Conference report

Children and armed conflict: risk, resilience and mental health

This three-day conference was held from December 7–9, 2009 at the National Academy of Sciences, Institute of Medicine, Washington, DC. The meeting provided an indepth review of current research, provided ideas for future research, and fostered a critical discussion around controversial elements in the field. Some of this included: psychosocial versus psychiatric approaches, identifying resiliency factors in addition to symptoms or pathology, and interventions for children enmeshed in ongoing conflict versus those in post conflict settings.

There were three parts to the conference:
1) an overview of fostering resilience and understanding psychopathology;
2) the characterisation and experiences with children traumatised by armed conflict; and
3) policy and programme development.

Multiple panel discussions were held, which allowed the audience to share and learn from each others' experiences. There was a call to action to shift short-term humanitarian responses to interventions aimed at building long-term systems of care.

An ecological perspective is useful in thinking about children in war, recognising the interplay of individual, family, social, cultural, and political factors affecting the child. This approach is necessary and valuable for mental health in low -income settings, as the author has observed in Sierra Leone, Liberia, and Ethiopia.

Individual level

A relatively new development in the field of understanding the impact of trauma and psychological outcomes is that of neurobiology. There was an introduction to the preliminary neurobiological understanding of how trauma or adverse experiences affect brain development. By learning about the science of mental stress, we have a more comprehensive understanding of illness. However, one should be conscious of the limits of biological psychiatry, and remember the profound influence of culture on the expression, meaning, and treatment of mental health issues. In Ethiopia, many patients who presented to these psychiatrists complain of a burning head', somehow similar to the 'hole in my head' that many Sierra Leonean complain of. Such local idioms express different concepts of etiology, and this has consequences for treatment. The conference also discussed the challenges to adapt Western treatments to post conflict societies, using trauma focused cognitive behavioural therapy as an example. This area of interventional work is one in which more research is desperately needed. I had imagined that individual one-to-one psychotherapy would not be as culturally accepted as group therapy, for low income countries that traditionally have collective societies. In Ethiopia, however I was surprised that group therapy by a local psychiatrist was much less helpful than individual supportive psychotherapy. In Sierra Leone, clients are initially guarded, but after a community worker shows

genuine concern, clients become very open and engaged in individual psychotherapy, as well as drama and story-telling, narratives and dance. However, clinicians using cognitive behavioural therapy in Sierra Leone, reported great difficulties adapting the Western discussion and exploration of emotions with Sierra Leonean, who clinicians state, describe all emotions as either 'bad' or 'good'.

Family level

Various parts of a child's family were presented, by emphasising the importance of caregiver mental health and the intergenerational transmission of trauma; how trauma experiences and associated emotions are passed from parents to their children and subsequent generations. Some of the presented research included an evaluation of both maternal and paternal caretakers. This focus on family would be quite useful in building support for children and youth in low income settings, who do not often have elaborate mental health systems and long trained clinicians, but are rich in family networks. By looking at the effects of poor mental health of the caregivers and by supporting caregivers, we can indirectly improve the mental health of children and youth.

Social level

The important role of a child's social environment was highlighted in the discussion of the intersection between poverty and education, and mental health. Presenters emphasised that interventions should involve local citizens for a sustainable workforce, build up existing community services, and help create local ownership of their situation. Too often, foreign aid fosters dependency on external sources and this culture of dependency conflicts with sustainability. For example, one reason given by Sierra Leonean as to why microfinance is not working well is that some people feel entitled to aid, due to the handouts given by various nongovernmental organisations during the war. The notion that people are entitled to aid does not encourage local people to take care of their own communities. This conference was unique in that it provided depth, and focused on practical solutions of how to push the field forward. Questions were presented with regard to sustainability, implementation and systems of care, and to inform practice, policy and research. Practitioners should include research for validation, so that our efforts do indeed foster progress, and help close the divide between evidence based practice and practice based evidence.

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