

ABSTRACTS HEALTHNET TPO SPEAKERS ON INTERNATIONAL CONGRESS FOR TRANSCULTURAL PSYCHIATRY

Speaker 1: Mark Jordans/Wietse Tol

Interventions for Children Affected by War: Synthesis of Cluster Randomized Trials in Four Countries - Tol, W.A., Jordans, M.J.D., Komproe, I.H. & De Jong, J.T.V.M.

Abstract:

Background: Although a diversity of psychosocial services for children affected by war are increasing in popularity, there is very little robust knowledge on the effectiveness of such services.

Method: As part of a public mental health program in four war-affected settings, research was conducted to establish the efficacy of the Classroom Based Intervention (CBI), a secondary preventive school-based intervention. We compared children evidencing psychological distress in schools randomly assigned to a treatment condition (Burundi N=153, Indonesia N=182, Nepal N=164, Sri Lanka N=210) or a waitlisted control condition (Burundi N=176, Indonesia N=221, Nepal N=161, Sri Lanka N=210). Children were assessed before and after the intervention on psychological symptoms (PTSD symptoms, depression, anxiety, aggression), resilience variables (coping, social support) and function impairment. These mental health constructs were selected, based upon previous qualitative research.

Results: CBI was not uniformly effective in all settings. Although positive results were found in Indonesia and Nepal, we did not find positive effects for the intervention in Burundi and Sri Lanka. Also, treatment effects differed by gender and age.

Conclusion: Psychosocial interventions showed promising effects to increase the mental health of children affected by war, but for specific sub-groups and contexts. Further research should address individual and contextual moderators and mediators of treatment in order to optimize treatment effects.

Speaker 2: Mark Jordans/Wietse Tol

Treatment processes of counselling for children in conflict-affected Burundi: Eleven n=1 studies. - Jordans, M.J.D., Komproe, I.H., Tol, W.A., Smallegange, E., & de Jong, J.T.V.M.

Abstract:

Background: A systematic literature review of interventions for children in areas of armed conflict has demonstrated that there is a serious lack of research-informed care. While counselling is a common psychosocial intervention for children affected by political violence, little is known about underlying treatment mechanisms in such settings. Better understanding of the processes of change can direct treatment refinement and development, thereby setting the stage for future efficacy and effectiveness trials.

Methods: This study employed a mixed qualitative-quantitative research design involving eleven n=1 studies in Burundi. The study aimed to develop hypotheses of treatment processes underlying counseling by associating treatment practice data (treatment session reports) with individual change trajectories on structured symptom checklists (post traumatic stress, depression and anxiety symptoms) and resilience indicators (sense of hope, coping). Children between 11 and 14 years of age presenting with above-threshold symptomatology received counselling services from an experienced para-professional counsellor. Weekly measurements were taken pre-intervention (n=4), during the intervention period (n=8-10) and post intervention period (n=4).

Results: The study demonstrated five treatment process continuums that were associated with outcome trajectories: client centeredness, therapeutic alliance, active problem-solving, trauma-focused exposure and family involvement. Higher levels appeared associated with better outcomes. Contrarily, cases that demonstrated no change were characterized by a focus on counselors' moral norms, containment, unstructured retelling and explicit avoidance of traumatic reminders, advice oriented problem solving, and non-inclusion of family members. Furthermore, results showed distinct clustering of outcome trends per therapist.

Conclusion: The findings suggest that a combination of universal therapist variables and specific practice elements may be an adequate strategy to treat mental health symptoms of children in Burundi.

Speaker 3: Jaak Le Roy

[Community-based psychosocial intervention with excluded children, adolescents and families in Kinshasa \(DR Congo\).](#) - Jaak Le Roy

Abstract:

Background : A major problem communities face in Kinshasa, capital of DRC, is the marginalization and exclusion of children and adolescents with psychosocial problems ('childwitches', violent and substance adolescents, streetchildren, adolescent girls with unwanted pregnancies, children/adolescents with mental health problems).

Project: A community-based intervention has been developed in 2008-2010 in Masina 2, one of the poorest shanty-towns of Kinshasa. The project is conducted by the NGO, Association pour des Projets Psychosociaux, Kinshasa , supported by HealthNet TPO and funded by PSO Netherlands.

Method: The community-based psychosocial intervention is based on a preliminary study of healing systems in Kinshasa and a participatory action-research model. It integrates contextual, systemic and psychodynamic references.

Starting from an analysis of the main problems and underlying dynamics, community leaders, non-governmental community groups and governmental institutions (healthcare, civil authorities) developed a central working hypothesis. (Self)exclusion of children and ruptures of family bonds are a maladaptive coping of families and communities that are faced with anxieties resulting from multiple stressors (poverty, migration, war, traumatic experiences, losses, rapid cultural changes, urban life) in the actual Congolese society.

The action program entails two parallel processes of reconnecting and strengthening social bonds: (1) at the level of the community by integrating various activities of participating community-based organizations and leaders and by learning to work together towards a common community goal (2) at the level of the families by restoring intergenerational and interpersonal connections in families with marginalized children/adolescents and by building new modes of dealing with social trauma and intra-family tensions and changes.

