

# Investigating psychosocial and mental health policy and services in countries emerging from conflict and natural disaster

## Research team:

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## Background:

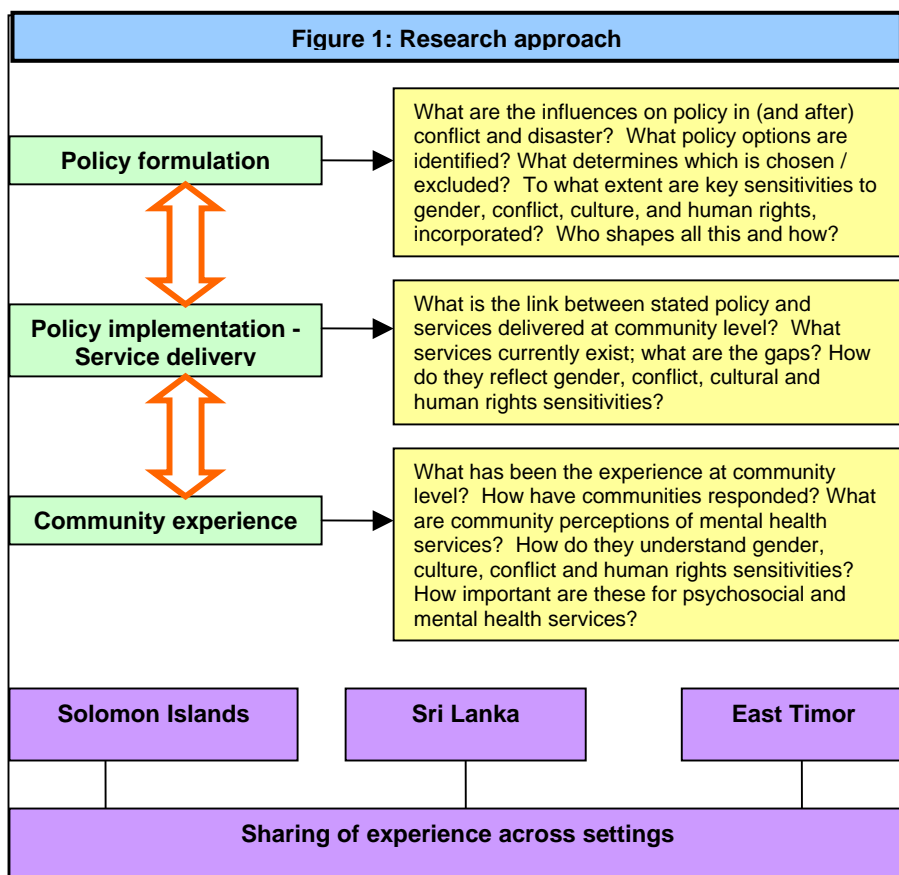
Conflicts and disasters are widespread, with internal conflicts and massive natural disasters such as the 2004 Boxing Day Tsunami devastating many countries. Psychosocial and mental health needs in the aftermath of such events are significant, and have in recent years attracted substantial attention from the donor community. Despite this attention, much policy and system reform is promoted in the absence of a clear evidence base, as in other areas of humanitarian interventions, and anecdotal reports suggest a number of risks are present. These include perceptions that the policy and systems promoted are donor-driven and that models imported are overly Western in orientation and insufficiently responsive to community concerns.

## Aim:

To improve the evidence base for psychosocial and mental health policy formulation and implementation in conflict- and disaster-affected countries of the Solomon Islands, Sri Lanka, and East Timor.

## Approach:

A qualitative, multiple case-study approach will allow us to examine the rich and complex social influences which impact upon the development of psychosocial and mental health policy and its implementation (Figure 1). Undertaking the research in three countries will enable the systematic replication of the case approach in a way that will allow us to generate theoretical insights based on emerging themes, and to consider the transferability of lessons across different settings.



