The inability of the European countries to find answers to cope with the ongoing 'refugee crisis' has resulted in human rights abuses and neglect of physical and psychological needs of refugees. This abysmal failure appears across the board: in the hell of refugee camps in Calais, on the borders with Macedonia, in Greece, Italy, Turkey, Syria and Libya, as well as in western European countries. The huge political tensions created between the fear of 'the other', considered a threat to cultural and democratic values in many countries on one hand, and the need for a safe haven and a future on the other hand, has forced refugees into conditions that are both inhuman and unimaginably insane.

Along the western Balkans route, and many other places, refugees are blocked and for many of these refugees there is currently no psychosocial and mental healthcare network in place to connect refugees with mental health and psychosocial care. Although many refugees in transit have emotional coping mechanisms that allow them to continue onward, there are also refugees who collapse under the hopeless, shameful and almost dead-end situation they and their children find themselves. Many of them have suffered multiple traumas in their land of origin and during their flight, and the terrible situation they have arrived in worsens the negative impact; emotionally, cognitively and socially. This horror is even more true in the case of vulnerable groups, such as children, especially if they are unaccompanied.

We have read in the previous two issues of Intervention the problems refugee women in Jordan face and how health workers are trying to support border security, police and voluntary aid workers with training in psychological first aid.

At Intervention we consider it essential to continue to shine the spotlight on this and other major ongoing crises. Therefore, we have created a new section in the journal, 'Current affairs', just to address these current crises and the questions they raise from a mental health and psychosocial support perspective through articles, field reports and personal reflections. At this moment, it is the refugees' experience in the Middle East and Europe, but this will change in the future as the global disaster contexts change.

Another important difference to our usual focus is that the 'Current affairs' section will highlight not only reports from caregivers, projects and interventions, but will actively seek to provide the 'other' perspective, that of the receivers of care, projects or interventions — and those who have been neglected or ignored. We consider it vital to provide this platform to aid in our understanding of the impact of disaster response and psychosocial care on daily lives and conditions, and how political powers and decisions affect vulnerable populations. Therefore, Intervention invites and requests the submission of papers and to encourage refugees to send us their testimonies, or contact us so they may be interviewed on how they have been treated and their psychosocial needs.

As you will see in this issue, we are happy to respect anonymity for whatever reason. In this first publication launching the Current affairs section you will find two contributions that, between them, cover both the helpers and the refugee's experience. The first one is a research article by Aala El-Khani, Fiona Ulph, Sarah Peters and Rachel Calam entitled 'Syria: The challenges of parenting children in refugee situations of immediate displacement.' It is qualitative research that addresses the parents (mainly mothers) of Syrian refugee families living in reception camps, and who still strive to educate their children. The authors show that parents struggled physically and emotionally to support their children who express ever increasing negative behaviours, emotions and trauma.
Moreover, they explain how parenting techniques have not adjusted to these harmful pre-resettlement situations, and offer training suggestions for these parents. This latter point also makes this study important for policy and humanitarian organisations decision makers.

The Personal reflection included in the Current affairs section is that of an anonymous Syrian refugee who requested anonymity to ensure his testimony did not have a negative impact in his new host country, in this case, the Netherlands. Originally a psychosocial worker in Syria, he has now crossed many literal and figurative borders to become a refugee, and is now, finally, a psychosocial worker once again. This Personal reflection tells the story of that journey. He describes the problems people face in a refugee camp in Turkey, and the problems he has faced in the asylum seekers centre in the Netherlands. His story shows that the lack of sufficient, and urgently needed, mental health care and psychosocial support is not only endemic on the chaotic front lines or reception camps, but in host countries across Europe recognition of refugees with psychosocial and mental health problems does not appear to meet any concept of minimum standards.

Other contributions

The article by Anthonie Holslag, ‘The Microcosms of Violence’, is an atypical contribution for Intervention. As a scholar, his focus is the Armenian genocide, but a personal experience of a violent attack has made him aware of how the intrusive nature of violence influences the subjective perception of the victims, and has impact the way he views violence. In particular, the internalisation of the perpetrators’ world view by the victimised group, or as he states ‘the will of the perpetrator becomes the will of the victim’. Holslag shows how the objectification of the victim, especially during genocide, plays a key role as to how the violence is experienced and in the transgenerational consequences of genocide.

The following article is a critical literature review by Khalifah Alifadli and John Drury. The aim of this paper is to examine the psychosocial needs and stressors among refugees of conflicts in developing countries, and their group based, social support mechanisms. They conducted a systematic literature search and found that in dealing with secondary stressors, socially shared identity plays an important role in collective coping processes and psychosocial support among refugees from conflict. They state that understanding groups of refugees within the context of social identity terms could help both explain and boost the collective resilience of these populations.

The paper by Clodagh O’Sullivan, Tania Bosqui and Ciaran Shannon is another systematic review. However, in this case, they address interventions for children and youth who grow-up in areas of armed conflict or political violence and search for evidence for the effectiveness of interventions. Their conclusion is that Group Trauma Focused Cognitive Behavioural Therapy is effective for reducing symptoms of people with a psychiatric disorder, such as posttraumatic stress disorder, anxiety and depression. However, they could not find evidence that interventions aimed at non clinical groups within this population are effective. This raises the question: are these interventions not working, or do we simply lack good evaluation and research papers for this specific group?

Lynne Myfanwy Jones’ Personal reflection, ‘Them and us’, addresses two elements. In the first part, she describes the immense difficulties young mothers face in their daily lives in the northern and poorest province of Mozambique. While in the second, she incisively describes the problematic system (international) nongovernmental organisations [(I)NGOs] and governments have created in the field, by inadvertently creating
a system that has proven to be divisive. It should be a mirror for (I)NGOs and governments, and I do hope that this contribution will encourage them to examine their policies along the principle of ‘do no harm’ first and foremost.

Finally, it is important to highlight the Announcement of the World Mental Health Day, where the World Federation for Mental Health and WHO have included psychological first aid in the theme for World Mental Health Day 2016 on 10 October. The announcement examines the importance of psychological first aid in the toolkit of disaster response, but also warns it is not a panacea, but one of a myriad of tools that should be employed.

Marian Tankink,
Editor-in-Chief, Intervention

---


The first sentence of the third paragraph should read that the editors “identify themselves as practicing Christians.”

**Reference**