

Importance of community-based and peer-led mental health support in conflict and post-conflict countries



Key findings and practice implications

- Community-based support is most valued by people who experience mental distress during and after the war
- This includes support provided by the Community-Based Mental Health Centres (CMHCs), as well as peer-led support
- Beyond mental health, support also needs to focus on addressing poverty and providing relevant information on people's social and economic rights.
- Coercive treatments provided in psychiatric institutions caused further distress.

Policy implications

- Reform efforts in Ukraine can learn a lot from the CMHCs in Bosnia and Herzegovina.
- BiH example suggests that reform efforts need to be funded externally, but led and implemented through the national Ministry of Health
- Co-production with people who need support for their mental health needs to be built into the reform efforts.
- Humanitarian organisations wanting to support the development of community-based services need to collaborate with one another and with the Ministry.
- This needs to be stipulated as part of the funding arrangement for reform efforts
- Emphasis needs to be on long-term reconstruction, rather than immediate humanitarian intervention

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Context

The impact of political conflict on mental health has been well documented.ⁱ Community-based mental health interventions have been identified as the most appropriate for post-conflict contextsⁱⁱ yet remain underdeveloped.ⁱⁱⁱ There is also a lack of mental health service user associations, identified as important for the development of community-based services in low and middle-income countries (LMIC).^{iv}

In Ukraine, WHO initiated the development of Community Mental Health Teams (CMHTs) in 2016, with a national roll-out in 2021 through the WHO Special Initiative for Mental Health.^v To continue to build on this example, development of CMHCs in the primary health care centres in Bosnia and Herzegovina (BiH) is relevant to consider, not least as their development was also supported by the WHO and funded by the European Commission (but implemented by the local Ministries of Health).^{vi} Goran Čerkez, Assistant Minister in the Sector for Public Health at the

Ministry for Health, Federation of BiH, BiH is best placed to advise on their initial implementation (from 1996) as he implemented the initial reform project in one of the two BiH entities, Federation of BiH (goran.cerkez@fmoh.gov.ba). The key international initiatives which supported the reform (such as SWEBiH, a Swedish initiative, HealthNet International, and, later on, the Swiss Embassy) collaborated and co-ordinated their support for the reform in primary health care settings, led by the relevant Ministries of Health across different governance levels.

Importance of community-based support for people in conflict affected contexts

Two qualitative studies, co-produced with people who experienced mental health issues during and after the war in BiH, explored what type of support they find most beneficial. To date, the study has been conducted with 70 people across 9 urban and rural locations across BiH.^{vii} With equal representation of adults aged 18+ across all ethnic groups, and in relation to participants gender, the study also included experiences of Roma people, people whose family members have additional health needs, as well as the BiH LGBTQ+ community.

All participants emphasise the importance of community-based support - encompassing support received by their local CMHCs, their family, and friends. Where they exist, peer initiatives are vital part of such support and should be encouraged to develop both within the CMHC and independently. People value opportunities to learn from each other's experiences and from peer support. They are most valued by people who don't have other family members. Coercive and institutional treatments were noted as the least helpful for their wellbeing.

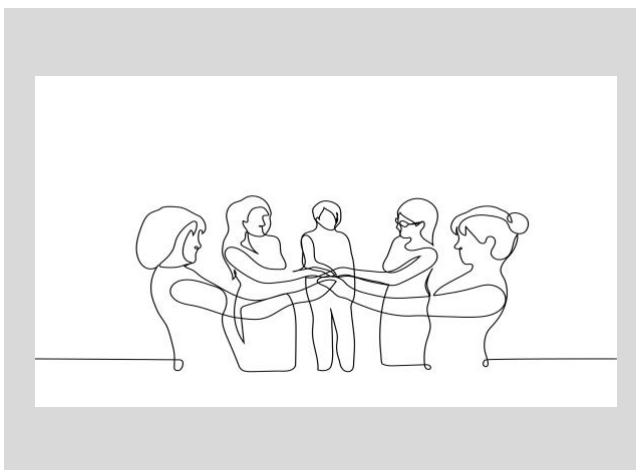
Beyond support for their mental health, CMHCs and peer initiatives also provided valuable advice on people's rights and entitlements (particularly in relation to cash benefits), as well as employment opportunities. In rural areas, both the peer initiatives and CMHCs enabled people to undertake seasonal agricultural work, earn additional income and/or grow their own food. These were particularly important due to the pervasive impact of poverty in the post-war period on their overall quality of life.

Further information

Maglajlic, R. A., Vejzagić, H., Palata, J., & Mills, C. (2022). 'Madness' after the war in Bosnia and Herzegovina –challenging dominant understandings of distress. *Health*, 13634593221139717. <https://doi.org/10.1177/13634593221139717>

Websites for the BiH practice:

- CMHT reform website - <https://mentalnozdravlje.ba/>
- Association for mutual support in mental distress, Fenix, Tuzla - <https://tkfenix.ba/>



References and endnotes:

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