WAR TRAUMA
FOUNDATION

BRIDGING THE MENTAL HEALTH GAP

CONTENTS

THE ISSUE OF **MENTAL HEALTH**

The value of mental health in humanitarian settings is still underestimated. When WarTrauma broaches the subject with our humanitarian partners we often find mental health comes as an afterthought. Even after twenty years, our task remains to convince aid workers and donors of the value of investing in a healthy mind in a healthy body.

Only when people confronted by war, conflict and other humanitarian disasters are able to cope with what they have gone through, will they be able to rebuild their lives, families, societies and economies.

In our annual magazine you will read stories of what WarTrauma has done to improve the psychosocial well-being of people around the world. We set up a discussion between an NGO director, a psychiatrist and an anthropologist on the future of Global Mental Health. And we discuss the value of scientific research in improving mental health interventions. In addition, there are reflections from people from around the world who have benefitted from the work of WarTrauma.

We hope you will enjoy our magazine and will find enough reason in these stories to continue to support War Trauma Foundation.

Thank you for your trust.

Leontien Ruttenberg
Director, War Trauma Foundation


"Thanks to WarTrauma I am able to help people to cope with what they lost and what they have seen."
"The workers in this refugee camp regularly check how we are doing. They are supporting my family and me to live through difficult times."
"My parents were always sad. Now they talk to people about being sad and are much happier."

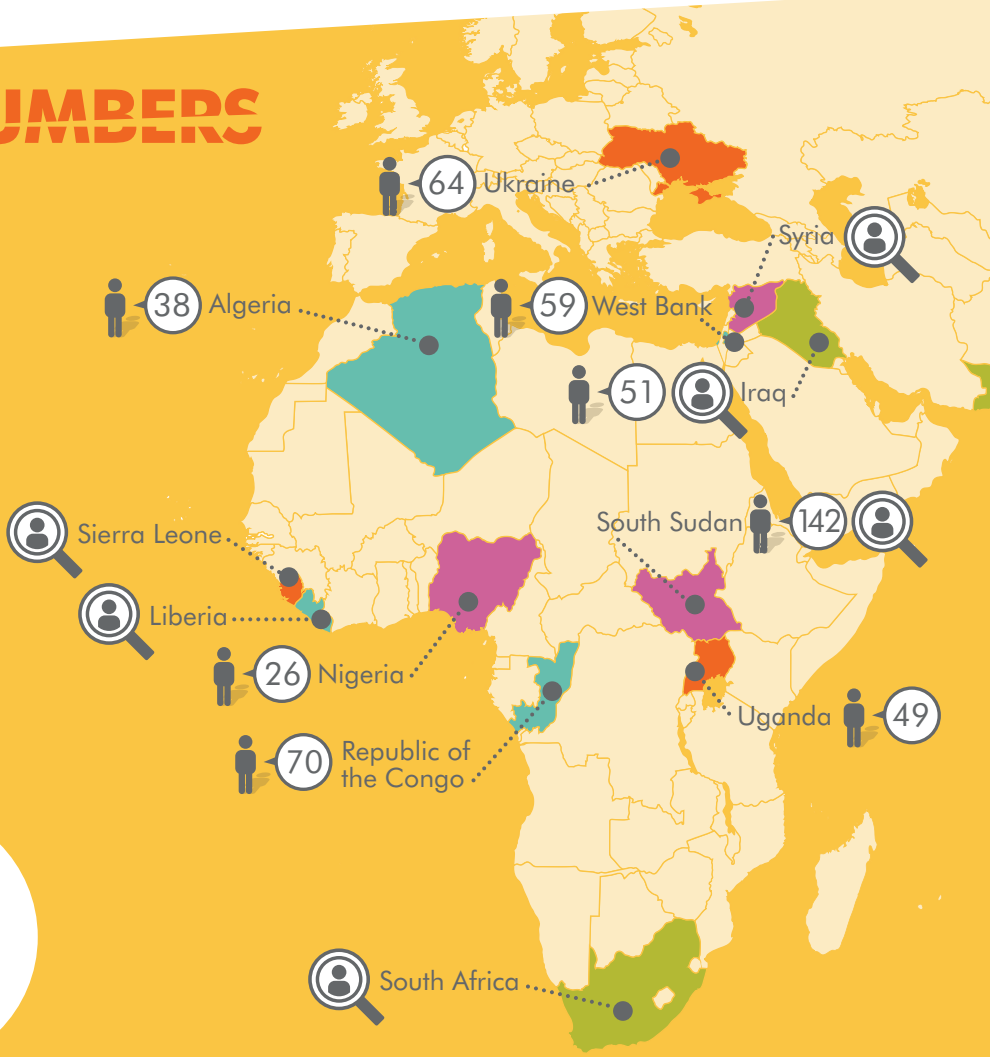
06 2017 IN NUMBERS

499
People trained
Together these support over 1.000.000 refugees and internally displaced people

178
Health professionals

198
Community workers

123
NGO Staff



INTERVENTION

Our scientific journal is distributed to 1800 academic institutes around the world

Total number of people trained

Research and policy advice

RICH OR POOR?

Middle Income Countries

Low Income Countries

08

THE FUTURE OF GLOBAL **MENTAL HEALTH**

What happens when you bring together a psychiatrist, a researcher and an NGO-director and ask them to discuss the future of Global Mental Health? It becomes a quest for effective and evidence based mental health interventions. Rembrant Aarts, Samrad Ghane and Leontien Ruttenberg regularly work together, but each approach Global Mental Health from a different perspective. Bring these three perspectives together and you build a vision of the future of global mental health and the action needed to improve the mental health of people in humanitarian settings and low and middle income countries.

The world is not a quiet or peaceful place, and hasn't been for many years. Not since the Second World War has the number of refugees been this high. The burning villages of the Rohingyas in Myanmar can be seen from space, as can the ongoing civil war in South Sudan. In Europe the political spectrum is still reeling from the large groups of Syrian refugees crossing the continent in search of safety and a new life.

When we see the images from Aleppo, Ghouta, Mosul, or Mogadishu we can only imagine what it is like to experience such death and destruction. And what it takes to survive and pick up the pieces of your life.

This is where global mental health comes in.

Where there is no infrastructure for mental health care, or where such structure has been destroyed, global mental health professionals, activists, trainers and researchers want to increase access to effective care and psychosocial support. Global mental health wants to get psychosocial support and mental health care closer to people.

