

INSTITUTE FOR JUSTICE AND RECONCILIATION (IJR)

INTEGRATING PEACEBUILDING (PB) AND MENTAL
HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)

A TRAINING MANUAL AND HANDBOOK FOR TRAUMA-INFORMED
PSYCHOSOCIAL PEACEBUILDING





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INTRODUCTION



INTRODUCTION

Societies around the world remain afflicted by the terrible toil of violent conflicts, civilians continue to suffer disproportionately from human rights violations including gender-based violence, violent extremism, illicit trafficking of weapons, narcotics and people through globalized exploitation. These processes fuel the displacement of people and perpetuates humanitarian crisis, which weakens the social fabric that governs relationships and the capacity for recovery and contributing to peace. **The breakdown of coping strategies is often caused by traumatic experiences**, and the natural ties and norms between people and within communities that strengthen coping and resilience are often destroyed or weakened. The ability to feel empathy again and to reconnect with others is fundamental for people's willingness and capacity to participate in peacebuilding processes. There is not one precise approach to integrate MHPSS into PB, the process of integration will be different in and dependent on each context and organisation¹.

Our aim is to:

Restore the social fabric of societies that has been damaged by war and conflict, by improving our understanding of how to efficiently integrate mental health and psycho-social support processes (MHPSS) into peacebuilding interventions. Both conceptually and practically.

Because of this it is important to improve our understanding of how to ensure the efficacy of integrating mental health and psycho-social support processes (MHPSS) into peacebuilding interventions.

MHPSS services can help to rebuild these communities and mitigate the potential for future conflict by helping people recover from their disruptive experiences and re-establish social bonds with others. Restoring feeling of connectedness to other people is **essential for building trust and sustainable peace**.

This Training Manual and Handbook on Integrating Peacebuilding and Mental Health and Psychosocial Support contributes to the development of learning and teaching resources based on participatory methodology, which is relevant to practitioners, trainers and impacted communities. The aim is to include workshop participants and donors in as much of the planning process as possible, such as project design and implementation. Interventions co-designed by and implanted with the communities directly affected by them are more likely to lead to lasting mindset and behavioural changes beyond the project².

It is also necessary to capacitate and sensitize stakeholders to engage and utilize the provisions of the African Union Transitional Justice Policy (AUTJP) relating to psychosocial peacebuilding to inform and guide the national reconciliation processes in their countries.

¹ United Nations Development Programme (2022). Guidance Note; Integrating Mental Health and Psychosocial Support into Peacebuilding.

² The Berghof Foundation (2023). Policy Brief: Participatory methods in peacebuilding work.

Why do MHPSS and PB need to be part of an integrated holistic approach?

The Disconnect Between Policies and Practice

One of the most significant challenges in peacebuilding (PB) is the great difference between policies and the lived realities on the ground. Peace processes and negotiations conducted by political elites are important, but ultimately peace cannot be sustained without the trust and support of the grassroots. The experience of post-conflict countries indicates that approximately 80% of the countries tend to revert to violent conflict.

The work of mental health and psychosocial support workers as well as peacebuilders to heal and restore the social fabric that binds and supports people within their communities is essential for breaking cycles of violence and building sustainable peace. While it seems self-evident that these two fields should coordinate their efforts to enhance their impact, evidence points to the fact that the two fields have traditionally worked in isolation from one another.

The IJR's research further shows that 'wounded' individuals, families, communities and leaders who have not processed their responses to their traumatic experiences are less likely to be able to resist the political, economic, cultural and social pressures which can perpetuate cycles of violence. Integrating MHPSS into existing and new peacebuilding frameworks and programmes and building stronger partnerships between MHPSS and peacebuilding practitioners, then this will lead to greater peace of mind and well-being for conflict affected individuals and communities, ultimately leading to sustainable peace.

Various tools are useful to help practitioners appreciate the dynamic context in which individuals and communities exist. Additional tools can be added based on our respective experience and learning.

To combat the stigmatisation and the taboo surrounding mental health in African contexts

In most African countries, mental health is either not talked about entirely or those struggling mentally experience stigmatisation. The issue is tinted by shame and secrecy, which leads to broad discrimination and ostracization of those struggling mentally. This is dangerous because individuals may not access essential support services and alienate from their community, which attacks community stability, taking away the person's social support system.

Unlike Western societies, which usually have an individualistic view of a person, most African societies view a person in relation to their community. A person cannot be seen as distinct from their community, they are seen holistically, where an individual can only be fully understood in context of their interaction with their community. An issue to one member is an issue to the whole community, because each other's value arises from acknowledging and caring for all members. Thus, if someone struggling mentally cannot rely on their community as they usually would do with other issues, an essential safeguard and stability factor gets lost.

Consequently, in combining MHPSS and PB we aim to fight stigmatisation to strengthen community ties and as a result offer the best support for individuals and their communities to heal from traumatic experiences³.

³ Regional Committee for Africa (2022). Framework to strengthen the implementation of the comprehensive mental health action plan 2013–2030 in the WHO African Region: report of the Secretariat. World Health Organization. Regional Office for Africa. <https://iris.who.int/handle/10665/361849>

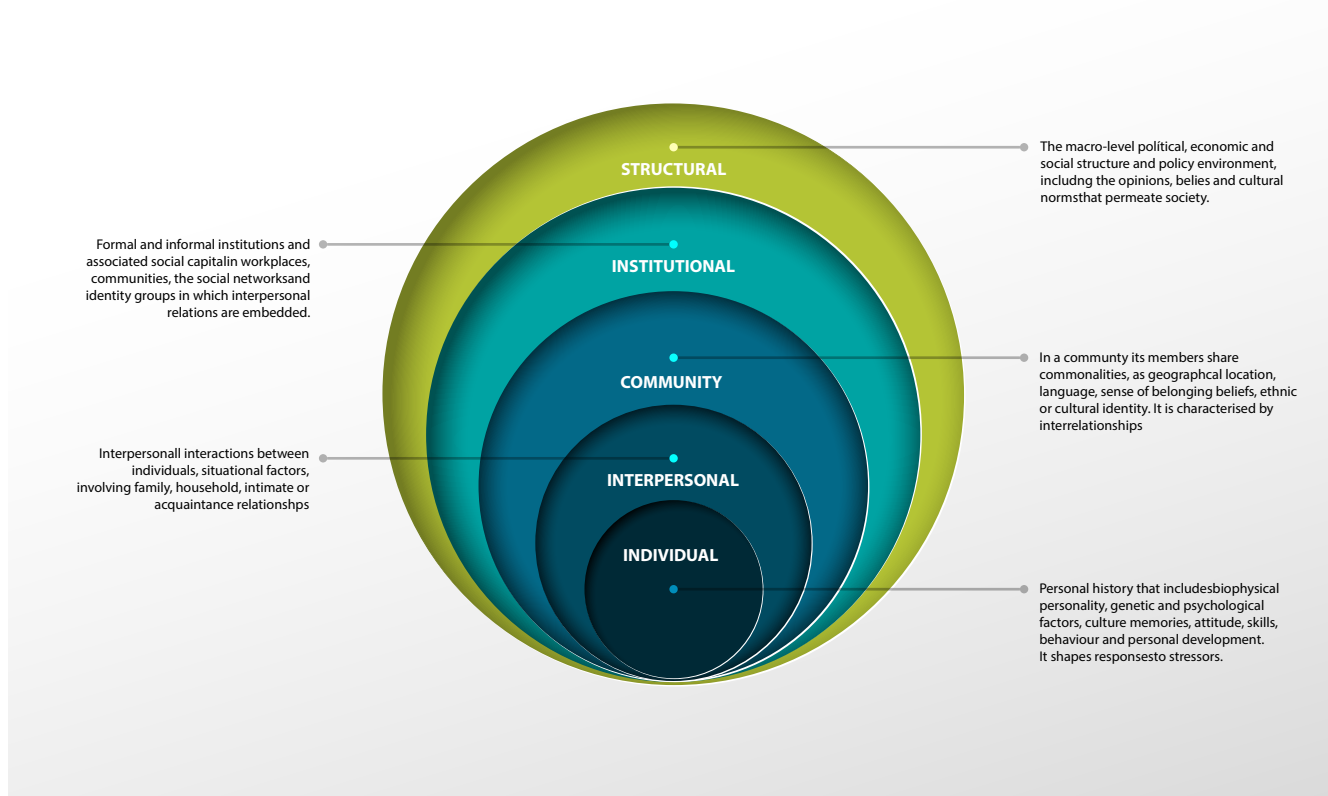
The “systems” approach

This “systems” framework challenges users to think about the potential effects of interventions on the various societal layers and the multiplicity of factors that may influence outcomes. It allows the user to consider whether **positive outcomes** at one level may have unwanted effects at another. The framework points to the need for a holistic/integrated response and to reflect on the many inter-related domains of one’s life that may create or mitigate distress in individuals’ complex environment. Part of programming should thus assess the risks (potential damage) and the supportive or mitigating factors (resources) and

how they might interact⁴. Integrative work cannot be too concentrated on one level, additionally the work done on different levels needs to be interconnected, otherwise the impact of integration work will be capped⁵.

For further information on the systems approach see Background Knowledge Section 4.0.

