RESILAC*

*LAKE CHAD INCLUSIVE ECONOMIC AND SOCIAL RECOVERY

ACTION CONTRE LA FAIM

care

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REGIONAL STUDY
THE TREATMENT OF PSYCHOLOGICAL DISORDERS IN THE LAKE CHAD BASIN

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In the majority of violent conflicts in the world, 90% of the victims are civilians. Terror is used as a means of social control: it is the fundamental component of modern political violence and is orchestrated to penetrate the social universe of a population and the psyche of individuals.
Destroying all forms of social cohesion, peace, individual resistance and well-being is a strategy in most of today's conflicts, including those in the Lake Chad Basin. Violent incursions into villages, looting, and physical and moral abuse are the morbid props of a political theatre designed to literally 'stun' an entire society. The victims are thus confronted with the deliberate destruction of their social, economic, family and religious environment.

Not only do attacks by non-state armed groups (NSAGs) make little or no distinction between civilians and soldiers in their targeted actions, but the former 'ethical obligation' to spare women and children is giving way to a strategy of systematically attacking them. Sexual violence against women, the recruitment of youth and hostage-taking are real methods of warfare that characterise the violence of Boko Haram and other non-state armed groups in the region.

It is in this context that thousands of families have fled their villages and their land to migrate to areas deemed more secure. However, although this very relative security allows them to stay alive, it obviously does not provide decent living conditions. There are many inter-connected causes of trauma: from the displacement of populations to the fragmentation of family and village entities; from uncertain access to resources to the reinvention of a 'makeshift' economy; from the anguish of displacement to resettlement in an unfamiliar and socially unstructured environment.

When the crisis drags on, once the possibility of a better life fades and the hope of being able to return home becomes more uncertain, social vulnerabilities set in and fuel psychological trauma. This sequence of traumatic events also leads to the transformation of social relations and mutual aid dynamics, which is only made worse by the prolonged interaction between host and displaced populations. Suspicion towards the 'cultural other' begins to grow. They begin to be seen either as a real danger (collusion with the GANE) or as a risk (sharing resources).

Similarly, social sanctions against people in psychological distress, whose disorders are visible in the public arena, are becoming more prevalent. Collective representations linked to mental health - formerly limited to the distinction between «being crazy» and «being normal» - no longer hold, or at least they include other dimensions of mental illness and other explanations.

When psychiatry detects an increase in manifestations of mental disorders, psychosis, depression, anxiety or traumatic neurosis, traditional medicine sees individuals who are increasingly under the influence of occult forces, whether they are the instigators or the victims of attacks.

However, whatever the aetiology (study of the causes of illnesses) and the treatment used, the social function of therapists (traditional practitioners, psychologists, ATS, etc.) is increasingly promoted due to the place given to speech and the relief of suffering. Taking into account personal histories and traumatic experiences is, moreover, one of the common points of the 'traditional' and 'conventional' approaches to the treatment of psychological disorders.

The different ways of accessing care and managing mental disorders coexist, without really competing, as biomedical care is scarce. While people initially tend to go to traditional or faith-based healers, they may decide to use psychiatric and psychosocial services «by default» depending on the availability of state services and international organisations or when traditional treatment has failed.

In this context, it is difficult to speak of people's resilience or of a stabilised and sustainable social situation. Rather, it is a context of day-to-day survival strategies and therapeutic pluralism. The different types of care are motivated by the same objective of recovery. As such, each person mobilises the social, economic or symbolic capital available to them in order to cope with the suffering and the uncertainty that the crisis will soon end.

RECOMMENDATIONS

GENERAL RECOMMENDATIONS FOR NATIONAL AND INTERNATIONAL SMPS PROGRAMMES

1 ➔ **1.Establish or strengthen a mental health directorate** within the Ministry of Health in each country to design, resource and implement a national mental health treatment framework, as well as prevention and promotion policies in this area.

2 ➔ **Ensure that national mental health plans are developed taking into account the contextual specificities** of each country and ensure that a mental health legislative framework exists, is implemented and respects international human rights standards

3 → **Strengthen and expand community mental health services through their integration into primary health care,** including those in peripheral cities and rural areas. Train primary health care workers to provide integrated care in community health facilities and to expand the provision of home-based care.

4 → **Strengthen the training of psychiatrists, psychologists, specialist nurses and psychosocial workers** in order to have qualified human resources in the various health facilities, particularly in crisis-affected areas where the security situation permits. Ensure that specialist mental health professionals are assigned to priority locations and that once in place, they are not reassigned elsewhere.

5 → **Ensure that there is a reliable supply of essential psychotropic drugs** in hospitals and primary health care centres to avoid shortages of inputs in health facilities in insecure areas. Train health workers in stock management.

6 → **Facilitate access to psychiatric care** when needed and include psychiatric care in national health cost recovery systems and in service packages for the most needy.

7 → **7. Develop specialised services for the recognition and management of alcohol and substance use disorders.** The model of Alcoholics Anonymous has long proven its effectiveness and could easily be replicated in affected communities.

8 → **8. Design information, education and communication materials on mental health** and promote their dissemination in health and other public facilities. In this respect, comics are a very effective tool for raising awareness.

