

From the editor: aftermath

In the language of mental health and psychosocial support, the word *'aftermath'* usually denotes the lasting human and community impacts that linger long after the war, armed conflict, torture or natural disaster emergency has ended. In this issue of *Intervention*, most of the articles deal, very differently, with the aftermath of an emergency or conflict. However, there are three important exceptions, including where the emergency is ongoing, yet the interventions have already begun with all of the complications of working within an emergency or conflict area.

The issue opens with an article that highlights one of the most damaging side-effects of large scale mobilisation after a disaster; when all the nongovernmental organisations pack up and leave. It is quite common post disaster that most humanitarian organisations and external professionals working in mental health care and psychosocial support withdraw after a short, predetermined period. The damage occurs when they have not embedded the support into community and public organisations, nor mental health care policies. The risk is that the structures built-up to support people in need will often collapse, or any potential positive results will fade away.

After the earthquake in Peru in 2007, public institutions did not acknowledge the populations' needs in the aftermath of the disaster and no democratic spaces for participation remained. *Miryam Rivera-Holguín Tesania Velazquez & Roxana Morote* state in their contribution that in the aftermath of the disaster, social unrest and clashes between public institutions and civil organisations continued. As a response, and with the potential impact of further damage in mind, the contribution of Rivera-Holguín et al. is a good example of a well thought-out activity to increase leadership and

community participation in a way that external professionals could withdraw and *not* negatively impact the community: *'a post disaster capacity building model in Peru'*. This particular model is grounded in the recognition of local capacities, and putting collective action into practice.

Although the contribution of *Brian Guthrie* also focusses on the aftermath, post disaster, it is the only similarity. Guthrie describes *'Single Session Therapy as a framework for post disaster practice in low and middle income countries'* The article is a continuation of an article on Single Session Therapy (SST) by Karen Elizabeth Paul & Mark van Ommeren (*Intervention 11(1)*), which sparked quite a debate in the journal. SST is an individual therapeutic approach that can be utilised when access to follow-up and treatment for mental health issues may be not possible. The article is a case study of a SST with a woman who suffered tremendous loss in the earthquake in Haiti, having lost all of her children. It would be interesting to follow-up in order to discover what was the longer term aftermath of this single therapy session.

Asma Humayun, Nadia Azad, Israr ul Haq, Faisal Rashid Khan, Ambreen Ahmad & Rai Khalid Farooq describe a mental health and psychosocial support project for internally displaced persons in Bannu, Pakistan who are living with the long-term aftermath of displacement. Additionally, they are still living within a conflict zone, which meant that the intervention took place under the agreement of the army, and in an area still deemed to be *'dangerous'*. Volunteer mental health professionals together with government and nongovernmental organisations, visited the refugee camps on a monthly basis and offered psychological and pharmacological treatment, while also training non specialist staff in the mental health gap action plan.

The next paper addresses interventions for children and is written by *Dessy Susanty, Mark J. D. Jordans, Rima Irmayani, & Wielse A. Tol*. They describe lessons learned from a Classroom Based Intervention, which was implemented in the post conflict area of Poso, Indonesia, using the socio-ecological perspective. The lessons learned are, to my mind, not only interesting in terms of interventions for children, but for interventions in general. Of particular interest was the finding that boy and girls reacted differently to the interventions and therefore, interventions and activities need to be gender specific. Other lessons learned that stood out for me was the fact that more attention needed to be given to local somatic expressions of psychological distress, and the fact that interventions should not ignore the damage to the wider social fabric.

In the field report by *Jane Gilbert*, is entitled *'The problem is the silence': challenges providing support to local INGO staff in Gaza*. Gilbert describes some of the challenges she confronted in providing staff support to nongovernmental organisation staff in Gaza. The staff members also suffered in the aftermath of the recent conflict with Israel, experiencing the same stress and problems as the people they support. Gilbert concludes with lessons learned and some recommendations for further staff support in the future.

In this issue, we also have two personal reflections, with the first one from *Ibado Mahamoud Hilole*. Hilole is a Somalian woman who fled after her son was killed in Mogadishu in 2010, she now lives in a refugee camp in Ethiopia. She describes how her life

has been affected by the violence in her country. In spite of the problems and stress she has experienced, she was able to become a peer counsellor for other refugees. After training, she is now able to provide a listening ear, as well as giving practical support and advice.

The other personal reflection is from *Nikolaos Gkionakis*, about the refugee crisis in Greece. Gkionakis trained, together with others, border security, police, volunteers and aid workers in psychological first aid. He is one of the founders of the Babel Day Centre that provides mental health care and psychosocial support for migrants and refugees. His personal reflection gives context and background to the crisis, discusses the Babel Day Centre, and highlights and details the psychological first aid project and the impact of working within an ongoing crisis.

The issue ends with a book review by *Harry van Tienhoven* of the book of Sharon Alane Abramowitz, *'Searching for normal in the wake of the Liberian war'*. During the first decade of post war reconstruction, many humanitarian organisations offered programmes that were intended to heal trauma, prevent gender based violence, rehabilitate former soldiers and provide psychosocial care to the transitioning population. Abramowitz, an anthropologist, has examined the structure and impact of these mental health care interventions in the aftermath of long term violence.

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