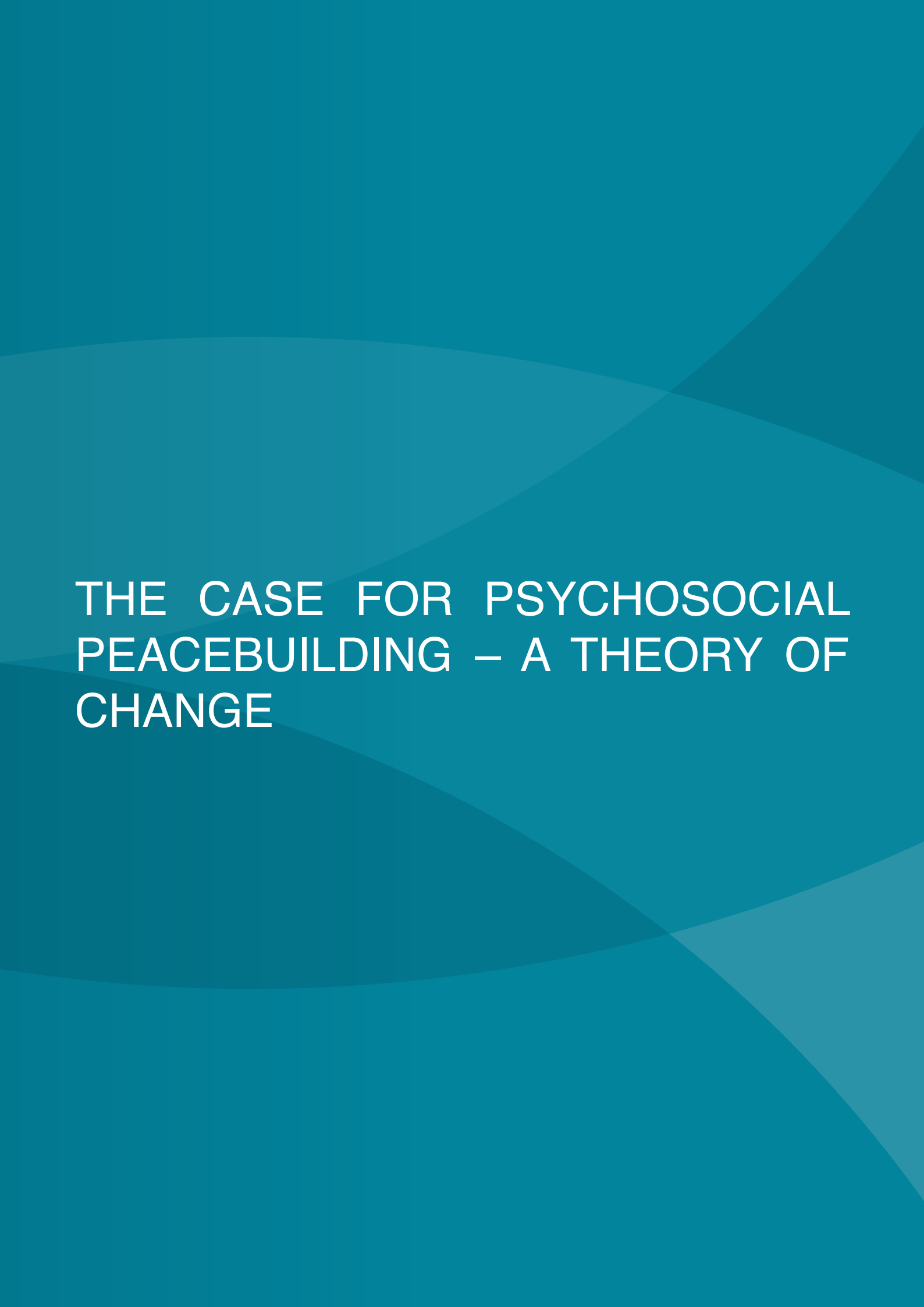
The following figure⁶ illustrates the socio-ecological model, emphasizing the multi-layered context in which our interventions will occur. The arrows indicate the mutually reinforcing interaction of how the damaged social capital may be rebuilt.



⁴ Bronfenbrenner, 2005, p. 80-81).

⁵ Inter-Agency Standing Committee (2024). Integrating MHPSS and peacebuilding: a mapping and recommendations for practitioners.

⁶ Adapted from Bronfenbrenner (2005); Moser and Shrad-er (1999).

The background is a solid teal color with several overlapping, curved, semi-transparent shapes in varying shades of teal, creating a layered, geometric effect.

THE CASE FOR PSYCHOSOCIAL PEACEBUILDING – A THEORY OF CHANGE



THE CASE FOR PSYCHOSOCIAL PEACEBUILDING – A THEORY OF CHANGE

Proposals for Psychosocial Peacebuilding unite around the underlying idea that by strengthening the social bonds of people in affected communities, and by improving the psychosocial well-being of individuals, people are more likely to take care of themselves and of one another. This we understand as the Theory of Change. This vantage point is taken in this handbook and guides its theoretical and practical implications

Operational Definitions

It is essential to understand the concepts of PB and MHPSS for the further study of this handbook. Other relevant concepts will be explained in a separate section and should be further consulted when preparing workshops or conducting research.

Firstly, Peacebuilding became a concept in the early 1990s⁷, that defined actions that included **identify and support structures that solidify the peace by addressing the underlying causes of conflict**. Thus, PB includes interventions that help people resolve their differences peacefully and lay the foundation for preventing future violent conflict.

A decade later, the United Nations defined peacebuilding as ‘activities undertaken on the far side of conflict to reassemble the foundations of peace and provide the tools for building on those foundations’⁸.

Thus, successful PB means more than just the absence of war⁹.

Seven years later, the UN elaborated on previous definitions; PB involves a range of measures targeted at¹⁰

- reducing the risk of lapsing or relapsing into violence by strengthening national capacities at all levels for conflict management, and
- laying the foundations for sustainable peace and development.

Furthermore, the UN Guidance highlighted the need for:

- coherence;
- tailoring to the specific needs of the country concerned;
- national ownership;
- carefully **prioritised, sequenced, and relatively narrow set of activities** aligned with overall objectives.

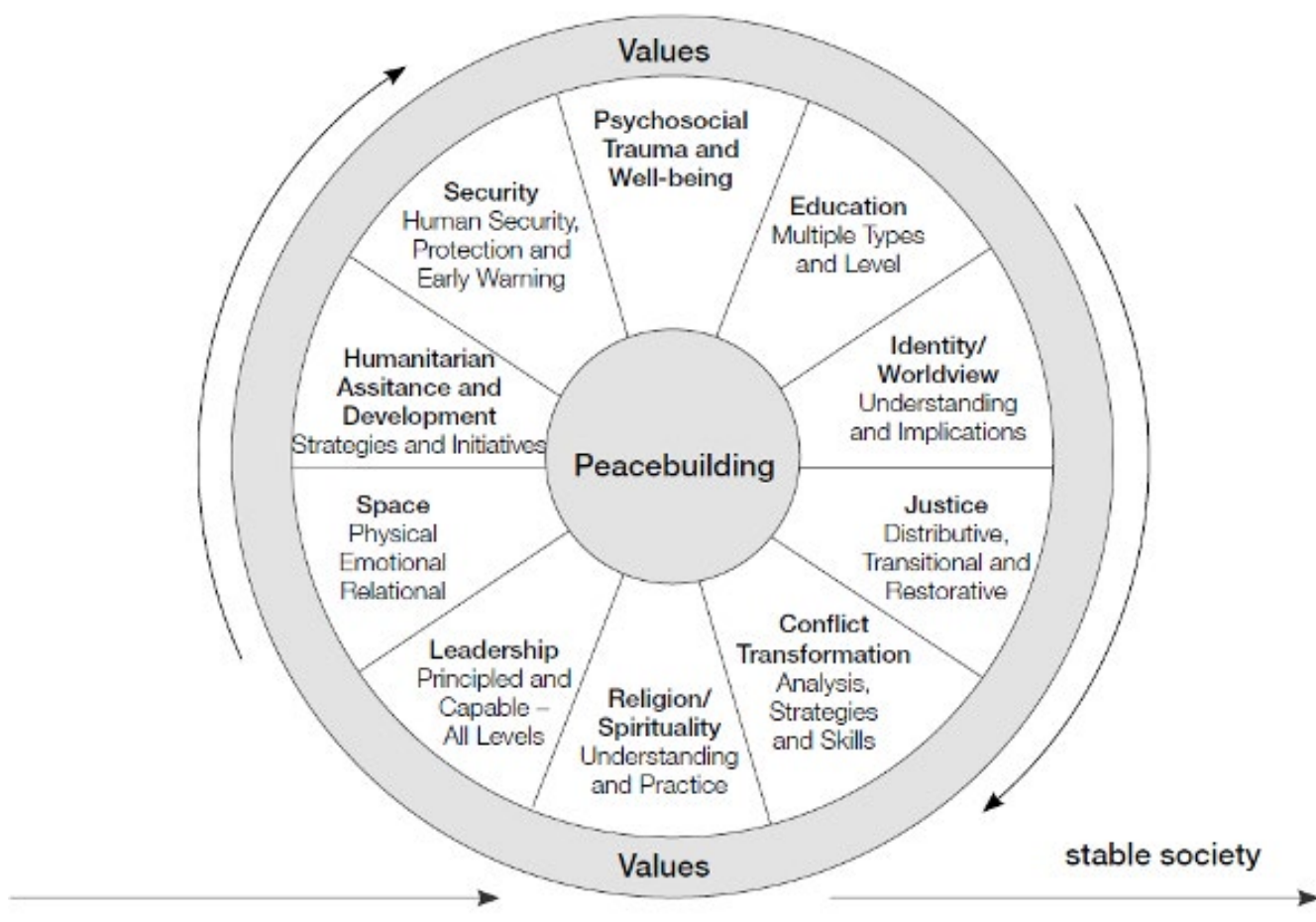
⁷ Following United Nations Secretary-General Boutros Boutros-Ghali's Agenda for Peace (UN, 1992).

⁸ Report of the Panel on United Nations Peace Operations, also known as the Brahimi Report (UN, 2000).

⁹ See Galtung/Lederach on the nature and impact of violent conflict; defining peace and violence (positive and negative peace as well as the theoretical foundations of direct/indirect/ structural/ cultural violence); ABC triangle (attitudes, behaviour, contradictions).

¹⁰ UN Secretary General's Policy Committee (2007).

In practice **PB may involve hundreds of different actions** that may seek to develop constructive personal, group, and political relationships across ethnic, religious, class, national, and racial boundaries that are intended to build the capacity of societies to prevent violent conflict. It includes the examination of values, relationships and structures. The **Peacebuilding Wheel** illustrates the many facets of the work.



Secondly, we need to understand what Mental Health and Psychosocial Support mean. Mental Health is not only the absence of disease or mental disorders, but rather a state of well-being that allows an individual to:

- cope with the stresses of life;
- work productively; and
- make contribution to one's community.
- Governments are responsible for the health of their people, which is fundamental to the

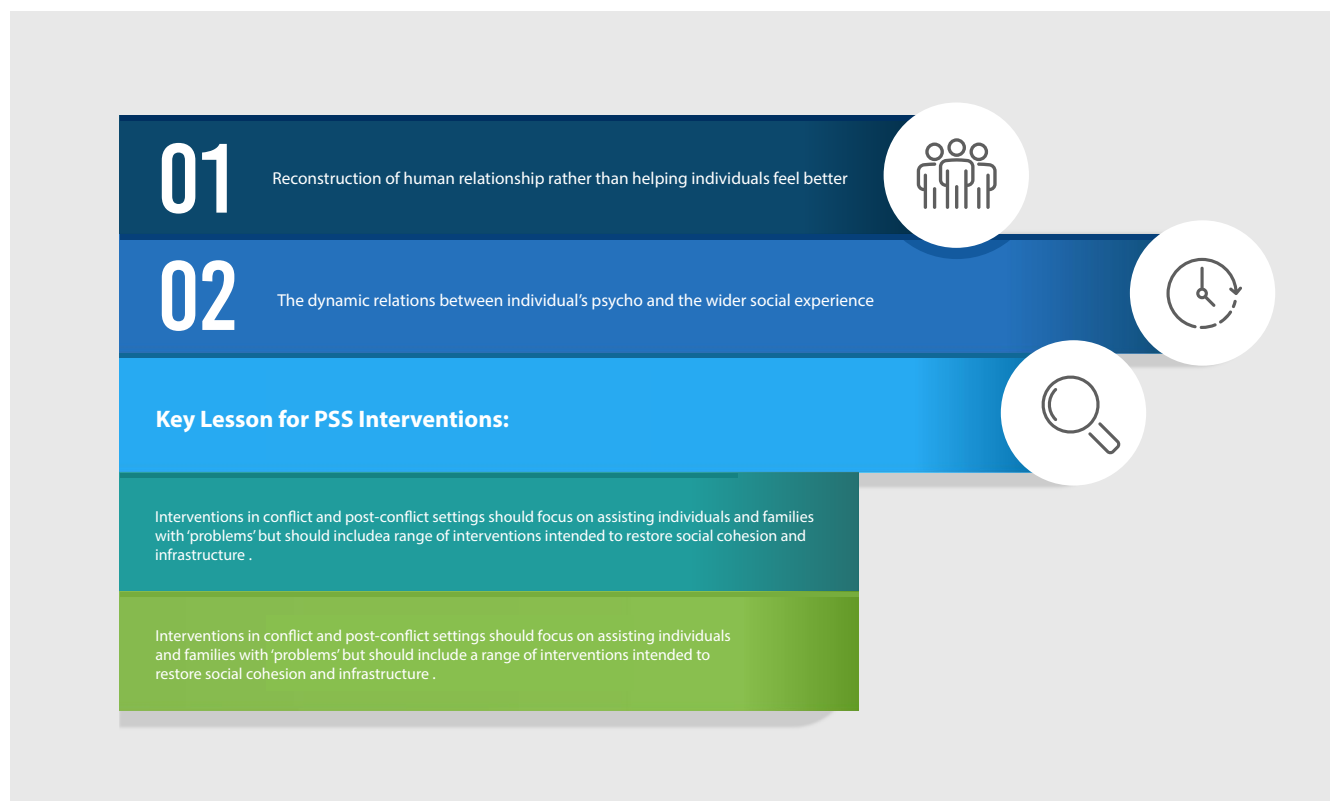
achievement of peace and security that depends on the cooperation of individuals and the state¹¹.

