the bodily approaches very seriously and as a complement to verbal approaches.

A completely different part in the field of MHPSS is the contribution of *Smith et al.* that explores a continuing development *Intervention* has been following for quite some time. They describe the integration of mental health care into primary care in Rwanda. They followed the model based on World Health Organization guidelines used for the HIV/AIDS treatment and incorporated mental health care within existing health centres. Nurses were trained and supported, guided and supervised by mentors. They describe the strength and challenges of this

approach, that can be a model for other countries as well.

Field report

The field report by *Eltayeb, Sliep & Muneghina* is a case study from Sudan; a description of an intervention in Sudan to bridge the gap in mental health psychosocial support services by setting up a community based, nongovernmental, trauma mental health centre that provides free mental health service, in addition to mental health professional capacity building. This paper shows the process from individual to collective healing. It offers a guide to address both difficulties and opportunities in providing mental health and psychosocial support in a country torn by war and political embargo. They offer an ethnic, gender and politically sensitive approach in introducing psychosocial support and specialised trauma services.

Personal reflection

Verloop describes, in her *Personal reflection*, why many of her clients in a training centre in Bukavu, DRC show an attitude of helplessness. The students she works with show extreme stress and loss of hope, together with a struggle to survive. Loss of hope and control over their lives are the most often heard complaints among these students. She shows that the feeling of helplessness is a result of structural violence and culture, and that resilience enhancing interventions are promising programmes for her students in Bukavu to regain controllability over their daily life and hope for the future.

In fact, this sense of loss of hope and control may also be seen as a direct result of the objectification and abjectification that our first article explored so eloquently.

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