

## Volume 3, Number 2

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## Introduction

During the past 20 years a growing number of psychosocial projects have been implemented in areas of armed conflict. These projects often start as the initiative of Western professionals who had been involved earlier in work in mental health organisations in their own country, and who had become acquainted with victims of trauma.

These professionals wanted to support people in areas of armed conflict by exporting their expertise. They soon learned, however, that their methods had to be adapted to local circumstances and local cultures, and that their way of describing and analysing problems did not always concur with local views on the harmful consequences of armed conflict.

Some western professionals tried to keep working with mental health care approaches that were familiar to them, approaches aimed at individuals or families. They put a lot of energy into adapting their methods to local circumstances and in trying to overcome cultural barriers. Others decided to start in a different way; they tried to develop interventions that were more oriented to supporting local communities as a whole and were less concerned with individual mental health.

In this issue of *Intervention*, both approaches are represented. The first article, by Van de Put & Van der Veer, is about counselling in Cambodia. The authors conclude that counselling in a culturally sensitive way is indeed possible. But, they have to add that although counselling works in non-western cultures, it is not very practical. Counselling is a method that benefits individuals or families, and therefore not many people can be reached through the efforts of a handful of trained

counsellors. Moreover, it is very difficult to install sustainable public counselling services. We have to ask ourselves if it is not wiser to invest in psychosocial approaches that can reach more of those in need.

The article by Meyer-Weitz & Sliep describes such an approach: narrative theatre. It is a community-oriented approach that has the potential to reach large groups of traumatised people. This approach has been discussed earlier in *Intervention* and is not aimed at the mental health problems of individuals, but at socially constructed problems within communities. The present article explains that narrative theatre is a process that develops through continuous evaluation.

Overcoming cultural barriers is one of the themes discussed in the aforementioned article on counselling in Cambodia. This theme also returns in the article by Schwartz et al. on the mental health problems of Tibetan refugees in Nepal and Tibetan views on health and healing. Introducing counselling or other mental health approaches in Tibet would require some cultural sensitivity and well-considered attempts to overcome cultural barriers. The article by Kuşcu also deals with the theme of cultural barriers, this time in Kosovo where the author was working as a trainer and supervisor of psychosocial counselling teams.

The other articles in this issue are about activities aimed specifically at mental health problems. Wertheim-Cahen et al. take us to Kosovo once more and describe the development of an approach that began as art-therapy for children. The program described did not start with a thorough assessment of the needs of the children in question, but was carried by the enthusiasm of a group of Western idealistic art-therapists and musicians.

Heidenreich writes about music therapy as a form of mental health care for traumatised individuals in areas of armed conflict. She contacted 62 persons and organisations involved in providing music therapy in such areas of conflict. The responses to her interviews interestingly do not mention cultural awareness, cultural competence or comprehension - very much an important requirement for the therapist. Nevertheless, the author concludes, most of the organisations providing music therapy do try to respond to local mentality and culture.

The article by Uitterhaegen is about a mental health program for asylum seekers and refugees in the Netherlands, who are trained by Western mental health professionals in providing psycho-education and psychosocial support to groups of fellow refugees and asylum seekers. These trained refugees work in their own language and don't have to overcome cultural barriers when educating or supporting their fellow countrymen.

The last contribution to this issue is a letter to the editor, in which M. Bragin, inspired by a field report on psychosocial work in the aftermath of the Tsunami in *Intervention* 3.1, draws our attention to some guidelines that could help to mitigate the psychological consequences of such emergencies on children.

Guus van der Veer

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