For common symptoms of struggles with individuals' mental health in conflict and post-conflict situations see Annex section 2.3¹².

¹¹ WHO Constitution, 1946.

¹² Carballo, et al (2004); Tankink and Otto (2019); Miller and Rasmussen (2014).

Thus, PSS emphasises:



If successful, PSS helps people to:

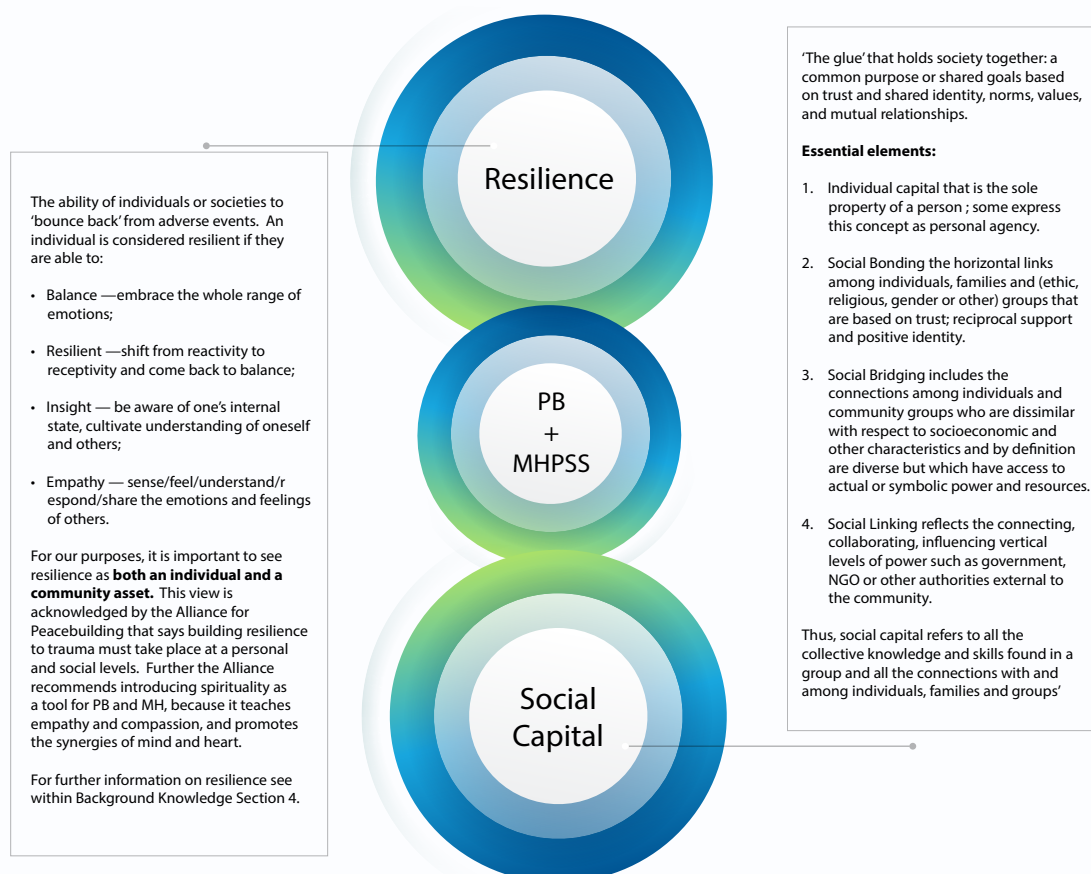
- recover after a **crisis** has disrupted their lives;
- achieve a **secure life** and “integrated functioning” (a term that means the brain regions work together to process information and effect responses). ;
- regain **hope, dignity, mental and social well-being** and a sense of normality.

Further, effectively combining PB and MHPSS aims at increasing individuals’:

Resilience and Social Capital¹³

*for further information see Annex section 2.4.1

13 Ungar, (2008, 20012)



Sources¹⁴

Purpose of Training Manual

This Training Manual and Handbook's purpose is to provide both theoretical and practical advances on integrating PB and MHPSS. Thus we:

- Present Theory of Change and outline the framework that will be used to test it in the field;
- Share Tips on "How to Plan, Prepare and Conduct a PSS and PB Workshop".
- Define Key Concepts so that we share a common language and communicate clearly with one another;

- Incorporate insights from African cultural approaches to trauma-processing and healing;
- Offer Tools that promote and can contribute to the integration of both PB and MHPSS;
- Provide Opportunities to Share Experience and Promote Continual Learning;

This is the 'first edition' of the training manual that is a living document to which we can add additional tools, refine existing ones and share our learning based on our lived experience working with traumatised communities.

The manual will be useful to practitioners, social workers, peacebuilders, mental health and psychosocial support actors, academics, analysts and policy makers, as well as other actors.

¹⁴ Dasgupta and Serageldin (2000);Scholte (2013); Sliep (2014: 54)

HOW TO PLAN, PREPARE AND CONDUCT A PSPB WORKSHOP



HOW TO PLAN, PREPARE AND CONDUCT A PSPB WORKSHOP

The purpose of this section is to assist facilitators who may need some refresher insights on the key elements of preparing for a community workshop that is intended to build social cohesion or contribute to peacebuilding. Again, as this is a living document, it can be amended and further elaborated with insights from experience that is generated from community work.

Purpose:

Begin with a clear idea of the training objective and target audience. With agreement on these, then share any knowledge about:

- Acknowledge and address mental health related stigmas
- Discuss with the participants: What makes us [them] a community?

While Western approaches to mental health support are based in a Dualism, where community and spirituality are seen as distinct from an individual's person, in African communities, the emphasis of the individual is not common. People's sense of being stems from their sense of belonging and community, both in a physical and spiritual way. A sense of community and belonging is essential in African cultures, which needs to be reflected in approaches to MHPSS and PB, to avoid a mistreatment of African trauma survivors, by alienating them from their community¹⁵. Individuals, as well as their (negative) past experiences are best understood in reference to the people around them, a person does not live

by themselves, but within their community. Thus, addressing participants' (traumatic) experiences is best done by laying a base within their community for mutual support and healing, by recognising and appealing to mutual validation and responsibility within their community. Western psychology often misses out on this aspect, thus trying to meet different cultural contexts with a one-fits-all solution failing to fulfil community needs.

- What do you associate with mental health and mental health issues?
- The community members, their Community Groups and Associations (CGA) and their work and workers.
- Local culture and customs;

Any sensitivities or past experiences that should inform the PSPB interventions

¹⁵ Motsi & Masango(2012). 'Redefining trauma in an African context: A challenge to pastoral care', HTS Teologiese Studies/Theological Studies, 68(1).

Venue

Pay attention to selecting an appropriate venue that will:

- Accessible and agreeable to all
- Allow a sense of Safety & Security;
- Is preferably 'in nature' (gardens, parks, places of beauty);
- Be available at low or no cost.

Negotiate, Share and Assign Responsibilities

Identify and to the greatest extent possible share responsibilities among the key organisers/sponsors and the community, including:

- the where
- the when
- any needed logistics such as transportation
- supplies (e.g., charts/marketing pens)/visual aids/handouts/paper & pens)
- any teas/snacks/meals
- overnight accommodations if needed for special guests, facilitators or trainers
- performance of ceremonies/dances/singing or other activities that encourage 'synchronicity'
- certificates, prizes or nominal gifts of recognition for participants
- wellness breaks such as breathing, stretching, yoga, taking a walk. What these can look like is to be discussed with participants at the beginning of the workshop.
- Dress appropriately,
- Local language and customs
- Consider accessibility. Care for other than able-bodied people, i.e. consider things such as sign language, wheelchair accessibility etc
- Ask people what they need for meals

It is important that the **sponsors and funders of the training encourage community contributions** for as much of the above as possible. In addition, we acknowledge that

costs of replication will be lower if we encourage community contributions, and it embraces our core principle of local ownership.

Keep the Participants in the Loop

Remember the three keys to successful communication: **repetition, repetition, repetition**. In other words, the more times, you share with the participants about what you know as the planning and preparation progresses, the greater the chances of a successful workshop.

Consider what information is important to share with participants in advance of the training. For example:

- Share the dates, venue, starting time, purpose and expected outcomes of the training workshop;
- Advise them of what they need to bring to the meeting (a chair, a cloth for sitting);
- Suggest any homework or advance preparation that would be helpful;
- Identify the Point of Contact for questions and follow-up.

Workshop Roles

The following seeks to identify the key roles for actual delivery of the training sessions. These include:

Host(s) of the workshop include the sponsors and anyone who will open the workshop and welcome the participants. This same group might also organise the closing ceremonies and deliver votes of thanks.

Facilitators – these are the trainers, and it is highly recommended that at least two are needed for any workshop. It is important they stay ‘fresh’ and are able to monitor one another to ensure the key training objectives are met. Facilitators need to pay special attention to being culturally conscious. This means extensively informing themselves on local habits, customs and i.e. historical conflicts which may impact communities and their healing today. Consider language barriers and assigning one role to an individual able to bridge possible communicational barriers.

Guardian – Consider assigning this role which is based on leading circle meetings where time is taken to check in and to check out. The meeting is framed by giving everyone a brief moment at the beginning to say how they are showing up, and brief moment at the end to say how they are leaving. Furthermore, in order to honour our commitment to doing no harm, it is helpful to assign this role to safeguard the space and to, if necessary, call for a time-out if the training triggers trauma responses in the participants. His/her essential role is to “safeguard the space.”