As WarTrauma is coming of age, our vision of mainstreaming mental health throughout health care and relief efforts is gaining recognition. The World Health Organization is integrating mental health in emergency responses, the UNHCR is training staff in refugee camps to provide basic psychosocial support and we see humanitarian organisations are starting to appoint their own mental health advisors.

"One day I hope there will be a mental health component in every part of non-mental health services," says psychiatrist Rembrant Aarts. "There should be attention for mental health aspects such as depression and addiction included in services around reproductive health and infectious diseases. But it will take a long time. There is still a lot of stigma around mental health."

According to Samrad Ghane, researcher on cultural psychiatry, the classic stigma is not the only problem stopping the integration of mental health. “The reason mental health is and will remain chronically underfunded, is because mental health issues are often not visible from the outside. A mental health intervention simply does not offer the same instant gratification of a visible result like installing a village pump.”

Ghane sees cost effectiveness studies as an important way towards full recognition of global mental health. “We need to do evaluations and research that show mental health care and psychosocial support are beneficial to the population and save money in the long run,” says Ghane.

ROOT CAUSES OF MENTAL HEALTH ISSUES

While from a scientific point of view cost effectiveness studies make sense, Leontien Ruttenberg, WarTrauma Director pleads for a holistic view on global mental health. ”To measure effective treatment, we should include social determinants, such as poverty, discrimination and violence.”

In the discussion, it is clear the three have listened carefully to the criticism of global mental health. Critics like Mills and Summerfield argue that global mental health is a form of colonialism, pushing western thinking on illness and treatment. In the words of Mills, global mental health is making societal problems individual problems.

Ruttenberg: “I hope that when NGOs go to work somewhere, they aim to create lasting change and ▶

- put themselves out of work. Making sure people have access to appropriate health care and potential resources. If you do not break the cycles of poverty and violence you can deploy as many interventions and methodologies as you want but have no effect. No intervention should be done in isolation."

Aarts: "In low income countries and humanitarian settings this is the much debated difference between the social drift theory and the social causation theory. Do people get poor because they are sick, or do they get sick because they are poor? More research has been done on how investing in health affects poverty, than the other way around."

CHANGING RELATIONS IN AID

Looking at social determinants touches on the sensitive relationships in humanitarian development aid. Aside from the relationship between the aid provider and the receiver, there is also the relationship between the aid provider and the donor. However well intended the support is, there will always remain an imbalance at the root of both relationships, one being more or less dependent on the other.

"In ten years time the humanitarian aid sector will have changed completely," says Ruttenberg: "By that time I expect the humanitarian field to work much more on the basis of equality between provider and receiver. Aid organisations will become technical partners to local parties sharing specific knowledge."

Ruttenberg thinks there may also be a change in the relationship between the development organization and the donor. "Funding will still largely come from high income countries, but there will be a slow shift towards aid receivers actually purchasing the specific knowledge they are in need of in time of emergencies. Instead of receivers they will become active clients with specific needs, demands and challenges."

"In ten years time the aid sector will have changed completely. There will be much more equality between donor, aid provider and receiver."

SOCIAL STRUCTURES AS KEY

In conflict and disaster, the context of a broken family or other community that has been ripped apart has an important effect on the mental health of people. Even when the barrel bombs are falling during an active conflict, people who live in a solid intact family or social context will show a lot of resilience.

"We cannot change the war, but what we in mental health can do is make a toolkit for families to stay mentally strong during war," says Ruttenberg: "For example, explain how talking with your children about what is happening can prevent post traumatic stress disorder. Therefore it is important for mental health and psychosocial support to be included in disaster preparedness programmes."

However, supporting the social context cannot replace specialist or generalist psychosocial support. In March 2017, at the symposium celebrating the 20th anniversary of WarTrauma, Dr. Vikram Patel, professor of Global Health and Social Medicine at Harvard Medical School presented 'task sharing' as one way to reduce the treatment gap for mental disorders in low resource countries.

"There is a difference between task shifting and task sharing," explains Aarts. "In task shifting the task of diagnosis and treatment moves from a psychiatrist to a nurse. Task sharing is

less radical. The nurse can call in the psychiatrist, or is regularly supported by a specialist. Task sharing is very effective in a context of low level, low intensity interventions."

CULTURAL ADAPTATION

Aarts, Ghane and Ruttenberg agree such psychosocial support cannot be expected to be effective across cultures. "Even though in global mental health there has been a lot of back and forth in learning and adapting between high and low income countries, we must not to be too quick to disseminate evidence from one setting in the South to another," says Ghane: "Sometimes we tend to look for easy solutions, we are satisfied with lower levels of evidence and think that because something works in one country it will also work in another."

Adaptation sometimes seems to be the magical word, says Ruttenberg: "What is interesting is that cultural adaptations are happening almost randomly, wherever we go. There is no standard for what it means to have a quality adaptation. There should be a toolkit for standardisation of cultural adaptation. So people are aware of and never overlook any of its components."

THE FUTURE OF GLOBAL MENTAL HEALTH

Poverty, its effect on coping with disaster and war, and on people's mental health, keeps coming back into the discussion. New innovations in humanitarian aid include cash transfers: providing money directly to people to help them rebuild their lives. WarTrauma is preparing research on the effect of such cash transfers on people's mental health.

"What happens to the mental health of people in emergency situations when they are given 10 euros every week to pay for their most pressing needs, such as tuition fees for their children and some basic food? Do they need additional psychosocial support, or does the cash support work in empowering them on its own?" says Ruttenberg.

"I am looking forward to seeing the evidence," says Aarts: "Some aspects of people's mental health will become better when a war or draught is over, tourism comes back, people get jobs, start to leave poverty and form a middle class. But look around and be honest: in the Netherlands, we are richer than anybody else and we are all taking antidepressants or seeing psychologists. There is a limit to how far money makes people happy." ■

WHO IS WHO?

- **Rembrant Aarts** (MD) is Staff Psychiatrist and MD in Tropical Medicine and International Health at Arq Psychotrauma Expert Group.

- **Samrad Ghane** (MSc, PhD) is Psychologist, Anthropologist and Senior Researcher and Trainer on Cultural Psychiatry and Global Mental Health at Equator Foundation.

- **Leontien Ruttenberg** (MMed, MBA) is Managing Director at WarTrauma.

THE STORY OF DR. **BENYAM WORKU**

"This lady left a lasting impression on me. She came from South Sudan and lives in a refugee camp in Gambella, Ethiopia. Her small hut was remarkably neat and I found her garden to be a true embodiment of the resilience of the human spirit.

