

Well-meaning efforts to deliver 'trauma therapy' in third world countries may do more harm than good

## the bigger picture

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1 Chambers R. Whose reality counts? putting the first last. London: ITDG Publishing, 1997.

In the world today there are enormous discrepancies in wealth, not just between individuals and families but also between nations. The tragedy is that violent conflict and natural disaster seem to strike low income ('third-world'/'developing') countries disproportionately – for example, the civil strife in parts of Africa and Asia, and the Indian Ocean tsunami of 2004. The mental trauma to individuals and communities resulting from prolonged conflict and sudden disaster cannot be over-stated. What people in rich countries can do to help is not always clear – at least as far as mental health issues are concerned.

After the tsunami we saw a massive outpouring of compassion in the rich world for the people affected in relatively poor countries. Yet, translating this into realistic and effective aid in mental health care has been difficult – not least because the sort of models of 'mental health' that we work with in western countries do not often fit easily in Asian cultural settings. For example, what happened in Sri Lanka is that some well-meaning efforts to deliver 'trauma therapy' and such like may have done more harm than good; so-called parachute therapists, flying in to deliver short-term counselling that they had learned in very different settings, often left communities confused and unsettled. Out of this experience, a critical literature has appeared that attempts to evaluate the nature of what mental health care – often designated as 'psychosocial care' in the context of conflict and disaster – should comprise, and questions the ethics of rushing in with interventions and 'therapies' that may be culturally unsuitable and even damaging, socially and psychologically.

Recently, I have been privileged to be involved in an attempt to evaluate this difficult field from a research angle as a part of a large programme involving McGill University in Montreal in the 'north' and organisations in Peru, Guatemala, Nepal and Sri Lanka in the 'south' – the 'third world'. I decided to become involved in the Sri Lankan part of the programme – called the Teasdale-Corti Program ([www.mcgill.ca/trauma-globalhealth](http://www.mcgill.ca/trauma-globalhealth)) – primarily because the overall aim of the program was not just 'research' but building the capacity/capability of local people and systems to improve mental health care in Sri Lanka.

The programme in Sri Lanka began in May 2007. It is based at an indigenous non-governmental organisation (NGO), the People's Rural Development

Association (PRDA) (<http://prdasrilanka.org/devini.htm>), and led by a sociologist.

The first year has focused on exploring views and experiences of communities exposed to extreme violence and/or the 2004 tsunami, gathering information on their own capacities to deal with personal and community traumas and their perceptions of services and interventions available to them. So far, the team in Sri Lanka has explored with communities their perceptions of well-being – or, rather, the local equivalent of what 'well-being' means – using techniques of participatory rural appraisal (PRA).<sup>1</sup>

From there, the programme plans to help build the capacity of local agencies and communities, using the knowledge gained by research and supported by people at McGill (in Montreal) with an interest in transcultural and social psychiatry and experience of community health work. To get this going, personnel from McGill, together with local partners, have recently delivered a six-day training course at the newly established Institute of Psychiatry, at the mental hospital just outside Colombo. The workshops they conducted attracted participants from diverse backgrounds in statutory health services, academia and non-governmental and religious organisations. McGill is also hosting selected professionals from Sri Lanka at its summer courses and intends to offer on-going long-distance learning to support local initiatives in professional training and community work. The hope is to contribute to improving the capacity of local groups of trainers based at universities, NGOs and statutory organisations concerned with mental health, and also (if there is funding) to help develop community resources through religious organisations and other community-based sources of mental health care.

Although it is still early days in the four-year Teasdale-Corti programme, I believe this venture is unique in attempting to bring together local people in Sri Lanka (as well as people in Peru, Guatemala and Nepal) and like-minded people at McGill in a north-south partnership for the common purpose of both strengthening the capacity of Sri Lankan (and Guatemalan, Peruvian and Nepalese) mental health care-givers, formal and informal, and adding to the information available to us all about ways in which individuals and communities in different cultural settings deal with traumatic experiences – and how best they can be helped to recover, or be supported if they do not.