■ It is essential to choose someone that knows the community the workshop is being held in. Not only to recognise when it is necessary to safeguard the space, but also for the participants to feel comfortable with the guardian.

Scribe/Secretariat – this person(s) will play a key role during the training to record key learning and agreements. S/he/they will have an important role at the end of the training to summarise and report out on the learning and agreements that may have been reached

Special Guests – e.g., from another PSPB community, local authorities, traditional and faith leaders, local CGAs with whom you wish to build bridges, etc.

Mental Health Care Professional(s) – this person(s) will be responsible for answering questions concerning mental health (issues). Consider bringing in a professional in conventional mental health care, as well as a traditional caretaker adept with the community.

Trainee Participants – Successful gatherings need the engagement of participants and thus it is useful to ensure that there are shared values and expectations. Based on experience with trauma-informed gatherings, the following Agreements/Values perhaps serve as one possible model for shaping agreements that suit the group.

Agreements/Values

The participants, including the sponsors and trainees affirm their willingness to:

RESPECT	treat others as equals and embrace our differences;
WITNESS	receive one another’s stories with openness and without judgement while being always mindful of nature around us;
TRUTH	prepare to be challenged, speak honestly and listen intently;
TRUST	believe that we are here for each other and will honour our promise of confidentiality;
RESPONSIBILITY	accept our duty of mutual care and constructive contributions to matters arising ¹⁶ .

¹⁶ Tree of Life/Zimbabwe, Circle Agreements, Governance Policy 2020.

Sample Agenda Elements

Planning includes charting the topics and duration of each of the major elements of the agenda and the timing of breaks.

- Welcome and Introduction
- Why assembled
- What we hope to accomplish
- Who is participating and their roles
- Highlights of Training led by the trainers/facilitators
- Scribe Report Out
- recap
- Agreements for Follow-Up Actions
- Closing Ceremony & Votes of Thanks

Workshop Questions for Inquiry and Next Steps

- What's missing?
- What other dimensions should be brought into the planning and implementation of workshop sessions?

Content Related Questions:

Questions for Inquiry for MHPSS And PB Practitioners

- Do you believe your interventions are sufficiently aware of the need to build/rebuild social capital in order to build the foundations for lasting peace?
- Does this framework help you identify key actors and groups? What groups or actors have not received sufficient attention in your interventions?

- What opportunities do you see for forming new bridges between or among social networks? What groups have like interests/objectives? Who else has a stake in the outcome?

[WORKSHOP: TOOLS]

Analytical

There are different tools, which can be aid with mapping out the conflict dynamics and distinct cultural contexts. The facilitator can suggest one / multiple to use, if they see it especially fit, but the final decision should be made with the community.

Three commonly established approaches¹⁷ are:

- The Tree Model
- Conflict Mapping
- The Onion Tool

When planning a workshop, inform yourself on these approaches and investigate contextual factors, which may favour one over the other.

Practical

At a practical level a variety of tools have been used and adapted as appropriate to local contexts:

- Dialogue/Baraza/Lekgotla
- **Capacity building and training** based on gaps in the identified resources
- Mediation, negotiation and conciliation
- **Arts and culture:** theatre, cultural ceremonies and exchange
- Storytelling

¹⁷ For further research you can make use of: Source: WordPress; Saqib, S.M. ; p2-3 <https://syedmuhammadsaqib.wordpress.com/wp-content/uploads/2014/09/conflict-analysis-and-tools.pdf> Conflict Analysis and Tools MCOM 203: Media & Peace Building

- Sport and competitions especially those that build new links;
- **Media:** talk shows, radio drama's, public service messaging.

The following methods and resources have been recommended by the Berghof Foundation:

Body mapping

Mykkanen, T. 2022. 'Intersubjective body mapping for reintegration: assessing an arts-based methodology to promote reintegration of foreign terrorist fighters.' *Critical Studies on Terrorism* 15(4): 988-1022. <https://www.tandfonline.com/doi/abs/10.1080/17539153.2022.2119678>

"'We are all this, and More' Body Mapping as Journeys of Self-reflection." 2019. Life & Peace Institute. <https://www.africaportal.org/publications/we-are-all-and-more-body-mapping-journeys-self-reflection/>

Community social mapping using creative methods

'Guide to Social Network Mapping' 2017. IRD. https://irh.org/wp-content/uploads/2017/04/Chapter_1_TJ_How_To_Guide.pdf

'Social mapping.' Better Evaluation. <https://www.betterevaluation.org/methods-approaches/methods/social-mapping>

Decolonising design of peacebuilding interventions

Ecobar-Tello, M.C., Ruelle-Orihuela, K., Gough, K.V., Fayad-Sierra, J.A., Velez-Torres, I. 2021. 'Decolonising design in peacebuilding contexts.' *Design Studies* 73 <https://doi.org/10.1016/j.destud.2021.101001>

Focus group discussions

'Focus Group Discussions.' Youth4peace. <https://youth4peace.info/ProgressStudy/FocusGroupDiscussions>

Gender-sensitive participatory conflict analysis

'Gender-sensitive conflict analysis facilitators guide.' 2020. Conciliation Resources. <https://www.c-r.org/learning-hub/gender-sensitive-conflict-analysis-facilitators-guide>

Participatory Polling

'Participatory Polling in Divided Societies and in Peacebuilding Contexts.' The Center for Sustainable Peace and Democratic Development and Interpeace. https://www.ipat-interpeace.org/wp-content/uploads/2015/04/SEED_Participatory_Polling.pdf

Participatory Theatre

Limpf, N. 2019. 'Acting for Peace.' *Security and Peace / Thematic Focus: Populism, Peace and Security*, 37(1): 41-46. <https://www.jstor.org/stable/26679777>

Smith, S., Webb, E. 2011. 'Acting Out of Conflict: Using Participator Theater as a Tool of Peacebuilding in Rwanda.' *Africa Peace and Conflict Journal*, 4 (2): 66-80. https://cnxus.org/wp-content/uploads/2022/04/Participatory20theater_Rwanda_APCJ_Vol4_Num2.pdf

Photovoice

Firchow, P., Fairey, T., Selim, Y. 2021. 'How photography can build peace and justice in war-torn communities.' *The Conversation*. <https://theconversation.com/how-photography-can-build-peace-and-justice-in-war-torn-communities-166143>

Ogunnusi, M. 2016. 'Photovoice: A Focus on Dialogue, Young People, Peace and Change.' Journal of Dialogue Studies Vol 7.

<http://www.dialoguestudies.org/articles/photovoice-a-focus-on-dialogue-young-people-peace-and-change/>

Wang, C. and Burris, M.A. 2016 'Photovoice: Concept, Methodology, and Use for Participatory Needs Assessment'. Society for Public Health Education (24): 3.

<https://doi.org/10.1177/10901981970240030>

Storytelling

Dudouet, V., Fischer, M., Schmelzle, B. 2008. 'Dealing with the past: in Israel-Palestine and in the Western Balkans; Storytelling in conflict; developing practice and research Dan Bar-On meets peace activists from the Western Balkans.' Berghof-Forschungszentrum für Konstruktive Konfliktbearbeitung.

<https://tinyurl.com/39ms4ezp>

Gutierrez Garduño L., Zellhuber, A. 2019. 'Visual Storytelling in Peacebuilding Projects.' Many Peaces Magazine.

<https://www.peaceinsight.org/en/articles/storytelling-peace/?location=&theme=culture-media-advocacy>

Maiangwa, B. and Byrne, S. 2015. 'Peacebuilding and Reconciliation through Storytelling in Northern Ireland and the Border Counties of the Republic of Ireland.' Storytelling, Self, Society 11(1): 85-110.

<https://www.jstor.org/stable/10.13110/storselfsoci.11.1.0085>

Transect walks with a focus on sites of conflict, e.g. around farmland, access to natural resources

Maman S, Lane T, Ntogwisangu J, Modiba P, vanRooyen H, Timbe A, Visrutaratna S, Fritz K. 2009. 'Using participatory mapping to inform a community-randomized trial of HIV counseling and testing.' Field methods 21(4): 368 387

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4200541/>;

Rojas A, Nomedji K, West CT. 2021. 'Walking the Line: Conducting Transect Walks in Burkina Faso.' Pract Anthropol: 43(1):18-21.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8550581/>

(Virtual) Consultations

'Participatory Processes.' Build Up.

<https://howtobuildup.org/programs/participatory-data/>

The most important Lesson for Rebuilding Social Capital is that all levels of society must engage in building social capital in order to establish the

BACKGROUND KNOWLEDGE



BACKGROUND KNOWLEDGE

KEY CONCEPTS IN PEACEBUILDING AND MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

- Systems Approach
- Conflict and Violence
- Community
- Agency
- Mental Health and Trauma
- Post Traumatic Growth and Recovery
- Conventional and Traditional Approaches to Mental Health Issues
- Social Capital and Resilience
- Transitional Justice

conditions for lasting peace.

The Systems Approach

The word 'systems' is used to reflect the various inter-related domains that may create distress (or alleviate it) in the complex environment in which a person exists. These 'systems' are inter-related and include the:

- **Micro-system** that contains structures and processes taking places at the personal, individual level, including his/her personal history. It is the setting a person is in which they interact at a certain period of time. It is the whole of relationships between a person and their direct environment. This level focuses on patterns of activities, social roles and interpersonal relationships.
- **Meso-system** involves the interrelations, linkages and processes between two or more settings. It can also reflect the links among more microsystems. Expectations of others and beliefs systems are of great influence on this level. Trauma leads to the breakdown of these systems.
- **Exo-system** comprises the larger societal

context, that not directly is in contact with the person but influences processes that effects the personal level. The meso- and exo-systems are interrelated.

- **Macrosystem** encompasses the (sub)culture, beliefs system and, ideology that covers the other fields and gives the characteristics of a particular culture or subculture

Conflict and Violence

Violence, is **one** way of dealing with conflicts. Violence happens when conflict, which is a natural part of human interaction, has been mismanaged or neglected, and when it is accepted and seen as a legitimate way of responding to conflicts within the society.¹⁸

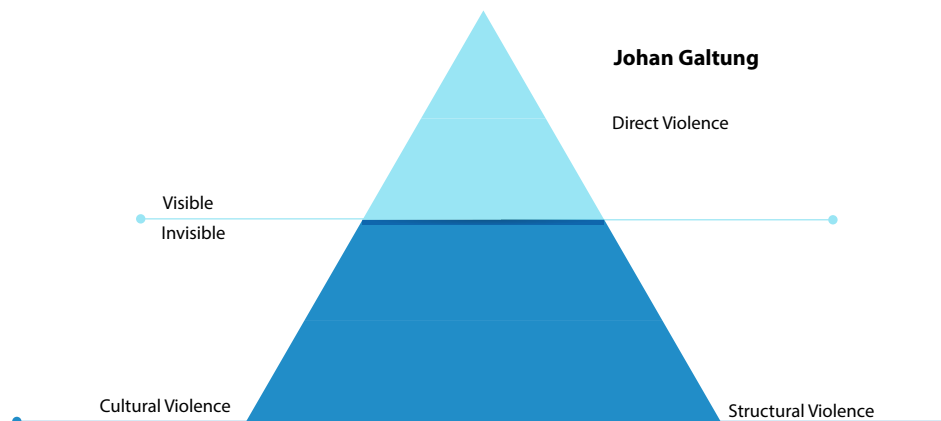
A common outcome of any form of violence is the **creation of mistrust and fear** because of the lack of security.