As a psychiatrist in Ethiopia, I work with victims of childhood sexual abuse and domestic violence, returning migrant workers from the Middle East subjected to traumatic experiences, and refugees. A few years back I received the training on the Mental Health Gap Humanitarian Intervention Guide from War Trauma Foundation and have since become a trainer myself.

Mostly we work with community workers in refugee camps. I found these people to be very intelligent young men and women who care deeply about the wellbeing of refugees.

Our training has not just helped health professionals to address mental health issues affecting refugees, but also served as a platform for collaboration between health professionals and community workers."

Dr. Benyam Worku
Ethiopia, War Trauma Trainer

Dr. Benyam is Assistant Professor and Head of the Department of Psychiatry of the School of Medicine at Addis Ababa University, Ethiopia

PSYCHOSOCIAL SUPPORT IN **EMERGENCY RELIEF**

DUTCH RELIEF ALLIANCE

War Trauma Foundation is a member of the Dutch Relief Alliance (DRA), 16 non-governmental organisations that provide emergency relief in disaster and conflict areas. The Alliance is supported by the Dutch Ministry of Foreign Affairs. Through joint responses the NGOs can provide a coordinated relief effort. The DRA is an important vehicle for emergency relief for the Ministry.

As a technical partner we work closely with other DRA members, supporting their work with our specific knowledge around mental health and psychosocial support. This is in line with our mission which advocates for mental health and psychosocial support to become an integral part of 'regular' emergency aid and mainstream healthcare.

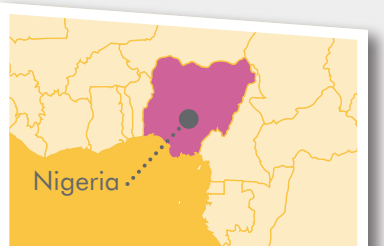
NIGERIA: ATTENTION FOR MENTAL HEALTH

Over 2.2 million people have fled the violence of Boko Haram in North East Nigeria. Suicide bombings and armed violence are regular occurrences and life in the region is dangerous. 'In the chaotic and busy city of Maiduguri, motorbikes were prohibited after they were repeatedly used for terrorist attacks,' tells our trainer Marjolein van Duijl, a transcultural psychiatrist. The conflict with Boko Haram has cost the lives of approximately 100,000 people.

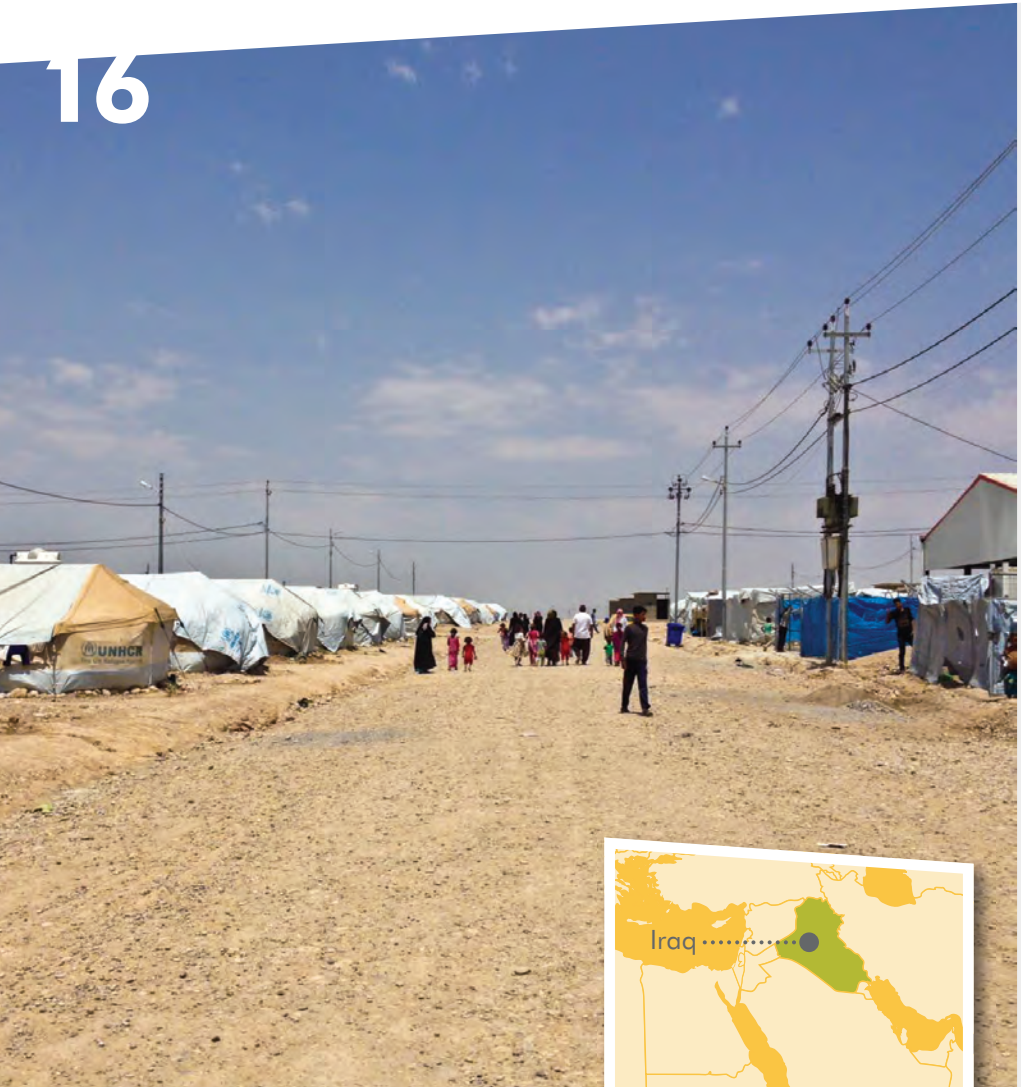
The camps for the many displaced people are overpopulated. There is a shortage of basic provisions such as healthcare, clean water and toilets. Diseases such as cholera and malaria are never far away. The refugees, often farmers, want to go home but they cannot return due to landmines and general insecurity.

At the invitation of DRA-member Save the Children, WarTrauma provided training to better equip field staff working in the relief effort to recognise and interpret mental health conditions and provide a level of basic psychosocial support. Marjolein van Duijl: 'Mental health care is often forgotten. Many refugees have had potentially traumatising experiences, but the majority of staff working in refugee camps are in need of additional training on psychosocial support.'

