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From the editor: new frontiers

I am delighted to present this *extra* issue of *Intervention: New Frontiers*. It is a very special issue for several reasons. This issue was prompted by the retirement of Professor Joop de Jong from the Vrije Universiteit in Amsterdam. He is *the* Dutch pioneer in the fields of transcultural psychiatry and international mental health, and the *Editors* of this issue are his (former) PhD students: Peter Ventevogel, Mark Jordans and Wietse Tol. All three are probably well known to the readers of the journal since they published extensively in *Intervention*. They wanted to pay homage to the work of Joop de Jong and, therefore, created this very special issue. Peter Ventevogel, my predecessor as *Editor in Chief*, was the driving force behind this project and the finding of funding. I remain very grateful to all the people, and organisations, who have made this possible: the Section on Transcultural Psychiatry of the Dutch Psychiatric Association, the United Nations High Commissioner for Refugees, the War Trauma Foundation, the Peace of Mind Foundation, as well as the many, individual contributors. Without their collective contributions, this issue would not have been possible.

This issue includes seven articles and one editorial, an introduction written by the *Editors*, with a final reflection by the man of the hour, Joop de Jong. Also unlike our usual issues, this Extra publication does not contain the Summaries in other languages, our funding did not allow this possibility.

To create this issue, the *Editors* invited several international experts to not only reflect on the state of the art of mental health and psychosocial support in post conflict areas and low income settings, but to also go beyond that, and explore promising new directions for this field to develop over the next decade. While the experts are scholars at a variety of universities, we have also been excited to

include the perspectives of a local, non-governmental organisation (NGO) in Nepal. This is important to *Intervention*, in it aim to foster interaction between scholars and practitioners. The *Editors*, in their *Introduction*, characterise and discuss the papers in this issue in some detail, therefore, I will limit my contribution to examining some general patterns important to the field.

Pioneers

As the *Editors* describe, the attention to mental health and psychosocial support (MHPSS) has steadily increased over the past few decades. From the very beginning, the '*pioneers*' in this emerging field, such as Joop de Jong, Arthur Kleinman, Laurence Kirmayer and Annemiek Richters emphasised the critical role of context and culture in expressing mental illness and psychosocial distress (De Jong, 1987; Kirmayer, 1989; Kleinman, 1988; Richters, 1991). Sadly, it seems that their insights are still not fully engrained within the academic world, and their message bears repeating. Regardless of this ongoing lack of full integration, the past few decades have seen MHPSS in conflict affected areas gain prominence in academic circles, as well as also '*on the ground*'. This has resulted in several innovative and sustainable NGOs adopting MHPSS as a '*normal*' and '*essential*' part of humanitarian work.

Intervention has published several articles on best practice, often in combination with research over programme development and implementation (e.g. De Berry, 2004; Kalksma-Van Lith, 2007; Pérez-Sales, Fernández-Liria, Baingana & Ventevogel, 2011; Richters, Dekker & Scholte, 2008; Sliep & Meyer-Weitz, 2003; van der Veer, 2006). Due to an ongoing interaction between the academic world and people in the field, new theories and practices are continually

being developed, tested and adapted. I am proud that *Intervention* plays such an important and pivotal role in this difficult, but important process.

Unsurprisingly, all contributions in this issue emphasise the role of context in shaping illness behaviour and response, as if nothing has changed. This raises the question why, regardless of all the progress in both research and actual practice, do we still not have a satisfying theory or framework that does justice to cultural and contextual factors? Is it because perhaps, as *Vikram Patel* in this issue states, that the world of global mental health is too *'supply driven'*? Or, are we still failing to *'meet'* the suffering of others and truly engage in ways that makes sense to the beneficiaries of our programmes and projects? Or, have we missed the complexity by not sufficiently situating processes of loss and adversity in the context of time, as *Stevan Hobfoll* in this issue argues? Are we too focused on past *'traumatic events'* and forget how to interact with the capacities of individuals and communities at the basis of daily life, as *Kenneth Miller & Andrew Rasmussen* argue?

Many, if not all, of the contributions in this issue illustrate the struggle with this fused, yet dynamic relation of process, person, context and time (Bronfenbrenner, 2005). Whether explicitly or implicitly, they are using a social ecological model in which the suffering of an individual is situated within various circles of influence, such as the family, community, wider society and the environment. The most well know example of such a model is that of Bronnerbrenner (ibid.). This model is explained in the articles of *Joop de Jong* and *Daya Somasundaram* and provides a useful framework. As a cultural anthropologist, I am delighted to see how authors in global mental health adopt broad and contextually embedded views of suffering and resilience.

Another aspect, touched on by both *Joop de Jong* and *Daya Somasundaram* in their contributions, captured my mind as five years

ago I saw the documentary *"The ghost in your genes"*, a BBC Horizon programme.¹ It is a fact that environmental events can be imprinted on our genes, in a dynamic gene-environment interaction. Not only is our DNA sequence important, but also the fact that each gene can be switched off or on seems to have huge implications for health. The classic thought was that a child starts with a neutral set of genes and that the switched off or on genes could not have been inherited. New research shows, however, that environmental events such as hunger, can switch a gene off or on, called epigenetic switches. Heijmans' et al. (2008) findings on individuals who were prenatally exposed to famine during the Dutch Hunger Winter (1944–45), support this hypothesis that environmental conditions in early life, can cause epigenetic changes in humans that persist throughout life. Although they do not know how the mechanism of epigenetic dysregulation exactly works, they state that adult disease risk is associated with adverse environmental conditions endured early in development.

So, what do these findings mean to our field? We always assumed that the *'second generation problems'* of the children of concentration camps survivors (Second World War) were caused by repeated exposure to stories of appalling experiences or, conversely, by the huge silences surrounding the topic, while all knew there was a secret. We may now have to explore whether abnormal levels of stress hormones in such second generation children could, in fact, have been caused by epigenetic changes. It also raised the question what the findings of such gene-environment research could mean for populations in conflict affected areas of today's world? Will it finally lead to taking context seriously? Will it play a role in the fundamental shifts in paradigms, as some of the authors in this issue believe are essential? More importantly, would this provide support for interventions within the social sphere? I think that in the next decade we will see *'new*

frontiers' in the field of theory, research and practice. *Intervention* will not only follow these developments closely, but also hopes to play a steering role when it comes to implications for people in conflict affected areas, and related programmes and interventions.

Food for thought: how to close the credibility gap

Joop de Jong's contribution is not only a reflection on past decades, but also a plea for what should be on the agenda in the coming decade. He provides inspiring suggestions for the future of the field of mental health classifications, research and population wide interventions, supporting Patel's appeal that a paradigm shift is needed in psychiatry.

Patel's critique of the current global mental health situation is that emphasis remains on treatment and reaching those who do not have the opportunity to access treatment. He states that these supply side strategies will not reduce the treatment gap, as long as we also do not address the *'credibility gap'*, i.e. the divide between how the specialist understands mental disorder, and how the rest of the world conceptualises psychological suffering. He proposes strategies to reduce this credibility gap. A paradigm shift is required to accomplish this, and I would like to invite the readers of *Intervention* to give their opinion, ideas, suggestions, practices and models that can bridge this credibility gap in global mental health, while not forgetting the role of the donors in this discussion. *Intervention* would like to continue this debate as a *'connecting thread'* in upcoming issues. I look forward to your response.

Marian Tankink,
Editor in Chief

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¹ Still available on <https://www.youtube.com/watch?v=fMxgkSgZ0Js>.