The **Triangle of Violence**¹⁹, illustrated below, presents the forms of violence:

¹⁸ IJR, Conflict Resolution, Mediation & Peacebuilding: A Training Manual.

¹⁹ See Johan Galtung, Twenty-five years of peace research: Ten challenges and some responses. Journal of Peace Research, Vol. 22, No. 2 (June 1985), pp 141-158.

Triangle of Violence



Direct includes physical, emotional, verbal and psychological abuse. It is common and the most feared.

- **Structural** includes underlying arrangement in society that have significant negative effects on segments of society. Markers of such violence may include exploitation, poverty, neglect or corruption marginalization/exclusion/ostracization. While there may be an absence of direct violence – a **negative peace** – unlike physical violence, it kills slowly.
- **Cultural** violence refers to social aspects of culture that are exemplified by religion and ideology, language and art, science or symbols. The violence occurs when it is used to justify or legitimize direct or structural violence.

Community

As a **community** we understand 'relationships of individuals founded on common factor, or factors. These factors can be classified according to social experiences as defined by the group and the grid'²⁰.

²⁰ Shorter (1998: 12) as cited in Motsi and Masango (2012, 2).

Agency

Generally, agency is understood as 'the performance of intentional actions'²¹. The concept is contested and is not limited to an understanding solemnly focusing on mere ability to act but can and must be extended to more abstract levels.

From the perspective of **sociologist**, agency is:

The capacity of individuals to have the power and resources to fulfil their potential that is influenced by such factors as social class, religion, gender, ethnicity, ability, customs, etc. that may determine or limit agents and their agency. However, the influences from structure and agency are debated—it is unclear to what extent a person's actions are constrained by social systems²².

A **psychologist** sees it as:

The ability of an individual to monitor their environment to select and perform efficient actions given the situation/context and how it might affect achievement of their goal. Agency is thus demonstrated in the ability to take different

²¹ Stanford Encyclopedia of Philosophy
²² Barker, C. 2002.

actions in different situations/contexts, and the rationality of these actions in relation to realizing their goal.

Mental Health and Trauma

Mental Health is not only the **absence of disease or mental disorders**, but rather a state of well-being that allows an individual to:

- cope with the stresses of life;
- work productively; and
- make contribution to one's community.

Governments are responsible for the health of their people, which is fundamental to the achievement of peace and security that depends on the cooperation of individuals and the state²³.

Common mental health struggles in violent and post-violent situations²⁴ :

1. Feeling guilty without a clear cause;
2. Sleeping too much/too little;
3. Constant fatigue;
4. Apathy, especially among the elderly;
5. Constant nervousness, anxiety, hyper-alertness;
6. Addictive behaviours used to 'numb' the pain
7. Nightmares and flashbacks including re-experiencing the physical trauma of the underlying event;
8. Debilitating depression, with women more likely to be affected;
9. An overwhelming loss of perceived power and self-esteem and self-worth – i.e., a loss of agency.;

With **Trauma** we mean a **psychic wound**, sustained by an unpleasant experience which caused by an **unbearable, intolerable and unforgettable event**, which causes **abnormal stress**.

It is also described as the internal processes that happen to a person after encountering an event: 'Trauma is not what happens to you, it's what happens inside you as a result of what happened to you.'²⁵

This event is characterised by a lack of:

- Safety/security,
- Predictability, and
- Control over the environment.

Trauma can be the result of:

- **Childhood abuse, deprivation, neglect and adversities;**²⁶
- an individual's **exposure to extreme and intense threat;**
- collective events when a **society or group is exposed to trauma** that damages the **social tissue** of a community, ruptures social bonds, undermine or destroy previous sources of support. Such **trauma** not only affects the direct victims but those who witness the event or even members who were absent at the time of the event.²⁷

²³ WHO Constitution, 1946.

²⁴ Carballo, et al (2004); Tankink and Otto (2019); Miller and Rasmussen (2014).

²⁵ (Maté. G. in interview with The Guardian.) Bramley, E. V. 2023. The trauma doctor: Gabor Maté on happiness, hope and how to heal our deepest wounds. April 12. The Guardian. Accessible at: <https://www.theguardian.com/lifeandstyle/2023/apr/12/the-trauma-doctor-gabor-mate-on-happiness-hope-and-how-to-heal-our-deepest-wounds>.

²⁶ For example: abuse and neglect, parental substance abuse or mental illness, parental incarceration, domestic violence, divorce. See Kaiser Permanente and the U.S. Centers for Disease Control; the work of Vincent Felitti and Nadine Burke Harris.

²⁷ Suarez-Orozco & Robben 2000: 24).

The Role of Culture and Community in Trauma

In African contexts, it is key to understand trauma both in a network of social relations and interactions. Here, we look at both the individual and the community in mental health problems, because communalism is traditionally perceived as essential to whether an individual is able to cope with traumatising experiences or not. There is no healing the individual without healing the community and vice-versa.

This becomes even more relevant when considering the scarcity of skilled medical personnel across many African countries. Not only a lack of qualified medical staff is a challenge, but also low governmental budget allocation to mental health. According to the World Health Organisation, the average allocated budget per capita in the African Region is \$0.46, while the recommended budget is \$2.

Additionally, up to 80% of the available budget is spent at established psychiatric institutions in the bigger cities. Effectively, very few resources reach the community levels.²⁸

After a traumatic event victims usually search for the meaning of what happened, in order to process the experienced. Social context, here their community, is essential in providing meaning and regaining a sense of control. Where there is no meaning, control is not able to be reestablished and thus no ability to cope and heal from the horrific events.

If cultural protection and security cease to exist, the individual's problems are proportional to the cultural decay. For this reason it is essential to restore community ties.²⁹

28 WHO (2022). Framework to strengthen the Implementation of the Comprehensive Mental Health Action Plan 2013-2030 in the WHO African Region. Regional Office for Africa.

29 Motsi, R.G. & Masango, M.J. (2012). 'Redefining trauma in an African context: A challenge to pastoral care', HTS Theological Studies/ Theological Studies, 68(1).

How to Deal with Trauma: Post Traumatic Growth and Recovery

Post Traumatic growth and recovery is the theory that **a positive experience and coming to terms with traumatic events** may result in positive personal work to accept and transform one's self³⁰ and restore relationships.

Survivors of trauma are not 'healed' in a moment but rather engage in a lifetime journey of healing.

Many African countries do not have the human and financial resources to address widespread trauma using Western conventional therapies. Therefore, it is vital to explore African cultural approaches that can contribute towards healing.

Trauma therapy networks of scientists and both expert and lay practitioners agree strongly that because **we are emotional beings** and can only behave rationally establishing when they **feel secure, safe and validated**.³¹ Thus, therapy should be offered in **safe settings**.

'safe settings': discuss with the community what a safe settings looks like for them. Especially in settings where communality and concepts such as Ubuntu are valued, traditional 'one on one'- sessions might not be **what is needed** by members of the community.

There is also wide agreement that **recovery and self-healing** is greatly aided by:

- the use of the **body exercises** to stimulate the "feel good" brain hormones and help the brain and body reconnect (e.g., yoga, certain forms of dance, and according to Nelson Mandela boxing);

30 Tedeschi and Calhoun (2004:1).

31 Burrell & Barsalou (2015).

- reconnecting with **community (Ubuntu)**;
- appreciating and **connecting with nature**;
- rituals and ceremonies, **dance**, group singing;
- if possible, the help of a **trauma informed therapist**, community worker or support group.

Post Traumatic Stress Disorder

PTSD is a **mental health condition triggered by a terrifying event** — either experiencing it or witnessing it — such as a natural disaster, a serious accident, torture, a terrorist act, war/ combat, or rape or who have been threatened with death, sexual violence or serious injury, with distress symptoms that don't resolve or improve within a month of the terrifying event

Most people who go through traumatic events have **temporary difficulty adjusting and coping, but with support, time and dedicated and consistent self and community -care**, they can continue on their journey towards self-directed healing. The condition is called PTSD for those whose symptoms get worse, last for months or even years and that interfere with daily functioning

Symptoms may include:

- loss of personal agency;
- having **intrusive thoughts** about the event;
- **reliving the event** through flashbacks or nightmares or physically;
- having **severe anxiety**, sadness, fear or anger;
- feeling **detached or estranged** from other people;
- **avoiding situations or people** that remind them of the traumatic event; and/or
- **reacting negatively** to something as ordinary as a loud noise or an accidental touch.

Although **after conflict** much will happen to return to a kind of normality, individuals, families and communities often remain suffering the legacy of atrocities in form of psychological and social consequences such as psychological and physical wounds; loss of family members and stigma arising from ineffective reintegration efforts.³² Furthermore, in some cases where a whole generation suffered from no or poor education and were unable to instrumentalize their agency and achieve their full potential, this can result, **in households and communities that remain economically very vulnerable** thereby adding daily **stressors** that interfere with effective MHPSS and PB.

In the aftermath of war, often a worrisome rise in cases of suicide, domestic violence, substance abuse and criminal violence.³³ **Trauma that is not addressed**, especially when combined with **structural or cultural violence or childhood adversity** leads to a **vicious cycle of intergenerational trauma** that affects both the **physical and emotional health of future generations**. Therefore, peacebuilding is in effect an inter-generational process that needs to take this perspective on board.

Extensive research has been done on identifying traumatic reactions and PTSD in various contexts and cultures (e.g., de Jong, 2004; Kohrt et al., 2011; Marsella et al., 2008; Summerfield, 1998, 2002). The trauma idiom (Herman, 2001) helps to identify responses to traumatic experiences and develop clinical interventions (Wessells, 2007).

³² Levine et al. (2016).

³³ Roberts et al., 2011; Liebling-Kalifani et al., 2008; Vinck et al., 2007)

Conventional Approaches to Mental Health Issues

Most mental health therapeutic approaches are based on rational thought and rely on trained specialists.³⁴ **“Talk therapy** (that uses the prefrontal cortex of the brain) can help an individual understand the cause of the wound. Medication may also be used, but are only a temporary ‘regulators’ because **they do not address the root cause of the trauma** nor do they regulate emotions (e.g., fear, memory, empathy, exclusion, humiliation).

Because of the evolving understanding of the brain, there is growing recognition that **trauma and traumatic memories are not only held in the conscious memory**, it is also trapped deep in the brain.³⁵ Other research suggests that trauma is also held within the cellular structure of the human body and is not confined only to the brain. Therefore, trauma cannot be eliminated by solely by reasoning or understanding. **This is because trauma is a whole-person issue, and not just a brain ‘problem.’**³⁶ **Emotions are unconscious processes** and are triggered by parts of the brain that are involuntary and are not under the control of the individual through reasoning.