Local aid workers from seven humanitarian organisations participated in the training. 'I came with limited knowledge on MHPSS but now I feel more experienced. I have learned how I can support people, even by something as simple as paying attention, looking at the person you are helping and letting them speak. Let them tell the story,' says one of the community workers during the training. ▶



"The majority of staff working in refugee camps are in need of additional training on psychosocial support."



SPOTTING ACUTE STRESS IN IRAQ

Three decades of conflict has made people in Iraq vulnerable to psychological trauma and emotional stress. The recent violence involving Islamic State and Kurdish, Turkish and Iraqi troops as well as the overflow of the Syrian conflict and the influx of Syrian refugees have a huge psychological and social impact on groups already displaced and potentially traumatised.

WarTrauma, as a technical member of the Dutch Relief Alliance, is working to integrate psychosocial wellbeing and mental health care into humanitarian assistance delivery. This is not only relevant during the emergency situation itself but also during the recovery and rebuilding phases that follow. In Erbil, in the Kurdistan Region, we trained staff of the local partners of Cordaid to identify conditions such as acute stress, grief, post-traumatic stress disorder and harmful use of alcohol and drugs.

In many of our training sessions we see a growing unmet need with respect to staff care. Humanitarian workers are facing prolonged distress, due to security threats, organisation policies, insufficient support from management, lack of resources, difficulties faced by communities, as well as separation from and responsibility for distant loved ones. In our training we encourage people to be sensitive to signs of stress, to engage in healthy behaviour and to seek and provide peer support.

AT THE FRONTLINES IN UKRAINE

In 2014, Ukraine became the centre of regional strife. An armed insurgency started in the east of Ukraine. With the front going forwards and backwards, people moved out of the conflict zones. Many of these internally displaced people have been struggling to resettle, unable to return home and provide for themselves.

The UN's Office for Humanitarian Assistance identified 3.8 million people in need of support, especially elderly and children. WarTrauma earlier contributed to the creation of the UN's Humanitarian Response Plan emphasising the need for MHPSS to be integrated in existing health systems.

WarTrauma trained frontline staff of DRA members working in Eastern Ukraine. The training in Svetagorsk, not far from the contact line in the Donetsk region, focused on the use of Psychological First Aid and identifying mental problems and disorders.

The Ukraine training was covered in the 2017 evaluation of the DRA, where the evaluator reported that "there were moments (…) when the audience was so engaged that you could hear a pin drop."

The evaluation emphasised our experience in many places where we are able to support people. It noted: "A trained psychologist said she was 'stunned' by the knowledge she learned during the training. She said that psychology studies in Ukraine are antiquated, and that she benefitted greatly from hearing a modern European professional perspective."

This doesn't mean our work in Ukraine is done. The trainees report a rise in cases of aggression, domestic violence and conflict-related sexual abuse - areas that will need increasing attention in the coming years. ■

TAKING MENTAL HEALTH CARE INTO THE **NUBIAN MOUNTAINS**

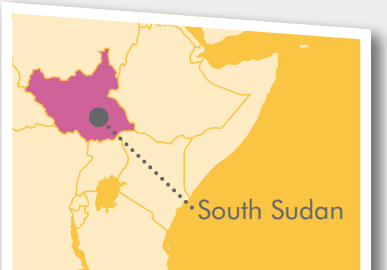
South Sudan is plagued by humanitarian emergencies. After its independence, armed violence continued despite a ceasefire and peace treaty. Not only the conflict but also the related food insecurity causes mental health issues, including anxiety and depression. Around 7.5 million people - over 60 percent of the country's population - are in need of humanitarian assistance.

South Sudan leads the world's list of most fragile states, surpassing Somalia. WarTrauma works with different partners to make sure there is more attention to people's mental health and psychosocial wellbeing.

WarTrauma supported the Dutch Relief Alliance in its South Sudan Joint Response. This emergency response is already going on for three years. While Alliance members have been providing emergency aid here for a longer time, main focus of the work has gone into food, water, sanitation and social protection.

In South Sudan we provided technical advice on how the organisations working in the region could best integrate mental health and psychosocial support into their work. As a member of the Alliance we have held regular information sessions on the added value of attention to mental health in emergency responses. This support contributes to the improved functionality of individuals which will in turn have a positive impact on the wellbeing of the individual and their community. In due time this will account for a more stable, peaceful and prosperous society for South Sudan.

With the UN High Commission for Refugees (UNHCR) we were able to train 80 community workers in refugee camps in Maban and Jamjang in South Sudan. The training focused on basic skills with regards to mental health care in humanitarian emergencies. This is a low-cost and effective way to improve the lives of a large number of people. "I will never forget what I learned here," one participant said, "We will take this home and even to the Nubian mountains!" ■




"Basic skills in mental health care is a low-cost and effective way to improve the lives of people in humanitarian emergencies."

HELPING THE HELPERS

Staff care is an issue of increasing importance in humanitarian responses. Staff of humanitarian relief organisations often finds themselves in the frontlines of conflict and disaster. They see and experience similar shock and grief as the populations hit by these disasters.

In our training of NGO staff we provide tools, tips and tricks for people to take good care of themselves, find ways to cope and relieve some of the stressors that come with their work. In 2017, for the first time ever, we provided direct support to potentially overburdened staff of a humanitarian organisation that worked in the frontlines in Iblib and Aleppo (Syria), some of the most contested cities over the past years.

Through the use of technology such as Skype and WhatsApp we were able to support these staff members, discuss their concerns and feelings and improve their ability to cope with what they have seen and experienced. ■

THE STORY OF PROF. **ALAIN MOUANGA**

"In the Republic of Congo, we host many refugees from neighbouring countries. There is a need to assess the mental health and respond to the needs of these vulnerable people. We know how important mental health is. We ourselves experienced civil war for over ten years and there are still many people traumatised.

In that perspective, it is helpful for our health system to train medical and community workers staff to better recognise and manage the major mental health diseases which are a great burden for the community and for the health system.

I already knew the mental health gap instrument for diagnosis and management of mental health issues. WarTrauma gave me the opportunity to use it as a humanitarian intervention tool both in urban (Brazzaville, the capital) and rural settings (Impfondo in the north of the country)."