9 → **Make care available to the groups who are often excluded from SMPS programmes, namely children, adolescents and the elderly.** Adapt activities to different profiles.

10 → **Include listening and talking spaces for psychosocial workers in SMPS programmes.** Create partnership agreements between NGOs to ensure that the activities implemented by psychosocial workers are sustainable (when one programme ends and another begins, for example).

11 → **Develop operational research in mental health** in order to design integrated and contextualised treatment approaches (PM+ or other) that ensure that local practices and perceptions of mental health treatment are taken into account.

12 → **Design or strengthen national policies on the integration of traditional medicine into global health** and establish multidisciplinary research institutes on traditional medicine and on the use and regulation of herbal medicines. Develop collaboration between traditional therapists and conventional medical practitioners in primary and community health care.

SPECIFIC RECOMMENDATIONS FOR NON-GOVERNMENTAL ORGANISATIONS

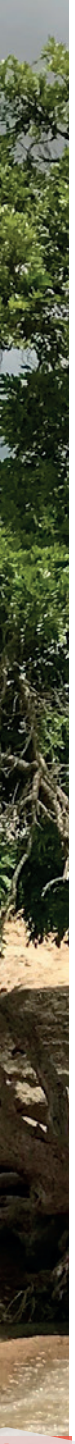
Develop contextualised treatment protocols and assessment tools

- In each country, create a working group bringing together psychiatrists, psychologists, psychosocial workers, traditional therapists, representatives of local and customary authorities, relatives of mentally ill people and mentally ill people themselves in order to adapt the WHO protocols (PM+ type) to existing mental health practices and social mechanisms. This contextualisation is essential to guarantee the participation of affected people and communities and the appropriation of the tools by local mental health actors.
- Do the same for the development of psychometric scales, taking into account the diversity of symptoms and diseases, and adapting the tools to the local etiology (cause of the disorders) and nosology (classification of the disorders).
- Translate all tools used into several local languages. Regularly review and adapt protocols and tools.

Ensure that the population participates in selecting the activities designed for them

This recommendation could be summed up in the well-known formula «Nothing about us without us», which promotes the genuine participation of those affected in the programmes implemented on their behalf. In concrete terms, this would mean:

- Carrying out initial qualitative diagnoses systematically upstream of the design of psychosocial care activities. Ideally, these diagnoses should be multidisciplinary (psychologists, socio-anthropologists, etc.).
- Identifying local organisations and community associations (women's groups, youth associations, religious leaders, etc.) involved in the treatment of mental disorders. Selecting and mobilising the most active ones in a working group of «contextual experts». Delegating the second part of the initial diagnosis to the working group, then prioritising and implementing



the recommendations from this diagnosis which is «by the community and for the community». Giving the working group the means to monitor the progress of the recommendations throughout the project. Sharing lessons.

Create therapeutic alliance mechanisms between families, psychologists and traditional therapists

- By taking the example of other countries (Togo and Benin, for example), systematise collaboration with traditional therapists in the care trajectories of mentally ill people. Action research carried out between 2015 and 2017 in Niger on the integration of traditional medicine in psychosocial care had established a referral and follow-up procedure between traditional practitioners and specialised mental health structures. This experience could be evaluated and possibly replicated.
- Map traditional therapists and assess their therapeutic practices before deciding whether or not to collaborate with them. Train them in psychological protocols in order to identify the common practices that exist between conventional and traditional medicine. Adapt the protocols according to these similarities.
- Promote the participation of carers in psychosocial care protocols.
- Promote the creation of associations of families and carers, provide training on psychosocial support and ensure the financial sustainability of associations.

Ensure the provision of priority services and goods to complement psychosocial support activities

- Ensure that people receiving psychosocial care receive complementary food and medical assistance to enable them to participate fully in activities. In this respect, many of the informants considered psychosocial care to be of secondary importance compared to meeting their basic needs.
- Create a referral network of non-governmental organisations and state structures involved in mental health to ensure effective referrals to other services. Follow up the referrals.

Increase collaboration with state structures

- Facilitate dialogue between Ministry of Health structures and international organisations in order to promote a transition and the sustainability of psychosocial services.
- Harmonise monitoring and evaluation procedures between the public sector and international organisations.
- Develop qualitative evaluation tools as opposed to quantitative monitoring and impact indicators (understanding «how» care is provided, rather than measuring «how many» people have benefited).
- Establish relationships with centralised state services in contexts where the decentralisation of state services is relatively inefficient and where decisions taken at central level are often disconnected from local realities.

Improve awareness

- Organise awareness-raising and outreach activities on the symptoms of post-traumatic stress disorder and psychosocial care. The aim is not to promote conventional medicine as opposed to traditional medicine, nor to devalue the latter, but to show that a variety of illnesses can be relieved by equally varied and complementary approaches.
- Awareness can be raised through social networks and on provincial radio stations. For example, the Mentally Aware Nigeria Initiative uses social media to raise awareness of mental health issues among the general public.
- Explore partnerships with audiovisual production agencies (e.g. the visual anthropology laboratory of the University of Maroua) to produce awareness-raising videos and/or a documentary on mental illness and how to alleviate it.
- Also explore possible collaborations with touring theatre groups and provincial radio stations to raise awareness of the causes, consequences and treatment of mental disorders.

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