

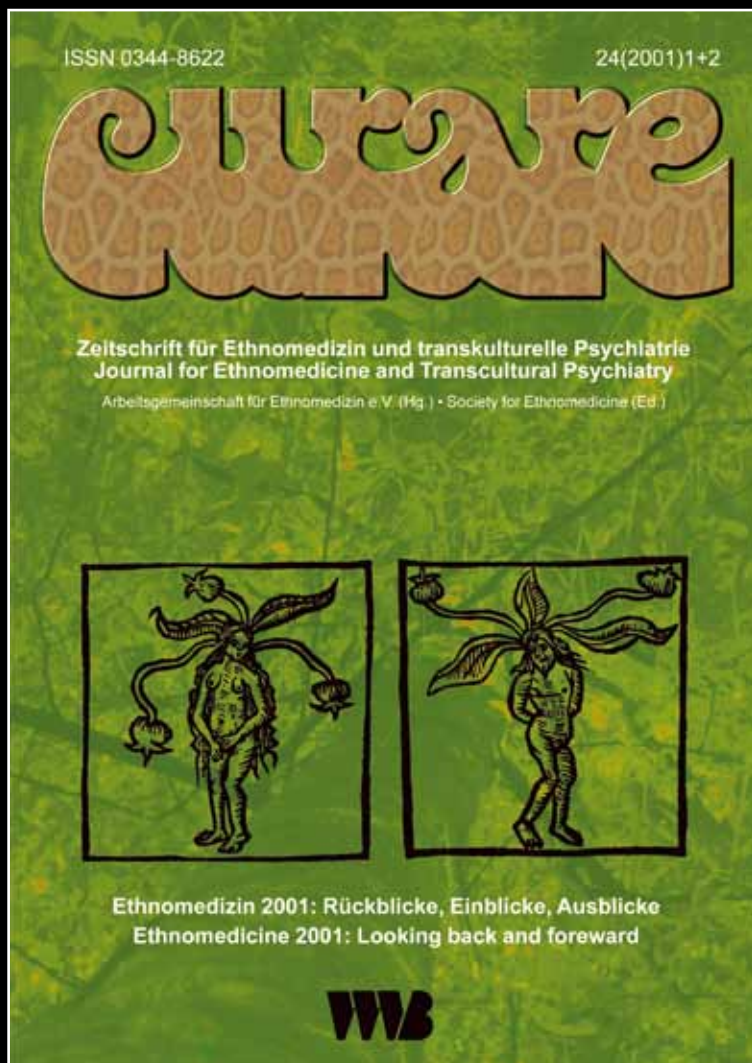


Zeitschrift für Medizinethnologie • Journal of Medical Anthropology

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**AGEM und 60 Jahre
„Interdisziplinäres
Arbeitsfeld Ethnologie
und Medizin“, Teil III**

**AGEM looking at
Six Decennia of
Interdisciplinary
Discourses in
“Anthropology and
Medicine,” Part III**





Zeitschrift für Medizinethnologie Journal of Medical Anthropology



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- *Curare* 38(2015)1+2: 164, die Angabe des Reprints „Baubo – die personifizierte Vulva“ von
George Devereux aus *Curare*-Sonderband 1/1983 lautet korrekt: *Curare* **38(2015)4: 311–314**.
- *Curare* 38(2015)4: 320, das Todesjahr von Ernst E. Boesch ist korrekt **2014**.

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*Mitglieder der Arbeitsgemeinschaft Ethnomedizin (zum Zeitpunkt des Beitrags)

8th International Symposium *Global Mental Health—Mental Health in Developing Countries*, 29th October 2016, Munich

DAVID BRINKMANN

With this year's diminished refugee influx to Europe and Germany, debates about integration and participation have likewise calmed. Nevertheless, the so-called "refugee crisis" gave occasion to numerous conferences. While most of these dealt with European issues, few took into account the fact that typically more than 80 percent of refugees are hosted by low- or middle-income countries. The 8th *International Symposium on Mental Health in Developing Countries* complemented the debate on refugees in Europe, by focusing upon refugees and IDPs (internally displaced persons) in Africa and Asia. Mental health issues of refugee populations—in urban as well as rural regions of so-called "developing countries"—were addressed from a variety of perspectives.

The annual symposium on global mental health was hosted (in cooperation with AGEM e.V.) by *The International Network for Cooperation in Mental Health* (i.nez), the *Global Mental Health Group*, LMU, of the Department of Psychiatry and Psychotherapy of Ludwig-Maximilians-Universität, München, and the *Center for International Health* CIH-LMU. Approximately 100 researchers, students, and other interested persons attended the event's four sessions.