Prof Alain Mouanga
Republic of Congo, WarTrauma Trainer

Professor Mouanga is Senior Lecturer in Psychiatry at the Brazzaville School of Medicine and leads the Psychiatric Ward in the Brazzaville University Hospital Center.

HELPING REFUGEES TO LEAVE THE **WAR BEHIND**

UNHCR

The world currently houses around 65.6 million forcibly displaced persons. Over 22.5 million of these are refugees and some 10 million are stateless. The UNHCR is one of the agencies safeguarding their rights and wellbeing. UNHCR helps refugees with protection, shelter, education and health programmes to heal their pasts and build brighter futures.

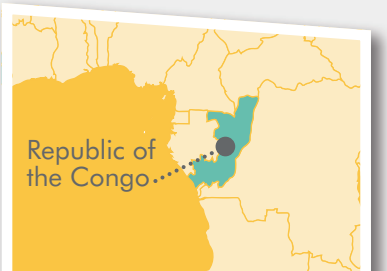
War Trauma Foundation works closely with the UNHCR to improve the mental health and psychosocial situation of refugees. We train people working in refugee camps to identify and manage mental health problems. Though many people need only a limited amount of psychosocial support to experience better mental health, it is important for community workers to know when to refer people to specialised psychological or psychiatric care.

SELF HEALING FOR THE REPUBLIC OF THE CONGO

"It was a real eye opener that low levels of psychosocial support can support people's self healing power and prevent more severe disorders," says one of the participants in our recent training in the Republic of Congo. The country hosts around 56,000 refugees and asylum seekers. Most of them have fled from the current conflict in neighbouring Central African Republic, though a large group of Congolese and Rwandan refugees has been there for up to 20 years. These refugees and their children suffer from an unusual high level of severe mental disorders connected to their flight history.

WarTrauma provided training for UNHCR staff and Congolese health professionals working in safety and protection in the capital Brazzaville and the remote area around Impfondo, where most refugees live. We aimed to strengthen their capacity to identify and manage refugees with MHPSS problems. Also we encouraged psychologists to adopt a community-based approach and develop capacity for low intensity psychological interventions.

The interactive teaching approach used subgroup work, case studies and role play to mobilise all the participants. Most participants were very active during the exercises and role play. Particularly in the Brazzaville training session with a small group, all participants could participate in exercises at their different competency levels. This can serve as a basis for further networking, development and supervision of the trainees. Trainees particularly liked the roleplays. "It allowed me to exercise my technical skills on psychosocial support to strengthen my patients and their families." ▶




"It is important for community workers to know when to refer people to specialised psychological or psychiatric care."

SERVING THE FORGOTTEN SAHRAWI REFUGEES

The Sahrawi people are the focal point of a forgotten conflict. After Spain renounced its colony Western Sahara in 1975, neighbouring Mauritania and Morocco decided to divide the country. The independence movement Polisario waged a war from 1976 until a truce was closed in 1991. Mauritania retreated, but Morocco has divided the country into isolated patches by creating a barrier of 2,400 kilometres of large earthen walls and minefields. While the actions of Morocco have been denounced by many countries, the independent Sahrawi Arabic Democratic Republic proclaimed by Polisario has been recognised by only a few.

One can only imagine what living in a divided country, in large isolated refugee camps with a government in exile does to the mental health of a community. UNHCR assists 90,000 vulnerable Sahrawi refugees in five refugee camps around Tindouf in Southwest Algeria, but many say the real number of refugees in the area is far higher.

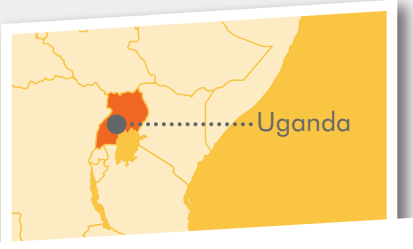
In this semi-autonomous region, the Sahrawi set up their own basic health services, with serious conditions being treated in the Algerian hospitals. The mental health system is however under-resourced and our assessment exposed a large number of gaps in knowledge which we tried to address in our work.

For example, the psychologists are strong communicators, but they do not use standard methodologies of therapy. Doctors and nurses are familiar with diagnosis and most medications, but not always with side effects and contra indications. With regards to depression and post-traumatic stress disorder none of the participants were familiar with therapies such as EMDR or CBT (Eye Movement Desensitisation and Reprocessing and Cognitive Behaviourial Therapy).

UGANDA AS SAFE HAVEN

Africa continues to suffer insurgencies and violent conflict. As a result many Africans are displaced from their country and have a temporary status in a neighbouring country. After Ethiopia and Kenya, Uganda is one of the countries in Africa hosting the highest number of refugees, with its shared borders with the Democratic Republic of Congo and South Sudan. In 12 main camps, there are around one million refugees and asylum seekers. Many of these displaced people are in need of some level of psychosocial support.

Due to the shortage of personnel with a background in mental health, the identification, treatment and reporting of all kinds of different disorders remains a challenge. In the Massaka settlement WarTrauma trained a significant group of health professionals and community workers in the hope of providing some relief. Participants found the sessions where the health professionals and community workers had to work together to have the most impact. Making joint action plans was felt to be a major step towards better mental health care. ■



TAKING CARE OF MEN

"Men who have fled the war feel they have lost everything. Aside from their home and sometimes their loved ones, they have lost their ability to take care of their family and provide for them. This means they have lost their dignity, honour and part of their identity as a man," says Muayad Ahmed. Muayad is a psychosocial worker in a refugee settlement near Kirkuk, Kurdistan region. Being a refugee himself, he knows what he is talking about.

The humanitarian crisis in Iraq remains one of the largest in the world. Over three million Iraqis are displaced, living in 3,700 settlements across the country. Over one million refugees are in the Kurdistan region alone. During the past year, the conflict with Islamic State reached new heights and another 650,000 people in the north of the country were displaced.

Without family ties and other social networks, refugees miss the mental comfort and protection that their regular communities provide in times of distress. Assessments show that almost 40 percent of the population does not know how to cope with their unhealthy levels of stress.

Emergency relief efforts are often focused on women, children and the elderly, groups deemed the most vulnerable in emergencies. There are far fewer programmes focused on men, or even inclusive of them. WarTrauma tries to address this issue and is building research and evidence specifically focused on the psychosocial support needs of men.

When men are in better mental health they can bring a positive contribution to their community and its women and children are happier. The displacement even becomes an opportunity for families and communities to redefine social rules and relations. Men can become closer to their children and there is more mutual respect between men and women. In recent years a movement has been growing to engage men in working towards gender equality.