We need to pay mind to problems which arise when applying conventional approaches – which usually have their roots in Western cultures -- to mental health care in African contexts. Because of political, social and economic instabilities, trauma and its treatment have become an important topic in the African region. The issue here is that Western medical and psychiatric approaches define individuals based on an individualistic approach, while African approaches to healing

are usually socio-centric – meaning, based on one’s social environment and their community³⁷. Thus, in line with our do-no-harm principle and to avoid re-traumatisation by means of inadequate treatment, cultural sensitivity when exploring mental health issues and solution approaches within communities is key.

When discussing the question of which form of therapy may be the most appropriate, it is important to take an African centred approach to psychology. Here, the value and validity of Eurocentric theory for people of African descent is investigated. Additionally, individuals’ behaviour is examined within an African worldview. This means considering African philosophy, religion, traditional medicine and epistemological views emphasising intuition and self-knowledge and not only focus on the observable. The core of this approach comes back to recognising the damaging consequences of things such as colonialism, structural racism and the wrongful view of White superiority on the African consciousness. Further, the value of indigenous African approaches to psychology is to be considered. The point is not to dismiss Western biopsychosocial models of mental health, but about **extending** it to a more complete model.³⁸

What can culturally sensitive forms of therapy look like?

Awareness of the value of traditional cultural perceptions of mental health (challenges) is vital. Letsaolo et al. (2024) emphasise that many individuals in African contexts turn to indigenous healers as their first point of consultation when experiencing mental struggles. Additionally, many of these societies attribute mental health

³⁴ Fitzduff (2016); Burrell & Barsalou (2015).

³⁵ Pitman and colleagues (2001) have shown changes in the sides of the amygdala among people who have experienced violence; these people can have a smaller (bilateral) volume of the hippocampus (memory storage decrease) and the amygdala (emotions decrease (Jelicic & Merckelbach, 2004).

³⁶ See Van der Kolk, *The Body Keeps the Score*, 2014.

³⁷ Motsi, R.G. & Masango, M.J. (2012). ‘Redefining trauma in an African context: A challenge to pastoral care’, *HTS Teologiese Studies/ Theological Studies*, 68(1).

³⁸ Grills et al. (2018). ‘Neither or Both? Models and Strategies Developed and Implemented by the Association of Black Psychologists.’, *Journal of Black Psychology*.

struggles to supernatural forces, i.e. in the form of witchcraft, possession by evil spirits and wrath of their ancestors. A difference in the use of treatment forms, between Western and traditional medicine is noticeable between the kind of symptoms experienced. While there is a trend for acute symptoms to be treated with Western medicine, chronic, manageable ones are more likely to be addressed by traditional medicine. This is not only because of the appreciation of traditional forms of support, but also because the shortcomings of the application of Western psychology in African contexts. Its limitations and incomplete understanding of mental health in contexts outside Western ones lead to dissatisfaction and a turn towards traditional approaches of support.³⁹

Because of this, it is key to take an integrated approach to offering mental health support when integrating MHPSS and PB.

Scholars Letsaolo et al, lay out that causes of mental distress amongst a variety of cultural African groups all in two broad categories: Bewitchment or possession by evil spirits and the effects of ancestors. It is key that these views of mental health are **not pathologized or dismissed**.

An approach to aid those struggling mentally is to **combine approaches by traditional healers and conventional psychotherapy, while paying mind to the communalism, as outlined earlier**, that most African societies are rooted in.

This, for instance, can be a combination of:

Consultations with healers;

- the use of herbs and natural substances;
- rituals and ceremonies;
- different forms of behavioural therapy

■ i.e.: a form of conventional therapy adapted to an African context are **Therapeutic communities**

■ a collaborative effort between the therapist / medical practitioner and the patient, as well as their social support system. A form of this is the Nigerian Aro village treatment centres, A blend of African psychotherapy and Western psychotherapy plus medication. Patients admitted for treatment are accompanied by a number of close relatives. Through a combination of medication, social activities (i.e. movies, social dancing, church services), individuals are navigated towards an improvement in their mental health.⁴⁰

It is vital to realise that the two ways of dealing with mental health are complementary, and do not oppose each other.⁴¹

Notwithstanding the similarities between the views of mental health amongst different traditional healers in African contexts, the precise way of approaching the integration of traditional and conventional (Western) approaches to psychotherapy needs to be determined for each context individually.

Workshop organisers need to do careful research into the traditional methods of the community they are working within, to arrive at the appropriate expression of an integrated approach. This is to be done in collaboration the members of the community.

³⁹ Letsaolo et al. (2024). 'Challenging the nexus: Integrating Western psychology and African cultural beliefs in South African mental health care', *Psychology in Society*, 66(2), 45-66.

⁴⁰ Mkize, D.L. (2003). 'Towards an Afrocentric approach to psychiatry', *SAJP*, 9(1): 3-6.

⁴¹ Letsaolo et al. (2024). 'Challenging the nexus: Integrating Western psychology and African cultural beliefs in South African mental health care', *Psychology in Society*, 66(2), 45-66.

Building Social Capital and Resilience

Violent conflict reduces the quality and quantity of social capital at all levels. **Trust and cooperation** are weakened or destroyed in both formal and informal social organisations and their members. Widespread fear is common and debilitating. The **experienced trauma** – especially if repeated over a long time or occurring during childhood – disconnects the victims both from one's self and destroys individual and social bonds and bridges. Experience in PB shows that for sustainable change to occur, both the emotional and rational parts of people's brains need to be involved. (See Key Section on Concepts: Trauma).

Practitioners can apply the social capital framework by recognising the contributions to peace and development that are made by social networks and institutions. The greater the size and density of these networks, the greater the sustainability and efficiency of the PB and MHPSS processes.⁴²

The research lessons that should inform our interventions, include:⁴³

- Because of the “**violation of trust**,” suspicion and fear part of survival. This affects daily processes and experiences of people.
- Violent conflict creates high levels of stress which potentially can seriously disrupt family life. E.g., rebuilding the home and household, loss of family member, etc. that erodes the capacity of a family.
- **Interpersonal violence** (e.g., substance abuse and gender-based violence) is likely to increase during conflict and post-conflict periods.

- Everyone is vulnerable in conflict and post-conflict periods, although they might face different types of violence; express their stress differently; and cope differently.

When **social institutions** (e.g., judicial, educational, health, media, and security) are no longer functioning correctly and transparently, informal social institutions also come under threat, because:⁴⁴

- Trust and faith in these institutions decreases and with it the respect for human rights;
- Participation and peaceful activities in communities becomes harder and may be impossible;
- Violence, delinquency and impunity become normative creating a climate of fear in which trust is destroyed.

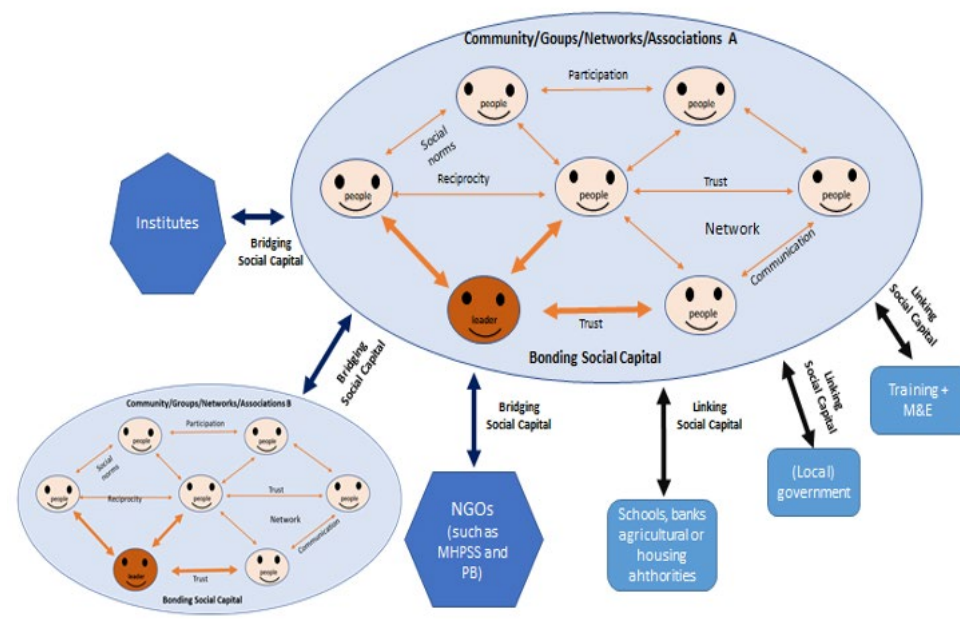
Informal community institutions are deeply affected because trust and norms for cooperation (collective action) that are the foundation of a well-functioning society are deeply eroded. The level of fear, anger and distrust diminishes the capacity to cope with daily stress and problems further fuelling the potential for additional conflict. Additional factors that affect social capital and the capacity for community organisations to function are the:

- Individual MH and agency of the community members;
- Presence or absence of good leadership and any shifts in prior power relationships;
- Degree of safety and security – the absence/presence of violence or the fear of such;
- Ability/willingness for members to participate/cooperate;

⁴² Putnam (1993).

⁴³ Sliep, 2014, p. 53; Moser (1998); El-Khani, Ulph, Peters, & Calam (2016); Tankink & Slegh (2017); Tankink & Otto (2019).

⁴⁴ Moser & Shrader (1999).



- Whether bottom-up initiatives receive the support of other levels of society.⁴⁵

The above figure is a useful tool to enhance your understanding of the social capital in the communities in which you work. It challenges you to identify the key groups, actors, stakeholders and the different levels (micro, meso and macro) that are involved in PB.

Transitional Justice

This is a wide-ranging topic, and participants may require supplemental training to explore this approach. This summary is based on documents produced by or in support of the United Nations and African Union (AU) definition of transitional justice. In February 2019, the AU adopted an African Union Transitional Justice Policy (AUTJP), which provides a comprehensive elaboration of transitional justice principles and key provisions to pursue implementation.⁴⁶

Transitional justice is an approach to systematic

or massive violations of human rights that (1) provides redress to victims and/or (2) creates or enhances opportunities for the transformation of the political systems, conflicts, and other conditions that may have been at the root of the abuses.

The approach has two goals in dealing with a legacy of systematic or massive abuse:

- to gain some level of acknowledgement and justice for victims and survivors; and
- reinforce the possibilities for peace, democracy, and reconciliation.

TJ may happen suddenly but often may take place over many decades and may include measure that combine **elements of criminal (judicial), restorative (relational?) and social (systemic?) justice**. It must be adapted to the often-unique conditions of societies undergoing transformation away from a time when human rights abuse may have been a normal state of affairs.

⁴⁵ Sliep (2014).

⁴⁶ African Union, AU Transitional Justice Policy, (Addis Ababa: African Union, February 2019).

