

# **Special Anniversary Issue: Part 2**

## **Volume 11, Number 1**

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## **From the editor: the start of a new decade for *Intervention***

### ***Peter Ventevogel***

This is the second of two anniversary issues. The previous issue (10.3), focussed exclusively on 'voices from the field', with (primarily) previously unpublished authors sharing their personal and field experience. These, often gripping, personal stories of overcoming trauma and disaster remind us of why the journal is here, and the *Editorial Board* of *Intervention* considers providing a platform for these voices as one of the most important, and unique, tasks of the journal. This issue, however, focusses on our other goals: to explore and introduce novel approaches or concepts to work in the field of mental health and psychosocial support in areas of armed conflict or disaster, and to initiate or further debate on unresolved or controversial issues in the field. These goals actually form the central core of the journal, and can be found woven throughout the 30 issues published so far. This courting of

debate and exploration of novel approaches were also identified as key characteristics of *Intervention* by *Simon van den Berg, Grace Akello & Shobna Sonpar*, who were invited by the *Editorial Board* to do an extensive content analysis of the journal's first decade (see below). It is, therefore, highly appropriate that this second anniversary issue presents papers that address not only practical dilemmas and novel solutions, but also invites debate on some rather controversial concepts on the role of psychosocial and mental health work and workers.

*Helping a client in one session?*

Within the chaotic and rapidly changing context of an acute emergency, the first session between a mental health and psychosocial support (MHPSS) worker and a client may also be the last. The client may live far from where aid can be provided, and/or the client or aid provider may be relocated at any moment. Under such conditions, what kind of psychological support can be given? This key question is at the heart of the review of *'single session therapy'* (SST), by *Karen Elizabeth Paul & Mark van Ommeren*. SST is a treatment model that has been developed in various settings in high income countries (HIC), but the authors contend that it could also be of huge benefit in emergency settings, in low and middle income settings. There has already been some usage of the SST model in low or middle income countries (LMIC), such as in the (armed) conflict affected area in Colombia and in post earthquake Haiti, but as the authors emphasise, the evidence base to date is very limited. Therefore, the authors present a strong case for more systematic exploration of whether single session services can be helpful, and whether this could strengthen mental health services in (acute) emergency situations, within low resource areas.

The issue of helping clients when both time and resources are limited is also addressed by *Barbara Juen* and her colleagues from Denmark, the Netherlands and Austria. They describe how they developed training materials for lay counsellors in humanitarian organisations in one of the field reports in this issue. While the primary target of their work were lay counsellors in European settings, they believe the developed work also has significance for low resource areas, where MHPSS professionals are scarce, and the use of lay counsellors may be one of the few viable options for people to receive (para)professional support.

*Does attention to psychological trauma divert attention from underlying structural causes?*

Over the last decade, one of the most contentious debates in our journal, and in the field of MHPSS as a whole, is the place of trauma focused interventions within the overall MHPSS response. This issue is far from resolved, and some of the major consensus guidelines (IASC, 2007; The Sphere Project, 2011) do not take a firm position either way, but rather ignore the issue. However, the guidelines do emphasise that the consequences of war, violence, and disasters on mental health are far more diverse and complex than the *catch-all* of posttraumatic stress disorder (PTSD). This raises several issues and questions: could providing services for psychological trauma actually make things worse by diverting the attention away from the underlying socio-political causes of suffering? Does creating a separation between psychosocial work and issues of social justice and political situations that may contribute to distress, reduce trauma work to a mere palliative? *Shireen Tawil* certainly believes so. In a radical, conceptual analysis she critiques the use of a *trauma lens* to view clients in

the occupied Palestinian territory, for the very reason that it contributes to divorcing Palestinian mental distress from the political situation, in which it occurs. She provides powerful and persuasive arguments for her thesis, yet we are also aware that some readers will not be convinced of the viability of the alternative that Tawil proposes. Her proposal: ecological mental health care, based on a social justice model that would not treat symptoms, but targets socio-political issues as the cause of distress. Some readers may well argue that psychiatrists and clinical psychologists should stick to doing what they do best: trying to help alleviate the psychological suffering of individuals and help people cope better, while remaining *'politically neutral'*. The debate around the utility of standard approaches for psychological trauma in situations of continuing, structural violence has not been given much attention in the journal recently. Therefore, Tawil's article is presented with the hope that it could spark a new debate. I would, particularly, like to hear from Palestinian psychologists and psychiatrists what they think of a more ecological approach, and the limits of a trauma focused approach to psychotherapy. I would also like to invite our readers who work in areas of continuing social oppression and violence to share their response to Tawil's article.

There are clear links between the approach explored in Tawil's article and the thoughts expressed in the *Personal reflection* by *Celia Maria Robaina*, a psychologist from Uruguay. She shares an overview of 25 years of working with survivors of torture. Being trained in traditional, individual psychotherapeutic (psychoanalytic) approaches, she found that in order to work effectively with survivors of state sponsored violence, she also needed to be socially and politically engaged.

#### *Representation of authors from LMIC*

*Intervention* has always strived to include colleagues from low and middle income countries in a wide variety of roles in the editorial process: in the *Editorial Board*, as peer reviewers and, of course, as authors. Therefore, the review of the first decade of the journal, has helped to explore how successful we have been in this key goal of providing a truly global voice. *Simon van den Berg, Grace Akello & Shobna Sonpar* have analysed the location of the authors in *Intervention*, since its inception. Approximately 36% of the authors were from Africa, Asia (including the Middle East), Latin America and Eastern Europe. For articles in the *Peer reviewed* section, this figure was 27.5%. Are these figures high or low? For the journal, it shows us where we need to work a bit harder. However, we should also acknowledge that the representation of authors from LMIC in *Intervention* is considerably higher than in other, *'mainstream'* journals on psychology and psychiatry. In general, in those journals, less than 10% of published papers were authored by researchers living and working in LMIC (Patel, 2007; Saxena et al., 2006).