The Global Mental Health Action field can learn from this movement. WarTrauma is working in Iraq to set up peer support groups for men. Enabling men to discuss their mental and social challenges in a safe space with other males became an instant success. As a start, nine support groups for men were set up and there have been waiting lists for people to join them.

Muayad: "For Iraqi men, being displaced is a huge problem. Without basic needs such as work and an opportunity to earn money, they have trouble forgetting about what has happened. Most of them just need someone to listen to them, someone they can trust. This is why the peer support groups among men are so important, so they can find courage and rebuild their lives." ■


Iraq
"Displacement causes men to question their masculinity. Without a job and unable to provide for their family they feel less of a man."

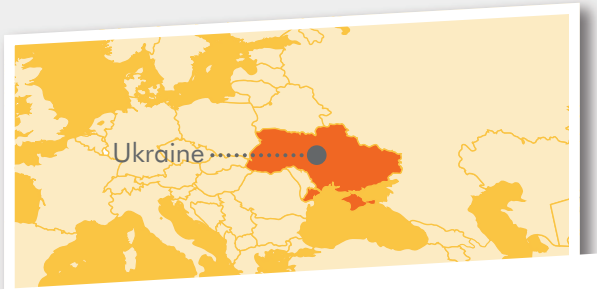
"In Ukraine there is an initiative to move from hospital-based to community-based health care."

UKRAINE: A COUNTRY AT THE CROSSROADS

The people of Ukraine carry a burden of intergenerational stress. In the last 100 years the country suffered a famine-genocide killing 10 million people, the rule of Stalin, the Nazi occupation and the Soviet era. In 1986, a meltdown in the Chernobyl nuclear power plant left part of the country uninhabitable. After the falling apart of the Soviet Union, alcohol and drug dependence increased, resulting in Europe's largest HIV epidemic and worldwide top ten suicide rates. In 2014, conflicts broke out in Eastern Ukraine and around the status of the Crimea.

In response WarTrauma has supported local mental health specialists and practitioners working with trauma survivors in and around Odessa. In Ukraine there is an initiative to move from hospital-based to community-based health care, but the country is lacking a proper referral system. Veterans have created their own peer support groups, but these lack professional support. While the government is supportive of new legislation, stigma remains and people in need of help hesitate to look for mental health care.

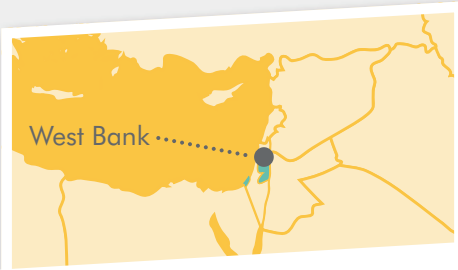
WarTrauma worked with the Odessa mobile team to teach primary health and social workers to recognise and treat mental illnesses. We were able to empower these experienced mental health workers to train non-specialist health workers. In addition we helped to improve the quality of existing state and community-based mental health services for trauma survivors, by supporting the creation of a database of modern treatment protocols, diagnostic instruments and informational resources for professionals. ■



"The political situation between Palestine and Israel causes prolonged stress and hurts people's mental well-being."

WORKING WITH FAMILIES IN THE WEST BANK

"Bringing together a group of mothers with a child with a disability is a great way to help the whole group," says Samar of the Palestinian Community-based Rehabilitation Programme. The resilience of Palestinians in the West Bank area is under threat due to the regulations accompanying the political and military situation.



The Humanitarian Response Plan for the Palestinian Territories explicitly mentions the need to strengthen the communities as well as offer psychosocial support for children and adults. WarTrauma has already been supporting local organisations to help the population to cope with the prolonged stresses to their livelihoods for several years.

The Community-based Rehabilitation Programme, in close cooperation with the Institute for Community and Public Health and Birzeit University in Ramallah, has been implementing the Multi-Family Approach, a methodology developed by WarTrauma. The methodology is mostly used to support mothers with a child with a disability and their families.

Within a situation of political, social and economic hardship, people with physical and mental disabilities are especially vulnerable and the rehabilitation programme has reached over 33,000 people since it started.

A broad network of peer support groups exists throughout the territories and our partners are now able to train new trainers and support group facilitators.

While we remain involved in occasional supervision and support of the local trainers, our partners have become mostly independent. In fact they have gathered so much knowledge they are able to share their experience with like-minded organisations in the region. We organised a knowledge exchange event for the staff from Ramallah to share their work with the Emma Foundation from Kurdistan region, which is working with war-affected families.

The knowledge being built in Ramallah can support many other people and groups and currently we are working with our partners to add a new module to the methodology to reach other specific groups. ■

BUILDING EVIDENCE IN LOW RESOURCE SETTINGS

Providing psychosocial support in emergency settings can be challenging. Working with people on the move, situations change quickly and the moments of contact may be short. At times, people providing psychosocial support wonder about the effect and impact of their work.

Similarly, it is difficult to measure systematically the effectiveness of interventions when there is an ongoing war or humanitarian crisis. It is difficult to create the right circumstances to conduct a scientific study within a crisis, and, for aid workers, taking care of affected people is the first priority.

War Trauma Foundation has taken up the gauntlet. As a technical organisation WarTrauma feels it is important to collect systematic evidence on what proves to be effective in mental health and psychosocial support. It also fits with our ambition to work with universities and grow into a knowledge and expertise centre on global mental health in humanitarian settings.

In 2016, WarTrauma started preparations for a special scientific venture in Sierra Leone, West Africa. The country was still recovering from the Ebola Virus Disease (EVD) outbreak between 2014 and 2016, which had cost the lives of over 11,000 people. Thousands of patients, communities and families have been severely affected by the sudden deaths of their loved ones, the extraordinary measures that were taken to prevent the spreading of the EVD outbreak, and the devastating fear of individuals held in quarantine.

Rebecca Esliker, Head of Department and Mental Health Specialist at the Sierra Leone University of Makeni remembers it clearly. “I helped to sensitise people on the importance of accepting the survivors back in their communities. I still offer counselling services to survivors and family members of the victims of the virus. Some of these people are traumatised by the experiences.”

Health workers during the epidemic received a training called Psychological First Aid (PFA). This is a methodology to provide psychosocial support in emergency circumstances. In 2011 WarTrauma developed a guide for field workers to Psychological First Aid with the WHO and World Vision. The methodology has been embraced by many humanitarian organisations and is deployed in emergency settings. However, the impact of PFA has never been systematically evaluated. ▶

Researchers in Sierra Leone go out on motorbike to study the effectiveness of Psychological First Aid.