In 1997, the UN Human Rights Commission approved of a set of principles that were recommended by the UN Special Rapporteur Louis Joinet in his report on the question of the impunity of perpetrators of human rights violations. TJ recognizes these principles that call for efforts in four pillar areas of a holistic approach to dealing with the past. These are the right to:

- Know,
- Justice,
- Reparations,
- The guarantee of non-recurrence.

Based on two decades of experience, the efforts for a holistic approach have included several initiatives that complement and reinforce each other for example:

- **Truth commissions** of inquiry, established and authorized by the state to investigate and report on key periods of recent past abuse. They often make recommendations to remedy such abuse and to prevent its recurrence.
- **Criminal prosecutions** of the actors frequently giving great weight to investigating those considered most responsible for massive or systematic crimes.
- **Reparation** programs are state-sponsored initiatives that aim to contribute to repairing, on a massive scale, the material and moral consequences of abuses experienced by certain classes of victims. They typically involve a mix of material and symbolic benefits to victims.
- **Security sector reform** consisting of wide-ranging programs to transform the military, police, judiciary, and related state institutions.

- **Memorialization** such as museums, monuments or other means of preserving public memory of the victims and of raising moral consciousness about past abuse and to build a bulwark against its recurrence.

There is now an emerging body of literature and emerging **networks that advocate for a community-based approach to restorative practices to fill the gap between truth commissions fact finding and the often-unchanged reality on the ground.**

[Workshop Questions for Inquiry]

- Have we covered the key terms we need to share in our communications?
- Are there amendments or changes that are needed in descriptions?

How to Create Appropriate Strategies

Firstly, we have learned that there needs to be more engagement and emphasis of the grassroots-level in successfully fighting prejudice and distrust arising from violent conflicts. Mismatches between top-down strategies and the on-the-ground reality for those influenced by conflicts lead to people being stuck in **deep levels of distrust, fragmentation and division**. All of this, while they are still subjected to the physical, emotional and social effects of what they had to experience

Secondly, this shows us that it is necessary to base peacebuilding-processes in **local leadership** and the **views and experiences of the local community**.

Thirdly, we recognise that not only individuals, but also the ties binding (social fabric) people's community together has been greatly damaged.

Consequently, governing relationships among them have been strongly compromised.

Their capacity for recovering these relationships is affected because:

- the causes of **interpersonal conflict** may still exist and even worsen;
- where people have **witnessed and experienced** large-scale violence, destruction, displacement and personal loss, conflict is likely to reoccur;
- **natural ties, rules and bonds** between and among people and within communities (that

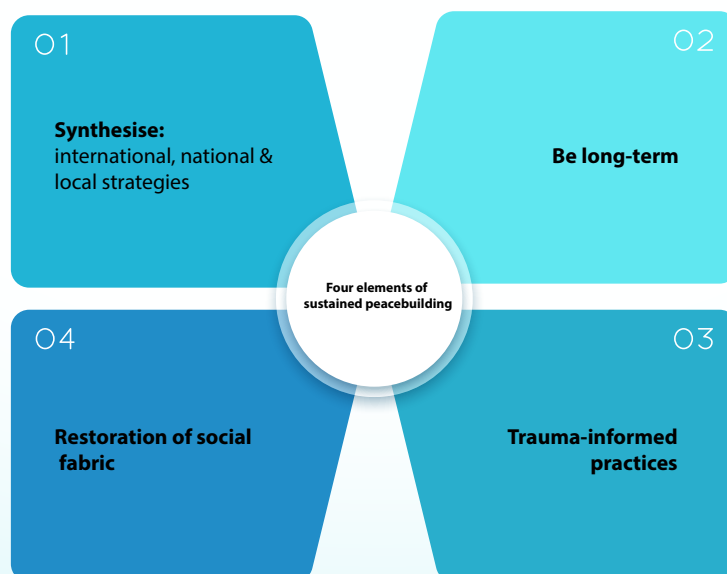
strengthen coping and resilience) can no longer be trusted;

- the ability of individuals and societies to **cope with such extraordinarily painful experiences** and the consequential distrust and fear varies and depends on the resilience of the family and community;
- widespread violence, the **breakdown of coping strategies** and social bonds often trigger widespread psychosocial trauma.

Through **deepening the role of the community** it is possible to create realistic expectations for ongoing, and long-term peacebuilding initiatives, tailored to individual communities' needs.

Accordingly, solution approaches should contain the following four elements:

- a **greater synthesis** is needed between international, national and local strategies;
- interventions must be done over a **long period** of time on many levels;
- change is best brought about through conceptually well-planned, **trauma-informed interventions**;
- **restoring the social fabric** is essential for those who have experienced serious traumatic events, because feeling connected to others is essential for sustainable peace.⁴⁷



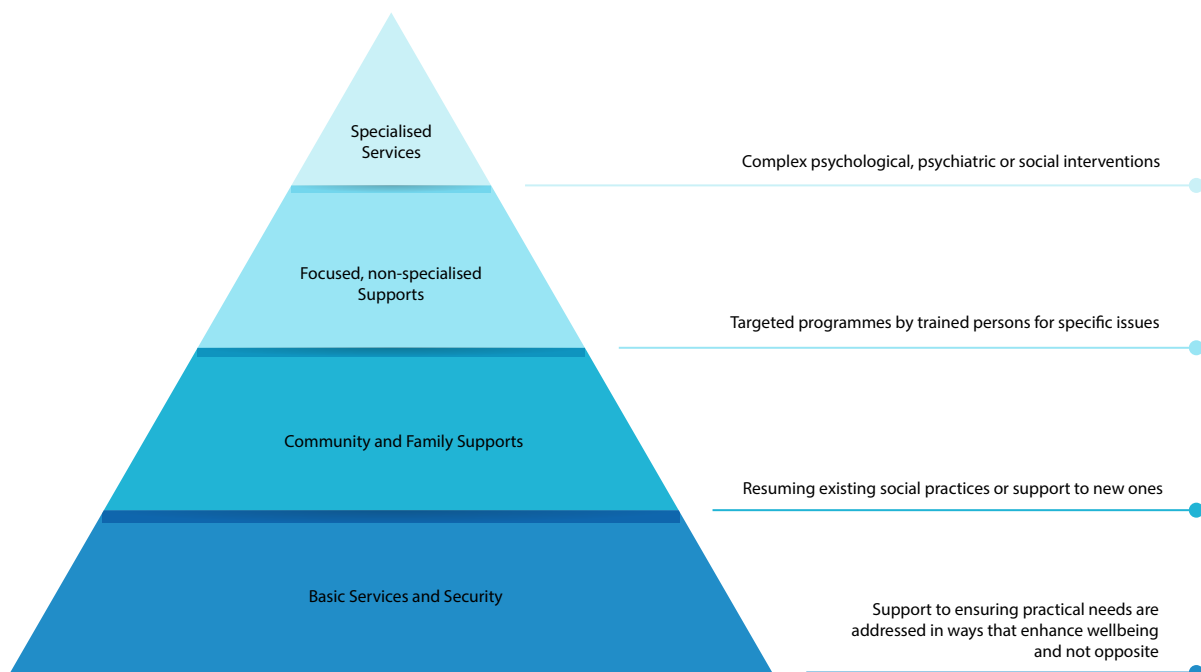
47 Bubenzer & Tankink (2017).

Foundations of PSS interventions

PSS interventions need to offer multi-layered support, because the problems faced by people are faceted and are experienced differently by individuals.⁴⁸

Special consideration must be given to ensure the safety of the vulnerable – women, children and the aged.

The following figure visualises the levels and corresponding forms of support.



in their family or social network, but may also lead to the expression of mental disorders in people who already have a pre-existing vulnerability (refer to the Section on Key Concept of Resilience).

- **Focused, non-specialised Supports:** includes the people that require more individual, family or group support by trained health or community workers. This may include individuals with unstable or limited social networks; for example:

- **Basic Services and Security:** physical needs such as shelter, food and water, healthcare and security that is essential that people to feel safe.

- **Community and Family Supports:** the need for support from their families and communities. Remember the concept of social capital. When there is strong support at this level, there is less risk of developing mental or psychosocial problems. Psychosocial problems at this level may be manifested by social dysfunction of the individual and/or interpersonal problems

1. **children and adolescents** who have experienced disrupted nurturing and/or who have been traumatised by war and violence;
2. **women** who are over-burdened with family responsibilities or suffer from domestic and/or sexual violence and discrimination;
3. **men** who lack the means and possibilities to take care of their families and who feel **ashamed and/or aggressive** that they are not able to fulfil their pre-defined and

48 IASC (2007).

socially constructed cultural tasks.

Specialised Services

1. addresses the group of people who require specialised services because, they suffer serious psychological problems or mental disorders (e.g., suicidal tendencies). Facilitators always need to be on the look out for participants who might need referral to specialised care.

The Key Lesson for PSS Interventions is the clear consensus that interventions in conflict and post-conflict settings should focus on assisting individuals and families with 'problems' but should include interventions to:

- foster the **resilience and coping mechanisms** of the individuals, families and communities and society at large; and
- promote overall **well-being of individuals and communities** in a constructive way.

[WORKSHOP 5 FOR INQUIRY]

- Discuss the experience of your community group with interventions at the third level. Who were the trained persons that provided the services? How were they trained? What has been their experience in addressing specific issues like trauma, gender-based violence, insecurity.
- What other tools or lessons do you think should be incorporated into this manual?
- Discuss the experience in your country/region in establishing the levels of care. What were the lessons, both positive and negative?
- What other examples would you add to our examples how to do-no-harm?

Ethics and Shared Values

If MHPSS and PB workers are to **collaborate effectively**, they must share values and agree to uphold best practices for conduct of our interventions that address social and political

conflicts in the community or the larger society.

- We, therefore, agree to reference the **Inter Agency Standing Committee (IASC) Guidelines on Mental Health and Psychosocial Support**⁴⁹ that describe six core principles of good practice:
- Promote **human rights, equity and non-discrimination** for all genders, creeds, ethnic and economic groups.
- Maximize the participation of locally affected people, including their involvement in assessing and identifying the problem and solution, planning, implementation, monitoring, evaluation and learning.
- **Do No Harm** – realizing that interventions can also cause unintentional harm⁵⁰; be sensitive to culture, faith, traditions, local economy, the roots of the conflict.
- Build on available resources at all levels and increase their capacity.
- Integrate activities into existing support systems; avoid stand-alone services that may promote stigma; encourage collaboration among programs including local initiatives and external support.
- Seek a **multi-layered support** (different people have different needs, coordinate family and community support, self-help, groups and specialists) and a multiplicity of entry points. Initial intervention in emergencies seeks to provide basic services and security with additional layers of support from the family and community, supported by non-specialised support and finally specialised services.

The IASC guidelines stress the impact of conflict or other crises on the psychosocial wellbeing, peace and development of affected populations. At the local level this means individuals, their families and communities must be involved, but also emphasises the need for support of regional

49 IASC (2007);, p 9-11. See amplified description and tools in <https://www.icmc.net/wp-content/uploads/2019/07/071201-iasc-guidelines-mental-health-support-emergency-settings.pdf>.