It is, in fact, no surprise that the majority of authors represented in *Intervention* reside in high income countries. After all, this is where the majority of prolific research institutes and universities are located, as well as international staff of humanitarian organisations, and indeed, where *Intervention* is also based. However, we must also acknowledge, as van den Berg and colleagues remark, in the data, several authors who were born and raised in low income countries were actually included in the group of authors from high income countries as they currently reside in the United States, Western Europe or Australia. This is primarily a result of either participating in further

education, or employment at offices of international organisations.

While *Intervention* can be proud that around a third of our authors reside in the self same countries that the articles are about, we should also continue our efforts to increase this involvement of authors from (post) conflict and (post) emergency countries. The editors of this journal already employ several strategies to accomplish this goal. Firstly, we consistently and explicitly invite people from LMIC to share their research findings and field experiences with our readers. We have recently introduced a new 'article type', the 'Personal reflections', in which workers 'on the ground' can share how being an MHPSS worker interrelates with personal experiences in their own life. Most of these authors are from LMIC. Secondly, the journal provides hands-on support for authors who have little experience writing for academic journals. Potential authors can always submit 'pre submission enquiries' that may include draft manuscripts, or loose ideas, to receive feedback before formal submission. Thirdly, *Intervention* employs its own production editor, who skilfully and gently reshapes manuscripts to adhere to the standard of the journal.

However, geographical background is not actually the core issue. More papers from authors originating from LMIC may not, in itself, lead to a larger diversity of perspectives. As Fernando (2012) remarks, in a powerful and persuasive critique of the 'global mental health movement', it cannot be taken for granted that mental health professionals trained in LMIC, by the mere fact of their residence, will ensure cultural sensitivity in research, assessment, diagnosis, and intervention in mental health. The training of mental health professionals in LMIC is often based on curricula and materials developed in HIC, and this may

create an 'insensitivity' to context and culture. Fernando criticises the global mental health movement for its blindness to cultural, and other contextual factors, that shape mental health and psychosocial wellbeing. Research should, in her opinion, include the perspectives of local stakeholders and pay greater attention to variables such as psychosocial functioning, resilience, and recovery, which is something that Tawil also emphasises. The issue should be less about the place where one lives, and more about the perspectives one uses.

As our issues continue to attest, *Intervention* does this rather well. Over the last decade, the journal has created a unique voice in the world of global mental health, and in academic journals on the subject. We have consistently tried to provide a balanced representation of the perspectives of all stakeholders, including conflict affected individuals and communities, national and international MHPSS professionals, and policy makers. However, we need your help to continue to present a wide diversity of perspectives. Therefore, we would like to explicitly encourage 'intercontinental authoring'. The paper by van den Berg, Akello & Sonpar is an encouraging example of this, the authors being a Dutch social psychologist, a Ugandan medical anthropologist, and an Indian clinical psychologist/psychotherapist, respectively.

#### *Refugees in Thailand and Jordan*

The content review by van den Berg et al. also shows that *Intervention* has published a remarkably high number of papers on the use of 'art and creative methods' in MHPSS. One of the novel approaches mentioned earlier, we hope that in the next ten years this will remain an important focus for the journal. It certainly has a place in this issue: Hillary L. Prag & Gwen Vogel report on the

use of *therapeutic photography* with young Burmese refugees in Thailand. The aim of the workshops they organised was to focus on fostering posttraumatic growth, and less on *symptom reduction*, which would require other techniques. This small project demonstrates that therapeutic photography can provide an aid to assist the participants, in this case refugee adolescents, to make a coherent social narrative of their life and their experiences. While the anecdotal results are quite promising, clearly, more research in this field is needed.

This issue also contains a field report from *Mohammad Abo-Hilal & Mathijs Hoogstad*, a Syrian psychiatrist and a Dutch psychologist, who describe how Syrian mental health professionals who recently fled the country, struggle to establish mental health and psychosocial services for fellow refugees in Jordan.

*Also*

Marian Tankink reviews *Sexual Violence and Armed Conflict*. This latter book review is about sexual and gender based violence, an issue that according to the review by van den Berg, Akello and Sonpar, was until now, rather weakly represented in our journal. Papers on this topic are very welcome.

I hope that in 2023 we will be able to look back at another successful decade of this journal, and look forward to all new debates, new approaches and new experiences as we continue to contribute to the development of the field of MHPSS, wherever it is needed!

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### **Thanks to our colleagues**

On behalf of the members of the *Editorial Board*, Ananda Galappatti, Guus van der Veer, Ton Haans, Pau Pérez-Sales, Florence Baingana and myself, we would like to acknowledge and thank the people *'behind the scenes'* who help to keep *Intervention* the ground-breaking journal that we hope it will continue to be:

- *Patrick Satrjeenpong*, Senior Production Editor with Lippincott, William & Wilkinson in London, for his endless patience and continuous support;
- *Jay McLellan-Verhoeven*, our Webmaster, for his dedication and sterling work to keep our website ([www.interventionjournal.com](http://www.interventionjournal.com)) up to date;
- and, most of all, *Mindy Ran*, our own Production Editor, who is able to create enjoyable and readable English text from the submitted Frenglish, Spanglish, Dunglish, Arabunglish and more. Without her, *Intervention* would not read so well.