▶ "The methodology is not a perfect one-size-fits-all," says Esliker, an expert in the Psychological First Aid method: "Research will highlight the existing gaps in the method. We want to know which approach is more effective and works well for the clients. Research gives an indication of the impact and effectiveness of PFA."

Together with Sierra Leone University of Makeni, Queen Margaret University in Edinburgh, United Kingdom and the VU University Amsterdam, the Netherlands, War Trauma Foundation set up a mixed method study to gain more insight into the way Psychological First Aid was used during and after the Ebola virus outbreak. Following in-depth interviews on how the training was given, a randomised controlled trial was designed to look into the learning effect of the training on aid workers in healthcare units around Sierra Leone.

"Thirteen of our public health students were involved as data collectors," says Rebecca Esliker. "Three times all our collectors spent three weeks traveling to interview the people working in the peripheral healthcare units. Especially during the rainy season, this was quite a challenge as some units were not accessible at all through the regular roads."

Healthcare units in six different districts were taken into account and a total of 408 people participated in the randomised control trial.

The study will have impact on many fronts. Not only will it show the effect of the Psychological First Aid training on the aid workers and the effectiveness of the methodology in general, it will also show the possibilities of doing large scale randomised controlled trials in difficult circumstances.

"We need to think out of the box and encourage innovative research to improve mental health care in low resource settings."

While analysis of the results of the research is still in full progress, it seems there is reason for optimism. During the research period new disasters happened and Psychological First Aid showed its use. On 14th August 2017, after three days of rains, there were multiple mudslides in which 1,141 people were confirmed dead or missing. Rebecca Esliker: "We did staff support and debriefings with the volunteers who searched for the survivors and collected the dead bodies. One aid worker recounted how he saw a dead woman floating on the water with her baby alive on her back."

"The team was able to save the baby, but the aid worker was unable to sleep for weeks as he kept having flashbacks of the scene. He was given counselling to share the story and talk about his experience. He later related that the session helped him. He added he was not too concerned for his wife and children but after that experience, he tells his family how much he loves them every day," tells Esliker. ■

HEALTH SYSTEM **STRENGTHENING IN PAKISTAN**

The North East of Pakistan is a vulnerable region. The strategically important Khyber Pass in the mountain range between Afghanistan and Pakistan has provided a major corridor for armed insurgents for decades. WarTrauma Foundation, in cooperation with UNICEF-Pakistan, has been involved in the region since the terrorist attack on the Army Public School in Peshawar. During this attack in 2014, over 140 people lost their lives, many of them children.

Shortly following the attack, the Department of Health of the Khyber Pakhtunkhwa region resolved to address the traumatic stress experienced not only within affected families, but also in the larger community. Within these tight-knit communities most people are somehow affected by the attack, or otherwise will be afraid a similar attack might happen in their school.

The Department of Health recognised the unmet need for psychosocial support and decided to develop an action plan to address this shortage permanently. WarTrauma helped to design the strategic plan and develop a five-year approach to strengthen the mental healthcare system. In the coming years we hope to support a culturally-appropriate MHPSS training curriculum for respective expert trainers in the province.

Previously, WarTrauma has provided psychosocial support to the people affected by another school attack, in Beslan in Ossetia in 2004 in which 1,100 people were held hostage and 334 people died. ■

SCALING UP PSYCHOLOGICAL INTERVENTIONS WITH **SYRIAN REFUGEES**

In the past few years, over five million people have fled the war in Syria to countries across the Middle East and Europe. Due to the war and their forced displacement, Syrian refugees experience depression, anxiety and post-traumatic stress disorder (PTSD). The influx of large numbers of refugees poses a significant challenge to health systems in Europe and in Syria's neighbouring countries.

Across the Middle East, there are not enough trained specialists to provide mental health interventions. In Europe, the lack of Arabic-speaking mental health care professionals limits access to mental health services.

WarTrauma helps to address these challenges in the STRENGTHS programme, which aims to scale up psychological interventions with Syrian refugees. Working together with 15 non-governmental and scientific organisations we are researching and implementing a new set of scalable psychological interventions developed by the World Health Organization.

Scalable interventions are ideal for community-based health care settings and will benefit the reach and uptake of effective mental health care for Syrian refugees in countries around Syria (Turkey, Lebanon, Jordan, Egypt), and in Europe (Germany, the Netherlands, Switzerland and Sweden). ■

PROBLEM MANAGEMENT PLUS

Problem Management Plus (PM+) is a promising programme for use in humanitarian and low-resource settings. This is a short intervention that can be delivered by non-professional helpers.
PM+ does not target a single mental health issue, but instead a more generic set of symptoms of common mental disorders.

"The influx of large numbers of Syrian refugees poses challenges to mental healthcare in the Middle East and Europe."

2017 IN BRIEF

RUNNING FOR BETTER MENTAL HEALTH

Running is good for your mental health. Three teams made sure running is also good for the mental health of others. In different sponsored runs they raised funds for War Trauma Foundation.

ALTHEA RESEARCH NETWORK

WarTrauma has been a strong advocate for evidence-based interventions. Currently, various research groups in the Netherlands are conducting high-quality global mental health research. This is why the Vrije Universiteit (VU) Amsterdam, the University of Amsterdam (UvA) and War Trauma Foundation cofounded the Amsterdam Global Mental Health Research Network ALTHEA. The network ALTHEA would like to facilitate researchers in the Netherlands to exchange their ideas, results, knowledge, and experiences, as well as to create opportunities for future collaboration between organisations and researchers.

WARTRAUMA 20 YEARS

In March 2017, WarTrauma celebrated its 20th anniversary with a symposium and workshops. Over 200 people attended and discussed mental health and psychosocial support in low and middle-income countries, as well as mental health care for refugees and displaced people residing in the Netherlands. Guest speaker was Dr. Vikram Patel, professor of Global Health and Social Medicine at Harvard Medical School. Dr. Patel is a psychiatrist whose work over the past two decades has focused on reducing the treatment gap for mental disorders in low resource countries.

INTERVENTION

WarTrauma's peer-reviewed journal on mental health and psychosocial support in humanitarian settings celebrated its 15th volume with three issues, including a special issue on linking peacebuilding and MHPSS.

