

Expulsion of Burundian refugees from Tanzania: experiences with the use of the *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings*

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The IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings were helpful in organizing mental health and psychosocial support services for Burundians who were expelled from Tanzania. Key aspects of the guidelines were the restoration of social support for people in acute distress, the use of Psychological First Aid, and the provision of care for those with pre-existing mental health problems.

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After more than ten years of civil strife in Burundi a comprehensive peace agreement was reached between the government and major rebel groups, culminating in democratic elections in 2005. However, a last remaining rebel group remained active till mid 2008 and tensions between different parties and factions continue to threaten the fragile peace. Hundreds of thousands of Burundians have returned from exile, and in 2007, 40 000 Burundians returned from Tanzania, but due to insecurity and drought the flow decreased at the end of that year (UNHCR, 2008). The government of Tanzania consequently decided to speed up the process

through expulsion (involuntary repatriation) making the number of expelled Burundians in the period January 2008 to June 2008 to Tanzania more than 13 000. The expelled Burundians are hosted at transit sites in Burundi where they spend a few days before being transferred to their 'colline' (hill) of origin. The expelled persons are often in a vulnerable position and face huge stress caused by sudden family separation, loss of properties and livelihood. Some of them have been imprisoned, or have been subjected to violence before and during deportation. Several, particularly in the beginning of the operations, had been beaten up or had faced sexual violence. Many were in acute stress because of the uncertainties of going back to their 'collines' where they had not been for decades.

Around this crisis a coordination group was formed, coordinated by UNICEF. Members of this group included: PARESI (the Burundian governmental organisation for reintegration and assistance to vulnerable groups); the World Food Programme; NRC (Norwegian Refugee Council); AHA (Africa Humanitarian Action); IRC (International Rescue Committee); and the Burundian Red Cross Society. This coordination group received signals from their field workers

about the mental distress of the returnees, in particular those who had been arrested and mistreated. HealthNet TPO was asked to organize mental health and psychosocial support (MHPSS) activities for this group. HealthNet TPO has been active in Burundi since 2000 and has gradually grown into one of the larger NGOs, with more than 250 local staff members and ten different projects mainly in the field of psychosocial support. The activities are based on the model developed by TPO (de Jong, 2002) and consist of comprehensive, community based, psychosocial activities and mental health services for severely affected people. The organization works closely with community organizations, local and international non-governmental organizations (NGOs) and the government. The main role of the psychosocial workers deployed by HealthNet TPO in the transit sites for Burundian returnees was to help people regain their balance. The senior staff of the project received training in the use of guidelines, and two staff members participated in the Training for Trainers organized in Nairobi (Wheaton et al., 2008). The guidelines have helped to refine our project activities. The authors wish to highlight two elements. The first element is the emphasis on the *restoration of social support* for people in acute distress. A key intervention that could easily be used was Psychological First Aid, with its emphasis on:

- 1) listening without forcing the person to talk;
- 2) assessing basic needs and ensuring that these needs are met;
- 3) avoiding specialist terminology that can discourage or stigmatize persons with mental distress; and
- 4) referring those with severe mental disorders to medical personnel with qualifi-

cations to support people with mental disorders.

To us, it was important to assist people experiencing psychological distress without using specialists and/or specialist techniques; the helping attitude is primarily a reaction of human solidarity with the people in distress. While not emphasising the events that are so distressing, yet at the same time, ensure that special attention and follow up is organized for those who are specifically vulnerable.

Secondly, the provision of *care to those with pre-existing mental health problems*. For this last group we organized sessions with our psychologists and, where needed, also organized referrals to the nearby provincial hospital where a team of nurses had been trained by HealthNet TPO and the Ministry of Health in the provision of psychiatric care.

We also encountered difficulties in using the guidelines. For example, the various humanitarian actors did not jointly assess the overall needs of the returnees and construct, together, a package of targeted interventions. Coordination is not always easy within an emergency setting. Often each partner wants to do *'his thing'* without interference. Also, particular vested interests of organizations can sometimes be obstacles to cooperation. For example, the organisation delivering general health care to expelled people provided psychotropic drugs through physicians and nurses who had not received additional training in mental health care, and they were wary of cooperation with us.

The guidelines have been a source of inspiration for us and have helped us to make our projects better. In general, the existence of the guidelines gives legitimacy to mental health psychosocial intervention in humanitarian situations. Before the guidelines, it was not always easy to defend mental health

and psychosocial support as important. We have witnessed senior staff members in UNHCR arguing that mental health and psychosocial support were not a priority in the Burundian context. The guidelines help to put MHPSS on the agenda and will hopefully contribute to more consistent policies within, and between, UN agencies who often function as donors for local organisations on the ground.

References

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