After a warm welcome and brief introduction by Peter Falkai (Department of Psychiatry and Psychotherapy, LMU), Matthias Siebeck (*Center of International Health*, LMU), Wolfgang Krah (i.nez e.V.), BAYARD ROBERTS (Associate Professor in Health Systems and Policy and Director of ECOHOST—*The Centre for Health and Social Change* at London School of Hygiene and Tropical Medicine), opened the first session. Session I was moderated by Reiner Frank (*Clinic and Polyclinic for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy*, LMU). Roberts talked about mental health issues pertaining to refugees and IDPs in low- and middle-income countries. He opened his presentation with a general overview of global data on refugees, and then described mental health issues related to violent armed conflicts. Presenting data from various contexts, e.g., the Ukraine, Roberts outlined the primary demand-side and supply-

side barriers to mental health care, including lack of resources, limited staff, poverty, stigma, etc. He emphasized the critical issue of general underfunding of mental health care. In a systematic review of mental health and psychosocial support intervention studies, he pointed out overall qualitative improvements, while also stressing the still persistent need for better evidence to design and spread more appropriate mental health care programmes.

SISAY MULUGETA (Mental Health and Psychosocial Support Programme Manager in IMC *International Medical Corps*, Ethiopia) continued this first session with a report on his personal experience as a health worker in one of the five Somali refugee camps in the Dollo Ado corridor in extreme southern Ethiopia. Mulugeta was one of the first graduates of the Jimma University master programme, "Integrated Clinical and Community Mental Health," implemented in cooperation with the CIH-LMU in 2010, and funded by the German Academic Exchange Service (DAAD). In his introduction, Mulugeta spoke of the challenges caused by the rather limited mental health care facilities in Ethiopia, and the particularly difficult situations found in rural camp settings. He continued by describing the implementation of a community health worker programme in the refugee camp, aimed at improving community awareness, anti-stigmatization, and increasing the utilisation of mental health services. This was accomplished by training community health workers and by community sensitization through anti-stigma and awareness campaigns or socially appropriate advocacy (addressing mental health issues in socio-culturally appropriate settings, e.g. "tea talks"). Finally, Mulugeta called for using locally available resources to implement mental health services.

Next, EDVARD HAUFF (Professor of Psychiatry at the University of Oslo) presented data from a collaborative research project by the University of Bahr el Ghazal in South Sudan and the University of Oslo, on mental health in several communities of South Sudan. The project, which was conducted from 2007–2012, aimed to build capacity in the field of mental health service (increasing research, teaching, and clinical competence) and to identify

the most important mental health problems in IDP populations. Two community studies were conducted, clearly showing war- and poverty-related mental health problems, e.g., PTSD, depression and PTSD comorbidity, anxiety disorders, and high rates of psychotic events. Unfortunately—as Hauff stated—due to the unsafe political situation and the lack of further funding, no further measures based upon this data have been implemented thus far.

Session II was moderated by Fabian Loy (*Clinic and Polyclinic for Child and Adolescent Psychiatry, Psychosomatics and Psychotherapy*, LMU) and opened with a presentation on the collaborative CIH MSc programme at Jimma University (Ethiopia): “Integrated Clinical and Community Mental Health.” First, KRISTINA ADORJAN, a resident at the Department of Psychiatry and Psychotherapy of Ludwig-Maximilians-Universität, München, provided a detailed description of the initial state of mental health care in Ethiopia, where there was a high prevalence of mental disorders but limited mental health care facilities with capable staffs. Initiated in 2010, the master programme has had the capacity to train 15 students per year, but fewer students have applied. The general programme goal has been to improve psychiatric care structures through the training of health officers, to increase the number of health workers trained in psychiatry, to decentralize mental health care in Ethiopia, and to provide psychiatric treatment to the rural population. Thirty-two students have completed the master programme, and are now working throughout Ethiopia, doing clinical work, teaching, research, and community service. MATIWOS SOBOKA, a graduate of the master program in Jimma, presented preliminary results of the programme evaluation. He briefly outlined the program’s strengths and weaknesses, and made suggestions for improvement. His presentation closed with a look toward the future, especially regarding the sustainability of supporting mental health care in peripheral regions of Ethiopia, as well as the promotion of mental health care in refugee camps.