50 See IASC guidelines, for specific suggestions for avoiding harm.- See the 2022 version of MH in PB by the IASC

and national government particularly in providing trauma-informed care and protection, including in the health and education sector.

IASC 2024: To be included: IASC guide 2024 for integration MHPSS and PB

Three broad categories of facilitators and challenges to integration the two:

- Logistics and operations
- Approaches and practices
- Practitioner capacities

Case studies were very different contexts highlighting the need for integrative work to be adapted to the specific contexts

Pro: knowledge and creativity of local people; co-learning; long-term approach; cultural / context-specific processes; Grassroots mobilisation; value of using the arts; importance of cultural understandings, not focusing on individuals too much; South Sudan: a primary focus on war trauma : rituals, ceremonies and traditional customs play a central role in healing or in efforts to build peace and enhance healing

But: which one had primacy was context-dependent highlighting the need for integrative work to be adapted to specific contexts

Con: Two African case studies: Nigeria and South Sudan

Con:

These principles that underpin MHPSS guidelines are also in line with the PB goals of restoring civil systems of support and governance after the disruption caused by conflicts. These principles also imply that we will:

- Adopt an **interdisciplinary holistic approach** that builds on cultural and traditional peacebuilding resources;
- Encourage **community ownership** and beneficiary-led interventions;

- Appreciate and include the contributions that come from a diversity of actors;
- Recognise that PB is a **long-term process**;
- Embrace non-violence;
- Commit to **transformative practices** and our own emotional growth.

Further, it is essential to establish strong relationships between the MHPSS and PB practitioners working together. These are the foundation of all stages of work, thus continuous relationship building between practitioners is necessary. Successful networks usually share a common goal or vision, rooted in the need for action. By creating opportunities for practitioners from different fields to share these with each other, the chance of a shared way of working together is increased.⁵¹

[WORKSHOP QUESTIONS FOR INQUIRY]

- Do we agree with these guidelines?
- Is something missing?
- Are there revisions that are needed?
- Which of these are most important to explain and reach agreement upon when conducting

Where PSS and PB Overlap

Both MHPSS and PB recognise:

- The importance of **psycho-social support** as an integral part of a holistic approach to peacebuilding in which community relational needs are addressed in addition to physical needs and those of safety and security.
- The **indispensable role of the community** together with their traditional and spiritual leaders.
- The need for **trauma-informed/sensitive interventions**, that recognize both **individual growth/recovery** and the re-knitting of social

⁵¹ United Nations Development Programme (2022). Guidance Note; Integrating Mental Health and Psychosocial Support into Peacebuilding.

networks.

- **Fostering individual agency and community resilience** reinforces both types of interventions and likely contribute a reduced likelihood of future violent conflict.

Our Shared PSPB Approach

Also based on the best practices found in the relevant research, the following guidelines can provide a framework for PB and MHPSS in community interventions:

- We will carefully **assess, plan and launch** holistic, healing and reconciliation interventions that target all sectors of society in a post-conflict country. In so doing we will carefully consider how the social, cultural and political context influences individuals, the family and community.⁵²
- We will **adopt an integrated and multi-sectoral approach**.⁵³ In practice, this means that, we will address both the material aspects as well as the psychosocial dimensions of well-being. In other words, "psychosocial services ... are seen as an integral part of a holistic approach to peacebuilding that addresses individual psychological and community relational needs in addition to physical needs."^{54,55}
- Practitioners should seek consensus answering the questions that may arise during our collaborate based on listening to a diversity of voices and views.
- We commit to transparency in our collaborative monitoring and evaluation in order to enhance our shared learning (**ME&L**). Furthermore, we will assess our engagement at three levels – the individual, the family and community – using three aspects of the social fabric to assess our influence; these are:

52 'Such an approach has a direct synergy with development and peacebuilding work.' See Clancy and Hamber (2008, p.20).

53 See Tankink et al. (2017; Bubenzer et al. (2017).

54 Lambourne & Gitau (2013, p. 24.

55 In the study of Branch (2011), respondents explained that their problems were a result of unresolved emotional, spiritual and psychological issues. This shows that the psychosocial support should focus on the traumatic experiences and memories of the past, but also on the daily stressors.

Bonding – the links among individuals, family, religious, ethnic, gender groups along horizontal lines;

Bridging – the connections among individuals who are dissimilar but who have power and resources;

Linking – connecting and collaborating up-and-down vertical levels of power.

Shared Practices

Based on the importance of ethics articulated in this section, the learning that has been shared, when working in communities illustrates that it is necessary to adopt practices that acknowledge the:

- Essential requirement for **community participants and trainers** to conduct their work to the extent possible in an environment that instils a sense of safety and security.
- The need for peacebuilding practitioners to be trained in psychological first aid (PFA), know what form of support and treatment the MHPSS professionals can offer, and know the referral system for complex cases.⁵⁶
- **Indispensable participation** of the community together with their traditional and spiritual leaders who understand the values, codes of conduct and culture.
- **Mandatory engagement of communities** in shaping the post conflict recovery process, because it is ethical and will affect the capacity and willingness of individuals and communities to participate in reconciliation efforts. Practically this means the community are not only involved in planning and implementation but also in assessing the efforts. •
- Necessity for trauma-informed/sensitive interventions meaning individually we will adopt practices that instil trust, and are context dependent.

56 United Nations Development Programme (2022). Guidance Note; Integrating Mental Health and Psychosocial Support into Peacebuilding.

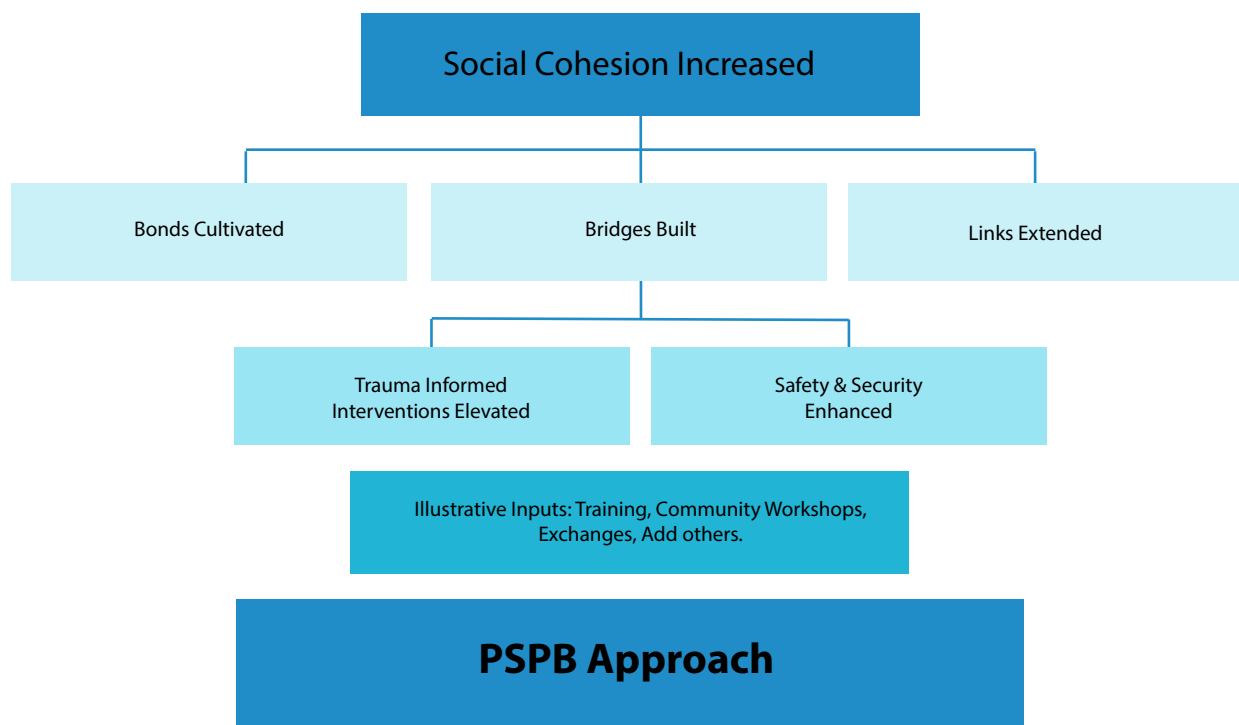
- Nurturing of individual agency and community resilience.
 - Vital role of our own responsibilities for self-awareness and personal growth, self-care and learning.
 - Endeavor always to Do No Harm.- Have the
- Do no harm principle separate from culture, faith, traditions etc.
 - Include a Gender, Persons with disability and child sensitive approach
 - Practitioners are not taken care of.

MONITORING, EVALUATION AND LEARNING



MONITORING, EVALUATION AND LEARNING

In order to establish a common methodology for monitoring, evaluating and learning (MEL) from collaboration, it is necessary to develop a framework with key steps as well as the key indicators to evaluate our efforts. Figure X below is a preliminary results framework that visually presents the relationship of our theory of change.



■ Leverage on what is already working.

Between 2017 and 2020, IJR undertook a mapping and baseline assessment of communities in Kenya, South Africa, Uganda and Zimbabwe. The assessment mapped resources and limitations related to the bonding bridging and linking elements in rebuilding social cohesion. It served as an opportunity to collect baseline data and to consider which indicators should be used in the final research design.

IJR and collaborative partners identified a set of initial indicators that meet the following criteria:

■ **Meaningful:** The indicator will be of significant consequence to convey a sense of achievement whether positive or negative to the average person. The corollary is we use as few a number of indicators as possible that can meaningfully convey the results.

■ **Reasonable Cost:** The perfect indicator may need to be sacrificed if the costs to collect the data are unreasonable/unaffordable. As in the above corollary, fewer indicators cost less to collect.

- **Reliable:** It is a suitable indicator given the construct in measuring the main concept in a particular area of research. When possible, we will use data collected by others provided they are generally recognised as reliable by government and international organisations.
- **Verifiable:** The data must be capable of verification through records or other reliable sources.

Once agreement is reached through learning of the pilot phase, we will conduct the community mapping exercise and collect baseline data in all our target communities that will be included in our research and then continue to collect this information for purposes of on-going monitoring.

Time bound

A joint MEL framework needs to be generated at the beginning of an intervention. We need a joint implementation team, which includes community representatives from the affected group(s). This increases local ownership, agency and relevance⁵⁷ in line with our participatory research approach.⁵⁸

By creating the framework in collaboration with the community, we are able to determine what the affected community would see as a positive impact of the project. Additionally, data collected to assess the impacts decided on by the community need to be analysed jointly too, as to enable meaningful interpretation.⁵⁹ This way, we can cater to contextual differences between countries and communities and successfully create alternative approaches to 'one-fits-all solutions'.

⁵⁷ United Nations Development Programme (2022). Guidance Note; Integrating Mental Health and Psychosocial Support into Peacebuilding.

⁵⁸ For instance, see the Most Significant Change Method (MSC).

⁵⁹ The Berghof Foundation (2023). Participatory methods in peacebuilding work Policy Brief. 2023_Policy-brief_Participatory-methods_EN.pdf

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