Results: comprehensive set of counselling and mediation with families, group work, basic mental health and inter-sectoral activities is currently implemented by community workers and community (mental) health providers. The evaluation that was recently held will be presented in the congress. It will include both the learning experiences of capacity building by a cooperative network of civil society and governmental local organizations and the outcome of the work with the adolescents.

Speaker 4: Nawaraj Upadhaya (Nepal)

Psychosocial wellbeing and reintegration of Children Associated with Armed Forces and Armed Groups (CAAFAG) in Nepal - Nawaraj Upadhaya

Abstract:

Background: Between 1996 and 2006 approximately 3000 children were involved in a Maoist Insurgency. We examined a number of risk and protective factors of psychosocial wellbeing in the socio- ecological context of CAAFAG upon their reintegration in the communities and compared their psychosocial wellbeing to that of community children (Non-CAAFAG)

Methods: This study employed a mixed method approach. Community perceptions of CAAFAG were identified through key informant interviews (153) and focus group discussions (23) and Child Led Indicator Process (4). A quantitative survey of 142 CAAFAG and 142 non-CAAFAG was conducted to compare the risk and protective factors for psychosocial wellbeing

Results: Fear, guilt, and distrust were common in both groups. CAAFAG were considerably more impaired than Non-CAAFAG on most measures. However, CAAFAG and Non- CAAFAG did not differ on positive psychosocial well-being (child-identified positive indicators) or on conduct problems.

The strongest predictor of psychosocial distress was being ostracized by the community, families, friends and teachers; this was more so than traumatic events experienced during association with armed groups.

The reasons for children joining armed groups had different impacts on psychosocial well-being. Children forced to associate with armed groups had considerably worse outcomes than children who voluntarily joined. Community members discriminated against girls because of *perceived* violations of Hindu purity and sexual activity while associated with armed groups. The most vulnerable CAAFAG groups appeared to be married girls and children formerly associated with the Nepal Army, primarily because these groups could not publicly seek support or services.

Conclusions: The higher prevalence of psychosocial distress among CAAFAG compared to Non-CAAFAG confirms that CAAFAG are an at-risk group in need of intensive and focused services. This paper discusses policy, program and future research recommendations.

Speaker 5: Peter Ventevogel

Local concepts of mental illness in four African communities - Peter Ventevogel (Psychiatrist and medical anthropologist, Technical Advisor Mental Health (HealthNet TPO, Amsterdam) & Editor of Intervention Journal (War Trauma Foundation, Diemen).)

Abstract:

Objective: to describe local concepts of mental illness in four post conflict settings in East Africa

Methods: As part of an assessment to inform NGO programming 31 focus groups discussions (total of 288 participants) and key informant interviews with healers and health workers among different ethnic and cultural groups: Nande in North Kivu (Democratic Republic of Congo), Barundi (Burundi), Luo and Kwakwa in (Southern Sudan). Participants of the focus groups were invited to describe 'what problems or diseases they knew that are related to thinking, feeling and behaviour?'

Results: Across the settings there were remarkable similarities as well as striking differences. In all settings participants came up with local concepts to describe severe mental disorder (psychosis), epilepsy and mental retardation. In all settings there were concepts to describe 'common mental disorders' though these could not always be linked to a clear psychiatric concept such as a major

depression or anxiety disorder and they were often not regarded as a medical disorder. Etiological concepts varied considerably as well as the importance given to violence as an etiological factor.

Speaker 6: Marian Tankink

Not talking about experiences of sexual violence: harmful or healing? - Marian Tankink
(HealthNetTPO, Amsterdam)

Abstract

Talking about experiences of sexual violence is regarded as dangerous by most refugee women. The cultural notion of how to deal with such a taboo subject as sexual violence influences the health and health seeking behaviour of those women. Tankink will linger over the impediments women experience in sharing their personal experiences with important others, such as relatives, people of their own cultural groups, or professionals such as counsellors. She will show that it is not only shame and cultural taboo that are active in the women's decision to keep their intimate experiences secret, but that their silence is also the result of a complex and dynamic reality in the women's everyday life. These women often experience great tension between public and dominant cultural ideas and their private experiences and personal notions. During the counselling process this silence should be respected and the trauma addressed metaphorically. Attention during counselling has to be on the dangerous dynamics the women face every day in their lives.

Speaker 7: Herman Ndayisaba (Burundi)

Psychologist, pioneer for introduction of a MH and PS programme in Burundi since 2000. - Herman NDAYISABA (Country Director, HealthNet TPO Burundi)

Abstract:

Objective: To describe importance and effectiveness of traditional healers for MH and PS treatment.

Methods: Literature review, focus group discussions, ethnographic descriptions and help seeking behaviour interviews with a questionnaire.

Result: A Comparative analysis from an African ethno psychiatric practice on 100 cases presenting the most common MH complaints defines the position and effectiveness of alternative medical practice in Burundi (Central Africa). The context of neglected public health problems like MH in low income countries gives more power to indigenous health care practice. Analysis show that effectiveness seems not always coming from western practice and this varies from a problem to another as well as from different traditional healing methods. This bring a question on modality for coexistence of traditional healing methods and modern psychiatry in contemporary society.