PETER KAISER (psychiatrist, psychotherapist, Head of Department for Psychiatry, Psychotherapy and Psychosomatic, *Center for Mental Health*, Winnenden, Germany, and professor at the *Centre for Religious Studies*, University of Bremen) continued the session. In his presentation, Kaiser outlined the situation of Myanmar refugees (mainly ethnic Kar-

en) in camps along the Thailand-Myanmar border, particularly focusing on mental health problems. After providing the audience with general background information on the historical and cultural background of the Karen ethnic group in Myanmar, Kaiser contrasted living conditions prior to forced migration (primarily shaped by subsistence farming) with conditions in refugee camps, some of which have existed for over thirty years. He pointed out that—due to sharp restrictions in movement and very limited employment and educational opportunities—camp inhabitants almost completely depend upon the external help provided by international NGOs. The actual conditions, a war, a violence-shaped past, and the omnipresent fear of being forcibly repatriated combine to provoke a variety of mental health threats, including anxiety about the future, depression, high suicide rates, and PTSD. To improve mental health in the Karen, *Malteser International* trained local medical staff to provide basic mental health care in the camps. Kaiser stressed the need for involving refugees in the development of help programmes, supporting integrational measures by providing work opportunities, and avoiding or reducing aid dependency whenever possible.

After a short introduction, Wolfgang Krahl presented a personal account of a former Vietnamese refugee who fled to Bidong Island in 1975, after the end of the Vietnam War. In the filmed interview, Mr. T. described his dangerous voyage on a small crowded boat to the islet near the Malaysian coast. There the 13-year-old boy found poor sanitation and harsh conditions, living amongst 40,000 people in an area of only one square kilometre. He related how he finally managed (with the help of his brother) to come to Germany, how his past experiences severely impacted his mental condition, and what he did to overcome his past traumas. Mr. T. added that not all Vietnamese managed to integrate successfully and that some of them had developed ongoing psychosocial problems.

During lunch break, five projects were presented in a poster session. Then Norbert Müller (former Deputy Director *Clinic and Polyclinic for Psychiatry and Psychotherapy* and moderator of the following session, introduced the next speaker, PARAMESHWARA DEVA. Deva is Professor of Psychiatry and Consultant Psychiatrist at Tunku Abdul Rahman University, Malaysia. He provided the audience with a comprehensive account of the current

situation and further development of mental health care services in countries of the Asia-Pacific region, including Malaysia, Cambodia, Cook Island, and Fiji. He drew on his vast experience and personal contributions to numerous projects which helped to improve mental health care in these countries. Deva emphasized that in order to make the establishment of mental health care more sustainable, there is a need for bottom-up culturally sensitive measures, relying upon local resources, rather than foreign borrowed concepts. This includes basic primary health care training, focusing on treatment of common disorders like depression, anxiety, psychosis, and substance abuse, as well as childhood and adolescent mental illnesses (LIMA approach).

In the second talk of this session, MARTINA BUNBERT, psychiatrist and psychotherapist, provided interesting insights into the post-earthquake situation in Nepal. In 2015, two earthquakes had a devastating impact, not only on the infrastructure of multiple regions, but also on the mental health of the affected population. Many people faced the destruction of their homes and personal belongings, and in many cases even the loss of loved ones. Bungert described how CMC (*Center for Mental Health Counselling*, Nepal), a psychosocial care project, supported people affected by the earthquakes in cities and also in harder-to-reach rural areas.

SANDRA DEHNING (*Department of Child and Adolescent Psychiatry, Psychosomatics, and Psychotherapy*, LMU) moderated the fourth and closing

session. HARRIS CHILALE (Msc Specialist in Psychiatry and member of *Saint John of God Community Services*, Malawi) outlined the development of mental health services in Malawi, beginning with the 1973 needs assessment for various measures to improve access to mental health care, especially in the northern part of the country. That assessment clearly demonstrated the need for more psychiatric health services in this area. Consequently, measures were initiated aimed toward facilitating access to services, capacity building of available and newly trained staff, and implementing research to provide more data on mental health issues in Malawi. Chilale identified, as future challenges, poor health literacy in the population, insufficiently-trained staff, alternative therapeutic care (provided by “traditional healers”), and political and legal barriers.

WOLFGANG KRAHL (i.nez e. V. and symposium organizer) ended the symposium with a strong call for more south-south links in mental health care, more cooperation between low-income countries, and the recognition that mental health issues place a severe burden on affected people, their families, and society in general. He provided the audience with some hard facts regarding the unequal worldwide distribution of mental health care facilities and scientific knowledge. He urged more clinical and context-oriented engagement of mental health professionals. Krahl closed with a plea to give mental health issues adequate recognition, as part of the sustainable development goals of the United Nations.



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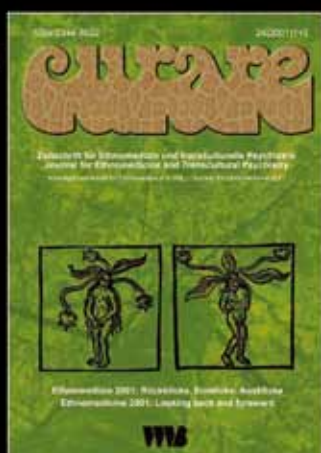
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