Even more importantly, Intervention prepared for important changes, as it aims to be published on an open access platform as of 2018. This means everyone can read all of its articles, which is in line with our mission of sharing knowledge and expertise. The new platform will be hosted at www.interventionjournal.org

INTERVENTION

FINANCE AND ORGANISATION

War Trauma Foundation remains ambitious. There is increasing recognition of the importance of mental health and psychosocial support due to the refugee crisis and ongoing wars in Syria, Yemen and South Sudan. Nevertheless we do not have enough funds to respond everywhere we want. Funding is always a point of concern and therefore our fundraising success is important.

GENERAL

In 2017, we were able to attract a growing number of donors. The number of funds that supported us grew from 7 to 16! We hope to interest some of these donors to provide multi-year support for our organisation or adopt a specific project. Nevertheless our income was less as in 2016, because in the past we were also asked to perform logistics services that were not connected to our core - business. We are confident we will maintain the level of income over a longer period.

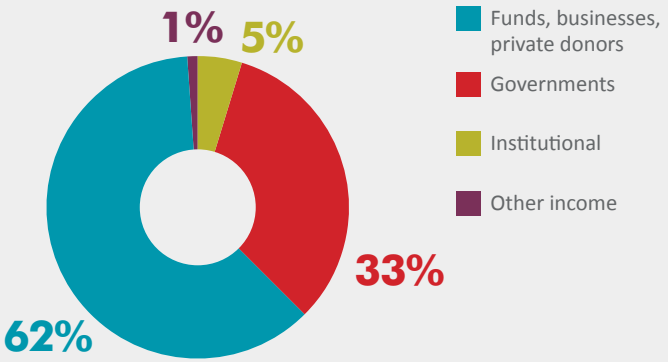
GOVERNMENTS

In 2017, we received project funding from the EU, supporting the STRENGTHS programme of a wider consortium of organisations. We also received funds from the UK Department for International Development (DfID) to support the ELHRA research in Sierra Leone, amongst others.

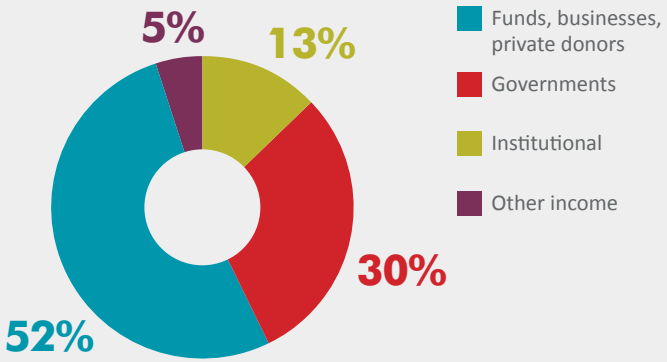
FUNDS, BUSINESSES, INDIVIDUALS DONATIONS

The amount of funds acquired from private donations received remained stable. Some individual donors raised money for WarTrauma through sports events and collections in churches. We were thankful for the support of a growing group of private funds, some of which wish to remain anonymous.

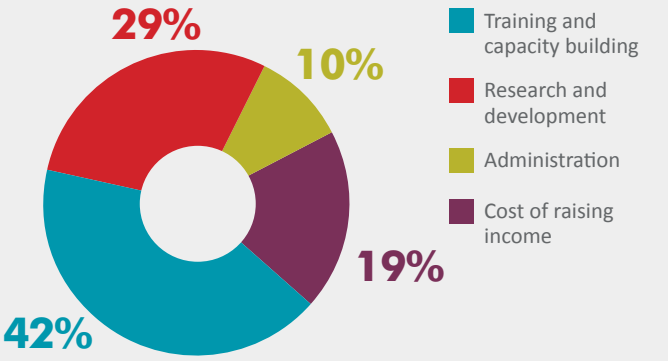
INCOME 2017



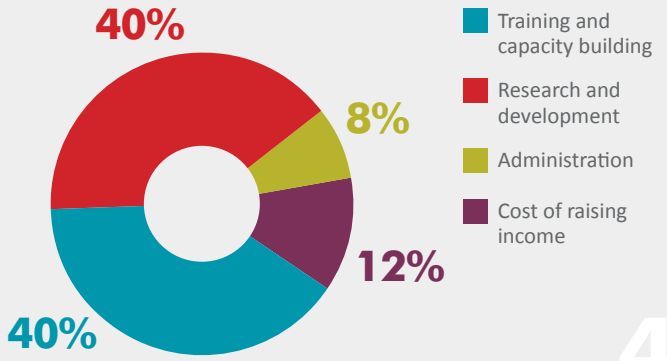
INCOME 2016



EXPENDITURE 2017



EXPENDITURE 2016



ORGANISATIONAL QUALITY

War Trauma Foundation has the ANBI status. This means it is recognised as a non-profit by the Dutch Tax Authority. We also have the quality mark of the Central Bureau of Fundraising (CBF). The bureau checks our reports annually to ensure that as an NGO we focus on our mission and objectives. The cost of our fundraising compared to the funds we raised is 11.6 percent (8.3 percent in 2016).

To safeguard our processes, WarTrauma has renewed ISO 9001 certification, showing our quality systems are up to the standards of the International Organisation of Standardisation. One of the guidelines we use is Guideline RJ 650 around the costs of Control and Administration. There are standard complaint procedures.

ARQ PSYCHOTRAUMA EXPERT GROUP

War Trauma Foundation is partner in the Arq Psychotrauma Expert Group. The Arq Group consists of partner organisations that are specialised in the aftermath and consequences of traumatic events. Each partner organisation has his own expertise and experience. Within Arq, the organisations join forces in specific areas such as scientific research and education, specialised trauma treatment and diagnostics, prevention and support.

WarTrauma works closely with professionals in psychotrauma from Centrum ’45 and Equator Foundation to support our work around Mental Health and Psychosocial Support.

STAFF AND VOLUNTEERS

WarTrauma works with a small team of committed programme officers running the daily activities. In addition we work with trainers and associates with ample experience in Mental Health and Psychosocial Support in emergency settings. For support services like HR, finances and IT we use the services of Arq Service Center. ■

THANKS TO OUR DONORS

Anna Muntz Stichting

Diakonie Oude Kerk, Amsterdam

Gieskes-Strijbis Fonds

Heilige Hartstra Stichting

Homer51

HSO

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Design: Raffaele Teo

This magazine is a publication of War Trauma Foundation

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