Research will be conducted at three levels: policy, service delivery and community. The policy work will involve archival and documentary analysis, key informant interviews with policy makers, donors, NGO leaders, media, and professional bodies. At the service delivery level, a mapping exercise will be conducted of psychosocial and mental health services and documentary analysis will be undertaken to ascertain how policies are being “interpreted” and “translated” into practice. Using *The Health & Peacebuilding Filter*, we will assess the extent to which services are sensitive to gender, culture, conflict and human rights. In-depth interviews with key informants (service providers and community members) and participant observations at service delivery centres (hospitals, health centres and clinics) will be conducted to triangulate data.

Lastly, the community component will be concerned with eliciting community attitudes and preferences across the range of formal and alternative or traditional services. Methods employed here will include community mapping exercises, in-depth interviews (e.g. service providers and key informants from the community such as police, teachers and religious leaders), focus group discussions (e.g. community organisations and women’s groups), and observations (e.g. village health centres, clinics and other relevant service delivery points).

**Country selection:**

The three countries for study were identified through a maximum variation selection technique, based on three criteria: (a) nature and duration of conflict/disaster; (b) nature of conflict/disaster resolution; (c) differential level of engagement and influence of donors in mental health (Australian engagement has been extensive in East Timor, variable and increasing in Sri Lanka since the Tsunami, and limited in the Solomon Islands). In keeping with case-study methodology, a detailed examination of the uniqueness of each case will take place, while patterns and themes emerging across the project will gain theoretical significance for having arisen from such heterogeneity.

The period of focus for the study will be 1999-2005, however significant data before this period or emerging beyond it will be taken into account where relevant.

**Project plan and timeframe:**

The research will be conducted over three years, with periods of fieldwork alternating with periods of analysis and writing. The team will focus on each country for a period of six months, starting with the Solomon Islands in 2006. Data will be collected and analysed at the national, district and community levels, with flexibility built into the study design such that new insights at one level or in one country inform further *within-case* and *across-case* analysis. For each country, the work will be divided into three broad phases: (1) preliminary work; (2) data collection and analysis; and (3) summary and feedback. An in-country Research Assistant will be engaged to support the community aspects of the research. Regular contact will be maintained between team members in Australia and those in the field via email, telephone and fax. Periods of collective examination following the conclusion of each country's fieldwork will bring the team together to reflect on findings, identify emerging themes, build theory, commence report and publication writing to reflect that stage of the research, and examine the transferability of the experiences highlighted.

**Significance of the project:**

This research will contribute much needed practical and applied knowledge to a highly theoretical field by identifying how international guidelines, standards and recommendations, national policies and plans of action are implemented at service and community levels, and the extent to which they respond to local need.

This issue is significant, not only for the countries involved and their peoples, but also for the international donor community which guides, advises and exerts influence on policy, practice and system reform. The significance for those in conflict and disaster-affected countries with responsibility for designing and delivering psychosocial and mental health services, and indeed for those with need for appropriate services, is that this project will draw international attention to the issue of context-sensitive policy making. It will highlight which models and approaches are responsive to culture, gender, conflict and human rights.

Beyond mental health, the project will contribute to understanding policy processes in these fast-moving, unstable, and donor-dependant settings. The broad area of post-conflict policy making and service delivery is significant and under-researched, particularly in this region. The study focus, approach and findings will also be of some interest to others asking similar questions in other spheres such as education or justice reform post-conflict and disaster.

**Dissemination/Feedback:**

- **National (in-country):** The research team is committed to providing feedback and information at each stage of the project, both within the three study sites and within Australia. In collaboration with our in-country partners and advisors, we will host a local workshop with stakeholder participation in each country. This workshop will feed insights on research undertaken by that stage and will also elicit responses from stakeholder organisations.
- **Community:** In addition to translated written materials, we will make use of other locally appropriate formats for dissemination (e.g. community meetings) and feedback sessions to staff at specific service sites.
- **International:** Publication in leading peer-reviewed journals and presentation of initial findings at key conferences such as the World Federation for Mental Health, International Society for Health and Human Rights, and dissemination through UNHCR, WHO, and UNDP. The project will also be promoted through the School of Public Health and Community Medicine's *Virtual Library: Public Health* and the UNSW *Health and Conflict* website.

If you have any questions, please contact:

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