

## Elisabeth Schauer, Director of Vivo, Speaks About Psycho-Social Support for Ex-Combatants

*N&N no. 12 – September 15, 2006*

***Vivo** is an organization that works to overcome and prevent traumatic stress and its consequences within the individual and the community, safeguarding the rights and dignity of people affected by violence and conflict. MDRP interviewed Director Elisabeth Schauer about Vivo's recent presentation in Kigali to the MDRP Technical Coordination Group concerning findings and recommendations for the psycho-social support of ex-combatants.*



**What does the term “psycho-social health” refer to?**

The World Health Organization defines ‘health’ not just as the absence of disease, but as an overall state of wellbeing. Psychosocial health refers to an emotional, cognitive and social state of wellbeing that allows a person to function well in daily life – pursue work, maintain intimate

relationships, achieve in learning, participate in group or community activities. We at Vivo tend to go further and also advocate the right to ‘mental health’, which usually includes the provision of effective services for severely affected members of the community.

**Please tell us a little about the psycho-social workshop recently held in Kigali, Rwanda through the MDRP Technical Coordination Group.**

The National Rwanda Psycho-Social Conference, co-hosted by the Ministry of Health and the Rwanda Demobilization and Reintegration Commission (RDRC), recently drew together Government, local organizations, international organizations, UN bodies, donors, researchers, academics, therapists and counselors. Results from the national conference were subsequently



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shared with the MDRP Technical Coordination Group (TCG) of experts from Rwanda and neighboring Uganda, Republic of Congo, Democratic Republic of Congo, Central African Republic, Angola and Burundi. A highly encouraging discussion took place, demonstrating the shared will to make psycho-social and mental health care a priority in the framework of ex-combatant reintegration.

Both the Rwanda conference and the MDRP TCG meeting were breakthroughs and brought tremendous learning, awareness and knowledge. Mental illness and psycho-social problems in ex-combatants and other vulnerable groups in post-conflict societies have long remained unacknowledged, even hidden. It is courageous and timely of governments to speak out and I felt the beginning of a paradigm shift.

## **What did VIVO present to the MDRP Technical Coordination Group?**

We gave a presentation on the current state of global knowledge and research on ex-combatant rehabilitation and reintegration. Moving from the societal level to the individual, we detailed the psychological and social consequences of violence and trauma for civilians and ex-combatants, followed by an analysis of how Post-Traumatic Stress Disorder (PTSD) develops, its prevalence in selected populations, and of co-morbid disorders. Finally we presented possible evidence-based treatment modules, their benefits and their place within a national service structure. We especially highlighted the importance of tying personal healing of individuals to overall healing, psycho education and reconciliation efforts in society through methods based on a form of trauma therapy known Narrative Exposure Therapy.

## **What about ex-combatants? Do they have specific psycho-social symptoms or require specific care?**

Ex-combatants frequently experience mental health problems at much higher rates than civilians, although some forms of modern warfare also expose great numbers of civilians to traumatic experiences. One of the key psycho-social issues for ex-combatants is that they frequently perceive themselves as somehow 'different' – they feel that they belong more to their peer community rather than their home community. In turn, the wider community views them with a judgmental, often stigmatizing, eye. Some ex-combatants experience long-lasting symptoms that are correlated with unemployment, divorce, spousal and general violence, homelessness, criminal behavior and substance abuse and addiction. Recent reintegration studies in Rwanda show that some ex-combatants feel lonely and isolated, and suffer from PTSD and depression.

In terms of disarmament, demobilization and reintegration efforts, the success of reintegration initiatives is sometimes hindered by psycho-social issues. Mental health impairment linked to PTSD and drug abuse has, for example, been cited as a major reason for the failure of reintegration efforts among a substantial number of ex-combatants in Somalia.

However, the type of social support, trauma therapy, psycho-education ex-combatants need is no different than that required by other vulnerable groups like orphans and widows, people living with HIV/AIDS, or others. Mental health or psycho-social rehabilitation services for ex-



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combatants can and should therefore be offered through integrated setting, community-based care, with a referral system to the district and national levels.

## **What follow-up to the MDRP meeting do you suggest?**

In Rwanda, the proposed national psycho-social model will require both will and financial support from the government, especially from the Ministries of Health and Defense, and the RDRC. The process is timely, the developed model appropriate, in fact very progressive and the need is tremendous – so all factors considered, possibility for implementation is high.

For Rwanda's neighbors, though, the process is more difficult; many have less developed national health infrastructures and could find it difficult to adopt a comprehensive system like the proposed model for Rwanda. Still, there is no reason not to move forward with ex-combatant mental health care. There are basic networks in many places. A base structure of a trauma counselor with a back-up of a set of trained Master Counselors can function in almost any setting. In Northern Uganda for example, Vivo has helped to establish a trauma counseling structure for psychological rehabilitation of former child soldiers on the 'Concerned Parents Association' – a local self-help structure of parents and siblings who lost children to abduction. It can also work via any other community structure, like schools or vocational training centers.

## **Anything else you'd like to share?**

It is important to understand that Post-Traumatic Stress Disorder is a condition that can be treated with short-term, evidence-based counseling approaches by locally trained community members. Other helpful modules in terms of increasing social capital and community cohesion have also been developed and tested and can be applied by local lay personnel. Ongoing action research is a further key to developing adequate and effective models of care for specific contexts. I would really like to see our colleagues, the African practitioners and academics, further claim their full voice in guiding the development of psycho-social treatment systems grounded in science. We at Vivo are ready to support such a process.

*For more information on MDRP, please visit [www.mdrp.org](http://www.mdrp.org) or contact Bruno Donat, Communications Officer, MDRP Secretariat, World Bank at [info@mdrp.org](mailto:info@mdrp.org).*